SAMHSA CCBHC Criteria Crosswalk and Site Visit Checklist[i]

List of Acronyms

CCBHC: Certified Community Behavioral Health Clinic
DCO: Designated collaborating organizations
ED: Emergency department
HHS: Health and Human Services
HIPAA: Health Insurance Portability & Accountability Act
LEP: Limited English proficiency
SUD: Substance use disorder
VHA: Veterans Health Administration

Program Requirements 1: Staffing

Criteria 1.A: General Staffing Requirements

1.a.1 Needs Assessment and Staffing Plan

☐ The CCBHC has completed a community needs assessment. The community needs assessment includes the following components:

☐A description of the physical boundaries and size of the service area, including identification of sites where services are delivered by the CCBHC, including through DCOs

☐Information about the prevalence of mental health and substance use conditions and related needs in the service area, such as rates of suicide and overdose

☐Economic factors and social determinants of health affecting the population's access to health services, such as percentage of the population with incomes below the poverty level, access to transportation, nutrition, and stable housing

☐Cultures and languages of the populations residing in the service area

See Demographic Profile

☐The identification of the underserved population(s) within the service area

☐A description of how the staffing plan does and/or will address findings

See HR 1

☐Plans to update the community needs assessment every 3 years

☐Input with regard to:

- Cultural, linguistic, physical health, and behavioral health treatment needs
- Evidence-based practices and behavioral health crisis services
- Access and availability of CCBHC services including days, times, and locations, and telehealth options
- Potential barriers to care such as geographic barriers, transportation challenges, economic hardship, lack of culturally responsive services, and workforce shortages

☐Input gathered from the following entities in the service area:

- People with lived experience of mental and substance use conditions and individuals who have received/are receiving services from the clinic conducting the needs assessment
- Health centers (including FQHCs)
- Local health departments (Note: these departments also develop community needs assessments that may be helpful)
- Inpatient psychiatric facilities, inpatient acute care hospitals, and hospital outpatient clinics
- One or more Department of Veterans Affairs facilities
- Representatives from local K-12 school systems
- Other community partners

☐Input should also come from other community partners who work with people receiving services from the CCBHC and populations that historically are not engaging with health services, such as:

- Organizations operated by people with lived experience of mental health and substance use conditions
- Residential programs
- Juvenile justice agencies and facilities
- Criminal justice agencies and facilities
- Indian Health Service or other tribal programs such as Indian Health Service youth regional treatment centers as applicable
- Child welfare agencies and state licensed and nationally accredited child placing agencies for therapeutic foster care service
- Crisis response partners such as hospital emergency departments, crisis stabilization settings, crisis call centers and warmlines
- Specialty providers of medications for treatment of opioid and alcohol use disorders
- Peer-run and operated service providers
- Homeless shelters
- Housing agencies

- Employment services systems
- Services for older adults, such as Area Agencies on Aging
- Aging and Disability Resource Centers
- Other social and human services (e.g., domestic violence centers, pastoral services, grief counseling, Affordable Care Act navigators, food and transportation programs)

☒Additional state required community needs assessment requirements if any have been established by the state.

State will review

☐The CCBHC has completed a staffing plan that reflects the findings of the needs assessment.

See HR 1

☐(Recertification) The needs assessment and staffing plan updated in the past 3 years or less.

1.a.2 Staff

☐The CCBHC staff (both clinical and non-clinical) is appropriate in size and composition, and provides services appropriate for the population served.

See HR 1, HR 2, MHSU 2

☐Staffing satisfies the requirements of criteria 4.K[ii] for services to veterans.

See HR 1, HR 2, MHSU 2

1.a.3 Management Staffing

☐CCBHC management staffing is adequate for the needs of CCBHC, as determined by the needs assessment and staffing plan.

See HR 1, HR 2, MHSU 2

☐The Chief Executive Officer (CEO) or equivalent of the CCBHC maintains a fully staffed management team appropriate for the needs and size of the clinic, as determined by the current needs assessment and staffing plan.

See GOV 6.01, HR 1, HR 2, MHSU 2

☐The management team includes a CEO or equivalent/Project Director and a psychiatrist as Medical Director.

☐For a CCBHC without a psychiatrist, provisions are made for psychiatric consultation and a medically trained behavioral health provider with appropriate education and licensure to independently prescribe as the Medical Director.

See GOV 6.01, MHSU 7.01

☐The Medical Director provides guidance regarding behavioral health clinical service delivery, ensures the quality of the medical component of care, and provides guidance to foster the integration and coordination of behavioral health and primary care.

☐If the CCBHC is unable to hire a psychiatrist and hires another prescriber instead psychiatric consultation is obtained regarding behavioral health clinical service delivery, quality of the medical component of care, and integration and coordination of behavioral health and primary care.

See MHSU 7.01

1.a.4 Liability/Malpractice Insurance

☐The CCBHC maintains adequate liability/malpractice insurance.

See RPM 3.01

Criteria 1.B: Licensure and Credentialing of Providers

1.b.1 Appropriate Licensure and Credentialing

☐CCBHC practitioners providing direct services furnish them within their scope of practice in accordance with all applicable federal, state, and local laws and regulations, including Medicaid billing regulations or policies.

See MHSU 2.01, MHSU 2.02, RPM 7.01, HR 7.03, RPM 1

☐Appropriate supervision is provided for CCBHC providers that are working towards licensure.

See MHSU 2.01, TS 3.04

1.b.2 Required Staffing

☐The CCBHC staffing plan meets requirements of the state behavioral health authority and any accreditation or other standards required by the state.

See RPM 1, HR 1, HR 2, MHSU 2, some content may be reviewed by the state

☐The staffing plan is informed by the community needs assessment and is appropriate to the needs of people receiving CCBHC service.

See HR 1, HR 2, MHSU 2

☐The staffing plan includes clinical, peer, and other staff and core staff comprised of employed and as needed, contracted staff. Staffing is appropriate to the needs of people receiving services at the CCBHC, reflected in individual treatment plans, and as required to meet program requirements of these criteria.

See HR 1, HR 2, MHSU 2, MHSU 2.01, MHSU 2.02, MHSU 2.07

☐The CCBHC has a medically trained behavioral health care provider, either employed or available through formal arrangement, who can prescribe and manage medications independently under state law, including buprenorphine and other FDA-approved medications used to treat opioid, alcohol, and tobacco use disorders.

See MHSU 7.01, (MHSU 2.10 if assigned, if MHSU 2.10 is not assigned, reviewer must confirm that office-based opioid treatment providers are available through formal arrangement)

☐If the CCBHC does not have the ability to prescribe methadone for the treatment of opioid use disorder directly, it refers to an opioid treatment program (if any exist in the CCBHC service area) and provides care coordination to ensure access to methadone.

See MHSU 6.02, MHSU 11.04

☐The CCBHC has staff, either employed or under contract, who are licensed or certified substance use treatment counselors or specialists.

See MHSU 2.01, MHSU 2.02

☐The Medical Director has experience in the assessment and diagnosis of SUD, substance intoxication and withdrawal; pharmacological management of intoxication, withdrawal, and SUDs; ambulatory withdrawal management; outpatient addiction treatment; toxicology testing; and pharmacodynamics of commonly used substances.

> ☐If the Medical Director is not experienced with the treatment of substance use disorders, the CCBHC has experienced addiction medicine physicians or specialists on staff, or arrangements that ensure access to consultation on addiction medicine for the Medical Director and clinical staff.

See MHSU 7.01, MHSU 2.02

☐The CCBHC has credentialed substance use treatment specialists either employed or under contract.

See MHSU 2.01

☐The CCBHC has staff with expertise in addressing trauma and promoting the recovery of children and adolescents with serious emotional disturbance and adults with serious mental illness.

See TS 2.03, MHSU 2.03, MHSU 2.04

☐The CCBHC supplements its core staff as necessary in order to adhere to program requirements 3 and 4 and individual treatment plans, through arrangements with, and referrals to, other providers.

See HR 1, HR 2, MHSU 2, MHSU 6.02, MHSU 12.01, MHSU 12.03

☒The CCBHC has staff disciplines as required (if any) by the certifying state.

State will review

Criteria 1.C: Cultural Competence and Other Training

1.c.1 Training Plans

☐The CCBHC has a training plan for all employees and contract staff who have direct contact with people receiving services or their families.

See TS 1.01

☐The training plan satisfies and includes requirements of the state behavioral health authority and any accreditation standards on training required by the state.

See TS 2, MHSU 2, RPM 1, some content may be reviewed by the state

☐ At staff orientation and at reasonable intervals, the CCBHC provides training on:

☐Evidence-based practice

See MHSU 2.03

☐Cultural competency

See TS 2.04

☐Person-centered and family-centered planning and services

See MHSU 2.04

☐Recovery-oriented planning and services

See MHSU 2.04

☐Trauma-informed care

See TS 2.03

☐The clinic's policy and a continuity plan for operations/disasters

See ASE 6.02, ASE 6.04

☐The clinic's policy and procedures for integration and coordination with primary care integrated care of mental health and substance use disorders

See MHSU 2.05

☐ At orientation and annually thereafter, the CCBHC provides training on:

☐Risk assessment
☐Suicide and overdose prevention and response
☐The roles of families and peer staff

See MHSU 2.03, MHSU 2.04, MHSU 2.07, TS 2.04

☐ Trainings are aligned with the National Standards for Culturally and Linguistically Appropriate Services to advance health equity, improve quality of services, and eliminate disparities.

See GOV 4.03, GOV 4.04, TS 1.01, TS 1.02, TS 2.04, TS 2.05, PQI 2.01, see also National CLAS Standards and COA Crosswalk for a crosswalk of how COA Accreditation standards meet the National CLAS standards.

☐ Trainings include information related to military culture, to the extent active-duty military or veterans are being served.

See MHSU 2.03, MHSU 2.04

1.c.2 - 1.c.4 Skills and Competence

1.c.2

☐ The CCBHC regularly assesses and has written policies and procedures that describe the methods used for assessing skills and competencies of providers and keeps track of training provided for each employee.

See HR 4.01, HR 4.02, HR 4 Evidence, HR 5.01, TS 2 Evidence, MHSU 2 Evidence

1.c.3

☐ The CCBHC maintains documentation of completion of training and demonstration of competencies within staff personnel records.

See HR 5.01, MHSU 2 Evidence

1.c.4

☐ Individuals providing training to CCBHC staff have the qualifications to do so as evidenced by their education, training, and experience.

See HR 2.01, TS 2

Criteria 1.D: Linguistic Competence

1.d.1 - 1.d.4 Meaningful Access

1.d.1

☐ The CCBHC takes reasonable steps to provide meaningful access to people with Limited English Proficiency (LEP) or with language-based disabilities.

See ASE 3.02, ASE 3.03

1.d.2

☐ Interpretation/translation service(s) are readily available, appropriate and timely for the size/needs of the LEP CCBHC consumer population (e.g., bilingual providers, onsite interpreters, language video or telephone line). To the extent interpreters are used, such translation service providers are trained to function in a medical and, preferably, a behavioral health setting.

See ASE 3.03

1.d.3

☐ CCBHC auxiliary aids and services are available, ADA compliant, and responsive to the needs of people with physical, cognitive, and/or developmental disabilities (e.g., sign language interpreters, teletype [TTY] lines) receiving services.

See ASE 3.03, PRG 5.03

1.d.4

☐ Documents or messages vital to the ability of a person receiving services to access CCBHC services (e.g., registration forms, sliding scale fee discount schedule, after-hours coverage, signage) are available online and in paper format, in languages commonly spoken within the community served, taking account of literacy levels and the need for alternative formats, and provided in a timely manner at intake and throughout the time a person is served by the CCBHC.

See ASE 3.03, CR 1.01, CR 1.07

☐ The community needs assessment has informed which languages require language assistance.

See Demographic Profile

1.d.5 Meaningful Access and Privacy

☐ CCBHC policies have explicit provisions for ensuring that all employees, affiliated providers, and interpreters understand and adhere to confidentiality and privacy requirements applicable to the service provider, including but not limited to the requirements of the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2 (Confidentiality of Alcohol and Drug Abuse Patient Records), patient privacy requirements specific to care for minors, and other state and federal laws.

See RPM 5, RPM 5.01, RPM 5.02, RPM 5.03, RPM 5.05, TS 2.01, TS 2.02, CR 2, CR 2.01, CR 2.02, CR 2.03, CR 2.04, MHSU 7.03, HR 7.01, RPM 6.02, RPM 1

Program Requirement 2: Availability and Accessibility of Services

Criteria 2.A: General Requirements of Access and Availability

2.a.1 - 2.a.8

2.a.1

☐ The CCBHC provides a safe, functional, clean, sanitary, and welcoming environment for people receiving services and staff.

See ASE, ASE 1, ASE 2.03, ASE 2.05, ASE 2.06, ASE 4.01, ASE 4.03

2.a.2

☐ The CCBHC provides services during times that facilitate accessibility and meet the needs of the population served, including some evening and weekend hours as informed by the community needs assessment.

See MHSU 3.01, MHSU 5.05

2.a.3

☐ The CCBHC provides services at locations that are accessible to and meet the needs of the population to be served, such as community settings as informed by the community needs assessment.

See ASE 3.01, MHSU 3.01, MHSU 5.05

2.a.4

☐ The CCBHC provides transportation or transportation vouchers for people receiving services to the extent possible with relevant funding or programs in order to facilitate access to services in alignment with the person-centered and family-centered treatment plan.

See MHSU 12.01

2.a.5

☐ The CCBHC utilizes telehealth/telemedicine, video conferencing, digital therapeutics, remote patient monitoring, asynchronous interventions, and/or other technologies to the extent possible in alignment with the preferences of the person receiving services to support access to all required services.

See PRG 4, PRG 4.02 (Note: If PRG 4 is not rated because they do not offer these services, this criterion should be rated out)

2.a.6

☐ The CCBHC conducts outreach, engagement, and retention activities to support inclusion and access for underserved individuals and populations as informed by the community needs assessment.

See GOV 3, GOV 3.02, GOV 3.03

2.a.7

☐ CCBHC services conform to state or county/municipal court standards for the provision of voluntary and court-ordered services.

See RPM 1

2.a.8

☐ The CCBHC has a continuity of operations/disaster plans in place that:

- ☐Ensures the CCBHC is able to effectively notify staff, people receiving services, and healthcare and community partners when a disaster/emergency occurs or services are disrupted

  See ASE 6.01

- ☐Identifies alternative locations and methods to sustain service delivery and access to behavioral health medications during emergencies and disasters

  See ASE 6.02, ASE 6.01

☐Addresses health IT systems security/ransomware protection and backup and access to these IT systems, including health records, in case of disaster

See RPM 5.04

Criteria 2.B: General Requirements for Timely Access to Services and Initial and Comprehensive Evaluation

2.b.1 Timing of Screening, Evaluation and Provision of Services to People Receiving Services New CCBHC

☐ All new people requesting or referred for services receive, at the time of first contact, a preliminary triage (whether in-person, by telephone, or other remote communication) to determine acuity of needs.

See MHSU 3.03

☐If the triage identifies an emergency/crisis need, appropriate action is taken immediately (see 4.c.1[ii] for crisis response timelines and detail about required services), including plans to reduce or remove risk of harm and to facilitate any necessary subsequent outpatient follow-up.

☐If triage identifies an urgent need, clinical services and initial evaluation are to be provided within one (1) business day of the time the request is made.

☐If triage identifies routine needs, services are provided, including the initial evaluation completed within 10 business days.

☐ For those presenting with emergency or urgent needs, if the initial evaluation is conducted telephonically, once the emergency is resolved, the person receiving services is seen in-person at the next subsequent encounter and the initial evaluation reviewed.

☐ The preliminary triage and risk assessment is followed by: (1) an initial evaluation and (2) a comprehensive evaluation, with the components of each specified in program requirement 4[ii].

See MHSU 3.04, Assessment Matrix - Private, Public, Canadian, Network

☐ All new people receiving services receive a comprehensive evaluation to be completed within 60 calendar days of the first request for services. If the state has established independent screening and assessment processes for certain child and youth populations or other populations, the CCBHC should establish partnerships to incorporate findings and avoid duplication of effort. This requirement does not preclude the initiation or completion of the comprehensive evaluation, or the provision of treatment during the 60-day period.

See MHSU 3.04

2.b.2 Updating Comprehensive Person-Centered and Family-Centered Diagnostic and Treatment Planning Evaluation

☐ CCBHC treatment teams update the person-centered and family-centered diagnostic and treatment plan, in agreement with and endorsed by the person receiving services, when

changes occur with the status of the person receiving services, based on responses to treatment, or when there are changes in treatment goals.

See MHSU 3.08, MHSU 4.03

☐ The treatment plan is reviewed and updated no less frequently than every 6 months unless the state, federal, or applicable accreditation standards are more stringent.

See MHSU 4.03

2.b.3 Timing of Services for Established People Who Are Receiving Services

☐ Unless state, federal, or applicable accreditation standards are more stringent, appointments occur within 10 business days from when the request for appointment is made for all people who are already receiving services from the CCBHC and seeking routine outpatient clinical service.

See MHSU 3.03

☐ If a person receiving services presents with an emergency/crisis need, the CCBHC takes appropriate and immediate action that is consistent with the needs of the person receiving services. This includes immediate crisis response.

See MHSU 3.03

☐ If a person already receiving services presents with an urgent, non-emergency need, clinical services are generally provided within one business day of the request, or at a later time if that is the preference of the person receiving services.

See MHSU 3.03

Criteria 2.C: Access to Crisis Management Services

2.c.1 - 2.c.6

2.c.1

☐ The CCBHC provides crisis management services in accordance with program requirement 4.c.[ii] that are available and accessible 24 hours a day, seven days a week.

MHSU 6.04

2.c.2

☐ The CCBHC has policies or procedures in place requiring communication to the public of the methods for providing a continuum of crisis prevention, response, and postvention services.

See GOV 3.01, (CRI 3.01 if assigned)

2.c.3

☐ The CCBHC educates individuals served by the CCBHC about crisis planning; psychiatric advanced directives; how to access crisis services, including the 988 Suicide & Crisis Lifeline and other area hotlines and warmlines; and overdose prevention. This includes individuals with LEP or disabilities (i.e., CCBHC provides instructions on how to access services in the

appropriate methods, language(s), and literacy levels in accordance with program requirement 1.d[ii]).

See MHSU 4.02, MHSU 6.04, ASE 3.03, MHSU 7.05, MHSU 11.08, (MHSU 8.04 if assigned), (MHSU 9.06 if assigned)

2.c.4

☐ Protocols established for CCBHC staff to address the needs of CCBHC people receiving services in psychiatric crisis who come to emergency departments.

See MHSU 3.03, MHSU 11.04, MHSU 11.06, (CRI 9.01 if assigned)

2.c.5

☐ Protocols with law enforcement are in place to reduce delays for initiating services during and following a behavioral health crisis.

(See CRI 9.01, CRI 9.02 if assigned)

2.c.6

☐ The CCBHC has created, maintained, and followed crisis plans to prevent and de-escalate future crisis situations, in conjunction with the person receiving services following a psychiatric emergency or crisis.

See MHSU 4.02

Criteria 2.D: No Refusal of Services Due to Inability to Pay

2.d.1 - 2.d.4

2.d.1

☐ The CCBHC has policies that (1) services cannot be denied because of inability to pay and that (2) any fees or payments required by the clinic for such services are reduced or waived for those unable to pay.

See MHSU 3.01

2.d.2

☐ The CCBHC has published sliding fee discount schedule(s) on the CCBHC website, posted in the CCBHC waiting room and that are readily accessible to people receiving services and their families. The sliding fee discount schedule is communicated in languages/formats appropriate for individuals seeking services who have LEP, literacy barriers, or disabilities.

See CR 1.07, ASE 3.03, MHSU 3.01

2.d.3

☐ The fee schedule(s) conform to state statutory or administrative requirements or to federal statutory or administrative requirements that may be applicable. Absent applicable state or federal requirements, the schedule is based on locally prevailing rates or charges and includes reasonable costs of operation.

See RPM 1

2.d.4

☐ The CCBHC has written policies and procedures describing eligibility for and implementation of the sliding fee discount schedule and are applied equally to all individuals seeking services.

See CR 1.03

Criteria 2.E: Provision of Services Regardless of Residence

2.e.1 – 2.e.2

2.e.1

☐ The CCBHC has a policy that services cannot be refused due to residence, homelessness, or lack of a permanent address.

See MHSU 3.01

2.e.2

☐ The CCBHC has policies or protocols addressing services for those who do not live close to or within the CCBHC service area.

See MHSU 3.01, CR 1.02

☐ The CCBHC provides, at a minimum, crisis response, evaluation, and stabilization services in the CCBHC service area regardless of place of residence.

See MHSU 3.01, MHSU 3.03

☐ The CCBHC has protocols that address management of the individual's on-going treatment needs beyond crisis services. Protocols may provide for agreements with clinics in other localities, allowing the CCBHC to refer and track individuals seeking non-crisis services to the CCBHC or other clinics serving the individual's area of residence.

See MHSU 3.03

Program Requirement 3: Care Coordination

Criteria 3.A: General Requirements of Care Coordination

3.a.1 – 3.a.7

3.a.1

☐ Care coordination is based on a person-centered and family-centered treatment plan aligned with the requirements of Section 2402(a) of the Affordable Care Act[iii] and aligned with state regulations and consistent with best practices.

See RPM 1, MHSU 10, MHSU 11

☐ The CCBHC coordinates care across the spectrum of health services, including access to high-quality physical health (both acute and chronic) and behavioral health care, as well as

social services, housing, educational systems, and employment opportunities as necessary to facilitate wellness and recovery of the whole person.

See MHSU 10, MHSU 10.01, MHSU 10.02, MHSU 10.03, MHSU 10.04, MHSU 10.05, MHSU 11, MHSU 11.04

☐ The CCBHC coordinates with other systems to meet the needs of the people they serve, including criminal and juvenile justice and child welfare.

See MHSU 10.04

3.a.2

☐ The CCBHC maintains the necessary documentation to satisfy the requirements of HIPAA, 42 CFR Part 2, requirements specific to minors, and other privacy and confidentiality requirements of state or federal law addressing care coordination and in interactions with the DCOs.

See RPM 1, RPM 6.03, RPM 5.05, MHSU 11.02, CR 2.01, CR 2.03, CR 2.04

☐ The CCBHC obtains necessary consents for sharing information with community partners where information is not able to be shared under HIPAA and other federal and state laws and regulations.

See CR 2, CR 2.01, CR 2.02, CR 2.04

> ☐If the CCBHC is unable, after reasonable attempts, to obtain consent for any care coordination activity specified in program requirement 3, such attempts are documented and revisited periodically.

3.a.3

☐ Consistent with requirements of privacy, confidentiality, and the preferences and needs of people receiving services, the CCBHC assists people receiving services and the families of children and youth referred to external providers or resources in obtaining an appointment and tracking participation in services to ensure coordination and receipt of supports.

See MHSU 11.05

3.a.4

☐ The CCBHC coordinates care in keeping with the preferences of the person receiving services and their care needs.

See MHSU 10, MHSU 11

☐ The CCBHC develops a crisis plan with each person receiving services. Crisis plans may support the development of a Psychiatric Advanced Directive, if desired by the person receiving services. Psychiatric Advance Directives are entered in the electronic health record of the person receiving services so that the information is available to providers in emergency care settings.

See MHSU 4.02, PRG 1.03

☐ The CCBHC has procedures to coordinate care in collaboration with the family/caregiver of the person receiving services. The CCBHC develops a crisis plan with each person receiving services to identify the preferences of the person in the event of psychiatric or substance use crisis.

See MHSU 10, MHSU 4.02

☐At minimum, people receiving services should be counseled about the use of the National Suicide & Crisis Lifeline, local hotlines, warmlines, mobile crisis, and stabilization services should a crisis arise when providers are not in their office.

See MHSU 6.04

3.a.5

☐ The CCBHC has procedures to coordinate care for medication reconciliation with other providers.

See MHSU 11.07

3.a.6

☐ CCBHC agreements for care coordination do not limit the freedom of a person receiving services to choose their provider within the CCBHC, its DCOs, or any other provider.

See CR 1.04

3.a.7

☐ The CCBHC assists people receiving services and families to access benefits, including Medicaid, and enroll in programs or supports that may be beneficial to them.

See MHSU 12.01

Criteria 3.B: Care Coordination and Other Health Information Systems

3.b.1 – 3.b.5

3.b.1

☐ The CCBHC has a health information technology system in place that includes electronic health records.

See RPM 4, MHSU 11.03

3.b.2

☐ The CCBHC uses its secure health IT system and related technology tools to conduct activities such as population health management, quality improvement, quality measurement and reporting, disparity reduction, outreach, and research.

See RPM 4.02, RPM 4.03, MHSU 11.03

3.b.3

☐ The CCBHC (*CCBHCs are not required to have all these capabilities in place when certified or when submitting their attestation*) uses technology that has been certified to current criteria under the ONC Health IT Certification Program for the following required core set of certified health IT capabilities that align with key clinical practice and care delivery requirements for CCBHCs:

☐Capture health information, including demographic information such as race, ethnicity, preferred language, sexual and gender identity, and disability status (as feasible)

See RPM 4.03, MHSU 11.03

☐At a minimum, support care coordination by sending and receiving summary of care records

See MHSU 11.03, RPM 4.02

☐Provide people receiving services with timely electronic access to view, download, or transmit their health information or to access their health information via an API using a personal health app of their choice
See PRG 2.02

☐Provide evidence-based clinical decision support

☐Conduct electronic prescribing

3.b.4

☐ The CCBHC works with DCOs to ensure all steps are taken, including obtaining consent from people receiving services, to comply with privacy and confidentiality requirements. These include, but are not limited to, those of HIPAA (Pub. L. No. 104-191, 110 Stat. 1936 (1996)), 42 CFR Part 2, and other federal and state laws, including patient privacy requirements specific to the care of minors.

See RPM 6.02, CR 2.01

3.b.5

☐ Within two years from CCBHC certification or submission of attestation the CCBHC produces a plan to focus on ways to improve care coordination between the CCBHC and all DCOs using a health IT system. This plan includes:

See RPM 4.01, RPM 6.02, MHSU 11.03

☐Information on how the CCBHC can support electronic health information exchange to improve care transition to and from the CCBHC using the health IT system they have in place or are implementing for transitions of care

☐Integrating clinically relevant treatment records (evaluation planning, treatment, and care coordination) generated by the DCO for people receiving CCBHC services and incorporating them into the CCBHC health record

☐All clinically relevant treatment records maintained by the CCBHC are available to DCOs within the confines of federal and/or state laws governing sharing of health records

Criteria 3.C: Care Coordination Agreements

3.c.1 – 3.c.5

3.c.1

☐ The CCBHC has a partnership establishing care coordination with Federally Qualified Health Centers and, where relevant, Rural Health Clinics, unless health care services are provided by the CCBHC.

See MHSU 10.03, MHSU 11, MHSU 11.04, RPM 6.03

☐ For people receiving services 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.

See MHSU 10.03, MHSU 11.04, RPM 6.03

3.c.2

☐ The CCBHC has partnerships[1] that establish care coordination expectations with programs that can provide inpatient psychiatric treatment, OTP services, medical withdrawal management facilities and ambulatory medical withdrawal management providers for substance use disorders, and residential substance use disorder treatment programs (if any exist within the CCBHC service area). These include tribally operated mental health and substance use services including crisis services that are in the service area. The CCBHC tracks when people receiving services are admitted to and discharged from these facilities (unless there is a formal transfer of care to a non-CCBC entity).

See MHSU 10.05, MHSU 11.04, MHSU 11.06, RPM 6.03, CR 1.03

☐ The CCBHC has established protocols and procedures for transitioning individuals from EDs, inpatient psychiatric programs, medically monitored withdrawal management services, and residential or inpatient facilities that serve children and youth such as Psychiatric Residential Treatment Facilities and other residential treatment facilities, to a safe community setting. This includes transfer of health records of services received (e.g., prescriptions), active follow-up after discharge, and, as appropriate, a plan for suicide prevention and safety, overdose prevention, and provision for peer services.

See MHSU 11.06

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[1] These partnerships should be supported by a formal, signed agreement detailing the roles of each party. If the partnering entity is unable to enter into a formal agreement, the CCBHC may work with the partner to develop unsigned joint protocols that describe procedures for working together and roles in care coordination. At a minimum, the CCBHC has developed written protocols for supporting coordinated care undertaken by the CCBHC and efforts to deepen the partnership over time so that jointly developed protocols or formal agreements can be developed. All partnership activities should be documented to support partnerships independent of any staff turnover.

3.c.3

☐ The CCBHC has partnerships (with a variety of community or regional services, supports, and providers. CCBHCs are required to develop partnerships with the following organizations operating within the service area:

See MHSU 10.04, MHSU 10.05, MHSU 11.04, RPM 6.03

☐Schools

☐Child welfare agencies

☐Juvenile and criminal justice agencies and facilities, including drug, mental health, veterans and other specialty courts

☐Indian Health Service youth regional treatment centers

☐State licensed and nationally accredited child placing agencies for therapeutic foster care service

☐The 988 Suicide & Crisis Lifeline call center serving the area in which the CCBHC is located

☒Additional partners as required by certifying states

Reviewed by State

☐CCBHCs may develop partnerships based on the population served, the needs and preferences of people receiving services, and/or needs identified in the community needs assessment (see 3.c.3 for examples)

3.c.4

☐ The CCBHC has partnerships in place with the nearest Department of Veterans Affairs' medical center, independent clinic, drop-in center, or other facility of the Department.

See MHSU 4.01, MHSU 10.03, MHSU 12.01, MHSU 11.04, RPM 6.03

3.c.5

☐ The CCBHC has care coordination partnerships establishing expectations with inpatient acute-care hospitals in the area served by the CCBHC and their associated services/facilities including emergency departments, hospital outpatient clinics, urgent care centers, and residential crisis settings.

See MHSU 10.05, MHSU 11.04, RPM 6.03

☐ Care coordination partnerships with these entities include:

See MHSU 11.06, MHSU 3.03

☐Procedures and services, such as peer recovery specialist/coaches, to help individuals successfully transition from ED or hospital to CCBHC and community care to ensure continuity of services and to minimize the time between discharge and follow up

☐Tracking when people receiving CCBHC services are admitted to facilities providing the services listed above, as well as when they are discharged

☐The transfer of health records of services received (e.g., prescriptions) and active follow-up after discharge

☐For all people receiving CCBHC services being discharged from such facilities who are at risk for suicide or overdose, a requirement to coordinate consent and follow-up services with the person receiving services within 24 hours of discharge and that continues until the individual is linked to services or assessed to be no longer at risk

☐The CCBHC requests that notification be provided through the Admission-Discharge-Transfer (ADT) system of relevant inpatient and outpatient facilities, for people receiving CCBHC services

☐ The CCBHC makes and documents reasonable attempts to contact all people receiving CCBHC services who are discharged from these settings within 24 hours of discharge.

See MHSU 11.06

Criteria 3.D: Treatment Team, Treatment Planning, and Care Coordination Activities

3.d.1 – 3.d.3

3.d.1

☐ CCBHC treatment teams include the person receiving CCBHC services, their family/caregivers to the extent the person receiving CCBHC services chooses, and any other people the person receiving CCBHC services desires to be involved in their care. All CCBHC treatment planning and care coordination are person-centered and family-centered and align with the requirements of Section 2402(a) of the Affordable Care Act[iii].

See MHSU 4, MHSU 7.02, RPM 1

☐ All treatment planning and care coordination activities comply with HIPAA (Pub. L. No. 104-191, 110 Stat. 1936 (1996)), 42 CFR Part 2, and other federal and state laws, including patient privacy requirements specific to the care of minors.

See RPM 1, RPM 5, RPM 5.01, RPM 5.02, RPM 5.03, RPM 5.05, CR 2, CR 2.01, CR 2.02, CR 2.03, CR 2.04, MHSU 7.03

3.d.2

☐ The CCBHC designates interdisciplinary treatment teams that are responsible, with the person receiving services and their family/caregivers/legal guardians, to the extent the person receiving services desires their involvement for directing, coordinating, and managing care and services.

See MHSU 7.02

☐ The interdisciplinary team is composed of individuals who work together to coordinate the medical, psychiatric, psychosocial, emotional, therapeutic, and recovery support needs of

people receiving services traditional approaches to care for people receiving services who are American Indian or Alaska Native or from other cultural and ethnic groups.

See MHSU 7.02, CR 1.03

3.d.3

☐ The CCBHC coordinates care and services provided by DCOs in accordance with the current treatment plan.

See MHSU 10

Program Requirement 4: Scope of Services

Criteria 4.A: General Service Provisions

4.a.1 – 4.a.4

4.a.1

☐ Whether delivered directly or through a DCO agreement, the CCBHC is responsible for ensuring access to all care specified in the Protecting Access to Medicare Act (PAMA). This includes the following required services: crisis services; screening, assessment, and diagnosis; person-centered and family-centered treatment planning; outpatient behavioral health services; outpatient primary care screening and monitoring; targeted case management; psychiatric rehabilitation; peer and family supports; and intensive community-based outpatient behavioral health care for members of the U.S. Armed Forces and veterans.

☐ The CCBHC organization directly delivers the majority (51% or more) of encounters across the required services (excluding Crisis Services) rather than through DCOs.

4.a.2

☐ All CCBHC services, if not available directly through the CCBHC, are provided through a DCO.

☐ The CCBHC or DCO make outside referrals if a needed specialty service is unavailable through the CCBHC or DCO entities.

See MHSU 3.07, MHSU 6.02, MHSU 12.01, MHSU 3.03

☐ People receiving CCBHC services have freedom to choose providers within the CCBHC and its DCOs.

See CR 1.04

4.a.3

☐ People receiving CCBHC services will be informed of and have access to CCBHC grievance procedures, including for CCBHC services provided by a DCO.

See CR 1.01, CR 1.02, CR 1.05

☐ With regard to CCBHC or DCO services, the grievance process satisfies the minimum requirements of Medicaid and other grievance requirements such as those that may be mandated by relevant accrediting entities.

See RPM 1, CR 1.05

4.a.4

☐ CCBHC services provided by DCOs meet the same quality standards as those required of the CCBHC.

See RPM 6.02, RPM 7.03

Criteria 4.B: Person-Centered and Family-Centered Care

4.b.1 – 4.b.2

4.b.1

☐ The CCBHC ensures all CCBHC services, including those supplied by its DCOs, are provided in a manner aligned with the requirements of Section 2402(a) of the Affordable Care Act.[iii] The CCBHC and its DCOs provide services that reflect person-centered and family-centered and recovery oriented, being respectful of the needs, preferences, and values of the person receiving CCBHC services, and ensuring both involvement of the person receiving CCBHC services and self-direction of services received.

See CR 1.04, MHSU 4, MHSU 4.01, MHSU 4.03, MHSU 5, MHSU 5.01, MHSU 5.03, MHSU 6, MHSU 6.01, MHSU 7.02, RPM 1

☐ The services that the CCBHC and its DCOs provide for children and adolescents are family-centered, youth-guided, and developmentally appropriate.

See CR 1.04, MHSU 4, MHSU 4.01, MHSU 4.03, MHSU 5, MHSU 5.01, MHSU 5.03, MHSU 5.05, MHSU 6, MHSU 6.01, MHSU 7.02

4.b.2

☐ CCBHC services are responsive to the race, ethnicity, sexual orientation, and gender identity of the person receiving CCBHC services and are culturally and ethically appropriate, as indicated in the needs assessment, including services for people who are American Indian or Alaska Native.

See CR 1.03

Criteria 4.C: Crisis Behavioral Health Services

4.c.1

Note: When crisis services are provided directly by the organization CRI will be assigned, if CRI is not assigned because a DCO is providing crisis services, the following must be rated based on services made available through that DCO agreement.

☐ The CCBHC provides crisis services directly or through a DCO agreement with existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services as identified in these criteria.

> ☐The CCBHC has received approval from HHS to have a DCO relationship with a state-sanctioned crisis system that operates under less stringent standards than those identified in these criteria.
>
> ☐The certifying state has received approval from HHS to certify CCBHCs in its state that has or seeks to have a DCO relationship with a state-sanctioned crisis system with less stringent standards than those included in these criteria.

☐ The CCBHC provides or coordinates with telephonic, text, and chat crisis intervention call centers that meet 988 Suicide & Crisis Lifeline standards for risk assessment and engagement of individuals at imminent risk of suicide.

See MHSU 11.04

☐ Protocols have been established to track referrals made from the call center to the CCBHC or its DCO crisis care provider to ensure the timely delivery of mobile crisis team response, crisis stabilization, and post crisis follow-up care.

☐ The CCBHC provides community-based behavioral health crisis intervention services using mobile crisis teams twenty-four hours per day, seven days per week to adults, children, youth, and families anywhere within the service area including at home, work, or anywhere else where the crisis is experienced.

See CRI 6.01

☐ Mobile crisis teams arrive in-person within one hour (2 hours in rural and frontier settings) from the time that they are dispatched, with response time not to exceed 3 hours. Telehealth/telemedicine may be used to connect individuals in crisis to qualified mental health providers during the interim travel time. Technologies also may be used to provide crisis care to individuals when remote travel distances make the 2-hour response time unachievable

See CRI 6.01

> ☐The ability to provide an in-person response is available when it is necessary to assure safety.

☐ The CCBHC provides crisis receiving/stabilization services that includes at minimum, urgent care/walk-in mental health and substance use disorder services for voluntary individuals.

See CRI 7

☐ Urgent care/walk-in services identify the individual's immediate needs, de-escalate the crisis, and connect them to a safe and least-restrictive setting for ongoing care.

See CRI 3.04, CRI 4.01, CRI 4.03

☐ Walk-in hours are informed by the community needs assessment and include evening hours that are publicly posted.

See CRI 3.01, CRI 7.02

☐ Services are available to individuals of any level of acuity, whether individuals present on their own, with a concerned individual, such as a family member, or with a human service worker and/or law enforcement in accordance with state and local laws.

See CRI 3.02

☐ Crisis services include suicide prevention and intervention and services capable of addressing crises related to substance use including the risk of drug and alcohol related overdose and support following a non-fatal overdose after the individual is medically stable.

See MHSU 3.06, MHSU 4.02, CRI 3.02, CRI 3.04, CRI 4.01, CRI 4.02

☐ Overdose prevention activities include the availability of naloxone for overdose reversal to individuals who are at risk of opioid overdose, and as appropriate, to their family members.

See MHSU 7.04, MHSU 7.05

☐ The CCBHC has an established protocol specifying the role of law enforcement during the provision of crisis services.

See CRI 9.01, CRI 9.02

☐ As a part of the requirement to provide training related to trauma-informed care, the CCBHC specifically focuses on the application of trauma-informed approaches during crises.

See TS 2.03, TS 2.04

Criteria 4.D: Behavioral Health Screening, Assessment, and Diagnosis

4.d.1 – 4.d.8

4.d.1

☐ The CCBHC directly, or through a DCO, provides screening, assessment, and diagnosis, including risk assessment for behavioral health conditions. In the event specialized services outside the expertise of the CCBHC are required for purposes of screening, assessment, or diagnosis, the CCBHC refers the person to an appropriate provider.

See MHSU Definition, MHSU 3.03, MHSU 3.07

4.d.2

☐ Screening, assessment, and diagnosis are conducted in a timeframe responsive to the needs and preferences of the person receiving services and are of sufficient scope to assess the need for all services required to be provided by the CCBHC.

See MHSU 3.03, MHSU 3.04

4.d.3

☐ The CCBHC's initial evaluation of people receiving CCBHC services includes the following:

See MHSU 3, MHSU 3.04, MHSU 3.05, PRG 3.03, MHSU 11.07, Assessment Matrix

☐Preliminary diagnoses

☐Source of referral

☐Reason for seeking care, as stated by the person receiving CCBHC services or other individuals who are significantly involved

☐Identification of the immediate clinical care needs related to the diagnoses for mental and substance use disorders of the person receiving services

☐A list of current prescriptions and over-the-counter medications, herbal remedies and dietary supplements and the indication for any medication

☐A summary of previous mental health and substance use disorder treatments with a focus on which treatments helped and were not helpful

☐The use of any alcohol and/or other drugs the person receiving services may be taking

☐An assessment of whether the person receiving services is a risk to self or to others, including suicide risk factors

☐An assessment of whether the person receiving services has other concerns for their safety, such as intimate partner violence

☐An assessment of need for medical care (with referral and follow-up as required)

☐A determination of whether the person presently is or ever has been a member of the U.S. Armed Services

☐for children and youth, whether they have system involvement (such as child welfare and juvenile justice)

4.d.4

☐ All people receiving CCBHC services receive a comprehensive evaluation.

See MHSU 3.04

☐ The comprehensive evaluation should gather the amount of information that is commensurate with the complexity of their specific needs and prioritize preferences of people receiving services with respect to the depth of evaluation and their treatment goals.

See MHSU 3.04

☐ The comprehensive evaluation includes:

See MHSU 3.05, PRG 3.03, PRG 4.02, (MHSU 9.03 if assigned), Assessment Matrix

☐Reasons for seeking services at the CCBHC, including information regarding onset of symptoms, severity of symptoms, and circumstances leading to the presentation to the CCBHC of the person receiving services

☐An overview of relevant social supports; social determinants of health and health-related social needs such as housing, vocational, and educational status; family/caregiver and social support; legal issues; and insurance status

☐A description of cultural and environmental factors that may affect the treatment plan of the person receiving services, including the need for linguistic services or supports for people with LEP

☐Pregnancy and/or parenting status

☐Behavioral health history, including trauma history and previous therapeutic interventions and hospitalizations with a focus on what was helpful and what was not helpful in past treatments

☐Relevant medical history and major health conditions that impact current psychological status

☐A medication list including prescriptions, over-the counter medications, herbal remedies, dietary supplements, and other treatments or medications of the person receiving services. Include those identified in a Prescription Drug Monitoring Program (PDMP) that could affect their clinical presentation and/or pharmacotherapy, as well as information on allergies including medication allergies

☐An exam that includes current mental status, mental health (including depression screening, and other tools that may be used in ongoing measurement-based care) and substance use disorders (including tobacco, alcohol, and other drugs)

☐Basic cognitive screening for cognitive impairment

☐Assessment of imminent risk, including suicide risk, withdrawal and overdose risk, danger to self or others, urgent or critical medical conditions, and other immediate risks including threats from another person

☐The strengths, goals, preferences, and other factors to be considered in treatment and recovery planning of the person receiving services

☐Assessment of the need for other services required by the statute (i.e., peer and family/caregiver support services, targeted case management, psychiatric rehabilitation services)

☐Assessment of any relevant social service needs of the person receiving services, with necessary referrals made to social services. For children and youth receiving services, assessment of systems involvement such as child welfare and juvenile justice and referral to child welfare agencies as appropriate

☐An assessment of need for a physical exam or further evaluation by appropriate health care professionals, including the primary care provider (with appropriate referral and follow-up) of the person receiving services

☐The preferences of the person receiving services regarding the use technologies such as telehealth/telemedicine, video conferencing, digital therapeutics, remote patient monitoring, and asynchronous interventions

4.d.5

☐ Screening and assessment conducted by the CCBHC related to behavioral health include those for which the CCBHC is accountable pursuant to program requirement 5 and Appendix B of the criteria.[ii]

☒ Other screening and monitoring required (if any) by the certifying state.

State will review

4.d.6

☐ The CCBHC uses standardized and validated and developmentally appropriate screening and assessment tools appropriate for the person and, where warranted, brief motivational interviewing techniques to facilitate engagement.

See TS 2.03, MHSU 2.03, MHSU 3.04, (MHSU 8.01 if assigned)

4.d.7

☐ The CCBHC uses culturally and linguistically appropriate screening tools and approaches that accommodate all literacy levels and disabilities (e.g., hearing disability, cognitive limitations), when appropriate.

See ASE 3.03

4.d.8

☐ If screening identifies unsafe substance use, including problematic alcohol or other substance use, the CCBHC conducts a brief intervention and the person receiving services is provided a full assessment and treatment, if appropriate within the level of care of the CCBHC, or referred to a more appropriate level of care. If the screening identifies more immediate threats to the safety of the person receiving services, the CCBHC takes appropriate action as described in 2.b.1.[ii]

See MHSU 3.03, MHSU 4.01, (MHSU 8, MHSU 8.01 if assigned)

Criteria 4.E: Person-Centered and Family-Centered Treatment Planning[2]

4.e.1 – 4.e.7

4.e.1

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[2] For more information related to person-centered treatment planning see eCFR :: 42 CFR Part 485 Subpart J -- Conditions of Participation: Community Mental Health Centers (CMHCs) and eCFR :: 42 CFR Part 441 Subpart M -- State Plan Home and Community-Based Services for the Elderly and Individuals with Disabilities.

☐ The CCBHC directly, or through a DCO, provides person-centered and family-centered treatment planning including but not limited to, risk assessment and crisis planning.

See MHSU 3.05, MHSU 4, MHSU 4.02

4.e.2

☐ The CCBHC develops an individualized treatment plan based on information obtained through comprehensive evaluation and the person receiving services' goals and preferences.

See MHSU 4.01

☐ The plan addresses the person's prevention, medical, and behavioral health needs and is developed in collaboration with and be endorsed by the person receiving services, their family (if the person receiving services so wishes), and family/caregivers/legal guardians of youth and children.

See MHSU 4.01, MHSU 10, MHSU 11

☐ The treatment plan development is coordinated with staff or programs necessary to carry out the plan and supports care in the least restrictive setting possible.

See CR 1.04, MHSU 4.01, MHSU 7.02

☐ All necessary releases of information are obtained and included in the health record as a part of the development of the initial treatment plan.

See CR 2.01

4.e.3

☐ The CCBHC uses the initial and comprehensive evaluations and ongoing screening assessments of the person receiving services to inform the treatment plan and services provided.

See MHSU 4.01, MHSU 4.03

4.e.4

☐ Treatment planning includes needs, strengths, abilities, preferences, and goals, expressed in a manner capturing the words or ideas of the person receiving services or their family if appropriate.

See MHSU 3.05, MHSU 4.01

4.e.5

☐ The treatment plan is comprehensive, addressing all services required, including recovery supports, with provision for monitoring of progress towards goals and built upon a shared decision-making approach.

See CR 1.04, MHSU 4.01, MHSU 4.03

4.e.6

☐ The CCBHC seeks consultation where appropriate during treatment planning (e.g., eating disorders, traumatic brain injury, intellectual and developmental disabilities (I/DD), interpersonal violence and human trafficking.

See MHSU 3.07, MHSU 4.01

4.e.7

☐ The person's health record documents any advance directives related to treatment and crisis planning. If the person receiving services does not wish to share their preferences, that decision is documented. Please see 3.a.4., requiring the development of a crisis plan with each person receiving services.

See PRG 1.03, MHSU 4.02

☒ Other aspects of person-centered and family-centered treatment planning required (if any) by the certifying states.

State will review

Criteria 4.F: Outpatient Mental Health and Substance Use Services

4.f.1 – 4.f.3

4.f.1

☐ The CCBHC directly, or through a DCO, provides outpatient behavioral health care including psychopharmacological treatment that are evidence-based services using best practices for treating mental health and substance use disorders across the lifespan with tailored approaches for adults, children, and families.

See MHSU

☐ SUD treatment and services are provided as described in the American Society for Addiction Medicine Levels 1 and 2.1 and include treatment of tobacco use disorders.

See MHSU (level 1) and DTX (level 2.1) unless these services are provided by DCO, then review formal agreement

☐ In the event specialized or more intensive services outside the expertise of the CCBHC or DCO are required for purposes of outpatient mental and substance use disorder treatment the CCBHC makes them available through referral or other formal arrangement with other providers or, where necessary and appropriate, through use of telehealth/telemedicine, in alignment with state and federal laws and regulations.

See MHSU 3.01, MHSU 3.03, MHSU 6.02, PRG 4

☐ The CCBHC provides or makes available through a formal arrangement traditional practices/treatment as appropriate for the people receiving services served in the CCBHC area.

See CR 1.03, MHSU 6.02

☒ The CCBHC delivers the evidence-based practices as required by certifying states.

State will review

4.f.2

☐ Treatments are provided that are appropriate for the phase of life and development of the person receiving services and delivered by staff with specific training in treating the segment of the population being served.

See TS 2.04, TS 2.05, MHSU 2.03, MHSU 2.04, MHSU 5.01, MHSU 6.01

☐When treating children and adolescents, CCBHCs provide evidenced-based services that are developmentally appropriate, youth-guided, and family/caregiver-driven.

☐When treating older adults, the desires and functioning of the individual person receiving services are considered, and appropriate evidence-based treatments are provided.

☐When treating individuals with developmental or other cognitive disabilities, level of functioning is considered, and appropriate evidence-based treatments are provided.

4.f.3

☐ Supports for children and adolescents comprehensively address family/caregiver, school, medical, mental health, substance use, psychosocial, and environmental issues.

See MHSU 3.05., MHSU 12.03

Criteria 4.G: Outpatient Clinic Primary Care Screening and Monitoring

4.g.1 – 4.g.3

4.g.1

☐ The CCBHC monitors key health indicators and health risks, and coordinates care in a timely fashion. The Medical Director has established protocols that conform to screening recommendations with scores of A and B of the United States Preventive Services Task Force Recommendations for the following conditions:

See MHSU 3.07, (MHSU 9.05 if assigned)

☐HIV and viral hepatitis

☐Primary care screening pursuant to CCBHC Program Requirement 5 Quality and Other Reporting and Appendix B[ii]

☐Other clinically indicated primary care key health indicators of children, adults, and older adults receiving services, as determined by the CCBHC Medical Director and based on environmental factors, social determinants of health, and common physical health conditions experienced by the CCBHC person receiving services population.

4.g.2

☐ The Medical Director developed organizational protocols to ensure screening for common physical health conditions experienced by CCBHC populations across the lifespan. Protocols include:

☐Identifying people receiving services with chronic diseases

See MHSU 3.05, MHSU 3.07, (MHSU 9.05 if assigned)

☐Ensuring that people receiving services are asked about physical health symptoms

See MHSU 3.05

☐Establishing systems for collection and analysis of laboratory samples, fulfilling the requirements of 4.g.[ii]

See MHSU 3.07

☐ The CCBHC should have the ability to collect biologic samples directly, through DCO, or through a formal agreement. Laboratory analyses can be done directly or through another arrangement with an organization separate from the CCBHC.

See MHSU 3.07

4.g.3

☐ The CCBHC provides ongoing primary care monitoring of health conditions as identified in 4.g.1 and 4.g.2.[ii], and as clinically indicated for the individual. Monitoring includes the following:

☐Ensuring individuals have access to primary care services

See MHSU 3.07, MHSU 10.03, MHSU 11.04

☐Ensuring ongoing periodic laboratory testing and physical measurement of health status indicators and changes in the status of chronic health conditions

See MHSU 3.07

☐Coordinating care with primary care and specialty health providers including tracking attendance at needed physical health care appointments; and promoting a healthy lifestyle

See MHSU 11.08, MHSU 10.03, MHSU 11.04, MHSU 11.05

Criteria 4.H: Targeted Case Management Services

4.h.1

☐ The CCBHC provides directly, or through a DCO, targeted case management services that assists people receiving services in sustaining recovery, and gaining access to needed medical, social, legal, educational, housing, vocational, and other services and supports. CCBHC targeted case management should include supports for people deemed at high risk of suicide or overdose, particularly during times of transitions; individual with complex or serious mental health or substance use conditions and for individuals who have a short-term need for support in a critical period.

See MHSU 6.02, (CM if assigned)

☒ The CCBHC provides the scope of targeted case management services to the specific populations for which they are intended as specified (if any) by certifying states

State will review

Criteria 4.I: Psychiatric Rehabilitation Services

4.i.1

☐ The CCBHC or through a DCO provides evidence-based rehabilitation services for both mental health and substance use disorders. Psychiatric rehabilitation services include:

> ☐Supported employment programs designed to provide those receiving services with on-going support to obtain and maintain competitive, integrated employment (e.g., evidence-based supported employment, customized employment programs, or employment supports that are run in coordination with Vocational Rehabilitation or Career One-Stop services)
>
> *See MHSU 12.01, (PSR if assigned)*
>
> ☐Services that help people to participate in supported education and other educational services; achieve social inclusion and community connectedness; participate in medication education, self-management, and/or individual and family/caregiver psychoeducation; and find and maintain safe and stable housing
>
> *See MHSU 5.02, MHSU 6.02, MHSU 12, MHSU 12.01, MHSU 12.02*

☒ Evidence-based and other psychiatric rehabilitation services above the minimum requirements described in 4.i as required (if any) by certifying states.

State will review

Criteria 4.J: Peer Supports, Peer Counseling, and Family/Caregiver Supports

4.j.1

☐ The CCBHC or through a DCO provides peer supports, including peer specialist and recovery coaches, peer counseling, and family/caregiver supports.

See MHSU 6.03, MHSU 2.07, (CSE 7 if assigned)

☒ The CCBHC or through a DCO provides the scope of peer and family services specified (if any) by certifying states.

State will review

Criteria 4.K: Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans

4.k.1 – 4.k.7

4.k.1

☐ The CCBHC provides directly, or through a DCO, 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 and veterans living 40 miles or more (driving distance) from a VA medical facility, or as otherwise required by federal law. The CCBHC has demonstrated efforts to facilitate the provision of intensive community-based behavioral health services to veterans and active-duty military personnel.

4.k.2

☐ With all individuals inquiring about services, the CCBHC documents whether they have ever served in the U.S. military. For those affirming current or former service in the U.S. military, CCBHCs either directs them to care or provides care through the CCBHC as required by criterion 4.k.2.[ii]

See Assessment Matrix, MHSU 3.03

☐ The CCBHC offers assistance with enrollment in the VHA for the delivery of health and behavioral health services to persons affirming former military service.

See MHSU 12.01

4.k.3

☐ The CCBHC ensures coordination for the care of substance use disorders and other mental health conditions for veterans and active-duty military personnel who experience both, to the extent those services are appropriately provided by the CCBHC in accordance with criteria 4.k.1 and 4.k.2.[ii]

See MHSU 10.02

☐ The CCBHC provides for integration and coordination of care for behavioral health conditions and other components of health care for all veterans and active-duty military personnel who experience both, to the extent those services are appropriately provided by the CCBHC in accordance with criteria 4.k.1 and 4.k.2[ii].

See MHSU 10.03, MHSU 11.04

4.k.4

☐ The CCBHC assigns a Principal Behavioral Health Provider to every veteran seen, unless the VHA has already assigned a Principal Behavioral Health Provider. When veterans are seeing more than one behavioral health provider and when they are involved in more than one program, the identity of the Principal Behavioral Health Provider is made clear to the veteran and identified in the health record. The Principal Behavioral Health Provider fulfills requirements in accordance with accordance with criteria 4.k.4.[ii]

See MHSU 2.11

4.k.5

☐ The CCBHC provides behavioral health services for veterans that are recovery-oriented and adhere to the guiding principles of recovery (outlined in criteria 4.k.5[ii]), VHA recovery, and other VHA guidelines.

See CR 1.03, MHSU Purpose and Definition, MHSU 5, MHSU 5.01, MHSU 5.02, MHSU 5.03, MHSU 5.04, MHSU 6, MHSU 6.01, MHSU 6.02, MHSU 6.03, MHSU 10

4.k.6

☐ CCBHC staff who work with people receiving CCBHC services who are military or veterans are trained in cultural competence, and specifically military and veterans' culture.

See TS 1.01, TS 2.04, MHSU 2.04

4.k.7

☐ The CCBHC develops a behavioral health treatment plan for all veterans receiving behavioral health services compliant with provisions of Criteria 4.K[ii].

See MHSU 4.01, CR 1.04

Program Requirement 5: Quality and Other Reporting

Criteria 5.A: Data Collection, Reporting, and Tracking

5.a.1 – 5.a.4

5.a.1

☐ The CCBHC has the capacity to collect, report, and track encounter, outcome, and quality data, including, but not limited to, data capturing of:

See PQI 3, PQI 3.01, RPM 4.03, MHSU 11.03

- ☐Characteristics of people receiving services
- ☐Staffing
- ☐Access to services
- ☐Use of services
- ☐Screening, prevention, and treatment
- ☐Care coordination
- ☐Other processes of care
- ☐Costs
- ☐Outcomes of people receiving services

5.a.2

☐ The CCBHC collects and reports the Clinic-Collected quality measures identified as required in Appendix B for all people receiving CCBHC services. CCBHCs report quality measures nine (9) months after the end of the measurement year as that term is defined in the technical specifications.

☐ CCBHCs participating in Section 223 Demonstration report the data to their states.

☐ CCBHC-Es that are required to report quality measure data, report it directly to SAMHSA.

☒ The CCBHC collects and reports any of the optional Clinic-Collected measures identified in Appendix B as required (if any) by certifying states.

State will Review

☐ CCBHCs participating in the Section 223 Demonstration have arrangements with DCOs for access to quality measures data for CCBHC services delivered by DCOs as legally permissible.

5.a.3

☐ CCBHCs participating in the Section 223 Demonstration program participate in discussions with the national evaluation team and other evaluation-related data collection activities if requested.

5.a.4

☐ CCBHCs participating in the Section 223 Demonstration program annually submit a cost report with supporting data within six months after the end of each Section 223 Demonstration year to the state.

Criteria 5.B: Continuous Quality Improvement (CQI) Plan

5.b.1 – 5.b.3

5.b.1

☐ The CCBHC develops, implements, and maintains an effective, CCBHC-wide continuous quality improvement (CQI) plan for the services provided.

See PQI 1.01

☐ The CCBHC establishes a critical review process to review CQI outcomes and implement changes to staffing, services, and availability that improves the quality and timeliness of services.

See PQI 3.01, PQI 5.02, PQI 5.04, MHSU 1.02

☐ The CQI plan focuses on indicators related to improved behavioral and physical health outcomes and takes actions to demonstrate improvement in CCBHC performance.

See PQI 3.01, PQI 5.02, PQI 5.04, MHSU 1.02

☐ The Medical Director is involved in the aspects of the CQI plan that apply to the quality of the medical components of care, including coordination and integration with primary care.

See PQI 2, PQI 2.01

5.b.2

☐ The CQI plan addresses how the CCBHC reviews known significant events including, at a minimum:

See RPM 2, PQI 3, MHSU 1

☐Deaths by suicide or suicide attempts of people receiving services

See RPM 2.01, RPM 2.02, PQI 3.03

☐Fatal and non-fatal overdoses

See RPM 2.01, RPM 2.02, PQI 3.03

☐All-cause mortality among people receiving CCBHC services

See RPM 2.01, RPM 2.02, PQI 3.03

☐30-day hospital readmissions for psychiatric or substance use reasons

See PQI 3.01, MHSU 1.02

☐Such other events the state or applicable accreditation bodies may deem appropriate for examination and remediation as part of a CQI plan

See RPM 2.01, RPM 2.02, PQI 3.03

5.b.3

☐ The CQI plan is data-driven and the CCBHC considers the use of quantitative and qualitative data in their CQI activities.

See PQI 3, PQI 3.01, PQI 5, PQI 5.01, PQI 5.02, PQI 5.04, MHSU 1.02

☐ CCBHCs participating in the Section 223 Demonstration address the data resulting from the CCBHC-collected and, as applicable for the, State-Collected, quality measures that may be required as part of the Demonstration.

☐ The CQI plan includes an explicit focus on populations experiencing health disparities (including racial and ethnic groups and sexual and gender minorities) and addresses how the CCBHC uses disaggregated data from the quality measures and, as available, other data to track and improve outcomes for populations facing health disparities.

See PQI 5.02, MHSU 1.02

Program Requirement 6: Organizational Authority, Governance, and Accreditation

Criteria 6.A: General Requirements of Organizational Authority and Finances

6.a.1 – 6.a.3

6.a.1

☐ The CCBHC maintains documentation establishing the CCBHC conforms to at least one of the following statutorily established criteria:

See documentation submitted during application, cannot be a for-profit entity

☐Is a non-profit organization, exempt from tax under Section 501(c)(3) of the United States Internal Revenue Code

☐Is part of a local government behavioral health authority

☐Is operated under the authority of the Indian Health Service, an Indian tribe, or tribal organization pursuant to a contract, grant, cooperative agreement, or compact with the Indian Health Service pursuant to the Indian Self-Determination Act (25 U.S.C. 450 et seq.)

☐Is an urban Indian organization pursuant to a grant or contract with the Indian Health Service under Title V of the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.)

6.a.2

☐ To the extent CCBHCs are not operated under the authority of the Indian Health Service, an Indian tribe, or tribal or urban Indian organization, CCBHCs has reached out to such entities within their geographic service area and enter into arrangements with those entities to assist in the provision of services to tribal members and to inform the provision of services to tribal members. To the extent the CCBHC and such entities jointly provide services, the CCBHC and those collaborating entities, as a whole, satisfy the requirements of these criteria.

6.a.3

☐ An independent financial audit is performed annually for the duration that the clinic is designated as a CCBHC 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.

See FIN 1, FIN 5 (audit is required)

Criteria 6.B: Governance

6.b.1 – 6.b.4

6.b.1

- ☐ The CCBHC has identified how to integrate meaningful participation in leadership and decision-making positions within their governance by individuals with lived experience of mental and/or substance use disorders and their families, including youth.

  ☐ Option 1. 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.

  OR

  ☐ Option 2. Individuals with lived experience of mental and/or substance use disorders and family members of people receiving services have representation in governance that assures input into Identifying community needs and goals and objectives of the CCBHC; service development, quality improvement, and the activities of the CCBHC; fiscal and budgetary decisions; and governance (human resource planning, leadership recruitment and selection, etc.).

    - The governing board must establish protocols for incorporating input from individuals with lived experience and family members
    - Board meeting summaries are shared with those participating in the alternate arrangement and recommendations from the alternate arrangement are entered into the formal board record
    - A member or members of the arrangement must be invited to board meetings; and
    - Representatives of the alternate arrangement must have the opportunity to regularly address the board directly, share recommendations directly with the board, and have their comments and recommendations recorded in the board minutes
    - The CCBHC provides staff support for posting an annual summary of the recommendations from the alternate arrangement under option 2 on the CCBHC website
    - Opportunity to share recommendations directly with the board.
      - The CCBHC provides staff support for posting an annual summary of the recommendations from the alternate arrangement on the CCBHC website.

6.b.2

☐ For Option 2, the certifying state or the federal grant funding agency determined that the approach to achieve meaningful participation is acceptable.

- If not acceptable, the CCBHC has made satisfactory progress in the process of implementing additional mechanisms as required by the certifying state or federal grant funding agency to fulfill this requirement. CCBHC makes available the results of its efforts in terms of outcomes and resulting changes.

6.b.3

☐ To the extent the CCBHC is comprised of a governmental or tribal organization, subsidiary, or part of a larger corporate organization that cannot meet these requirements for board membership, the CCBHC will specify the reasons why it cannot meet these requirements. The CCBHC will have or develop an advisory structure and describe other methods for individuals with lived experience and families to provide meaningful participation as defined in 6.b.1.

6.b.4

☐ Members of the governing or advisory boards are representative of the communities in which the CCBHC's service area is located and are selected for their expertise in health services, community affairs, local government, finance and accounting, 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.

Criteria 6.C: Accreditation

6.c.1 – 6.c.3

6.c.1

☐ The CCBHC is enrolled as a Medicaid provider and licensed, certified, or accredited provider of both mental health and substance use disorder services including developmentally appropriate services to children, youth, and their families, unless there is a state or federal administrative, statutory, or regulatory framework that substantially prevents the CCBHC organization provider type from obtaining the necessary licensure, certification, or accreditation to provide these services.

See RPM 1 and application documentation re: licensure

☐ The CCBHC adheres to any applicable state accreditation, certification, and/or licensing requirements.

See RPM 1

☐ The CCBHC participates in SAMHSA Behavioral Health Treatment Locator.

6.c.2 – 6.c.3

☒ These criteria are both satisfied by the organization pursuing state certification and meeting applicable accreditation requirements.

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[i] Substance Abuse and Mental Health Services Administration (2023, March). *Certified Community Behavioral Health Clinic (CCBHC) criteria compliance checklist*. Retrieved August 15, 2023, from https://www.samhsa.gov/sites/default/files/ccbhc-compliance-checklist.pdf

[ii] Substance Abuse and Mental Health Services Administration. *Certified Community Behavioral Health Center (CCBHC) Certification Criteria.* Published February 2023. Accessed August 18, 2023 at Certified Community Behavioral Health Clinics (CCBHCs) | SAMHSA.