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# CCBHC-E New Grantee Learning Community

## Session 4: Service Array

Tuesday, February 14<sup>th</sup>, 2023  
3:00-4:30pm E.T.

**CCBHC-E National Training and Technical Assistance Center**

*Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing*

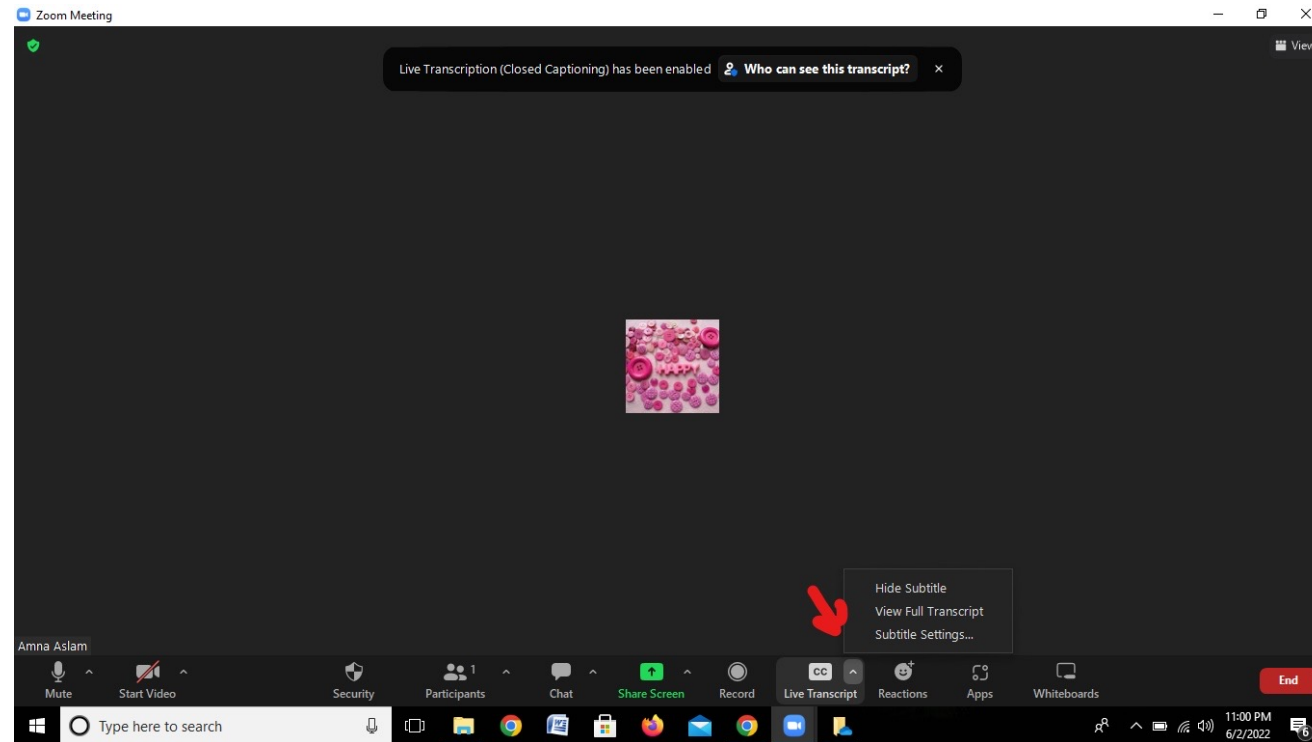
# Acknowledgements and Disclaimer

*This event/publication was made possible by Grant Number 1H79SM085856 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views, opinions, or policies of SAMHSA, or the U.S. Department of Health and Human Services (HHS).*



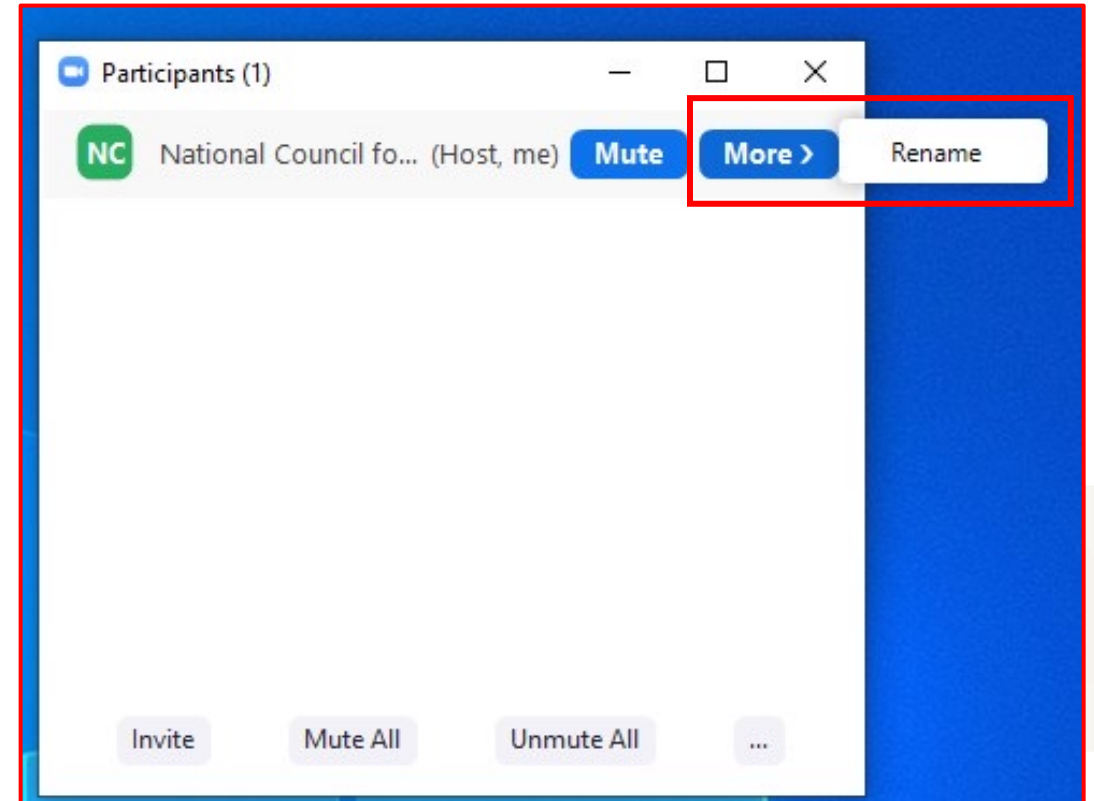
# How to Enable Closed Captions (Live Transcript)

Next to “Live Transcript,” click the arrow button for options on closed captioning and live transcript.



# Name and Organization

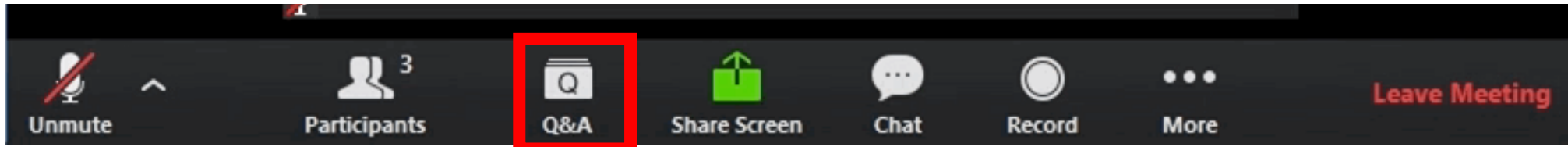
- Please join by video if you are able!
- Please rename yourself so your name includes your organization.
  - *For example:*
    - **Jane King, National Council**
  - *To rename yourself:*
    - Click on the **Participants** icon at the bottom of the screen
    - Find your name and hover your mouse over it
    - Click **Rename**
- If you are having any issues, please send a Zoom chat message to **D'ara Lemon, National Council**



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# How to Ask a Question



Please share questions throughout today's session using the **Q&A Feature** on your Zoom toolbar. We'll answer as many questions as we can throughout today's session.

# Today's Agenda

- Community pulse check on grant deliverables
- Services section of the CCBHC criteria
- Developing the attestation statement



# Learning Objectives

- Increase knowledge and understanding of CCBHC criteria scope of services section and implications for clinic implementation and organizational changes
- Support clinics in implementation of scope of services requirements of the CCBHC model
- Foster clinic action planning and decision-making in their practice transformation efforts
- Identify strategies to developing attestation statement



# Today's Presenters



**Jane King, PsyD, LP**  
*Senior Consultant*  
CCBHC-E NTTAC, National  
Council for Mental Wellbeing



**Renee Boak, MPH**  
*Consultant*  
CCBHC-E NTTAC, National  
Council for Mental Wellbeing





# Community Pulse Check

New Grantee Deliverables

**CCBHC-E National Training and Technical Assistance Center**

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# CCBHC PDI Grantee Grant Year 1 Deliverables

## March (6 months)

- Community needs assessment
- Deliver 5 of the 9 services

## May (8 months)

- Plan for staffing, training, and delivery of all required services

## September (1 year)

- Attestation demonstrating compliance with the CCBHC Certification Criteria
- Licensed to provide both MH and SU services
- Delivering all required services
- Sustainability plan

2023

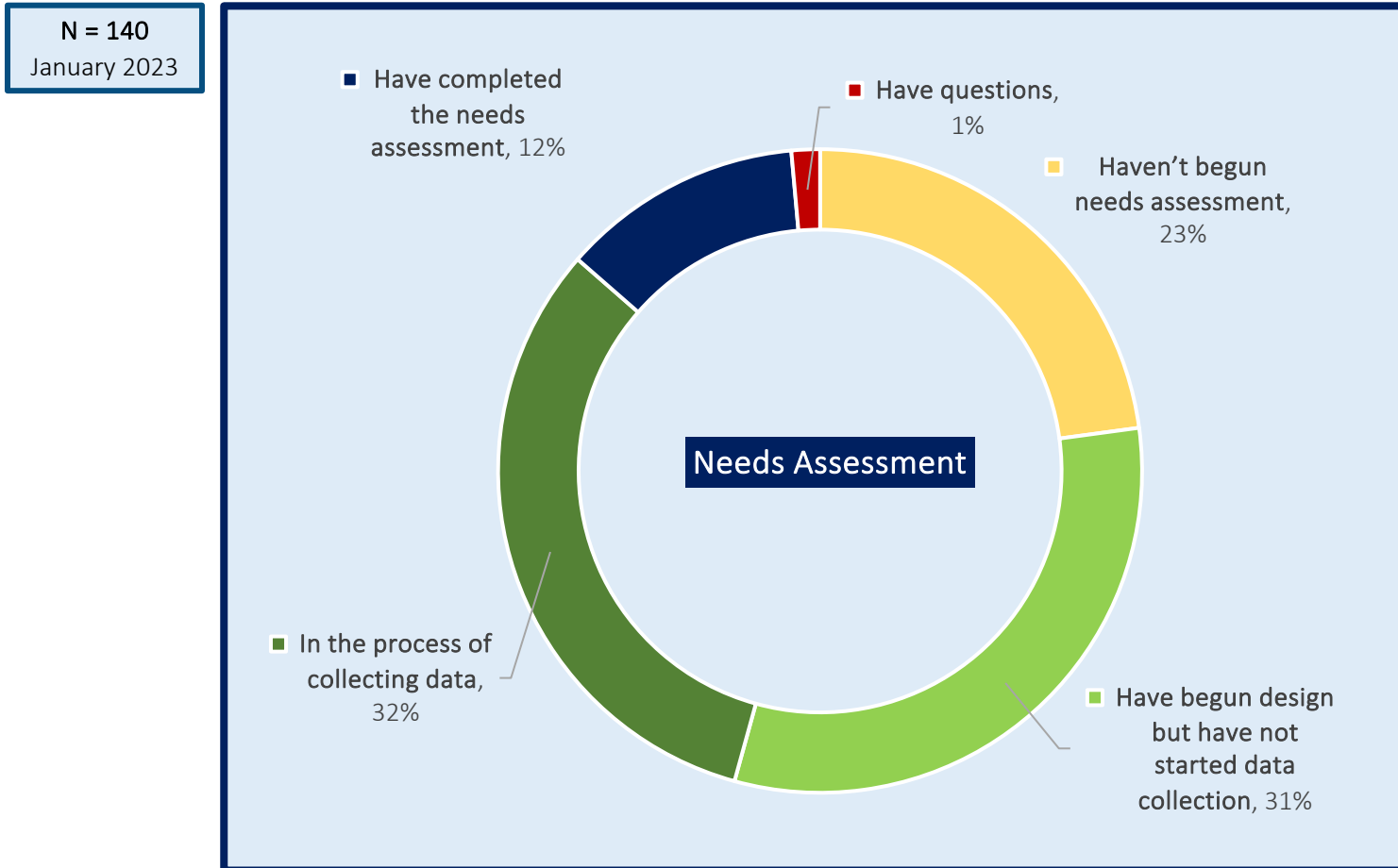


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# Community Snapshot: Needs Assessment

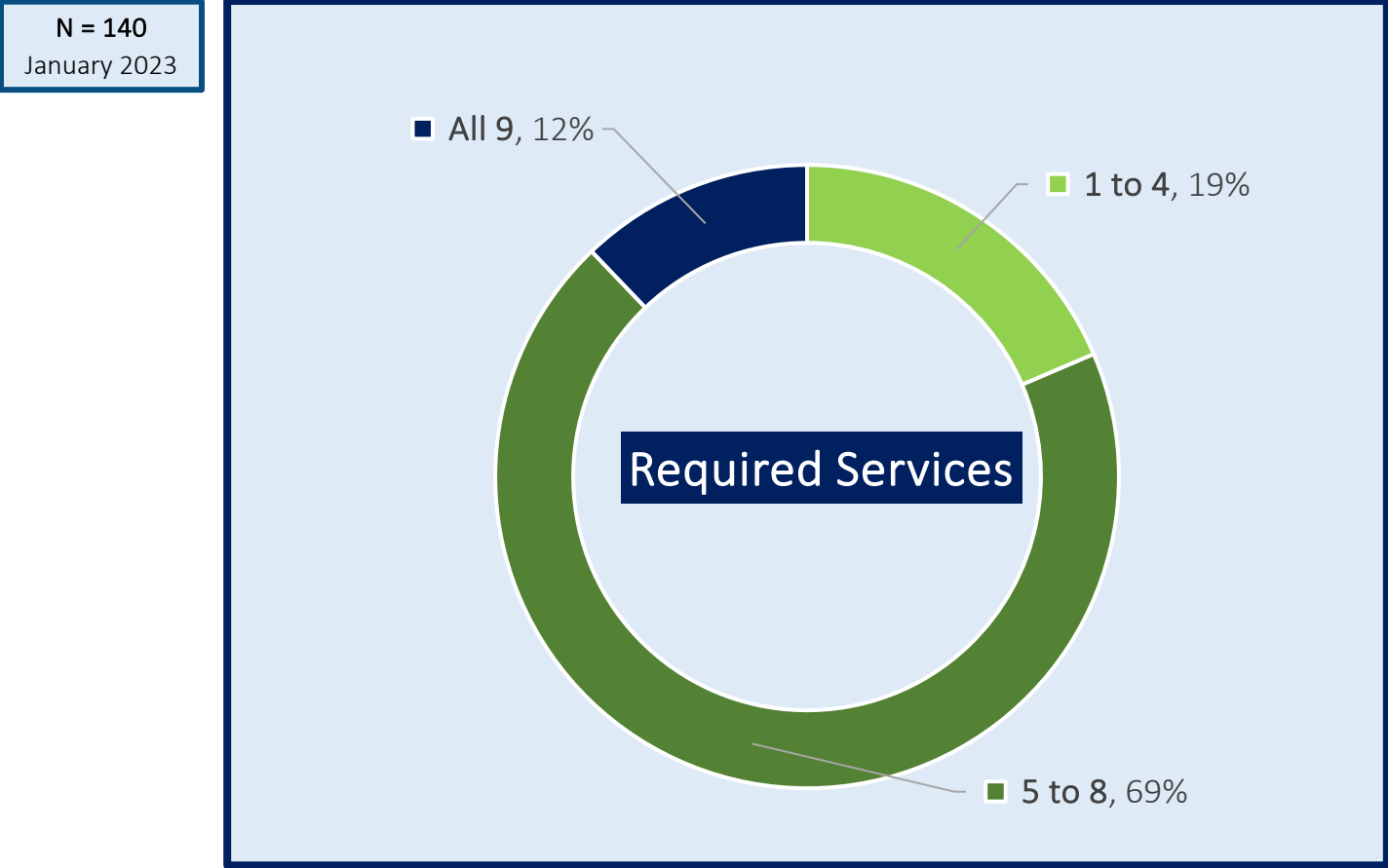
*What is the status of your Needs Assessment?*



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# Community Snapshot: Required Services

*How many of the 9 required services are you currently providing either directly or through a Designated Collaborating Organization (DCO)?*



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# Community Snapshot: Staffing/Training Plan

Where are you on the staffing and training plans? (select all that apply)

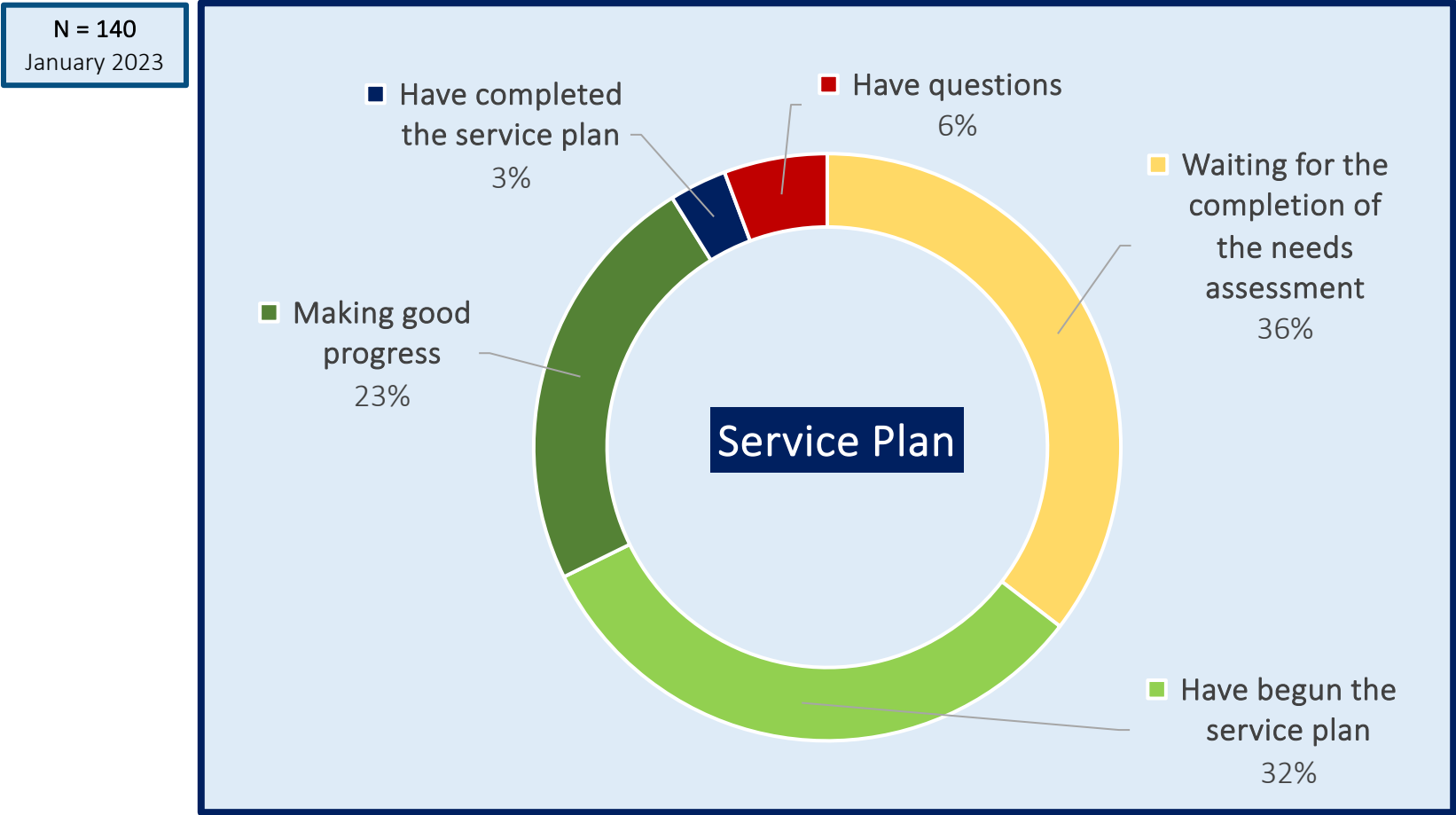
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January 2023



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# Community Snapshot: Service Plan

*Where are you on the delivery of services plan?*



# Community Snapshot: Sustainability Plan

*Where are you on the sustainability plan?*



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# Community Snapshot: Attestation

*Where are you on attestation?*



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# Community Check-In



## What is the status of your **needs assessment**?

- Haven't begun needs assessment
- Have begun design but have not started data collection
- In the process of collecting data
- Have completed the needs assessment
- Have questions

How many of the **9 required services** are you currently providing either directly or through a Designated Collaborating

## Organization (DCO)?

- 1-4
- 5-8
- All 9

## Where are you on the **staffing and training plans**? *(select all that apply)*

- Waiting for completion of needs assessment
- Have begun the staffing plan
- Making good progress
- Have completed the staffing plan
- Have questions

## Where are you on the

## **delivery of services plan**? *(select all that apply)*

- Waiting for the completion of the needs assessment
- Have begun the service plan
- Making good progress
- Have completed the service plan
- Have questions

## Where are you on the **sustainability plan**? *(select all that apply)*

- Haven't begun the sustainability plan
- Have begun the

## sustainability plan

- Making good progress
- Have completed the sustainability plan
- Have questions

## Where are you on **attestation**? *(select all that apply)*

- Haven't begun preparing for attestation
- Have begun preparing for attestation
- Making good progress
- Have submitted attestation
- Have questions

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# Services Section of CCBHC Criteria

# CCBHC Criteria Program Requirements

1: Staffing

2: Availability and Accessibility of Services

3: Care Coordination

4: Scope of Services

5: Quality and Other Reporting

6: Organizational Authority, Governance and Accreditation

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# DRAFT Updates to the CCBHC criteria

As we move through criteria review, this box throughout the slides indicates proposed changes within the CCBHC Criteria.

It is important to note that at the time of this presentation, these proposed changes are still under review and are not final.

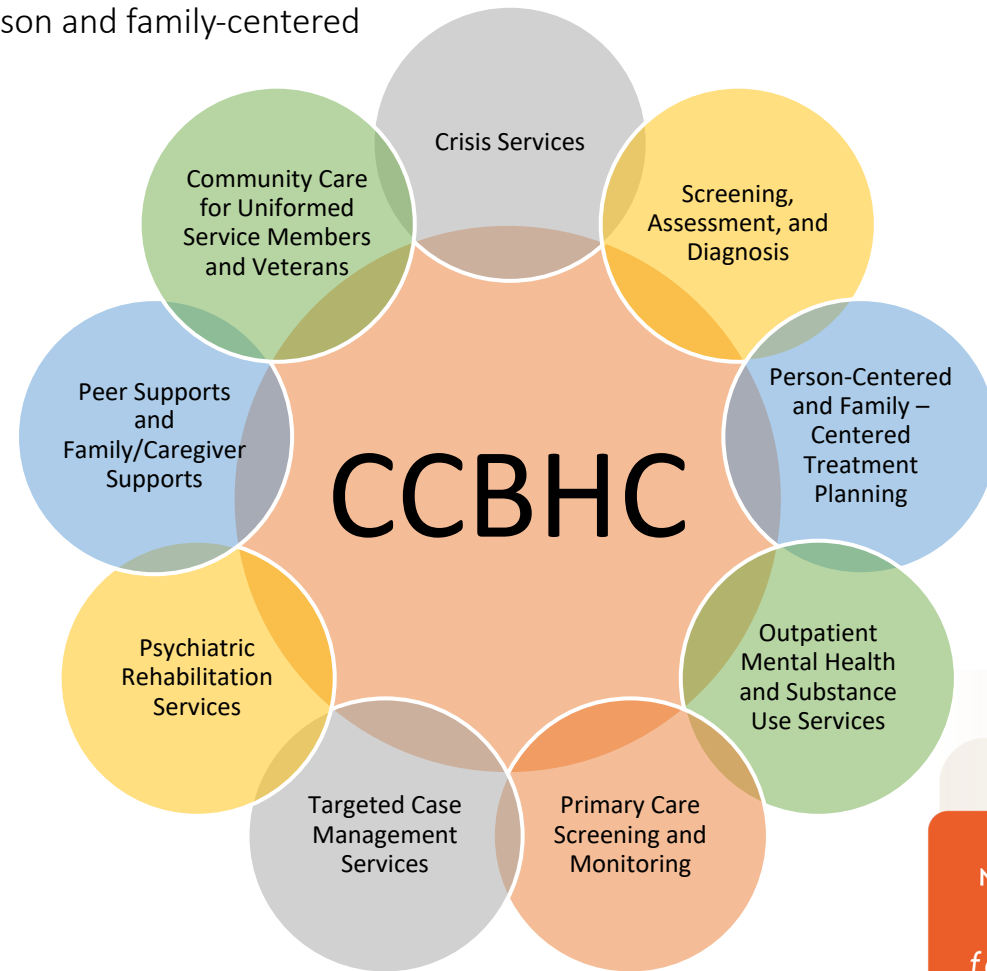
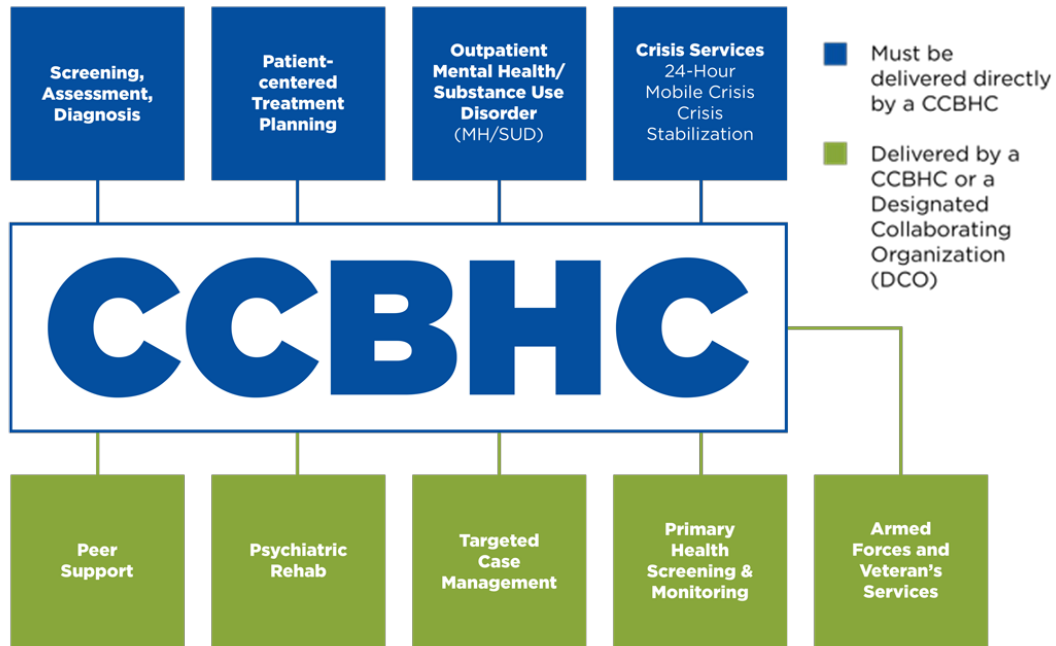


- Introduction
- 6 Program Requirements
  - Staffing
  - Availability and Accessibility of Services
  - Care Coordination
  - Scope of Services
  - Quality and Other Reporting
  - Organizational Authority, Governance, and Accreditation
- Appendix A – Terms and Definitions
- Appendix B – Behavioral Health Clinic Quality Measures
- Appendix C – Summary of Changes

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# Scope of Services

Provision of all services are person and family-centered



The CCBHC organization will deliver **the majority of services** under the CCBHC umbrella directly rather than through DCOs (i.e., a majority of total service volume delivered across the nine required services)

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# Scope of Services 4.a: General Service Provisions

- The CCBHC directly provides, at a minimum, the four required services
- CCBHC retains clinical responsibility for CCBHC services provided by DCOs
- CCBHC consumers have freedom to choose providers
- CCBHC consumers have access to grievance procedures
- CCBHC services provided by DCOs meet the same quality standards as those required of the CCBHC

Draft updates to the criteria include:

- The CCBHC organization will deliver **the majority of services** under the CCBHC umbrella directly rather than through DCOs (i.e., a majority of total service volume delivered across the nine required services)
- Relationship with DCO has been redefined and clarified and the element of "clinical responsibility" for DCOs has been removed



# Scope of Services 4.b: Person-Centered & Family Centered Care

- The CCBHC and its DCOs provide are person-centered and family-centered and recovery oriented, being respectful of the individual consumer's needs, preferences, and values
- The services that the CCBHC and its DCOs provide for children and adolescents are family-centered, youth-guided, and developmentally appropriate
- CCBHC services are culturally appropriate, as indicated in the needs assessment



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# Scope of Services 4.c: Crisis Behavioral Health Services

- The following services are explicitly included among CCBHC services that are provided directly or through an existing state-sanctioned/certified/licensed system or network for the provision of crisis behavioral health services that include:
  - 24 hour mobile crisis teams
  - Emergency crisis intervention services
  - Crisis stabilization services
- These services must include suicide crisis response and services for substance abuse crisis and intoxication, including ambulatory and medical detoxification services.
- CCBHCs will have an established protocol specifying the role of law enforcement during the provision of crisis services.

Draft updates to criteria further define the required crisis services and specifications. This includes:

- Updating the required response time of mobile crisis teams
- Described crisis stabilization and establishes a minimum threshold for stabilization services.





# Scope of Services 4.d: Behavioral Health Screening, Assessment, & Diagnosis

- The CCBHC directly provides behavioral health screening, assessment, and diagnosis, including risk assessment
- The CCBHC's initial evaluation of consumers includes preliminary diagnoses, reason for seeking care, list of current medications, risk-assessment, activity duty/military status
- Comprehensive treatment planning evaluation within 60 days
- Standardized and validated screening and assessment tools
- Culturally and linguistically appropriate screening tools
- Conducts a brief intervention and refers consumer for full assessment and treatment as needed

Draft updates to criteria include enhanced focus on overdose risk and social determinants of health and cultural, environmental, and linguistic factors that may affect the client's treatment plan.

# Scope of Services 4.e: Person-Centered & Family-Centered Treatment Planning

- The CCBHC uses individualized treatment planning that includes shared decision-making, required services and includes provision for monitoring progress toward goals and is informed by consumer strengths, abilities, and goals
- The CCBHC provides for collaboration with and endorsement by people receiving services, family members or caregivers of child and adolescent consumers, and family members of adults
- The CCBHC seeks consultation for special emphasis problems and the results of such consultation are included in the treatment plan.
- The CCBHC documents consumers' advance wishes related to treatment and crisis management or consumers' decisions not to discuss those preferences.

Draft updates to criteria would adapt requirements for updates to the treatment plan from every 90 days to every 6 months.

# Scope of Services 4.f: Outpatient Mental Health and Substance Use Services

- The CCBHC directly provides outpatient mental health and substance use services and focuses on providing necessary care to those living with serious mental illness
- The CCBHC provides evidence-based or best practices outpatient mental health and substance use services and makes available specialized services for purposes of outpatient mental and substance use disorder treatment, through referral or formal arrangement
- The CCBHC provides evidenced-based services that are developmentally appropriate, youth-guided, and family or caregiver driven to children and adolescents and considers the individual consumer's phase of life, desires and functioning and appropriate evidence-based treatments
- The CCBHC delivers treatment by staff with specific training in treating the segment of the population being served

## Draft updates to criteria include:

- Establishing a minimum floor of outpatient services, including the delivery of evidence based and best practices (as determined from the community needs assessment) and substance use treatment services that align with ASAM level 1 outpatient and 2.1 intensive outpatient services.
- Expanded list of suggested/example evidence-based practices.



# Scope of Services 4.g: Outpatient Clinic Primary Care Screening & Monitoring

- The CCBHC collects and reports: BMI screening and follow-up; weight assessment and counseling for children and adolescents; care for controlling high blood pressure; diabetes screening for people who are using antipsychotic medications; diabetes care for people with serious mental illness; metabolic monitoring for children and adolescents on antipsychotics; cardiovascular health screening for people who are prescribed antipsychotic medications; and cardiovascular health monitoring for people with cardiovascular disease and schizophrenia.
- Age-appropriate screening and preventive interventions including assessment of learning disabilities and age-appropriate screening and preventive interventions

Draft updates to criteria include:

- Updated expectations for primary care screening based on revised quality measures for health conditions and guides Medical Directors to consult the list of screenings that have been reviewed by the U.S. Preventive Services Task Force
- Requires initial laboratory testing of blood glucose, lipid status, viral hepatitis, and HIV status and other commonly occurring conditions medical conditions



# Scope of Services 4.h: 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. If targeted case management services are offered by a DCO(s), the CCBHC has a formal agreement with the DCO(s).
- The CCBHC has established requirements, based on the population served, as to what targeted case management services must be offered as part of the CCBHC care system, including identifying target populations.

Draft updates to criteria include more clarity for the definition of targeted case management and recommend use of intensive case management models such as Assertive Community Treatment.



# Scope of Services 4.i: Psychiatric Rehabilitative Services

- The CCBHC is responsible for evidence-based and other psychiatric rehabilitation services. If psychiatric rehabilitation services are offered by a DCO(s), the CCBHC has a formal agreement with the DCO(s).

Draft updates to criteria include:

- More clarified definition and that these services should be available for both people with mental health and substance use challenges.
- Require the provision of supported employment services and services that will support individuals to find and keep safe and permanent housing, educational opportunities, and improve social inclusion and community connectedness.



# Scope of Services 4.j: Peer Supports, Peer Counseling, & Family/Caregiver Supports

- The CCBHC is responsible for peer specialist and recovery coaches, peer counseling, and family/caregiver supports. If peer support, peer counseling and family/caregiver support services are offered by a DCO(s), the CCBHC has a formal agreement with the DCO(s).

Draft updates to criteria include definition of peer support and updates to peer services, including more specific support services such as youth peer supports, recovery coaches, crisis respite, warmlines, crisis planning, level of care transitions and service navigation supports.



# Scope of Services 4.k: Intensive, Community Based Mental Health Care for Members of the Armed Forces and Veterans

- The CCBHC is responsible for intensive, community-based behavioral health care for certain members of the U.S. Armed Forces and veterans
- Care provided to veterans is 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
- Offers assistance with enrollment in the VHA
- Coordination between the care of substance use disorders, mental health conditions, and other components of health care for all veterans and active-duty military
- Principal Behavioral Health Provider assigned to every veteran
- Staff who work with military or veteran consumers are trained in cultural competence, and specifically military and veterans' culture





# Developing the Attestation Statement

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# Attestation Best Practices and Strategies

- Use the attestation assessment and plan as a workplan for meeting attestation requirements.
- Do NOT plan to submit demonstration of meeting each requirement, but have it readily available (in an attestation folder) to provide to your GPO upon request.
- Use existing forms, policies/policy statement, workflows, templates, surveys, focus group questions, agreements (MOUs, BAAs) to demonstrate meeting requirements.
- Hide a few columns in your work plan and turn it into your attestation statement.
- Embed table in a word document that can be saved as a PDF and submitted to ERA Commons.
- Notify GPO of any challenges in meeting requirements in advance of submitting attestation.

|                                                 |                                                                                                                                                                                                                  |                                                |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| CCBHC                                           | Enter your organization name here                                                                                                                                                                                |                                                |
| Date                                            | Enter date of completion here                                                                                                                                                                                    |                                                |
| POC                                             | Enter your organization's primary point of contact here                                                                                                                                                          |                                                |
|                                                 |                                                                                                                                                                                                                  | <b>Documentation</b>                           |
| <b>General Service Provisions</b>               |                                                                                                                                                                                                                  |                                                |
| 4.a.1                                           | The CCBHC directly provides, at a minimum, the four required services.                                                                                                                                           |                                                |
| 4.a.1                                           | CCBHC formal agreements with DCOs within the state make clear that the CCBHC retains ultimate clinical responsibility for CCBHC services provided by DCOs.                                                       | Mou/BAA/Contract                               |
| 4.a.1                                           | All required CCBHC services, if not available directly through the CCBHC, are provided through a DCO.                                                                                                            |                                                |
| 4.a.2                                           | CCBHC consumers have freedom to choose providers within the CCBHC and its DCOs.                                                                                                                                  | Policy                                         |
| 4.a.3                                           | CCBHC consumers have access to CCBHC grievance procedures, including for CCBHC services provided by a DCO.                                                                                                       | Grievance form/Grievance form from DCO partner |
| 4.a.3                                           | 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. | Grievance form/Grievance form from DCO partner |
| 4.a.4                                           | CCBHC services provided by DCOs meet the same quality standards as those required of the CCBHC.                                                                                                                  | Mou/BAA/Contract                               |
| <b>Person-Centered and Family-Centered Care</b> |                                                                                                                                                                                                                  |                                                |



# Attestation- Scope of Services

| CCBHC                             | <i>Enter your organization name here</i>                                                                                                                                                                         |                                                                                       |                     |                    |          |                  |                                                                        |                                                                           |                                                                            |                                                |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------|--------------------|----------|------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------|
| Date                              | <i>Enter date of completion here</i>                                                                                                                                                                             |                                                                                       |                     |                    |          |                  |                                                                        |                                                                           |                                                                            |                                                |
| POC                               | <i>Enter your organization's primary point of contact here</i>                                                                                                                                                   |                                                                                       |                     |                    |          |                  |                                                                        |                                                                           |                                                                            |                                                |
|                                   |                                                                                                                                                                                                                  | <i>Select the appropriate response and enter the score [1-5] in that column/cell.</i> |                     |                    |          |                  | <i>Plan for reaching [4] for attestation and [5] for life of grant</i> | <i>Write a few sentences about how your clinic meets this requirement</i> | <i>List out (or link to) required documentation to support attestation</i> |                                                |
|                                   |                                                                                                                                                                                                                  | Does Not Meet [1]                                                                     | Minimal ly Meet [2] | Partially Meet [3] | Meet [4] | Exceptio nal [5] | Work Plan                                                              | Attestation Narrative                                                     | Documentation                                                              |                                                |
| <b>General Service Provisions</b> |                                                                                                                                                                                                                  |                                                                                       |                     |                    |          |                  |                                                                        |                                                                           |                                                                            |                                                |
| 4.a.1                             | The CCBHC directly provides, at a minimum, the four required services.                                                                                                                                           |                                                                                       |                     |                    |          |                  |                                                                        |                                                                           |                                                                            |                                                |
| 4.a.1                             | CCBHC formal agreements with DCOs within the state make clear that the CCBHC retains ultimate clinical responsibility for CCBHC services provided by DCOs.                                                       |                                                                                       |                     |                    |          |                  |                                                                        |                                                                           |                                                                            | Mou/BAA/Contract                               |
| 4.a.1                             | All required CCBHC services, if not available directly through the CCBHC, are provided through a DCO.                                                                                                            |                                                                                       |                     |                    |          |                  |                                                                        |                                                                           |                                                                            |                                                |
| 4.a.2                             | CCBHC consumers have freedom to choose providers within the CCBHC and its DCOs.                                                                                                                                  |                                                                                       |                     |                    |          |                  |                                                                        |                                                                           |                                                                            | Policy                                         |
| 4.a.3                             | CCBHC consumers have access to CCBHC grievance procedures, including for CCBHC services provided by a DCO.                                                                                                       |                                                                                       |                     |                    |          |                  |                                                                        |                                                                           |                                                                            | Grievance form/Grievance form from DCO partner |
| 4.a.3                             | 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. |                                                                                       |                     |                    |          |                  |                                                                        |                                                                           |                                                                            | Grievance form/Grievance form from DCO partner |
| 4.a.4                             | CCBHC services provided by DCOs meet the same quality standards as those required of the CCBHC.                                                                                                                  |                                                                                       |                     |                    |          |                  |                                                                        |                                                                           |                                                                            | Mou/BAA/Contract                               |



# Attestation- Scope of Services

|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |                            |                           |                 |                         |                                                                        |                                                                           |                                                                            |  |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------|---------------------------|-----------------|-------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------|--|
| <b>CCBHC</b>                                               | <i>Enter your organization name here</i>                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                            |                           |                 |                         |                                                                        |                                                                           |                                                                            |  |
| <b>Date</b>                                                | <i>Enter date of completion here</i>                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       |                            |                           |                 |                         |                                                                        |                                                                           |                                                                            |  |
| <b>POC</b>                                                 | <i>Enter your organization's primary point of contact here</i>                                                                                                                                                                                                                                                                                                                                            |                                                                                       |                            |                           |                 |                         |                                                                        |                                                                           |                                                                            |  |
|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                           | <i>Select the appropriate response and enter the score [1-5] in that column/cell.</i> |                            |                           |                 |                         | <i>Plan for reaching [4] for attestation and [5] for life of grant</i> | <i>Write a few sentences about how your clinic meets this requirement</i> | <i>List out (or link to) required documentation to support attestation</i> |  |
|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Does Not Meet [1]</b>                                                              | <b>Minimal ly Meet [2]</b> | <b>Partially Meet [3]</b> | <b>Meet [4]</b> | <b>Exceptio nal [5]</b> | <b>Work Plan</b>                                                       | <b>Attestation Narrative</b>                                              | <b>Documentation</b>                                                       |  |
| <b>Outpatient Mental Health and Substance Use Services</b> |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |                            |                           |                 |                         |                                                                        |                                                                           |                                                                            |  |
| 4.f.1                                                      | The CCBHC directly provides outpatient mental health and substance use services.                                                                                                                                                                                                                                                                                                                          |                                                                                       |                            |                           |                 |                         |                                                                        |                                                                           | License/Certification                                                      |  |
| 4.f.1-2                                                    | The CCBHC focuses as a priority service on providing necessary care to those living with serious mental illness (psychotic disorders, severe mental illnesses that result in danger to self/others and/or grave disability) including emergency assessment and treatment including use of appropriate psychotropic medications and psychotherapeutic interventions, ACT, and if so ordered, ADT services. |                                                                                       |                            |                           |                 |                         |                                                                        |                                                                           |                                                                            |  |
|                                                            | The CCBHC provides identified evidence-based or best practices outpatient mental health and substance use services.                                                                                                                                                                                                                                                                                       |                                                                                       |                            |                           |                 |                         |                                                                        |                                                                           | List of EBPs provided                                                      |  |
| 4.f.1-2                                                    | The CCBHC makes available specialized services for purposes of outpatient mental and substance use disorder treatment, through referral or formal arrangement with other providers or, where necessary and appropriate, through use of telehealth/telemedicine services.                                                                                                                                  |                                                                                       |                            |                           |                 |                         |                                                                        |                                                                           | Mou/Baa/Contract                                                           |  |
|                                                            | The CCBHC provides evidenced-based services that are developmentally appropriate, youth-guided, and family or caregiver                                                                                                                                                                                                                                                                                   |                                                                                       |                            |                           |                 |                         |                                                                        |                                                                           |                                                                            |  |



# Attestation- Needs Assessment

| CCBHC                                                   |                                                                                                                                                                                                                                                                                                                                                                                 | Select the appropriate response and enter the score [1-5] in that column/cell. |                     |                    |          |                  | Plan for reaching [4] for attestation and [5] for life of grant | Write a few sentences about how your clinic meets this requirement | List out (or link to) required documentation to support attestation |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------|--------------------|----------|------------------|-----------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------|
| Date                                                    |                                                                                                                                                                                                                                                                                                                                                                                 | Does Not Meet [1]                                                              | Minimal ly Meet [2] | Partially Meet [3] | Meet [4] | Exceptio nal [5] | Work Plan                                                       | Attestation Narrative                                              | Documentation                                                       |
| POC                                                     |                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                |                     |                    |          |                  |                                                                 |                                                                    |                                                                     |
| Enter your organization name here                       |                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                |                     |                    |          |                  |                                                                 |                                                                    |                                                                     |
| Enter date of completion here                           |                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                |                     |                    |          |                  |                                                                 |                                                                    |                                                                     |
| Enter your organization's primary point of contact here |                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                |                     |                    |          |                  |                                                                 |                                                                    |                                                                     |
| <b>Needs Assessment and Staffing Plan</b>               |                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                |                     |                    |          |                  |                                                                 |                                                                    |                                                                     |
| 1.a.1                                                   | The CCBHC has completed a needs assessment.                                                                                                                                                                                                                                                                                                                                     |                                                                                |                     |                    |          |                  |                                                                 |                                                                    | Needs Assessment                                                    |
| 1.a.1                                                   | The CCBHC needs assessment addresses cultural, linguistic, treatment and staffing needs and resources of the area to be served by the CCBHCs and addresses accessibility and availability issues such as transportation, clinic locations and clinic hours (including evenings and weekends). It should also address income, culture, and other barriers to accessing services. |                                                                                |                     |                    |          |                  |                                                                 |                                                                    |                                                                     |
| 1.a.1                                                   | The CCBHC needs assessment addresses workforce shortages.                                                                                                                                                                                                                                                                                                                       |                                                                                |                     |                    |          |                  |                                                                 |                                                                    | Focus group/survey/secondary data                                   |
| 1.a.1                                                   | Consumers and family members and relevant communities (e.g., ethnic, tribal) were consulted in a meaningful way to complete the needs assessment.                                                                                                                                                                                                                               |                                                                                |                     |                    |          |                  |                                                                 |                                                                    | Participant list/survey/focus group                                 |
| 1.a.1                                                   | The CCBHC has plans to update the assessment at least every 3 years.                                                                                                                                                                                                                                                                                                            |                                                                                |                     |                    |          |                  |                                                                 |                                                                    |                                                                     |
| 1.a.1                                                   | The staffing plan for the CCBHC reflects the findings of the needs assessment                                                                                                                                                                                                                                                                                                   |                                                                                |                     |                    |          |                  |                                                                 |                                                                    | Staffing plan                                                       |
| 1.a.1                                                   | The CCBHC bases its requirements for services at the CCBHC, including care coordination, on the needs assessment findings.                                                                                                                                                                                                                                                      |                                                                                |                     |                    |          |                  |                                                                 |                                                                    |                                                                     |
| 1.a.1                                                   | Does the CCBHC provide all 9 services in the service area?                                                                                                                                                                                                                                                                                                                      |                                                                                |                     |                    |          |                  |                                                                 |                                                                    |                                                                     |



# Resources and Opportunities for Attestation

- [New Grantee Resource Guide](#)
- PDI Learning Community: Ask questions to us or other grantees
- National Council CCBHC-E team support: Request training and assistance through our [Consultation Form](#)
- Peer cohort calls (Project Directors, Evaluators, Executives, Medical Directors)



# Questions?



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# Breakout Discussion



- In each room, each participant will share:
  - Discuss your progress, and any challenges, in meeting the delivery of 5 of 9 required services.
  - How is your organization preparing for implementing NOMs (EHR readiness, staff training, data collection) once CCBHC service provision begins?

**During the breakout room, assign someone to take notes.** Upon returning to the large group, these questions can then be entered into the chat and become part of the question log.





# Closing: Sharing and Preparing



- **Brave Volunteers:** What did you hear from others in terms of questions and needs?
- **QUESTION LOG:** Take 2-3 minutes to put any questions you generated in the chat to continue to add to our question log
- **Next Session: Tuesday, March 14th, 3:00-4:30pm ET**
  - Topic: Learning Community Celebration and Wrap Up!



# Upcoming Events

| Event Type                 | Title                                                                                                                                                                                                                                                                                                                                                                                                                       | Date + Time                                               | Registration Link             |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------|
| Learning and Action Series | <b>Workforce Innovations Series Session 2: <i>Workforce Policies and Procedures</i></b> <ul style="list-style-type: none"><li>During this session we will cover areas to address include hiring (pay for licensing, open door policies, onboarding and exiting, flexible work hours, referral bonuses) new staff (supervision for peers, data analysts, SUD, prescribers); and flexible/remote work arrangements.</li></ul> | Thursday, February 23 <sup>rd</sup> ,<br>3:00-4:30pm E.T. | <a href="#">Register here</a> |
| Office Hour                | <b>Hot Topics: Needs Assessment - Session 2</b> <ul style="list-style-type: none"><li>An opportunity for grantees to engage directly with experts and get your questions answered.</li></ul>                                                                                                                                                                                                                                | Tuesday, March 7 <sup>th</sup> ,<br>2:00-3:00pm E.T.      | <a href="#">Register here</a> |



# Monthly Cohort Calls

**Monthly cohort calls** from the CCBHC-E NTTAC give CCBHC staff members a regular space for sharing with peers, generating solutions and cross-collaboration. Participate as often as you like. Sign up today and share this opportunity with other members of your team!

| Event Type           | Date + Time                                                     | Registration Link             |
|----------------------|-----------------------------------------------------------------|-------------------------------|
| Executives           | The <b>last Friday</b> of each month from 12:00-1:00pm E.T.     | <a href="#">Register here</a> |
| Program Directors    | The <b>first Wednesday</b> of each month from 12:00-1:00pm E.T. | <a href="#">Register here</a> |
| Evaluators/CQI Leads | The <b>first Tuesday</b> of each month from 3:30-4:30 pm E.T.   | <a href="#">Register here</a> |
| Medical Directors    | The <b>first Monday</b> of each month from 12:00-1:00 pm E.T.   | <a href="#">Register here</a> |

# CCBHC-E TTA Center Website



Access our ever-growing resource library, upcoming trainings and events, and request for individualized support.

[CCBHC-E National Training and Technical Assistance Center](#)



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# Thank You!





Thank you for attending today's event.


Slides and the session recording link will be available on the CCBHC-E NTTAC website under "Training and Events" > "Past Events" within 2 business days.

Your feedback is important to us!

Please complete the brief event survey that will open in a new browser window at the end of this meeting. Your input helps us improve our support offerings and meet our SAMHSA data metrics.

## Calendar of Events

Search  Start Date  End Date  Select Event 

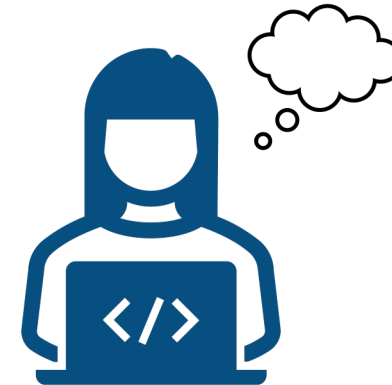
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