

CCBHC Criteria On-Demand Lessons: Scope of Services

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CCBHC-E National Training and Technical Assistance Center

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What is a Certified Community Behavioral Health Clinic (CCBHC)?

CCBHC is a model of care that aims to improve service quality and accessibility. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence or age – including developmentally appropriate care for children and youth. CCBHCs do the following:



Provide integrated, evidence-based, trauma-informed, recovery-oriented and person- and family-centered care.



Offer the full array of CCBHC-required mental health, substance use and primary care screening services.



Coordinate care with other behavioral health, physical health, and social services systems in the community.

The primary goal of the CCBHC program is to increase access to mental health and substance use care for underserved communities.

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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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Scope of Services 4.A-4.K

CCBHC

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).



Crisis Services



Screening, Assessment and Diagnosis



Person-centered and Family-centered Treatment Planning



Outpatient Mental Health and Substance Use Services



Primary Care Screening and Monitoring



Targeted Case Management Services



Psychiatric Rehabilitation Services



Peer Supports and Family/Caregiver Supports



Community Care for Uniformed Service Members and Veterans

The primary goal of the CCBHC program is to increase access to mental health and substance use care for underserved communities.

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Designated Collaborating Organization (DCO)

- A DCO is an entity that is not under the direct supervision of the CCBHC but is engaged in a formal relationship with the CCBHC to deliver one or more (or elements of) of the required services.
- CCBHC services provided through a DCO must conform to the relevant applicable CCBHC criteria.
- The formal relationship between CCBHCs and DCOs creates the platform for seamlessly integrated services delivered across providers under the umbrella of a CCBHC.
 - DCOs are more than care coordination or referral partners, and there is an expectation that relationships with DCOs will include more regular, intensive collaboration across organizations than would take place with other types of care coordination partners.
 - From the perspective of the person receiving services and their family members, services received through a DCO should be part of a coordinated package with other CCBHC services and not simply accessing services through another provider organization.
 - There should be active steps to reduce administrative burden on people receiving services and their family members, such as coordinated intake processes and treatment planning, information sharing and direct communication between the CCBHC and DCO.



DCO Overview

Type of Agreement	The formal relationship is evidenced by a contract, Memorandum of Agreement (MOA), Memorandum of Understanding (MOU) or other formal, legal arrangements describing the parties' mutual expectations and establishing accountability for services to be provided and funding to be sought and utilized.
Payment	In the Section 223 CCBHC Demonstration, payment for DCO services is included within the scope of the CCBHC Prospective Payment System (PPS), and DCO encounters will be treated as CCBHC encounters for purposes of the PPS.
Coordination	Services received through a DCO should be part of a package of measures between the CCBHC and DCO, including coordinated intake processes, treatment planning, information sharing and direct communication, to prevent the person receiving services or their family from having to relay information between the CCBHC and DCO. CCBHCs and their DCOs are further directed to work toward inclusion of additional integrated care elements.
Clinical Considerations	The CCBHC maintains responsibility for assuring that people receiving services from the CCBHC receive all nine services as needed in a manner that meets the requirements of the CCBHC certification criteria.

Scope of Services 4.A: General Service Provisions

- The CCBHC ensures all CCBHC services are consistent with the freedom of the person receiving services to choose providers within the CCBHC and its DCOs.
- People receiving services will be informed of and have access to the CCBHC's existing grievance procedures.
- DCO-provided services for people receiving CCBHC services must meet the same quality standards as those provided by the CCBHC.



Scope of Services 4.B: Requirement of Person-centered and Family-centered Care

- The CCBHC ensures all CCBHC services, including those supplied by its DCOs, reflect person- and family-centered, recovery-oriented care that is respectful of the needs, preferences and values of the person receiving services.
- Services for children and youth are family-centered, youth-guided and developmentally appropriate. A shared decision-making model for engagement is the recommended approach.
- Care is responsive to the race, ethnicity, sexual orientation and gender identity of the person receiving services.
- For people receiving services who are American Indian/Alaska Native (AI/AN), access to traditional approaches or medicines may be part of CCBHC services provided either directly or by arrangement with tribal organizations.

Scope of Services 4.C: Crisis Behavioral Health Services

- 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.
 - If the state-sanctioned crisis system operates under less stringent standards, the CCBHC must request approval from HHS to do so.
- Services provided must include suicide prevention and intervention, crises related to substance use and overdose and access to naloxone.
- The CCBHC will have an established protocol specifying the role of law enforcement during the provision of crisis services.

Scope of Services 4.C: Crisis Behavioral Health Services

- Three required crisis services:
 - Emergency crisis intervention services: Provides or coordinates with telephonic, text and chat crisis intervention call centers that meet 988 Suicide & Crisis Lifeline standards with protocols established to track referrals made from the call center.
 - 24-hour mobile crisis teams: Provides mobile crisis 24/7 to adults, children, youth and families. Teams are expected to arrive in person within one hour (2 hours in rural and frontier settings), not to exceed 3 hours. Telehealth/telemedicine may be used.
 - Crisis receiving/stabilization: Provides urgent care/walk-in services. Walk-in hours are informed by the community needs assessment and include evening hours that are publicly posted. The CCBHC may consider supporting or coordinating with peer-run crisis respite programs.

[national-guidelines-for-behavioral-health-crisis-care-02242020.pdf \(samhsa.gov\)](https://www.samhsa.gov/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf)



Scope of Services 4.D: Behavioral Health Screening, Assessment and 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 and membership in the Armed Forces.
- 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.

Scope of Services 4.E: Person-centered and Family-centered Treatment Planning

- The CCBHC directly, or through a DCO, provides person- and family-centered treatment planning, including, but not limited to, risk assessment and crisis planning.
- The CCBHC develops an individualized and comprehensive treatment plan based on:
 - Collaboration (shared decision-making is the preferred model) with the person receiving services, their family and family/caregivers or legal guardians of youth and children that includes the person's goals and preferences.
 - The initial evaluation, comprehensive evaluation and ongoing screening and assessment.
 - The person's needs, strengths, abilities, preferences and goals.
 - The person's health record and any advance directives related to treatment and crisis planning.



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

- The CCBHC directly, or through a DCO, provides outpatient behavioral health care, including psychopharmacological treatment using evidence-based services and best practices for treating mental health and substance use disorders (SUDs) across the lifespan.
- SUD treatment and services shall be provided as described in the American Society of Addiction Medicine (ASAM) Levels 1 and 2.1 and include treatment of tobacco use disorders.
- The CCBHC or DCO makes specialized, more intensive services or traditional practices/treatments available through referral or through use of telehealth.
- The CCBHC is strongly encouraged to use motivational techniques and harm reduction strategies to promote safety and/or reduce substance use.
- Treatments are provided that are appropriate for the phase of life and development of the person receiving services, specifically considering what is appropriate for children, adolescents, transition-age youth and older adults as distinct groups for whom life stage and functioning may affect treatment.



Scope of Services 4.G: Outpatient Clinic Primary Care Screening and Monitoring

- The CCBHC is responsible for outpatient primary care screening and monitoring of key health indicators and health risk.
- The medical director establishes protocols:
 - That conform to screening populations A/B of the U.S. Preventive Services Task Force Recommendations for the following conditions:
 - HIV and viral hepatitis
 - Quality Measures in Appendix B
 - Other clinically indicated primary care key health indicators of children, adults and older adults receiving services
 - That identify people receiving services with chronic diseases.
 - Ensuring people are asked about physical health symptoms.
 - Establishing systems for collection and analysis of lab samples.

ITEMS FROM APPENDIX B:

- Weight Assessment and Counseling for Nutrition and Physical Activity for children/Adolescents
- Hemoglobin A1c Control for Patients with Diabetes
- Metabolic Monitoring for Children and Adolescents on Antipsychotics.

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Scope of Services 4.G: Outpatient Clinic Primary Care Screening and Monitoring

- Laboratory analyses can be done directly or through another arrangement with an organization separate from the CCBHC.
- Monitoring includes the following:
 1. Ensuring individuals have access to primary care services.
 2. Ensuring ongoing periodic laboratory testing and physical measurement of health status indicators and changes in the status of chronic health conditions.
 3. Coordinating care with primary care and specialty health providers, including tracking attendance at needed physical health care appointments.
 4. Promoting a healthy behavior lifestyle.

Scope of Services 4.H: Targeted Case Management Services

- The CCBHC is responsible for providing directly, or through a DCO, targeted case management (TCM) services that will assist people receiving services in sustaining recovery and gaining access to needed medical, social, legal, educational, housing, vocational and other services and supports.
- CCBHC TCM should include supports for people deemed at high risk of suicide or overdose, particularly during times of transition such as from a residential treatment, hospital emergency department, psychiatric hospitalization, episodes of homelessness or transitions from jails or prisons.
- Intensive case management and team-based intensive services, such as Assertive Community Treatment, are strongly encouraged but not required as a component of CCBHC services.



Scope of Services 4.1: Psychiatric Rehabilitative Services

- The CCBHC is responsible for providing directly, or through a DCO, evidence-based rehabilitation services for both mental health and substance use disorders.
- Rehabilitative services include:
 - Services and recovery supports that help individuals develop skills and functioning to facilitate community living; support positive social, emotional and educational development; facilitate inclusion and integration; and support pursuit of their goals in the community.
 - Skills for addressing social determinants of health such as housing, employment, filling out paperwork, securing identification documents, developing social networks, negotiating with property owners or property managers, paying bills and interacting with neighbors or co-workers.
- Psychiatric rehabilitation services must include supported employment programs.



Scope of Services 4.1: Psychiatric Rehabilitative Services

- Psychiatric rehabilitation services must also support people receiving services 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.
 - Find and maintain safe and stable housing.
- Other psychiatric rehabilitation services that might be considered include:
 - Training in personal care skills, community integration services, cognitive remediation, facilitated engagement in SUD mutual help groups and community supports, assistance for navigating health care systems and other recovery support services, including Illness Management and Recovery, financial management and dietary and wellness education.



Scope of Services 4.J: Peer Supports, Peer Counseling and Family/Caregiver Supports

- The CCBHC is responsible for providing directly, or through a DCO, peer supports, including peer specialist and recovery coaches, peer counseling and family/caregiver supports.
- Peer services may include:
 - Peer-run wellness and recovery centers; youth/young adult peer support; recovery coaching; peer-run crisis respites; warmlines; peer-led crisis planning; peer navigators to assist individuals transitioning between different treatment programs and especially between different levels of care; mutual support and self-help groups; peer support for older adults; peer education and leadership development; and peer recovery services.
- Potential family/caregiver support services that might be considered include:
 - Community resources education; navigation support; behavioral health and crisis support; parent/caregiver training and education; and family-to-family caregiver support.



Scope of Services 4.K: Intensive, Community-based Mental Health Care for Members of the Armed Forces and Veterans

- The CCBHC is responsible for providing 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 a one-hour drive) from a military treatment facility and veterans living 40 miles or more (driving distance) from a VA medical facility.
- Care provided is required to be consistent with the Uniform Mental Health Services Handbook.
- All individuals inquiring about services are asked whether they have ever served in the U.S. military.
- Every veteran seen for behavioral health services is assigned a principal behavioral health provider.
- Services are recovery-oriented and consistent with the National Consensus Statement on Mental Health Recovery in the Uniform Mental Health Services Handbook.
- Care is provided with cultural competence. Any staff who is not a veteran has training about military and veterans' culture. All staff receive cultural competency training on issues of race, ethnicity, age, sexual orientation and gender identity.



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Monthly Peer Cohort Calls for CCBHC Program Directors, Executives, Evaluators and Medical Directors.



Direct Consultation

Request individual support through our website requesting system and receive 1:1 consultation.



On-demand Resource Library

Includes toolkits, guidance documents, and on-demand learning modules.



Access our website to register for upcoming events, submit a consultation request or scan our on-demand resource library:
<https://www.thenationalcouncil.org/program/ccbhc-e-national-training-and-technical-assistance-center/>

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Working to ensure that mental wellbeing is a reality for everyone.

Our Vision & Values

HILL DAY at Home
OCTOBER 18, 2023
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NATIONAL RECOVERY MONTH

Blog
Shaped by a Moment: My Journey to Mental Health First Aid
Sep 20, 2023
[Read more →](#)

Blog
Keeping Youth Mental Wellbeing in Mind (Part 2)
Sep 15, 2023
[Read more →](#)

Blog
Recovery Month: Let's Hear it for Peers
Sep 12, 2023
[Read more →](#)

Event
Hill Day at Home 2023
Oct 18, 1:00 pm – 4:00 pm
Register now for our Virtual Policy Institute, where we'll contact our elected officials and urge them to pass meaningful legislation supporting expanded access to mental health and substance use care.
[Read more →](#) PUBLIC POLICY

How You Can Get Involved

Questions or Looking for Support?



Visit our website and complete the [CCBHC-E NTTAC Request Form](#)



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