

Community Behavioral Health Clinics (CCBHCs)

Areas of State Discretion in the CCBHC Criteria

Staffing

Criterion 1.a.3	If physicians are unavailable as medical directors, states may approve the CCBHC's approach to fill these positions, to ensure compliance with state laws on the prescription and management of medications.
Criterion 1.b	States may specify which staff disciplines they will require to certify CCBHCs, to assure compliance with laws and regulations.
Criterion 1.c.1	Additional staff training may be required by states to ensure compliance with standards.
Criterion 1.d.5	State may determine that CCBHCs comply with federal and state confidentiality and privacy requirements.

Needs Assessment - Based on the needs assessment, states may determine specific requirements in these areas.

Criterion 1.a.1	Cultural, linguistic, and treatment needs of the population to be served
Criterion 1.b.2	Staffing plans including size and composition appropriate to the needs of the CCBHC consumers
Criterion 4.e.8	Other aspects of treatment planning based on the needs of populations served
Criterion 4.f.2	Evidence-based practices specific to the CCBHC site, including psychiatric rehabilitation services
Criterion 2.e.2	The geographic boundaries of the service area (catchment area in 2.e.2)

Availability and Access

Criterion 2.a.5	State laws and Medicaid regulations set standards for mobile in-home services, telehealth/telemedicine, and on-line treatment.
Criterion 2.a.7	State standards may address provision of voluntary and court-ordered services.
Criterion 2.b.1	State standards for evaluation content and time-frames may be more stringent.
Criterion 2.e.2	States may have protocols to address consumers seeking services from outside the service (catchment) area, including: <ul style="list-style-type: none">• Using the needs assessment to determine the service area, and• Coordinating protocols across CCBHCs.

Care Coordination

Criterion 3.b.4	States may apply their own privacy laws to communications between CCBHCs and DCOs about patients.
Criterion 3.c.1	If CCBHCs are unable to establish care coordination agreements with community agencies, states may decide whether to allow contingency plans.

Scope of Services – Note: States may need CMS approval to amend state plans in some of these areas.

Criterion 4.a.1	States and clinics may decide which of five required services will be provided directly by CCBHCs or by DCOs.
Criterion 4.d.4	States may decide what level of licensed BH professional will conduct consumer evaluations.
Criterion 4.d.5	States will consider 12 factors in the criterion but will specify the requirements for consumer evaluations.
Criteria 4.d.6 and 4.g.1	States may require other specific screening and monitoring of behavioral health and primary care by CCBHCs.
Criterion 4.e.8	States may set standards for other aspects of treatment planning based on the needs of the populations.
Criterion 4.f.2	States must set the minimum evidence-based practices to be used by CCBHCs.
Criterion 4.i.1	States should specify which evidence-based services and other psychiatric rehabilitation services are required based on the needs of the population served.
Criterion 4.h.1 Definitions	States should specify the scope of additional targeted case management services and the populations for which they are intended.
Criterion 4.j.1	States should specify the scope of peer and family services based on the needs of the population served.

Crisis Response

Criterion 4.c.1	<p>States determine if there is an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services.</p> <ul style="list-style-type: none"> • The state defines and ensures inclusion of these crisis services: <ul style="list-style-type: none"> ○ 24 hour mobile crisis teams ○ Emergency crisis intervention services ○ Crisis stabilization services ○ Suicide crisis response ○ Services capable of addressing crises related to substance abuse and intoxication, including ambulatory and medical detoxification <p>If there is no state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services, then the CCBHC directly provides them. CCBHCs must have an established protocol specifying the role of law enforcement during the provision of crisis services.</p>
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Quality Measures

Criterion 5.b.2	<p>States review and approve the continuous quality improvement (CQI) plan of each CCBHC. Elements of the CQI are determined by the state but should include:</p> <ul style="list-style-type: none"> • Suicide deaths or attempts • 30-day readmissions • Other events to be examined and remediated as part of the CQI plan
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Organizational Authority and Governance

Criteria 6.b.1, 6.b.2, 6.b.3, and 6.b.4	States must approve any alternate approach (to 51% participation by consumers, people in recovery, and family members) that a CCBHC proposes to use, to ensure meaningful participation by consumers, persons in recovery, and family members. <ul style="list-style-type: none">• The state determines if proposed alternatives to the board membership participation by these groups is acceptable.• If the alternative is not acceptable, the state must require that additional or different mechanisms be established to assure that the board is responsive to the needs of CCBHC consumers and families.
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Sources: May 4, 2016 webinar and PowerPoint presentation by Captain David Morrissette, Ph.D.; the Criteria for the Demonstration Program to Improve Community Mental Health Centers and to Establish Certified Community Behavioral Health Clinics @ http://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf