



CABINET FOR HEALTH
AND FAMILY SERVICES

Certified Community Behavioral Health Clinics

Program Requirement 4: *Scope of Service* Training



Documentation Source

The following slides include the most recently published information provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) at the time of this presentation.

Certified Community Behavioral Health Clinic (CCBHC) Certification Criteria – Updated March 2023:

<https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf>

SAMHSA State Questions and Clarifications:

https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-state-questions-clarifications.pdf

National Guidelines for Behavioral Health Crisis Care, Best Practice Toolkit:

<https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>



Disclaimer

- Clinics applying for certification as a Kentucky CCBHC must be knowledgeable of and compliant with SAMHSA CCBHC criteria. The following training information contains an overview of state expectations related to specific SAMHSA CCBHC criteria.
- Please note, the following slides contain a summary of the SAMHSA 2023 CCBHC criteria. Clinics should refer to the most recent CCBHC criteria for the most up to date information from SAMHSA.





Training Objective:

To ensure CCBHCs are compliant with the requirements for the delivery of the 9 CCBHC required services and to ensure services are delivered a manner reflecting person-centered and family-centered care.



4.A General Service Provisions

The CCBHC is responsible for ensuring access to all CCBHC services either through direct delivery or through a Designated Collaborating Organization (DCO) agreement. If the CCBHC chooses to enter into a DCO agreement for the delivery of services, the CCBHC **will deliver directly the majority (51% or more)** of encounters across the required services (excluding Crisis Services). All DCO providers are **required** to have fully licensed and credentialed behavioral health providers and services must meet the same quality standards as those provided by the CCBHC.

Required CCBHC services delivered and defined in criteria 4.c through 4.k:

- Crisis services
- Intensive community-based outpatient behavioral health care for members of the U.S. Armed Forces and veterans
- Outpatient behavioral health and substance use services
- Outpatient primary care screening and monitoring
- Peer and family supports
- Person-centered and family-centered treatment planning
- Screening, assessment and diagnosis
- Targeted case management
- Psychiatric rehabilitation services



4.A General Service Provisions

- A CCBHC must ensure a person's freedom to choose providers, whether services are delivered by the CCBHC or through a DCO arrangement. This requirement does not prevent the use of outside referrals if a needed specialty services is unavailable through the CCBHC and/or DCO.
- Whether services are delivered by the CCBHC or through a DCO, people receiving services must have access to the CCBHC's existing **grievance procedures**. The grievance procedures must satisfy the minimum requirements of Medicaid and other grievance requirements mandated by relevant accrediting entities.



Requirements for Person-Centered and Family- Centered Care



4.B Requirement of Person-Centered and Family-Centered Care

- The CCBHC ensures all services, including those provided by any DCO(s), align with the requirements of Section 2402(a) of the Affordable Care Act. These reflect person and family-centered, recovery-oriented care, being respectful of the individual needs, preferences, and values of the person, and ensuring both individual involvement and self-direction of services received. Services for children and youth are **family-centered, youth-guided, and developmentally appropriate.**
- Person-centered and family-centered care will be responsive to race, ethnicity, sexual orientation, and gender identity. Care should recognize and incorporate any particular cultural needs of the person.



4.C Crisis Behavioral Health Services

The CCBHC shall provide 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.

The **three** crisis behavioral health services required by Protecting Access to Medicare Act (PAMA):

- Emergency crisis intervention services
- 24-hour mobile crisis teams
- Crisis receiving/stabilization



4.C Crisis Behavioral Health Services

Emergency Crisis Intervention Services

- 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.
- CCBHC participates in any state, regional, or local **air traffic control (ATC) systems** which provide quality coordination of crisis care in real-time as well as any service capacity registries as appropriate.
- 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.





24-Hour Mobile Crisis Services



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4.C Crisis Behavioral Health Services

24 Hour Mobile Crisis Teams


- The CCBHC must provide community-based behavioral health crisis intervention services using mobile crisis teams **twenty-four hours per day, seven days per week (24/7)** to adults, children, youth, and families anywhere within the service area including home, work, or anywhere else the crisis is experienced.
- Mobile teams are expected to arrive in-person within **one hour (two hours in rural/frontier settings)** from the time of dispatch. Response time should not exceed three hours.
- Technologies also may be used to provide crisis care to individuals when remote travel distances make the two-hour response time unachievable, but **the ability to provide an in-person response must be available when it is necessary to ensure safety.**



4.C Crisis Behavioral Health Services

Crisis Receiving/Stabilization Services

- CCBHC provides crisis receiving/stabilization services and require, **at minimum**, urgent care/walk-in mental health and substance use disorder services for voluntary individuals.
- Informed by the **community needs assessment**, walk-in hours are posted publicly with a goal to expand the hours of operation. It is not the expectation that the CCBHC provide care in a crisis receiving/stabilization setting to those who are in need of a higher level of care.
- **Urgent care/walk-in services must**
 - Identify the **immediate needs**, **de-escalate** the crisis, and **connect** an individual to a safe and least-restrictive setting for ongoing care (including care provided by the CCBHC).
 - CCBHC may consider supporting or coordinating with **peer-run** crisis respite programs.
 - Crisis stabilization services should **ideally be available 24/7**. The CCBHC should have a goal of expanding the hours of operation as much as possible.

 **If a CCBHC is ready to provide 23-hour crisis services, they can build it into their prospective payment system (PPS) through the cost report.*

4.C Crisis Behavioral Health Services

Crisis Receiving/Stabilization Services must include

- Suicide prevention
- Suicide intervention
- Services capable to address 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
- Overdose prevention activities must include ensuring access to **naloxone** for overdose reversal to individuals who are at risk of opioid overdose, and as appropriate, to their family members.
- The CCBHC and/or DCO crisis care provider should offer developmentally appropriate responses, sensitive de-escalation supports, and connections to ongoing care, when needed.





Screening, Assessment and Diagnosis Services



4.D Screening, Assessment and Diagnosis

- 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 (e.g., neuropsychological testing or developmental testing and assessment), the CCBHC refers the person to an appropriate provider. When necessary and appropriate, screening, assessment and diagnosis can be provided through telehealth/telemedicine services.

Note: See program requirement 3 regarding coordination of services and treatment planning.

- Screening, assessment, and diagnosis are conducted in a **time frame** responsive to the needs and preferences of the person receiving the service and are of sufficient scope to assess the need for all services required to be provided by CCBHCs.
- Please reference CCBHC EBP list for required screeners



4.D Screening, Assessment and Diagnosis

The **initial evaluation** (including information gathered as part of the preliminary triage and risk assessment, with information releases obtained as needed), as required in program requirement 2, **includes at a minimum the following:**

<ul style="list-style-type: none"> • Preliminary diagnoses 	<ul style="list-style-type: none"> • Source of referral
<ul style="list-style-type: none"> • Reason for seeking care by person receiving services or other involved individuals 	<ul style="list-style-type: none"> • Immediately identify the clinical care for mental/substance use disorders diagnosis
<ul style="list-style-type: none"> • Assessment of need for medical care (with referral and follow-up as required) 	<ul style="list-style-type: none"> • Summary of previous mental health/substance use disorder treatments focusing on which treatments helped or were not helpful
<ul style="list-style-type: none"> • Use of any alcohol/current medications/other drugs the person receiving services may be taking 	<ul style="list-style-type: none"> • Assessment of whether the person receiving services is at risk to self or to others, including suicide risk factors
<ul style="list-style-type: none"> • An assessment of whether the person receiving services has other concerns for their safety, such as intimate partner violence 	<ul style="list-style-type: none"> • List of all prescriptions and over-the counter medications, herbal remedies, and supplements and the indication for any medications
<ul style="list-style-type: none"> • A determination of whether the person presently is, or ever has been, a member of the U.S. Armed Services 	<ul style="list-style-type: none"> • For children and youth, whether they have system involvement (such as child welfare and juvenile justice)

4.D Screening, Assessment and Diagnosis

The CCBHC is required to do a **comprehensive evaluation** for **all** people receiving CCBHC services. The assessment should engage the person receiving services around their presenting concern(s). The evaluation should include appropriate information with the complexity of their specific needs and prioritize the preferences of people receiving services with respect to the depth of evaluation and their treatment goals. **The evaluation shall include:**

<p>Reasons for seeking services including reason for the visit at the CCBHC, onset of symptoms, and severity of symptoms.</p>	<p>Basic cognitive screening for cognitive impairment.</p>	<p>Pregnancy and/or parenting status.</p>
<p>Overview of relevant social supports; social determinants of health; and health related social needs such as housing, vocational an educational status; family/caregiver and social support; legal issues; and insurance status.</p>	<p>Imminent risk assessment 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.</p>	<p>Strengths, goals, preferences, and other factors to be considered in treatment and recovery planning of the person receiving services.</p>
<p>Preferences of the person receiving services regarding the use technologies such as telehealth/telemedicine, video conferencing, remote patient monitoring, and asynchronous interventions.</p>	<p>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).</p>	<p>Relevant medical history and major health conditions that impact current psychological status.</p>
<p>Behavioral health history to include trauma history and previous therapeutic interventions and hospitalizations with a focus on what was helpful and what was not helpful in past treatments.</p>	<p>Description of cultural and environmental factors affecting the treatment plan of the person receiving services, including the need for linguistic services or supports for people with LEP.</p>	<p>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.</p>
<p>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.</p>	<p>List of medications including allergies and medication allergies, prescriptions, over-the counter medications, herbal remedies, and dietary supplements. Other treatments to include Prescription Drug Monitoring Program (PDMP) that could affect their clinical presentation and/or pharmacotherapy.</p>	<p>An examination including current mental status, mental health (including depression screening, and other tools that may be use in ongoing measurement-based care) and substance use disorders (including tobacco, alcohol, and other drugs).</p>

4.D Screening, Assessment and Diagnosis

- Although a comprehensive diagnostic and treatment planning evaluation is required for all persons receiving services in a CCBHC, the **extent of the evaluation** will depend on the individual and on existing state, federal, or applicable accreditation standards.
- The CCBHC will use standardized, validated, and developmentally appropriate **screening and assessment tools** appropriate for the person and, where warranted, brief motivational interviewing techniques to facilitate engagement.
- 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.
- 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 will take appropriate action as described in 2.b.1 of SAMHSA CCBHC criteria.





Person and Family Centered Treatment Planning



4.E Person-Centered and Family Centered Treatment Planning

- CCBHC and/or DCO provides **person-centered** and **family-centered** treatment planning, including risk assessment and crisis planning. Person-centered and family-centered treatment planning satisfies the requirements of criteria 4.e.2-4.e.8.
- Through the evaluation, service goals, and preferences, CCBHC will collaborate with person receiving services, their family, family/caregivers of youth and children to develop an **individual treatment plan-based** addressing prevention, medical, and behavioral health needs. The treatment plan should be coordinated with staff and/or necessary programs to carry out the plan, and should support care in the least restrictive setting possible. **Shared decision making** is the preferred model for the establishment of treatment planning goals. The health record will maintain release(s) of information and the treatment plan.
- The CCBHC uses the initial evaluation, comprehensive evaluation, and ongoing screening and assessment of the person receiving services to inform the **treatment plan** and **services provided**.

4.E Person-Centered and Family Centered Treatment Planning

- Treatment planning includes needs, strengths, abilities, preferences, and goals, expressed in a manner capturing the **individual's words or ideas** and, when appropriate, those of the individual's **family/caregiver**.
- The treatment plan is **comprehensive**, addressing all services required, including recovery supports, with provision for monitoring of progress towards goals. The treatment plan is built upon a shared decision-making approach.
- Where appropriate, **consultation** is sought during treatment planning as needed (e.g., eating disorders, traumatic brain injury, intellectual and developmental disabilities (I/DD), interpersonal violence and human trafficking).
- The treatment plan **documents** the individual's advance wishes related to treatment and crisis management and, if the individual does not wish to share their preferences, that decision is documented.

Outpatient Mental Health and Substance Use Services



4.F Outpatient Mental Health and Substance Use Services

- The CCBHC and/or DCO provides outpatient behavioral health care, including psychopharmacological treatment. This includes **evidence-based best practices (EBP)** for treating mental health and substance use disorders across the lifespan with tailored approaches for adults, children and families.



The KY CCBHC Demonstration EBP list is on the KY CCBHC website. Please direct any questions about EBPs to CCBHC@ky.gov.

- Appropriate treatments are provided for the phase of life and development, 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. Specifically, when treating **children and adolescents**, provide developmentally appropriate evidenced-based services that are youth guided, and family/caregiver driven. When treating **older adults**, evidence-based treatments are provided based on the persons consideration. Level of function is considered when treating **developmental or other cognitive disabilities** are delivered by staff with specific training in treating the segment of the population. Measurement-based care (MBC) or evidence-based strategies are encouraged to improve service outcomes.
- Supports for **children and adolescents** must comprehensively address family/caregiver, school, medical, mental health, substance use, psychosocial, and environmental issues.



Outpatient Clinic Primary Care Screening and Monitoring



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**. Whether directly provided by the CCBHC or a DCO, the CCBHC is responsible for ensuring these services are received in a timely fashion. **Prevention** is a key component of primary care screening and monitoring services provided by the CCBHC. The Medical Director establishes 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:

- HIV
- Viral Hepatitis
- Primary care screening pursuant to CCBHC Program Requirement 5 Quality and Other Reporting and Appendix B
- 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 Outpatient Clinic Primary Care Screening and Monitoring

- The Medical Director will develop organizational protocols to ensure the screening for people who are at risk for **common physical health conditions** experienced by CCBHC populations across the lifespan. Protocols will include:
 - Identifying people receiving services with chronic diseases;
 - Ensuring that people receiving services are asked about physical health symptoms; and
 - Establishing systems for collection and analysis of laboratory samples, fulfilling the requirements of 4.g
- The CCBHC will provide **ongoing primary care monitoring** of health conditions as identified and as clinically indicated for the individual. Monitoring includes the following:
 - Ensuring individuals have access to primary care services;
 - Ensuring ongoing periodic laboratory testing and physical measurement of health status indicators and changes in the status of chronic health conditions;
 - Coordinating care with primary care and specialty health providers including tracking attendance at needed physical health care appointments; and
 - Promoting a healthy behavior lifestyle



Targeted Case Management Services



4.H Targeted Case Management Services

The CCBHC, directly or through a DCO, provides **targeted case management services** to assist people in receiving sustainable recovery services and gaining access to needed medical, social, legal, educational, housing, vocational, and other services and supports.

Targeted case management is an **expectation** for **all people** receiving services by the CCBHC and will provide an **intensive** level of support which goes beyond care coordination.



Psychiatric Rehabilitation Services



4.1 Psychiatric Rehabilitative Services

The CCBHC provide directly, or through a DCO, evidenced-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

Psychiatric rehabilitation services must include **supported employment programs** designed to provide those receiving services with on-going support to obtain and maintain competitive, integrated employment.

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; and
- Find and maintain safe and stable housing



**Peer Support,
Peer Counseling,
and
Family/Caregiver
Support Services**



4.J Peer Supports, Peer Counseling, and Family/Caregiving Supports

The CCBHC will provide 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 respite;
- Warmlines;
- Peer-led crisis planning;
- Peer navigators to assist with transitions between treatment programs and different levels of care;
- Mutual support and self-help groups;
- Peer support for older adults;*
- Peer education and leadership development; and
- Peer recovery services.

** Peer Supports must meet state behavioral health requirements and standards.*



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



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

The CCBHC will provide 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 within **50 miles or more** from a Military Treatment Facility, and veterans living **40 miles** or more from a VA Medical Center.

Care provided to veterans is **required** to align with the minimum clinical mental health guidelines declared by the Veterans Health Administration, including clinical guidelines contained in the Uniform Mental Health Services Handbook.



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

- **All individuals presenting to the CCBHC for treatment must be asked if they have ever served in the military.**
- Integration or coordination of care between substance use disorders and other mental health conditions is required to be conducted by the CCBHC for veterans who experience **both**. Additionally, integration or coordination of care is required for behavioral health conditions and other components of health care.
- Every **veteran** seen for behavioral health services is assigned a **Principal Behavioral Health Provider (PBHP)** who functions as a case manager and performs case coordination activities for the veteran.



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

- Behavioral health services are recovery oriented and must follow the **10 guiding principles**, in addition to the additional recovery principles identified by the VHA.
- Behavioral health care is provided with **cultural competence**, which is ensured having staff participate in training related to military cultural competency.
- There is a behavioral health treatment plan for **all veterans** receiving behavioral health services.



Things to Consider:

- If using a DCO, will your CCBHC still deliver directly the majority (51% or more) of encounters across the required services (excluding Crisis Services)?
- Does your CCBHC currently have a system in place to track the number of hours from the moment a patient has a crisis episode to the provision of crisis services?
- Does your agency use the approved S9484 Mobile Crisis Service billing code?
- Does your CCBHC anticipate any barriers to implement the Crisis Receiving/Stabilization Services outlined in the CCBHC Certification Criteria updated 2023?
- Does your CCBHC currently have processes in place for ensuring access to naloxone for overdose reversal?



Additional Information

Kentucky DMS will be providing additional **technical assistance** to new CCBHC providers.

When your agency has completed all the **required trainings**, please fill out the attestation document (available on the CCBHC website) and email to

ccbhc@ky.gov



QUESTIONS



For any additional questions, please contact:

CCBHC@ky.gov

