

Attachment 1: Assessment Tool for CCBHC Applicants

Instructions for Completing This Tool:

This tool is intended to help CCBHC applicants assess their current compliance with CCBHC services and criteria. The gaps identified by the assessment will inform the required workplan for capacity and infrastructure development, as well as the deliverables for Phase 2 funding. For each criterion, rank your organization’s current level of preparation and, if applicable, identify and describe gaps.

Notes:

- In place of this assessment tool, agencies that applied to SAMHSA for CCBHC funding in 2022 may submit Attachment 11 from their CCBHC Planning, Development, and Implementation (PDI) Grant or CCBHC Improvement and Advancement (IA) Grant Application.
- Any areas where capability is ranked as 0-3 should be included in the workplan developed for Phase 2
 - If an organization indicates that their capability to collect, report, track and share data is a 0-3, strategies and steps to improve capability must be included in the organization’s workplan

App. M Criterion	Criteria	4-Fully Prepared	3-Mostly Prepared	2- Somewhat Prepared	1- A Little Prepared	0-Not Prepared	Gaps Identified
4A	These required services are directly provided (accessible at the location which will be designated as a CCBHC): <ul style="list-style-type: none"> • comprehensive outpatient MH and SUD services • screening, assessment, risk assessment, and diagnosis • 24-hour crisis mental health services (<i>unless there is an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services, in which case you will partner with them to provide these services</i>) • treatment planning including crisis plan development • screening for HIV and hepatitis A, B, and C 						
4A	These required services are provided either directly or through a DCO: <ul style="list-style-type: none"> • primary care screening and monitoring • monitoring for adverse medication impacts • case management • psychiatric rehabilitation services • social support services such as clubhouse • recovery supports including peer support and family support 						

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	<ul style="list-style-type: none"> Assertive Community Treatment services for veterans (including those who are dishonorably discharged but have a history of service) and military families 						
1A	Service package design is driven by the needs assessment						
4A	Consumers have choice of provider within the program and access to a grievance process						
4B	Care is person/family-centered, recovery oriented, self-directed, culturally competent, and for children/adolescents, developmentally appropriate						
4C	Crisis services (provided directly by the CCBHC or by the state certified system) must include 24x7 mobile crisis teams emergency crisis intervention services, crisis stabilization services, suicide crisis response, and services for substance abuse crisis and intoxication (including ambulatory and medical detoxification services)						
4D	<p>Screening, assessment, and diagnosis services are provided by licensed professionals, timely (within 60 days) and responsive, utilizing culturally/linguistically appropriate standardized and validated tools that accommodate disabilities, and include:</p> <ul style="list-style-type: none"> tobacco use: screening and cessation intervention unhealthy alcohol use: screening and brief counseling child and adolescent major depressive disorder suicide risk assessment adult major depressive disorder suicide risk assessment screening for clinical depression and follow-up plan preliminary diagnoses source of referral reason for seeking care, as stated by the consumer or other individuals who are significantly involved identification of the consumer's immediate clinical care needs related to the diagnoses for mental and substance use disorders a list of current prescriptions and over-the-counter medications, as well as other substances the consumer may be taking an assessment of whether the consumer is a risk to self or to others, including suicide risk factors an assessment of whether the consumer has other concerns for their safety 						

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	<ul style="list-style-type: none"> assessment of need for medical care (with referral and follow-up as required) a determination of whether the person presently is or ever has been a member of the U.S. Armed Services such other assessment as the state may require as part of the initial evaluation a determination regarding every service the CCBHC offers information sharing consent as possible 						
4E	<p>Person and family-centered treatment planning includes consumer (and family if appropriate) endorsement, and</p> <ul style="list-style-type: none"> uses individualized treatment planning that includes shared decision-making addresses all required services is coordinated with the staff or programs needed to carry out the plan includes provision for monitoring progress toward goals is informed by consumer assessments considers consumers' needs, strengths, abilities, preferences, and goals, expressed in a manner capturing consumers' words or ideas and, when appropriate, those of consumers' families/caregivers seeks consultation for special emphasis problems and the results of such consultation are included in the treatment plan documents consumers' advance wishes related to treatment and crisis management or consumers' decisions not to discuss those preferences 						
4F	<p>Outpatient MH and SUD services prioritize people with SMI (including those participating in AOT (also known as involuntary civil commitment) if extant), utilize EBPs, includes telehealth, make specialized care available when needed, are developmentally and functionally appropriate, address comprehensive needs, and are delivered by specifically trained staff</p>						
4G	<p>Primary care screening and monitoring is age appropriate and includes key health risks and indicators including:</p> <ul style="list-style-type: none"> adult body mass index (BMI) screening and follow-up weight assessment and counseling for nutrition and physical activity for children and adolescents 						

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	<ul style="list-style-type: none"> care for controlling high blood pressure diabetes screening for people who are using antipsychotic medications diabetes care for people with serious mental illness: Hemoglobin A1c (HbA1c) metabolic monitoring for children and adolescents on antipsychotics cardiovascular health screening for people who are prescribed antipsychotic medications cardiovascular health monitoring for people with cardiovascular disease and schizophrenia 						
4H	Case management services assist individuals in sustaining recovery, and gaining access to needed medical, social, legal, educational, and other services and supports						
4H	Case management services are targeted at specific population(s) identified by the CCBHC's needs assessment						
4I	Psychiatric rehabilitation services are evidence-based						
4J	Peer specialist and recovery coaches, peer counseling, and family/caregiver supports are available						
4K	Intensive, community-based behavioral health care for certain members of the U.S. Armed Forces and veterans is recovery-oriented, provided by a Principal Behavioral Health Provider, addresses co-occurring disorders in an integrated way, and is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration (VHA)						
4K	Military service is documented and assistance with enrollment in VHA benefits is offered to clients who are eligible						
4K	All staff are trained in military cultural competence						
1B	CCBHC and all participating DCOs comply with all local and state requirements for licensing, accreditation, and certification.						
4A	DCO services are held to the same quality standards and consumers served by a DCO have the same rights.						
4A	The CCBHC retains ultimate clinical responsibility for services provided at the DCO, and the CCBHC has formal agreements with its DCOs to make this accountability clear.						

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1A	A needs assessment has been completed for the CCBHC's target geographic catchment area that addresses cultural, linguistic, treatment and staffing needs and resources of the area to be served by the CCBHCs and addresses transportation, income, culture, and other barriers, and included consumer/family input. The needs assessment must be updated at least every three years.						
1A	The staffing plan (management, clinical, and non-clinical) addresses workforce shortages, is appropriate in size and makeup for the population to be served, and is reflective of the findings of the needs assessment						
1A	A CCBHC Medical Director has been identified						
1A	The staffing plan is consistent with state licensure requirements and any other needed accreditation standards						
1B	Prescriber who can prescribe and manage medications independently under state law, including buprenorphine, naltrexone and other medications used to treat opioid and/or alcohol use disorders						
1B	Substance abuse specialists and people with expertise addressing trauma and promoting recovery for people with SMI and children with SED						
1A	Maintains adequate liability/malpractice insurance						
1B	Practitioners (including in any DCOs) practice within the scope of their license						
1C	Training plans address the need for culturally competent services (including for veterans and active duty military) given the needs identified in the needs assessment						
1C	Required trainings are given at orientation and periodically thereafter						
1C	Policies and procedures are in place to implement the training and track it						
1C	Provider skills and competencies are tracked						
1C	In-service training and education programs are provided by qualified staff and documented						
1D	Services are accessible to people with limited English proficiency, non-English speakers, and people with disabilities (including intellectual and sensory)						
1D	Consumer confidentiality is maintained, and consent processes are in place						

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2A	The location is clean, welcoming, safe, functional, compliant with state and federal regulations, easily accessible to the public, open at least some nights and weekends, and aligned with the needs identified in the needs assessment						
2A	Transportation vouchers and telehealth options are available for clients who need them						
2A	Outreach and engagement strategies are in use						
2A	Compliance with court-ordered services						
2A	Continuity of operations/disaster plans are in place						
2B	New consumers are screened and clinical services are provided consistent with their needs (within one business day for urgent, within 10 business days for routine) and comprehensive person/family-centered treatment planning is completed within 60 days						
2B	Existing consumers are seen within 10 business days for routine needs and within one business day for urgent needs						
2B	Procedures are in place for immediate response to emergency/crisis needs						
2B	Initial telephonic evaluations are followed up in person expeditiously						
2B	Assessments are updated at least every 90 days or when a consumer's status changes						
2C	Crisis response within three hours is available 24x7x365, advertised to the public, and coordinated with local EDs and law enforcement						
2C	Crisis plans are in place for all clients						
2D	No client is refused services for financial reasons, and information about the sliding fee scale is available both online and in the facility						
2E	No client is refused services due to the location of their residence, even if it is out of state						
3A	Care coordination (for both adults and children/adolescents) addresses medical, BH, and social services needs and complies with HIPAA and 42 CFR Part 2						
3A	Family member participation is encouraged subject to privacy and confidentiality requirements and consumer consent						
3A	Policies and procedures for medication reconciliation with other providers are in place						
3B	EHR can capture demographics, diagnoses, and medications, provides decision support, has e-prescription capabilities, and allows reporting on CCBHC quality measures						
3B	Policies and procedures for using data to improve quality are in place						

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3C	Secure & compliant electronic communications regarding clients is possible between lead and DCOs, with preference for shared access to a platform						
3C	MOUs/MOAs are in place (or at least letters of support) with FQHCs/RHCs, other primary care providers, inpatient psychiatry, inpatient SUD treatment, residential programs, other regional support providers (criminal justice, child welfare, etc.), the nearest VA facility, hospitals, and other BH providers						
3C	Protocols are in place for tracking consumers, transitioning consumers from emergency settings on an expedited basis and establishing suicide prevention plans within 24 hours of discharge						
3D	Treatment planning is consumer/family centered, HIPAA compliant, culturally appropriate, and conducted by a culturally competent multi-disciplinary team						
3D	DCOs are involved in the treatment planning as appropriate						
5A	Data collection, reporting, tracking and sharing systems are in place for all data and quality metrics in accordance with EOHHS defined templates						
5A	The CCBHC has formal arrangements and shared systems/processes with the DCO to obtain access to needed data on consumers served (including those related to all required reporting requirements) and to obtain appropriate consents necessary to satisfy HIPAA, 42 CFR Part 2, and other requirements						
5B	CQI plans address consumer suicide attempts and deaths, 30-day hospital readmissions, and quality of care issues including monitoring for metabolic syndrome, movement disorders, and other medical side effects of psychotropic medications						
6A	Outreach has been made to tribal or urban Indian organizations within the service area and agreements are in place to assist with the provision of services to AI/AN consumers						
6A	An annual financial audit is done and corrective actions are taken as indicated						
6B	The Board is representative of the individuals being served in terms of demographic factors such as geographic area, race, ethnicity, sex, gender identity, disability, age, and sexual orientation, and in terms of types of disorders. Meaningful consumer participation in governance is provided in one of the following ways: <ul style="list-style-type: none"> 51% of the Board are families, consumers, or people in recovery 						

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	<ul style="list-style-type: none"> <li data-bbox="387 302 1400 407">• A substantial portion of the governing Board members are families, consumers, or people in recovery, and other methods for meaningful consumer/family input into policies, processes, and services are established <li data-bbox="387 412 1400 547">• Consumer/family member representation on the Board is impossible, so an advisory structure and other specifically described methods for consumers, persons in recovery, and family members to provide meaningful input to the board about the CCBHC's policies, processes, and services have been developed 						