

To Be Completed by Designated Collaborating Organizations (DCO)

Instructions for Completing This Tool:

This tool is intended to:

- Assist prospective DCOs in identifying potential partnerships and roles within the CCBHC model
- Provide a self-assessment of current capabilities in providing these services, and self-identification of gaps in capabilities and capacities.

Through the Continuation Application process, these gaps can then be used to develop a workplan, and milestones for Phase 2 funding. For each criterion, rank your organization's current capability and if applicable, describe your current capability or identify and describe gaps.

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 Phase 2 workplan.

Att. M Criterion	Criteria	Capability (0-5) 0 = N/A 1 = low 5 = high	Describe Current Capabilities	Gaps Identified
Service Delivery				
4A	Please indicate your intent and/or readiness to provide the following services <i>Note: Please include all services you intend to support with this funding— if there are services not listed here, please include as other. For services listed here that you do not intend to provide, please indicate a 0 for capability (N/A)</i>			
	<ul style="list-style-type: none"> • outpatient MH/SUD treatment services 			
	<ul style="list-style-type: none"> • primary care screening and monitoring 			
	<ul style="list-style-type: none"> • monitoring for adverse medication impacts 			

Att. M Criterion	Criteria	Capability (0-5) 0 = N/A 1 = low 5 = high	Describe Current Capabilities	Gaps Identified
	<ul style="list-style-type: none"> case management 			
	<ul style="list-style-type: none"> psychiatric rehabilitation services 			
	<ul style="list-style-type: none"> social support services such as clubhouse 			
	<ul style="list-style-type: none"> recovery supports including peer support and family support 			
	<ul style="list-style-type: none"> Assertive Community Treatment 			
	<ul style="list-style-type: none"> services for veterans (including those who are dishonorably discharged but have a history of service) and military families 			
	<ul style="list-style-type: none"> Other <i>(Please describe the proposed service and how it is relevant to the CCBHC delivery model, including how it ensures cultural capability of the service delivery system)</i> 			
	Is your organization currently partnering with an existing CCBHC as a DCO? If yes, please indicate for which services.			
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,			

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	and for children/adolescents, developmentally appropriate			
4D	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 the listed services in attachment A:			
4E	Person and family-centered treatment planning includes consumer (and family if appropriate) endorsement, and meets criteria described in attachment B			
4F	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			
4H	Case management services assist individuals in sustaining recovery, and gaining access to needed medical, social, legal, educational, and other services and supports			

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4H	<ul style="list-style-type: none"> Case management services are targeted at specific population(s) identified by the applicant 			
3B	Policies and procedures for using data to improve quality are in place			
The following should be completed ONLY if applicable to the services delivered by the DCO – Use N/A if not applicable				
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	<ul style="list-style-type: none"> Military service is documented and assistance with enrollment in VHA benefits is offered to clients who are eligible 			
4K	<ul style="list-style-type: none"> All staff are trained in military cultural competence 			
3A	Care coordination (for both adults and children/adolescents) addresses medical, BH,			

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	and social services needs and complies with HIPAA and 42 CFR Part 2			
3A	<ul style="list-style-type: none"> 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			

Att. M Criterion	Criteria	Capability (1-5) 1 = low 5 = high	Describe Current Capabilities	Gaps Identified
Data and Reporting				
	Billing systems are capable of supporting both capitated payment model and shadow billing in accordance state or carrier defined protocols			
5A	<p>Ability to collect, report, track and share data for all data and quality metrics.</p> <p>Consider the following scale when evaluating:</p> <ul style="list-style-type: none"> 0 = no ability 1 = limited ability 2 = specific tracking linked to projects, grants, and funding initiatives 3 = Microsoft Excel/Access-based data tracking 4a = EHR/client databases 4b = Data warehouse 5 = EHR/client databases and data warehouse 			

3B	EHR can capture demographics, diagnoses, and medications, provides decision support, has e-prescription capabilities, and allows reporting on CCBHC quality measures			
5A	Formal arrangements and shared systems/processes are in place with the lead CCBHC 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			
	Our organization can report data related to information, including:			
	Unique Lives Served			
	Services Per Person/Family Unit			
	Demographic Information			
	Income Level			
	Location of Care Provided			
	Medical Diagnoses			
	Medicaid Eligibility			
	Data on the Social Determinants of Health Outcomes (e.g., Housing Status, Risk of Homelessness, Employment Status, Criminal Justice Involvement, etc.)			
	Proximity to Health Risks (Environmental Pollutants, Air/Water Quality, Lead Paint, etc.)			
	Primary Care Provider			
	Outcomes for service and/or impact of care for those who receive it			
	Are you currently utilizing RI's UniteUs implementation to accept referrals?			
Access and Quality				

2A	Continuity of operations/disaster plans are in place			
1D	Consumer confidentiality is maintained, and consent processes are in place			
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 delivering required court-ordered services			
4A	DCO services are held to the same quality standards and consumers served by a DCO have the same rights.			
1D	Services are accessible to people with limited English proficiency, non-English speakers, and people with disabilities (including intellectual and sensory)			
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.			
Practitioner Licensure and Training				
1B	DCOs comply with all local and state requirements for licensing, accreditation, and certification.			
1B	Practitioners 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			

Attachment A

Screening, assessment, and diagnosis services

- 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
- 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

Attachment B Person and family-centered treatment planning includes consumer (and family if appropriate) endorsement, and

- 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