

CCBHC Outreach Activities Monitoring Report Instructions & Template 02/04/2025

I. State Expectations

In alignment with the RI CCBHC Certification Standards, CCBHCs must conduct outreach activities to support inclusion and access of services to the State's priority consumer populations. The priority consumer populations are as follows:

- Black, Indigenous, People of Color (BIPOC);
- People with co-occurring behavioral health/intellectual or developmental disabilities;
- Older adults;
- Transition-age youth;
- Veterans;
- LGBTQ+;
- Justice involved;
- People experiencing housing insecurity or homelessness; **AND**
- Other: additional priority population(s) identified within your completed Community Needs Assessment who are not represented above.

Outreach must be conducted to the following individuals/groups per priority consumer population:

- Direct outreach to attributed CCBHC clients;
- Direct outreach to individuals not currently attributed to a CCBHC; **AND**
- Direct outreach to, or through community partners associated with the priority consumer populations. Examples include:
 - Specialty providers including those who prescribe medications for the treatment of opioid and alcohol use disorders
 - Suicide and crisis hotlines and warmlines
 - Indian Health Service or other tribal programs
 - Homeless shelters
 - Housing agencies
 - Employment services systems
 - Peer-operated programs
 - Services for older adults, such as Area Agencies on Aging
 - Aging and Disability Resource Centers
 - State and local health departments and behavioral health and developmental disabilities agencies
 - Substance use prevention and harm reduction programs
 - Criminal and juvenile justice, including law enforcement, courts, jails, prisons, and detention centers.
 - Legal aid
 - Immigrant and refugee services
 - SUD Recovery/Transitional housing
 - Programs and services for families with young children, including Infants & Toddlers, WIC, Home Visiting Programs, Early Head Start/Head Start, and Infant and Early Childhood Mental Health Consultation programs

- o State HEZs

Sample outreach activities that CCBHCs could conduct, and which should be documented and shared with the State for programming monitoring purposes include:

- Public events (e.g. health fair to provide general education on CCBHCs services, the benefit CCBHCs offer to clients, and how to engage in services)
- Assistance with accessing care, including medical care identified via primary care screening, and to address behavioral health conditions and needs
- Harm reduction (e.g. street outreach, naloxone/fentanyl test strips/safe injection needle distribution, education, and information)
- Recovery outreach (e.g. home-based outreach after overdose, connection to supportive services)
- Community education (e.g. collaborating with schools, local police, and other organizations and agencies to share specific resources and training)
- Media outreach
- ***Note, this is a non-exhaustive list. Activities should be in alignment with what's most appropriate for the specific consumer population or community partner in question.**

II. State Oversight Process/Provider Reporting Requirements

I. Direct outreach to attributed CCBHC clients:

- Key metrics of interest: Per priority consumer population –
 - o # and type of outreach attempts; **AND**
 - o # of clients lost to contact.
- State oversight process: Type and scope of outreach activities will be primarily evaluated by the State via **review of each providers' client outreach, engagement, and retention protocols**. Efficacy and compliance will be monitored via **discussion** at the Interagency Team's scheduled monthly 1:1 check-ins with each CCBHC and/or at BHDDH's scheduled adult BH program oversight meetings with each CCBHC.

II. Direct outreach to individuals not currently attributed to a CCBHC **AND** direct outreach to, or through community partners associated with the priority consumer populations:

- Key metrics of interest: Per priority consumer population –
 - o Brief description of the type of outreach activity conducted;
 - o Type of staff leveraged per outreach activities (i.e., unlicensed vs. licensed staff; non-certified vs. certified staff; CCBHC vs. non-CCBHC staff); **AND**
 - o Estimated # of staff hours spent per outreach activity.
- State oversight process:
 - o Each CCBHC must submit a quarterly written report to the State with the information delineated above.
 - Each report shall cover the outreach activities conducted within the prior quarter.

- The metrics of interest should be clearly addressed per priority consumer population.
 - Your report should exclude any/all PHI.
 - Bullet points are sufficient. Providers may organize this data in a table format, with one row of per priority consumer population.
 - Included below is a sample reporting template.
- o The State reserves the right to ask further probing questions (if/as needed) post receipt of each report during one of the Interagency Team’s scheduled monthly 1:1 check-ins with each CCBHC.

III. Sample Reporting Template

Outreach Activity	Resources	Engaged Community Partner(s)	Priority Consumer Population								
			Check off all populations engaged per outreach activity.								
Date & brief description of the type of outreach activity conducted.	Type of staff leveraged per activity and # of staff hours	Specify which, if any community partners were engaged in the outreach activity.	BIPOC	BH/IDD	Older adults	Transition-age youth	Veterans	LGBTQ+	Justice involved	Homeless or housing insecure	Other: specify who
<i>Example</i> 1/20 @ 12 – 4PM: <i>Community Fair hosted at our primary office. Attendees included current clients, non-CCBHC attributed community members, and community partners. Focus was on informing the community about available CCBHC services and how to access them, and we provided information about available recovery services/supports offered through our organization and community partners.</i>	<ul style="list-style-type: none"> • Non-CCBHC staff: 2 persons, 4 hours each • Licensed and certified CCBHC staff: 1 person, 30 mins • Unlicensed CCBHC staff: 2 persons, 4 hours each • Non-certified CCBHC staff: 1 person, 30 mins 	<ul style="list-style-type: none"> • <i>Peer-operated recovery program</i> • <i>Substance use prevention and harm reduction programs</i> • <i>SUD recovery/transitional housing</i> • <i>Local HEZ partner</i> 	X		X		X	X			<i>Low income</i>

IV. Report Submission Process

Providers must submit a quarterly report to the CCBHC Interagency Team by the deadlines delineated below. The report must be uploaded directly to the appropriate EOHHS CCBHC SFTP subfolder. Please contact Becca Bucci (rebecca.bucci@ohhs.ri.gov) if you have any questions regarding folder access.

- The first report will be due to the Interagency Team via SFTP by **COB, April 15th** covering all outreach activities conducted between October 1, 2024 and March 31, 2025.
 - It is the State’s expectation that all providers are currently tracking these activities in some capacity, but that the initial months of data from October 1, 2024 through mid-January 2025 (when the above detailed reporting instructions were provided by the State) may not be fully complete. We do expect complete data from mid-January onwards.
- Subsequent reports will be due the 15th of each month (or the following business day if this date falls on a holiday or weekend) after each program quarter. See below for the report due date calendar for CCBHC Program Year 1:

Report Due Date	Outreach Activities to be Covered
• April 15, 2025	• October 1, 2024 – March 31, 2025
• July 15, 2025	• April 1, 2025 – June 30, 2025
• October 15, 2025	• July 1, 2025 – September 30, 2025
• January 15, 2026	• October 1, 2025 – December 31, 2025