

## Attachment 1 – State’s Compliance with CCBHC Certification Checklist

## Attachment 1. State's Compliance with CCBHC Criteria Checklist

STATE: Oregon

This compliance checklist includes the criteria required for the Certified Community Behavioral Health Clinics (CCBHCs) and their Designated Collaborating Organizations (DCOs) which together form the CCBHC. For each item below, write in one of the following ratings in the space provided that describes the CCBHCs readiness, as a whole in your state to implement each criteria:

1. Ready to implement
2. Mostly ready to implement
3. Ready to implement with remediation
4. Unready to implement

### Program Requirement 1: Staffing

#### Criteria 1.A. General Staffing Requirements

##### *1.a.1 Needs Assessment and Staffing Plan*

- 1 CCBHCs have completed a state approved needs assessment.
- 1 CCBHC needs assessments 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.
- 1 CCBHC needs assessments addresses work-force shortages.
- 1 Consumers and family members and relevant communities (e.g., ethnic, tribal) were consulted in a meaningful way to complete the needs assessment.
- 1 There is recognition of the CCBHCs' obligation to update the assessment at least every 3 years.
- 1 The state approved a staffing plan for each CCBHC that reflects the findings of the needs assessment.
- 1 The state based its requirements for services at each CCBHC, including care coordination, on the needs assessment findings.

**1.a.2 Staff**

1 CCBHC staff (both clinical and non-clinical) is appropriate in size and composition for the population to be served by each of the CCBHCs.

1 If veterans are served by the CCBHC, staffing satisfies the requirements of criteria 4.K.

**1.a.3 Management Staffing**

1 CCBHC management staffing is adequate for the needs of CCBHCs as determined by the needs assessment and staffing plan.

1 CCBHCs have a management team structure with key personnel identified by name, including a CEO or Executive Director/Project Director and a Medical Director (may be the same person and Medical Director need not be full time).

1 CCBHCs that are unable to employ or contract with a psychiatrist are located in Health Resources and Services Administration (HRSA) behavioral health professional shortage areas and have documented reasonable and consistent efforts to obtain a psychiatrist as Medical Director.

CCBHC name(s): New Directions NW

1 For those CCBHCs without a psychiatrist as Medical Director, provisions are made for psychiatric consultation and a medically trained behavioral health provider with appropriate education and licensure to independently prescribe is the Medical Director.

**1.a.4 Liability/Malpractice Insurance**

1 CCBHCs maintain adequate liability/malpractice insurance.

**Criteria 1.B. Licensure and Credentialing of Providers**

**1.b.1 Appropriate Licensure and Scope of Practice**

1 CCBHC practitioners providing demonstration services will furnish these services within their scope of practice in accordance with all applicable federal, state, and local laws and regulations.

1 CCBHCs have policies or procedures in place to ensure continuation of licensure (non-lapse).

1 CCBHCs have formal agreements in place with their Designated Collaborating Organizations (DCOs), ensuring the DCO staff members serving CCBHC consumers also have appropriate licensure.

### **1.b.2 Required Staffing**

- 1 CCBHC staffing plans meet requirements of the state behavioral health authority and any accreditation or other standards required by the state and identify specific staff disciplines that are required.
- 1 CCBHCs staffing plans require a medically trained behavioral health care provider, either employed or available through formal arrangement, who can prescribe and manage medications independently under state law, including buprenorphine, naltrexone and other medications used to treat opioid and alcohol use disorders.
- 1 CCBHCs staffing plans require credentialed substance abuse specialists.
- 1 CCBHCs Staffing plans require individuals with expertise in addressing trauma and promoting the recovery of children and adolescents with serious emotional disturbance (SED) and adults with serious mental illness (SMI).
- 1 CCBHCs staffing plans require other disciplines that can address needs identified by the needs assessment.
- 1 CCBHCs have taken steps to alleviate workforce shortages where they exist.

### **Criteria 1.C. Cultural Competence and Other Training**

#### **1.c.1 Training Plans**

- 1 CCBHC training plans realistically address the need for culturally competent services given the needs identified in the needs assessment.
- 1 CCBHC training plans require the following training at orientation and annually thereafter: (1) risk assessment, suicide prevention and suicide response; and (2) the roles of families and peers.
- 1 CCBHC training plans require the following training at orientation and thereafter as needed: (1) cultural competence; (2) person-centered and family-centered, recovery-oriented, evidence-based and trauma-informed care; (3) integration of primary care and behavioral health care; and (4) a continuity plan.
- 1 CCBHCs have policies or procedures in place to implement this training, ensure the competence of trainers and trainees, and keep track of training by employee.
- 1 If active duty military and/or veterans are served, CCBHC cultural competency training includes information related to military culture.

**1.c.2 – 1.c.4 Skills and Competence**

- 1 CCBHCs have written policies and procedures that describe the methods used for assessing skills and competencies of providers.
- 1 CCBHC in-service training and education programs are provided.
- 1 CCBHCs maintain a list of in-service training and educational programs provided during the previous 12 months.
- 1 CCBHCs maintain documentation of completion of training and demonstration of competencies within staff personnel records.
- 1 Individuals providing training to CCBHC staff have the qualifications to do so as evidenced by their education, training, and experience.

**Criteria 1. D. Linguistic Competence**

**1.d.1 – 1.d.4 Meaningful Access**

- 1 If the CCBHCs serve consumers with Limited English Proficiency (LEP) or with language based disabilities; the CCBHCs take reasonable steps to provide meaningful access to their services for such consumers.
- 1 CCBHCs interpretation and translation service(s) (e.g., bilingual providers, onsite interpreter, and language telephone line) are appropriate and timely for the size and needs of the LEP CCBHC consumer population identified in the needs assessment.
- 1 CCBHC interpreters are trained to function in a medical setting.
- 1 CCBHC auxiliary aids and services are readily available and responsive to the needs of consumers with disabilities (e.g., sign language interpreters, teletype [TTY] lines).
- 1 On the basis of the findings of the CCBHCs needs assessment, documents or messages vital to a consumer’s ability to access CCBHC services (e.g., registration forms, sliding-scale fee discount schedule, after-hours coverage, and signage) are available for consumers in languages common in the community served. The documents take into account the literacy levels of the community as well as the need for alternative formats (e.g., for consumers with disabilities), and they are provided in a timely manner.
- 1 CCBHCs Consumers are made aware of resources designed to provide meaningful access.

**1.d.5 Meaningful Access and Privacy**

1 CCBHC policies have explicit provisions for ensuring that all employees, affiliated providers, and interpreters understand and adhere to confidentiality and privacy requirements applicable to the service provider, including but not limited to the requirements of the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2 (Confidentiality of Alcohol and Drug Abuse Patient Records), patient privacy requirements specific to care for minors, and other state and federal laws.

1 CCBHC consumer consent documentation is regularly offered, explained, and updated.

1 CCBHCs satisfy the requirements of privacy and confidentiality while encouraging communication between providers and family of the consumer.

Provide the pertinent criteria number and explain any response with a rating higher than 1.

N/A

**Program Requirement 2: Availability and Accessibility of Services**

**Criteria 2.A. General Requirements of Access and Availability**

**2.a.1-2.a.8 Access and Availability Generally**

1 CCBHCs take measures to ensure provision of a safe, functional, clean, and welcoming environment for consumers and staff.

1 CCBHCs comply with all relevant federal, state, and local laws and regulations regarding client and staff safety, cleanliness, and accessibility.

1 CCBHC outpatient clinic hours include some night and weekend hours and meet the needs of the population served.

1 CCBHC locations are accessible to the consumer population being served.

1 CCBHCs provide transportation or transportation vouchers for consumers as resources allow.

1 CCBHCs plan to use mobile in-home, telehealth/telemedicine, and/or online treatment services, where appropriate, and have either sufficient experience or preparation to do so effectively.

1 CCBHCs engage in outreach and engagement activities to assist consumers and families to access benefits and services.

1 CCBHC services are aligned with state or county/municipal court standards for the provision of court-ordered services.

1 CCBHCs have adequate continuity of operations/disaster plans in place.

1 CCBHCs provide available and accessible services that will accommodate the needs of the population to be served as identified in the needs assessment.

**Criteria 2.B. Requirements for Timely Access to Services and Initial and Comprehensive Evaluation for New Consumers**

***2.b.1 Timing of Screening, Evaluation and Provision of Services to New CCBHC Consumers<sup>4</sup>***

1 For new CCBHC consumers with an initial screening identifying an urgent need, the CCBHC complies with either: (1) the criteria requirement that clinical services and initial evaluation are to be provided/completed within 1 business day of the time the request is made, or (2) a more stringent state standard of \_\_\_\_\_.

1 For new CCBHC consumers with an initial screening identifying routine needs, the CCBHC complies with either: (1) the criteria requirement that clinical services and initial evaluation are to be provided/completed within 10 business days, or (2) a more stringent state standard of \_\_\_\_\_.

1 For new consumers, the state either: (1) uses the criteria requirement that a comprehensive person-centered and family-centered diagnostic and treatment planning evaluation be completed within 60 calendar days of the first request for services, or (2) has a more stringent time standard of \_\_\_\_\_.

1 CCBHCs have in place policies and/or procedures for new consumers that include administration of a preliminary screening and risk assessment to determine acuity of needs in accordance with state standards.

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<sup>4</sup> Also see Criteria 4.D, related to the content of these evaluations.

1 CCBHCs have in place policies and/or procedures for conducting: (1) an initial evaluation, and (2) a comprehensive person-centered and family-centered diagnostic and treatment planning evaluation in accordance with state standards.

1 CCBHCs have in place policies and/or procedures to ensure immediate, appropriate action, including any necessary subsequent outpatient follow-up if the screening or other evaluation identifies an emergency or crisis need.

1 CCBHCs have in place policies and/or procedures for initial evaluations that are conducted telephonically that require the initial evaluation to be reviewed and the consumer to be seen in person at the next encounter, once the emergency is resolved.

### ***2.b.2 Updating Comprehensive Person-Centered and Family-Centered Diagnostic and Treatment Planning Evaluation<sup>5</sup>***

1 CCBHC treatment teams update the comprehensive person-centered and family-centered diagnostic and treatment planning evaluation, in agreement with and endorsed by the consumer and in consultation with the primary care provider (if any), when changes in the consumer's status, responses to treatment, or goal achievement have occurred

1 Assessment must be updated no less frequently than every (1) 90 calendar days; (2) has a more stringent time standard of \_\_\_\_ days; or (3) has an existing less stringent time standard that is acceptable. If the third option is chosen, the time standard and the justification for using it are described below.

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### ***2.b.3 Timing of Services for Established Consumers***

1 CCBHCs comply with the state standard for established CCBHC consumers seeking an appointment for routine needs. The state standard may either: (1) uses the criteria requirement that outpatient clinical services for established CCBHC consumers seeking an appointment for routine needs are provided within 10 business days of the requested date for service and, for those presenting with an urgent need, within 1 business day of the request, (2) has a more stringent time standard of \_\_\_\_ days, or (3) has an existing less stringent time standard that is acceptable. If the third option is chosen, the time standard and the justification for using it are:

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<sup>5</sup> See criteria 3.D and 4.E for other requirements related to the treatment planning process.



1 CCBHCs have in place policies and/or procedures for established CCBHC consumers who present with an emergency/crisis need, that include options for appropriate and immediate action.

**Criteria 2.C. Access to Crisis Management Services<sup>6</sup>**

1 CCBHCs provide crisis management services that are available and accessible 24 hours a day and required to be delivered within 3 hours.

1 CCBHCs have policies or procedures in place requiring communication to the public of the availability of these services, as well as to consumers at intake, and that the latter is provided in a way that ensures meaningful access.

1 CCBHCs have policies or procedures in place addressing: (1) coordination of services when consumers present to local emergency departments (EDs); (2) involvement of law enforcement when consumers are in psychiatric crisis; and (3) reducing delays in initiating services during and after a consumer has experienced a psychiatric crisis.

1 CCBHCs are required to work with consumers at intake and after a psychiatric emergency or crisis to create, maintain and follow a crisis plan.

**Criteria 2.D. No Refusal of Services Due to Inability to Pay**

1 CCBHCs has a policy that services cannot be refused because of inability to pay.

1 CCBHCs have policies or procedures that ensure (1) provision of services regardless of ability to pay; (2) waiver or reduction of fees for those unable to pay; (3) equitable use of a sliding fee discount schedule that conforms to the requirements in the criteria; and (4) provision of information to consumers related to the sliding fee discount schedule, available on the website, posted in the waiting room, and provided in a format that ensures meaningful access to the information.

**Criteria 2.E. Provision of Services Regardless of Residence**

1 CCBHCs have a policy that services cannot be refused due to residence.

1 CCBHCs have in place policies or protocols addressing services for those living out of state.

1 CCBHCs have policies or procedures ensuring: (1) services will not be denied to those who do not live in the catchment area (if there is one), including provision of crisis services,

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<sup>6</sup> See criteria 4.C regarding content of crisis services and 3.a.4 regarding crisis planning in the context of care coordination.

provision of other services, and coordination and follow-up with providers in the individual's catchment area; and (2) services will be available for consumers living in the CCBHC catchment area but who are distant from the CCBHC.

Provide the pertinent criteria number and explain any response with a rating higher than 1.

N/A

### **Program Requirement 3: Care Coordination<sup>7</sup>**

#### **Criteria 3.A. General Requirements of Care Coordination**

1 CCBHCs coordinate care across the spectrum of health services, including access to high-quality physical health (both acute and chronic) and behavioral health care, as well as social services, housing, educational systems, and employment opportunities as necessary to facilitate wellness and recovery of the whole person.

1 CCBHCs have procedures in place that comply with HIPAA, 42 CFR Part 2, requirements specific to minors, and other privacy and confidentiality requirements of state or federal law addressing care coordination and in interactions with the DCOs,

1 CCBHCs have policies and/or procedures in place to encourage participation by family members and others important to the consumer in care coordination, subject to privacy and confidentiality requirements and subject to consumer consent.

1 CCBHC have policies and procedures in to assist consumers and families of children and adolescents in obtaining appointments and keeping the appointment when there is a referral to an outside provider, subject to privacy and confidentiality requirements and consistent with consumer preference and need.

1 CCBHCs have procedures for medication reconciliation with other providers.

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<sup>7</sup> If the answer to any question is "No," please provide justification at the end of the program requirement checklist.

### Criteria 3.B. Care Coordination and Other Health Information Systems

- 1 CCBHCs have health information technology (HIT) systems in place that (1) include EHRs; (2) can capture demographic information, diagnoses, and medication lists; (3) provide clinical decision support; and (4) can electronically transmit prescriptions to the pharmacy.
- 1 CCBHC HIT systems allow reporting on data and quality measures required by the criteria.
- 1 CCBHCs have plans in place to use the HIT system to conduct activities such as population health management, quality improvement, disparity reduction, outreach and research.
- 1 If a CCBHC HIT system is being newly established, it is certified to accomplish the activities above; to send and receive the full common data set for all summary of care records; to support capabilities including transitions of care, privacy, and security; and to meet the *Patient List Creation* criterion (45 CFR §170.314(a)(14)) established by the Office of the National Coordinator (ONC) for ONC's Health IT Certification Program.
- 1 CCBHCs recognize the requirement to have a plan in place by the end of the 2-year demonstration program, focusing on ways to improve care coordination between the CCBHCs and DCOs using HIT. The plan should include how the CCBHC can support electronic health information exchange to improve care transitions to and from the CCBHC using the HIT system they have or are developing related to transitions of care.

### Criteria 3.C. Care Coordination Agreements

CCBHCs are expected to work towards formal agreements (contract, Memorandum of Agreement (MOA), or Memorandum of Understanding (MOU)) during the time of the demonstration project but should at least have some informal agreement (letter of support, letter of agreement, or letter of commitment) with each entity at certification. The agreement must describe the parties' mutual expectations and responsibilities related to care coordination.

- 1 CCBHCs have an agreement in place with ***Federally Qualified Health Centers (FQHCs) and, where relevant, Rural Health Clinics (RHCs)***, unless health care services are provided by the CCBHC.
- 1 CCBHCs have protocols for care coordination with other primary care providers when they are the provider of health care for consumers.
- 1 CCBHCs have an agreement in place with ***Inpatient psychiatric treatment, with ambulatory and medical detoxification, post-detoxification step-down services, and residential programs.***

1 CCBHCs have provisions for tracking consumers admitted to and discharged from these facilities (unless there is a formal transfer of care).

1 CCBHCs have protocols for transitioning consumers from EDs and these other settings to a safe community setting, including transfer of medical records, prescriptions, active follow-up, and, where appropriate, a plan for suicide prevention and safety, and for provision of peer services.

1 CCBHCs have an agreement in place with **Community or regional services, supports, and providers**. These include the following specified in the statute: schools; child welfare agencies; juvenile and criminal justice agencies and facilities including drug, mental health, veterans and other specialty courts; Indian Health Service (IHS) youth regional treatment centers; state licensed and nationally accredited child placing agencies for therapeutic foster care service; and other social and human services. Also noted in the criteria as potentially relevant are the following: specialty providers of medications for treatment of opioid and alcohol dependence; suicide/crisis hotlines and warm lines; other IHS or tribal programs; homeless shelters; housing agencies; employment services systems; services for older adults, such as Aging and Disability Resource Centers; and other social and human services (e.g., domestic violence centers, pastoral services, grief counseling, Affordable Care Act navigators, food and transportation programs).

1 CCBHCs have an agreement in place with the nearest **Department of Veterans Affairs' medical center, independent clinic, drop-in center, or other facility of the Department**

- All CCBHCs explored agreements with each of the facilities of different types are nearby.

1 CCBHCs have an agreement in place with **Inpatient acute-care hospitals, including emergency departments, hospital outpatient clinics, urgent care centers, residential crisis settings, medical detoxification inpatient facilities and ambulatory detoxification providers**.

- All CCBHCs have provisions for tracking consumers admitted to and discharged from these facilities (unless there is a formal transfer of care from a CCBHC).
- All CCBHCs have procedures and services for transitioning consumers from EDs and these other settings to CCBHC care, for shortened lag time between assessment and treatment, and for transfer of medical records, prescriptions, active follow-up.
- All CCBHCs have care coordination agreements that require coordination of consent and follow-up within 24 hours, continuing until the consumer is linked to

services or is assessed as being no longer at risk, for consumers presenting to the facility at risk for suicide.

- All CCBHCs make and document reasonable attempts to contact all consumers discharged from these settings within 24 hours of discharge.

**Criteria 3.D. Treatment Team, Treatment Planning and Care Coordination Activities<sup>8</sup>**

1 CCBHC treatment planning includes the consumer, the family of child consumers, and, if the consumer chooses, the adult consumer's family or others designated by the consumer.

1 CCBHC treatment planning and care coordination are person-centered and family-centered.

1 CCBHC treatment planning and care coordination comply with HIPAA and other privacy and confidentiality requirements.

1 CCBHCs coordinate care provided by DCOs.

1 CCBHCs designate interdisciplinary treatment teams composed of individuals who work together to coordinate the medical, psychosocial, emotional, therapeutic, and recovery support needs of CCBHC consumers that may include traditional approaches to care for consumers who may be American Indian or Alaska Native as appropriate for the individual's needs.

1 CCBHCs provide recovery support needs of CCBHC consumers, including, as appropriate, traditional approaches to care for consumers who may be American Indian or Alaska Native.,

Provide the pertinent criteria number and explain any response with rating higher than 1.

N/A

<sup>8</sup> See criteria 2.b.2 and 4.E related to other aspects of treatment planning.

## **Program Requirement 4: Scope of Services<sup>9</sup>**

### **Criteria 4.A. General Service Provisions**

- 1 CCBHCs directly provide, at a minimum, the four required services.
- 1 CCBHC formal agreements with DCOs in the state make clear that the CCBHC retains ultimate clinical responsibility for CCBHC services provided by DCOs.
- 1 All required CCBHC services, if not available directly through the CCBHC, are provided through a DCO.
- 1 CCBHC consumers have freedom to choose providers within the CCBHC and its DCOs.
- 1 CCBHC consumers have access to CCBHC grievance procedures, including for CCBHC services provided by a DCO.
- 1 With regard to CCBHC or DCO services, the grievance process satisfies the minimum requirements of Medicaid and other grievance requirements such as those that may be mandated by relevant accrediting entities.
- 1 CCBHC services provided by DCOs meet the same quality standards as those required of the CCBHC.

### **Criteria 4.B. Person-Centered and Family-Centered Care**

- 1 CCBHCs and its DCOs provide care that is person-centered and family-centered and recovery oriented, being respectful of the individual consumer's needs, preferences, and values, and ensuring both consumer involvement and self-direction of services received.
- 1 The services that CCBHCs and its DCOs provide for children and adolescents are family-centered, youth-guided, and developmentally appropriate.
- 1 CCBHC services are culturally appropriate, as indicated in the needs assessment.

### **Criteria 4.C. Crisis Behavioral Health Services<sup>10</sup>**

- 1 The following services are explicitly included among CCBHC services that are provided directly or through an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services: (1) 24 hour mobile crisis teams, (2) emergency crisis intervention services, (3) crisis stabilization services, (4) suicide crisis

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<sup>9</sup> If the answer to any question is "No," please provide justification at the end of the program requirement checklist.

<sup>10</sup> See criteria 2.C regarding access to crisis services.

response, and (5) services for substance abuse crisis and intoxication, including ambulatory and medical detoxification services.

1 Crisis services are provided by CCBHCs or by an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services. Please indicate how crisis services are provided.

- The CCBHCs directly
- X An existing system or network with which the CCBHCs have a formal agreement. Describe the existing system.

Please see response at bottom of attachment

#### **Criteria 4.D. Behavioral Health Screening, Assessment, and Diagnosis<sup>11</sup>**

1 CCBHCs directly provide behavioral health screening, assessment, and diagnosis, including risk assessment, in the state.

1 The state requires that all of the following (derived from the Appendix A quality measures) occurs: (1) tobacco use: screening and cessation intervention; (2) unhealthy alcohol use: screening and brief counseling; (3) child and adolescent major depressive disorder suicide risk assessment; (4) adult major depressive disorder suicide risk assessment; and (5) screening for clinical depression and follow-up plan.

1 CCBHC's initial evaluation of consumers includes the following: (1) preliminary diagnoses; (2) source of referral; (3) reason for seeking care, as stated by the consumer or other individuals who are significantly involved; (4) identification of the consumer's immediate clinical care needs related to the diagnoses for mental and substance use disorders; (5) a list of current prescriptions and over-the-counter medications, as well as other substances the consumer may be taking; (6) an assessment of whether the consumer is a risk to self or to others, including suicide risk factors; (7) an assessment of whether the consumer has other concerns for their safety; (8) assessment of need for medical care (with referral and follow-up as required); (9) a determination of whether the person presently is or ever has been a member of the U.S. Armed Services; and (10) such other assessment as the state may require as part of the initial evaluation.

- Describe additional requirements (if any) established by the state, based on the population served, for the initial evaluation.

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<sup>11</sup> See criteria 2.B regarding timing of evaluations and assessments.

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1 CCBHCs regularly obtain release of information consent forms as feasible as part of the initial evaluation.

1 Licensed behavioral health professionals, performing within the state's scope of practice and working in conjunction with the consumer as members of the treatment team, complete a comprehensive person-centered and family-centered diagnostic and treatment planning evaluation within 60 days of the first request for services by new CCBHC consumers.

1 CCBHCs meet applicable state, federal or applicable accreditation standards for comprehensive diagnostic and treatment planning evaluations

1 CCBHCs conduct screening, assessment and diagnostic services in a timely manner as defined by the state and in a time period responsive to consumers' needs.

1 CCBHC screening, assessment and diagnostic services are sufficient to assess the need for all services provided by the CCBHCs and their DCOs.

1 CCBHCs use standardized and validated screening and assessment tools, and, where appropriate motivational interviewing techniques.

1 CCBHCs use culturally and linguistically appropriate screening tools.

1 CCBHCs use tools/approaches that accommodate disabilities (e.g., hearing disability, cognitive limitations), when appropriate.

1 CCBHCs conduct a brief intervention and provide or refer the consumer for full assessment and treatment if screening identifies unsafe substance use including problematic alcohol or other substance use.

#### **Criteria 4.E. Person-Centered and Family-Centered Treatment Planning<sup>12</sup>**

1 CCBHCs directly provide person-centered and family-centered treatment planning in the state.

- Describe additional state requirements, if any, based on the population served, as to what must be included in person-centered and family-centered treatment planning within the CCBHC care system.  
Please see response at bottom of attachment

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<sup>12</sup> See criteria 2.b.2 and 3.D regarding other aspects of treatment planning.



1  
\_\_\_\_ CCBHCs provide for collaboration with and endorsement by (1) consumers, (2) family members or caregivers of child and adolescent consumers, and (3) to the extent adult consumers wish, adult consumers' families.

1  
\_\_\_\_ CCBHCs use 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; and 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.

1  
\_\_\_\_ CCBHCs seek consultation for special emphasis problems and the results of such consultation are included in the treatment plan.

1  
\_\_\_\_ CCBHCs document consumers' advance wishes related to treatment and crisis management or consumers' decisions not to discuss those preferences.

#### **Criteria 4.F. Outpatient Mental Health and Substance Use Services**

1  
\_\_\_\_ CCBHCs directly provide outpatient mental health and substance use services.

1  
\_\_\_\_ CCBHCs provide state identified evidence-based or best practices outpatient mental health and substance use services.

1  
\_\_\_\_ CCBHCs make available specialized services for purposes of outpatient mental and substance use disorder treatment, through referral or formal arrangement with other providers or, where necessary and appropriate, through use of telehealth/telemedicine services.

1  
\_\_\_\_ CCBHCs provide evidenced-based services that are developmentally appropriate, youth guided, and family or caregiver driven to children and adolescents.

1  
\_\_\_\_ CCBHCs consider the individual consumer's phase of life, desires and functioning and appropriate evidenced-based treatments.

1  
\_\_\_\_ CCBHCs consider the level of functioning and appropriate evidenced-based treatments when treating individuals with developmental or other cognitive disabilities.

1  
\_\_\_\_ CCBHCs deliver treatment by staff with specific training in treating the segment of the population being served.

1  
\_\_\_\_ CCBHCs use approaches when addressing the needs of children that comprehensively address family/caregiver, school, medical, mental health, substance abuse, psychosocial, and environmental issues.

#### **Criteria 4.G. Outpatient Clinic Primary Care Screening and Monitoring**

1 CCBHCs are responsible for outpatient clinic primary care screening and monitoring of key health indicators and health risk and that care is coordinated. If primary care screening and monitoring are offered by a DCO(s), the CCBHCs have a formal agreement with the DCO(s).

1 CCBHCs are collecting and reporting the following (derived from the Appendix A quality measures) : (1) adult body mass index (BMI) screening and follow-up; (2) weight assessment and counseling for nutrition and physical activity for children and adolescents; (3) care for controlling high blood pressure; (4) diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications; (5) diabetes care for people with serious mental illness: Hemoglobin A1c (HbA1c); (6) metabolic monitoring for children and adolescents on antipsychotics; (7) cardiovascular health screening for people with schizophrenia or bipolar disorder who are prescribed antipsychotic medications; and (8) cardiovascular health monitoring for people with cardiovascular disease and schizophrenia?

1 CCBHCs ensure that children receive age appropriate screening and preventive interventions including, where appropriate, assessment of learning disabilities, and older adults receive age appropriate screening and preventive interventions

#### **Criteria 4.H. Targeted Case Management Services**

1 CCBHCs are responsible for high quality targeted case management services that will assist individuals in sustaining recovery, and gaining access to needed medical, social, legal, educational, and other services and supports. If targeted case management services are offered by a DCO(s), the CCBHCs have a formal agreement with the DCO(s).

1 The state established requirements, based on the population served, as to what targeted case management services must be offered as part of the CCBHC care system, including identifying target populations. The population(s) targeted is (are)  
Please see response at bottom of page

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#### **Criteria 4.I. Psychiatric Rehabilitation Services**

       CCBHCs are responsible for evidence-based and other psychiatric rehabilitation services. If psychiatric rehabilitation services are offered by a DCO(s), the CCBHCs have a formal agreement with the DCO(s).

**Criteria 4.J. Peer Supports, Peer Counseling and Family/Caregiver Supports**

1 CCBHCs are responsible for peer specialist and recovery coaches, peer counseling, and family/caregiver supports. If peer support, peer counseling and family/caregiver support services are offered by a DCO(s), the CCBHCs have a formal agreement with the DCO(s).

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

1 CCBHCs are responsible for intensive, community-based behavioral health care for certain members of the U.S. Armed Forces and veterans, particularly those Armed Forces members located 50 miles or more (or one hour's drive time) from a Military Treatment Facility (MTF) and veterans living 40 miles or more (driving distance) from a VA medical facility, or as otherwise required by federal law. The state has demonstrated efforts to facilitate the provision of intensive community-based behavioral health services to veterans and active duty military personnel.

1 CCBHC care provided to veterans is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration (VHA), including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration.

1 CCBHCs ask and document asking all individuals inquiring about services, whether they have ever served in the U.S. military. For those affirming current or former service in the U.S. military CCBHCs either direct them to care or provide care through the CCBHC as required by criterion 4.k.2.

1 CCBHCs offer assistance with enrollment in the VHA for the delivery of health and behavioral health services to persons affirming former military service.

1 CCBHCs provide coordination between the care of substance use disorders and other mental health conditions for veterans and active duty military personnel who experience both, to the extent those services are appropriately provided by the CCBHC in accordance with criteria 4.k.1 and 4.k.2.

1 CCBHCs provide for integration and coordination of care for behavioral health conditions and other components of health care for all veterans and active duty military personnel who experience both, to the extent those services are appropriately provided by the CCBHC in accordance with criteria 4.k.1 and 4.k.2.

1 CCBHCs assign a Principal Behavioral Health Provider to every veteran seen, unless the VHA has already assigned a Principal Behavioral Health Provider.

1 CCBHCs provide care and services for veterans that are recovery-oriented, adhere to the guiding principles of recovery, VHA recovery, and other VHA guidelines.

1 CCBHC staff who work with military or veteran consumers are trained in cultural competence, and specifically military and veterans' culture.

1 CCBHCs develop a behavioral health treatment plan for all veterans receiving behavioral health services compliant with provisions of Criteria 4.K.

Provide the pertinent criteria number and explain any response with a rating higher than 1.

N/A

## **Program Requirement 5: Quality and Other Reporting<sup>13</sup>**

### **Criteria 5.A. Data Collection, Reporting, and Tracking**

1 The state has the capacity to annually report any data or quality metrics required of it, including but not limited to CCBHC-level Medicaid claims and encounter data. The data include a unique consumer identifier, unique clinic identifier, date of service, CCBHC service, units of service, diagnosis, Uniform Reporting System (URS) information, pharmacy claims, inpatient and outpatient claims, and any other information needed to provide data and quality metrics required in Appendix A of the criteria. Data are reported through the Medicaid Management Information System (MMIS/T-MSIS).

1 The state has to capacity to provide Treatment Episode Data Set (TEDS) data and other data that may be required by HHS and the evaluator.

1 CCBHCs evidence the ability (for, at a minimum, all Medicaid enrollees) to collect, track, and report data and quality metrics as required by the statute, criteria, and PPS guidance, and as required for the evaluation and annually submit a cost report with supporting data within six months after the end of each demonstration year to the state.

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<sup>13</sup> If the answer to any question is "No," please provide justification at the end of the program requirement checklist.

1 CCBHCs have policies and procedures in place requiring and enabling annual submission of the cost report within 6 months after the end of the demonstration year.

1 CCBHCs have formal arrangements with the DCOs to obtain access to data needed to fulfill their reporting obligations and to obtain appropriate consents necessary to satisfy HIPAA, 42 CFR Part 2, and other requirements.

**Criteria 5.B. Continuous Quality Improvement (CQI) Plan**

1 CCBHCs have written CQI plans that satisfy the requirements of the criteria and have been reviewed and approved by the state as part of certification.

1 CCBHC's CQI plans specifically address (1) consumer suicide attempts and deaths, (2) 30-day hospital readmissions, and (3) whether the state has required that the plans address any other state-specific subjects; if so, these subjects include the following:  
Please see description at bottom of checklist

Provide the pertinent criteria number and explain any response with a rating higher than 1.

N/A
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**Program Requirement 6: Organizational Authority, Governance, and Accreditation<sup>14</sup>**

**Criteria 6.A. General Requirements of Organizational Authority and Finances**

1 CCBHCs organizational authority is among those listed in the statute and criteria.

1 CCBHCs not operated under or in collaboration with the authority of the Indian Health Service, an Indian tribe, or tribal or urban Indian organization, reached out to these entities within their geographic service area and entered into arrangements with them to assist in the provision of services to and to inform the provision of services to AI/AN consumers.

<sup>14</sup> If the answer to any question is "No," please provide justification at the end of the program requirement checklist.

1 The CCBHCs have a procedure for an annual financial audit and correction plan, when the latter is necessary.

### Criteria 6.B. Governance

2 CCBHCs board members are representative of the individuals being served by the CCBHC 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. The CCBHCs incorporate meaningful participation by adult consumers with mental illness, adults recovering from substance use disorders, and family members of CCBHC consumers through the options listed below. Identify which method was used to certify the CCBHCs. If more than one option was used in the state, please identify the CCBHC to which the option applies.

- X 51 percent of the board are families, consumers or people in recovery from behavioral health conditions. The CCBHC has described how it meets this requirement or developed a transition plan with timelines appropriate to its governing board size and target population to meet this requirement that is satisfactory to the state.
- \_\_\_\_\_ A substantial portion of the governing board members meet this criteria and other specifically described methods for consumers, people in recovery and family members to provide meaningful input to the board about the CCBHC's policies, processes, and services, The state has reviewed and approved and documented its approval of the proportion of the governing board members and methods to obtain meaningful input to the board.
- \_\_\_\_\_ The CCBHC is comprised of a governmental or tribal entity or a subsidiary or part of a larger corporate organization that cannot meet these requirements for board membership. The state has specified and documented the reasons why the CCBHC cannot meet these requirements and the CCBHC has developed 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.

Provide the pertinent criteria number and explain any response with a rating higher than 1.

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Throughout the planning grant period, Oregon has communicated the 51% board representation requirement to CCBHC applicants. While the expectation is for each CCBHC to meet the 51% board requirement, some organizations have been granted permission to create alternative boards. Alternative boards are permissible when the CCBHC board is unable to meet the consumer representation requirement due to organizational structure such as a being a hospital board, a board with multi-state representation and oversight, or a board comprised of elected officials. In such cases, CCBHCs were required to provide a statement of why the current board composition does not meet the 51% requirement. Additionally, draft policies and plans reflecting alternative board development, inclusive of 51% consumer representation, two way communication, recruitment plans, and a timeline (approved by CCBHC leadership) were required in order to be certified as a CCBHC in Oregon. Criteria 6.b is currently marked as a 2, as some organizations are waiting upon demonstration state selection before formalizing board changes and establishing alternative boards.

**Response to 4.C:** Oregon’s state sanctioned crisis services include direct funding to Oregon’s Community Mental Health Programs (CMHPs) to support program development and availability to: community detoxification services, crisis hotlines, crisis respite, jail diversion, and mobile crisis units. If the CCBHC is not a CMHP providing crisis services directly, the CCBHC has a formal relationship with the CMHP to meet the SAMHSA requirements.

**Response to 4.E:** Oregon Senate Bill 832 directed OHA to develop standards for “achieving integration of behavioral health services and physical health services in Patient-Centered primary Care Homes (PCPCH) and Behavioral Health Homes (BHH).” A PCPCH Standards Advisory Committee developed the BHH model with over 40 specific measures that provide a framework for integration physical health services into behavioral health care settings. Oregon has required all 14 CCBHCs to meet the nine Oregon CCBHC Standards which have been adapted from the BHH model. Oregon Standard #7 (care coordination) and Oregon Standard #8 (end of life planning) strengthen requirements regarding person-centered and family-centered treatment planning.

**Response to 4.H:** Oregon selected population targets aligning with SAMHSA criteria, including: persons deemed at high risk of suicide, particularly during times of transitions such as from an ED or psychiatric hospitalization.

**Response to 5.B:** Oregon Senate Bill 832 directed OHA to develop standards for “achieving integration of behavioral health services and physical health services in Patient-Centered primary Care Homes (PCPCH) and Behavioral Health Homes (BHH).” A PCPCH Standards Advisory Committee developed the BHH model with over 40 specific measures that provide a framework for integration physical health services into behavioral health care settings. Oregon has required all 14 CCBHCs to meet the nine Oregon CCBHC Standards which have been adapted from the BHH model. Oregon Standard #2 (Performance and Clinical Quality) requires CCBHC to track one quality metric from the core of menu set of PCPCH Quality Measures, available in the appendix of Oregon CCBHC Standards guide.

## Attachment 2: Medicaid Statement

Oregon is a Medicaid expansion state. This provides increased access to CCBHC services in the state. While the CCBHCs need to serve all Medicaid enrolled individuals the services will most definitely improve access and engagement for individuals with serious behavioral health disorders. Individuals with serious behavioral health disorders have negative social and health outcomes and require the focused attention of the CCBHCs.



### Attachment 3 – Participating CCBHC's

Clinic Name	County	Rural/Urban Designation	MUA?	MUA ID
<b>New Directions Northwest, Inc</b>	Baker	Frontier	Yes	07255
<b>Columbia Community Mental Health</b>	Columbia	Rural	Yes	07765
<b>Deschutes County Health Services</b>	Deschutes	Urban	No	NA
<b>Community Counseling Solutions</b>	Grant	Frontier	Yes	07540
<b>Symmetry Care Inc.</b>	Harney	Frontier	No	NA
<b>Options for Southern Oregon</b>	Josephine	Rural	Yes	02875
<b>Klamath Basin Behavioral Health</b>	Klamath	Rural	Yes	02880
<b>PeaceHealth Medical Group, Oregon West</b>	Lane	Urban	Yes	02891
<b>Lifeways, Inc.</b>	Malheur	Frontier	No	NA
<b>Cascadia</b>	Multnomah	Urban	No	NA
<b>Wallowa Valley Center for Wellness</b>	Wallowa	Frontier	Yes	07738
<b>Mid-Columbia Center for Living</b>	Wasco	Rural	Yes	05025
<b>LifeWorks NW</b>	Washington	Urban	No	NA
<b>Yamhill County Health and Human Services</b>	Yamhill	Rural	No	NA

CCBHCs

Clinic Name	Location Name	Address	Address 2	City/Town	ZIP/Postal Code
<b>Cascadia</b>	Plaza	4212 SE Division St	Suite 100	Portland	97206
	Garlington	3034 NE Martin Luther King Jr Blvd		Portland	97212
	Woodland Park	10373 NE Hancock St	Suite 200	Portland	97220
<b>Columbia Community Mental Health</b>		58646 McNulty Way	PO Box 1234	St Helens	97051
<b>Community Counseling Solutions</b>		528 E Main St		John Day	97845
<b>Deschutes County Health Services</b>		2577 NE Courtney Drive		Bend	97701
<b>Klamath Child and Family Treatment Center, dba Klamath Basin Behavioral Health</b>		2210 Eldorado Avenue		Klamath Falls	97601
<b>Lifeways, Inc.</b>	Location 1 - Ontario	702 Sunset Drive		Ontario	97914
	Location 2 - Hermiston	595 NW 11th St		Hermiston	97838
<b>LifeWorks NW</b>	Location 1 - Gresham	400 NE 7th Ave		Gresham	97030
	Location 2 - King/NE Portland	3716 NE MLK Jr. Blvd	Outpatient Services	Portland	97212
	Location 3 - Hillsboro	971 SW Walnut St		Hillsboro	97123
	Location 4 - Beaverton	10700 SW Beaverton Hillsdale Hwy		Beaverton	97005
<b>Mid-Columbia Center for Living</b>	Location 1 - Dalles	419 East Seventh Street	Room 207	The Dalles	97058
	Location 2 - Hood River	1610 Woods Ct.		Hoodriver	97031

<b>New Directions Northwest, INC</b>	Location 1 - Baker City	2200 4th Street		Baker City	97814
	Location 2 - Total Health	3975 Midway Dr.		Baker City	97814
<b>Options for Southern Oregon</b>		1215 SW G Street		Grants Pass	97526
<b>PeaceHealth Medical Group, Oregon West Network</b>		770 E. 11th Avenue	Administration	Eugene	97401
<b>Symmetry Care Inc.</b>		348 west Adams		Burns	97720
<b>Wallowa Valley Center for Wellness</b>		207 SW First Street	PO Box 268	Enterprise	97828
<b>Yamhill County Health and Human Services</b>		638 NE Davis Street	Administration	McMinnville	97128

DCOs

Clinic Name	Location Name	Address	City/Town	ZIP/Postal Code	"Parent" CCBHC
Oregon Family Support Network	Polk/Marion County	1300 Broadway St. NE, Ste 403	Salem	97301	Yamhill County Health and Human Services
Provoking Hope	McMinnville	213 NE 10th	McMinnville	97128	
Virginia Garcia Memorial Health Center	McMinnville	115 NE May Lane	McMinnville	97128	
Champion Team	McMinnville	1300 NW Adams St. B	McMinnville	97128	

Attachment 4 – Signed Statement that State will Pay for Services



HEALTH POLICY AND ANALYTICS

Kate Brown, Governor

Oregon  
**Health**  
Authority

500 Summer St NE E20  
Salem OR 97301  
Voice: 503-947-2340  
Fax: 503-947-2341  
[www.Oregon.Gov/OHA](http://www.Oregon.Gov/OHA)  
[www.health.oregon.gov](http://www.health.oregon.gov)

#### Attachment 4

October 31, 2016

The Oregon Health Authority (OHA) is committed to the transformation initiative to establish Certified Community Behavioral Health Clinics (CCBHCs). The CCBHCs represent urban, rural and frontier counties, and contribute to our Triple Aim of healthcare reform: better health, better care and lower costs for all Oregonians.

To accomplish this, the OHA commits to pay for CCBHC services according to the rates established under the prospective payment system (PPS). The PPS and rates are discussed throughout this application.

Authorized Signature:

Leslie M. Clement  
Director of Health Policy & Analytics

## Attachment 5 – Description of Scope of Services

Throughout the planning grant period, Oregon worked collaboratively with all 14 CCBHC applicants to complete a rigorous site certification process. This process has ensured all certified CCBHC sites are capable of meeting the full scope of services required by the state in compliance with CCBHC Criteria by the state's projected project launch date of April 1, 2017. The full scope of services are inclusive of program requirements one through six, as described in the SAMHSA CCBHC Criteria. In addition, Oregon is requiring all CCBHC applicants to meet the nine Oregon CCBHC Standards which strengthen and further promote health care integration in Oregon. Additional comments regarding the Oregon CCBHC Standards are referenced within Attachment 1, CCBHC Certification Checklist.