

# Care Coordination for Certified Community Behavioral Health Clinics

## Purpose:

Provide information regarding the care coordination requirements for certified community behavioral health clinics (CCBHCs).

## What is “care coordination?”

- ▶ The Agency for Healthcare Research and Quality (AHRQ) defines care coordination as “deliberately organizing consumer care activities and sharing information among all of the participants concerned with a consumer’s care, to achieve safer and more effective care. This means the patient’s needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient.”
- ▶ CCBHCs should be guided by this definition as they provide integrated and coordinated care to address all aspects of a patient’s health.
- ▶ Whether services are provided directly by CCBHC staff or through collaboration with medical or other service providers in the community, adequate communication and collaboration between providers is essential to best address the patient’s needs and preferences.
- ▶ Care coordination activities are carried out in keeping with the patient’s preferences and needs for care and, to the extent possible and in accordance with the patient’s expressed preferences, with the family/caregiver and other supports identified by the patient. To ascertain in advance the patient’s preferences in the event of psychiatric or substance use crisis, CCBHCs develop a crisis plan with each patient. Examples of crisis plans may include but are not limited to a psychiatric advanced directives or wellness recovery action plans.

## What types of facilities or agencies should CCBHCs be doing care coordination with?

- ▶ Federally qualified health centers and rural health clinics (may provide services that are not provided directly through the CCBHC)
- ▶ Inpatient psychiatric facilities; substance use detoxification services; post-detoxification step down services and residential programs; schools; child welfare agencies; juvenile and criminal justice agencies and facilities; Indian Health Service (IHS) youth regional treatment centers; state-licensed and nationally accredited child placing agencies for therapeutic foster care service; other social and human services

- ▶ Department of Veterans Affairs (VA) medical centers, independent outpatient clinics, drop-in centers, and other VA facilities
- ▶ Inpatient acute care hospitals and hospital outpatient clinics
- ▶ Other social and human services, such as specialty providers of medications for treatment of opioid and alcohol dependence; suicide/crisis hotlines and warmlines; homeless shelters; housing agencies; employment services systems; services for older adults, such as aging and disability resource centers; domestic violence centers; pastoral services; grief counseling; Affordable Care Act navigators; food and transportation programs
- ▶ For more information, see criteria 3.C.3 on [page 29<sup>1</sup>](#).

## What happens if there are services that the CCBHC cannot provide?

- ▶ The CCBHC is responsible for all care coordination, whether it involves coordination within the CCBHC, with a designated collaborating organization (DCO), or with another entity identified in the statutory language related to care coordination.
- ▶ Care coordination should be based on a [needs assessment](#).<sup>8</sup> States must establish a minimum set of evidence-based practices required of the CCBHCs. In addition, states have the flexibility to determine whether any services beyond the minimum set should be offered to meet the needs of the patients served. These additional evidence-based practices can either be provided directly by the CCBHC or through a DCO arrangement. Oregon does not have a set of evidence-based practices, however CCBHCs in Oregon are certified according to stringent federal criteria. More information on specific details will be provided later in 2023 regarding program criteria/model build.
- ▶ CCBHCs are required to provide care coordination; if they are unable to, they will have an arrangement through a DCO to provide those services.
- ▶ The CCBHC criteria define this formal relationship as “a contract, Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), or such other formal arrangements describing the parties’ mutual expectations and establishing accountability for services to be provided and funding to be sought and utilized.”
- ▶ CCBHCs must coordinate care and services provided by DCO in accordance with the current treatment plan.
- ▶ See [this article<sup>2</sup>](#) for more help with working with a DCO.

## Are there services that only CCBHCs can provide?

- ▶ Certain services can only be provided by the CCBHC directly. These services include:
  - » Comprehensive behavioral health screening, assessment, and diagnosis, including risk assessments.
  - » Person-centered and family-centered treatment planning.
  - » Comprehensive outpatient mental health and substance use disorder services.
- ▶ The CCBHC criteria also state that the CCBHC must directly provide crisis behavioral health services and can act as a DCO, “unless there is an existing, state-sanctioned, certified or licensed system or network for [their provision] that dictates otherwise.” Other required services may be provided by a CCBHC directly, by a DCO, or by both.

## Are there certain privacy or confidentiality requirements?

The CCBHC must work with the DCO to comply with privacy and confidentiality requirements, including those of the Health Insurance Portability and Accountability Act (HIPAA) (PL 104-191), the federal Substance Abuse Confidentiality Regulations, 42 Code of Federal Regulations (CFR), and other federal and state laws, including privacy requirements specific to the care of minors. For more information on this, see criteria 3.A.2 requirement [page 24](#)<sup>3</sup>.

What protocols are there for individuals who are moving from inpatient settings back to the CCBHC?

- ▶ The CCBHC has established protocols and procedures for transitioning individuals from EDs, inpatient psychiatric, detoxification, and residential settings to a safe community setting. This includes transfer of medical records of services received (e.g., prescriptions), active follow-up after discharge, and, as appropriate, a plan for suicide prevention and safety and provisions for peer services. For more information on this, see criteria 3.C.2 requirement [page 28](#)<sup>4</sup>.
- ▶ The CCBHC has an agreement establishing care coordination expectations 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, in the area served by the CCBHC to address the needs of CCBHC consumers. For more information on this, see criteria 3.C.5 requirement [page 31](#)<sup>5</sup>.
- ▶ Certified community behavioral health clinics (CCBHCs) are required to have agreements establishing care coordination expectations with certain entities in the area served by the CCBHC. Click [here](#)<sup>6</sup> for more information. When those entities include inpatient psychiatric facilities, ambulatory and medical detoxification facilities, post-detoxification step down services, residential programs, inpatient acute-care hospitals, emergency departments, hospital outpatient clinics, urgent care centers, or residential crisis settings, among other things, the agreement must provide for:
  - » Transfer of medical records of services received from those providers, including prescriptions.
  - » Tracking of admission and discharge.
  - » Active follow-up after discharge.

## Are there any certain requirements for services for veterans?

For care coordination requirements for veterans, see criteria 4.K starting on [page 47](#)<sup>7</sup>.

*Continued >*

## Additional helpful links:

- ▶ *Criteria for the demonstration program to improve community mental health centers and to establish certified community behavioral health clinics (see program requirement 3: Care coordination)* <sup>3</sup>
- ▶ *Quality measures for CCBHCs* <sup>2</sup>
- ▶ *Care coordination for CCBHCs* <sup>2</sup>
- ▶ *How states can conduct a needs assessment* <sup>8</sup>

## Footnotes:

<sup>1</sup> [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/ccbhc-criteria-2022.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria-2022.pdf)

<sup>2</sup> <https://www.samhsa.gov/certified-community-behavioral-health-clinics/section-223/care-coordination/designated-collaborating-organization>

<sup>3</sup> [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/ccbhc-criteria-2022.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria-2022.pdf)

<sup>4</sup> [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/ccbhc-criteria-2022.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria-2022.pdf)

<sup>5</sup> [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/ccbhc-criteria-2022.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria-2022.pdf)

<sup>6</sup> <https://www.samhsa.gov/certified-community-behavioral-health-clinics/section-223/care-coordination/agreements-transitions>

<sup>7</sup> [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/ccbhc-criteria-2022.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria-2022.pdf)

<sup>8</sup> <https://www.samhsa.gov/section-223/certification-resource-guides/conduct-needs-assessment>