**RFS 24-77045**

**Attachment E**

**Certification Criteria Response Template**

**Background:** The State has defined the requirements for becoming a CCBHC in the Demonstration Program, articulated in this Attachment E. The State is interested in gathering information on providers' readiness for CCBHC to inform its selection of Demonstration Program sites. The State expects selected Demonstration Sites to achieve designation/certification, including meeting the below requirements, by the start of the Demonstration Program which is anticipated to begin in or around July 2024. The below Certification Criteria are the State’s initial requirements for CCBHCs and will be continuously, iteratively refined leading into and during the Demonstration Program, in collaboration with stakeholders including all prospective CCBHCs (not just those selected through this RFS).

The State’s Certification Criteria are meant to serve as a floor, not a ceiling - the State is interested in learning how Respondents meet the Criteria as a minimum, and how they are going to or plan to go beyond the Criteria to meet needs in their community.

**Instructions:**

In the table in each Program Requirement section, please enter “yes” or “no” in columns 3 and 4 to indicate your current ability and anticipated future ability to meet the State’s requirements for a CCBHC during the Demonstration Program.

At the end of each Program Requirements section, please provide a narrative explaining your current ability to meet the Certification Criteria relative to that Program Requirement. For each criterion in that Program Requirement section, please address:

1. If you currently meet the criterion, how are you doing so?
2. If you are not currently able to meet the criterion, what would you need to do to meet the criterion by the anticipated Demonstration Program start date (7/1/24)? What type of support would you need?
3. If you are exceeding the criterion requirements, what are you doing?

# Program Requirement 1: General Staffing Requirements

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| **Criterion #** | **Criterion** | **Do you currently meet this criterion?** | **If not, will you be able to meet this criterion by 7/1/24?** |
| 1.a.1 | As part of the process leading to certification and recertification, and before certification or attestation, a community needs assessment and a staffing plan that is responsive to the community needs assessment are completed and documented. The needs assessment and staffing plan will be updated regularly, but no less frequently than every 3 years. The community needs assessment should be submitted to DMHA to receive certification.  Additional community needs assessment requirements include:   * Community needs assessment updated every 3 years and submitted with re-certification documentation * Describe population that will be served * Describe how access (including hours and service locations) will be responsive to community need * Identify community partners that the CCBHC engages with or has a Memorandum of Understanding or other Contractual Agreement with * Collect information on disabilities * List ways the CCBHC is currently able to address specific populations or community needs specific to their area * List areas the CCBHC cannot meet due to limited staff, hours, location, or other factors, as well as plans to outsource or contract with a DCO to address these areas * Address what staff positions currently exist and what positions will need to be created and/or filled to meet CCBHC requirements * Survey undocumented population and underserved and historically marginalized individuals within the mental health and substance use space | **YES- exceeding** |  |
| 1.a.2 | The CCBHC submits a list of staffing (position and number of staff) in its application for certification. The staff (both clinical and non-clinical) is appropriate for the population receiving services, as determined by the community needs assessment, in terms of size and composition and providing the types of services the CCBHC is required to and proposes to offer.  *Note: See criteria 4.k relating to required staffing of services for veterans.* | **YES-exceeding** |  |
| 1.a.3 | The Chief Executive Officer (CEO) of the CCBHC, or equivalent, maintains a fully staffed management team as appropriate for the size and needs of the clinic, as determined by the current community needs assessment and staffing plan. The management team will include, at a minimum, a CEO or equivalent/Project Director and a psychiatrist as Medical Director. The Medical Director need not be a full-time employee of the CCBHC. The CCBHC must share the CEO and Medical Director information with DMHA as part of the designation/certification process.  Depending on the size of the CCBHC, both positions (CEO or equivalent and the Medical Director) may be held by the same person. The Medical Director will provide guidance regarding behavioral health clinical service delivery, ensure the quality of the medical component of care, and provide guidance to foster the integration and coordination of behavioral health and primary care.   *Note: If a CCBHC is unable, after reasonable efforts, to employ or contract with a psychiatrist as Medical Director, a medically trained behavioral health care professional with prescriptive authority and appropriate education, licensure, and experience in psychopharmacology, and who can prescribe and manage medications independently, pursuant to state law, may serve as the Medical Director. In addition, if a CCBHC is unable to hire a psychiatrist and hires another prescriber instead, psychiatric consultation will be obtained regarding behavioral health clinical service delivery, quality of the medical component of care, and integration and coordination of behavioral health and primary care.* | **YES-**  **exceeding** |  |
| 1.a.4 | The CCBHC maintains liability/malpractice insurance adequate for the staffing and scope of services provided. | **YES** |  |
| 1.b.1 | All CCBHC providers who furnish services directly, and any Designated Collaborating Organization (DCO) providers that furnish services under arrangement with the CCBHC, are legally authorized in accordance with federal, state, and local laws, and act only within the scope of their respective state licenses, certifications, or registrations and in accordance with all applicable laws and regulations. This includes any applicable state Medicaid billing regulations or policies. Pursuant to the requirements of the statute (PAMA § 223 (a)(2)(A)), CCBHC providers must have and maintain all necessary state-required licenses, certifications, or other credentialing. When CCBHC providers are working toward licensure, appropriate supervision must be provided in accordance with applicable state laws.   All DCOs that the CCBHC contracts with must be currently certified or designated when applicable in their field of service, such as Addictions Service Provider. The CCBHC must document the relationship with a DCO with an MOU or other contractual arrangement and will inform DMHA as part of the designation/certification process. | **YES-**  **exceeding** |  |
| 1.b.2 | The CCBHC staffing plan meets the requirements of the state behavioral health authority and any accreditation standards required by the state. The staffing plan is informed by the community needs assessment and includes clinical, peer, and other staff. In accordance with the staffing plan, the CCBHC maintains a core workforce comprised of employed and contracted staff. Staffing shall be appropriate to address the needs of people receiving services at the CCBHC, as reflected in their treatment plans, and as required to meet program requirements of these criteria. The CCBHC must inform DMHA of all staffing information and licensure as part of the designation/certification process.  CCBHC staff must include 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 and other FDA- approved medications used to treat opioid, alcohol, and tobacco use disorders. This would not include methadone, unless the CCBHC is also an Opioid Treatment Program (OTP). If the CCBHC does not have the ability to prescribe methadone for the treatment of opioid use disorder directly, it shall refer to an OTP (if any exist in the CCBHC service area) and provide care coordination to ensure access to methadone. The CCBHC must have staff, either employed or under contract, who are licensed or certified substance use treatment counselors or specialists. If the Medical Director is not experienced with the treatment of substance use disorders, the CCBHC must have experienced addiction medicine physicians or specialists on staff, or arrangements that ensure access to consultation on addiction medicine for the Medical Director and clinical staff. The CCBHC must include staff 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). Examples of staff include, but are not limited to, a combination of the following: (1) psychiatrists (including general adult psychiatrists and subspecialists), (2) nurses (including LPNs and RNs), (3) licensed independent clinical social workers, (4) licensed mental health counselors, (5) licensed psychologists, (6) licensed marriage and family therapists, (7) licensed occupational therapists, (8) staff trained to provide case management, (9) certified/trained peer specialist(s)/recovery coaches, (10) licensed addiction counselors, (11) certified/trained family peer specialists, (12) medical assistants, (13) community health workers, (14) licensed addiction counselors, and (15) staff who have the time and ability to assist individuals navigating financial needs, housing needs, and service transition needs (ex: navigators, peers). Staff should reflect the communities identified in the CCBHC’s needs assessment in lived experiences, cultures, and identities.   The CCBHC supplements its core staff as necessary in order to adhere to program requirements 3 and 4 and individual treatment plans, through arrangements with and referrals to other providers.  Additional staff requirements include:   * Navigator position: Staff member with the time and ability to help individuals receiving services navigate the CCBHC process, barriers, and service offerings. The position must align with the services referenced above in Item 15.   *Note: Recognizing professional shortages exist for many behavioral health providers: (1) some services may be provided by contract or part-time staff as needed; (2) in CCBHC organizations comprised of multiple locations, providers may be shared across locations; and (3) the CCBHC may utilize telehealth/telemedicine, video conferencing, patient monitoring, asynchronous interventions, and other technologies, to the extent possible, to alleviate shortages, provided that these services are coordinated with other services delivered by the CCBHC. The CCBHC is not precluded by anything in this criterion from utilizing providers working towards licensure if they are working under the requisite supervision.* | **YES- exceeding** |  |
| 1.c.1 | The CCBHC has a training plan for all CCBHC employed and contract staff who have direct contact with people receiving services or their families. The training plan satisfies and includes requirements of the state behavioral health authority and any accreditation standards on training required by the state. At orientation and annually thereafter, the CCBHC must provide training on:   * Evidence-based practices as defined by the State during demonstration * Cultural competency and awareness (described below) * Person-centered and family-centered, recovery-oriented planning and services * Trauma-informed care * The clinic’s policy and procedures for continuity of operations/disasters * The clinic’s policy and procedures for integration and coordination with primary care * Care for co-occurring mental health and substance use disorders * Risk assessment (ex: suicide risk, homicidal risk, etc.) * Suicide and overdose prevention and response, suicide prevention EBPs, policies and procedures for responding after a suicide death, suicide risk assessment training * Safety planning training * The roles of family and other informal supports * The roles of Certified Peer Support Professionals * Confidentiality and privacy requirements   Trainings may be provided on-line. Training logs must be kept and made available for QI auditing purposes.  Training shall be aligned with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) to advance health equity, improve quality of services, and eliminate disparities. To the extent active-duty military or veterans are being served, such training must also include information related to military culture. Examples of training and materials that further the ability of the clinic to provide tailored training for a diverse population include, but are not limited to, those available through the HHS website, the SAMHSA website, the HHS Office of Minority Health, or through the website of the Health Resources and Services Administration.  Cultural Awareness is the recognition of one’s own cultural influences and understanding how clients’ culture, beliefs, and values affect their perceptions, understanding of mental health, and their relationship with their service provider.  To provide culturally responsive treatment services, counselors, other clinical staff, and organizations need to become aware of their own attitudes, beliefs, biases, and assumptions about others. Providers need to invest in gaining cultural knowledge of the populations that they serve and obtaining specific cultural knowledge as it relates to help-seeking, treatment, and recovery. This dimension also involves competence in clinical skills that ensure delivery of culturally appropriate treatment interventions. This language was inspired by *TIP 59: Improving Cultural Competency Quick Guide for Clinicians (*[*https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4931.pdf*](https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4931.pdf)*).*  *Note: See criteria 4.k relating to cultural competency requirements in services for veterans.* | **YES** |  |
| 1.c.2 | The CCBHC regularly assesses the skills and competence of each individual furnishing services and, as necessary, provides in-service training and education programs. The CCBHC has written policies and procedures describing its method(s) of assessing competency and maintains a written accounting of the in-service training provided for the duration of employment of each employee who has direct contact with people receiving services. | **YES** |  |
| 1.c.3 | The CCBHC documents in the staff personnel records that the training and demonstration of competency are successfully completed. CCBHCs are required to provide ongoing coaching and supervision to ensure initial and ongoing compliance with, or fidelity to, evidence-based, evidence-informed, and promising practices, as defined by the State during demonstration. Training logs, supervision and ongoing coaching schedules should be documented and described, as stated in the CCBHC continuous quality improvement (CQI) plan. Staff personnel records will be kept and made available for QI auditing purposes. | **YES** |  |
| 1.c.4 | Individuals providing staff training are qualified as evidenced by their education, training, and experience. | **YES** |  |
| 1.d.1 | The CCBHC takes reasonable steps to provide meaningful access to services, such as language assistance, for those with Limited English Proficiency (LEP) and/or language-based disabilities. The CCBHC is required to provide meaningful access to language services if a need for such services is addressed in the Needs Assessment. The State recommends utilizing the Office of Healthy Opportunity's manual for language access for LEP. | **YES** |  |
| 1.d.2 | The CCBHC is required to have access to interpretation/translation service(s) that are readily available and appropriate for the size/needs of the LEP CCBHC population (e.g., bilingual providers, onsite interpreters, language video or telephone line). To the extent interpreters are used, such translation service providers are trained to function in a medical and, preferably, a behavioral health setting.   The CCBHC is required to have written translations of vital documents for each eligible LEP language group as identified by and in alignment with a State-approved accreditation body. | **YES** |  |
| 1.d.3 | Auxiliary aids and services are readily available, Americans with Disabilities Act (ADA) compliant, and responsive to the needs of people receiving services with physical, cognitive, and/or developmental disabilities (e.g., sign language interpreters, teletypewriter (TTY) lines). | **YES** |  |
| 1.d.4 | Documents or information vital to the ability of a person receiving services to access CCBHC services (e.g., registration forms, sliding scale fee discount schedule, after-hours coverage, signage) are available online and in paper format, in languages commonly spoken within the community served, taking account of literacy levels and the need for alternative formats. Such materials are provided in a timely manner at intake and throughout the time a person is served by the CCBHC. Prior to certification, the needs assessment will inform which languages require language assistance, to be updated as needed. | **YES** |  |
| 1.d.5 | The CCBHC’s policies have explicit provisions for ensuring all employees, affiliated providers, and interpreters understand and adhere to confidentiality and privacy requirements applicable to the service provider. These include, but are not limited to, the requirements of the Health Insurance Portability and Accountability Act (HIPAA) (Pub. L. No. 104-191, 110 Stat. 1936 (1996)), 42 CFR Part 2, and other federal and state laws, including patient privacy requirements specific to the care of minors. The CCBHC is required to upload all policies at certification to DMHA’s identified location. | **YES** |  |

**Program Requirement 1: General Staffing Requirements Narrative**

Please provide a narrative explaining your current ability to meet the Certification Criteria in Program Requirement 1. For each criterion, please address:

1. If you currently meet the criterion, how are you doing so?
2. If you are not currently able to meet the criterion, what would you need to do to meet the criterion by the anticipated Demonstration Program start date (7/1/24)? What type of support would you need?
3. If you are exceeding the criterion requirements, what are you doing?

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| |  |  |  | | --- | --- | --- | | **Criterion** | **Description** | **Evidence** | | **1.a.1** | Oaklawn contracted with an external group, Tri West Inc, who completed a comprehensive community needs assessment, that met all criteria as outlined. The Community Needs Assessment (CAN) captured needs for both of our designated counties (Elkhart and St. Joseph County) with the updated requirements listed in this RFS. The assessment highlights the following key findings:   1. Oaklawn strives to meet the cultural and linguistic needs of its clients and community. In addition, services are designed with an understanding of the social determinants of health. There are opportunities to expand language services and improve staff to meet current and anticipated needs. 2. Workforce shortages and external limits on direct wages are common challenges. 3. Barriers to treatment include cost, the perception of long wait lists, receiving care from a trusted provider, knowing where and how to access services, and childcare. 4. Oaklawn provides a comprehensive array of evidence-based and evidence-informed services across all ages and behavioral health needs.   The needs assessment will be conducted no less than every three years and will be submitted to DMHA with re-certification documentation. Oaklawn’s needs assessment will be included in the annual quality improvement (QI) process. Additionally, there will be a review of the needs assessment by relevant committees as a component of annual service development, program staffing plans and budgets.  The full needs assessment is attached in the folder titled “Attachment D- Supporting Documents” Below are a few of the areas that the needs assessment addressed:   * Population served and the community behavioral health needs   + Description of our service area   + Includes disparities, social determinants of health, and specific groups’ behavioral health conditions and needs * Staffing and workforce   + Staffing plan, management team, community partners, and our Board of Directors * Specific population and access- reducing barriers   + Culturally and linguistically appropriate services   + Location   + Access and crisis response   + Children/adolescents and family services   + Undocumented population and other historically marginalized individuals * Connecting people to services   + Adults with SMI   + Substance use and Co-occurring treatment needs   + Children, families, and youth | Oaklawn’s Community Needs Assessment- November 2023  CO 142 Performance Improvement/Quality Assurance Plan | | **1.a.2** | Oaklawn operates programs and services that are responsive to the community needs assessment. Oaklawn’s staffing plan (both clinical and non-clinical) is appropriate for the population receiving services. The staffing plan is included as “Oaklawn’s Staffing Plan 2023” located in folder “Attachment E- Supporting Documents.”  All programs, services and general operations are performed within the regulations and standards that are established by licensing and accrediting bodies (i.e., Joint Commission). All appropriate and required licenses and certifications are maintained and updated as needed. The process to determine staff competency meets regulatory guidance. Oaklawn’s workforce plan addresses capacity, tenure, and retention. The evidence for this criterion is reflected in the policies listed to the right.  *Oaklawn has exceeded this criterion in the following ways*:  Workforce Development Strategies to Address Shortages  From FY23 to FY24, Oaklawn improved its annual turnover rate to 22.64%, which is below the State’s average.   * Oaklawn implemented   + “Grow your Own” framework   + Robust clinical APN training program   + Scheduling providers at multiple sites   + Use of telehealth and telemedicine   + Use of supervised providers-in-training   + Use of contract/part-time staff   + Offer a $2,000 referral bonus program to Oaklawn employees who recruit friends and family * Oaklawn was awarded the DMHA Workforce Development Grant- $750,000   Oaklawn is using this money to reinvest in the workforce by:   * Increasing human resources (including Peer Support Professional Recruitment and Training Specialist) * Increasing funding towards employee education and internships (includes student loan repayments, stipends for intern supervisors, and BHA Internship Stipends). * Building partnerships to support Map the Gap and the Behavioral Health Academy.   + Map the Gap: Oaklawn worked alongside Indiana University to develop “Map the Gap”. Oaklawn is the “industry partner” or place that students can be placed for observation, be assigned mentors, and are given the opportunity to engage high school graduates who are taking a gap year to build career and life skills. This program helps to retain talent in our region and gives employers an intentional and structured way to interface with the high school graduate pipeline of future workers.   + Behavioral Health Academy (BHA): Oaklawn has partnered with Indiana University and other CMHCs to offer a streamlined path to a career in behavioral health. This program helps students earn master’s degrees, receive monetary stipends, prepare for dual licensure, receive significant practice-based education to help them prepare for and pass licensure exams. Oaklawn was one of the first partners and has assisted in the enhancement of programming. In Year 1- Oaklawn hired 50% of the interns and in Year 2- Oaklawn hired 33% of the interns. The program is entering Year 3 now. * Prioritize Diversity, Equity, and Inclusion in our staffing plan and leadership.   Oaklawn is dedicated to ensuring that staff (clinical, non-clinical, and leadership) are representative of the communities we serve. We have integrated practices based off our needs assessment to better serve and resemble our communities. DEI initiatives include:   * + Oaklawn’s DEI Director works with recruiters to make connections in the BIPOC and LGBTQ+ communities to promote careers. We offer leadership grants to BIPOC/LGBTQ+ employees.   + Oaklawn also provides additional pay for staff who speak multiple languages.   + All new employee training plans include a course on cultural competency.   + Oaklawn conducts “Climate of Equity Assessments”; the most recent on was this April 2023. | CO 361 Joint Commission Accreditation  CO 350 Organization Licenses  CS 900 Competency Validation  HR 800 Student Internships  CO 160 DEI  Budget Template, Tenure Analytics Report, Staff Recruit Plan | | **1.a.3** | Oaklawn’s Chief Executive Officer, Laurie Nafziger, maintains a fully staffed management team that is appropriate for the size and needs of the clinic as determined by our needs assessment and staffing plan.  Oaklawn’s medical director, Dr. Daniel Kinsey, is a psychiatrist and works full-time. Dr. Kinsey provides guidance regarding behavioral health clinical service delivery, ensures the quality of the medical component of care, provides guidance to foster the integration and coordination of behavioral health and primary care, as well as other duties that are integral to CCBHC status, accreditation requirements and standards, and supervision of clinical staff leaders and managers.  Oaklawn’s Key Management Staff:   * Laurie Nafziger, MSW, ACSW- CEO and President * Dr. Daniel Kinsey, MD- Medical Director- Psychiatrist * Bonita Schrock, LCSW- Chief Clinical Officer * Joe Barkman, CPA- Chief Financial Officer * Kristin Tawadros PsyD, HSPP- VP of Outpatient Clinical Services * Cindy Schulz, LCSW, LCAC- VP of Adult Case Management & Housing Services * Kelli Liechty, LCSW- VP of Access and Crisis Services * Amy Rosen, MA, MSA, LMHC, LCAC- VP of Medical Services * Sharese Swafford, LMHC, LCAC - VP of Intensive Services * Jill Seifer, MPA- VP of Human Resources * Darial Sterling, BS- Director of Diversity, Equity and Inclusion * Emily Neufeld, Compliance Manager/CQI * Paul Yoder, PhD, HSPP- Director of Clinical Development & Technology   Oaklawn is exceeding this criterion as a member of the Indiana Council and ensuring that multiple key management staff participate in the following committees: Data and Business Analytics, Human Resources, Addictions, Adult Services, and Employment Services Committee, Medical Directors, Child and Adolescent, and Quality Improvement. Additionally, Oaklawn staff lead the following committees: CCBHC/Mobile Crisis, Data and Business Analytics, Racial Equity and Leadership, as well as the Chief Financial Officer.  Additionally, please note that the majority of key management staff has credentials that not only make them qualified for their position but are relevant to the behavioral health field indicating that their education and experience are pertinent for CCBHC operations, leadership, and scope of work. | A copy of our organizational chart, that includes key management staff is located in Oaklawn’s Community Needs Assessment- November 2023. | | **1.a.4** | Oaklawn carries professional liability policies that are adequate for staffing and scope of services. The Medical Protective Company policy carries an annual aggregate limit of $15,000,000 with each incident limit of $1,000,000.  We have attached our Certificate of Liability in the folder titled “Attachment E- Supporting Documents.” | Medical Protective Company  Policies H005609 and E005609 | | **1.b.1** | Oaklawn maintains all current licenses, certifications, registrations, accreditations, authorizations, and approvals required by federal, state, local laws, ordinances, rules, and regulations. Oaklawn furnishes all CCBHC services directly as legally authorized and acts only within the scope of services as permitted by the aforementioned agencies. As such, Oaklawn follows all laws and regulations- including Medicaid billing regulations and policies.  Staff competence and appropriateness are verified on hire and periodically thereafter.  Oaklawn’s staffing-related policies and procedures include:   * A method for tracking all providers and ensuring their licensure, certification and credentialing * A list of in-service training and educational programs provided during the previous 12 months * Any unlicensed providers who are working toward licensure and are receiving supervision required as part of the process * Liability/malpractice insurance that is adequate for staffing and scope of services * Licensure and certification for all clinic providers, demonstrating their credentials to perform activities and procedures detailed within the clinic’s approved scope of services * Organization chart with an identified management team as displayed in folder “Attachment C- Supporting Documents” as “Organizational Chart 2023” * Policies and procedures for assessing the skills and competencies of providers, including records kept of routine assessments and how additional employee trainings are identified as needed * Staffing plan that is responsive to the community needs assessment * Training plan follows state standards for all staff employed to provides services to clients and their families and aligns with National CLAS Standards (more details in criterion 1.c.1). * Staff development policies, training matrix, and performance reviews   Oaklawn’s Medical Staff Bylaws outline procedures for credentialling medical staff and states that: “Membership is a privilege conferred by the Board of Directors which shall be extended only to professionally competent physicians who continuously meet the qualifications, standards and requirements set forth by these Bylaws, and in the rules and regulations referred to herein, and those that meet the criteria and carry out the responsibilities described in the pertinent job.”  Oaklawn’s Corporate Integrity Committee oversees certification, licensure, accreditation, and surveys to ensure continuous coverage. The Office of the President maintains a master schedule of all licensing and accrediting bodies that pertain to Oaklawn programs and services, including expiration dates. | Oaklawn’s Continuum of Care- CCBHC  HR 500 Competence of Direct Care Staff  HR 505 Clinical Supervision and Scope of Practice  Medical Staff Bylaws  CO 350 Organizational Licenses | | **1.b.2** | Oaklawn’s staffing plan meets the requirements set forth by licensing and accrediting bodies, as demonstrated in “Oaklawn’s Staffing Plan 2023”. Oaklawn operates all programs and services within the law and in keeping with the requirements established by licensing and accrediting bodies. All appropriate and required licenses and certifications are maintained and updated as needed.  As informed by our needs assessment, Oaklawn’s staffing plan includes clinical, peer, and medical positions that help us meet and exceed in the EBP’s that are appropriate for the population we serve (as indicated in attachment F) as well as the state and clinic collected quality metrics required as a CCBHC. Additionally, Oaklawn is continually collecting and maintaining staff demographic data to highlight any workforce gaps and opportunities for development. This information helps to ensure that our staff reflect the lived experiences, cultures, and identities of the communities we serve. The staffing plan addresses workforce capacity, tenure, retention and is informed by the needs assessment as well as ingoing strategic planning work.  Oaklawn's services include medically assisted treatment (MAT) to meet the needs of the consumers, state provider qualifications, and accreditation standards. Oaklawn has 35 staff who prescribe and manage medications. Oaklawn employs 2.5 physicians licensed to provide MAT. In addition, we have 8 psychiatrists and 12 Advance Practice Nurses that can provide and manage Buprenorphine.  Oaklawn provides outpatient, inpatient, and medically assisted treatment for those with  substance use disorders and has an MOU with Victory Clinic for individuals requiring methadone treatment. Oaklawn provides care coordination, therapeutic services, and peer support for individuals in treatment with Victory clinic. Workforce capacity needs are assessed during the budgeting process annually based on the number of consumers served, productivity reports, and wait time data, and informed by the community needs assessment.  Oaklawn provides services through the lens of Trauma-Informed Care. All staff receive  training at new hire orientation and annually on Trauma-Informed Care. Competency is  assessed during supervision. Oaklawn has additional procedures for engaging individuals with SMI to engage consumers through the continuum of treatment and with a foundation of Trauma-Informed Care.  Informed by the community needs assessment, Oaklawn has developed a comprehensive workforce plan and received two grants to support the outlined plan and initiatives. Compared to the previous year, key indicators show a net increase of 53 employees, an increase in 396 applications, and an annualized turnover rate improved by 11%. To enhance Oaklawn’s workforce, we have implemented a variety of initiatives- including those listed in criterion 1.a.2. Oaklawn was awarded $750,000 from DMHA to implement the goals established in RFF 2023-006. These awarded funding will be used to:   1. Provide pathways for students: Position Oaklawn as a premier destination for student connections, development, growth and opportunity. 2. Paraprofessionals (includes trainings for peer support professionals and funds to hire 1.0 FTE Recruitment, Orientation and Training Specialist (i.e. OTS) for peers/recovery coaches. 3. Staff Excellence: Renew its commitment to uncommon expertise (includes leadership development). 4. Diversity, Equity and Inclusion: Establish itself as a local leader in Diversity, Equity and Inclusion—both as an employer and care provider. | Please see  “DMHA CMHC Certification,” “DMHA Addiction Services Certification,” DMHA Private Mental Health Institution License,” and Oaklawn’s “FINAL Accreditation Letter & Report”- all located in the folder titled “Attachment E- Supporting Documents.” | | **1.c.1** | Oaklawn uses position-specific education plans generated through Relias Learning Management System (LMS). The LMS includes trainings for onboarding, position-specific trainings, required annual trainings as well as other offerings related to behavioral health that employees can enroll in if they wish. Annual training is also assigned through the LMS based on job role. The LMS tracks both training due dates and compliance. Monthly compliance reports are sent to supervisors for review. Training logs are kept and available for QI auditing purposes.  Training aligns with National Standards for CLAS to ensure that staff are culturally competent and aware. These trainings include all the trainings listed in criterion 1.c.1 and Oaklawn provides them at orientation and annually. The following trainings are also provided to staff at new hire orientation and annually: Risk Assessment, Family Assessment and Intervention, Person-Centered Planning, and Behavioral Health. In addition to those trainings, the CCBHC Training Plan requires training in Cultural Competence, Integrating Primary and Behavioral Healthcare, Trauma-Informed Care, and Military Cultural Competence.  Oaklawn is exceeding this criterion in multiple ways:   * Oaklawn’s learning and development staff work closely with the Diversity, Equity and   Inclusion Steering Committee to provide opportunities for on-going DEI growth and development for all staff.   * We are currently working with consultant Dr. Sonya Sutherland of Legacy Changers Training Institute https://legacychangerstraining.com/ to provide a host of different opportunities to explore personal culture and its impact on service provision, the cultural backgrounds of diverse clients we serve, and the impact of historical trauma. * In 2023, Oaklawn hosted 14 DEI book groups, two six-week “Diversity Dialogues” groups, a Diversity Dialogues Master Class (train-the-trainer), and six DEI trainings in clinical supervision practices. (Please see attached training schedule for more detail.) * Additionally, we assign an annual DEI training to all staff. The topics are determined by our DEI Steering Committee and address a current issue or trend. * Oaklawn also provides safe space for staff to gather and discuss DEI issues. We offer a monthly “Food for the Soul’ series that uses a circle process to explore different DEI topics. * In 2024, we plan to offer the Diversity Dialogues groups again with our newly trained Oaklawn facilitators.   As a leader in employing Peer Support Professionals, Oaklawn is currently hiring a new position, a Peer Support Professional Trainer who can provide targeted training and supervision to meet the unique needs of Peer Support Professionals and work with teams across the organization. Currently training occurs in Relias, with peers embedded in teams. This new role with continue to enhance the benefits and value that peers bring to Oaklawn.  Oaklawn has applied to DMHA to receive designation status for our Mobile Crisis Team (MCT). Part of this application requires a specific training track that our Training Manager has implemented as part of the onboarding process for our MCT.  Additionally, Oaklawn provides staff, and the community, with the following trainings:  Adverse Childhood Experiences (ACE) Interface- a free, 2 hours presentation covering   * More about the ACE Study, * The impact of stress on the brain and nervous system and how that affects a person over the course of their life, and * Ways to encourage and promote resilience in youth and adults so together we can create a healthier community   Narcan Training- a free, 2 hour in person training by Oaklawn’s Addiction Manager (MSW, LCSW, LCAC) who covers   * Narcan, the opioid-overdose reversal medication, how it works, how to administer it and more about the disease of addiction.   safeTALK Training- a free, 4.5 hours training that   * Helps staff/community members learn how to recognize and respond to someone when they may be thinking about suicide. * This program is run by our St. Joseph County System of Care Coordinator (also a RN) and other community experts.   ASIST: Applied Suicide Intervention Skills: This training is a two day long (approx.14 hours) training that   * Teaches suicide warning signs, skilled intervention (including developing a safety plan with the person to connect them to further support), personal and community attitudes, confidence to provide suicide first aide, and more. * Features powerful audiovisuals, discussions, and simulations. * Is run by our St. Joseph County System of Care Coordinator (also a RN) and our Director of Crisis Services (MSW, CSPR-PR, CAPRC II) * This training is available for all staff and a separate one is offered to the community. | HR 520 Staff Development Plan  Relias Training Plans/ Relias Training Records | | **1.c.2** | The competency of employees, students, and contract personnel are assessed before hiring. The competency of new/transferring employees is monitored closely during the 90-day initial period of employment, is reviewed with the employee, and is then documented. After the first 90-day review, competency assessments are performed and documented annually for Child/Adult Residential staff and every 30 months for all other staff.  \*Direct care staff are required to demonstrate competency during/at the:  *Application Phase*   * Current license, licensure history * Education * Relevant training and experience * Current competence * Peer review/recommendation * National Practitioner Data Bank review * Office of lnspector General (OIG) review * Specialty board certification or membership(s) * In addition to other requirements (can be made available upon request).   *90-Day Evaluation*   * As outlined above.   *Clinical Supervision*   * Required for all direct care providers. * Frequency of supervision is determined by the supervisor.   \*For clinical staff, supervisors may seek input from the team psychiatrist to access clinical competence.  \*For staff that provide services on behalf of Oaklawn under the employment of another organization, that organization is required to provide competency verification to Oaklawn, on a standard form, not less than every two years.  \*Oaklawn maintains records of all in-service training in Relias Learning. Oaklawn provides training in evidence-based practices, such as Motivational Interviewing, Trauma-Focused CBT, Trust-Based Relational Intervention (TBRI), ASIST Suicide Prevention, and DBT to name a few. We are currently formalizing an evidence-based practice “career ladder” for clinical staff. This is a five-year plan outlining a plan for clinicians to achieve certification in at least eight evidence-based practices in their first four-five years at Oaklawn, starting with Motivational Interviewing and culminating in EMDR.  \*Additionally, training and education programs are provided to help build and maintain the competence of staff as outlined in Oaklawn’s Staff Development Policy (HR 520) | HR 345 Competency Assessment  HR 500 Competence of Direct Care Staff  HR 505 Clinical Supervision Policy  HR 510 Medical Staff Peer Review/Professional Practice Evaluation  CS 900 Competency Validation (Inpatient, C&A residential, and Medical Services). | | **1.c.3** | Training is provided in a variety of formats, including in-person classroom training, online training, and larger organizational in-service trainings. These are chosen by the Education Committee to reflect current practices in the community and treatment standards.  In addition, the Addictions Team provides monthly Narcan use training to the public, as mentioned in 1.c.1.  Oaklawn documents all trainings and demonstration of competency in staff personnel records.  Oaklawn is exceeding this criterion in the following ways:   * Oaklawn is recognized by the Indiana Professional Licensing Agency (INPLA) as a provider of continuing education for behavioral health providers. * Programs that Oaklawn sponsors with CEUs comply with INPLA’s record-keeping requirements. * Other educational events and in-service training are documented in the LMS or in Oaklawn’s global document storage system. | Relias Training Records  Global Search Records  Indiana Professional Licensing Agency Training Records | | **1.c.4** | Oaklawn has a dedicated training staff that includes a Training Manager and a Training Specialist. The training staff support a cadre of experienced subject matter experts who serve as trainers. Oaklawn trainers are selected based on their knowledge and expertise in the areas in which they provide training. Outside consultants are also used for training when needed.  Additionally, Oaklawn has an OTS (orientation and training specialist) position in St. Joseph County for Child and Adolescent Skills Trainers and is working on implementing them for:   * Child and Adolescents Skills Trainers in Elkhart County * Adult Case Management * Peer Support Professionals   This will increase competency levels among these positions and provide ongoing specialized training and support. | Training Manager Position Description  Training Specialist Position Description  Trainer Resumes | | **1.d.1** | In the previous Calendar Year (2022), 2.4% of the population Oaklawn served identified as having LEP or other language disability. Oaklawn has policies in place recognizing that communication is critical to quality care and patient safety. These policies codify that Oaklawn provides assistance to overcome language and communication barriers, allowing for appropriate evaluation, diagnosis, and treatment of individuals with limited English proficiency or who are deaf or hard of hearing. Oaklawn will provide auxiliary aids and services to individuals with disabilities free of charge and in a timely manner for an equal opportunity to participate in and benefit from its services. For individuals not able to read, staff support is arranged to ensure that materials are read to/and or explained in terms that are understood. Notice of this policy is provided to all clients at admission. The notice includes an Oaklawn employee's name and contact information, as well as U.S. Department of HHS complaint contact information.  Additionally, Oaklawn has contracted with Propio, a language service that provides both interpretation and translation services. Propio offers 350+ languages on a secure phone/video line that are HIPAA compliant and available on-demand 24/7/365. In addition, in the past year, Oaklawn has added an additional FTE of in-person interpretation, to meet the community’s needs. Oaklawn provides services in the most diverse counties in the state and has worked to hire and retain a diverse work force and utilize technology to meet ongoing needs. Oaklawn has 5 staff that are bilingual in English and Pennsylvania Dutch, 58 staff who are bilingual in English and Spanish, and 1 staff that is bilingual in Sign Language and spoken English.  Oaklawn maintains Business Associate Agreements with contractors and vendors to ensure compliance with HIPAA and 42CFR2 related to the confidentiality of client information, required notifications and breach response. | CS 625 Language Access  Proprio Business Associates Agreement | | **1.d.2** | Oaklawn has completed an internal CLAS assessment and employs a Director of Diversity, Equity, and Inclusion. They have received CLC coaching and consultation from a former SAMHSA TA member. Oaklawn has bilingual and bicultural clinicians, employee interpreters, and a contracted interpretation service providing onsite and telephonic interpretation for individuals requiring assistance with communication, allowing timely access for scheduled, walk-in, and emergency appointments. As part of the intake process, all consumers are asked their primary/preferred language.  Oaklawn’s LEP clients overwhelmingly speak Pennsylvania Dutch or Spanish.  Pennsylvania Dutch is a spoken language without a written counterpart. While on the one hand, most individuals who speak Pennsylvania Dutch also speak English, we hire staff who speak Pennsylvania Dutch in order for persons to receive treatment in their primary language where they are the most comfortable and have the language for discussion of behavioral health issues. Staff who speak this language have had a history of experience with this community which creates some cultural competence as a foundation while they learn more for those with whom they work. They will also help provide verbal translation of forms in Pennsylvania Dutch, however many can read English. Oaklawn has a unique and innovative partnership with the Amish communities, whereby the Amish have 3 treatment homes, 2 of which are on Oaklawn’s Goshen Campus while one is across the street. Oaklawn provides clinical services including assessment, therapy, and medication management while the homes are run and staffed by the Amish.  Oaklawn's Spanish interpreter is certified as a Spanish Medical Interpreter, which includes interpreting skills, ethics, medical terminology, anatomy, cultures in interpreting, and communication skills.  Oaklawn is intentional about using simple, plain language in consumer documents. To ensure these materials are meaningfully accessible, the Spanish-Speaking Services Committee, comprised of speakers of multiple dialects, assesses documents and approves or recommends edits or revisions. | CS 625 Language Access | | **1.d.3** | Among the 350+ languages that are available on Propio, Oaklawn’s language service- American Sign Language (ASL) is provided in video format 24/7/365. As mentioned above, Propio services are secure and are HIPAA compliant and available on-demand 24/7/365. | CS 625 Language Access  Propio Business Associates agreement | | **1.d.4** | Oaklawn provides information to people receiving services in both online and paper format, in the languages most commonly spoken in our service area (English and Spanish). Documents are available on the website, posted in our offices, available at all administrative desks, and given to and reviewed with all individuals coming in for services. The needs assessment completed in October of this year reinforces the need for forms to be available in both English and Spanish and Oaklawn meets this criterion. | CS 625 Language Access | | **1.d.5** | All Oaklawn employees are required to sign and follow the Confidentiality policy. Confidentiality requirements, including a review of HIPAA, 42 CFR 2, and Indiana Code 12-23-12, are reviewed with all new staff on hire and annually through an all-staff in-service. Adherence to confidentiality policies and procedures are reviewed during competency assessments. Oaklawn's Compliance Manager conducts a random monthly audit of the electronic medical record (EMR) to ensure staff access is appropriate; the Corporate Integrity Committee monitors these data.  Prior to receiving services, all clients must sign an informed consent document. Additionally, inpatient clients are asked to sign the Authorization to Use Behavior Management and Intervention Techniques. Treatment plans are reviewed with consumers and/or their parents/guardians at least quarterly in outpatient services and weekly in inpatient services. The consumer's goals are documented in their own words, and agreement is documented.  Oaklawn’s Family Participation in Treatment policy asks clients to sign a release allowing providers and staff to communicate and collaborate with the family in assessment and treatment planning. Family members are encouraged to voice their wishes and concerns in the ongoing treatment planning process. | CS 625 Language Access  Authorization to Use Behavior  Management and Intervention  Techniques (Form 215)  CS 368 Family Participation in  Treatment  Form 41 Authorization to  Release Information | |

# Program Requirement 2: Availability and Accessibility of Services

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| **Criterion #** | **Criterion** | **Do you currently meet this criterion?** | **If not, will you be able to meet this criterion by 7/1/24?** |
| 2.a.1 | The CCBHC provides a safe, functional, clean, sanitary, inclusive, and welcoming environment for staff and people receiving services, conducive to the provision of services identified in program requirement 4. CCBHCs are encouraged to operate tobacco-free campuses and as required by State contracts. CCBHCs must align with standards provided by a State-approved accreditation body. | **YES** |  |
| 2.a.2 | Informed by the community needs assessment, the CCBHC ensures that all services are provided during times that facilitate accessibility and meet the needs of the population served by the CCBHC, including outside of standard business hours, such as some evening and weekend hours. In addition, crisis response services will be available through the CCBHC 24 hours per day, 7 days a week. | **YES** |  |
| 2.a.3 | Informed by the community needs assessment, the CCBHC provides services at locations that ensure accessibility and meet the needs of the population to be served, such as settings in the community (e.g., schools, social service agencies, partner organizations, community centers) and, as appropriate and preferred by the person receiving services and family, in the homes of people receiving services. The preferred location of the person receiving services will be honored when safe. Other additional allowable sites for CCBHC services include but are not limited to group homes and nursing facilities. Services are restricted to those activities not billable or included into a payment structure or per diem by Medicaid. | **YES** |  |
| 2.a.4 | The CCBHC provides transportation or transportation vouchers for people receiving services to the extent possible with relevant funding or programs in order to facilitate access to services in alignment with the person-centered and family-centered treatment plan. The CCBHC will assist the person receiving services in navigating transportation access, including but not limited to sharing relevant phone numbers and websites to schedule transportation. The CCBHC will document in the treatment plan and address transportation barriers for the person receiving services, if applicable. | **YES** |  |
| 2.a.5 | The CCBHC uses telehealth/telemedicine, video conferencing, remote patient monitoring, asynchronous interventions, and other technologies, to the extent possible, in alignment with best practices and the preferences of the person receiving services to support access to all required services. The CCBHC shall adhere to State telehealth guidelines.   All listed and related technologies must adhere to the same in-person confidentiality guidelines that are outlined in Criteria 3.a.2. | **YES** |  |
| 2.a.6 | Informed by the community needs assessment, the CCBHC conducts outreach, engagement, and retention activities to support inclusion and access for underserved individuals and populations. | **YES** |  |
| 2.a.7 | Services are subject to all state standards for the provision of both voluntary and court- ordered services. | **YES** |  |
| 2.a.8 | The CCBHC develops and maintains a continuity of operations/disaster plan. The plan will ensure the CCBHC is able to effectively notify staff, people receiving services, and healthcare and community partners when a disaster/emergency occurs or services are disrupted. The CCBHC, to the extent feasible, has identified alternative locations and methods to sustain service delivery and access to behavioral health medications during emergencies and disasters. The plan also addresses health IT systems security/ransomware protection and backup and access to these IT systems, including health records, in case of disaster.   The CCBHC is required to respond to disasters or public calamities as defined by IC 10-14-3-1. The CCBHC will designate a primary and secondary point of contact who can be contacted to coordinate their organization’s available staff when planning for or responding to a disaster or mass violence event. The contact information for the primary and secondary point of contact must be shared with DMHA. | **YES** |  |
| 2.b.1 | All people new to receiving services, whether requesting or being referred for behavioral health services at the CCBHC, will, at the time of first contact, whether that contact is in- person, by telephone, or using other remote communication, receive a preliminary triage, including risk assessment, to determine acuity of needs (routine, urgent, or emergent). That preliminary triage may occur telephonically. If the triage identifies an emergency/crisis need, appropriate action is taken immediately (see 4.c.1 for crisis response timelines and detail about required services), including plans to reduce or remove risk of harm and to facilitate any necessary subsequent outpatient follow-up.   * The preliminary triage must be completed during the first contact. * Based on preliminary triage, the initial evaluation request is offered within 24 hours for emergent needs, one business day for urgent needs, and within 10 business days for routine needs unless the person receiving services chooses otherwise. * A comprehensive evaluation must occur within 60 days. * For those presenting with emergency or urgent needs, the initial evaluation may be conducted by phone or through use of technologies for telehealth/telemedicine and video conferencing, but an in-person evaluation is preferred. If the initial evaluation is conducted telephonically, once the emergency is resolved, the person receiving services must be seen in person at the next subsequent encounter and the initial evaluation reviewed.   The preliminary triage and risk assessment will be followed by: (1) an initial evaluation and (2) a comprehensive evaluation, with the components of each specified in program requirement 4. At the CCBHC’s discretion, recent information may be reviewed with the person receiving services and incorporated into the CCBHC health records from outside providers to help fulfill these requirements. Each evaluation must build upon what came before it. Subject to more stringent state, federal, or applicable accreditation standards, all new people receiving services will receive a comprehensive evaluation to be completed within 60 calendar days of the first request for services. If the state has established independent screening and assessment processes for certain child and youth populations or other populations, the CCBHC should establish partnerships to incorporate findings and avoid duplication of effort. This requirement does not preclude the initiation or completion of the comprehensive evaluation, or the provision of treatment during the 60-day period.  *Note: Requirements for these screenings and evaluations are specified in criteria 4.d.*  Please note that the State does not anticipate same or next day access will be achieved by the CCBHC immediately. Required staffing changes (including new and unfilled positions) to ensure same or next day access must be included in the Community Needs Assessment and PPS rate calculations. | **YES** |  |
| 2.b.2 | The person-centered and family-centered treatment plan is reviewed and updated as needed by the treatment team, in agreement with and endorsed by the person receiving services. The treatment plan will be updated when changes occur with the status of the person receiving services, based on responses to treatment or when there are changes in treatment goals, changes in individual status, changes in level of care,and/or at the request of the person receiving services or their legal guardian. The treatment plan must be reviewed and updated no less frequently than every 90 days, unless the state, federal, or applicable accreditation standards are more stringent. | **YES** |  |
| 2.b.3 | People who are already receiving services from the CCBHC who are seeking routine outpatient clinical services must be provided with an appointment within 10 business days of the request, unless the person receiving services chooses otherwise. If a person receiving services presents with an emergency/crisis need, appropriate action is taken immediately based on the needs of the person receiving services, including immediate crisis response if necessary. If a person already receiving services presents with an urgent non-emergency need or hospital discharge, clinical services are generally provided within one business day of the time the request is made or at a later time if that is the preference of the person receiving services. Open access scheduling is encouraged.  Discharge planning from outpatient or emergent care settings (e.g., hospitals, jail-based, residential facilities) is encouraged to occur while the individual is at the respective facility. | **YES** |  |
| 2.c.1 | In accordance with program requirement 4.c and 2.a.2, the CCBHC provides crisis management services that are available and accessible 24 hours a day, seven days a week. Crisis management services include but are not limited to mobile crisis teams and Crisis Receiving Stabilization services. | **YES** |  |
| 2.c.2 | A description of the methods for providing a continuum of crisis prevention, response, and postvention services shall be included in the policies and procedures of the CCBHC and made available to the public. The CCBHC is required to align methods with SAMHSA best practices and state code.  Sample postvention services include but are not limited to: local community Local Outreach to Suicide Survivors (LOSS), suicide loss support groups, and Alternatives to Suicide Peer Support Groups. | **YES** |  |
| 2.c.3 | Individuals who are served by the CCBHC are educated about crisis prevention planning and safety planning, psychiatric advanced directives, and how to access crisis services, including the 988 Suicide & Crisis Lifeline (by call, chat, or text) and other area hotlines and warmlines, and overdose prevention, at the time of the initial evaluation meeting following the preliminary triage. Please see 3.a.4. for further information on crisis prevention planning. This includes but is not limited to individuals with LEP (limited English proficiency), individuals with disabilities, older adults, and others with dually diagnosed psychiatric and developmental disabilities (i.e., CCBHC provides instructions on how to access services in the appropriate methods, language(s), and literacy levels in accordance with program requirement 1.d). | **YES** |  |
| 2.c.4 | In accordance with program requirement 3, the CCBHC maintains a working relationship with local hospital emergency departments (EDs), including Acute Psych EDs. Protocols are established for CCBHC staff to address the needs of CCBHC people receiving services in psychiatric crisis who come to those EDs. | **YES** |  |
| 2.c.5 | Protocols, including those for the involvement of law enforcement and the court system (drug courts, veteran courts, problem solving courts, etc.), are in place to reduce delays for initiating services during and following a behavioral health crisis. Shared protocols are designed to maximize the delivery of recovery-oriented treatment and services. The protocols should minimize contact with law enforcement and the criminal justice system while promoting individual and public safety, and complying with applicable state and local laws and regulations. The CCBHC is recommended to have protocols that include the Justice Reinvestment Advisory Council (JRAC) or other local justice advisory groups as a collaboration partner.  *Note: See criterion 3.c.5 regarding specific care coordination requirements related to discharge from hospital or ED following a psychiatric crisis.* | **YES** |  |
| 2.c.6 | Following a psychiatric emergency or crisis, in conjunction with the person receiving services, the CCBHC creates, maintains, and follows a crisis prevention plan to prevent and de-escalate future crisis situations, with the goal of preventing future crises.   The crisis prevention plan should include but is not limited to: 988 crisis response system information, evidence of participation of person receiving services, and information and resources about supports (please see criterion 3.a.4 for more details on crisis prevention planning requirements). Once finalized, a copy of the crisis prevention plan should be shared with the person receiving services and their relevant caregiver/support person when possible and with permission.  Crisis prevention plans should be completed at initial evaluation to gather information around triggers leading to mental health crisis or substance use crisis, signs of mental health or substance use crisis, coping skills, informal supports, formal supports, and other related topics. | **YES** |  |
| 2.d.1 | The CCBHC ensures: (1) no individuals are denied behavioral health care services, including but not limited to crisis management services, because of an individual’s inability to pay for such services (PAMA § 223 (a)(2)(B)); and (2) any fees or payments required by the clinic for such services will be reduced or waived to enable the clinic to fulfill the assurance described in clause (1). People seeking services should be able to receive behavioral health care and crisis response services regardless of their ability to pay, what service provider they work with, and other personal information including diagnoses, age, and history. | **YES** |  |
| 2.d.2 | The CCBHC has a published sliding fee discount schedule(s) that includes all services the CCBHC offers pursuant to these criteria. Such fee schedules will be included on the CCBHC website, posted in the CCBHC waiting room and readily accessible to people receiving services and families. The sliding fee discount schedule is communicated in languages/formats appropriate for individuals seeking services who have LEP, literacy barriers, or disabilities. | **YES** |  |
| 2.d.3 | The fee schedules, to the extent relevant, conform to state statutory or administrative requirements or to federal statutory or administrative requirements that may be applicable to existing clinics; absent applicable state or federal requirements, the schedule is based on locally prevailing rates or charges and includes reasonable costs of operation. | **YES** |  |
| 2.d.4 | The CCBHC has written policies and procedures describing eligibility for and implementation of the sliding fee discount schedule. Those policies are applied equally to all individuals seeking services. | **YES** |  |
| 2.e.1 | The CCBHC ensures no individual is denied behavioral health care services, including but not limited to crisis management services, because of place of residence, homelessness, or lack of a permanent address. | **YES** |  |
| 2.e.2 | The CCBHC has protocols addressing the needs of individuals who do not live close to the CCBHC or within the CCBHC service area. The CCBHC is responsible for providing, at a minimum, crisis response, evaluation, and stabilization services in the CCBHC service area regardless of place of residence. The required protocols should address management of the individual’s on-going treatment needs beyond that. Protocols may provide for agreements with clinics in other localities, allowing the CCBHC to refer and track individuals seeking non- crisis services to the CCBHC or other clinics serving the individual’s area of residence. For individuals and families who live within the CCBHC’s service area but live a long distance from CCBHC clinic(s), the CCBHC should consider use of technologies for telehealth/telemedicine, video conferencing, remote patient monitoring, asynchronous interventions, and other technologies in alignment with the preferences of the person receiving services, and to the extent practical. These criteria do not require the CCBHC to provide continuous services including telehealth to individuals who live outside of the CCBHC service area. CCBHCS may consider developing protocols for populations that may transition frequently in and out of the services area such as children who experience out-of- home placements and adults who are displaced by incarceration or housing instability. In compliance with federal and state policies, the CCBHC must share necessary medical records with the new provider if a person receiving services changes providers and consents to sharing information.  All listed and related technologies must adhere to the same in-person confidentiality guidelines that are outlined in Criteria 3.a.2. | **YES** |  |

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

Please provide a narrative explaining your current ability to meet the Certification Criteria in Program Requirement 2. For each criterion, please address:

1. If you currently meet the criterion, how are you doing so?
2. If you are not currently able to meet the criterion, what would you need to do to meet the criterion by the anticipated Demonstration Program start date (7/1/24)? What type of support would you need?
3. If you are exceeding the criterion requirements, what are you doing?

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| |  |  |  | | --- | --- | --- | | **Criterion** | **Description** | **Evidence** | | **2.a.1** | Per Oaklawn’s Environment of Care (EOC) Plan, the EOC Committee evaluates and monitors the objectives, scope, and effectiveness of the EOC Plan. The Safety Officer, Facilities Manager, and Infection Preventionist conduct EOC tours of all facilities twice yearly to assess the cleanliness and safety of the work/care environment, as well as its trauma-informed and harm-prevention aspects. The standards for these, and the tour findings, are reviewed by each site's Safety Committee and the organizational EOC Committee. The EOC’s activities are reported to the Board of Directors annually. The Environment of Care Program meets regulatory guidance as outlined by the Joint Commission EC 01.01.01.  Oaklawn implements Outpatient Precautions when needed for safety situations, managed by the Outpatient Assessment Risk (OAR) Team, which meets weekly.  Oaklawn maintains a Code of Conduct and has policies in place to address discrimination and other violations. Oaklawn’s Diversity, Equity, and Inclusion Committee, as well as its Director of Diversity, Equity, and Inclusion, partner with staff to establish a culture of equitable treatment and eliminate barriers. Staff receive training in safety after hire and annually and can initiate an OAR Team process.  Oaklawn maintains tobacco-free/nicotine-free campuses.  Oaklawn’s Crisis Centers have been designed with SAMHSA’s best practices for crisis care in mind and have taken into great consideration the safety of the environment and ensuring a welcoming atmosphere. We have taken the following steps to ensure that this care is provided in the least restrictive environment, but that is also safe and conducive to those in crisis:   1. Both crisis centers are adjacent to an psychiatric inpatient facility, allowing for streamlined access to a higher level of care when clinically indicated. 2. Badge entry system to restrict access to client areas 3. Exterior camera systems 4. Emphasis on staff training for de-escalation and crisis intervention skills 5. Adequate interior and exterior lighting 6. Secure sally port entry and exit (the rear exit is also the designated law enforcement drop off care) 7. Weighted tables and chairs in the living room 8. Surfaces that can be easily cleaned and disinfected 9. Clear line of sight in the living room 10. The guest bathrooms are designed as a high-risk space     1. These have a “nurse call” button and are anti-barricade 11. The living room is designed to be calming (i.e,. exposure to daylight, privacy film on the bottom windows, calm colors, open plan, directly visible, non-institutional décor).   We have reviewed “Design of Behavioral Health Crisis Units” from the Facility Guidelines Institute, are aware of the Joint Commission standards for both outpatient and inpatient environments. We have also toured 3 different facilities to learn from and observe other Centers (Common Ground, Stride, and Pine Rest Urgent Care.  \*Oaklawn is prepared for federal and state specific regulations and standards to be created and will implement them accordingly. | EC 100 Environment of Care Plan  Environment of Care Committee  Purpose, Goals, and Mission  EOC Tour findings  Goshen, Mishawaka, Elkhart, South Bend Safety Committee Minutes  EC 207 Environmental Safety  Standards  CS 235 Outpatient Assessment of Risk  EC 705 Staff Safety  EC 710 Safety of Community-Based Staff  CO 146 Code of Conduct  CO 160 Diversity, Equity and Inclusion  EC 765 Tobacco/Nicotine-Free Campus | | **2.a.2** | Open Access is available to anyone who walks in during specified hours, Monday-Friday. Open Access sites are located in both Elkhart and St. Joseph counties. Open Access hours include evening hours and also times when individuals whose preferred language is Spanish are able to complete the intake process with bilingual providers; translation services are available at any time. Adult Outpatient, Child and Adolescent Outpatient, and Addictions teams offer services until 8:00 PM, 4 days a week. In addition, skills trainers provide treatment in the evening and on the weekends. Oaklawn will continue to monitor feedback received from the needs assessment and expand messaging and marketing to ensure the community is aware of both morning and evening hours.  Oaklawn currently provides an emergency phone line 24/7, accessible to individuals of any age who are in crisis, as well as law enforcement, caregivers or anyone else concerned about an individual. Oaklawn provides night and weekend dispatch to hospitals, mobile crisis services 7 days a week from 8:00 AM to 8:00 PM across our entire catchment area, as well as a mobile opiate team that dispatches 24/7. We are working with DMHA to achieve mobile designation status and expect to be designated in the next month. Oaklawn was just awarded a SAMHSA Early Diversion grant that will enable us to start providing specialized youth mobile crisis services by March 2024. | Clinician Schedules  Groups Schedules  PD 200 Crisis Services  CS 121 Crisis Services  EC 205 Emergency Management  Oaklawn’s Continuum of Care – CCBHC | | **2.a.3** | Oaklawn service locations are conveniently located and accessible by public transportation when possible (documented in service area maps). Buildings are equipped with automatic opening doors, accessible halls, and accessible bathrooms. Services are also provided in the community in consumer homes, FQHCs, hospital systems, education and criminal justice settings, the Recovery Cafe, homeless service providers, etc. to ensure accessibility to services. | MOU Partnership Agreement  List  Oaklawn’s Continuum of Care – CCBHC | | **2.a.4** | Oaklawn’s Transportation Department provides transport for clients to and from appointments, and receptionists have access to transportation vouchers for clients as needed.  When planning treatment or reviewing treatment, staff work with clients to identify any barriers that may limit progress toward treatment goals, including transportation barriers, plan how to address those barriers and include this information in the client’s treatment plan. | CS 124 Transportation Access  EC 500 Transportation of Oaklawn Clients and Others  HI 150 Planning Care, Treatment and Services | | **2.a.5** | Oaklawn supplements or substitutes in-person services with telemedicine services to meet client needs and in accordance with IC 25-1-9.5 and HIPAA. Oaklawn considers the impact of telemedicine on the quality of services and any risks to the client and it is only provided with client/guardian consent. In-person services are the primary mode of service delivery, with telemedicine being provided when requested by client. | CS 361 Telemedicine Services | | **2.a.6** | Staff report outreach and engagement activities, along with enhancement suggestions, to help potential clients, families, and populations who may need services access the appropriate benefits and services. Oaklawn takes steps to identify and, within available resources, eliminate artificial (language, attitudinal, resource) barriers to service for individuals seeking care and employment of staff/volunteers, and to ensure the provision of a safe, functional, clean, and welcoming environment for the people it serves and its staff. The agency is committed to equal treatment for all people regardless of race, national origin, language, gender/gender identity, age, disability, marital status, sexual orientation, political affiliation, religion, receipt of public assistance, socioeconomic status, residency, or any other factors that cannot be lawfully used as the basis for determining interaction with the agency.  Additional outreach services that Oaklawn providers include:   * Housing and Homeless Outreach through the use of Oaklawn’s Projects for Assistance in the Transition from Homelessness (PATH) program.   + PATH specialists help people access Coordinated Entry, attain emergency shelter, apply for housing, and connect to mental health treatment, government resources, and community partners.   + The PATH team includes peer support professionals   + Appointments are not required. There are walk in hours at convenient locations in both counties that are intentionally chosen. * Oaklawn has Systems of Care in both counties, which is the network of organizations and providers involved in children’s behavioral and mental health.   + Both SOCs provide community and provider trainings and events. * Oaklawn provides Open Walk In times at the Public Library, as an engagement activity for walk in case management support. * Oaklawn’s DEI committee is focused on expanding reach and enhancing communication to underserved populations. | Oaklawn’s Continuum of Care – CCBHC | | **2.a.7** | Oaklawn attempts to ensure that each client has the opportunity to evaluate the benefits and risks of recommended treatment, and to accept or refuse treatment to the extent permitted by law. Oaklawn follows state standards when providing voluntary and court-ordered services. | RI 310 Informed Decision Making | | **2.a.8** | Oaklawn has an Emergency Management Plan (EMP) that is designed for the safety of clients, visitors, and staff in the event of a disaster or other emergency that disrupts its ability to provide care. The EMP is designed to be adapted for any hazard and is revised at least annually.  The EMP, safety codes and related policies/procedures are reviewed with all staff upon hire and annually thereafter. A Hazard Vulnerability Analysis (HVA) is conducted annually in each facility. The HVA identifies risks/vulnerabilities based on an analysis of human, natural, and technological events, including probability, potential impact, and preparedness.  Oaklawn has a System Interruption Plan that provides information to use when Oaklawn systems are unavailable. Employees are trained on this plan and the Director of IT Services checks quarterly that the materials needed to implement the System Interruption Plan are in place. Oaklawn maintains backups of data and applications to allow recovery of data and applications in the event of loss/damage due to disasters, system failure, human acts, or other errors. This backup and recovery process is documented and reviewed through a Disaster Recovery Plan.  Oaklawn is prepared to respond to the mental health needs of the community in the event of disaster. The Resilience and Emotional Support Team (REST) will be deployed when feasible, as requested by local/state government, Indiana’s District 2 emergency coalition, the Indiana Division of Mental Health and Addiction, and/or FEMA.  The plans, training, and exercises were approved by CMS and The Joint Commission surveyors in December 2019. The plan has been implemented during the COVID-19 pandemic. | EC 205 Emergency Management  EC 237 Community Response - Resilience and Emotional Support Team (REST)  IS 600 System Interruption Plan  IS 700 Backup and Information Recovery  IS 705 Incident Management | | **2.b.1** | Oaklawn has provided Open Access services since May 2022. These services are available five days a week during day and evening hours at Oaklawn’s three outpatient campuses. Individuals walk-in to Open Access and are able to meet with a clinician that same day to complete screening and a comprehensive assessment. Depending on the needs of the individual, risk assessment and triaging may only occur in order to escalate care to the appropriate level.  In addition, Oaklawn offers 24/7 phone services that include triaging risk at each call. If a caller indicates that they are in crisis, they are connected to a staff person who will use evidence-based screeners and additional information to determine the caller’s level of risk and determine what response is needed. Responses could include consultation with a psychiatrist/supervisor, facilitation of an inpatient admission, safety planning, coordination with emergency responders, and family/support system involvement. In addition to an individual in crisis, family/friends/community members and law enforcement are able to access the crisis line and seek help for someone in crisis. | CS 120 Access to Services  HI 110 Initial Assessment  CS 250 Suicide/Homicide Risk  Assessment | | **2.b.2** | Every client who seeks ongoing services creates an individualized treatment plan alongside staff. The plan is based on the assessed needs of the client, the client’s preferences, and the services most appropriate to assist in meeting the plan’s goals. Treatment plans are reviewed at any time a change of condition or systems suggest a change is needed, and at least every 90 days. | HI 150 Planning Care, Treatment and Services | | **2.b.3** | Oaklawn makes every effort and routinely connects active clients to requested outpatient services within 10 days of request. Oaklawn is actively looking into ways to track this in the system, as this is currently not something that is tracked.  If a person receiving services presents with an emergent or critical need the individual is connected immediately with the mobile crisis team for further assessment and safety planning.  Discharge planning occurs on the inpatient unit. Case managers participate in clinical staffing for clients who are hospitalized to collaborate discharge planning. Oaklawn utilizes Open Access scheduling for connection to services post discharge through Open Access, with walk in hours daily, 5 days a week including morning and evening hours. | CS 120 Access to Services | | **2.c.1** | Oaklawn provides 24/7 crisis services that are guided by its Mission, Vision, Values, program descriptions and limited by available resources. Oaklawn provides a crisis line, coordinates with 911/law enforcement, provides mobile crisis response and is opening two crisis stabilization centers. Details are shared in 4.c.1. | Oaklawn’s Continuum of Care – CCBHC  PD 200 Crisis Services  CS 121 Phone Crisis and Mobile Crisis Services | | **2.c.2** | Oaklawn has policies, procedures and a program description that describe how it provides a continuum of crisis prevention, response, and postvention services. Descriptions of crisis services are provided to the public through Oaklawn’s website and a welcome packet is given to clients who come to Open Access.  Oaklawn staff interface with community partners, organizations, and referral sources as requested to support education about accessing services at Oaklawn, connecting to crisis services when needed, and other important behavioral health care system information.  Oaklawn’s Marketing department shares crisis services information at community events, health fairs, etc. As appropriate this includes additional resources specific to the Mobile Opioid Response Team or Mobile Crisis Team. At times, this information is included in social media postings and/or other mailings/publications.  Oaklawn’s crisis continuum has been built upon SAMHSA’s best practices, as well as the requirements that DMHA has set forth in:  (1) Indiana’s Mobile Crisis Response- Designation Agency Agreement and  (2) the contract requirements for Mobile Crisis Teams that Oaklawn has entered in to.  The attachment titled “Crisis Triage PowerBI” (located in Attachment D- Supporting Documents) is one demonstration of our ability to collect and report on all data. The attachment does not encompass all the data that we track, but serves as an example of how we visualize and monitor data in order to make meaningful us of it. Please note on page 3 of the “Crisis Triage PowerBI attachment” the table highlighting dispositions. For the majority of the calls that our mobile crisis line receives, nearly 73% are resolved over the phone and 5.28% require mobilization. Only about 20% of all calls require an escalation of care.  As noted in the “Community Partners-Agreement” document located in the folder titled “Attachment E- Supporting Documents,” there are LOSS teams in each county. Currently, neither are active, but they are moving in the right direction. Once they are further along, they will be added as a resource in our postvention services. Both LOSS teams have Oaklawn representation.  Oaklawn is exceeding in this area in the following ways.    As Oaklawn has been implementing new services, notably Open Access and Crisis Services, to align with the CCBHC model, we have accepted that this is ultimately a system reform, one that we are embracing and working diligently to communicate and demonstrate the values of to staff and the community. For Crisis Services in particular, Oaklawn has worked dutifully to collaborate and educate community partners through the following activities.   * Oaklawn leads the St. Joseph County CIT and is active in the Elkhart County CIT. * Oaklawn has two community advisory committees for our crisis centers (one for each county)- if the State would like members list or meeting minutes we can provide those. * Oaklawn has an internal steering committee that meets monthly and workgroups that have developed out of which include a group for: medical stability, admissions, CareLogic (EHR), clinical screening, and communications/marketing. * Oaklawn presents at Grand Rounds that occur at our local hospitals. * Oaklawn attends roll calls at the local police stations. * Oaklawn presents at local universities including Norte Dame, St. Mary’s, and Indiana University South Bend. * Oaklawn works very closely with its community and recognizes the effort it will take to successfully educate and inform the public what the 988 crisis response system is, what to expect, and the differences between this new system and 911. | Oaklawn’s Continuum of Care – CCBHC  PD 200 Crisis Services  CS 121 Phone Crisis and Mobile Crisis Services  Oaklawn’s Welcome Packet  CS 150 Client and Community Crisis Education | | **2.c.3** | In keeping with its mission, Oaklawn is committed to educating its clients and the communities it serves about crisis prevention planning and safety planning, psychiatric advanced directives, and crisis services. During Open Access, and as needed throughout a client’s engagement with Oaklawn, staff provide information about:   1. 988 Suicide & Crisis Lifeline (by call, chat, or text) 2. Oaklawn’s Mobile Crisis Response Team and Mobile Opiate Response Team 3. availability of peer support professionals 4. other area hotlines and warmlines 5. overdose prevention   This includes assistance that is available in the appropriate methods, language(s), and literacy levels for the clients and communities that Oaklawn serves. This information is readily available at Oaklawn.  Information about services and how to access them are on our website in both Spanish and English. We have written welcome materials in both languages as well, and numerous staff who are bilingual, as well as our language line Propio that can help with accessing services. | CS 150 Client and Community Crisis Education | | **2.c.4** | As established in Oaklawn’s Continuum of Care- CCBHC, Oaklawn maintains a working relationship with local Emergency Departments and Acute Psych Emergency Departments. Staff address the needs of the clients who come to those emergency departments in psychiatric crisis. As demonstrated in the “Community Partners- Agreements” documented located in “Attachment E- Supporting Documents,” Oaklawn has agreements with the local hospitals to provide on-call services. The on-call team is staffed by Master’s level social workers or other qualifying Master’s level staff who provide assessment and consultation to our local emergency rooms. Our Mobile Opioid Team also responds to emergency rooms when there has been an overdose and the person is interested in recovery; they provide services 24/7 and are primarily staffed by peer support professionals. The team dispatches within 30 minutes of an identified need.  Additionally, Oaklawn ensures psychiatric availability and oversight for clinical needs 24/7 with an on-call rotation of psychiatrists. These providers are available to respond to requests, assess need, facilitate inpatient admissions, and provide consultation regarding Oaklawn clients in other facilities and crisis placements in other facilities. | Oaklawn’s Continuum of Care- CCBHC  CS 426 After-Hours On-Call  Hospital ED Service Agreements  CS 427 On Call Psychiatrist | | **2.c.5** | Oaklawn is a committed partner in diversion-based programming and response. Both counties have active CIT committees who have completed SIM mapping. Oaklawn partners with the justice system to provide clinical staff, peer support, and ongoing treatment for individuals involved with Drug Court, Behavioral Health Court, and Veterans Court. In addition, Oaklawn has staffed embedded in the jail who provide services as well as linkages and bridge medication for individuals being released from jail. Oaklawn’s CEO is a member of the local JRAC.  Oaklawn has worked with local first responders and dispatch to develop protocols to divert 911 and 988 calls from law enforcement to Oaklawn’s mobile crisis team when indicated and has created the Crisis Centers with a separate entrance for law enforcement to drop off individuals.  Further exceeding recommendations is Oaklawn’s Open Access, which allows for same day access to assessment and planning for follow up. Law enforcement is currently able to drop individuals off at Open Access for additional assessment. |  | | **2.c.6** | Oaklawn provides postvention services following a psychiatric emergency or crisis for CCBHC clients. Staff partner with the client to create, maintain, and follow a crisis prevention plan to prevent and de-escalate future crises. The crisis prevention plan is documented in the electronic health record and is shared with the client and their caregiver/support person when possible and with permission. The crisis prevention plans include, but are not limited to, education on the use of National Suicide & Crisis Lifeline (988), local hotlines, warmlines, mobile crisis, stabilization services, and Recovery Hubs peer recovery supports (211) should a crisis arise when providers are not in their office.  Oaklawn does crisis prevention planning as part of our intake process in Open Access, but also for clients whose point of entry is post crisis. All clients who come to Open Access receive a risk assessment with safety planning that includes crisis prevention planning for those screening at an elevated risk. | CS 121 Phone Crisis and Mobile Services  CS 120 Access to Services | | **2.d.1** | Oaklawn provides quality mental health and substance use services regardless of the client's ability to pay, what service provider they work with, and other personal information including diagnosis, age, and history.  Oaklawn has a published sliding fee schedule (ability-to-pay schedule) that includes all services. Oaklawn also assists clients and families to access benefits, including Medicaid, and enroll in programs or other supports that may benefit them. Both our Medicaid Navigator and adult case management services provide in-clinic assistance with applications.  Additionally, Oaklawn will provide an estimated cost of proposed services and anticipated coverage as well as offer available fee assistance and provide notice that emergency response services are provided as clinically indicated regardless of ability to pay.  Oaklawn’s foundation provides funding for individuals with SMI when prescriptions are not covered, and the client is unable to afford the cost. | FIN 200 Financial Assistance  CS 120 Access to Services | | **2.d.2** | Oaklawn has a published sliding fee schedule (ability to pay schedule) that includes all services. It is posted on our website, in waiting rooms, and is readily accessible to people receiving services and families. The ability to pay schedule is communicated in languages/format appropriate for individuals seeking services with limited English proficiency, literacy barriers or disabilities. | FIN 200 Financial Assistance | | **2.d.3** | Oaklawn’s full fee is intended to be reasonably priced in comparison with fees charged by other mental health providers in the area while covering the full cost of services. Oaklawn’s fee schedule is based off of the Federal Poverty Guidelines and reviewed and updated annually to ensure it continues to align with prevailing rates. | FIN 200 Financial Assistance | | **2.d.4** | Oaklawn obtains financial information on all individuals obtaining services. FIN 200 Financial Assistance outlines eligibility. The policy is applied to all individuals seeking services. | FIN 200 Financial Assistance | | **2.e.1** | As CS 120 Access to Services states “services are not limited within our catchment area or denied due to place of residence, homelessness, or lack of a permanent address. Individuals living outside St. Joseph and Elkhart Counties will be provided crisis and other services as available and appropriate, as well as care coordination and follow-up providers in the individuals catchment area.” | CS 120 Access to Services | | **2.e.2** | Oaklawn’s 24/7 line is available to anyone. Between on-call clinicians, the mobile crisis teams, and mobile opioid team (includes Marshall County), Oaklawn can provide crisis management services (including risk assessment, safety planning, crisis prevention planning, de-escalation, and care coordination) over the phone to anyone, regardless of place of residence. Oaklawn assists individuals who are outside of our catchment by helping facilitate care that is appropriate to the person’s needs in the area in which they are located. | Oaklawn’s Continuum of Care- CCBHC  CS 426 After-Hours On-Call  CS 121 Phone Crisis and Mobile Services | |

# Program Requirement 3: Care Coordination

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| **Criterion #** | **Criterion** | **Do you currently meet this criterion?** | **If not, will you be able to meet this criterion by 7/1/24?** |
| 3.a.1 | Based on a person-centered and family-centered treatment plan aligned with the requirements of Section 2402(a) of the Affordable Care Act and aligned with state regulations and consistent with best practices, the CCBHC coordinates care across the spectrum of health services. This includes 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. The CCBHC also coordinates with other systems to meet the needs of the people they serve, including criminal and juvenile justice and child welfare.  *Note: See criteria 4.k relating to care coordination requirements for veterans.* | **YES, exceeding** |  |
| 3.a.2 | The CCBHC maintains the necessary documentation to satisfy the requirements of HIPAA (Pub. L. No. 104-191, 110 Stat. 1936 (1996)), 42 CFR Part 2, and other federal and state privacy laws, including patient privacy requirements specific to the care of minors. To promote coordination of care, the CCBHC will obtain necessary consents for sharing information with community partners where information is not able to be shared under HIPAA and other federal and state laws and regulations. If the CCBHC is unable, after reasonable attempts, to obtain consent for any care coordination activity specified in program requirement 3, such attempts must be documented and revisited at time of treatment plan review and/or as needed.  *Note: CCBHCs are encouraged to explore options for electronic documentation of consent where feasible and responsive to the needs and capabilities of the person receiving services. See standards within the Interoperability Standards Advisory.* | **Yes** |  |
| 3.a.3 | Consistent with requirements of privacy, confidentiality, and the preferences and needs of people receiving services, the CCBHC assists people receiving services and the families of children and youth referred to external providers or resources in obtaining an appointment and tracking participation in services to ensure coordination and receipt of supports. The CCBHC must follow up with the person receiving services or their parent/guardian to ensure they were able to access services they were referred to, including external referral sources. The CCBHC must document follow-up services in the patient's record. | **Yes** |  |
| 3.a.4 | The CCBHC shall coordinate care in keeping with the preferences of the person receiving services and their care needs. To the extent possible, care coordination should be provided, as appropriate, in collaboration with the family/caregiver of the person receiving services and other supports identified by the person. To identify the preferences of the person in the event of psychiatric or substance use crisis, the CCBHC develops a crisis prevention plan with each person receiving services. At minimum, people receiving services should be counseled about the use of the National Suicide & Crisis Lifeline (988), local hotlines, warmlines, mobile crisis, stabilization services, and Recovery Hubs peer recovery supports (211) should a crisis arise when providers are not in their office. Crisis prevention plan specifics are detailed in Criteria 2.c.6. | **YES** |  |
| 3.a.5 | Appropriate care coordination requires the CCBHC to make and document reasonable attempts to determine any medications prescribed by other providers. To the extent that state laws allow, the state Prescription Drug Monitoring Program (PDMP) must be consulted before prescribing medications. The PDMP should also be consulted during the comprehensive evaluation. Upon appropriate consent to release of information, the CCBHC is also required to provide such information to other providers not affiliated with the CCBHC to the extent necessary for safe and quality care. If the person receiving services is on methadone treatment, the CCBHC must connect with the Opioid Treatment Program (OTP) to adequately provide services. | **YES-**  **Exceeding** |  |
| 3.a.6 | Nothing about a CCBHC’s agreements for care coordination should limit the freedom of a person receiving services and/or their parent/guardian to choose their provider within the CCBHC, with its DCOs, or with any other provider. The CCBHC must include language around freedom of choice, as part of the patient's rights documents. This language shall include that a person receiving services has the freedom to choose their provider and to change their provider, without having to specify a reason. | **YES** |  |
| 3.a.7 | The CCBHC assists people receiving services and families to access benefits, including Medicaid, and enroll in programs or supports that may benefit them. | **YES** |  |
| 3.b.1 | The CCBHC establishes or maintains a health information technology (IT) system that includes, but is not limited to, electronic health records. The CCBHC must agree to interact with988 state-owned software for mobile crisis dispatch and Crisis Receiving and Stabilization Services providers and outpatient follow-up referral. | **YES** |  |
| 3.b.2 | The CCBHC uses its secure health IT system(s) and related technology tools, ensuring appropriate protections are in place, to conduct activities such as population health management, quality improvement, quality measurement and reporting, reducing disparities, outreach, and for research. When CCBHCs use federal funding to acquire, upgrade, or implement technology to support these activities, systems should utilize nationally recognized, HHS-adopted standards, where available, to enable health information exchange. For example, this may include simply using common terminology mapped to standards adopted by HHS to represent a concept such as race, ethnicity, or other demographic information. While this requirement does not apply to incidental use of existing IT systems to support these activities when there is no targeted use of program funding, CCBHCs are encouraged to explore ways to support alignment with standards across data-driven activities.   The CCBHC is expected to share data with the State in accordance with the requirements set forth in its contractual agreement to provide CCBHC services. | **YES** |  |
| 3.b.3 | The CCBHC uses technology that has been certified to current criteria13 under the ONC Health IT Certification Program for the following required core set of certified health IT capabilities (see footnotes for citations to the required health IT certification criteria and standards) that align with key clinical practice and care delivery requirements for CCBHCs:  -Capture health information, including demographic information such as race, ethnicity, preferred language, sexual and gender identity, and disability status (as feasible). -At a minimum, support care coordination by sending and receiving summary of care records. -Provide people receiving services with timely electronic access to view, download, or transmit their health information or to access their health information via an API using a personal health app of their choice. -Provide evidence-based clinical decision support. -Conduct electronic prescribing.  *Note: Under the CCBHC program, CCBHCs are not required to have all these capabilities in place when certified or when submitting their attestation but should plan to adopt and use technology meeting these requirements over time, consistent with any applicable program timeframes. In addition, CCBHCs do not need to adopt a single system that provides all these certified capabilities but can adopt either a single system or a combination of tools that provide these capabilities. Finally, CCBHC providers who successfully participate in the Promoting Interoperability Performance Category of the Quality Payment Program will already have health IT systems that successfully meet all the core certified health IT capabilities.* | **YES** |  |
| 3.b.4 | The CCBHC will work with DCOs to ensure all steps are taken, including obtaining consent from people receiving services, to comply with privacy and confidentiality requirements. These include, but are not limited to, those of HIPAA (Pub. L. No. 104-191, 110 Stat. 1936 (1996)), 42 CFR Part 2, and other federal and state laws, including patient privacy requirements specific to the care of minors. | **YES** |  |
| 3.b.5 | The CCBHC develops and implements a plan within two-years from CCBHC certification or submission of attestation to focus on ways to improve care coordination between the CCBHC and all DCOs using a health IT system. This plan includes information on how the CCBHC can support electronic health information exchange to improve care transition to and from the CCBHC using the health IT system they have in place or are implementing for transitions of care. To support integrated evaluation planning, treatment, and care coordination, the CCBHC works with DCOs to integrate clinically relevant treatment records generated by the DCO for people receiving CCBHC services and incorporate them into the CCBHC health record. Further, all clinically relevant treatment records maintained by the CCBHC are available to DCOs within the confines of federal and/or state laws governing sharing of health records. | **YES** |  |
| 3.c.1 | The CCBHC has a partnership establishing care coordination expectations with Federally Qualified Health Centers (FQHCs) (and, as applicable, Rural Health Clinics (RHCs)) to provide health care services, to the extent the services are not provided directly through the CCBHC. For people receiving services who are served by other primary care providers, including but not limited to FQHC Look-Alikes and Community Health Centers, the CCBHC has established protocols to ensure adequate care coordination.   *Note: These partnerships should be supported by a formal, signed agreement detailing the roles of each party. If the partnering entity is unable to enter into a formal agreement, the CCBHC may work with the partner to develop unsigned joint protocols that describe procedures for working together and roles in care coordination. At a minimum, the CCBHC will develop written protocols for supporting coordinated care undertaken by the CCBHC and efforts to deepen the partnership over time so that jointly developed protocols or formal agreements can be developed. All partnership activities should be documented to support partnerships independent of any staff turnover.* | **YES** |  |
| 3.c.2 | The CCBHC has partnerships that establish care coordination expectations with programs that utilize evidence-based practices to provide inpatient psychiatric treatment, OTP services, medical withdrawal management facilities and ambulatory medical withdrawal management providers for substance use disorders, residential substance use disorder treatment programs, school-based mental and behavioral health services, and/or social work services (if any exist within the CCBHC service area). These include tribally operated mental health and substance use services including crisis services that are in the service area. The clinic tracks when people receiving CCBHC services are admitted to facilities providing the services listed above, as well as when they are discharged, unless there is a formal transfer of care to a non-CCBHC entity. The CCBHC has established protocols and procedures for transitioning individuals from EDs, inpatient psychiatric programs, medically monitored withdrawal management services, and residential or inpatient facilities that serve children and youth such as Psychiatric Residential Treatment Facilities and other residential treatment facilities, to a safe community setting. This includes transfer of health records of services received (e.g., prescriptions), active follow-up after discharge (including a plan if the person receiving services is not being referred or receiving additional care), and, as appropriate, a plan for suicide prevention and safety, overdose prevention, and provision for peer services.   *Note: These partnerships should be supported by a formal, signed agreement detailing the roles of each party; the CCBHC may utilize guidance documents from the State for such partnerships if they exist. If the partnering entity is unable to enter into a formal agreement, the CCBHC may work with the partner to develop unsigned joint protocols that describe procedures for working together and roles in care coordination. At a minimum, the CCBHC will develop written protocols for supporting coordinated care undertaken by the CCBHC and efforts to deepen the partnership over time so that jointly developed protocols or formal agreements can be developed. All partnership activities should be documented to support partnerships independent of any staff turnover.* | **YES** |  |
| 3.c.3 | The CCBHC has partnerships with a variety of community or regional services, supports, and providers. Partnerships support joint planning for care and services, provide opportunities to identify individuals in need of services, enable the CCBHC to provide services in community settings, enable the CCBHC to provide support and consultation with a community partner, and support CCBHC outreach and engagement efforts. CCBHCs are required to develop partnerships with the following organizations that operate within the service area:   * Schools and Local Education Agencies (LEAs) * Child welfare agencies * Juvenile and criminal justice agencies and facilities (including drug, mental health, veterans, and other specialty courts) * Indian Health Service youth regional treatment centers, where applicable * State licensed and nationally accredited child placing agencies for therapeutic foster care service * Other social and human services * Local Outreach to Suicide Survivors Teams (LOSS)   CCBHCs may develop partnerships with the following entities based on the population served, the needs and preferences of people receiving services, and/or needs identified in the community needs assessment. Examples of such partnerships include (but are not limited to) the following:   * 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 or other housing supports * 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 * Coordinated Specialty Care programs for first episode psychosis * Other social and human services (e.g., intimate partner violence centers, religious services and supports, grief counseling, Affordable Care Act Navigators, food and transportation programs, LGBTQ+ centers or organizations)   In addition, the CCBHC has a care coordination partnership with the 988 Suicide & Crisis Lifeline call center serving the area in which the CCBHC is located.  The State may require CCBHCs to establish additional partnerships based on the Community Needs Assessment. | **YES** |  |
| 3.c.4 | The CCBHC has partnerships with the nearest Department of Veterans Affairs' medical center, independent clinic, drop-in center, or other facility of the Department. To the extent multiple Department facilities of different types are located nearby, the CCBHC should work to establish care coordination agreements with facilities of each type. The CCBHC is required to have partnerships with a training provider who utilizes evidence-based and cultural fluency practices for those who are active or have served in the military.  *Note: These partnerships should be supported by a formal, signed agreement detailing the roles of each party. If the partnering entity is unable to enter into a formal agreement, the CCBHC may work with the partner to develop unsigned joint protocols that describe procedures for working together and roles in care coordination. At a minimum, the CCBHC will develop written protocols for supporting coordinated care undertaken by the CCBHC and efforts to deepen the partnership over time so that jointly developed protocols or formal agreements can be developed. All partnership activities should be documented to support partnerships independent of any staff turnover.* | **YES** |  |
| 3.c.5 | The CCBHC has care coordination partnerships establishing expectations with inpatient acute-care hospitals in the area served by the CCBHC and their associated services/facilities, including emergency departments, hospital outpatient clinics, urgent care centers, and residential crisis settings. This includes procedures and services, such as peer recovery specialist/coaches, to help individuals successfully transition from ED or hospital to CCBHC and community care to ensure continuity of services and to minimize the time between discharge and follow up. Ideally, the CCBHC should work with the discharging facility ahead of discharge to assure a seamless transition. These partnerships shall support tracking when people receiving CCBHC services are admitted to facilities providing the services listed above, as well as when they are discharged. The partnerships shall also support the transfer of health records of services received (e.g., prescriptions) and active follow-up after discharge. CCBHCs should request of relevant inpatient and outpatient facilities, for people receiving CCBHC services, that notification be provided through the Admission-Discharge- Transfer (ADT) system.   The CCBHC will make and document reasonable attempts to contact all people receiving CCBHC services who are discharged from these settings within 24 hours of discharge. For all people receiving CCBHC services being discharged from such facilities who are at risk for suicide or overdose, the care coordination agreement between these facilities and the CCBHC includes a requirement to coordinate consent and follow-up services with the person receiving services within 24 hours of discharge, and continues until the individual is linked to services or assessed to be no longer at risk.   *Note: These partnerships should be supported by a formal, signed agreement detailing the roles of each party. If the partnering entity is unable to enter into a formal agreement, the CCBHC may work with the partner to develop unsigned joint protocols that describe procedures for working together and roles in care coordination. At a minimum, the CCBHC will develop written protocols for supporting coordinated care undertaken by the CCBHC and efforts to deepen the partnership over time so that jointly developed protocols or formal agreements can be developed. All partnership activities should be documented to support partnerships independent of any staff turnover.* | **YES…part of it** |  |
| 3.d.1 | The CCBHC treatment team includes the person receiving services and their family/caregivers, to the extent the person receiving services desires their involvement or when they are legal guardians, and any other people the person receiving services desires to be involved in their care. All treatment planning and care coordination activities are person- and family-centered and align with the requirements of Section 2402(a) of the Affordable Care Act. All treatment planning and care coordination activities are subject to HIPAA (Pub. L. No. 104-191, 110 Stat. 1936 (1996)), 42 CFR Part 2, and other federal and state laws, including patient privacy requirements specific to the care of minors. | **YES** |  |
| 3.d.2 | The CCBHC designates an interdisciplinary treatment team that is responsible, with the person receiving services and their family/caregivers, to the extent the person receiving services desires their involvement or when they are legal guardians, for directing, coordinating, and managing care and services. The interdisciplinary team is composed of individuals who work together to coordinate the medical, psychiatric, psychosocial, emotional, therapeutic, and recovery support needs of the people receiving services, including, as appropriate and desired by the person receiving services, traditional approaches to care for people receiving services who are American Indian or Alaska Native or from other cultural and ethnic groups. The interdisciplinary team should meet at a cadence that aligns with the person receiving service's treatment planning updates, in accordance with the treatment plan cadence, or at the request of the person receiving services. It is expected that care provided is person-centered, strengths based, wellness focused, and trauma-informed.  The CCBHC may determine how to best staff their interdisciplinary team and which functions staff carry out. The interdisciplinary team must include staff that address short-term and long-term support/care coordination, medication management, medical needs, access to peer services, and/or coordination with other services and supports. | **YES** |  |
| 3.d.3 | The CCBHC coordinates care and services provided by DCOs in accordance with the current treatment plan.   *Note: See program requirement 4 related to scope of service and person-centered and family-centered treatment planning.* | **NA, Oaklawn has no DCOs** |  |

**Program Requirement 3: Care Coordination Narrative**

Please provide a narrative explaining your current ability to meet the Certification Criteria in Program Requirement 3. For each criterion, please address:

1. If you currently meet the criterion, how are you doing so?
2. If you are not currently able to meet the criterion, what would you need to do to meet the criterion by the anticipated Demonstration Program start date (7/1/24)? What type of support would you need?
3. If you are exceeding the criterion requirements, what are you doing?

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| |  |  |  | | --- | --- | --- | | **Criterion** | Description | Evidence | | **3.a.1** | Oaklawn delivers services and develops treatment plans that are person centered, family centered, and align with the requirements of Section 2402(a) of the Affordable Care Act, State regulations, and are consistent with best practices. Every client who receives ongoing clinical services works with a clinician to create an individualized treatment plan. The treatment plan reflects Oaklawn’s mission, vision, values, and expertise in a manner that also respects the client’s goals, family, culture, and unique experience. Oaklawn takes an interdisciplinary approach to treatment plans that involves a variety of internal staff (see 1.b.2), the client, the client’s family/supports, and other providers in the community (if clinically indicated and desired by the client). Treatment plans are developed within 7 days of the initial evaluation and are reevaluated with the client every 90 days.  Oaklawn collaborates and facilitates care coordination across the spectrum of health services. Care coordination partners include high-quality physical health (both acute and chronic), behavioral health care, social services, housing, education systems, employment opportunities as necessary to facilitate wellness and recovery of the whole person, resources for those who identify that they have an intellectual disability, and other agencies as identified through our community needs assessment and listed in criteria 3.c.1-3.c.4.  We are involved in communicating with and collaborating with each client’s referrers and care networks for the benefit of each client. Community services that are integral to meeting the treatment goals will be included in the plan for care. In keeping with the clients’ preferences and needs, staff will organize client care activities with these partners. Staff may assist with scheduling appointments, tracking participation, ensuring receipt of support, and coordinating care. Staff will monitor follow-up and document it in the clinical record.  This process starts in Oaklawn’s Open Access Clinic. All clients starting services are asked about the following: primary care providers, dentists, other providers and social service involvement. Staff work with the client to get Releases of Information (ROIs) to ensure proper care coordination (in addition to family members, probation, DCS, private practitioners, school, and any other entity that the client wishes to share information with or when mandated by contract). Oaklawn’s EHR allows for streamlined sharing of information and coordination with treatment planning and services. | Oaklawn’s Continuum of Care-CCBHC  RI 245 Use and Disclosure of  Client Information  CS 368 The Role of Family and Other Supports in Treatment  CS 410 Continuity of Care w/ Community Partners and Referral Sources  Form 41 Consent to Share Information  Form 35 Consent for Services  Oaklawn’s Community Partnership Excel Spreadsheet (lists agreement type) | | **3.a.2** | Care coordination is the linchpin of CCBHC. Oaklawn maintains the necessary documentations and provides care coordination within the requirements and regulations of HIPAA, federal and state privacy laws, including patient privacy requirements specific to the care of minors, and regarding the preferences and needs of people receiving services.  Oaklawn ensures that agreements are in place to promote clear and timely communication, deliberate coordination, and seamless transition with community partners and agencies. This is achieved through care coordination agreements including referral agreements (Oaklawn creates Memorandum of Understanding (MOUs) to fulfill this), care coordination agreements, contracts, and grants. These different agreements are described in “Community Partners- Agreements” located in the folder titled “Attachment E-Supporting Documents”. The agreements detail how health information is shared within the requirements of HIPAA and other federal and state laws and regulations.  Care coordination related policies and procedures include:   * Clients’ preferences, and those of families of children and youth and families of adults, consistent with the philosophy of person and family centered care. * Obtain necessary consent for release of information from client for all care coordination relationships, leveraging electronic documentation where feasible and responsive to the needs and capabilities of the clients. * If we are unable to obtain consent for care coordination activities, after reasonable attempt, these attempts are documented and revisited periodically. Oaklawn is developing a more systematic approach to track this process. * Clinic policies with 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 the requirements of HIPAA, 42 CFR Part 2, patient privacy requirements specific to care for minors, and other state and federal laws. * Client consent (including permission to communicate with other health care providers and sometimes a client’s family/friends), including documentation that client consent is regularly sought, explained, and updated. * When possible, Oaklawn will ensure continuity of care with the client’s primary care provider (PCP) by communicating evaluation results, treatment progress, functional changes, current medications, etc. The client/responsible party will be encouraged to authorize this communication but will be informed that HIPAA allows provider-to-provider communication in order to coordinate care (with exceptions for substance use disorder treatment, HIV/AIDS, and genetic testing information, which require authorization).   \*All care coordination efforts and attempts are documented in our Electronic Health Record.  \*Oaklawn staff receive training on “Duty to Warn” and will fulfill their duty to warn, as allowed and required by law and ethics, when risk to others outweighs privacy obligations.  Oaklawn also participates in the Indiana Health Information Exchange and is searching for funding to help expand our access and capabilities in IHIE to allow for greater coordination. | RI 245 Use and Disclosure of  Client Information  Form 41 Consent to Share  Information  RI Duty to Warn  CS 410 Continuity of Care with Community Providers and Referral Sources  CS 810 Behavioral and Primary Healthcare Coordination (BPHC) | | **3.a.3** | Oaklawn will involve, communicate with, and collaborate with each client’s referral entity and care network (medical providers, referral sources, partnering agencies, family caregivers, and other community supports) for the benefit of each client. Community services that are integral to meeting the treatment goals will be included in the plan of care.  Oaklawn staff will organize client care activities with these partners. Staff may assist with scheduling appointments, tracking participation, ensuring receipt of support, and coordinating care. Staff monitor follow-up and document in the clinical record.  For clients of any age, involving members of the family and/or support personas is integral to the clinical assessment and helps assist in achieving treatment goals. This includes a youth’s parents/caregivers (or the legal guardian(s) of an adult). Their perceptions, preferences, and expectations for care are assessed and used to guide treatment as appropriate to the developmental level of the youth and allowed by law. Family members and other supports are documented in our electronic health record under “client relationships.” The family member or support person's involvement in treatment is documented in the medical record. This may include their signature on the treatment plan, naming them in treatment plans goals/objectives, other treatment/progress documentation, or description of interactions with them. Release of Information is obtained as needed (Form 41: Consent to Share Information). | CS 410 Continuity of Care with Community Providers and Referral Sources  CS 425 Referral and Transport to Other Service Providers  CS 368 The Role of Family and Other Supports in Treatment  Form 41 Consent to Share  Information | | **3.a.4** | As stated in the criterion above, involving members of the family and/or support persons can enrich the clinical assessment and assistance in achieving treatment goals. At intake and throughout treatment, Oaklawn offers and encourages clients to identify family members and support persons who can serve as emergency contacts, advocates, and partners in treatment.  To the extent appropriate, and as allowed by the client/guardian, family members and support persons will be encouraged to participate in assessment and treatment planning. They may also be engaged in assessing the warning signs of risk and safety planning. The treatment plan identifies the roles of the client, family members/support persons, treatment provider and other supports.  Oaklawn is committed to educating its clients and the communities it serves about crisis prevention planning, safety planning, psychiatric advance directives, and crisis services. Information regarding crisis services is given at initial intake during open access and is posted on Oaklawn’s website. Oaklawn’s phone message has a “push 1” prompt to speak to the crisis team. All safety plans outline resources and as needed throughout a client’s engagement with Oaklawn, staff provide clients information about:   1. the 988 Suicide & Crisis Lifeline (by call, chat, or text) 2. the Oaklawn Mobile Crisis Response Team and Mobile Opiate Response Team phone numbers 3. availability of peer support professionals 4. other area hotlines and warmlines 5. overdose prevention   \*This includes assistance that is available in the appropriate methods, language(s), and literacy levels for the clients and communities that Oaklawn serves.  During Oaklawn’s admission process, staff inquire about advance directives, including psychiatric advance directives (PAD), and provide information per RI 136. Oaklawn has psychiatric directive paperwork that is available for clients to fill out. Oaklawn’s PAD was executed in accordance with Indiana Code 16-36-1.7 and made with information from SAMHSA’s My Mental Health Crisis Plan app and information given by NAMI. Oaklawn has notaries on site to sign off as a witness as needed. All PADs are uploaded and documented in our electronic health record system and appear on the client’s face sheet. | CS 410 Continuity of Care with Community Providers and Referral Sources  CS 120 Access to Services  CS 368 The Role of Family and Other Supports in Treatment  CS 150 Client and Community Crisis Education  RI 136 Advance Directives  Oaklawn’s Psychiatric Advance Directive Form | | **3.a.5** | In both Oaklawn’s intensive and outpatient services, providers consult Indiana‘s Prescription Drug Monitoring Program (INSEPCT) before prescribing medications and during the comprehensive evaluation. During the initial assessment in Open Access, Oaklawn requests a full list of medications and requests the list of providers and releases of information to obtain full medication histories.  To ensure care coordination, which includes attempts to document and determine any medications prescribed by other providers, Oaklawn consults both INSPECT and IHIE. Additionally, Oaklawn obtains Release of Information to provide other providers with information to bridge care.  Information or records that includecurrent/past substance use disorder diagnosis or treatment always require an authorization, except in a life threatening medical emergency when the individual is unable to provide consent, when properly ordered by a court, or in other limited circumstances allowed by law. When appropriate, Oaklawn may redact information that identifies the client as a recipient of substance use disorder treatment from a record and disclose only mental health treatment records as allowed under our policy that outlines “Use and Disclosure of Client Information.”  Oaklawn works with the Victory Clinic in St. Joseph County to refer people who are seeking MAT services, particularly for clients interested in methadone treatment. Care coordination is achieved through care coordination agreements and memoranda of understanding (MOUs). Use and Disclosure of Client Information provides procedures for communicating client information, including substance use disorder (SUD) treatment information for adults and minors. Oaklawn shares clinical information with other care/service providers as allowed by regulations, and with the written consent of the client.  During the initial assessment in Open Access, if opiate use is identified, staff connect the individual the same day to the Mobile Opiate Team, who provides additional screening, resources, and peer support to provide targeted care coordination and support to link to needed care.  \*Oaklawn does provide buprenorphine and naltrexone in combination with group therapy. | NR 879 Medication Reconciliation  Form 41 Consent to Share Information | | **3.a.6** | Choice of provider is intrinsic to a trauma-informed, person-centered, and recovery-oriented program. The client or parent/guardian has the freedom to choose their provider and to change their provider without having to specify a reason.  A client/guardian requesting a provider change within Oaklawn will be linked with the provider, supervisor, nurse, case manager, or other member of the care team.   * The client/parent does not have to explain their reasoning but the staff person will ask for enough information to make a good match. * As needed, staff will educate the client about Oaklawn protocols and standards of care, and whether the transfer will actually resolve their dissatisfaction. * Staff will offer the client available options and facilitate an internal or external transfer per CS 420 Continuity of Care within Oaklawn or CS 410 Care Coordination with Community Providers and Referral Sources. The current and potential new providers review the case, and staff with the larger treatment team if needed. * Requests and responses are documented in the clinical record.   Oaklawn notifies clients of the right to choose and change providers at admission, in the written Client Rights notices, and on request. | RI 134 Client Transfer/Choice of Provider | | **3.a.7** | Oaklawn assists clients and families to access benefits, including Medicaid, and enroll in programs or supports that may benefit them.  Oaklawn assists clients as needed, and at multiple points during treatment. At intake, staff complete presumptive eligibility with clients if needed and connect the individual to a navigator for follow up. Each campus has weekly in person hours with navigation support for community members to receive in person support to access benefits. Outside of in person hours, staff connect individuals to navigators via telephone. In addition, Oaklawn’s Patient Financial Services (PFS) team reaches out to individuals when there is a change in insurance and/or financial status to provide support and resources for benefits.  Oaklawn also has walk in hours for case management, where individuals from the community can walk in without an appointment to receive information and support to access benefits. | FIN 200 Financial Assistance  \*Oaklawn has a formal contract for Affordable Care Navigators | | **3.b.1** | Oaklawn uses CareLogic, a platform from Qualifacts, as the health information technology system to maintain electronic health records.  Qualifacts is an EHR vendor that has been in business for 20 years. Carelogic is one of the platforms they provide that is exclusively designed for behavioral health and human services organizations. Qualifacts is actively involved in the CCBHC movement and is aware of the service and data requirements that are to be reported on. In response, CareLogic is designed with special software capabilities to match the unique needs for CCBHCs. Please see the folder titled “Attachment D- Supporting Documents” for the Letter of Support we have received on behalf of Qualifacts.  Along with traditional capabilities, CareLogic includes the ability to capture intake assessment, and reassessment information, along with demographic information, diagnoses, and a record of medications Please see 5.a.1 and Attachment F for more details on what Oaklawn is able to track through our Electronic Health Record System.  Oaklawn's EHR system allows reporting and the ability to extract data, as required by the criteria. In addition, the EHR allows for access to data and reporting used specifically to show CCBHC required outcomes.  As a CCBHC, Oaklawn is ready to interact with 988 state-owned software for mobile crisis dispatch and Crisis Receiving and Stabilization Service Providers and outpatient follow up referrals (Oaklawn also has signed a contract with Indiana per the CRSS grant we were awarded). | CareLogic Reports  CS 140 Clinical Outcomes  Measures  HI 463 Patient Portal  (oaklawn.updoxportal.com) | | **3.b.2** | Oaklawn’s electronic health record captures information and provides reporting that allows for population health management, quality improvement, quality measurement, disparity information, and outreach. Oaklawn’s CQI team meets quarterly to review reports and plan continuous improvement methodologies to address needs. In addition, Oaklawn develops disparity impact statements with associated goals and metrics to monitor ongoing progress. Oaklawn engages with managed care entities and other insurers to track and monitor outcomes. Oaklawn is in the process of developing a data management agreement with Notre Dame’s Lucy Institute. This partnership will increase the ability and sophistication of reporting in this area and tie outcomes and data with world class researchers for ongoing consultation and learning. | CO 142 Performance Improvement/ Quality Assurance Plan | | **3.b.3** | Oaklawn’s EHR provides all noted capabilities. |  | | **3.b.4** | Currently, Oaklawn does not work with any DCOs. However, all steps are taken to obtain client consent for release of information from people receiving services to assist with care coordination. |  | | **3.b.5** | Oaklawn will develop and implement a plan within two years from certification to focus on ways to improve care coordination with community partners and agencies (and DCOs if it is identified that we need to arrange that collaboration). This plan will include all of the requirements listed in this criterion, as well as any recommendation from the State and/or federal level. |  | | **3.c.1** | As provided in document “Community Partners- Agreements,” which is located in the folder titled “Attachment E- Supporting Documents,” Oaklawn currently works and has referral processes in place with all of the local FQHCs and is developing formal, signed agreements (MOUs) with the four Federally Qualified Health Centers in our service area. They are:   * St. Joseph County- Health Linc & Indiana Health Center * Elkhart County- Maple City Health and Heart City Health   In addition, Oaklawn’s Medical Director and another Oaklawn psychiatrist staff cases with HealthLinc and Indiana Heath Center.  Currently, Oaklawn screens all individuals for primary care at intake and refers to FQHCs when gaps and needs are identified. Releases of information are obtained and information is sent to the appropriate FQHC. Oaklawn also has dedicated office space for the FQHC, Indiana Health Center. This FQHC provides primary care in Oaklawn’s offices for clients. This valuable partnership allows clients to come to one site for behavioral health and medical health care.  \*We have a Letter of Support from Maple City Health, which is located in the folder titled “Attachment D- Supporting Documents.” | Oaklawn’s Continuum of Care | | **3.c.2** | As provided in the supporting document titled “Community Partners- Agreements,” Oaklawn has and is developing formal, signed agreements/care coordination expectations with programs that provide the following:   * Inpatient psychiatric treatment * OTP services * Withdrawal management facilities * School-based mental and behavioral health services * Other social work services (i.e., those agencies listed in criterion 3.c.3) * Tribally operated mental health and substance use providers   + Pokagon Band: we meet with the Behavioral Health Manager and are working on developing an agreement.   Oaklawn participates in the Indiana Health Information Exchange (IHIE) and receives ADT alerts for clients who have been admitted to facilities (i.e., inpatient psychiatric treatment facilities). Oaklawn has peer support professionals who meet with individuals prior to discharge to link with resources and ongoing care. In addition, Oaklawn’s Open Access Clinics allow for same day access following discharge to meet with a therapist for a risk assessment, safety planning, and crisis prevention planning.  Oaklawn is in the process of developing formal and signed agreements for those that are not currently formalized. | Please see “Community Partner- Agreements” in folder “Attachment E- Supporting Documents” | | **3.c.3** | Oaklawn has over 50 MOUs, referral agreements, and partnerships with organizations in  the community. In addition, Oaklawn embeds staff in the following programs to enhance care coordination:   * Schools * Juvenile and Criminal Justice agencies and facilities * Other social and human services * Local Outreach to Suicide Survivors Teams (LOSS)   Oaklawn will continue to expand these MOUs, agreements, and partnerships, as outlined in the agreement list.  In alignment with the categories provided in criterion 3.c.1-3.c.5, supporting document titled “Community Partners- Agreement,” the specific community partners/agencies that fulfill each service category are outlined. While this list is not exhaustive, they are the most frequently utilized, based on our community needs assessment, are located near our service area, and accept Medicaid/offer an ability to pay scale/or offer services at no cost (as nearly 70% of our clients are insured by Medicaid and 10% are uninsured).  Oaklawn has developed protocols through local dispatch, so that calls coming to the area from 911 and 988 are screened and when appropriate sent to Oaklawn’s mobile response team for further screening and planning. This dispatch protocol involves representation from local police departments, 911, 988, and local EMS and Fire entities. | Oaklawn’s Continuum of Care-CCBHC  Community Partner- Agreements | | **3.c.4** | Oaklawn has informal partnerships and formal partnerships with veteran serving organizations and is in the process to formalize all. Oaklawn has formalized partnership with Veterans Court and provides staff and peer support to the Veterans Court, as a diversion program to divert veterans from the justice system and into appropriate services. As identified in the needs assessment, local veteran serving organizations require additional support for face-to-face therapy and refer veterans requesting those services to many providers, including Oaklawn. In addition, Veterans Serve Organizations/VA are required to refer out if they are not able to see the veteran in fewer than 21 days, and since Oaklawn has same day access, many are referred through this process. Oaklawn screens all individuals coming into services for veteran status (includes veteran’s and those currently serving). We are working to establish a formalized protocol, in response to the Compact Act. Oaklawn provides assessment and screening for all and then coordinates with the Compact Act Social Worker for follow up and linking to additional resources.  Oaklawn has access to training through the formalized Learning Management System, Relias that is evidenced-based and culturally fluent. | Oaklawn’s Continuum of Care- CCBHC  RI 140 RI 140 Cultural and Linguistically Appropriate Services | | **3.c.5** | Oaklawn has processes in place to receive ADT alerts from IHIE, when an Oaklawn client is hospitalized. Oaklawn has peer support professionals who meet with individuals prior to discharge to link them with resources and ongoing care. Oaklawn’s Open Access Clinics allow for same day access following discharge to meet with a therapist for a risk assessment, safety planning, and crisis prevention planning. In addition, Oaklawn’s nurses and case managers contact individuals post discharge. | CS 120 Access to Services  CS 410 Care Coordination with Community Providers and Referral Sources | | **3.d.1** | Oaklawn shares clinical information with other care/service providers as allowed by regulations, and with the written consent of the client. Oaklawn’s policy “The Role of Family and Other Supports in Treatment” requires that staff asks clients to sign a release allowing providers and staff to communicate and collaborate with the family in assessment and treatment planning. Family members are encouraged to voice their wishes and concerns in the ongoing treatment planning process. Oaklawn delivers services and develops treatment plans that are person-centered, family-centered, and align with the requirements of Section 2402(a) of the Affordable Care Act, State regulations, and are consistent with best practices. | CS 368 The Role of Family and Other Supports in Treatment | | **3.d.2** | Oaklawn’s Planning Care, Treatment, and Services Policy requires an individualized treatment plan to be created for every client who seeks ongoing care, treatment, and/or services. The plan is based on the assessed needs of the client, the client's preferences, and the clinical, rehabilitative, and other treatments/services most appropriate to assist in meeting the plan's goals. An interdisciplinary and person-centered approach that includes the client and family and collaborates with others (when warranted) is utilized. The strengths, limitations, and needs of the client and of the client's support system are incorporated. The plan also reflects Oaklawn's mission, vision, values, and expertise in a manner that also respects the client's goals, family, culture, and unique experience.  The interdisciplinary team consists of individuals who can address treatment through a “whole person” lens. This includes staff who can address the medical, psychiatric, psychosocial, emotional, therapeutic, and recovery needs of the person receiving services. The team meets at a cadence that is in accordance with the treatment plan (no less than every 90 days) or at the request of the person receiving services.  Regarding clients who may be seeking traditional or religious approaches to treatment, Oaklawn can help facilitate that via care coordination with community partners or internally. Oaklawn is the only CCBHC in Indiana who is faith-based. We work with a variety of faith-based organizations in our service areas to provide linkages of care. We are working on developing a care coordination agreement with the Pokagon Band (local Indian tribal organization) to help facilitate a transition of services for those who are seeking traditional approaches to care.  \*In FY 2022, 0.3% of clients identified as “American Indian or Alaska Native.”  Additionally, the Amish community make up about 3.2%1 of Elkhart County’s population. About 2% of the clients Oaklawn serve speak Pennsylvania Dutch. Oaklawn is historically and presently rooted in Mennonite values. In response to this Oaklawn provides outpatient services to the Amish community as well as residential services. The clinical services provided in these programs are delivered by a variety of licensed staff and clinically-trained therapists who are proficient in Pennsylvania Dutch. Our inpatient facility and crisis services are also available to the Amish community.  1 <https://www.incontext.indiana.edu/2012/nov-dec/article2.asp> | HI 150 Planning Care, Treatment and Services  CS 164 Spiritual/Pastoral Care  RI 140 Cultural and Linguistic Appropriate Services  PD 160 Amish Services | | **3.d.3** | Oaklawn does not have any DCOs currently. However, Oaklawn does coordinate care and services provided by community partners and agencies in accordance with a client’s current treatment plan. This would be for any service outside of the nine required CCBHC services (i.e., housing, primary care, intimate partner violence support, etc.). All care coordination efforts are done with client consent to release information and as allowed by privacy regulations. | CS 410 Care Coordination with Community Partners and Referral Sources  RI 245 Use of Disclosure of Client Information | |

# Program Requirement 4: Scope of Services

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| **Criterion #** | **Criterion** | **Do you currently meet this criterion?** | **If not, will you be able to meet this criterion by 7/1/24?** |
| 4.a.1 | Whether delivered directly or through a DCO agreement, the CCBHC is responsible for ensuring access to all care specified in PAMA. The CCBHC organization will directly deliver the majority (51% or more) of encounters across the required service (excluding Crisis Services) rather than through DCOs. This includes, as more explicitly provided and more clearly defined below in criteria 4.c through 4.k the following required services: crisis services; screening, assessment and diagnosis; person-centered and family-centered treatment planning; outpatient behavioral health services; outpatient primary care screening and monitoring; targeted case management; psychiatric rehabilitation; peer and family supports; and intensive community-based outpatient behavioral health care for members of the U.S. Armed Forces and veterans. All DCOs that the CCBHC contracts with must be currently certified or designated when applicable in their field of service. The CCBHC must document the relationship with a DCO with an MOU or other contractual arrangement, and will inform DMHA as part of the designation/certification process. | **YES** |  |
| 4.a.2 | The CCBHC ensures all CCBHC services, if not available directly through the CCBHC, are provided through a DCO, consistent with the freedom of the person receiving services to choose providers within the CCBHC and its DCOs. This requirement does not preclude the use of referrals outside the CCBHC or DCO if a needed specialty service is unavailable through the CCBHC or DCO entities. The CCBHC must include language around freedom of choice, as part of the patient's rights documents.  The CCBHC is required to document services they directly provide and then services they link with a DCO to provide. This information must be available online, in paper, and highly accessible. | **YES-**  **Exceeding** |  |
| 4.a.3 | With regard to either CCBHC or DCO services, people receiving services will be informed of and have access to the CCBHC’s existing grievance procedures, which must satisfy the minimum requirements of Medicaid and other grievance requirements such as those that may be mandated by relevant accrediting entities or state authorities.   The CCBHC must develop a grievance procedures client guide that explains processes, procedures, and client rights (including, but not limited to switching providers and filing a grievance). The client guide must be written in an accessible and easy to understand manner, and available in multiple languages and modalities. The CCBHC is required to post the CCBHC grievance policies in highly visible and accessible places.   The CCBHC must display information about the DMHA consumer service line, disability rights hotline, and other relevant resources, as part of patient's rights documents. This information must be available online, in paper, and posted in highly visible and accessible places. | **YES** |  |
| 4.a.4 | DCO-provided services for people receiving CCBHC services must meet the same quality standards as those provided by the CCBHC. The entities with which the CCBHC coordinates care and all DCOs, taken in conjunction with the CCBHC itself, satisfy the mandatory aspects of these criteria. | **YES** |  |
| 4.b.1 | The CCBHC ensures all CCBHC services, including those supplied by its DCOs, are provided in a manner aligned with the requirements of Section 2402(a) of the Affordable Care Act. These reflect person-centered and family-centered, recovery-oriented care; being respectful of the needs, preferences, and values of the person receiving services; and ensuring both involvement of the person receiving services and self-direction of services received. Services for children and youth are family-centered, youth-guided, and developmentally appropriate. A shared decision-making model for engagement is the recommended approach.   The CCBHC must receive consent from the person receiving services and/or their legal guardian. Criteria 4.b.1 must be included as part of patient's rights documents and be posted in high visibility areas. | **YES** |  |
| 4.b.2 | Person-centered and family-centered care is responsive to the race, ethnicity, sexual orientation and gender identity of the person receiving services and includes care which recognizes the particular cultural and other needs of the individual. This includes, but is not limited to, services for people who are American Indian or Alaska Native (AI/AN) or other cultural or ethnic groups, for whom access to traditional approaches or medicines may be part of CCBHC services. For people receiving services who are AI/AN, these services may be provided either directly or by arrangement with tribal organizations.  The CCBHC must include language around person-centered and family-centered care, as part of the patient's rights documents. Person-centered and family-centered care is responsive to the person receiving services and includes care which recognizes and respects the individual's cultural and other needs. | **YES** |  |
| 4.c.1 | The CCBHC shall provide crisis services directly or through a DCO agreement with existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services. HHS recognizes that state-sanctioned crisis systems may operate under different standards than those identified in these criteria. If a CCBHC would like to have a DCO relationship with a state-sanctioned crisis system that operates under less stringent standards, they must request approval from HHS to do so.  The State must request approval from HHS to certify CCBHCs that have or seek to have a DCO relationship with a state-sanctioned crisis system with less stringent standards than those included in these criteria.  PAMA requires provision of these three crisis behavioral health services, whether provided directly by the CCBHC or by a DCO. The CCBHC must develop and document procedures on how they provide the three crisis behavioral services below:   * **Emergency crisis intervention services:** The CCBHC coordinates with telephonic, text, and chat crisis intervention call centers that meet 988 Suicide & Crisis Lifeline standards for risk assessment and engagement of individuals at imminent risk of suicide. The CCBHC should participate in any state, regional, or local air traffic control (ATC)23 systems which provide quality coordination of crisis care in real-time as well as any service capacity registries as appropriate. Quality coordination means that protocols have been established to track referrals made from the call center to the CCBHC or its DCO crisis care provider to ensure the timely delivery of mobile crisis team response, crisis stabilization, and post crisis follow-up care. * **24-hour mobile crisis teams:** The CCBHC provides community-based behavioral health crisis intervention services using mobile crisis teams twenty-four hours per day, seven days per week to adults, children, youth, and families anywhere within the service area including at home, work, or anywhere else where the crisis is experienced. Mobile crisis teams are expected to arrive in-person within one hour (90 minutes in rural and frontier settings) from the time that they are dispatched, with response time not to exceed 3 hours. Telehealth/telemedicine may be used to connect individuals in crisis to qualified mental health providers during the interim travel time. Technologies also may be used to provide crisis care to individuals when remote travel distances make the 90-minute response time unachievable, but the ability to provide an in-person response must be available when it is necessary to assure safety. The CCBHC should consider aligning their programs with the CMS Medicaid Guidance on the Scope of and Payments for Qualifying Community-Based Mobile Crisis Intervention Services if they are in a state that includes this option in their Medicaid state plan. * **Crisis receiving/stabilization:** The CCBHC provides crisis receiving/stabilization services that must include at minimum, urgent care/walk-in mental health and substance use disorder services for voluntary individuals. Urgent care/walk-in services that identify the individual’s immediate needs, de-escalate the crisis, and connect them to a safe and least-restrictive setting for ongoing care (including care provided by the CCBHC). Walk-in hours are informed by the community needs assessment and include evening hours that are publicly posted. The CCBHC should have a goal of expanding the hours of operation as much as possible. Ideally, these services are available to individuals of any level of acuity; however, the facility need not manage the highest acuity individuals in this ambulatory setting. Crisis stabilization services should ideally be available 24 hours per day, 7 days a week, whether individuals present on their own, with a concerned individual, such as a family member, or with a human service worker, and/or law enforcement, in accordance with state and local laws. In addition to these activities, the CCBHC may consider supporting or coordinating with peer-run crisis respite programs. The CCBHC is encouraged to provide crisis receiving/stabilization services in accordance with the SAMHSA National Guidelines for Behavioral Health Crisis Care.   Services provided must include suicide prevention and intervention, and services capable of addressing crises related to substance use including the risk of drug and alcohol related overdose and support following a non-fatal overdose after the individual is medically stable. Overdose prevention activities must include ensuring access to naloxone for overdose reversal to individuals who are at risk of opioid overdose, and as appropriate, to their family members. The CCBHC or its DCO crisis care provider should offer developmentally appropriate responses, sensitive de-escalation supports, and connections to ongoing care, when needed. The CCBHC will have an established protocol specifying the role of law enforcement during the provision of crisis services. As a part of the requirement to provide training related to trauma-informed care, the CCBHC shall specifically focus on the application of trauma-informed approaches during crises.   *Note: See program requirement 2.c regarding access to crisis services and criterion 3.c.5 regarding coordination of services and treatment planning, including after discharge from a hospital inpatient or emergency department following a behavioral health crisis.* | **YES** |  |
| 4.d.1 | The CCBHC directly, or through a DCO, provides screening, assessment, and diagnosis, including risk assessment for behavioral health conditions. In the event specialized services outside the expertise of the CCBHC are required for purposes of screening, assessment, or diagnosis (e.g., neuropsychological testing or developmental testing and assessment), the CCBHC refers the person to an appropriate provider. All relationships with a DCO or other consultation organization must be documented by the CCBHC.  When necessary and appropriate screening, assessment and diagnosis can be provided through telehealth/telemedicine services. All screening tools must be evidence-based. Multiple tools may be used such as screening suicide risk and violence risk. Other screening tools and assessments may be used to measure progress and outcomes, as well as level of care (*i.e.,* LOCUS). | **YES** |  |
| 4.d.2 | Screening, assessment, and preliminary diagnosis are conducted in a time frame responsive to the needs and preferences of the person receiving services and meeting other CCBHC criteria for emergent, urgent, and routine appointments. They are of sufficient scope to assess the need for all services required to be provided by the CCBHC. | **YES** |  |
| 4.d.3 | The initial evaluation (including information gathered as part of the preliminary triage and risk assessment, with information releases obtained as needed), as required in program requirement 2, includes at a minimum:   1. Preliminary diagnoses 2. The source of referral 3. The reason for seeking care, as stated by the person receiving services or other individuals who are significantly involved 4. Identification of the immediate clinical care needs related to the diagnosis for mental and substance use disorders of the person receiving services 5. A list of all current prescriptions and over-the counter medications, herbal remedies, and dietary supplements and the indication for any medications 6. A summary of previous mental health and substance use disorder treatments with a focus on which treatments helped and were not helpful 7. The use of any alcohol and/or other drugs the person receiving services may be taking and indication for any current medications 8. An assessment of whether the person receiving services is a risk to self or to others, including suicide risk factors 9. An assessment of whether the person receiving services has other concerns for their safety, such as intimate partner violence 10. Assessment of need for medical care (with referral and follow-up as required) 11. A determination of whether the person presently is, or ever has been, a member of the U.S. Armed Services 12. For children and youth, whether they have system involvement (such as schools, child welfare, and/or juvenile justice)   The initial evaluation is conducted by a licensed Master's degree level clinician, licensed clinician, or clinical trainee, set forth in its contractual agreement to provide CCBHC services |  |  |
| 4.d.4 | A comprehensive evaluation is required for all people receiving CCBHC services. Subject to applicable state, federal, or other accreditation standards, clinicians should use their clinical judgment with respect to the depth of questioning within the assessment so that the assessment actively engages the person receiving services around their presenting concern(s). The evaluation should gather the amount of information that is commensurate with the complexity of their specific needs, and prioritize preferences of people receiving services with respect to the depth of evaluation and their treatment goals. The evaluation shall gather information for a treatment plan and crisis prevention plan. The comprehensive evaluation must be completed within 60 days of initial evaluation. Providers that oversee the treatment plan are required to see the person receiving services and family/legal guardian again, if applicable, or review the documentation to certify the treatment and specific treatment methods at intervals not to exceed 90 days, unless the state, federal, or applicable accreditation standards are more stringent. These reviews must be documented in writing. The evaluation shall include:   1. Reasons for seeking services at the CCBHC, including information regarding onset of symptoms, severity of symptoms, and circumstances leading to the presentation to the CCBHC of the person receiving services. 2. An overview of relevant social supports; social determinants of health; and health- related social needs such as housing, vocational, and educational status; family/caregiver and social support; legal issues; and insurance status. 3. A description of cultural and environmental factors that may affect the treatment plan of the person receiving services, including the need for linguistic services or supports for people with LEP. 4. Pregnancy and/or caregiver status. 5. Behavioral health history, including trauma history and previous therapeutic interventions and hospitalizations with a focus on what was helpful and what was not helpful in past treatments. 6. Relevant medical history and major health conditions that impact current psychological status. 7. A medication list including prescriptions, over-the counter medications, herbal remedies, dietary supplements, and other treatments or medications of the person receiving services. Include those identified in a Prescription Drug Monitoring Program (PDMP) that could affect their clinical presentation and/or pharmacotherapy, as well as information on allergies including medication allergies. 8. An examination that includes current mental status, mental health (including depression screening, and other tools that may be used in ongoing measurement- based care), substance use disorders (including tobacco, alcohol, and other drugs), and gambling. 9. Basic cognitive screening for cognitive impairment. 10. Assessment of imminent risk, including suicide risk, withdrawal and overdose risk, danger to self or others, urgent or critical medical conditions, and other immediate risks including threats from another person. 11. The strengths, goals, preferences, and other factors to be considered in treatment and recovery planning of the person receiving services. 12. Assessment of the need for other services required by the statute (i.e., peer and family/caregiver support services, targeted case management, psychiatric rehabilitation services). 13. Assessment of any relevant social service needs of the person receiving services, with necessary referrals made to social services. For children and youth receiving services, assessment of systems involvement such as child welfare and juvenile justice and referral to child welfare agencies as appropriate. 14. An assessment of need for a physical exam or further evaluation by appropriate health care professionals, including the primary care provider (with appropriate referral and follow-up) of the person receiving services. 15. The preferences of the person receiving services regarding the use technologies such as telehealth/telemedicine, video conferencing, remote patient monitoring, and asynchronous interventions. | **YES** |  |
| 4.d.5 | Screening and assessment conducted by the CCBHC related to behavioral health include those for which the CCBHC will be accountable pursuant to program requirement 5, Attachment F Quality Metrics, and Attachment G Evidence Based Practices, Assessments, and Screeners. The CCBHC should not take non-inclusion of a specific metric in Attachment F or G as a reason not to provide clinically indicated behavioral health screening or assessment.   *The State will define a pre-approved list of screening and assessment tools that a CCBHC may use and is considering those listed in Attachment G. The State will also establish a list of required Evidence-Based Practices that each CCBHC must use and optional, recommended practices. These lists will be finalized during the Demonstration Program, informed by CNAs, data submitted in other State systems, and findings during the Demonstration.* | **YES** |  |
| 4.d.6 | The CCBHC uses standardized and validated and developmentally appropriate screening and assessment tools appropriate for the person and, where warranted, brief motivational interviewing techniques to facilitate engagement. The CCBHC must use State-approved screening and assessment tools. | **YES** |  |
| 4.d.7 | The CCBHC uses culturally and linguistically appropriate screening tools and approaches that accommodate all literacy levels and disabilities (e.g., hearing disability, cognitive limitations), when appropriate. The CCBHC should utilize interpreters when possible, pursuant to their community's needs. Interpreters must be fluent in English and the relevant non-English language, and meet the remaining qualifications outlined in Criteria 1.d.2. | **YES** |  |
| 4.d.8 | If the preliminary triage identifies unsafe substance use including problematic alcohol or other substance use, the CCBHC conducts a brief intervention and the person receiving services is provided a full assessment and treatment, if appropriate within the level of care of the CCBHC, or referred to a more appropriate level of care. If the screening identifies more immediate threats to the safety of the person receiving services, the CCBHC will take appropriate action as described in 2.b.1. | **YES** |  |
| 4.e.1 | The CCBHC directly, or through a DCO, provides person-centered and family-centered treatment planning, including but not limited to, risk assessment and crisis prevention planning (CCBHCs may work collaboratively with DCOs to complete these activities). Person-centered and family-centered treatment planning satisfies the requirements of criteria 4.e.2 – 4.e.8 below and is aligned with the requirements of Section 2402(a) of the Affordable Care Act, including person receiving services involvement and self-direction.   *Note: See program requirement 3 related to coordination of care and treatment planning.* |  |  |
| 4.e.2 | The CCBHC develops an individualized treatment plan based on information obtained through the comprehensive evaluation and the person receiving services’ goals and preferences. The plan shall address the person’s prevention, medical, and behavioral health needs. The treatment plan will document how identified transportation barriers will be addressed, if applicable. The treatment plan must clearly demonstrate evidence for diagnoses and address which EBPs will be employed for said diagnoses. The plan shall be developed in collaboration with and be endorsed by the person receiving services; their family (to the extent the person receiving services so wishes); and family/caregivers of youth and children or legal guardians. Treatment plan development shall be coordinated with staff or programs necessary to carry out the plan. The plan shall support care in the least restrictive setting possible. Shared decision making is the preferred model for the establishment of treatment planning goals. All necessary releases of information shall be obtained and included in the health record as a part of the development of the initial treatment plan. | **YES** |  |
| 4.e.3 | The CCBHC uses the initial evaluation, comprehensive evaluation, and ongoing screening and assessment of the person receiving services to inform the treatment plan and services provided. An initial treatment plan is required within 60 days of first contact. The initial evaluation must be completed at first visit, with background information submitted during screening.  Providers that oversee the treatment plan are required to see the person receiving services and family/legal guardian again, if applicable, or review the documentation to certify the treatment and specific treatment methods at intervals not to exceed 90 days, unless the state, federal, or applicable accreditation standards are more stringent. These reviews must be documented in writing. | **YES** |  |
| 4.e.4 | Treatment planning includes needs, strengths, abilities, preferences, and goals, expressed in a manner capturing the words or ideas of the person receiving services and, when appropriate, those of the family/caregiver of the person receiving services. | **YES** |  |
| 4.e.5 | The treatment plan is comprehensive, addressing all services required, including recovery supports, with provision for monitoring of progress towards goals. The treatment plan is built upon a shared decision-making approach. | **YES** |  |
| 4.e.6 | Where appropriate, consultation is sought during treatment planning as needed for relevant topics including but not limited to: eating disorders, traumatic brain injury, intellectual and developmental disabilities (I/DD), interpersonal violence, human trafficking, school-based wellbeing, and school-based social emotional supports.  The CCBHC must document any external consultation relationships. | **YES** |  |
| 4.e.7 | The person’s health record documents any advance directives related to treatment and crisis prevention planning. If the person receiving services does not wish to share their preferences, that decision is documented. Please see 3.a.4., requiring the development of a crisis prevention plan with each person receiving services.  Consistent with the criteria in 4.e.1 through 4.e.7, the State may specify other aspects of person-centered and family-centered treatment planning that will be required based upon the needs of the population served. Treatment planning components that should be included as appropriate are: prevention; community inclusion and support (housing, employment, social supports); involvement of family/caregiver and other supports; recovery planning; and the need for specific services required by the statute (i.e., care coordination, physical health services, peer and family support services, targeted case management, psychiatric rehabilitation services, tailored treatment to ensure culturally and linguistically appropriate services). | **YES** |  |
| 4.f.1 | The CCBHC directly, or through a DCO, provides outpatient behavioral health care, including psychopharmacological treatment. The CCBHC or the DCO must provide evidence-based services using best practices for treating mental health and substance use disorders across the lifespan with tailored approaches for adults, children, and families. SUD treatment and services shall be provided as described in the American Society for Addiction Medicine Levels 1 and 2.1 and include treatment of tobacco use disorders. In the event specialized or more intensive services outside the expertise of the CCBHC or DCO are required for purposes of outpatient mental and substance use disorder treatment the CCBHC makes them available through referral or other formal arrangement with other providers or, where necessary and appropriate, through use of telehealth/telemedicine, in alignment with state and federal laws and regulations. The CCBHC also provides or makes available through a formal arrangement traditional practices/treatment as appropriate for the people receiving services served in the CCBHC area. Where specialist providers are not available to provide direct care to a particular person receiving CCBHC services, or specialist care is not practically available, the CCBHC professional staff may consult with specialized services providers for highly specialized treatment needs. For people receiving services with potentially harmful substance use, the CCBHC is strongly encouraged to engage the person receiving services with motivational techniques and harm reduction strategies to promote safety and/or reduce substance use.   The State expects that CCBHC utilizes evidence-based and promising practices when possible across its services. The State will establish a minimum set of evidence-based practices required of the CCBHCs and optional, recommended evidence-based practices as part of the Demonstration Program and is considering, among others, those listed in Attachment G.  *Note: See also program requirement 3 regarding coordination of services and treatment planning.* |  |  |
| 4.f.2 | Treatments are provided that are appropriate for the phase of life and development of the person receiving services, specifically considering what is appropriate for children, adolescents, transition-age youth, and older adults, as distinct groups for whom life stage and functioning may affect treatment. When treating children and adolescents, CCBHCs must provide evidenced-based services that are developmentally appropriate, youth- guided, and family/caregiver-driven. When treating older adults, the desires and functioning of the individual person receiving services are considered, and appropriate evidence-based treatments are provided. When treating individuals with developmental or other cognitive disabilities, level of functioning is considered, and appropriate evidence-based treatments are provided. These treatments are delivered by staff with specific training in treating the segment of the population being served. CCBHCs are encouraged to use evidence-based strategies such as measurement-based care (MBC) to improve service outcomes. |  |  |
| 4.f.3 | Supports for children and adolescents must comprehensively address family/caregiver, school, medical, mental health, substance use, psychosocial, and environmental issues. Examples of supports include, but are not limited to: crisis services, screening diagnosis & risk assessments, psychiatric rehabilitation services, outpatient primary care screening and monitoring, outpatient mental health and substance use services, person- and family-centered care planning, peer family support and counselor services, and/or targeted case management. |  |  |
| 4.g.1 | The CCBHC is responsible for outpatient primary care screening and monitoring of key health indicators and health risk. The CCBHC ensures that the person receiving services receives an initial outpatient primary care screening and is accurately monitored for physical health conditions including, at a minimum, diabetes, heart disease, obesity, tobacco and vaping usage, and chronic obstructive pulmonary disease (COPD). The CCBHC will make every attempt to connect the person receiving services with a primary care physician (PCP), either directly through the CCBHC, through consult or contract with local PCP or pediatrician, or their established PCP or pediatrician. All connection attempts must be documented.   Whether directly provided by the CCBHC or through a DCO, the CCBHC is responsible for ensuring these services are received in a timely fashion. Prevention is a key component of primary care screening and monitoring services provided by the CCBHC.   The Medical Director establishes protocols that conform to screening recommendations with scores of A and B, of the United States Preventive Services Task Force Recommendations (these recommendations specify for which populations screening is appropriate) for the following conditions:   * HIV and viral hepatitis * Primary care screening pursuant to CCBHC Program Requirement 5 Quality and Other Reporting and Attachment F * Other clinically indicated primary care key health indicators of children, adults, and older adults receiving services, as determined by the CCBHC Medical Director and based on environmental factors, social determinants of health, and common physical health conditions experienced by the CCBHC person receiving services population. | **YES** |  |
| 4.g.2 | The Medical Director will develop organizational protocols to ensure that screening for people receiving services who are at risk for common physical health conditions experienced by CCBHC populations across the lifespan. Protocols will include:   * Identifying people receiving services with chronic diseases; * Ensuring that people receiving services are asked about physical health symptoms; and * Establishing systems for collection and analysis of laboratory samples, fulfilling the requirements of 4.g.   In order to fulfill the requirements under 4.g.1 and 4.g.2 the CCBHC should have the ability to collect biologic samples directly, through a DCO, or through protocols with an independent clinical lab organization. Laboratory analyses can be done directly or through another arrangement with an organization separate from the CCBHC. The CCBHC must also coordinate with the primary care provider to ensure that screenings occur for the identified conditions. If the person receiving services’ primary care provider conducts the necessary screening and monitoring, the CCBHC is not required to do so as long as it has a record of the screening and monitoring and the results of any tests that address the health conditions included in the CCBHCs screening and monitoring protocols developed under 4.g. | **YES** |  |
| 4.g.3 | The CCBHC will provide ongoing primary care monitoring of health conditions as identified in 4.g.1 and 4.g.2., and as clinically indicated for the individual. Monitoring includes the following:   1. ensuring individuals have access to primary care services; 2. ensuring ongoing periodic laboratory testing and physical measurement of health status indicators and changes in the status of chronic health conditions; 3. coordinating care with primary care and specialty health providers including tracking attendance at needed physical health care appointments; and 4. promoting a healthy behavior lifestyle.  *may elect to require specific other screening and monitoring to be provided by the CCBHCs in addition to the those described in 4.g.*   *Note: The provision of primary care services, outside of primary care screening and monitoring as defined in 4.g., is not within the scope of the nine required CCBHC services. CCBHC organizations may provide primary care services outside the nine required services, but these primary care services cannot be reimbursed through the Section 223 CCBHC demonstration PPS.   Note: See also program requirement 3 regarding coordination of services and treatment planning.* |  |  |
| 4.h.1 | The CCBHC is responsible for providing directly, or through a DCO, targeted case management services that will assist people receiving services in sustaining recovery and gaining access to needed medical, social, legal, educational, housing, vocational, and other services and supports. CCBHC targeted case management provides an intensive level of support that goes beyond the care coordination that is a basic expectation for all people served by the CCBHC. CCBHC targeted case management services should include but are not limited to the following services:  1) Supports for people deemed at high risk of suicide or overdose, particularly during times of transitions such as from a residential treatment, hospital emergency department, or psychiatric hospitalization. 2) During other critical periods, such as episodes of homelessness or transitions to the community from jails or prisons.  3) For individuals with complex or serious mental health or substance use conditions and for individuals who have a short-term need for support in a critical period, such as an acute episode or care transition. Intensive case management and team-based intensive services such as through Assertive Community Treatment are strongly encouraged but not required as a component of CCBHC services.   Based upon the needs of the population served, states should specify the scope of other CCBHC targeted case management services that will be required, and the specific populations for which they are intended.  The state will develop and specify required targeted case management scope and populations during the demonstration program. Additional details of service and delivery definitions for targeted case management will be further defined in the CCBHC demonstration handbook. | **YES** |  |
| 4.i.1 | The CCBHC is responsible for providing directly, or through a DCO, evidence-based rehabilitation services for both mental health and substance use disorders. Rehabilitative services include services and recovery supports that help individuals develop skills and functioning to facilitate community living; support positive social, emotional, and educational development; facilitate inclusion and integration; and support pursuit of their goals in the community. These skills are important to addressing social determinants of health and navigating the complexity of finding housing or employment, filling out paperwork, securing identification documents, developing social networks, negotiating with property owners or property managers, paying bills, and interacting with neighbors or co- workers.27 Psychiatric rehabilitation services must include supported employment programs designed to provide those receiving services with on-going support to obtain and maintain competitive, integrated employment (e.g., evidence-based supported employment, customized employment programs, or employment supports run in coordination with Vocational Rehabilitation or Career One-Stop services). Psychiatric rehabilitation services must also support people receiving services to:   * Participate in supported education and other educational services; * Achieve social inclusion and community connectedness; * Participate in medication education, self-management, and/or individual and family/caregiver psycho-education; and * Find and maintain safe and stable housing.   Other psychiatric rehabilitation services that might be considered include training in personal care skills; community integration services; cognitive remediation; facilitated engagement in substance use disorder mutual help groups and community supports; assistance for navigating healthcare systems; and other recovery support services including Illness Management & Recovery, financial management, and dietary and wellness education. These services may be provided or enhanced by peer providers.  *The State may specify which evidence-based and other psychiatric rehabilitation services will be required based upon the needs of the population served above the minimum requirements described in 4.i.*  *Note: See program requirement 3 regarding coordination of services and treatment planning.* | **YES** |  |
| 4.j.1 | The CCBHC is responsible for directly providing, or through a DCO, peer supports, including peer specialist and recovery coaches, peer counseling, and family/caregiver supports. Peer services may include: peer-run wellness and recovery centers; youth/young adult peer support; recovery coaching; peer-run crisis respites; warmlines; peer-led crisis prevention planning; peer navigators to assist individuals transitioning between different treatment programs and especially between different levels of care; mutual support and self-help groups; peer support for older adults; peer education and leadership development; and peer recovery services. Potential family/caregiver support services that might be considered include: community resources education; navigation support; behavioral health and crisis support; parent/caregiver training and education; and family-to-family caregiver support.  Requirements for certified peer specialists include (please refer to criteria 3.d.2 for additional details on requirements for peer support professionals and the interdisciplinary team):   1. Scope of services peers provide must be reflective of Community Needs Assessment 2. Partake in interdisciplinary team, crisis prevention planning, treatment planning, and other related activities 3. Serve within service lines that require related engagement, outreach, and other activities 4. Scope of peer specialists must be distinguishable from life skills training providers and case management services   The number of certified peer specialists must be appropriate for the population receiving services, as determined by the community needs assessment, in terms of size and composition and providing the types of services the CCBHC is required to and proposes to offer. | **YES** |  |
| 4.k.1 | The CCBHC is responsible for providing directly, or through a DCO, 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. Care provided to veterans is required to be 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. The provisions of these criteria in general and, specifically in criteria 4.k, are designed to assist the CCBHC in providing quality clinical behavioral health services consistent with the Uniform Mental Health Services Handbook.  *Note: See program requirement 3 regarding coordination of services and treatment planning.* | **YES** |  |
| 4.k.2 | All individuals inquiring about services are asked whether they have ever served in the U.S. military.  Current Military Personnel: Persons affirming current military service will be offered assistance in the following manner:   1. Active Duty Service Members (ADSM) must use their servicing MTF, and their MTF Primary Care Managers (PCMs) are contacted by the CCBHC regarding referrals outside the MTF. 2. ADSMs and activated Reserve Component (Guard/Reserve) members who reside more than 50 miles (or one hour’s drive time) from a military hospital or military clinic enroll in TRICARE PRIME Remote and use the network PCM, or select any other authorized TRICARE provider as the PCM. The PCM refers the member to specialists for care he or she cannot provide and works with the regional managed care support contractor for referrals/authorizations. 3. Members of the Selected Reserves, not on Active Duty (AD) orders, are eligible for TRICARE Reserve Select and can schedule an appointment with any TRICARE- authorized provider, network or non-network. The CCBHC is required to provide direct services and/or conduct a warm handoff to an eligible TRICARE-authorized provider, network, or non-network that can provide such services.   Veterans: Persons affirming former military service (veterans) are offered assistance to enroll in VHA for the delivery of health and behavioral health services. Veterans who decline or are ineligible for VHA services will be served by the CCBHC consistent with minimum clinical mental health guidelines promulgated by the VHA. These include clinical guidelines contained in the Uniform Mental Health Services Handbook as excerpted below (from VHA Handbook 1160.01, Principles of Care found in the Uniform Mental Health Services in VA Centers and Clinics).  *Note: See also program requirement 3 requiring coordination of care across settings and providers, including facilities of the Department of Veterans Affairs.* | **YES** |  |
| 4.k.3 | The CCBHC ensures there is integration or coordination between the care of substance use disorders and other mental health conditions for those veterans who experience both, and for integration or coordination between care for behavioral health conditions and other components of health care for all veterans. | **YES** |  |
| 4.k.4 | Every veteran seen for behavioral health services is assigned a Principal Behavioral Health Provider. The Principal Behavioral Health Provider must have specific training around military and veteran culture and/or lived experience as a veteran or in the military. When veterans are seeing more than one behavioral health provider and when they are involved in more than one program, the identity of the Principal Behavioral Health Provider is made clear to the veteran and identified in the health record. The Principal Behavioral Health Provider is identified on a tracking database for those veterans who need case management. The Principal Behavioral Health Provider ensures the following requirements are fulfilled:   1. Regular contact is maintained with the veteran as clinically indicated if ongoing care is required. 2. A psychiatrist or such other independent prescriber as satisfies the current requirements of the VHA Uniform Mental Health Services Handbook reviews and reconciles each veteran’s psychiatric medications on a regular basis. 3. Coordination and development of the veteran’s treatment plan incorporates input from the veteran (and, when appropriate, the family with the veteran’s consent when the veteran possesses adequate decision-making capacity or with the veteran’s surrogate decision maker’s consent when the veteran does not have adequate decision-making capacity). 4. Implementation of the treatment plan is monitored and documented. This must include tracking progress in the care delivered, the outcomes achieved, and the goals attained. 5. The treatment plan is revised, when necessary. 6. The principal therapist or Principal Behavioral Health Provider communicates with the veteran (and the veteran's authorized surrogate or family or friends when appropriate and when veterans with adequate decision-making capacity consent) about the treatment plan, and for addressing any of the veteran’s problems or concerns about their care. For veterans who are at high risk of losing decision making capacity, such as those with a diagnosis of schizophrenia or schizoaffective disorder, such communications need to include discussions regarding future behavioral health care treatment (see information regarding Advance Care Planning Documents in VHA Handbook 1004.2). 7. The treatment plan reflects the veteran’s goals and preferences for care and that the veteran verbally consents to the treatment plan in accordance with VHA Handbook 1004.1, Informed Consent for Clinical Treatments and Procedures. If the Principal Behavioral Health Provider suspects the veteran lacks the capacity to make a decision about the mental health treatment plan, the provider must ensure the veteran’s decision-making capacity is formally assessed and documented. For veterans who are determined to lack capacity, the provider must identify the authorized surrogate and document the surrogate’s verbal consent to the treatment plan. | **YES** |  |
| 4.k.5 | Behavioral health services are recovery-oriented. The VHA adopted the National Consensus Statement on Mental Health Recovery in its Uniform Mental Health Services Handbook. SAMHSA has since developed a working definition and set of principles for recovery updating the Consensus Statement. Recovery is defined as “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.” The following are the 10 guiding principles of recovery:   * Hope * Person-driven * Many pathways * Holistic * Peer support * Relational * Culture * Addresses trauma * Strengths/responsibility * Respect   As implemented in VHA recovery, the recovery principles also include the following:   * Privacy * Security * Honor   Care for veterans must conform to that definition and to those principles in order to satisfy the statutory requirement that care for veterans adheres to guidelines promulgated by the VHA. | **YES** |  |
| 4.k.6 | All behavioral health care is provided with cultural competence.   1. Any staff who is not a veteran has training about military and veterans’ culture in order to be able to understand the unique experiences and contributions of those who have served their country. Training must be completed annually. 2. All staff receive cultural competency training on issues of race, ethnicity, age, sexual orientation, and gender identity. Training must be completed annually. | **YES** |  |
| 4.k.7 | There is a behavioral health treatment plan for all veterans receiving behavioral health services.   1. The treatment plan includes the veteran’s diagnosis or diagnoses and documents consideration of each type of evidence-based intervention for each diagnosis. 2. The treatment plan includes approaches to monitoring the outcomes (therapeutic benefits and adverse effects) of care, and milestones for reevaluation of interventions and of the plan itself. 3. As appropriate, the plan considers interventions intended to reduce/manage symptoms, improve functioning, and prevent relapses or recurrences of episodes of illness. 4. The plan is recovery oriented, attentive to the veteran’s values and preferences, and evidence-based regarding what constitutes effective and safe treatments. 5. The treatment plan is developed with input from the veteran and, when the veteran consents, appropriate family members. The veteran’s verbal consent to the treatment plan is required pursuant to VHA Handbook 1004.1. | **YES** |  |

**Program Requirement 4: Scope of Services Narrative**

Please provide a narrative explaining your current ability to meet the Certification Criteria in Program Requirement 4. For each criterion, please address:

1. If you currently meet the criterion, how are you doing so?
2. If you are not currently able to meet the criterion, what would you need to do to meet the criterion by the anticipated Demonstration Program start date (7/1/24)? What type of support would you need?
3. If you are exceeding the criterion requirements, what are you doing?

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| |  |  |  | | --- | --- | --- | | **Criterion** | **Description** | **Evidence** | | **4.a.1** | Oaklawn provides all the nine core services directly, including crisis services, as well as screening, assessment and diagnosis; person-centered and family-centered treatment planning; outpatient behavioral health services; outpatient primary care screening and monitoring; targeted case management; psychiatric rehabilitation; peer and family supports; and intensive community-based outpatient behavioral health care for members of the U.S. Armed Forces and veterans.  Oaklawn does not have any DCO’s currently.  \*Program Descriptions for: Crisis Services; Outpatient Addictions; Intensive Outpatient Substance Use for Adolescents; Outpatient Services; Amish Services; Adult Case Management; Adolescent Substance Use; Continuum of Care for SED, SMI and CA; Continuum of Care for Crisis Services. As well as policies addressing; person-centered and family-centered treatment planning, peer and family supports, and care for members of the U.S. Armed Forces and veterans.  Oaklawn does provide additional services which include: an adult inpatient psychiatric hospital, a residential program for children and adolescents and supported group living facilities. | Program Descriptions for all of Oaklawn’s services are available.\*  Oaklawn’s Continuum of Care- CCBHC  HR 495 Peer Support Staff  RI 140 Cultural and Linguistic Appropriate Services  HI 150 Planning Care, Treatment, and Services | | **4.a.2** | Choice of provider is intrinsic to a trauma-informed, person-centered, and recovery-oriented program. All Oaklawn clients or parent/guardians have the freedom to choose their provider and to change their provider without having to specify a reason.  In some situations, the best provider may be outside of Oaklawn. Referrals and care coordination efforts are documented in the clinical record. Staff will offer the client available options and facilitate an internal or external transfer per CS 420 Continuity of Care within Oaklawn or CS 410 Care Coordination with Community Providers and Referral Sources. The current and potential new providers review the case, and staff with a larger treatment team if needed.  In both instances, Oaklawn notifies clients of the right to choose and change providers at Admission, in the written Client Rights notices, and on request. | RI 134 Client Transfer- Choice of Provider  CS 410 Care Coordination with Community Providers and Referral Sources  CS 420 Continuity of Care within Oaklawn  Oaklawn’s Continuum of Care- CCBHC | | **4.a.3** | The grievance procedure is provided to all clients upon admission. Client feedback forms are available at every reception desk. Client complaints contact information—through Oaklawn, the Indiana Division of Mental Health and Addiction, and the Joint Commission—are prominently displayed in all waiting rooms, group homes, and in the inpatient unit. There is a link to file complaints through Oaklawn’s website.  Additionally, Oaklawn posts a “know your rights” document that includes information about clients rights (including the right to switch providers and how to file a complaint or grievance), our promise not to discriminate, our feeds, our privacy practices, and privacy practices for the Homeless Management Information System (HMIS). This is available in Spanish as well, per our findings from the needs assessment.  Oaklawn’s Client Complaints and Grievances Policy complies with CMS inpatient rules (42 CFR 482.13(a)), Indiana regulations (440 IAC 4.1-4-5(5)), and The Joint Commission’s requirements RI 01.01.01, RI 01.07.01. Information on making a complaint to the Client Advocate, Indiana Family and Social Services Administration, and The Joint Commission is available on Oaklawn’s website and in reception areas. Client feedback forms are also available in reception areas**.**  Oaklawn has a formalized process and tracks and investigates grievances through the Simplr Safety software. This ensures that complaints are properly investigated, mediated and responded to and allows Oaklawn to look for trends. Incidents must be signed off by senior level leadership and the process is managed by Oaklawn’s compliance manager. Complaints may be given verbally, in writing, or submitted online. | RI 210 Client Complaints and  Grievances  RI 110 Client Notices  Client Feedback Form  Oaklawn’s Website  Know Your Rights Document | | **4.a.4** | Oaklawn does not have DCO’s currently but understands the requirements if we needed to establish one. | Oaklawn’s Continuum of Care- CCBHC | | **4.b.1** | Oaklawn receives consent from the person receiving services and/or their legal guardian as part of the intake process through Open Access. This is included in the patient’s rights documents and is posted in reception areas and on Oaklawn’s website.  All services are provided in a manner that aligns with the requirements of Section 2402(a) of the Affordable Care Act as well as person centered, family-centered, recovery oriented, and respectful of the needs, preferences, and values of the person receiving services as outlined in Continuum of Care- CCBHC. | RI 110 Client Notices  RI 130 Client Rights  Oaklawn’s Continuum of Care- CCBHC | | **4.b.2** | To align with the CCBHC criteria, as well as an organizational desire to provide person centered and family centered care that is responsive to race, ethnicity, sexual orientation, and the gender identity of the person receiving services, Oaklawn has outlined its commitment in “Continuum of Care- CCBHC.” Oaklawn’s Director of Diversity, Equity and Inclusion actively ensures that services and programs are designed and implemented with a cultural competence lens. | Oaklawn’s Continuum of Care- CCBHC  RI 140 Cultural Competency | | **4.c.1** | Oaklawn provides crisis services directly and has submitted the application to the state for Mobile Crisis Designation Status. Our crisis services align with all three pillars and best practices of the 988 Suicide and Crisis Lifeline.  Emergency Crisis Intervention Services   * Oaklawn actively receives referrals from the Regional 988 Call Center. We are working on developing a referral agreement so that it aligns with both State and federal guidelines as they are established. Current protocols are in place so that calls that come to this area from 988 and 911 are screened through dispatch and routed to Oaklawn’s mobile crisis team. Source of referral and disposition of the call is tracked through Oaklawn’s EHR. * Oaklawn is contracted by the State to provide CRSS and MCT services in alignment with the requirements set forth in the contract. As part of the contract, Oaklawn has committed to be a collaborative partner that responds to the needs of the State to help establish Indiana’s 988 Crisis Response System. * Once established, Oaklawn will participate in the (ATC)23 systems that provide quality coordination of crisis care in real-time as well as any service capacity registries as appropriate.   24-hour Mobile Crisis Teams   * Oaklawn has two Mobile Crisis Teams (one in each county) and one Mobile Opiate Team (operates in both counties, as well as Marshall County). * Oaklawn received an Early Diversion grant from SAMHSA that will be used to implement a Youth Mobile Crisis Team based off MRSS guidelines. * Oaklawn provides 24/7 crisis services that are guided by its Mission, Vision, Values, program descriptions, and limited by available resources. It provides mental health and substance use crisis services, regardless of residency or ability to pay. * Mobile Crisis staff document each call and mobilization in the EHR   + The EHR tracks all required data points as outlined in the MCT Scope of Work contract set forth by DMHA. Oaklawn is able to collect and report on all required data.   + Please see attachment “Crisis Triage PowerBI” located in the supporting documents folder for attachment E. This provides a brief snapshot of one way in which we are using collected data to monitor compliance and improve services for clients. For example, we can see that the average travel time of the mobile team is 44 minutes but the median time is 13 minutes. This both shows us that we are in compliance but also that a closer look at the data may uncover outliers that could point to potential service or data collection improvements. * Oaklawn meets all the designation requirements for acute intervention services, follow up intervention services, staffing requirements, training requirements, reporting, and other duties that we are contracted to provide or be in compliance with per our contract with the State. * Peer support professionals play an integral role in all of our crisis services.   Crisis Receiving/Stabilization Services   * Oaklawn is working on standing up two Crisis Centers - one in St. Joseph County (anticipated opening date - December 2023) and one in Elkhart County (opening Spring 2024). * By the end of December 2023, Oaklawn will have a 24/7 crisis center, operating with a no wrong door policy, and in alignment with SAMHSA best practices. * Currently clients in crisis walk into the outpatient offices to Open Access. On two campuses, master’s level therapists are available 6 hours a day for walk-ins, and the other campus 4 hours a day. |  | | **4.d.1** | Oaklawn directly provides this core service through same day access in Oaklawn’s Open Access clinics; 5 days a week on all 3 outpatient campuses. Open Access accepts new clients, current clients in crisis, individuals who have just been discharged from a hospital or inpatient unit for risk assessment, safety planning, and full biopsychosocial assessments for diagnoses. In addition, Oaklawn operates a 24/7 phone line the provides screening and risk assessments for individuals in crisis. Oaklawn also has staff that dispatch to hospital emergency departments for onsite screening and risk assessments.  In the event specialized services outside Oaklawn’s expertise are required (e.g., neuropsychological testing or developmental testing and assessment), staff make appropriate referrals. Additionally, staff seek consultation for special emphasis problems (e.g., eating disorder, traumatic brain injury, interpersonal violence, human trafficking, school-based wellbeing, and school-based social emotional support) and document this consultation in the clinical record.  Individuals who are requesting, or those whose clinicians recommend, screening, assessment, and diagnosis for intellectual and developmental disability will receive a referral for psychological testing. Children are referred to their school and adults will be referred to Vocational Rehabilitation.  Additionally, as provided in supporting document “Community Partners-Agreement,” Oaklawn works with the Logan Center (St. Joseph County) and ADEC (Elkhart County) for individuals who have identified that they have an intellectual or developmental disability and they wish to get involved with community resources.  Additionally, Oaklawn is pursuing the LOCUS/CALOCUS as a level of care assessment tool that will be especially used in our crisis services. We are establishing a business agreement with Deerfield Solutions, the exclusive provider of the online version of LOCUS and CALOCUS clinical assessment tools. The online software requires an EHR integration and so we have connected Deerfield and our Qualifacts representative to work on an API integration, as well as getting the buildout in our EHR certified by Deerfield (this is a requirement because of its complexity). As this work is being done and as we secure funding for the annual and ongoing fee we are going to (1) use the cloud-based version and (2) arrange training through the American Association of Community Psychiatrists (AACP). | HI 110 Initial Assessment  HI 150 Planning Care, Treatment, and Services  CS 410 Care Coordination with Community Providers and Referral Sources | | **4.d.2** | Screening, assessment, and preliminary diagnosis are offered same day and are conducted in time frames that meet the needs and preferences of the person receiving services. Because Oaklawn offers an Open Access clinic 5 days a week, individuals are not triaged based on need. Ninety-four percent of all individuals who walk in are seen for a risk assessment and full assessment the same day. This model ensures access to care within 1 business day of request.   * If due to volume, the clinic is unable to provide a full assessment to all walk-in clients on a day, the coordinator will triage need so that any emergent or urgent individuals will receive at a minimum a risk assessment with access to immediate crisis services if needed. Other clients are asked to return to Open Access the following day for a full assessment.   Oaklawn’s Open Access clinic helps coordinate care when emergent and urgent needs are identified. For emergent needs, Oaklawn provides in-person safety planning, facilitates inpatient admission, or facilitates transfer to a Crisis Stabilization Center or ER within 3 hours of first contact. The mobile opiate and mobile crisis teams are utilized when needed. For urgent needs, Oaklawn provides risk assessment, safety planning, and if the client is able, a full biopsychosocial intake assessment (within 1 business day of contact), work to get a prescriber appointment, and link to intensive outpatient, case management, and/or residential services. | CS 120 Access to Services  Open Access Clinic | | **4.d.3** | Oaklawn’s Open Access clinic provides same day screening, initial evaluation, and a comprehensive evaluation. The initial evaluation includes all requirements in criterion 4.d.3 as well as the standards for accreditation with the Joint Commission and Indiana’s Division of Mental Health and Addiction for diagnostic and treatment planning evaluations.  At point of first contact, Open Access staff enter the referral source and reason for seeking care into the EHR and screen for immediate clinical care needs. The consumer is then linked to emergency services if needed, or a clinical care team for further evaluation. The initial assessment gathers further information for care planning includes:   1. Preliminary diagnoses 2. Referral source 3. The reason for seeking care, as stated by the client or their family/supports 4. Immediate clinical care needs related to the diagnosis for mental and substance use disorders 5. A list of all current prescriptions and over-the counter medications, herbal remedies, and dietary supplements, with indications 6. A summary of previous mental health and substance use disorder treatments with a focus on which treatments helped and were not helpful 7. The use of any alcohol and/or other drugs 8. An assessment of risk to self or to others, including suicide risk factors 9. An assessment of the client’s concerns for their safety, such as intimate partner violence 10. Assessment of need for medical care (with referral and follow-up as required) 11. A determination of whether the person presently is, or ever has been, a member of the U.S. Armed Services 12. For children and youth, whether they have system involvement (such as schools, child welfare, and/or juvenile justice)   Complete descriptions of the initial assessment components are found in policy HI 110 Initial Assessment. Additional protocols for follow-up on medical care recommendations, including review by a nurse and physician as appropriate, are outlined in HI 116 Outpatient Health Review.  As a standard part of the intake process, Oaklawn elicits a signed authorization for release of information to the consumer’s primary care provider and referral source. The staff completing the assessment also invite the consumer to identify support persons who may be involved in their care and invite consent to involve in treatment and release information. This is documented in the treatment plan and monitored as part of the treatment plan documentation audit. | HI 110 Initial Assessment  HI 116  Outpatient Health Review  Form 41 Consent to Share  Information | | **4.d.4** | Oaklawn’s Open Access clinic provides same day comprehensive evaluation through the use our biopsychosocial assessment that is conducted by a licensed Master's degree level clinician, licensed clinician, or clinical trainee.  Oaklawn’s biopsychosocial assessment (comprehensive evaluation) includes all the CCBHC requirements as listed in this criterion, as well as the standards for accreditation with the Joint Commission and Indiana’s Division of Mental Health and Addiction for diagnostic and treatment planning evaluations.  A crisis prevention plan is developed based on triggers leading to mental health crisis or substance use crisis, signs of mental health or substance use crisis, coping skills, informal supports, formal supports, and other related topics.  All Screening and assessment tools are:   1. Standardized, validated and developmentally appropriate 2. Evidence-based and DMHA-approved, when available. 3. Culturally and linguistically appropriate to accommodate all literacy levels and disabilities. | HI 110 Initial Assessment | | **4.d.5** | Oaklawn selects screening and assessment tools that are evidence-based, reliable and  valid, and meet the needs of consumers to guide recommendations for appropriate clinical services for best outcomes. Oaklawn has reviewed and responded to both Attachment F: Quality Metrics and Attachment G: Evidence Based Practices.  Once the State has established the list of screening and assessment tools, as well as evidence-based practices- Oaklawn will ensure we have implemented those, as well as any that may be indicated by our Community Needs Assessment. | CS 140 Measuring Clinical Outcomes | | **4.d.6** | Oaklawn employs staff to conduct screening, risk assessment, and behavioral health diagnosis. Clinicians are credentialed to provide these services.  Oaklawn utilizes the DSM-5 Cross-Cutting Symptom Measure for Adults, which screens for tobacco use, unhealthy alcohol use, depression, and suicide/self-harm. Specific screening for tobacco use is conducted using the Fagerstrom Test for Nicotine Dependence with protocol for intervention in CS 370. The Substance Abuse Subtle Screening Inventory (SASSI) is used when indicated and results are incorporated into the diagnostic impression and treatment planning. The Columbia-Suicide Severity Rating Scale (C-SSRS) is embedded in the intake assessment in the electronic health record to screen for suicide risk and immediate development of a safety plan. Oaklawn uses the PHQ9 to screen for and identify clinical depression in adults and guides the treatment planning and intervention. The PHQA is used for youth ages 11-17. Oaklawn provides internal training for staff on Motivational Interviewing and use based on stage of change.  An extensive list of the evidence-based practices, assessments, and screeners that Oaklawn uses are included in Attachment F. | CS 140 Measuring Clinical Outcomes | | **4.d.7** | Oaklawn utilizes evidence-based, reliable, and valid screening tools matched for consumer population. Screening tools are selected that have been validated across diverse populations and are standardly provided in English and Spanish when screens include self-report. Staff who do assessments are also provided the Cultural Formulation Interview (CFI) from the DSM-5, Section III.  When a consumer identifies Limited English Proficiency or requests a preferred language, an Oaklawn bilingual staff or interpreter can be made available as identified through Oaklawn’s Language Access Resources (policy and procedure outlined in CS 625 Language Access). Oaklawn has a broad workforce of Spanish bilingual staff who can provide services in Spanish, and a phone Language Line is used for other languages.  Oaklawn recognizes spirituality as a component of wholeness, and screens for inclusion in the planning of services and provides at consumer’s request an opportunity to review spiritual and/or religious beliefs to incorporate into treatment planning and services.  Oaklawn provides auxiliary aids and services to individuals with disabilities free of charge and in a timely manner. These may include sign language interpretation, large print materials and remote video interpreting services.  Oaklawn posts language assistance taglines in the top 15 languages spoken by individuals with limited English proficiency in Indiana that indicate the availability of language assistance.  Oaklawn uses Propio, as described in criterion 1.d.1 and 1.d.2, and maintains Business Associate Agreements with contractors and vendors to ensure compliance with HIPAA and 42CFR2 related to the confidentiality of client information, required notifications and breach response. | CS 165 Language Access  HI 110 Initial Assessment Form  Self-Report Form | | **4.d.8** | For consumers who enter services through the Open Access Clinic, the initial assessment  screens and assesses for unsafe or problematic substance use, including, when  appropriate, the use of the Substance Abuse Subtle Screening Inventory (SASSI). The  assessment process includes screening for tobacco/nicotine use (Fagerstrom Test for  Nicotine Dependence). Through community outreach efforts, a peer support specialist/recovery coach or housing outreach representative may provide an initial brief intervention, including Motivational Interviewing, and then refer for a full assessment. If, at any time, a provider providing treatment for another need identifies unsafe or problematic substance use, a brief intervention and a referral for a full assessment can be made.  Additionally, staff call the mobile opiate or the mobile crisis team to assist with urgent needs related to substance use. Peer support professionals respond and help assist with care coordination and/or escalation of care (residential, withdrawal, crisis stabilization unit, etc.) in alignment with client needs and preferences. If preliminary triage and screening identifies immediate threats to the safety of the person receiving services, Oaklawn takes steps as described in criterion 2.b.1. Open Access staff receive training to identify high risk substance use behaviors and escalate care immediately when needed. | HI 150 Planning Care, Treatment  and Services  Initial  Assessment  CS 120 Crisis Services  CS 320 Tobacco/  Nicotine | | **4.e.1** | Oaklawn provides this service directly. HI 150 Planning Care, Treatment and Services states: "An individualized treatment plan is created for every client who seeks ongoing care, treatment, and/or services. The plan is based on the assessed needs of the client, the client's preferences, and the clinical, rehabilitative, and other treatments/services most appropriate to assist in meeting the plan's goals. An interdisciplinary and person-centered approach that includes the client and family and collaborates with others (when warranted) is utilized. The strengths, limitations, and needs of the client and of the client's support system are incorporated. The plan reflects Oaklawn's mission, vision, values, and expertise in a manner that also respects the client's goals, family, culture, and unique experience." | HI 150 Planning Care, Treatment and Services | | **4.e.2** | Oaklawn has developed a comprehensive evaluation that all clients go through in Open Access. The biopyschosocial assessment and other screening tools address the whole person and cover a broad range of mental health, substance use, physical health, psychosocial and family history. These tools aid in diagnosis and understanding of Social Determinants of Health and other environmental factors involved to develop an individualized treatment plan that addresses prevention, medical and behavioral health needs as well as any barriers that the client identifies (i.e., transportation or language barriers).  Oaklawn’s treatment plans are built upon a shared decision-making approach that is based on the assessed needs of the client, their preferences, and the clinical, rehabilitative, and other treatment/services that are most appropriate to assist in meeting that plan’s goals. All treatment plans include client’s strengths that will help them reach their identified goals. The treatment plan is discussed with the individual/guardian/caregivers and they are asked to sign the treatment plan to confirm their participation in the development of the plan and agreement to proceed with services outlined in the plan.  A physician or psychologist (HSPP) reviews the plan and electronically signs it to endorse medical necessity of the clinical services outlined.  Oaklawn offers a transportation program that provides rides to and from clinical appointments upon request from the Oaklawn provider or directly from clients. Oaklawn keeps a supply of bus and trolley passes to assist clients with transportation needs. Our skills trainers have access to fleet vehicles to help assist clients with transportation to medical or community appointments. Our community-based staff also assist with transportation barriers by providing rides, providing vouchers and the Interurban Trolley Access program, as well as assist clients with setting up transportation through Medicaid/HIP if they are eligible. Oaklawn also offers virtual options for those who have no means of transportation or prefer telehealth. | HI 150 Planning Care, Treatment  and Services  CS 120 Access to Services  CS 124 Transportation Services  Oaklawn’s Biopsycho-social evaluation | | **4.e.3** | As stated in HI 150 Planning Care, Treatment, and Services, staff use the initial evaluation, comprehensive evaluation, and ongoing screenings and assessment to inform the treatment plan and services provided. An initial treatment plan is developed within 7 days of contact. The provider that oversees the treatment plan will see the client to review the documentation at least every 90 days. They will certify the treatment by documenting the review in the electronic clinical record. | HI 150 Planning Care, Treatment  and Services | | **4.e.4** | All requirements included in criterion 4.e.3 are currently practiced and are stated in policy HI Planning Care, Treatment, and Services. They are captured in client’s treatment plan which is documented in the electronic clinical record. | HI 150 Planning Care, Treatment  and Services | | **4.e.5** | The treatment plan is based on the assessed needs of the client, their preferences, and the clinical, rehabilitative, and other treatment/services most appropriate to assist in meeting the plan’s goals. The treatment plan is built upon a shared decision-making approach with an interdisciplinary collaboration with the client and family/supports. | HI 150 Planning Care, Treatment  and Services | | **4.e.6** | As listed in supporting document “Community Partners- Agreements”, Oaklawn coordinates care with a variety of community partners and agencies. As needed, staff seek consultation for special emphasis problems (e.g., eating disorder, traumatic brain injury, intellectual and developmental disability (I/DD), interpersonal violence, human trafficking, school-based wellbeing, and school-based social emotional support) and document this consultation in the clinical record. The results of consultation are included in the treatment plan. When additional services needed are not available at Oaklawn, appropriate referrals are made and documented in the record. | HI 150 Planning Care, Treatment  and Services | | **4.e.7** | Clients are asked on admission to services about any advance directives. Their answers,  and any documents they provide are recorded in the EHR. This is reviewed with each reassessment and assistance is offered with creating psychiatric advance directives.  Information about Advance Directives are available at all Oaklawn campuses, and staff will provide The Indiana State Department of Health Advance Directives brochures and the Oaklawn Advance Directive form, as well as discuss any concerns. If an outpatient client expresses a desire to create a Psychiatric Advance Directive, staff will provide a copy of the Oaklawn template and Advance Directives pamphlet. Access staff will document in the electronic record Advance Directives Questionnaire whether the client has any type of advance directive and which type(s). If the client has a copy, it will get forwarded to Clinical Records. If it not available, the reason or circumstance will be documented in the questionnaire.  In Adult Case Management programs, staff complete the CareLogic Advance Directives  Questionnaire with clients with serious mental illness at the time of the first Treatment Plan and  review it with each ANSA reassessment. Staff will encourage clients to pursue an understanding of Psychiatric Advance Directives to make an educated decision about making one.  Crisis prevention planning occurs with all clients. Minimally, staff provide new clients with a “Welcome” packet that includes information about 988, Oaklawn’s 24/7 line information, information about our Mobile Crisis Team and Mobile Opioid Team, as well as other hotlines that may be helpful.  Oaklawn meets and exceeds all the treatment plan components that are listed in criterion 4.e.1-4.e.7. If the State specifies other aspects of person-centered and family-centered treatment planning that will be required based upon the needs of the population served, we will implement them if we do not fulfil it already. | R1 136 Advance Directives  Oaklawn’s Psychiatric Advance Directive Form  CS 121 Crisis Services  Oaklawn’s Welcome Packet | | **4.f.1** | The CCBHC provides outpatient behavioral health care, including psychopharmacology. The CCBHC uses available evidence-based and promising practices for mental health and substance use disorders with tailored approaches for adults, children, and families.  Oaklawn provides a range of EBPs appropriate for all phases of a person’s life and  development. Staff providing these services are properly trained and credentialed. Staff  serving youth, SUD clients, and older adults receive population specific training, including annual professional development funds to continue additional education. All staff receive cultural competency training. Some of the evidence-based practices include Motivational Interviewing, Recovery Coaching/Peer Supports, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Medication Assisted Treatment, FDA-approved medications, and Crisis Intervention Team. Also, Oaklawn staff use screenings/assessments, including the Columbia Suicide Severity Rating Scale, PHQ-9/A, GAD7, SBIRT, SASSI, Cross Cutting measures of the DSM, Fagerstrom Test for Nicotine Dependence, and NIDA CTN Common Data Elements. Please see Attachment G for more information.  Oaklawn’s SUD treatment:   1. Aligns with the American Society for Addiction Medicine Levels 1 and 2.1 and includes treatment of tobacco use disorders. 2. Includes motivational techniques and harm reduction strategies to promote safety and/or reduce substance use for those with potentially dangerous use.   When specialized services that are outside of Oaklawn’s scope are identified, we help facilitate care coordination through the use of referrals, formal arrangements, and as needed telehealth/telemedicine. Where specialist care is not practically available for highly specialized treatment needs, CCBHC professional staff will work under consultation with specialized services providers. | Oaklawn’s Continuum of Care- CCBHC  CS 120 Access to Services  CS 140 Measuring Clinical  Outcomes  Program Descriptions for Outpatient Addiction, Outpatient Services, Adult Case Management  CS 140 Continuity of Care with Community Providers and Referral Sources | | **4.f.2** | As stated in the criterion above, Oaklawn offers various treatment modalities. Oaklawn ensures that treatment is provided as appropriate for the phase of life and development of the person receiving services (including child, adolescents, transition age youth, and older adults). This includes:   1. Evidence-based and consistent with DMHA/SAMHSA required practices when applicable, as well as measurement-based care to improve service outcomes. 2. Services for youth are developmentally appropriate, youth-guided, and family/caregiver-driven. 3. Services for older adults consider the desires and functioning of the client. 4. Services for individuals with developmental or other cognitive disabilities consider the person’s level of functioning 5. Treatment is delivered by staff with specific training in treating the segment of the population being served.   \*A list of evidence based practices are listed in Attachment G. | Oaklawn’s Continuum of Care- CCBHC | | **4.f.3** | As with adults, Oaklawn also addresses family/caregiver, school, medical, mental health, substance use, psychosocial, and environmental issues for children and adolescents. Supportive individuals are identified during the comprehensive evaluation, involved in treatment planning, with releases of information obtained as required. Oaklawn provides all the examples of supports listed in this criterion. Additionally, Oaklawn provides the specialized, evidenced-based programs below.  The New Hope Adolescent program is a 28-week intensive substance use treatment program for adolescents with a moderate to severe substance use disorder. Participants learn about substance use, how it affects families and individuals, and skills for recovery.  Insight, a recovery-oriented program, serves individuals ages 14 and older who have experienced their first episode of psychosis within the past five years. Using a team‐based approach, our psychiatric providers, therapists, and case managers work with clients to help them create and reach the recovery goals they feel are important to living a fulfilling life.  Transition to Independence Process (TIP) is an evidence-supported program that prepares and supports the transition of youth (ages 14-26) experiencing emotional or behavioral health issues as they develop independence and enter adult roles. Through a strengths-based approach, TIP provides a youth-driven model and works to engage youth through relationship development, person-centered planning, and a focus on their future goals in connection to these five transition domains: Employment & Career, Educational Opportunities, Living Situation, Personal Effectiveness & Well-being, and Community Life Functioning.  Wraparound is a family-driven, strengths–based approach to services. Is It used most often when a youth is engaged in two or more child-serving systems. An Oaklawn wraparound facilitator organizes a team of people – from informal support systems such as family, friends or faith communities to formal systems such as community service providers – who help the family move toward their goals and achieve positive outcomes. In short, support is “wrapped around” the family.  There are two programs through which children and families can enter wraparound services: [Children’s Mental Health Wraparound (CMHW)](https://www.in.gov/fssa/dmha/2766.htm), through the Indiana Division of Mental Health & Addiction, and the [Children’s Mental Health Initiative (CMHI)](https://www.in.gov/dcs/3401.htm), through the Indiana Department of Child Services. Each program has its own eligibility and exclusion criteria.  Both St. Joseph and Elkhart counties have a system of care – the network of organizations and providers involved in children’s behavioral and mental health. Oaklawn is a proud partner in the systems of care in the counties we serve.  Oaklawn has partnered with school systems in both Elkhart and St. Joseph counties to implement Sources of Strength, an evidence-based suicide prevention program that teaches young people to tap into their natural strengths during tough times.  Overall, Oaklawn partners with schools, community agencies and other organizations to provide behavioral health services in a variety of environments and contexts. | CS 368 The Role of Family and Other Supports in Treatment  Coordination of Family Care form  Oaklawn’s Continuum of Care- SED | | **4.g.1** | Oaklawn screens all individuals requesting treatment for medical health diagnoses, symptoms, and history. Every client receives SBIRT screening at the initial evaluation. When indicated, the CCBHC will refer the client to a local FQHC for primary care ongoing services. The Medical Director has established protocols for screening and monitoring outlined in CS 220, Physical Examination and Health Screening Oaklawn Statement of Policy. The policy conforms to recommendations of the United States Preventative Services Task Force.  Partner organizations provide in person screening for hepatitis and HIV for groups identified as high risk. | CS 220 Physical Examination and Health Screening Oaklawn Statement of Policy | | **4.g.2** | Oaklawn has established protocols outlining the screening for common physical conditions. Vital signs taken at every appointment, with lab values obtained when indicated. The policy also outlines additional measurements to be taken and collected when indicated:   * Adult body mass index screening and follow up * Weight assessments and counseling for nutrition and physical activity for children and adolescents * Care for controlling high blood pressure * Diabetes screening * Diabetes care for people with severe mental illness * Metabolic monitoring for children and adolescents * Cardiovascular health screening * Cardiovascular health monitoring for individuals with cardiovascular disease and schizophrenia   Oaklawn has contracted laboratory services on each of the three outpatient campuses who provide collection and analysis. | CS 220 Physical Examination and Health Screening Oaklawn Statement of Policy | | **4.g.3** | As a CCBHC, Oaklawn ensures that clients have access to high-quality physical health (both acute and chronic) in addition to behavioral health care. Physical health care needs are included in the client’s treatment plan. Each client will receive a health assessment, including physical examination as clinically indicated. Reports will be completed in a timely manner. When issues are identified that indicate further evaluation, Oaklawn provides referral and follow-up for those services. Efforts will be made to exchange health information and coordinate treatment with non-Oaklawn medical providers.  In the Open Access clinic, clients complete a health review form, which is repeated as clinically indicated over the course of treatment. The screening process will include:   * Screening for diabetes, heart disease, obesity, tobacco/vaping, and COPD, and identifying people receiving services clients with chronic diseases * Asking clients about physical health symptoms * Ensuring access to primary care services and monitoring adherence with appointments. * Ensuring ongoing periodic lab testing and physical measures of health status. Oaklawn partners with lab vendors to obtain and test samples. to conduct. * Promoting a healthy behavior lifestyle.   Medical staff will coordinate with the Primary Care Physician (PCP) and other relevant providers regarding primary care screenings and to address any medication side effects. If the PCP is providing the screening and monitoring, Oaklawn may use their records instead of conducting its own screening and monitoring. | CS 220 Physical Examinations and Health Screening  HI 116 Health Review Form | | **4.h.1** | Oaklawn provides targeted case management services directly. Our Adult Case Management (ACM) provides community-based services to adults with serious mental illness (SMI). Services are driven by client strengths and needs to assist people with sustaining recovery and gaining access to needed services and supports. This includes:   1. Support for people deemed at high risk of suicide or overdose, particularly during times of transitions such as from a residential treatment, hospital emergency department, or psychiatric hospitalization. 2. Support during critical periods, such as episodes of homelessness or transitions to the community from jails or prisons. 3. Support of greater interdependence, integration and membership in the community through assistance with skill building, advocacy and linkage. This includes accessing and maintaining entitlements. 4. Assistance with medication management through linkage with the treatment team, education/skill building, medication self-administration, and somatic treatment. 5. Education and training on hygiene and self care, safety, healthy living, grocery shopping, cooking, public transportation, symptom management, coping skills, stress management, wellness, leisure, and community integration activities. 6. Development and advocacy for a well-coordinated, strength based, client-centered treatment plan. 7. Provision of preventative and crisis interventions to reduce the need for acute, psychiatric hospitalizations.   Oaklawn provides peer support professional support for individuals during times of transition and when evaluated to be at high risk for suicide or overdose. Peer support professionals are embedded with teams and co-located, including in the jail and court services. In addition, the mobile crisis team and mobile opiate team provide ongoing follow up and support for individuals during times of transition.  Oaklawn’s Projects for Assistance in Transition from Homelessness (PATH) team provides targeted outreach, case management, and peer support for individuals with SMI and who are experiencing homelessness.  Oaklawn also has an intensive case management team that operates under ACT-like procedures to provide team-based care to the most vulnerable in the community, with a particular focus on those in times of transition. When the State develops definitions for targeted case management, Oaklawn will review and revise the way this service operates if needed. | PD 345 Adult Case Management | | **4.i.1** | Recovery services assist individuals and families working toward recovery from mental and/or substance use problems. They incorporate a full range of social, legal, and other services. that facilitate recovery, wellness, and linkage to and coordination among service providers, and other supports shown to improve quality of life for people (and their families) in and seeking recovery.  Oaklawn provides a continuum of evidence-based rehabilitation services that are culturally and linguistically appropriate for behavioral health disorders. They address the Social Determinants of Health and align with SAMHSA’s 4 Major Dimensions of Recovery:   * **Health**: Learning to overcome, manage, or more successfully live with symptoms and making healthy choices that support one’s physical and emotional wellbeing * **Home**: A stable and safe place to live * **Purpose**: Meaningful daily activities, such as a job, school, volunteer work, or creative endeavors; increased ability to lead a self-directed life; and meaningful engagement in society * **Community**: Relationships and social networks that provide support, connection and hope.   **Oaklawn’s Psychiatric Rehabilitative services include:**  Psychiatric Rehabilitation Services   1. Employment: on-going support to obtain and maintain competitive, integrated employment is provided by staff in ICT (Intensive Community Services), TIP (Transition to Independence), First Episode Psychosis, and through Oaklawn’s partnerships with local Clubhouses. Oaklawn also makes referrals to, and partners with, Vocational Rehabilitation when appropriate. 2. Social inclusion and community connectedness: Clubhouse services are provided by three local organizations that offer opportunities for connection, employment, housing, education, and access to medical and psychiatric services in a single caring and safe environment. Oaklawn has partnerships and supports three local clubhouses. 3. Intensive Community Services: intensive case management with weekly staffing that includes psychiatry, case management, and peer support. Staff refer each client to a PCP, preferably through Oaklawn’s integrated care clinic. Treatment planning includes connecting clients with any available supports to meet their needs. Staff caseloads are smaller than in traditional Adult Case Management so staff can increase frequency of services to meet the client's needs. 4. Supported education and other educational services: Oaklawn provides a continuum of stable housing based on the person's needs. 5. Medication education, self-management, and/or individual and family/caregiver psycho-education 6. Obtain and maintain safe and stable housing: Oaklawn provides a continuum of stable housing based on the person's needs. 7. Family/caregiver support Services may include: community resources education; navigation support; behavioral health and crisis support; parent/caregiver training and education; and family-to-family caregiver support.   Other psychiatric rehabilitation services Oaklawn provides include: assistance navigating healthcare systems, cognitive remediation, dietary and wellness education, facilitated engagement in substance use disorder mutual self-help groups and community supports, financial management, Illness Management & Recovery, and basic activities of daily living. | PD Rehabilitative Services | | **4.j.1** | Peer Support Professionals (PSPs) are fully embraced at Oaklawn. We currently employ 23 PSPs that are embedded on teams across the organization who are involved with crisis services (mobile crisis team), Oaklawn’s PATH program, our Mobile Opiate Team, Case Management, Addiction Services, Transition to Independence Process (TIP), and within our System of Care as family peer support professionals. Additional peers are co-located in the jail and court services. The services that peer provide are reflective of our community needs assessment. Peers are involved in the client’s interdisciplinary team, crisis prevention planning, treatment planning, and all other related activities that are related to engagement and outreach.  Peer services include peer counseling, peer recovery services, peer-run wellness and recovery centers, peer-run crisis respites, warmlines and/or crisis planning, forensic peer support, family/caregiver supports, and youth/young adult peer support.  Additionally, Oaklawn has an internal Peer Task Force that meets to discuss special considerations when hiring, onboarding, and supervising peers as well as related trainings and certifications. | Peer Support Professionals Task Force  Position Description for Peer Support Professionals  HR 495 Peer Support Staff | | **4.k.1** | As a CCBHC, Oaklawn provides intensive, community based behavioral health care for U.S. Armed Forces and veterans. The initial assessment that all individuals complete in our Open Access clinic includes a question about whether they are presently or have even been a member of the U.S. Armed Services.  Consistent with the minimum clinical mental health guidelines provided by the Veterans Health Administration, and specifically the *Uniform Mental Health Services Handbook*, Oaklawn provides the services that include coordination of care, access to psychiatric services, outpatient services, and psychosocial rehabilitation services—all provided within a recovery framework. | CS 120 Access to Services  HI 110 Initial Assessment  Intake forms  RI 140 Cultural and Linguistic Appropriate Services | | **4.k.2.** | As stated above, all individuals inquiring about services are asked wither they have either served in the U.S. military or if they are currently serving.  If the individual responds ‘yes’ to either current military personnel or to being a veteran, assistance is offered in accordance with the requirements listed in this criterion.  Oaklawn assists those who need it to connect with the VHA eligibility workers at the area  CBOCs. While Oaklawn does provide services directly to veterans, we also recognize the Veterans Affairs as the subject matter experts. We are developing a care coordination agreement with our local VA office to assist those who come in for services with access to benefits through the VA, if they are not already connected. To do this, we are coordinating with the Compact Act Social Worker to help determine eligibility for both inpatient and outpatient mental health services. Oaklawn screens and provides assessment to all veterans requesting services and coordinates care through the Compact Act Social Worker.  Oaklawn is a TRICARE-authorized provider; in FY2022, 0.5% of Oaklawn clients had TRICARE as their payor source. | HI 110 Initial Assessment  Intake forms  RI 140 Cultural and Linguistic Appropriate Services  Community Partners- Agreements | | **4.k.3.** | Oaklawn provides both mental health and substance use disorder services to veterans. Additionally, Oaklawn serves veterans and members of the Armed Forces who are involved in the justice system through the Veterans Court, a specialty court providing diversion, with linkages to assessment and treatment. Services are provided at an intensity level determined by the person-centered assessment and treatment planning process. Oaklawn has peer support professionals embedded in this process to help those involved in Veterans Court get connected to services at Oaklawn. | Community Partners-Agreements | | **4.k.4** | The veterans and active-duty military personnel have access to services in the Oaklawn  service area of St. Joseph and Elkhart counties. St. Joseph County has a full-service super community-based outpatient clinic (CBOC), and Elkhart County also has a CBOC.  Additionally, a Vet Center in St. Joseph County serves the entire Oaklawn service area.  Oaklawn coordinates services with the assigned Veteran Justice Officer (VJO) to make  sure each veteran has a Principal Behavioral Health Provider. The Principal Behavioral Health Provider ensures all requirements are fulfilled and that care coordination efforts, as outlined in program requirement 3 and in the care coordination agreement Oaklawn is creating with the VA, are met.  All Oaklawn staff who work with military or veteran consumers are trained in military and veterans’ culture annually in order to be able to understand the unique experiences and contributions of those who have served their country. This includes the Principal Behavioral Health Provider, unless they have lived experience as a veteran or in the military. | RI 140 Cultural and Linguistic Appropriate Services | | **4.k.5** | As stated in policy RI 140, services to veterans and active-duty military are recovery-oriented and conform to the standards of the VHA Uniform Mental Health Services Handbook. Oaklawn embraces the 10 guiding principles of recovery, as well as the three additional principles implemented in VHA recovery. | RI 140 Cultural and Linguistic Appropriate Services | | **4.k.6** | Oaklawn seeks to provide culturally responsive and culturally-adapted services that improve engagement, satisfaction, and outcomes for special populations including veterans and active-duty military. Oaklawn’s staff development plan states that all staff who have direct contact with clients or their families will be trained at orientation and annually thereafter in multiple areas, which includes members of the Armed Forces and veterans. Training will align with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) to advance health equity, improve quality of services, and eliminate disparities. This includes cultural competence and awareness training on military culture, veterans, and those in active-duty military.  Beyond cultural competency training on military and veterans’ culture, staff receive training that address race, ethnicity, age, sexual orientation, and gender identity and these trainings are completed during orientation and annually thereafter. | RI 140 Cultural and Linguistic Appropriate Services  HR 520 Staff Development Plan | | **4.k.7** | A behavioral health treatment plan is made for all clients receiving services, including veterans.  As outlined in HI 150 Planning Care, Treatment, and Services, all treatment plans include all the requirements in this criterion. They are addressed in a way that is recovery oriented, attentive to the individual’s values and preferences, developed with input from the veteran and family members if appropriate and that includes needs, strengths, abilities, preferences, and goals. This treatment planning process is repeated as needed if any significant changes in treatment are proposed/indicated. | HI 150 Planning Care, Treatment, and Services | |

# Program Requirement 5: Quality and Data

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| **Criterion #** | **Criterion** | **Do you currently meet this criterion?** | **If not, will you be able to meet this criterion by 7/1/24?** |
| 5.a.1 | The CCBHC has the capacity to collect, report, and track encounter, outcome, and quality data, including, but not limited to, data capturing: (1) characteristics of people receiving services; (2) staffing; (3) access to services; (4) use of services; (5) screening, prevention, and treatment; (6) care coordination; (7) other processes of care; (8) costs; and (9) outcomes of people receiving services. Data collection and reporting requirements are elaborated below and in Attachment F. Where feasible, information about people receiving services and care delivery should be captured electronically, using widely available standards. CCBHCs are responsible for collecting data from DCOs providing services on their behalf. All data collection and reporting is required to be shared with the State of Indiana to meet State or federal requirements. | **YES** |  |
| 5.a.2 | Both Section 223 Demonstration CCBHCs, and CCBHC-Es awarded SAMHSA discretionary CCBHC-Expansion grants beginning in 2022, must collect and report the Clinic-Collected quality measures identified as required in Attachment F. Reporting is annual and, for Clinic- Collected quality measures, reporting is required for all people receiving CCBHC services. CCBHCs are to report quality measures nine (9) months after the end of the measurement year as that term is defined in the technical specifications. Section 223 Demonstration CCBHCs report the data to their states and CCBHC-Es that are required to report quality measure data report it directly to SAMHSA.  The State requires the CCBHC to collect the Quality Metrics listed in Table 1 ("Clinic-Collected Measures") of Attachment F. The CCBHC is required to follow SAMHSA, State, and CMS technical guidelines that are updated and published for existing and any additional future measures added by SAMHSA or the State. | **YES** |  |
| 5.a.3 | In addition to the State- and Clinic-Collected quality measures described above, Section 223 Demonstration program states may be requested to provide CCBHC- identifiable Medicaid claims or encounter data to the evaluators of the Section 223 Demonstration program annually for evaluation purposes. These data also must be submitted to CMS through T-MSIS in order to support the state’s claim for enhanced federal matching funds made available through the Section 223 Demonstration program. At a minimum, Medicaid claims and encounter data provided by the state to the national evaluation team, and to CMS through T-MSIS, should include a unique identifier for each person receiving services, unique clinic identifier, date of service, CCBHC-covered service provided, units of service provided and diagnosis. Clinic site identifiers are very strongly preferred. All data collection and reporting are required to be shared with the State of Indiana to meet State or federal requirements.  In addition to data specified in this program requirement and in Attachment F that the Section 223 Demonstration state is to provide, the state will provide other data as may be required for the evaluation to HHS and the national evaluation contractor annually.  To the extent CCBHCs participating in the Section 223 Demonstration program are responsible for the provision of data, the data will be provided to the state and, as may be required, to HHS and the evaluator. CCBHC states are required to submit cost reports to CMS annually including years where the state’s rates are trended only and not rebased. CCBHCs participating in the Section 223 Demonstration program will participate in discussions with the national evaluation team and participate in other evaluation-related data collection activities as requested. | **YES** |  |
| 5.a.4 | CCBHCs participating in the Section 223 Demonstration program annually submit a cost report with supporting data within six months after the end of each Section 223 Demonstration year to the state. The Section 223 Demonstration state will review the submission for completeness and submit the report and any additional clarifying information within nine months after the end of each Section 223 Demonstration year to CMS.  *Note: In order for a clinic participating in the Section 223 Demonstration Program to receive payment using the CCBHC PPS, it must be certified/designated by the State (if the State is selected to participate in the Section 223 Demonstration Program).* | **YES** |  |
| 5.b.1 | In order to maintain a continuous focus on quality improvement, the CCBHC develops, implements, and maintains an effective, CCBHC-wide continuous quality improvement (CQI) plan for the services provided. The CCBHC establishes a critical review process to review CQI outcomes and implement changes to staffing, services, and availability that will improve the quality and timeliness of services. The CQI plan focuses on indicators related to improved behavioral and physical health outcomes and takes actions to demonstrate improvement in CCBHC performance. The CQI plan should also focus on improved patterns of care delivery, such as reductions in emergency department use, rehospitalization, and repeated crisis episodes. The Medical Director is involved in the aspects of the CQI plan that apply to the quality of the medical components of care, including coordination and integration with primary care. This information will be made available to DMHA for quality review purposes.  A center which has applied for certification or which has been certified must provide information related to services as requested by the division and must participate in the division's quality assurance program. A center must respond to a request from the division as fully as it is capable. Failure to comply with a request from the division may result in termination of a center's certification | **YES** |  |
| 5.b.2 | The CCBHC develops, implements, and puts into policy a CQI plan that addresses how the CCBHC will review known significant events including, at a minimum: (1) deaths by suicide or suicide attempts of people receiving services; (2) fatal and non-fatal overdoses; (3) all-cause mortality among people receiving CCBHC services; (4) 30 day hospital readmissions for psychiatric or substance use reasons; and (5) such other events the state or applicable accreditation bodies may deem appropriate for examination and remediation as part of a CQI plan. | **YES** |  |
| 5.b.3 | The CQI plan is data-driven and the CCBHC considers use of quantitative and qualitative data in their CQI activities. At a minimum, the plan addresses the data resulting from the CCBHC- collected and, as applicable for the Section 223 Demonstration, State-Collected, quality measures that may be required as part of the Demonstration. The CQI plan includes an explicit focus on populations experiencing health disparities (including racial and ethnic groups and sexual and gender minorities) and addresses how the CCBHC will use disaggregated data from the quality measures and, as available, other data to track and improve outcomes for populations facing health disparities. | **YES** |  |

**Program Requirement 5: Quality and Data**

Please provide a narrative explaining your current ability to meet the Certification Criteria in Program Requirement 5. For each criterion, please address:

1. If you currently meet the criterion, how are you doing so?
2. If you are not currently able to meet the criterion, what would you need to do to meet the criterion by the anticipated Demonstration Program start date (7/1/24)? What type of support would you need?
3. If you are exceeding the criterion requirements, what are you doing?

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| |  |  |  | | --- | --- | --- | | **Criterion** | **Description** | **Evidence** | | **5.a.1** | Oaklawn has this capacity and is currently collecting, reporting, tracking encounters, outcomes and quality data on all requirements that are elaborated in criterion 5.a.1 and Attachment F. As outlined in 3.b.1, our EHR is has the ability to capture intake, assessment, and reassessment information, along with demographic information, diagnoses, and a record of medications. Oaklawn is able to track and report on the following with this EHR system:   * Capture client demographics, such as age, sex, race/ethnicity, insurance status, preferred language, and preferences for communication * Provide clinical decision support, such as checking medication contraindications * Electronically transmit prescriptions to the pharmacy   + Oaklawn electronically transmits prescriptions to local pharmacies through Dr.First. * Enable clients to view, download, or transmit their health information in a timely manner * Send and receive summary of care records and transitions of care data (i.e., admissions, discharge, and transfer (ADT) feeds) * Manage referrals, including electronic outbound referrals and summaries of care sent to external providers, and auto-completion of referral when data returned * Communicate with clients via patient portal (e.g., secure messaging and texting, automated appointment reminders)   + Oaklawn’s uses Updox as our web-based patient portal * Generate plans of care that enables contributions from a multi-disciplinary care team * Document screening for behavioral health concerns such as depression, anxiety, trauma, intimate partner violence, and substance use * Document client income and calculate sliding fee scale * Manage staffing and work schedules (e.g., provider caseloads, on-call shifts, staffing gaps, etc.) * Track client appointments, access to and use of services (e.g., waitlists, average time to access services, etc.) * If telehealth services were provided   Oaklawn is prepared to share with the State of Indiana all data collection and reporting requirements. | Carelogic Reports  HI 463 Patient Portal | | **5.a.2** | Oaklawn’s Continuum of Care – CCBHC document outlines that Oaklawn will collect, report, and track encounter, outcome, and quality data consistent with SAMHSA/DMHA requirements. Oaklawn has experience reporting required data for a CCBHC-E grant to SAMHSA and will work with the State on data reporting processes for any additional data collection and reporting requested. Oaklawn participates in the Indiana Council Data Analytics Committee and has put processes into place in order to report the new data requested (date of first contact, date of first appointment offered, PHQ9, A1c). Oaklawn will continue to improve data collection and reporting processes to increase compliance and efficiency.  Please see Attachment F:Quality Metrics for more information. | Oaklawn’s Continuum of Care – CCBHC | | **5.a.3** | If selected, Oaklawn will comply and submit all data to CMS through T-MSIS. Oaklawn’s Medicaid claims contain all of the required criteria. |  | | **5.a.4** | Oaklawn understands this criterion and will comply. Oaklawn has current experience completing and submitting cost reports for the residential facility that Oaklawn operates and will use this experience to submit annual cost reports with supporting data for CCBHC.  If selected for the Section 223 Demonstration Program, Oaklawn will work with the State to become certified/designated to receive payment using the CCBHC PPS. |  | | **5.b.1** | Oaklawn’s Continuous Quality Improvement plan (Performance Improvement-Quality Assurance Plan) is overseen by Oaklawn’s Board of Directors to ensure that it reflects the organization’s scope and complexity. The Board commissions the Medical Director and the Performance Improvement (PI) Committee to support improved quality, safety and clinical outcomes. Through a critical review process, Oaklawn identifies and implements changes to staffing, services, and availability that will improve the quality and timeliness of services as well as demonstrate improvement in CCBHC performance. This includes a focus on patterns of care delivery, such as reductions in emergency department use, rehospitalization, and repeated crisis episode that apply to the quality of the medical components of care, including coordination and integration with primary care.   1. The PI Committee reviews the following from each committee on a semi-annual rotation). 2. Performance Improvement: Priority quality and/or safety issues, and committee actions. 3. Quality assurance: Review of data, trends, outliers, and corrective actions. 4. Leaders identify key data indicators and their thresholds. Plans of correction will be implemented and monitored when these data don’t meet thresholds. 5. Individual leaders report on adverse client events, seclusion/restraint, inpatient falls, staff retention/turnover, staff evaluations, and other items when requested. 6. The Board of Directors Governance Committee monitors the activity of the PI Committee through review of its minutes and provides direction or recommendations through the CEO.   In addition to the clinic and state required metrics in Attachment F, our Performance Improvement Committee also review the CMS and The Joint Commission Quality Assurance and Performance Improvement measures. | CO 142 Performance Improvement-Quality Assurance Plan | | **5.b.2** | Oaklawn’s leadership identifies and prioritizes performance improvement and quality assurance activities that support the culture of safety and quality. These activities are monitored for effectiveness and adapted to reflect changes in the organization and environment. Performance is tracked over time and with other sources when possible. The following are included: deaths by suicide or suicide attempts of people receiving services; fatal and non-fatal overdoses; all-cause mortality among people receiving CCBHC services; 30 day hospital readmissions for psychiatric or substance use reasons; and other such events that are required by CMS and the Joint Commission. | CO 142 Performance Improvement-Quality Assurance Plan | | **5.b.3** | Oaklawn’s Continuous Quality Improvement Plan is data-driven and considers the use of quantitative and qualitative data, including CCBHC data. The plan addresses CCBHC-mandated data through the use of data that is collected and pulled from our Electronic Health Record system. Additionally, Oaklawn has built dashboards and utilizes custom built reports. This data is pulled at intervals as CO 142 requires and outlines.  Our CQI plan has explicit focus on populations experiencing health disparities (including racial and ethnic groups and sexual and gender minorities) and addresses how the CCBHC will use disaggregated data from the quality measures and, as available, other data to track and improve outcomes for populations facing health disparities.  Additionally, information from our TI-ROC Climate Equity Assessments, DEI focus groups and the development of a DEI Strategic Plan through the use of the Indiana State CMHC CLAS Baseline Survey recommendations can be made accessible to our committee to help with CQI. | CO 142 Performance Improvement-Quality Assurance Plan | |

# Program Requirement 6: Organizational Authority and Governance

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| **Criterion #** | **Criterion** | **Do you currently meet this criterion?** | **If not, will you be able to meet this criterion by 7/1/24?** |
| 6.a.1 | The CCBHC maintains documentation establishing the CCBHC conforms to at least one of the following statutorily established criteria:   * Is a non-profit organization, exempt from tax under Section 501(c)(3) of the United States Internal Revenue Code * Is part of a local government behavioral health authority * Is operated under the authority of the Indian Health Service, an Indian tribe, or tribal organization pursuant to a contract, grant, cooperative agreement, or compact with the Indian Health Service pursuant to the Indian Self-Determination Act (25 U.S.C. 450 et seq.) * Is an urban Indian organization pursuant to a grant or contract with the Indian Health Service under Title V of the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.)   *Note: A CCBHC is considered part of a local government behavioral health authority when a locality, county, region or state maintains authority to oversee behavioral health services at the local level and utilizes the clinic to provide those services.* | **YES** |  |
| 6.a.2 | To the extent CCBHCs are not operated under the authority of the Indian Health Service, an Indian tribe, or tribal or urban Indian organization, CCBHCs shall reach out to such entities within their geographic service area and enter into arrangements with those entities to assist in the provision of services to tribal members and to inform the provision of services to tribal members. To the extent the CCBHC and such entities jointly provide services, the CCBHC and those collaborating entities shall, as a whole, satisfy the requirements of these criteria. | **YES** |  |
| 6.a.3 | An independent financial audit is performed annually for the duration that the clinic is designated as a CCBHC in accordance with federal audit requirements, and, where indicated, a corrective action plan is submitted addressing all findings, questioned costs, reportable conditions, and material weakness cited in the Audit Report. | **YES** |  |
| 6.b.1 | CCBHC governance must be informed by representatives of the individuals being served by the CCBHC in terms of demographic factors such as geographic area, race, ethnicity, sex, gender identity, disability, age, sexual orientation, and in terms of health and behavioral health needs. The CCBHC will incorporate meaningful participation from individuals with lived experience of mental and/or substance use disorders and their families, including youth. This participation is designed to assure that the perspectives of people receiving services, families, and people with lived experience of mental health and substance use conditions are integrated in leadership and decision-making.  Meaningful participation means involving a substantial number of people with lived experience and family members of people receiving services or individuals with lived experience in developing initiatives; identifying community needs, goals, and objectives; providing input on service development and CQI processes; and budget development and fiscal decision making.32 CCBHCs reflect substantial participation by one of two options:  Option 1: At least fifty-one percent of the CCBHC governing board is comprised of individuals with lived experience of mental and/or substance use disorders and families.  Option 2: Other means are established to demonstrate meaningful participation in board governance involving people with lived experience (such as creating an advisory committee that reports to the board). The CCBHC provides staff support to the individuals involved in any alternate approach that are equivalent to the support given to the governing board.  Under option 2, individuals with lived experience of mental and/or substance use disorders and family members of people receiving services must have representation in governance that assures input into:   1. Identifying community needs and goals and objectives of the CCBHC 2. Service development, quality improvement, and the activities of the CCBHC 3. Fiscal and budgetary decisions 4. Governance (human resource planning, leadership recruitment and selection, etc.)   Under option 2, the governing board must establish protocols for incorporating input from individuals with lived experience and family members. Board meeting summaries are shared with those participating in the alternate arrangement and recommendations from the alternate arrangement shall be entered into the formal board record; a member or members of the arrangement established under option 2 must be invited to board meetings; and representatives of the alternate arrangement must have the opportunity to regularly address the board directly, share recommendations directly with the board, and have their comments and recommendations recorded in the board minutes. The CCBHC shall provide staff support for posting an annual summary of the recommendations from the alternate arrangement under option 2 on the CCBHC website. Board meeting summaries and the annual summary of recommendations must be available for auditing purposes by DMHA. | **YES- exceeding** |  |
| 6.b.2 | If option 1 is chosen, the CCBHC must describe how it meets this requirement, or provide a transition plan with a timeline that indicates how it will do so.  If option 2 is chosen, for CCBHCs not certified by the state, the federal grant funding agency will determine if this approach is acceptable, and, if not, require additional mechanisms that are acceptable. The CCBHC must make available the results of its efforts in terms of outcomes and resulting changes.  *If option 2 is chosen then the State will determine if this approach is acceptable, and, if not, require additional mechanisms that are acceptable. The CCBHC must make available the results of its efforts in terms of outcomes and resulting changes. If option 2 is chosen then the State will determine if this approach is acceptable, and, if not, require additional mechanisms that are acceptable. The CCBHC must make available the results of its efforts in terms of outcomes and resulting changes."* | **YES (Option 1)** |  |
| 6.b.3 | To the extent the CCBHC is comprised of a governmental or tribal organization, subsidiary, or part of a larger corporate organization that cannot meet these requirements for board membership, the CCBHC will specify the reasons why it cannot meet these requirements. The CCBHC will have or develop an advisory structure and describe other methods for individuals with lived experience and families to provide meaningful participation as defined in 6.b.1. The CCBHC must inform DMHA about all board membership information as part of the designation/certification process. | **N/A- Oaklawn is a non-profit CCBHC.\*** |  |
| 6.b.4 | Members of the governing or advisory boards will be representative of the communities in which the CCBHC's service area is located and will be selected for their expertise in health services, community affairs, local government, finance and accounting, legal affairs, trade unions, faith communities, commercial and industrial concerns, or social service agencies within the communities served. No more than one half (50 percent) of the governing board members may derive more than 10 percent of their annual income from the health care industry. The demographics of the needs assessment results should be reflected in the governing board. The governing board should be made of at least 51% of individuals with lived or living experience in outpatient mental health or substance use services as a person receiving services or a family member, considering different intersections with underserved and historically marginalized individuals within the mental health and substance use space. | **YES, exceeding** |  |
| 6.c.1 | The CCBHC enrolled as a Medicaid provider and licensed, certified, or accredited provider of both mental health and substance use disorder services including developmentally appropriate services to children, youth, and their families, unless there is a state or federal administrative, statutory, or regulatory framework that substantially prevents the CCBHC organization provider type from obtaining the necessary licensure, certification, or accreditation to provide these services. The CCBHC will adhere to any applicable state accreditation, certification, and/or licensing requirements. Further, the CCBHC is required to participate in SAMHSA Behavioral Health Treatment Locator. | **YES** |  |

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| **Criterion #** | **Criterion** | **Please confirm you will seek designation/ certification as part of the Demonstration. (Yes/No)** |
| 6.c.2 | CCBHCs must be certified by their state as a CCBHC or have submitted an attestation to SAMHSA as a part of participation in the SAMHSA CCBHC Expansion grant program. Clinics that have submitted an attestation to SAMHSA as a part of participation in the SAMHSA CCBHC Expansion grant program are designated as CCBHCs only during the period for which they are authorized to receive federal funding to provide CCBHC services. CCBHC expansion grant recipients are encouraged to seek state certification if they are in a state that certifies CCBHCs. The CCBHC must be recertified every three years. | **YES-**  **Oaklawn is prepared to partner with Indiana to apply for the Demonstration Program. We will continually seek certification every three years.** |

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| **Criterion #** | **Criterion** | **What accreditations by appropriate independent accrediting bodies do you currently hold and/or plan on pursuing?** |
| 6.c.3 | States are encouraged to require accreditation of the CCBHCs by an appropriate independent accrediting body (e.g., the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities [CARF], the Council on Accreditation [COA], the Accreditation Association for Ambulatory Health Care [AAAHC]). Accreditation does not mean “deemed” status. | **Oaklawn is accredited by The Joint Commission.**  **Joint Commission ID #: 3507** |

**Program Requirement 6: Organizational Authority and Governance**

Please provide a narrative explaining your current ability to meet the Certification Criteria in Program Requirement 6. For each criterion, please address:

1. If you currently meet the criterion, how are you doing so?
2. If you are not currently able to meet the criterion, what would you need to do to meet the criterion by the anticipated Demonstration Program start date (7/1/24)? What type of support would you need?
3. If you are exceeding the criterion requirements, what are you doing?

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| |  |  |  | | --- | --- | --- | | **Criteria** | **Description** | **Evidence** | | **6.a.1** | Oaklawn Psychiatric Center is a non-profit organization, exempt from tax under 501(c)(3) of the United States Internal Revenue Code.  Oaklawn is licensed as a Community Mental Health Center under Indiana Code 12-21,  Private Mental Health Institution (inpatient provider) under Indiana Code 12-25, addiction  services provider under Indiana Code 12-23, and adult residential provider under Indiana  Code 12-21-2-3. Oaklawn's youth residential services are licensed by Indiana Department of Child Services. Oaklawn's inpatient program is certified as a freestanding psychiatric hospital by CMS. Oaklawn is designated as the CMHC for both Elkhart and St Joseph Counties. | Non-Profit Status 501(c)(3) Form  Organizational Licenses 409-0-  CMHC, 409-4-PIP, 409-0-ASR,  409-11-SGL, 409-19-SGL, 409-20-  SGL, 409-26-SGL, CMS Certification 15-4031 | | **6.a.2** | Oaklawn started a relationship with the Pokagon Band, whose main organization is in Kalamazoo but operates an office locally, in 2021. The group is resuming meetings to ensure that clients that identify as Native American at intake are connect with services that the Pokagon Band offers. Of the clients Oaklawn saw in CY 2022, 0.3% identified as “American Indian or Alaska Native.” With respect to this population, Oaklawn is also interested in working with the Pokagon Band to facilitate cultural competency training for staff. The Pokagon Band has specialized crisis services and mobile response for opiate related crises. Oaklawn had developed protocols to collaborate, should Oaklawn respond to someone in crisis who identifies as American Indian or Alaska Native. | Oaklawn’s Continuum of Care  Ongoing meetings with Pokagon Band | | **6.a.3** | After the end of each fiscal year, Oaklawn retains the services of a qualified certified public accountant to review financial records and perform an audit. The written independent auditor’s report is reviewed in detail by the Board of Finance Committee.  The annual cost report includes direct costs, indirect costs, allocation of costs for non-CCBHC services provided by the clinic\*, allocation of resources across direct and non-direct costs, costs furnished under agreement with DCOs\*\* (n/a at this time), number of current daily and monthly visits expected for CCBHC services, and number of additional daily and monthly client visits expected under the CCBHC program.  \*As mentioned in 6.a.1., Oaklawn provides additional services outside of the nine required services including a 24/7, 16 bed psychiatric inpatient unit and youth residential services. Oaklawn also operates multiple Supervised Group Living residences (SGL), all of which are licensed by DMHA and are active. The costs associated for these services are captured in our financial audit.  \*\*Oaklawn provides all of the nine core CCBHC services at this time, but if we had to build and maintain a DCO in the future, Oaklawn would include those costs in the financial audit. | FIN 205 Annual Audit  See documents referenced in Attachment C, 2.3.3 “2021 Oaklawn Psychiatric Center, Inc. AFS Final” and  “2022 OPC and Affiliates AFS Final”  All licensure is active and can be made available. | | **6.b.1** | As a CCBHC, Oaklawn reflects substantial participation by Option 1. Oaklawn’s Board of Directors is representative of our service area, making their participation incredibly meaningful and giving them insight and perspective on the clients that Oaklawn serves. As indicated in a recent survey of Oaklawn’s Board of Directors, **93%** responded “yes” to having lived experience (either themselves or someone in their family) with behavioral health, mental health, or substance use disorder services and have received services from Oaklawn or another provider. With this lived experience the Board of Directors are able to provide meaningful input into the organization’s performance and functioning as a CCBHC.  Board meeting summaries and annual summary of recommendations are available for auditing purposes as required by DMHA.  Oaklawn is exceeding this criterion by also maintaining a Consumer Advisory Board.  Oaklawn’s Consumer Advisory Board is comprised of primary consumers and parents and adult children of consumers. The Client Advocate acts as Liaison to Oaklawn.   * The Board meets monthly. * Members are nominated by current members and by clinical staff. * Activities include   + Attending Joint Commission survey meetings with surveyors and Closing meeting   + Review of audit and survey findings, with recommendations for leadership   + Participation in outpatient hiring team   + Discussing agency initiatives with executive staff | CO 105 Board Assessment- Oaklawn Psychiatric Center, Inc.  CO 134 Minutes  CO142 Performance Improvement-Quality Assurance Plan  Oaklawn’s Continuum of Care- CCBHC | | **6.b.2** | Oaklawn is meeting (and exceeding) Option 1 as described below:  An organization is as strong as its Board of Directors. The Board will make efforts to measure its performance as a catalyst for improving the organization’s performance through goal setting and regular evaluation of it its functioning.  **Composition:** Members are selected for their expertise in health services, community affairs, local government, finance and accounting, legal affairs, trade unions, faith communities, commercial and industrial concerns, or social service agencies within the communities served.  **Representation:** The Board will periodically evaluate its membership to ensure it represents the communities and clients served by Oaklawn.   * + At least 51% of members will be individuals with experience in outpatient mental health or substance use services as a person receiving services or a family member. This also considers intersections with underserved and historically marginalized individuals.   + No more than 50% of the governing board members may derive more than 10% of their annual income from the healthcare industry.   **Assessment:**   * + A variety of tools can be used effectively in evaluating board performance. Instruments and methods will be chosen as is determined best for the board given current functioning and need. Tools and methods can vary and be used on a rotating basis. Examples could include:     - Individual Self-Assessment Tool (MHS Alliance Copyright). Each Board member would evaluate their performance as a Board member for the year.     - Full Board Evaluation Checklist. Each Board member and the CEO/President would complete the checklist before the Board meeting and add suggestions about how the Board could improve its ratings/performance for any of the considerations.     - Open Ended Questions/Narrative. Board members would consider several open-ended questions and be prepared to speak to them at the board meeting.   + Board assessment can occur at any point throughout the year but typically occurs at the end of the board year.   + Findings and feedback from the assessment are reviewed by the Governance Committee and reported back to the Board at the following meeting. With this information, the Board can evaluate its performance, consider ways to improve its functioning and establish goals for the upcoming year. * After each Tri-annual CCBHC Needs Assessment, the Board will form a Representation Plan for any rebalancing needed so that the members represent the individuals served by Oaklawn. | CO 105 Board Assessment and Composition | | **6.b.3** | Oaklawn meets Option 1 requirements as listed in criterion 6.b.1.  \*We are happy to share any information with DMHA about our Board of Directors and/or consumer advisory board. | CO 105 Board Assessment and Composition | | **6.b.4** | As stated in Criteria 6.b.2 (and in policy CO 105), our Board of Directors are representative of the community in our service area.  In a recent survey of the board, it reflected that **less than half** of the board reported that they derive more than 10% of their income from the healthcare industry. | CO 105 Board Assessment and Composition | | **6.c.1** | * Oaklawn is enrolled as a Medicaid provider * Oaklawn is licensed to provide mental health services and substance use disorder services by DMHA. * Oaklawn is an active member with the Indiana Council of Community Mental Health Centers (ICCMHC). * Authorized Behavioral and Primary Healthcare Coordination (BPHC) service in accordance with the 1915(i) State Plan Amendment (SPA) (13-013), BPHC (405 IAC 5-21.8 by DMHA * Authorized Adult Mental Health Habilitation (AMHH) provider in accordance with the   1915(i) State Plan Amendment (SPA) 3.1-I (TN 18-007), AMHH (405 IAC 5-21.6)   * Oaklawn has a controlled substance registration certificate with the US Department of Justice Drug Enforcement Administration.   \*Additionally, Oaklawn participates in SAMHSA’s Behavioral Health Treatment Locater:  <https://findtreatment.gov/locator/details?U2FsdGVkX19jVi6vxaXVTGR8jtpaEPW+VpPlcS3YsKAnfW2MbYfZ6Tm6Ub87BpZNBz83xb0Pa2L1ieLkYNO5tMCipF6+x72/9eljC11g17wVvY9Z5bAXFXOO1gM/Mfs6Q17tH0WP3jwghwJr5bkPsXsj02E6wY2hvXilqHRdJVc=> | Please see the folder titled “Attachment E- Supporting Documents for   * DMHA CMHC Certification * DMHA Private Mental Health Institution License * DMHA Addiction Services Certification | | **6.c.2** | Oaklawn submitted a CCBHC attestation to SAMHSA as part of the CCBHC Expansion grant program, which we were awarded. On Tuesday, May 3rd, 2022 Lizette del Canto, Public Health Advisor with SAMHSA/Center for Mental Health services emailed confirmation that the Oaklawn’s attestation sufficiently meet program criteria and uploaded it into our eRA Commons grant file. |  | | **6.c.3** | Oaklawn is in compliance with The Joint Commission’s requirements. Our most recent Final Accreditation Report and letter were completed 2/14/2023. | Please see “FINAL Accreditation Letter” and “FINAL accreditation Report” in the folder titled “Attachment E- Supporting Documents. | |