**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 Requirement 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](https://southwesternhealthcare.sharepoint.com/:f:/r/sites/CCBHSAMHSAProject/Shared%20Documents/CCBHC-IA%20Grant%202022-2026/MOU%20Repository?csf=1&web=1&e=laY5hx) 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-   IN NOMS or interpreter data | **No** | **Yes** |
| 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** | **Yes** |
| 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** | **Yes** |
| 1.a.4 | The CCBHC maintains liability/malpractice insurance adequate for the staffing and scope of services provided. | **Yes** | **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** | **Yes** |
| 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** | **Yes** |
| 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   Training may be provided online. 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** | **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** | **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** | **Yes** |
| 1.c.4 | Individuals providing staff training are qualified as evidenced by their education, training, and experience. | **Yes** | **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** | **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 vital documents for each eligible LEP language group as identified by and in alignment with a State-approved accreditation body. | **No** | **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** | **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. | **No** | **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** | **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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| 1.a.1  **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?**  In 2021, Southwestern Behavioral Healthcare (SBH) completed an initial Community Needs Assessment (CNA) for the SAMHSA CCBHC-E grant. We have contracted with Diehl Consulting Group to complete a follow-up CNA by March 2024. The CNA results will guide CCBHC CQI projects and workgroups. The SBH Disparity Impact Statement (DIS, 2022) was used internally to update our CNA, and internal CQI action plan (approved by SAMHSA, February 2023). FY24 focus per SAMHSA, is on operationalizing CLAS Standards 10 & 11. This led to a CLAS CQI Steering Committee being formed and SBH CLAS CQI Plan being developed; this plan has been approved by SBH leadership and Board of Directors in September 2023 (CQI Plan in Attachments).  Per Appendix A and Attestation Criterion 1. a.1 the following information is requested to update the SAMHSA approved June 2021. This addendum to our original 2021 CNA, will add additional information requested by DMHA for this RFS requirement. See CNA with addendum in attachments.  No support is needed to meet this requirement.   * **Community needs assessment updated every 3 years and submitted with re-certification documentation.**   SBH completed a community needs assessment (CNA) report under the standards and guidelines of the 2021 CCBHC-E grant. That document is attached in full, within the scope of this document, following the 2023 CNA update.  Under the criterion 1.a.1 a full CNA is scheduled to be completed and submitted to SAMHSA as required by our current CCBHC-IA grant in June 2024. Southwestern Behavioral Healthcare, Inc. has contracted with Diehl Group, Inc., to complete this project. The current scope of work will include secondary data review of Census, population health and document review of organizational documents. Primary data collection will include quantitative data from a survey of community agencies on interfacing with SBH. Focus groups will be conducted with individuals receiving services and their families, as well as with smaller, population focused organizations and faith-based organizations.  SBH completed a community needs assessment (CNA) report under the standards and guidelines for the 2021 CCBHC-E grant. That document is attached in full, beginning on page 12 in the CNA attachment.    Under the criterion 1.a.1 a full CNA is scheduled to be completed and submitted to SAMHSA as required by our current CCBHC-IA grant in June 2024. Southwestern Behavioral Healthcare, Inc. has contracted with Diehl Group, Inc., to complete this project, with an internal March 2024 deadline.    **Diehl Consulting Group (DCG) has submitted the scope of work for the 2024 CNA, as follows:**    **Proposed Scope of Work** As a part of Southwestern Behavioral Healthcare’s (Southwestern’s) CCBHC initiative, Diehl Consulting Group (DCG) proposes the following deliverables around a required community needs assessment.    **COLLABORATIVE PLANNING** DCG proposes to collaborate with lead staff (representing Southwestern) around the study planning, including but not limited to specific details related to timelines, specific data sources, methodology, targeted stakeholders, reporting needs, etc. Specifically, the collaborative planning phase will involve identification and engagement of stakeholders (e.g., partner organizations, clients) and creation of a data collection plan.    **COMMUNITY DATA EXPLORATION** DCG proposes to identify existing community data sources that will frame the study and describe the community population. Secondary data may be a) used to establish the context for the study, b) used to guide survey and focus group questions, and/or c) triangulated with survey/focus group findings to identify needs more comprehensively. Community data sources will be finalized through collaborative planning but likely include publicly available information such as the American Communities Survey and County Health Rankings.    **ORGANIZATIONAL DATA EXPLORATION** Much of the foundational information included in the needs assessment will come from Southwestern’s internal records (e.g., information about the number of patients served, types of services provided, staffing numbers, partnering organizations, etc.).    **PRIMARY DATA COLLECTION** Details around primary data collection will be finalized during the collaborative planning phase. At this point, it is assumed that DCG will support both a survey process and a limited number of focus groups with targeted stakeholders.     * **Partner survey administration**   DCG proposes electronic surveying as the default methodological approach. DCG can administer this survey directly to a list partner organizations identified through collaborative planning and/or provide a link for distribution by identified “gatekeepers.” Electronic survey administration will allow DCG to monitor responses throughout the survey administration and customize the survey (using conditional logic) so that respondents see the items that are relevant to them.     * **Client focus group administration**   DCG will collaborate with Southwestern on all decisions related to focus groups. Decisions will include (but are not limited to): a) the targeted client populations for each group, b) identifying and recruiting specific participants, c) identifying and scheduling physical locations or virtual meeting spaces, and d) developing the focus group protocols. While details around the need for and scope of focus group administration will be influenced by collaborative planning and response to the stakeholder survey, the current proposal assumes up to four (4) focus groups will be conducted. Through the exploration of community data, organizational data, survey and focus group processes, DCG will explore needs and assets. Specific questions will be developed through collaborative planning, but DCG anticipates questions around community populations (with a particular emphasis on subpopulations that may be historically marginalized or disenfranchised), access to services, and partnerships with other providers.    **ANALYSIS AND REPORTING**  DCG will conduct both qualitative and quantitative data analyses of secondary data and survey and focus group responses. Decisions on final disaggregation will be informed by the quality and magnitude of data collected to preserve participant confidentiality. Reporting will align with the data analysis plan. Namely, survey results will be presented in aggregate and according to any additional factors used for disaggregation. Data will be visualized as appropriate.     * **Describe population that will be served.**   Vanderburgh County, located in Southwestern Indiana, is home to Evansville, Indiana, the 3rd largest city in the state with a Federal Promise Zone (PZ). Nearly 22,250 people live within the Promise Zone, approximately 1/5 of Vanderburgh County’s total population. The poverty rate within the PZ totals 39%; Southwestern Behavioral Health Center is located within the Promise Zone. The county population is 181,831; the poverty rate is 18.0%, median household income is $44,815. The 2019 Homeless Point in Time (PIT) Count is 488; 31 chronic homeless. In 2019, SBH served 297 homeless clients, representing 56% of the PIT count.  Vanderburgh County is designated a Health Professional Shortage Area (HIPSA) by HRSA for both primary care and mental health care and is noted to have the highest alcohol abuse rate in the state. 1 out of 4 residents drink to excess, nearly twice the state and national rates. 1 out of 5 residents report having a depressive disorder and nearly 1 in 4 have anxiety. Around a third of binge drinkers report comorbid depression (3o%) and/or anxiety (28%). Children in the region have a reported 18% incidence of ADD/ADHD, 15% anxiety, 7% depression, 6% behavioral or conduct disorders, and 3% autism. The rate of deaths from intentional self-harm in Vanderburgh County is 21 per 100, 000 population, exceeding the state rate of 15.9 per 100,000. There were 66 accidental overdose deaths in Vanderburgh County during 2020 with 35 of these deaths involving opioids; 27 of these deaths resulted from accidental overdose on Fentanyl.  Data collected by local law enforcement dispatch, serving both the Evansville metropolitan area and Vanderburgh County indicates that during 2020, 484 dispatch runs were specific to a mental health crisis, with Crisis Intervention (CIT) officers being dispatched 321 times.  Data provided by the two hospital systems located in Vanderburgh County provides a larger picture. Deaconess Hospital system reported 2946 psychiatric evaluations took place in the emergency room in 2020 with the top 20 mental health utilizers averaging between 31 and 75 episodes of care. Ascension Health system, latest reporting indicates 1976 psychiatric assessments were conducted in the ER with 829 admissions to their inpatient psychiatric unit in 2019.  The intended goal of the CCBHC-E grant application is to increase access to mental health and primary care services to reduce ER utilization and unnecessary law enforcement involvement and arrest for those in our community while expanding primary care services within SBH to address health needs of those we serve.   * **Describe how access (including hours and service locations) will be responsive to community need.**   Same day access options are available across programs/locations allowing for streamlined access to care; evening and Saturday hours are available for assessment and therapy services.  Five SBH outpatient locations of care in Vanderburgh County are offering evening and weekend access. SBH provides community-based services, school-based services, and intensive WRAP services. Forensic restoration and diversion services are being provided in the county jail and all diversion courts including Drug Court, Veterans Court, Child in Need of Services (CHINS) Drug Court, and Mental Health Court. Crisis services provides immediate crisis intervention on-site at other agencies, and the broader community.  SBH has shared-processes and clinical protocols for triaging between the ED and community mental health service options based on acuity. Ongoing collaboration meetings take place between SBH, law enforcement, and local hospitals to address issues that arise and refine clinical flow. The SBH CMO partnered with local law enforcement to clarify the recently (2023) changed laws and regulations on immediate and emergency detention; a workflow was implemented involving the role of officers, the courts, the hospitals, and SBH in this process. We co-respond with law enforcement in the community and transport individuals in identified crisis but not meeting inpatient psychiatric admission criteria, to more appropriates levels of care.  Telehealth provides treatment options for those who cannot get to office appointments and hybrid group models have been effective since the pandemic. Increased on-site services at local homeless shelters and soup kitchens now includes access to primary care.   * **Identify community partners that the CCBHC engages with or has a Memorandum of Understanding or other Contractual Agreement with.**   Southwestern has formal agreements with Tulip Tree Leased Employee, Vanderburgh Co Sheriff, Vanderburgh Crisis Response, Brentwood Spring’s Leased Employees, Deaconess IP Psych Services, St. Vincent IP Psych Services, and VCSO Response. We also have BAAs with Diehl Group, AIDS Resource Group, Brentwood Springs, and Evansville Rescue Mission. We have a signed MHO with the Evansville Police Department and county Sheriff’s Office. MOAs are in place with Aurora, ECHO Healthcare, Evansville Comprehensive Treatment Center, Evansville Rescue Mission, TRI-CAP, Vanderburgh Veterans Court, and Vanderburgh Treatment Courts.  In addition to the formalized working relationships we are actively working with community partners these include Carver Community Organization, Christian Life Center, Evansville Vanderburgh School Corporation, Hickory Treatment Centers, the Evansville Homeless Services Council, Indiana Legal Services, Memorial Baptist Church, NOW Counseling, Patchwork Central, Potter's Wheel, Pride Resource Fair, Riverwalk, Salvation Army, Samaritan Center, St. Anthony's, United Caring Services (Ruth's House, Sobering Station), Vanderburgh Co Central Library, Volunteers of America- Fresh Start, WOIA, Warrick County Sheriff's Office, and YWCA.     * **Collect information on disabilities.**   Information on disability status is being collected via the DMHSA CANS/ANSA tool. Disability information is collected via the Indiana NOMS and entered the EHR; this information can be stratified along various client demographic characteristics for more complex data analytics, including comparative outcomes.   * **List ways the CCBHC is currently able to address specific populations or community needs specific to their area.**   SBH is intentionally working to promote a culture of diversity, inclusion, and engagement within our corporate culture and among the individuals we serve. During the first two years of work under the CCBHC expansion grants, our focus has been on training, engagement, visibility, and staff engagement.  SBH and our DEE Committee are a visible presence at local community events including Evansville Pride, Juneteenth celebrations, and Fiesta Evansville. As we launched a crisis services continuum that was new to our community, we focused on expanding participation and engagement across existing community service coalitions, faith organizations/consortiums, schools, universities, soup kitchens, and recovery communities. These partnership building activities have been tracked and reported to SAMHSA quarterly as one of the Infrastructure Development, Prevention and Mental Health Promotion (IPP) outcome measures for the CCBHC-E and IA grants PC2 ‘The number of organizations collaborating/coordinating/sharing resources with other organizations as a result of the grant.’  In 2021 the DEE Committee worked with Diehl Consulting Group (an external evaluator) to assess the internal cultural climate of our agency. 98% of staff respondents agreed with the statement, ‘Southwestern is committed to equity, engagement and inclusion,’ and 46% of respondents self-identified as being part of a minority community. The follow-up climate assessment is currently underway (November 2024). Our goal is to be the employer and treatment provider of choice for members of historically disenfranchised groups in our community. Increasing the perception of safety within our staff is expected to positively impact these efforts. (Full report available on request.)  SBH was just awarded the 2023 Evansville Human Relations Commission Mayor’s Award for Workplace Diversity and was featured in Evansville Business Magazine (2023) for the work we are doing in our agency and the community.  With the view that diverse applicants are more likely to apply to an agency that is already known to be diverse and equitable, SBH now has data analytics capacity to stratify clinical outcomes data based on race, ethnicity, Veteran status, sexual orientation, and gender identity expression. We are also able to compare the demographics of our staff, leadership, and governance using the same questions as those completed by individuals receiving services. This information will be compared to local Census data as part of our Spring 2024 CNA and will fulfill our CQI Plan goal of operationalizing CLAS Standard 11, ‘Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.’   We are developing marketing materials to use in recruiting Peer Support Specialists during all community outreach events, by presenting this as an entry-level career option leading to increased experience, education, and career opportunities. That opportunity will start with free certification training, on-site for current eligible employees and potential employees.   * **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.**   Under the current Vanderburgh County region, all 9 core CCBHC services can be delivered via SBH or MOU/BAA partners. As the DMHA MCTR and CSSR professional contracts are completed, SBH will expand all CCBHC services to the three surrounding rural counties in the SBH catchment area. The infrastructure is in place. All CCBHC policy, procedure, training, and staff role changes have been implemented across the four-county system in preparation for this expansion.  The crisis line/988 component of the crisis continuum is in place across our four-county service region. The expansion of Mobile crisis response is being conducted under DMHA professional contract to serve the three surrounding rural counties, Warrick, Posey, and Gibson. Initially mobile response will be launched from Vanderburgh County. Due to limitations on mobile crisis response vehicles (n=2) and the current staffing plan an increase in response times is expected. Transportation within the Evansville metropolitan area currently presents a service barrier; providing mobile crisis response and follow-up transportation to the additional rural counties will require additional vehicles and staff as there is no public transportation in these counties. An additional complication is that there are no existing transportation services that can be leveraged to provide a link among the counties which are a part of this expansion.  A potential future state would include smaller mobile crisis teams, stationed at SBH county offices for county specific triage and liaison response, across our four-county system of care.  Care coordination changes the role and function of traditional skills coaches and case management positions. Biopsychosocial screenings represent approximately 25 additional assessment/data collection points that are part of the initial assessment and subsequent reassessments. To reduce the administrative burden licensed clinicians and streamline the intake process for individuals receiving services, additional care coordination positions will be required. Technical assistance from DMHA is requested on job scope specifications.  An additional data analytics specialist position will be needed as our quality measure reporting and continuous quality improvement reporting demands have increased with SAMHSA, the State, and ongoing PDSAs to meet CCBHC attestation criteria.   * **Address what staff positions currently exist and what positions will need to be created and/or filled to meet CCBHC requirements.**   The Key Staffing Plan for the 2021 CNA included 20 staff in total. The attached table reflects our current CCBHC staffing plan and indicates there are 40 FTE staff operating under the combined SAMHSA and DMHA funding matrix (as of 10.31.23).  For full CCBHC attestation compliance the following positions must be added:   * Additional Peer Support Specialists for crisis services x 6 FTE * Additional Mobile Crisis Responders x 6 FTE * Data analytics specialist x 1 FTE * Diversity Equity and Engagement Officer * Care Coordinator staffing coverage (FTE number will be based on 2024 CNA) * Veteran Services Coordinator x 1 (if volume exceeds caseload of current veteran’s navigator) * Additional administrative support (Human Resources and Financial administrative positions to support expansion) * **Survey undocumented population and underserved and historically marginalized individuals within the mental health and substance use space-**   Undocumented, underserved, and historically marginalized individuals served is tracked within the NOMS database, as well as through interpretation services. The CNA addresses this population in our community to identify disparities in access.  **1.a.2**  **If you currently meet the criterion, how are you doing so?**   * Our current staffing plan, completed during our CCBHC-E grant, and needs assessment, were completed in June 2021,, along with CCBHC Attestation. * The CCBHC Staffing plan will be revised based on the expanded capacity outlined in the State service contracts for CRSS, the results from our upcoming 2024 Community Needs Assessment (CNA) and finalized IN CCBHC attestation criteria by 7/24. * SBH will utilize the 2024 CNA, started in November of 2023, to identify:   + - Access gaps to the 9 required CCBHC services.     - Current staffing plan gaps     - Any additional need of our staffing plan * The results of the 2024 CNA will be used to complete: * A PDSA plan to address gaps in the 9 required CCBHC service. * A comprehensive staffing plan.   Renewed CNA, PDSA Service Plan, and Updated Staffing Plan will be completed by 7/1/2024.  **1.a.3**  **If you currently meet the criterion, how are you doing so?**   * SBH has both a Chief Medical Officer and a Chief Executive Officer who meet the outlined specifications outlined above. CMO provides guidance through review of job descriptions and prioritization of skill sets required. * Chief Medical Officer and a Chief Executive Officer job descriptions and resumes are on file with Human Resources. * We will remain compliant with this standard and we will communicate if any changes occur.   **1.a.4**  **If you currently meet the criterion, how are you doing so?**   * SBH maintains liability/malpractice insurance as recommended by insurer for the staffing and scope of service that is provided.   **1.b.1**  **If you currently meet the criterion, how are you doing so?**   * SBH ensures direct service providers are legally 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 through a primary source verification and maintains all necessary state-required licenses, certification and other credentialling documentation, available and on file with currency of licensure tracked and verified by the HR credentialing team. * SBH has no active DCOs. * If a DCO relationship is created, SBH will inform DMHA. * DCO arrangements may be created as programming needs are identified and required services are developed to meet the community’s needs. * DCO relationships will be created with a Professional Services Agreement and Business Associate Agreement that includes verification that direct service providers meet this requirement through a process approved by SBH. * SBH commits to assuring our DCOs are certified in their field of service. * SBH has at least three known potential DCOs:   + Our critical partnerships and coordination care with Vocational Rehabilitation (supported employment)   + Our formal partnerships with Easter Seals Rehabilitation Center (psychological services, nutritional services, and occupational therapy)   + Our formal partnerships with Peace Zone (Recovery Hub)   **1.b.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?**   * SBH is meeting the current SAMHSA 1.b.3 criteria. * We are aligning our staffing model, and reengineer Case Manager roles into an enhanced Care Coordination role while maintaining our targeted case management model for those who need more intensity than general care coordination. * **Support Needed**: Technical assistance is requested on clarifying the CCBHC job roles and competencies of: Peer Support Specialists, Navigators, Care Coordinators, and Medical Assistants. These positions inherently share similarities; please provide guidance on differentiating them for establishing agency-based job descriptions, differentiation of job duties and competency development.   **1.c.1**  **If you currently meet the criterion, how are you doing so?**   * Under the CCBHC expansion grants (2021- present), SBH has standardized delivery of the trainings through creation of an organization wide training plan. * The training plan satisfies all requirements under the state behavioral health authority and accreditation standards on training required by the state and in alignment with the National CLAS standards. Trainings required at orientation and annually align with the CCBHC criteria. * The results of the training plan have been reported quarterly to SAMHSA under IPP WD-2. framework. * Training on policies and procedures for continuity of operations/disasters and integration and coordination with primary care have all been operationalized. * New hire and annual training renewal is tracked on completion of confidentiality and privacy training throughout employment. * Training logs are available upon request.   **1.c.2**  **If you currently meet the criterion, how are you doing so?**   * SBH conducts regular training, in-service and competency reviews to ensure staff maintain the skills and competencies needed for their role. * Individual job titles/roles have their own job description, comprehensive supervision logs, and competency checklists. * Competency checklists are designed based on Medicaid and programmatic staffing guidelines. * Competency checklists are completed annually using direct observation, documentation review and record review in Relias to verify completion on mandated annual training completion. * Written policies, procedures and processes are in place to provide written accounting of training provided during the full course of employment and details the expectation of competency assessment for each position and role and the frequency of training and competency assessments. * Comprehensive clinical supervision is a part of our service provision model, which often includes weekly individual and/or group supervision.   **1.c.3**  **If you currently meet the criterion, how are you doing so?**   * Individual job titles/roles have their own job description, comprehensive supervision logs, and competency checklists. * Competency checklists are designed based on Medicaid and programmatic staffing guidelines. * Competency checklists are completed annually using direct observation, documentation review and record review in Relias to verify completion on mandated annual training completion. * Staff Development Committee assure training on Evidence Based Practices and documentation of such. * Peer Review Committee reviews documentation annually to assure reflection of EBP’s provided. * Competency and training files are complete, stored in the employee file, and available for review. * Staff training has been reported to SAMHSA as part of our quarterly IPP reports under the CCBHC-E grant. * **Support Needed:** Technical assistance requested on training frequency, duration, format, standardized training log methodology, and standardized reporting mechanisms. Webinars for CCBHC participants would be important to build state-level data infrastructure and/or tracking mechanisms. –The reference, ‘as stated in the CCBHC continuous quality improvement (CQI) plan, infers that a guidance document might be forthcoming from the State.   **1.c.4**  **If you currently meet the criterion, how are you doing so?**   * In-house training is provided by licensed, LCSW, clinicians at supervisory level roles. * All relevant clinical licenses and certifications are on file with HR. * External trainers are vetted through IPLA approval for CEU for Behavioral Health Licensing, or certification as train the trainer in EBP model. * Adherence to this standard is detailed in the Staff Development Plan, section 5.3. and monitored by our internal compliance team.   **1.d.1**  **If you currently meet the criterion, how are you doing so?**   * SBH contracts with Certified Languages International, Inc., for all certified interpretation and translation services, and we maintain an additional contract with an ASL interpreter who provides in-person interpreters when the need is identified for a clients scheduled appointment. * In response to the August 2023 DMHA CLAS Assessment, SBH established a CLAS Standard CQI Steering Committee to operationalize the 15 CLAS Standards, and the Agency CLAS goals have been approved by SBH leadership and governance. * Revising all visual and written materials provided to clients and staff, updating/delivering staff training, and streamlining interpreter access for individuals receiving services is complete. * A plan is in place for annual renewal of staff training, and embedding one touch access to all mobile crisis services iPads is in process. * **Support Needed:** Technical Assistance is requested to implement the Office of Healthy Opportunity’s manual for language access for LEP as an identified best practice.   **If you are exceeding the criterion requirements, what are you doing?**  This criterion correlates to CLAS Standard Theme 2: Communications and Language   * As an extension of the DMHA CLAS Assessment (2023, ongoing), a CLAS Steering Committee was formed to implement a CLAS specific CQI plan. This plan was approved by SBH leadership and governance, September 2023. Using a Plan-Do-Study-Act model and a Microsoft Teams project planner tool, we are assessing and refining LEP language access processes. * Posters, brochures, and staff training have all been updated and are provided to staff. We are taking feedback to improve training. Our 1st training group (the week of 11/1/2023) requested customer service training on working with clients who self-identify as LGBTQ+. This training in customer service and availability of interpretation services marketing materials assure that staff are aware of how to identify the need for and access culturally responsive services. * CLAS CQI Project Plan:   + Improving standardization of operational workflow and training plans   + Implementing updated training plans which are being beta-tested before launch agency-wide   + Update brochures and posters. Complete core document set translation for all identified languages.   + Improve awareness and provision of interpreter services and translation   **1.d.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?**   * SBH is contracted with Certified Languages International, Inc., for telephonic and/or telehealth interpretation service provision, which is readily available 24/7/365. * Currently Providing services through CLI working to update to new CLAS standards for LEP, contracts to be updated and resigned. * CLAS work group has done significant work in the past 3 months to make LEP populations ability to access services easier there are still a few areas of our CQI plan that are in process we expect to complete this plan in advance of the July 1st, 2024, deadline. * Anticipating DMHA CCBHC CLAS assessment results from DMHA, November 2023, with 12 months of technical assistance to follow, * Anticipate translated documents for identified languages to be complete by January 2024. * SBH CLAS CQI workgroup (established April 2023) is currently identifying vital documents is contracted with Certified Languages International, Inc. to translate this document set for identified language groups; SBH is adding French Creole and Marshallese translations based on SBH self-identified need. In-person ASL interpreters available but must be scheduled. SBH crisis services continuum includes live chat. Next PDSA (Plan, Do, Study, Act) will focus on streamlining interpreter services access for 24/7/365 mobile crisis response. * SBH is implementing our CLAS CQI plan for standard 7. Policies, procedures, and processes on interpretation and translation services are in place. * SBH has established baseline measures for interpretation service utilization; increased utilization is the service goal and outcome measure. * **Support Needed:** Technical assistance is requested for identifying the list of languages needed for translation. The parameters were set in the DMHSA RFI attestation criterion but omitted from the revised RFS criterion. SBH will use the RFI parameters until technical specifications are finalized by DMHA.   **1.d.3**  **If you currently meet the criterion, how are you doing so?**   * All SBH buildings are ADA accessible. The SBH CSSR was designed with an ADA room, our mobile crisis response van is equipped with a wheelchair lift. There is one crisis bedroom that is fully ADA accessible that includes ADA accessible bathroom with shower. * Available auxiliary aids include: * Text features for crisis services access may be the 1st step to initiating translation services; this feature is in place. * Interpretation services are available in-person for scheduled appointment, via telephone and video (which is in process of eminent resigning of our contract) as required by the need * Adherence to this standard is detailed in the [Interpretation and Translation Services](https://southwestern-behavioral.policystat.com/policy/13145724/latest) Policy which codifies our procedure for making LEP services available including Sign Language and languages other than English by utilizing our contracted Language Services provider. Our procedures for language services and for deaf and hard of hearing include making HIPPA compliant interpreters available upon request.   **1.d.4**  I**f 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?**   * The SBH CCBHC CLAS Steering Committee is currently implementing a PDSA on identifying and translating vital documents in languages commonly spoken in our community and by our clients, anticipated completion 1/1/24. * Our agency website is actively being updated to address our LEP client groups. Initial translation languages are Spanish, Marshallese, and Haitian Creole, anticipated completion 1/1/24 * **Support Needed:** Technical assistance is requested on utilizing needs assessment in identifying languages requiring translation per census data and client demographics.   **1.d.5**  **If you currently meet the criterion, how are you doing so?**   * SBH has an appointed Privacy Officer via our [Privacy Program](https://southwestern-healthcare.policystat.com/policy/14219790/latest/) which in addition to this appointment requires a privacy training program and describes our agency expectations around the use and handling of PHI and compliance with privacy law. * SBH has 22 policies which collectively cover the correct and proper method of maintaining confidentiality and privacy under both HIPAA and 42 CFR Part 2 and can be uploaded to the DMHA portal at certification. * Adherence to this standard is satisfied through employee Privacy trainings, the [Code of Conduct](https://southwestern-behavioral.policystat.com/policy/14219819/latest) policy specifically states, “Team members must never disclose or release confidential information including pictures, texts, or recordings in a manner that violates the privacy rights of a client.” |

# 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** | **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** | **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** | **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. | **No** | **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** | **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** | **Yes** |
| 2.a.7 | Services are subject to all state standards for the provision of both voluntary and court- ordered services. | **Yes** | **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** | **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** | **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** | **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. | **No** | **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** | **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** | **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). | **No** | **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** | **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** | **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. | **No** | **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** | **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. | **No** | **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** | **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** | **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** | **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** | **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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| **2.a.1**  **If you currently meet the criterion, how are you doing so?**   * Provides an environment and culture of safety for individuals receiving services and staff. This includes the creation of home like environments without harsh lighting, use of natural light, and natural colors. The Trauma Informed Care Committee is charged with frequently assessing environments of care to assure trauma informed environments are created for all. * Interpretation services signage posted at all locations, * Pronoun pins are worn to normalize pronoun usage. * We employ a diverse staff and have a recruitment plan to assure staffing reflects community we serve. * DEI posters promote diversity. * Diverse individuals are featured in printed/posted materials. * [Facilities and Client Rooms](https://southwestern-behavioral.policystat.com/policy/12593276/latest) policy: Company facilities will promote optimal care to the client population, and facilities will have and maintain space allowing staff to provide care that best serves the ages and diagnoses of the client population. Additionally, company facilities will maintain an environment of care protecting and preserving client dignity and enhancing a positive self-image, aligning with our goal of providing safe, inclusive, and welcoming environments. * [Pest Control Management Plan](https://southwestern-behavioral.policystat.com/policy/13263144/latest) is a comprehensive plan for the regular and incidental control and removal of general and identified pests and vermin from our facilities. We also employ K9 inspectors to ensure we maintain control of hard to manage pests. * [Vehicle Policy](https://southwestern-behavioral.policystat.com/policy/14107031/latest) addressed the safe use of personal vehicles under transportation policy.   + [Transportation Policy](https://southwestern-behavioral.policystat.com/policy/14107031/latest) addressed the safe use of personal and private vehicles for the transportation of self or clients under the umbrella of SBH’s service mandate.   + [Tobacco-Free Workplace](https://southwestern-behavioral.policystat.com/policy/13157542/latest) policy, creates a safer environment for all clients and staff and make the campus friendly to those trying to quit tobacco use through treatment. No smoking or vaping is allowed on SBH property or in any of its vehicles.   **2.a.2**  **If you currently meet the criterion, how are you doing so?**   * SBH has open access available during business hours Monday through Friday, as well as Saturday mornings. This extension of hours was created to meet the needs of clients who work during business hours. * Some evening hours are also available for services, which varies depending on the location * Telehealth assessments and ongoing services are also available office to office, or client’s home to office * Crisis Services are available 24/7, including mobile crisis, fully integrated with our CCBHC and CRSU with response times that exceed the current criterion.   **2.a.3**  **If you currently meet the criterion, how are you doing so?**   * Our current CCBHC site was selected due to its location that includes access to public transportation and informed by our CNA. * Due to major accessibility challenges in our area we frequently “take the service to the client”, SBH services include telehealth behavioral & primary care services, in-person/telehealth/hybrid individual and group therapy, weekend hours, evening hours, a 24/7 crisis services continuum, home-based services, community-based services, and school-based services, based on client preference. * Mobile crisis or home-based services are available to nursing and other medical facilities. * We are in the approval process to establish a Medicaid-approved service sight at a large homeless shelter, ran by a community partner.   **2.a.4**  **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?**  • SBH meets current SAMHSA criterion standards. The DMHA addition of adding Transportation Barriers to client treatment plans will be added to current EHR and patient-centered treatment plan workflows to meet this criterion.  • Transportation barriers are addressed by community-based programs, including crisis services care coordination and follow-up. Bus token and pass programs with public transportation and Medicaid cab scheduling is incorporated in our current workflow.  • Mobile crisis response provides transportation to the CRSS and follow-up appointments/referrals.  • SBH is adopting the Social Needs Screening Tool (AAFP) and building it into our electronic health record to facilitate social drivers of health data collection across agency workflows.  • Staff education and training on SDOH will be developed and disseminated on adding transportation and other SDOH barriers into the client treatment plan.   * **Support Needed:** Technical assistance is requested from the State on potential adoption of a standardized SDOH instrument collecting SDOH as part of the required NOMS data collection process. Our preference is the use of and open-source tool.   **2.a.5**  **If you currently meet the criterion, how are you doing so?**   * SBH has continued providing telehealth options established during the pandemic to deliver services to those who prefer this model of care. * Telehealth individual and group options are available, including hybrid in-person and telehealth groups. * All telehealth delivery and related technologies adhere to the same in-person confidentiality guidelines. * Clients are assessed for appropriateness of telehealth prior to starting and reassessed as appropriate to ensure the modality is best suited to the client’s needs and goal attainment. * [Person-Centered Treatment Planning](https://southwestern-behavioral.policystat.com/policy/12692175/latest) policy (PCTP) speaks to the right of clients to receive individualized, competent treatment services, and as requested by the client to involve their family members to fully participate in the treatment planning process and approve of the PCTP. * [Telehealth Services](https://southwestern-behavioral.policystat.com/policy/13085823/latest) policy provides guidance on SBH telehealth provision standards, clinical implementation guidelines, and compliance with regulatory guidelines. * [Clinical Plan for Professional Services](https://southwestern-behavioral.policystat.com/policy/14055565/latest), The plan is comprehensive and describes agency goals, population served and why they are targeted, the agency goal setting process for performance improvement and strategic development, program descriptions and program admission criteria, staff organization, allocation, and composition, and a detailed description of the various service types offered, policies contain language which serve as the foundation for providing these services.   **2.a.6**  **If you currently meet the criterion, how are you doing so?**   * SBH has been building the foundation for CCBHC attestation under SAMHSA CCBHC expansion and improvement grants since 2021 and our CNA informed our approach, including the need for awareness of crisis services and supporting law enforcement in a trauma-informed approach to crisis response. * Building and establishing community partnerships is tracked and reported to SAMHSA quarterly as IPP outcome measures, PC2. The number of organizations collaborating/coordinating/sharing resources with other organizations as a result of the grant * Community engagement has included partner agencies, law enforcement, emergency & disaster response first responders, universities, neighborhood associations, and agencies serving underserved populations. * Our crisis services team is a physical presence in homeless shelters, soup kitchens, public libraries, college campuses, emergency rooms, community agency and public sites. * SBH has distributed over 30,000 crisis contact cards across our service area. SBH staff, collaborating with law enforcement partners offer crisis and de-escalation training across our community. Multiple SBH staff participate in annual Crisis Intervention Training (CIT) for law enforcement officers across our region. This may be one of SBHs greatest strengths.   **2.a.7**  **If you currently meet the criterion, how are you doing so?**   * SBH services are subject to all state regulatory standards for providing both voluntary and court-ordered services. We follow all reporting guidelines for court-ordered services and ensure clients are fully aware of their requirements. * SBH provides forensic competency restoration services within the Vanderburgh County Jail. * The ongoing collaboration between SBH and the Evansville Police Department resulted in cross-agency agreement to operationalize changes in the law on immediate and emergent detention (HB 1006 2023). Processes involving the local judiciary, law enforcement officers, and SBH (crisis and Chief Medical Officer) are established and in place.   **2.a.8**  **If you currently meet the criterion, how are you doing so?**   * Contact information for the primary and secondary point of contact is on record with DMHA. * The Health and Safety Manager retains a detailed comprehensive disaster recovery plan file. The document is confidential in nature it contains sensitive IT information, and also contains sensitive accounting information like bank account numbers, critical vendor contacts, what employees are authorized to do wire transfers, personal cell phone numbers, etc. Because of the sensitive nature of the document, it is encrypted and is limited to the disaster recovery team only. * [Disaster Plan](https://southwestern-behavioral.policystat.com/policy/12834260/latest) that addresses tornado, severe wind events, electrical storms, earthquake, winter weather, and flooding Ain addition there and distinguishes between internal and external emergent situations. The CEO or Designated individual will be consulted to determine which of the contingencies will be enacted to deal with the situation at hand by coordinating with programs and sights to determine how the agency can and will enact plans going forward. * [Emergency Management Plan](https://southwestern-behavioral.policystat.com/policy/11346356/latest)  is designed to provide structured guideline to mitigate emergency impact. The policy is in place to ensure preparedness in our response and facilitate recovery in relation to disasters occurring in our community.  Harm reduction to all affected individuals is the primary goal. Secondary goals include maintaining services and preserving resources. In the case of service interruptions, the plan offers guidance in re-establishing the full range of services in a timely manner. This policy also establishes a Resilience and Emotional Response Team (REST) which provides “services to disaster survivors in their homes, shelters, temporary living sites, or houses of worship” but specifies that “services are expected to transition from the REST to existing community resources as the program phases out.” The policy also outlines preparedness drills and describes facility preparedness with particular focus on IT and staff. IT specifically has established a recovery site for information at an out-of-state location.  Therefore, even if information systems were disrupted at our base location, all information could still be accessed, utilizing this backup site to ensure continued provision of services.  Ensuring clients’ medical information and contact information will remain accessible through a secure connection. In addition, SBH has alternative service sites throughout the four counties. * [HIPAA – Facilities Contingency Operations](https://southwestern-behavioral.policystat.com/policy/12779146/latest) is the Facilities Contingency Operations Policy as it applies to the Electronic Protected Health Information is currently housed at the Spear Building 415 Mulberry St. location. The policy details loss of power, flood, gas leak, fire, and active threat, and has provisions for standardizing how building access will be communicated to staff and the public. * [Community Disasters](https://southwestern-behavioral.policystat.com/policy/13949899/latest) policy states that Behavioral will, within its capacities, provide emergency psychiatric care during a community disaster or emergency when requested to do so.  A Statement of Understanding exists between Behavioral and the Southwestern Indiana Chapter of the American National Red Cross, whereby Behavioral staff are to be made available on site and at disaster shelters to assist and help disaster victims, as well as law enforcement, firefighting, and emergency medical services representatives if the need is so indicated.  The plan will provide for disaster preparedness and describe general procedures to be followed at Company facilities during a community disaster/emergency. * [Winter Weather Continuity of Care Plan](https://southwestern-behavioral.policystat.com/policy/13949910/latest) sets forth procedures to be followed if ice and/or snow conditions significantly impair transportation to service locations.  Such conditions can impair adequate staffing and present a threat to client, visitor, and staff safety. The Winter Weather Continuity of Care Plan will provide directions for assessing staffing capabilities and service location operations in the event of ice and/or snow conditions that significantly affect safe travel. * [Severe Weather](https://southwestern-behavioral.policystat.com/policy/12373560) policy provides an outline for the plan to follow in the event either/or severe weather or the warning of severe weather. The plan is intended to reduce the exposure of injury to our staff, clients, and visitors as well as damage to our buildings and other property resulting from an event of severe weather.   **2.b.1**  **If you currently meet the criterion, how are you doing so?**   * Initial inquiry for services includes a preliminary risk assessment to determine clinical acuity (routine, urgent, emergent). Emergent response is immediate, via crisis services triage. Mobile crisis response, with or without local law enforcement, may follow. All law enforcement is trained in trauma informed care, and law enforcement is only involved in instances where safety is a concern. * Preliminary triage is currently followed by scheduling a comprehensive assessment within 10 days for routine appointments, under current SAMHSA requirements. Access is monitored in our SBH CQI plan and reported to SAMHSA quarterly. For routine service requests: current average days from routine service inquiries to assessment is 10 business days. Open Access/Same Day is offered, there same day appointments often occur, if client desires. * The policy, process, and procedures for adding the Initial Evaluation may be key to increasing access across our agency. (Written request for degree and license required for Initial Assessment submitted to DMHA for written response 11/6/23.) * While Initial Evaluations deemed urgent or emergent can be completed by telephone or telehealth platform; all individuals who want services will be seen in-person upon their subsequent appointment; transportation can be arranged via crisis services. * The preliminary assessment (aka ‘inquiry’) will begin the risk assessment process. Urgent or emergent cases are triaged with a clinical supervisor and crisis services for expedited community-based response if indicated. Routine assessments are offered same day access, however practice is to assure appointment within 10 days. Once clarification received from DMHA on the clinical parameters of the initial assessment, the workflow will be altered. * From first contact through the completed comprehensive assessment, information from other providers may be added to the EHR to further inform the assessment continuum process. * SBH is meeting current SAMHSA guidelines for collecting the I-Serve measure data. The newly released SAMHSA CCBHC Outcome Measures Technical Specifications (released October 2023) provides SBH the structure from which to report this outcome. * Inquiry, assessment, and treatment planning work processes are in place and continue to be iterated towards standardization. * As we reengineer our care coordination/navigation job roles to align with State guidance, this criterion assists in establishing pre-comprehensive services as a viable and reportable index event. * Technical assistance is requested by our front-line staff on the definition of ‘urgent,’ during initial telephone contact. The recent DMHA response does not allow for standardization across CMHCs and may be defined differently across the state system of care. * Note: with the change in the DMHA attestation criteria to include an initial assessment, technical assistance is requested in expanding the standardization of these initial clinical encounters. Who can provide the initial evaluation?   **2.b.2**  **If you currently meet the criterion, how are you doing so?**   * The PCTP is updated when changes occur in level of care, program assignment/reassignment, changes in risk levels, or symptom acuity. At minimum, treatment plans are updated every 90 days. * [Person-Centered Treatment Planning](https://southwestern-behavioral.policystat.com/policy/12692175/latest) policy speaks to the right of clients to receive individualized, competent treatment services, and as appropriate and as requested by the client to involve their family members to fully participate in the treatment planning process and approve of the PCTP. This policy also states that Client has the right to assign a surrogate decision-maker in the event the client is unable to communicate his wishes regarding care.   **2.b.3** **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?**   * Adding tracking logic to measure the system capacity for clients to schedule an outpatient follow-up appointment within two weeks will allow us to meet this criterion this will be implemented prior to 7/1/24. * Our FY24 CQI Plan currently tracks how soon a client is seen for the 1st follow-up appointment after initial assessment; this model can be modified and expanded to meet this criterion. * The remainder of the processes for this measure are already in place. Discharge planning from outpatient or emergent care settings is navigated through the outpatient triage process or crisis services continuum (both phone triage with hospitals and mobile response). Forensic outreach services, residential care coordination/navigation services, and embedded care coordinators within our local hospital psychiatric inpatient settings provide pre-discharge coordination of care. * Open Access allows for offering same day services, if desired * [Intake Policies and Procedures](https://southwestern-behavioral.policystat.com/policy/14219849/latest) which describes the general intake process, specific program criteria, how to approach service for immediate relatives, external referrals including who is appropriate for care and describes the procedural steps for doing an intake, and in what timeframe that intake is to take place within. * [Transfer Referral Process](https://southwestern-behavioral.policystat.com/policy/14219854/latest) policy which details transfers and referral with a focus on rationale for the transfer of referral, staff responsibilities in the process, and follow up responsibilities.   **2.c.1**  **If you currently meet the criterion, how are you doing so?**   * SBH has been building the foundation for CCBHC attestation readiness since February 2021, under SAMHSA CCBHC-E and CCBHC-IA grants. During the CCBHC-E grant, SBH focused on establishing a crisis services continuum to complete our provision of the nine services core to CCBHC certification. * A crisis services continuum was rolled out in August 2021 beginning with the launch of a community crisis services hotline (now includes 988) and serves as the primary triage hub for mobile crisis response and/or CRSS services. * MOUs and established processes and procedures with local law enforcement agencies and local hospitals to address forensic and emergency room diversion. * Meetings with 911 central dispatch resulted in one-button triage and transfer of non-emergent calls to crisis services. * SBH has distributed over 30,000 crisis services cards, posted billboards, utilized bus wraps and bench advertising. We participate in community forums, community partner training, law enforcement CIT training and roll calls. * SBH has actively marketed crisis services access to community agencies, churches, and private practices. Many distribute our crisis services contact cards to those they serve. * The SBH CRSS opened in March 2022. It is currently a 5-bed unit. Those who utilize these services are self-referred, may also have a mobile crisis intervention, or are referred by law enforcement or hospital partners. Since opening, there have been 342 stays on our unit. Under the new DMHA service contracts, mobile crisis response will expand into three more counties, and an additional 4 living room chairs to increase capacity. * Under the CCBHC-E grant SBH purchased a wheelchair accessible van and launched the 1st mobile response in February 2022. We have responded to 834 mobile crises in the community since that time. * SBH has partnered with 8am-5pm agencies, and private practices to provide their clients 24/7crisis services. We have working relationships with residential and shelters for afterhours collaboration. * 18% of our responses are at the request of law enforcement to promote a trauma-informed approach; 2% hospitals, 1% other.   2.c**.2.c.2** **If you currently meet the criterion, how are you doing so?**   * Adherence to this standard is detailed in the [Emergency Services](https://southwestern-behavioral.policystat.com/policy/14089619/latest) policy, section 5.5 which details portions of the crisis continuum that we offer which include but are not limited to: 24/7/365 crisis line, CRSS unit, mobile response, and law enforcement co-response. This is widely communicated to the public through social media, news conferences, and marketing materials throughout the area. * The SBH [Clinical Plan for Professional Services](https://southwestern-behavioral.policystat.com/policy/14055565/latest), a comprehensive document that describes agency goals, population served and why they are targeted, the agency goal setting process for performance improvement and strategic development, program descriptions and program admission criteria, Staff organization, allocation, and composition, and a detailed description of the various service types offered; Ssection 5.7 describe the crisis line and its service goals, mobile crisis team and its service goals, the CRSS unit and its service goals, and 5.9.1 is and inclusive discussion of our crisis service’s mission, target population, services offered, and location. * Newly drafted policy documenting active [Crisis Services](https://southwestern-behavioral.policystat.com/policy/14478098/latest) practices encompassing the full range of crisis continuum services Southwestern offers and how the services are intended to interact to create a continuum of care. * The public can access information regarding Crisis Services on the company's Website.   **2.c.3**  **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?**   * SBH currently utilizes a ‘safety plan” that includes a process for advanced directives; a document that will be enhanced and renamed ‘crisis prevention and safety plan,’ to fully meet this criterion. Additional information on warm lines will be added. All information included in the current safety plan document meets the specifications included in the crisis prevention plan. * The current version of the safety plan meets criteria 2.3.c, in addition to 3.4.a, and 2.6.c. referenced within its text.   **Partial adherence to this standard is met via the following:**   * [Admission Criteria](https://southwestern-behavioral.policystat.com/policy/13559429/latest), section 5.1.4 states that individuals will be discharged with a "discharge plan with staff and has a safe place to discharge to." * [Emergency Services](https://southwestern-behavioral.policystat.com/policy/14089619/latest) policy, section 5.5 states Southwestern crisis response may include "performing a suicide risk assessment and creating a safety plan." * [Clinical Plan for Professional Services](https://southwestern-behavioral.policystat.com/policy/14055565/latest), section 5.7.4.4 which discusses safety planning with clients of the Crisis Stabilization Unit and also a comprehensive document that describes agency goals, population served and why they are targeted, the agency goal setting process for performance improvement and strategic development, program descriptions and program admission criteria, Staff organization, allocation, and composition, and a detailed description of the various service types offered, * How to access crisis services is located publicly on the SBH website. * [Treatment Services](https://southwestern-behavioral.policystat.com/policy/12691833/latest) policy, section 5.6 states that missed appointment letters "include information about the availability of Southwestern' s Crisis Services via 812-422-1100." * There is an annual training that focuses on overdose response. * Naltrexone is widely distributed at SBH. * Naltrexone distribution will be included in the revisions to the Mobile Crisis Response, CRSS, and follow-up notes being designed in-house to meet the data tracking needs to report program outcomes. * **Support Needed:** Technical assistance is requested implementing crisis planning and how it differs from traditional ‘safety planning.’ The intent and meaning of the term, ‘evidence of participation of person receiving services,’ will need clarified.   **2.c.4**  **If you currently meet the criterion, how are you doing so?**   * SBH has working processes and procedures established with all local EDs, including triage protocols based on clinical presentation, and crisis services mobile intervention protocols when an individual presents in crisis at the ED but does meet criteria for inpatient treatment. * There are three inpatient liaisons who work embedded in the two local hospital inpatient units, and one free standing psychiatric facility, located in or near Vanderburgh County. Pre-discharge and post-discharge planning begins on admission. * Existing SBH clients who present to the ED as a danger to themselves or others, are triaged via Crisis Services with an SBH on-call psychiatrist for admitting orders. * Inter-agency agreements and processes are in place between local courts, law enforcement agencies and SBH on immediate detention and emergency detention processes, revised in 2023. * Adherence with this standard is detailed in [Southwestern's Emergency Services policy](https://southwestern-behavioral.policystat.com/policy/14089619/latest), sections 5.5 and 5.5.2 which detail portions of the crisis continuum that we offer which include but are not limited to: 24/7/365 crisis line, CRSS unit, mobile response, and police Co-response. SBH [Crisis Services](https://southwestern-behavioral.policystat.com/policy/14478098/latest) policy further outlines the processes for mobile co-response to EDs.   **2.c.5**  **If you currently meet the criterion, how are you doing so?**   * A Southwestern Leadership Member is part of the Justice Reinvestment Advisory Council (JRAC) * Protocols and clinical ‘swim lanes,’ have been established in collaboration with our law enforcement and diversion court partners. SBH has embedded liaisons in all diversion courts and the local jail to maximize forensic diversion and streamline access to treatment. Law enforcement crisis co-response occurs in both the community and in the jail. * Interagency MOUs are in place with the Evansville Police Department (EPD) and Vanderburgh County Sheriff’s Office (VCSO) for crisis co-response. This collaboration has recently been expanded to include crisis responses to the University of Southern Indiana campus and residence halls. This process included training all residence hall staff on crisis response coordination between the USI Counseling Center, campus police and city/county law enforcement. This partnership has led to reduced need for law enforcement time in managing mental health crisis, as the no wrong door to the crisis team has eliminated the need for law enforcement to stay involved in a medium or low risk situation. * SBH and EPD collaborate in delivering training at annual CIT officer trainings, on campuses, neighborhood associations, community agency collectives, and for our future law enforcement partners in neighboring counties. * Peer Support specialists and other crisis staff actively triage crisis situations and reduce service delays with crisis supervisors, CMO and leadership team via Teams video conferencing. These emergent patient care monitoring meetings are virtual and allow real time decision making that often include law enforcement co-response. The need for immediate or emergency detention is often determined during these high-risk, real-time triage discussions. * [Admission Criteria](https://southwestern-behavioral.policystat.com/policy/13559429/latest/#autoid-kyde3), section 5.1 Describes the criteria for CRSS unit stays. * [Emergency Services](https://southwestern-behavioral.policystat.com/policy/14089619/latest/) detail portions of the crisis continuum that we offer which include but are not limited to: 24/7/365 crisis line, CRSS unit, mobile response, and police Co-response.[Intake Policies and Procedures](https://southwestern-behavioral.policystat.com/policy/12285543/latest/#autoid-795yx), which details eligibility of services including general admission, program admission, what to do in case of no admittance, how to conduct referrals and how to conduct intake; section 5.5: * Emergency services are available 24/7/365 for all through a Crisis Line and/or Mobile Crisis Team accessed via telephone, though the same services may be offered on site or via audio/visual platform and will be available within 30 minutes. * If initial screening during the inquiry process identifies an urgent need, clinical services will be provided within one business day If the initial screening during the inquiry process identifies routine needs, services will be provided within 10 business days * If initial screening during the inquiry process identifies an urgent need, clinical services will be provided within one business day. * [Clinical Plan for Professional Services](https://southwestern-behavioral.policystat.com/policy/14055565/latest/) in sections 5.7.4, 5.9.1,& 5.9.5 which collectively describe the processes and services available through crisis and detail the mission, goals, and services offered to individuals in crisis. * SBH [Crisis Services](https://southwestern-behavioral.policystat.com/policy/14478098/latest) policy lays out a comprehensive plan for coordinating all Crisis Continuum services including specifics on involvement and co-response with law enforcement.   **2.c.6** **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?**   * Operational adherence to this criterion includes crisis services guidelines document on risk assessment, crisis triage, and developing a ‘safety plan’ that includes all elements in the criterion but the 988-crisis response information. This will be updated and enhanced into a ‘crisis prevention plan’ document. * SBH has not formalized/standardized crisis prevention plans, but this may be more an issue of verbiage than intent. The following elements occur in practice as part of safety planning: * A copy of the current safety plan (future crisis prevention and safety plan) is printed and given to the individual receiving services. * Crisis Services Card with SBH local Crisis Line phone number. * CCBHC staff notify crisis services of clients who are experiencing symptom exacerbation that may require a higher level of care or crisis respite for the night. These same clients are given crisis services access information, crisis services card, and other printed materials. * **Support Needed:** Technical assistance is requested on an evidence-based model or best practices document to address this process and standardization of crisis prevention plan documents across the state would be optimal.   **2.d.1**  **If you currently meet the criterion, how are you doing so?**   * [Charity Care](https://southwestern-behavioral.policystat.com/policy/14261157/latest/) policy, states no clients are turned away due to inability to pay. * Uninsured or underinsured clients are offered charity care, including sliding fee discounts and hardship fee reductions. * Administrative staff help clients in applying for immediate PE Medicaid and and/or refer them to an insurance navigator for further assistance.   **2.d.2**  **If you currently meet the criterion, how are you doing so?**   * The SBH charity policy/ sliding fee schedule/ client guide/grievance policy will be translated in Spanish and Haitian Creole, ETA 12/31/23 * literacy issues, are approached by reading aloud and asking if the individual in need of assistance understands. * We offer to share with the loved one if they are present an approved to know as is appropriate. * We provide documents via email and ensure access to voice to text through google to read the emails aloud to those who are blind. * We offer a sliding fee discount schedules that is published on the company website as well as in waiting rooms, * [Charity Care](https://southwestern-behavioral.policystat.com/policy/14261157/latest/) policy, section 5.1.2.1, indicates that we publish a brochure communicating payment policies which is provided to clients during intake.   **2.d.3**  **If you currently meet the criterion, how are you doing so?**   * Southwestern structures fee schedules and billing methodology in accordance to all statutory and administrative requirements, while reimbursement is based upon state and federal guidelines, the fee structure and rates will be based upon reasonable cost of operations. * [Charity Care](https://southwestern-behavioral.policystat.com/policy/14261157/latest/) policy uses the Federal poverty guidelines to determine eligibility for income-based fee adjustment.   **2.d.4**  **If you currently meet the criterion, how are you doing so?**   * [Charity Care](https://southwestern-behavioral.policystat.com/policy/14261157/latest/) policy states no clients are turned away due to inability to pay. The Charity care policy and SBH website includes a sliding fee scale based on income and number of dependents. * Patients not otherwise covered may be offered charity care, including sliding fee discounts and fee reductions. * Administrative staff are required to help clients in applying for immediate Medicaid and and/or refer them to an insurance navigator for further assistance.  SBH is able to access Presumptive Eligibility.   **2.e.1**  **If you currently meet the criterion, how are you doing so?**   * [Intake Policies and Procedures](https://southwestern-behavioral.policystat.com/policy/14219849/latest/), section 5.1. requires services to be extended to all individuals independent of housing status or location of residence. * SBH provides crisis response, evaluation, and stabilization services regardless of place of residence. * SBH does not deny services to anyone based on housing status, state of residence, or permanent address.   **2.e.2**  **If you currently meet the criterion, how are you doing so?**   * The CCBHC crisis team works extensively with individuals who live outside of our traditional service area; often they are returning home. * Crisis provides assistance with arranging contact with family, and service providers. * It is standard practice to help individuals navigating the Release of Information authorizations to facilitate transfer of medical records as part of the triage process, as is assuring an out-of-area treatment and/or follow-up plan is in place, based on individual preferences. * [Intake Policies and Procedures](https://southwestern-behavioral.policystat.com/policy/14219849/latest), state that Southwestern provides crisis response, evaluation, and stabilization services regardless of place of residence. * [Telehealth Services](https://southwestern-behavioral.policystat.com/policy/13085823/latest) policy describes appropriate provision of service through remote methods which can play a role in crisis response. |

# 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** | **Yes** |
| 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 **Yes** 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.* | **No** | **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. | **No** | **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. | **No** | **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** | **Yes** |
| 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** | **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** | **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** | **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** | **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. = yes -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. = yes -Provide evidence-based clinical decision support. = yes -Conduct electronic prescribing. = yes  *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** | **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. | **No** | **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** | **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** | **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** | **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** | **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.* | **No** | **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 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** | **Yes** |
| 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** | **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.* | **Yes** | **Yes** |

**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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| **3.a.1**  **If you currently meet the criterion, how are you doing so?**   * SBH adheres to Section 2402(a) of the Affordable Care Act. Offering person centered community-based services and supports to maximize independence and self-direction and to be responsive to the needs and care decisions of older adults and people with disabilities. * Care coordination is provided to assist clients in accessing primary care, behavioral healthcare, housing, vocational rehabilitation services, and other needs such as domestic violence services or shelter. * For clients involved in the child welfare and criminal/juvenile justice systems we coordinate with their assigned worker to ensure alignment of services. * SBH coordinates with the court and jail system to provide forensic diversion and restoration services, via SBH employees embedded into these programs.   **3.a.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?**   * To meet the requirements policy, procedure, workflow, and EHR standard will be changed to align the Patient Centered Treatment Plan note, specifically documenting, and tracking of our three attempts to obtain necessary consents we will also operationalize obtaining consent at the 90-day PCTP updates. * Criterion is otherwise operationalized and active. Staff always get ROIs signed prior to sharing information unless it is emergent and allowable under HIPAA.   No support is needed to implement this criterion.  **3.a.3**  **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?**   * An electronic (EHR) solution for documentation of follow-up or referral completion, a Release of Information (ROI) has been signed, and associated medical or other records are received. This project is currently in development with our EHR team. * Internal transfer documentation and processes are being refined and implemented via an Ad Hoc CQI workgroup. Our current state is outlined in the [Transfer Referral Process](https://southwestern-behavioral.policystat.com/policy/14219854/latest/), and will be revised to meet standardized SBH processes. * While the care coordinator role is reimagined from current SBH staffing models (case manager, skills coach, crisis responder, peer support specialists) technical assistance on best practices is requested from the State.   No support is needed to implement this criterion.  **3.a.4**  **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?**   * 988 and warmline information will be added to our crisis and safety plans. * Enhancement of the safety plan document * Change of our naming convention to ‘Crisis Prevention & Safety Plan.’ * All other specifications for this criterion are in place. * Individuals served receive paper copies of current (and future) Crisis Prevention and Safety Plan documents. * [Client Rights](https://southwestern-behavioral.policystat.com/policy/12109794/latest) policy, sections [5.3](https://southwestern-behavioral.policystat.com/policy/14219851/latest/#autoid-y8yz4) and [5.7](https://southwestern-behavioral.policystat.com/policy/14219851/latest/#autoid-zx329), covers the right to individualized, competent treatment services, the right to personal privacy and confidentiality of personal and clinical information, the right to assign a surrogate decision-maker in the event the client is unable to communicate his wishes regarding care. * [Person-Centered Treatment Planning](https://southwestern-behavioral.policystat.com/policy/12692175/latest), section [5.2.3](https://southwestern-behavioral.policystat.com/policy/12692175/latest#autoid-qb3r8) covers that clients, and as appropriate their family members, are encouraged to fully participate in the treatment planning process and approve their PCTP when it is finished as part of a cooperative process. Participation is documented by the client's signature (or parent/guardian) and captured electronically by use of a touchscreen or other signature device, or by signing a Person Centered Treatment Plan Signature Form.   **3.a.5**  **If you currently meet the criterion, how are you doing so?**   * [Medication Services](https://southwestern-behavioral.policystat.com/policy/14547178/latest) policy, section [5.1.2](https://southwestern-behavioral.policystat.com/policy/14547178/latest#autoid-zkj4q), details the use of the state PDMP. Prescribers have integrated INSPECT into their workflow as part of information collecting. * An MOU is maintained with a local Methadone and Buprenorphine treatment center for care coordination purposes. * The Client Intake Form completed by new clients asks them to provide information about all medications (including over-the-counter medications) they are taking from outside sources. These external medications are entered into their medical record by the intake therapist. * At any scheduled appointment with medical staff, the nurse or physician/APRN will reconcile the list in the medical record of all medications the client is to be taking and will make any additions or changes based on medication changes made at that appointment. * We maintain a MOU with Evansville Comprehensive Treatment Center as a partnering OTP to coordinate services for people on methadone. * More specific procedures are utilized to update medications from other sources: * Clients in a residential program who receive an admission physical health assessment will have any medications noted and recorded by the nurse who completes the physical health assessment. * For administration of an injectable medication, ordered by a prescriber from outside the Southwestern Medical Staff, the following are required: A Care Coordinator assures there is documentation of the order entered into the EMR and a SBH physician or APRN has signed that documentation, indicating agreement with the order prior to administration.   **3.a.6**  **If you currently meet the criterion, how are you doing so?**   * Individuals who engage in crisis services at SBH may be in ongoing services at other agencies or private practices, or not be interested in ongoing services at the time of engagement. * Our care coordination practices support the individual in receiving services at the provider of their choice. * Adherence to this standard is detailed in the Client Guide, which is provided for every client and available in lobbies. * The [Client Rights](https://southwestern-behavioral.policystat.com/policy/14219851/latest/) policy that details the right to access to care which respects personal dignity, reflects the personal belief of the individual, respects the right of informed consent, which is competent and aware of ethical issues, that respects privacy and confidentiality, while allowing individuals to assign a surrogate in cases of incapacity.   **3.a.7**  **If you currently meet the criterion, how are you doing so?**   * The company maintains a list of local Insurance Navigators and connects clients with this resource upon identification of the need. As a CMHC, SBH initiates Presumptive Eligibility at first visit. We also support enrollment in TANF, SNAP and other entitlement programs. * Assigned coaches/case managers on an individual’s treatment team help with application for benefits to secure available resources. * **Support Needed:** Technical assistance requested for clarification: Criterion definition is confusing. 3.a.7 appears to be describing an insurance navigator position with added navigation for benefits and programs. 3.d.2 seems to focus on the type of short-term navigation currently provided via the Community Supports Services Department and/or Crisis Services program. Asking DMHA for clarity on the personnel role and responsibilities.   **3.b.1**:  **If you currently meet the criterion, how are you doing so?**   * [Information Management Plan](https://southwestern-behavioral.policystat.com/policy/13353050/latest/) establishes the criteria for our EHR and how it complies with relevant requirements. * Southwestern's electronic health records are maintained through SmartCare by Streamline, the company's health information technology system. * Currently 988 does not have software interface functionality; SHB will partner with this technology when implemented for all required services.   No support is needed to implement this criterion  **3.b.2**  **If you currently meet the criterion, how are you doing so?**   * Indiana DMHA is working to facilitate IHIE as a health information exchange portal with data warehouse interoperability. SBH has staff engaged in data analytics and data warehouse committees and workgroups with the Indiana Council and DMHA on these projects. * Southwestern's electronic health records are maintained through SmartCare by Streamline, the company's health information technology system. * SBH is currently engaged with a consultant to purchase/license a business intelligence (Bi) tool. Interoperability with the data warehouse vendor chosen by the state is a key goal of this project. * SAMHSA’s recently released CCBHC Quality Measures Technical Specs (October 2023) provide standardized race, ethnicity, sexual orientation, and gender identity expression (SOGIE) common terminology. The SBH data analytics team can stratify CCBHC outcome measures using these defined parameters to understand disparities and track population health outcomes. * The company’s [Information Management Plan](https://southwestern-behavioral.policystat.com/policy/13353050/latest/), establishes the criteria for our EHR and how it complies with relevant requirements.   + Uses and Disclosures of PHI (Non-SUD), section 5.2.4 A1a specifies operational activities include, "Conducting quality assessment and improvement activities, population-based activities relating to improving health or reducing health care costs, and case management and care coordination." * **Support Needed:** Technical assistance on the roll-out of the DMHA data warehouse and reporting system is anticipated.   **3.b.3:**  **If you currently meet the criterion, how are you doing so?**   * Streamline, our EHR vendor, has launched client portal access. User training for individuals receiving services is ongoing. * SBH 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, including capacity to capture health information, including all demographic information including race, ethnicity, preferred language, sexual and gender identity, and disability status. * SBH can demonstrate the capacity for sending and receiving summary of care records and providing timely electronic access to clients to view, download, or transmit their health information or to access their health information in the manner they choose. * SBH utilizes our existing technology and data analytics capacity to provide evidence-based data-driven clinical decision support. * Electronic prescribing via Smart through SmartCare * Technical assistance is anticipated upon full launch of the IHIE system and DMHA data warehouse system.   **3.b.4**  **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?**   * Adherence to this standard is detailed in the Company's [Privacy Program](https://southwestern-behavioral.policystat.com/policy/14219790/latest/) which contains 22 associated linked privacy policies * Southwestern does not currently partner with any DCOs. * The current [Privacy Program](https://southwestern-behavioral.policystat.com/policy/14219790/latest/) policies will be enhanced to include DCO related intent and language in order to meet criterion * Policy will be drafted to confirm compliance with these privacy rules. This will be completed at first available opportunity. * Review of the potential DCO policy will be conducted and be in place by 7/1/24 * **Support Needed:** Technical assistance may be requested when Southwestern deploys a DCO.   **3.b.5**  **If you currently meet the criterion, how are you doing so?**   * [Care Coordination Improvement Plan: Health IT Systems](https://southwestern-behavioral.policystat.com/policy/13949900/latest/) is a comprehensive plan to expand and improve SBH’s EHR capability to coordinate with IT health systems. Part of this plan is to leverage the IHIE system and to connect with the State and the Indiana council to maximize data sharing via the State data warehouse project which should help with data sharing between DCO and SBH. * SBH coordinates care with other community providers through phone/email and assures that records are shared between SBH and providers, release of information approval is required in such cases. * DCO relationships developed in the future will have a Business Associate Agreement in place to facilitate care coordination. * SBH will integrate health record exchange with all future DCOs and will leverage expanding capability to enhance current workflows.   **3.c.1**  **If you currently meet the criterion, how are you doing so?**   * SBH has MOUs that detail care coordination expectations with two FQHC partners, one in an urban setting and one serving a rural area. These partnerships include SBH providing psychiatric consultation for the FQHC staff and regular collaborative team meetings. Both of these FQHC’s have formal agreements with SBH (ECHO Healthcare and Tulip Tree Family Health Care). Letters of Commitment are also provided as attachments. * Southwestern's employed medical staff are a key component of this process. * Healthcare Coordination is addressed in the [Physical Health Services](https://southwestern-behavioral.policystat.com/policy/14055565/latest), section 5, as follows: In all cases where physical health services are provided (either directly or by referral), it is expected that results from the evaluation or treatment service be gained from the provider in a timely manner and appropriately noted in the patient's Southwestern medical record. Identified needs and referral for such services are to be documented in the Care Plan, with referrals and outcomes also documented.   **3.c.2**  **If you currently meet the criterion, how are you doing so?**   * SBH has MOUs or BAAs in place with the 3 local inpatient psychiatric providers (who also provide medical withdrawal management) for inpatient services, and the local licensed OTP provider for methadone maintenance. * SBH provides ASAM 3.1 and 3.5 residential and transitional residential programs as part of its continuum of SUD services. Non-SBH SUD entities have informal protocols in place for rapid triage. * SBH is a primary provider of school-based services and has a system of care coordinator that facilitates discharges for youth in PRTF as well as SPH. Evansville has a robust system of care, FACES, of which SBH provides leadership. In addition, SBH provides High Fidelity Wraparound services which is integrated with multiple youth serving organizations. * Our active partnership expansion includes a range of social services in the community. * SBH tracks when people receiving CCBHC services are admitted or discharged to facilities providing the services listed above, including transfer coordination to outside behavioral health providers. SBH has embedded liaisons within inpatient psychiatric units in our county to manage transitions. These processes are monitored through our CQI plan. * SBH has a dedicated liaison to coordinate care at admission and discharge with children and youth being admitted or discharged from a residential or inpatient treatment program. This liaison also serves as the primary point of contact for individuals entering or leaving a state operated facility. * SBH has processes for transitions across the clinical levels of care above. * SBH inpatient liaisons, medical records department and nursing staff verify transfers of medical records and medications. * Suicide risk assessment, crisis prevention planning, overdose prevention education, and access to crisis services and peer support specialists is provided. * Protocols, agreements, and provisions are in place between SBH and multiple community partners as well as the below policies and procedures:   - [Care Coordination Improvement Plan, Health IT Systems,](https://southwestern-behavioral.policystat.com/policy/13949900/latest) is a comprehensive plan to expand and improve SBH’s EHR capability to coordinate with IT health systems. That will increase the ease of meeting this requirement as it is implemented.  - [Clinical Plan for Professional Services](https://southwestern-behavioral.policystat.com/policy/14055565/latest) a comprehensive document that describes agency goals, population served and why they are targeted, the agency goal setting process for performance improvement and strategic development, program descriptions and program admission criteria, Staff organization, allocation, and composition, and a detailed description of the various service types offered  - [Transfer Referral Policy](https://southwestern-behavioral.policystat.com/policy/12372379/latest) describes the required procedures for transfers and referrals both internally and externally and requires proper documentation of client needs, documentation, and filling out of plans.  **3.c.3:**  **If you currently meet the criterion, how are you doing so**?   * As part of the CCBHC-E and IA grant IPP outcome reporting, SBH reports on new community partnerships and outreach to SAMHSA quarterly. * We maintain partnerships with required organizations such as local school districts, child welfare programs and foster care agencies, juvenile/criminal justice, and other local partners, such as Vanderburgh County Health Department, Head Start, Building Blocks, Patchwork Central, and YMCA. * Tracking information on community partners, beginning in 2021, is available. * All required partnerships listed in the criterion are in place. * Partnerships, both formal and informal, are in place with other unlisted entities and can be further developed over the course of time. * SBH crisis services currently receive call transfers from 988. Although a formalized care coordination partnership has not yet been established; a formalized partnership is anticipated soon.   **3.c.4**  **If you currently meet the criterion, how are you doing so?**   * SBH has an active MOU with Evansville Vet Center and is in the process of developing interagency workflows with the Evansville VA Medical Center on establishing an unsigned joint protocol to provide after-hours crisis services for Veterans in their care system. Finalization is expected by 7/1/24. * SBH has several STAR Behavioral Health providers listed on the website. SBH utilizes STAR Behavioral Health and has many clinical staff that access the free tier 3 training. The Tier One training is utilized for new staff when it is available. * Southwestern also has an active MOU with Vanderburgh County Veterans Court and has designated staff engaged in the Veterans Court treatment teams.   **3.c.5**  **If you currently meet the criterion, how are you doing so?**   * Care coordination partnerships are in place with both local hospitals and include monthly meetings between SBH, EPD, and hospital facilities for patient care monitoring and intra-agency process refinement. Patient Care Monitoring is now in place at one local hospital to review all instances where an individual is present requesting inpatient psychiatric admission but is not admitted. (April 2023). * Formal MOU or Service Agreements are operationalized for the three local hospital systems, which detail the responsibilities of each party. * Interagency processes are established with ED and local law enforcement for triaging forensic or emergency room presenting clients for either admission or CRSS intervention options. * We are currently collecting data on post-discharge inpatient psychiatric follow-up within 7 days as part of the SBH CQI Plan. This information is reported to SAMHSA and the State. * Postvention follow-up processes are in place (via Crisis Services) to transition individuals from ED/LEO interface to an array of internal and external treatment and resource options, all based on client preferences and occur within 24 hours of discharge. * An SBH CQI workgroup completed the Zero Suicide Academy (August 2022) and completed an agency self-assessment process. Working with technical assistance from DMHA, the SBH suicide risk assessment, training plans, and standardization of clinical response was implemented. Care pathways based on the Zero Suicide Institute model are currently in development. * SBH Zero Suicide Institute Implementation Team has completed over 99% staff completion rate of Suicide Risk Assessment training. * SBH employs 3.25 Engagement specialists to coordinate transition between State Operated Facilities (SOFs), jails, drug and mental health courts, inpatient hospitalization, and other community service providers. * Peer Support Specialists and Bachelor's level staff are actively engaged with inter and intra agency referral, transportation, and postvention follow-up with individuals receiving CMHC/CCBHC services. * Certified Peer Recovery Specialists are embedded in Crisis Services for assisting in transition from ED to CRSS and any array of services or resources needed or wanted by the individual served. * The HIM Department and our liaison/outreach navigator role facilitate transfer of medical records, medication changes, and patient-centered treatment plan recommendations. The liaison/outreach worker roles also facilitate direct communication with varied members of our administrative and clinical staff. * CQI data indicates that 100% of individuals receiving services are being contacted post-discharge from an inpatient hospitalization to inform of upcoming post-discharge appointments within or outside of the SBH system of care. * MOUs have expanded since the launch of CCBHC SAMHSA grants in 2021, as have joint agency processes and protocols. Partnership tracking for IPP Goal reporting is available on request. * SBH is in the final stages of implementation of IHIE in the electronic record, which will include ADT alerts. Record requests are facilitated through administrative support staff or care coordinators if records are not made available. SBH has viewer access to one hospital electronic record. * Healthcare Coordination is addressed in the [Clinical Plan for Professional Services](https://southwestern-behavioral.policystat.com/policy/14055565/latest) policy, section 5.7.9, as follows: Behavioral and Physical Healthcare Coordination (BPHC) services are provided to assist individuals to gain access to needed medical health services and to assist them in coordinating such services. This may include advocating on the individual’s behalf to obtain services, referral, and linkage to medical providers, facilitating communication across medical providers, and oversight to assure medical needs are being met. Services are provided to individuals who meet eligibility criteria with documented level of need and qualifying diagnoses.   **3.d.1** **If you currently meet the criterion, how are you doing so?**   * Treatment is focused on client driven goals which includes family and/or natural supports as client desires. * Comprehensive Assessments include family and/or natural supports as client desires, and if not involved relationship identification and development become a focus of engagement. * Procedures are followed to ensure compliance with HIPPA as described in [Privacy Program,](https://southwestern-behavioral.policystat.com/policy/14219790/latest/) and follow all state and federal laws. * [Person-Centered Treatment Planning](https://southwestern-behavioral.policystat.com/policy/12692175/latest) policy speaks to the right of clients to receive individualized, competent treatment services, and as appropriate and as requested by the client to involve their family members to fully participate in the treatment planning process and approve of the PCTP. This policy also states that Client has the right to assign a surrogate decision-maker in the event the client is unable to communicate his wishes regarding care.   **3.d.2**  **If you currently meet the criterion, how are you doing so?**   * [Person-Centered Treatment Planning](https://southwestern-behavioral.policystat.com/policy/12692175/latest) policy, section 5.2.5, details adherence to this standard. The policy details the right of clients to receive individualized, competent treatment services, and as appropriate and as requested by the client to involve their family members to fully participate in the treatment planning process and approve of the PCTP. This policy also states that Client has the right to assign a surrogate decision-maker in the event the client is unable to communicate his wishes regarding care. * Interdisciplinary teams include a mix of Therapists, Psychiatric Providers, Nurses, Peer Support Specialists, and Case Managers. We are also implementing a more robust navigator/care coordination position to better integrate these existing teams and effectively coordinate and manage care. * The Care Coordination role has been piloted in 3 programs with plans to expand. These providers assist with access to medical services, peer services, and coordinate other short- and long-term services and supports. * SBH has an active Trauma Informed Care Committee who reviews training, policies, and procedures to assure all services are strength based and provided in a trauma informed lens. * SBH Healthcare Integration Manager assures wellness education and resources are available for clinical and care coordinator staff to integrate into treatment planning. * The interdisciplinary team works together to coordinate the medical, psychiatric, psychosocial, emotional, therapeutic, and recovery support needs of the people receiving services.   + Based on our focus on DEI, this includes, 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.   **3.d.3**  **If you currently meet the criterion, how are you doing so?**   * SBH is not currently working with DCO providers. * Policies are being updated to prepare for future DCO contracts. * SBH does have essential partnerships with community providers and coordinates referral to those providers. This could involve staff attending appointments with the client, a nurse calling to follow up on physician instructions to assist with medical training and support, or multidisciplinary treatment team meetings to discuss care in a coordinated fashion. |

# 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** | **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** | **Yes** |
| 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** | **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** | **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** | **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** | **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** | **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** | **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** | **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 | **Yes** | **Yes** |
| 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** | **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** | **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** | **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** | **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** | **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.* | **Yes** | **Yes** |
| 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** | **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** | **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** | **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** | **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** | **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** | **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. 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.* | **Yes** | **Yes** |
| 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. | **Yes** | **Yes** |
| 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. | **Yes** | **Yes** |
| 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** | **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** | **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.* | **No** | **Yes** |
| 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** | **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** | **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** | **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](https://www.healthquality.va.gov/) (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.](https://www.mentalhealth.va.gov/providers/sud/docs/UniformServicesHandbook1160-01.pdf)  *Note: See program requirement 3 regarding coordination of services and treatment planning.* | **Yes** | **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** | **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** | **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** | **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** | **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** | **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** | **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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| **4.a.1**  **If you currently meet the criterion, how are you doing so?**   * All 9 clinical services, mandated under PAMA are provided by SBH. Including: 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. * Policy language will be reviewed and adjusted where needed to clarify that clients will not be required to have a reason for choosing to change providers or to request a second opinion. This is currently the active practice, but policy will be made more explicit. * SBH provides 100% CCBHC services therefore not using DCOs currently. Policies are being updated to reflect future DCO relationships.   Adherence to this standard is detailed in the following policies:   * The Person-Centered Treatment Planning policy details the right of clients to receive individualized, competent treatment services, and as appropriate and as requested by the client to involve their family members to fully participate in the treatment planning process and approve of the PCTP. This policy also states that Client has the right to assign a surrogate decision-maker in the event the client is unable to communicate his wishes regarding care. * Clinical Plan for Professional Services a comprehensive document that describes agency goals, population served and why they are targeted, the agency goal setting process for performance improvement and strategic development, program descriptions and program admission criteria, Staff organization, allocation, and composition, and a detailed description of the various service types offered.   **4.a.2**  **If you currently meet the criterion, how are you doing so?**   * SBH currently provides all 9 core CCBHC services and does not currently commission DCO providers. * Policy language will be reviewed and adjusted where needed to clarify that clients will not be required to have a reason for choosing to change.   providers or to request a second opinion. This is currently an active practice, but policy will be made more explicit.   * Adherence to this standard is detailed in the Client Rights policy which details the right to access to care which respects personal dignity, reflects the personal belief of the individual, respects the right of informed consent, which is competent and aware of ethical issues, that respects privacy and confidentiality, while allowing individuals to assign a surrogate in cases of incapacity.   **4.a.3**  **If you currently meet the criterion, how are you doing so?**   * Grievance procedures are provided to clients in a Client Guide at intake, posted in location lobbies and residential settings, and posted on the Southwestern website. This includes the DMHA consumer service line, the Joint Commission hotline, and SBH’s internal complaint/concern reporting process. This is also provided in Spanish, with goal to translate in other languages as community need is identified.   **4.a.4**  **If you currently meet the criterion, how are you doing so?**   * Adherence to this standard is found in Clinical Plan for Professional Services, detailing goals, population served and why they are targeted, the agency goal setting process for performance improvement and strategic development, program descriptions and program admission criteria, Staff organization, allocation, and composition, and a detailed description of the various service types offered. * Transfer Referral Process details transfers and referral with a focus on rationale for the transfer of referral, staff responsibilities in the process, and follow up responsibilities. * Southwestern does not currently commission DCOs. * Policy revisions will be put in place to address equitable quality standards between SBH and DCO entities, to satisfy any mandatory aspects of the attestation criteria.   **4.b.1**  **If you currently meet the criterion, how are you doing so?**   * SBH's Consent for treatment documents. * SBH assures that all services are aligned with the requirements of Section 2402(a) of the Affordable Care Act, which is reflective of our values of being respectful of the needs, preferences, and values of those receiving services and creating person centered plans for care. * SBH does not currently utilize DCOs to provide care, however, SBH has committed partners to fulfill this role if chosen for designation (Peace Zone, Easter Seals). When initiated, SBH will assure DCO compliance with this criterion. * Patient Rights are posted in each location’s general lobby area. In addition, all clients receive a client guide that specifies these values. * A consent for treatment is signed by the client (or parent/guardian) prior to initiation of treatment services. This consent is filed in the electronic record. * Client Rights Policy A policy that details the right to access to care which respects personal dignity, reflects the personal belief of the individual, respects the right of informed consent, which is competent and aware of ethical issues, that respects privacy and confidentiality, while allowing individuals to assign a surrogate in cases of incapacity. * Person-Centered Treatment Planning speaks to the right of clients to receive individualized, competent treatment services, and as appropriate and as requested by the client to involve their family members to fully participate in the treatment planning process and approve of the PCTP. This policy also states that Client has the right to assign a surrogate decision-maker in the event the client is unable to communicate his wishes regarding care.   **4.b.2**  **If you currently meet the criterion, how are you doing so?**   * SBH is committed to delivering culturally and linguistically appropriate services across our agency. A CLAS specific CQI plan is in place. Training on cultural humility and clinical engagement with non-majority demographic groups is highlighted via in-person and online annual training. * The Diversity, Equity, and Engagement Committee at SBH engages in internal activities promoting training, and external community-based engagement activities. * SBH has been awarded (10/23) the Human Relations Commission, Mayor’s Award for workplace diversity and engagement. * Client facing documents related to person centered/ family centered care are being updated to reflect this language. * Client Rights Policy details the right to access to care which respects personal dignity, reflects the personal belief of the individual, respects the right of informed consent, which is competent and aware of ethical issues, that respects privacy and confidentiality, while allowing individuals to assign a surrogate in cases of incapacity. * Person-Centered Treatment Planning speaks to the right of clients to receive individualized, competent treatment services, and as appropriate and as requested by the client to involve their family members to fully participate in the treatment planning process and approve of the PCTP. This policy also states that Client has the right to assign a surrogate decision-maker in the event the client is unable to communicate his wishes regarding care.   **4.c.1**  **If you currently meet the criterion, how are you doing so?**   * Crisis Services policy and Crisis Services program guideline documents adherence to this criterion, which includes detailed description of processes related to the following services:   + - * Crisis Hotline 24/7 with ability to take 988 calls transferred for local response, committed to following the 988 Suicide and Crisis Lifeline standards, and currently is working with Central Dispatch in Vanderburgh County and is committed to connection with other systems to assure continuity of care.       * Mobile Crisis Team 24/7 with partnerships with local law enforcement, with specific protocols developed in collaboration with law enforcement for clear definitions of roles and instances when law enforcement and/or mobile teams should be deployed. This team meets Mobile Crisis Designation criteria which is being pursued. Telehealth is also available as needed in crisis services.       * Crisis Receiving/Stabilization unit (24/7 targeting for January 2024; November 2023, currently 15hours/day) * Crisis Continuum includes details described in this criterion, and includes staff trained for suicide prevention/intervention as well as addressing crisis related to substance use disorders. Naloxone will be available by January 2024 on site (currently available in the Addiction Services facility) and is widely distributed by our Crisis Services staff. * SBH has a close partnership and shared trainings with local law enforcement with specific trainings in CIT related to trauma informed care. All SBH staff are committed to creating a trauma informed environment with multiple trainings per year and a Trauma Informed Committee to spearhead ongoing efforts for improvement. * Treatment Services policy, section 5.1. provides an overview of crisis continuum services. * The services listed in this standard are explicitly outlined in the SAMHSA CCBHC NOA for the CCBHC-E and CCBHC-IA grants, as well as in our bi-annual SAMHSA reporting dating from 2021. * SBH Crisis Continuum has been designed using SAMHSA National Guidance for Behavioral Health Crisis Care Best Practices, participation in crisis care mentorship program with the National Council, and completion of training offered through the National Council and SAMHSA.   **4.d.1**  **If you currently meet the criterion, how are you doing so?**   * SBH has no inpatient psychiatric services; has a service agreement with two local hospitals to provide this service. * SBH partners with Easter Seals Rehabilitation Services for psychological testing for more complex presentations for clarification of diagnosis * The Neurodevelopmental Center is a partnership with Easter Seals and SBH, providing comprehensive multidisciplinary assessments for youth with complex presentations (psychology, psychiatry, occupational therapy, speech therapy, nutrition, physical therapy, and audiological evaluations) * SBH uses the Columbia Rating Scale and is piloting the Violence Risk Triage Tool, an EBP being considered by DMHA. * Other EBP screening tools include: PHQ9, GAD7, PCL5) * SBH provides services via telehealth if requested or required by the client. * All individuals who require a higher level of care are referred and triaged to outside agencies and postvention plans are established.   **4.d.2**  **If you currently meet the criterion, how are you doing so?**   * Screening, assessment, and preliminary diagnosis are conducted within the timeframes identified in CCBHC criteria, but also responsive to the needs and preferences of the client. * Same day assessment options are offered. * Open access clinic plans have met a barrier of LCSW/LFMT level clinician staffing shortages. * Telehealth options for assessment have been launched to assist client access from other locations of care. * All initial inquiries for services are classified as routine, urgent, or emergent and triaged according to established processes. * Time frame responses are monitored by our CQI Committee, reported monthly, and active PDSAs are actioned.   **4.d.3**  **If you currently meet the criterion, how are you doing so?**   * SBH Initial Evaluation is the same as the Comprehensive Assessment and all elements specified in this criterion are completed during this initial evaluation. In-depth policy documentation is available upon request. * All initial evaluations and comprehensive assessments are completed by a Master Level Licensed clinician (or student under the supervision of a licensed professional). * We would request technical assistance and clarification upon verbiage:   + The term ‘initial evaluation’ specified in this criterion appears to be the ‘comprehensive assessment’ in criterion 2.b.1. SBH operates as each term is one and the same.   + Would like defined parameters of preliminary assessment, initial evaluation, and comprehensive assessment clarified.   + Clinical licensure and certification differential for these services are requested.   **4.d.4**  **If you currently meet the criterion, how are you doing so?**   * All sections enumerated in this criterion are included in the SBH comprehensive assessment documentation within our electronic health record. * Comprehensive assessments are completed within 7 days of the first appointment and treatment plans reviewed with client (and family if appropriate) no less than every 90 days. * Client Rights Policy details the right to access to care which respects personal dignity, reflects the personal belief of the individual, respects the right of informed consent, which is competent and aware of ethical issues, that respects privacy and confidentiality, while allowing individuals to assign a surrogate in cases of incapacity. * Person-Centered Treatment Planning speaks to the right of clients to receive individualized, competent treatment services, and as appropriate and as requested by the client to involve their family members to fully participate in the treatment planning process and approve of the PCTP. This policy also states that Client has the right to assign a surrogate decision-maker in the event the client is unable to communicate his wishes regarding care.   **4.d.5**  **If** **you currently meet the criterion, how are you doing so?**   * Attachment F and SAMHSA CCBHC Quality Outcomes Technical Specifications (October 2023) will allow SBH to respond to the measures listed. * SBH has access to all needed EHR data to operationalize the clinical measures and DMHA reporting mechanisms. * Attachment G is being used to identify which EBPs are being offered at which location to streamline care coordination to these resources. Staff at SBH have a long history of EBP trainer certification and experience. * SBH is accountable to program requirement 5 (quality and data reporting) * Technical assistance is requested on selected EBPs, training to fidelity, and reporting mechanisms.   **4.d.6**  **If you currently meet the criterion, how are you doing so?**   * SBH currently submits CANS/ANSA data to DARMHA on every client and utilizes findings to support treatment plan creation. * EBP screening tools are used across our service lines (example: AUDIT, DAST, PCL 5, ACE, GAD7, PHQ9); this data is available for analytics and reporting. * SBH is currently working with DMHA beta-testing a violence risk assessment for possible adoption state-wide. * Motivational interview training is being delivered, in-person, by a staff certified trainer, October 2023. Annual refresher MI training is online. * Technical assistance is requested for all State-approved screening tools as well as outcome measure reporting.   **4.d.7**  **If you currently meet the criterion, how are you doing so?**   * A current SBH CLAS CQI Plan PDSA launched (October 2023) is delivering customer service training on connecting our certified language interpretation contractors to clients quickly; screening tools are being translated as part of a CLAS PSDA project. * Internal assessment of approaches that are culturally and linguistically appropriate are guided by the CLAS standards. * Standard forms and screening tools are translated in the predominant languages in our region, with capability to provide other languages translated within 2-3 business days. * Processes are adapted to accommodate those with hearing impairments, or literacy levels below the 5th grade. * SBH contracts with Certified Languages International for on demand translation services, as well as translation of documents/forms upon request. In addition, SBH contracts with two local agencies that provide ASL translation. * SBH uses screening tools listed by SAMHSA as culturally responsive: AUDIT and DAST as noted in TIP 59, ‘Improving Cultural Competence.’   **4.d.8**  **If you currently meet the criterion, how are you doing so?**   * Adherence to this standard is detailed is Southwestern's Clinical Assessment policy, section 5, Comprehensive Assessment Procedures. * The Crisis Services Guidelines provide an overview of assessment, triage, supervisor contact, ASAM level of care clinical decisions, brief intervention, and collaborative workflows with service providers along the ASAM continuum. Immediate threats to safety are clinically triaged per actions outlined in attestation criterion. * If there is identification of more immediate threats to safety, SBH partners with three local inpatient units to provide medical detox and triage processes in place. * If medial detox is not indicated, SBH has a 3.5 and 3.7 residential unit available 24/7 that collaborates daily with the crisis team. * SBH uses screening tools listed by SAMHSA as culturally responsive: AUDIT and DAST.   **4.e.1**  **If you currently meet the criterion, how are you doing so?**   * Risk assessment and crisis prevention planning is provided by CCBHC, as well as Person Centered Treatment Planning as described in 4.e.2-4.e.8 and aligned with Section 2402(a) of the Affordable Care Act. * Risk assessment starts at initial contact and is triaged when contact is deemed urgent or emergent. * Risk level assessment and length of time to treatment is currently monitored as an internal SBH CQI measure. * Crisis Services is a policy that details the programmatic expectations SBH has for our CRSS services and are in line with Indiana and SAMSHA requirements for service provision. * Client Rights Policy details the right to access to care which respects personal dignity, reflects the personal belief of the individual, respects the right of informed consent, which is competent and aware of ethical issues, that respects privacy and confidentiality, while allowing individuals to assign a surrogate in cases of incapacity. * Person-Centered Treatment Planning speaks to the right of clients to receive individualized, competent treatment services, and as appropriate and as requested by the client to involve their family members to fully participate in the treatment planning process and approve of the PCTP. This policy also states that Client has the right to assign a surrogate decision-maker in the event the client is unable to communicate his wishes regarding care.   **4.e.2**  **If you currently meet the criterion, how are you doing so?**   * Patient Centered Treatment Plans (PCTP) address prevention, medical, and behavioral health needs as identified in the initial and comprehensive evaluation process. Treatment plans specify EBP interventions. * Programs have multidisciplinary teams available to meet individualized needs of the client, which can include treatment planning in a multidisciplinary meeting. * Interventions on plans clearly state evidence-based practices that support the treatment of the diagnosis. * Plans are developed collaboratively with the client (and family/natural support if appropriate) and signed by the client as confirmation of client involvement in its creation. * All necessary releases of information are obtained during the comprehensive assessment (or as need is identified) and included in the privacy section of the electronic record. * Clinical triage and level of care determinations are made across our service continuum, starting with initial contact, or inquiry for service. * All changes in care levels both within SBH programs and with external service providers to establish clinically appropriate care in the least restrictive environment. * Transportation barriers are specifically addressed as a required part of the patient centered treatment plan. Initial implementation will focus on training, role of care coordinator in workflow, and PCTP inclusion. EHR solution for reporting purposes will be mid-term goal. * Technical assistance is requested on implementation of the LOCUS for statewide standardization on level of care determination.   **4.e.3**  **If you currently meet the criterion, how are you doing so?**   * The Person-Centered Treatment Planning policy speaks to the right of clients to receive individualized, competent treatment services, and as appropriate and as requested by the client to involve their family members to fully participate in the treatment planning process and approve of the PCTP. This policy also states that Client has the right to assign a surrogate decision-maker in the event the client is unable to communicate his wishes regarding care. * The Client Rights Policy details the right to access to care which respects personal dignity, reflects the personal belief of the individual, respects the right of informed consent, which is competent and aware of ethical issues, that respects privacy and confidentiality, while allowing individuals to assign a surrogate in cases of incapacity.   **4.e.4**  **If you currently meet the criterion, how are you doing so?**   * SBH begins risk assessment and safety planning at first contact with client. * Adherence to this standard is detailed in the Person-Centered Treatment Planning policy which speaks to the right of clients to receive individualized, competent treatment services, and as appropriate and as requested by the client to involve their family members to fully participate in the treatment planning process and approve of the PCTP and also includes:   + Initial treatment plan completed at the time of the comprehensive assessment (which is operationally the initial evaluation).   + Review of treatment plan with client (and family if appropriate) every 90 days or less (sooner if changes occur). This is documented with a client signature attesting that the plan was created/reviewed collaboratively.   + Screening and reassessment of needs occurs every 180 days, if not sooner. * Client Rights Policy details the right to access to care which respects personal dignity, reflects the personal belief of the individual, respects the right of informed consent, which is competent and aware of ethical issues, that respects privacy and confidentiality, while allowing individuals to assign a surrogate in cases of incapacity. * Additional technical assistance is requested on services that can and cannot be performed during the 60 day date range from initial evaluation to initial client centered treatment plan.   **4.e.5**  **If you currently meet the criterion, how are you doing so?**   * The Person-Centered Treatment Planning speaks to the right of clients to receive individualized, competent treatment services, and as appropriate and as requested by the client to involve their family members to fully participate in the treatment planning process and approve of the PCTP and also includes specific expectation for collaborative person-centered planning: * Goals created in the client’s words. * Objectives written in SMART model. * Identification of strengths and barriers, including recovery supports as a strength. * Interventions to include all services provided to support achievement of the client’s goals, which may include case management/care coordination with other providers. * Culturally relevant objectives and interventions * Safety Planning * Client signature to attest the plan was created collaboratively. * Reviewed every 90 days to monitor progress toward objectives, or sooner if a change has occurred. * Client Rights Policy details the right to access to care which respects personal dignity, reflects the personal belief of the individual, respects the right of informed consent, which is competent and aware of ethical issues, that respects privacy and confidentiality, while allowing individuals to assign a surrogate in cases of incapacity. Client rights are detailed in the Client Guide which is provided to all clients and available in each lobby.   **4.e.6**  **If you currently meet the criterion, how are you doing so?**   * Interagency collaboration and partnerships are in-place for clinical consultation as needed for eating disorders, TBI, IDD adults, interpersonal violence, school based social emotional supports, school-based wellbeing, and human trafficking. * SBH has launched Neurodevelopmental Center in collaboration with Easter Seals, Youth First, and Autism Evansville, serving youth with IDD and MH presentations. * SBH School-Based Services collaborates closely with local school corporations, alongside Youth First as a service partner. * Our partnership with Easter Seals provides rehabilitative services for adults, as well as SWIRCA and BDDS * Crisis Services has strong workflow established with DCS, and local interpersonal violence Services and shelter systems (YWCA, Albion Bacon Fellows Center).   **4.e.7**  **If you currently meet the criterion, how are you doing so?**   * Treatment components available at SBH include the services listed within the criterion text and are included in the treatment planning service options. * SBH completes a Safety Plan collaboratively with the client, which contains the information detailed in this criterion. * Psychiatric Advanced Directives are completed via internal form created by legal counsel. If a client wishes to complete this, a copy is scanned to the chart. If the client does not wish to pursue an Advanced Directive, this is noted in the electronic record. * Adherence to this policy is detailed in Southwestern's Person-Centered Treatment Planning policy speaks to the right of clients to receive individualized, competent treatment services, and as appropriate and as requested by the client to involve their family members to fully participate in the treatment planning process and approve of the PCTP. The current policy, processes and procedures for reporting compliance will be modified as State requirements are finalized.   **4.f.1**  **If you currently meet the criterion, how are you doing so?**   * SBH provides evidence-based services for clients across the lifespan, both in our primary SUD service department and outpatient facilities in 3 additional rural counties. This includes pharma treatment for mental health disorders, including SUD. * SUD treatment and services shall be provided as described in the American Society for Addiction Medicine Levels 1, 2, and 3 include treatment of tobacco use disorders. * ASAM assessment tools in the EHR inform appropriate level of care (LOC) for those with SUD diagnoses, including tobacco use disorders. ASAM 1 through 3.7 levels of service are provided by SBH. * Medical detoxification (ASAM 4.0) from chronic alcohol and /or sedative hypnotic/anti-anxiolytic use is triaged to community medical facilities. Triage for admission and re-entry to residential SUD treatment services occurs at the time of referral and during hospitalization at the outside provider. * Direct discharge from medical detoxification into SUD residential services is triaged by embedded SBH inpatient liaisons and SBH SUD care coordinators. * SBH operates within its programmatic clinical parameters, certification, license, and experiential scope of practice. We rely on informal and formal referral relationships with providers of higher or specialty levels of care. * Some examples of current service referrals include psychological testing, occupational therapy, inpatient psychiatric treatment, methadone treatment, and partial hospitalization treatment (letters of commitment provided from these partners and formal agreements available upon request) * SBH has partnered with Evansville Recovery Alliance to widely distribute Naltrexone kits. These kits include a crisis services contact card as a benefit from our collaboration. * Motivational interviewing and Dialectical Behavioral Therapy coping skills training and coaching are foundational at SBH. * MI training and annual renewal training is included in our EBP staff training requirements. * Harm reduction interventions at SBH include Naltrexone distribution, the assessment, treatment, and post-discharge planning of comorbid health issue management, and all approved forms of medication assisted treatment (MAT) interventions for alcohol use disorder and opioid use disorders. * SBH partners with AIDS Resource Group of Evansville for harm reduction education on sexual and drug use activity, provide HIV and HCV testing, and can provide post-discharge illness management and support, if indicated. * Formalized agreements currently exist with AIDS Resource Group (harm reduction and testing) and Evansville Comprehensive Treatment Center (methadone). All other services are available within the CCBHC. * Technical assistance, specifically on training and fidelity, is requested on any EBPs that will be required of the CCBHC. * Technical assistance is requested on the integration of harm reduction, addressing issues of health disparity, and traditional addiction recovery concepts. Harm Reduction 101 educational materials, designed for CCBHC staff as the audience would be very beneficial.   **4.f.2**  **If you currently meet the criterion, how are you doing so?**   * SBH treats individuals across the developmental lifespan. * Attachment G of the RFS details the EBPs being used in child and youth services, adult outpatient services, and other departments. * A general overview: PCIT is used for 0-5, Parent Child Interactive Therapy and CBT for elementary aged children, and CBT/DBT for adolescents. Adults primarily are treated with CBT, DBT, motivational interviewing, but the EBP implemented would be chosen based on presenting problem. Treatment methods are adjusted to meet the need of the individual client, whether it be more/less written work, breaking down components into smaller parts, or using specific interventions designed for that age group. * SBH Neurodevelopmental Center is a collaborative multidisciplinary clinic for youth with complex presentations which include both IDD and MH concerns. Services include a treatment team of Psychiatry, Psychology, Mental Health Therapy and Skills training, Care Coordination, Nutrition, Speech Therapy, Occupational Therapy, Physical Therapy, and Audiology. * Medications are prescribed per Southwestern formulary that follows FDA guidelines. Long acting injectables are available for those who struggle with adherence. * Staff are specially trained in EBP interventions, and on-site trainers are available to train and supervise staff. This includes therapists who implement the EBP and skills trainers who can assist with the day to application with learned skills.   **4.f.3**  **If you currently meet the criterion, how are you doing so?**   * Youth and Families are offered a wide continuum of services, which includes:   + 24-hour crisis services,   + comprehensive screening and assessment,   + risk assessments and safety planning,   + psychiatric rehabilitation services in the family’s home, community, youth’s school, or office setting. * Health screening occurs during the comprehensive assessment, then reassessed every 6 months if no findings in initial assessment. * All youth with no primary care provider is connected to a family practice provider through care coordination. * A full array of outpatient mental health and substance use disorder services are provided which includes individual, group, and family therapy. * All Treatment Plans are completed with the youth/family with a family voice and choice perspective. * Targeted case management is provided for families demonstrating barriers to accessing community-based needs, and for youth at high risk of hospitalization, elopement, placement outside of home, or law enforcement involvement. * SBH provides High Fidelity Wraparound program per DMHA requirements. * The Southwestern Indiana system of care collaborative, FACES, meets regularly with SBH participation. Post pandemic the System of Care Coordinator (SBH staff) is re-establishing family input and support as a part of this community collaborative. * SBH offers parenting groups, as well as well-being groups that include both parent and child learning key elements to a healthy lifestyle. * Technical assistance requested on the role and job specifics for peer family support services within the care coordination model, as well as recruitment of family peers.   **4.g.1**  **If you currently meet the criterion, how are you doing so?**   * Per our SAMHSA CCBHC grants health integration has been launched. Health screening operational workflows have been implemented and documentation was designed in-house to build healthcare integration capacity, per Program Requirement 5 . * CQI PDSA efforts are in motion to standardize health measure collection across our system per the recommendations from the SBH self-assessment, utilizing the National Council document, “The Comprehensive Healthcare Integration Framework: Designing, Implementing and Sustaining Physical-Health Behavioral Health Integration.” * The results of the above self-assessment recommended our goals should be expanding collecting vital signs, incorporating medical diagnoses and collateral health information into our EHR, and setting up a data analytics model to extract and report health screening information. Focus was also placed on tobacco cessation documentation and identifying education materials for prevention and intervention in identified medical conditions or risk factors. * Attempts to connect SBH clients with a current or new PCP will be ongoing and documented in the client’s chart. * Populations with higher collective LON scores on their CANS or ANSA are receiving fully integrated care, as is our Gibson County OP office (operating under a DMHA PIPBIC grant), SUD residential services, and individuals residing in supervised group living. With CCBHC implementation the capacity to coordinate care across internal and external provider systems will be expanded. * A Health Measures EHR flowsheet was internally developed and implemented to facilitate collection and monitoring of diabetes, hypertension, obesity, tobacco use disorder. COPD screening will be expanded from our current PIPBHC site. * Care coordination between SBH and existing primary care providers focuses on reconciling medications, maintaining a complete diagnosis list and exchange of medical records, and triage when indicated. * Currently protocols are in place for HIV and viral hepatitis testing via internal SBH medical provider lab orders or referral to AIDS Resource Group, based on individual service preference. * RFS Attachment F demonstrates SBH capacity to collect and report on primary care screening pursuant to Program requirement 5. * Technical assistance is requested on screening protocols using the United States Preventive Services Task Force Recommendations   **4.g.2**  **If you currently meet the criterion, how are you doing so?**   * Medical diagnoses, including chronic diseases, are being reconciled along with medications when meeting with nurse or care coordinator. ROIs are signed to assist in coordination of care between entities. Records requests are facilitated without outside providers. * IHIE will be key to care coordination of comorbid psychiatric and medical conditions across multiple provider systems efficiently. * Integrated health measure entry, tracking, and education options have been integrated into the EHR and workflow processes. * Increasing % of clients are receiving integrated health screenings per CQI plan monitoring; this includes being asked about physical health symptoms. * Healthcare integration efforts will be enhanced with BI tool implementation in Spring 2024 to assist with population health management. * SBH fulfills the laboratory services requirement through contracted services through LabCorp, Inc. SBH and LabCorp have a data management agreement allowing lab results to be transferred to our EHR portal. * We have limited on-site laboratory services and have the capacity to complete on-site health screenings at some, but not all, locations. SBH currently has a contract for laboratory services that can, and will be, expanded prior to the 7/1/24 start date.   **4.g.3**  **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?**   * Care Coordinators assure access to primary care services for clients, either through internal or external provider. Care Coordinator and nursing staff assist with following PCP orders, such as lab order completion. SBH multidisciplinary team provides education and encouragement of healthy lifestyle adoption. * SBH has a full-time PCP APN provider; internal or external PCP referrals made based on client preference. * Focus on internal PCP APN provider is education on healthy living/lifestyle, chronic illness assessment, treatment and monitoring, education for ongoing management of chronic illnesses, and preventative care. Many clients do not regularly visit PCP due to barriers related to their illness—the embedded APN within the multidisciplinary team removes some of those barriers. * Tracking appointment adherence with outside providers is completed by care coordinators/case managers. Technical assistance is requested to operationalize this measure using Medicaid or DMHA data. * Healthcare screening and promotion have been the current CQI focus healthcare integration efforts. * SBH Health Integration Self-Assessment (National Council) completed in 2022 recommended expanding capacity on collecting health screenings, embedding health assessment measures into the EHR, and establishing data extraction and reporting models. (This was also the focus of this attestation criterion until July 2023.) * We are currently fully staffed, however, nursing staff shortages reached critical levels in 2022, making launch of some initiatives to be delayed. * Staff are engaged in the activities outlined in these criteria but will need standardized workflows and outcome measures expanded. * Expanded services are expected to be completed by 7/1/2024.   **4.h.1**  **If you currently meet the criterion, how are you doing so?**   * Current workflows have Targeted Case Management starting in a shelter setting, jail, or upon hospital discharge. * Support for people deemed high risk of suicide or overdose via targeted case management is in place through crisis services, inpatient liaison care coordination, outpatient services and substance use disorder services. * SBH provides targeted case management for those with significant functional limitations due to their illness. We are exploring providing expanded targeted case management through the ACT team, or through SBH Outreach team for individuals in need of services, but not yet engaged. * Outreach and ACT team’s work closely with Mobile Crisis team to assure 24/7 access to needed services to maintain stability and independence in the community. * All Teams utilize Motivational Interviewing to engage and assist with stabilization. * SMI, homeless, recently incarcerated, recent hospital discharge, individuals deemed high risk for hospitalization, and/or those with multiple hospitalizations and/or involvements with law enforcement are our primarily population of focus for targeted case management. * Post-hospitalization care coordination is in place to provide more intensive support during service transition.   **4.i.1**  **If you currently meet the criterion, how are you doing so?**   * SBH collaborates with Vocational Rehabilitation Services in providing employment and educational supports. SBH skills coaches are an integrated part of the treatment team who refer to and collaborate with Vocational Rehabilitation. SBH skills coaches assist with skill building such as job applications, interviewing, and skills to manage symptoms in the workplace. Additional life skills could include scheduling, mastering the bus route to work, managing conflicts at work, and advocacy for any needed accommodations. * SBH is a Medicaid Rehabilitation Option provider of a wide array of rehabilitation services for youth and adults. This includes evidence-based services provided in homes, communities, schools, and in offices. * Medication education and self-management are included in rehabilitation services. * MRO rehabilitative services are a part of a comprehensive individualized treatment plan with the goal of assisting clients with reaching their recovery goals. This could include gaining and maintaining employment, learning the bus route to increase independence, assisting with budgeting for financial independence, or assisting those with difficulties managing their symptoms in a public setting. * A wide variety of options are available to meet the individualized need and provided by case manager (care coordinator) and/or Nursing Staff to promote wellness and community integration. * TCM assists with educational/employment goals, enhancing natural supports and community integration, assisting with obtaining and maintaining safe housing, and providing psychoeducation related to illness and self-care.   **4.j.1**  **If you currently meet the criterion, how are you doing so?**   * SBH employs Certified Peer Specialists as well as individuals who are eligible for certification. Ongoing certification opportunities are available for new staff who are eligible. Certified (or certification eligible) Peers are employed in Crisis Services, Supervised Group Living, Outreach, and Addiction Services. * SBH has been able to offer annual Peer Support Certification training, free of charge, to our employees. * Peer Staff are integrated in the multidisciplinary treatment team and provide peer specific services that cannot be provided by other disciplines on the treatment team. * SBH partners with the Indiana Recovery Network Recovery Hub “Peace Zone” who have committed to becoming a DCO for this CCBHC. Peace Zone provides peer led services for the lifespan, which includes WHAM, support groups, outreach, educational classes, and drop-in center. * Through the annual survey of employee demographics, SBH is also able to attest to employees that are peers but serving in a different role. Currently, 87% of staff identify as a current or former consumer, or a family member of a consumer.   **4.k.1**  **If you currently meet the criterion, how are you doing so?**   * SBH is located 86 miles from the nearest MFT (Marion VA MTF) and 14 miles from the nearest VA Health Care Center (outpatient). * Services provided will be consistent with minimum VHA/DoD clinical guidelines in compliance with the Uniform Mental Health Services Handbook. * Adherence to this standard is detailed in Community-Based Mental Health Care for Members of the Armed Forces and Veterans policy. * Current Military Personnel: Persons affirming current military service will be offered assistance in the following manner: * Active Duty Service Members (ADSM) 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. * 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. * 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, including 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).   **4.k.2**  **If you currently meet the criterion, how are you doing so?**   * All persons 18 or older completing preliminary assessment demographics are asked about their military or Veteran status. * Adherence to this standard is detailed in Southwestern's Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans policy, section 5.2 as follows:   + Current Military Personnel: At SBH, persons affirming current military service will be offered assistance in the following manner:   + Active Duty Service Members (ADSM) will work with an SBH Care Coordinator to triage care with their servicing MTF via assigned PCM.   + 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 will be assisted in navigating Tricare Prime Remote benefits network to receive care at SBH or another provider of choice. * Members of the Selected Reserves, not on Active Duty (AD) orders: SBH is a Tri-Care provider and can offer services to ADSMs and activated members of the Guard or Reserve, not on AD, who reside more than 50 miles from the Evansville VA Health Care Center. A Care Coordinator will conduct a warm handoff to establish care. SBH is currently a Tri-Care provider and is an approved local referral for the Marion VA Medical Center Office of Community Care. * Veterans who decline or are ineligible for VHA services will be served by SBH consistent with minimum clinical mental health guidelines contained in the Uniform Mental Health Services Handbook. If needed this care will be coordinated with the Marion VA Medical Center, Local Office of Community Care. * The following language will be added to policy and accompanying workflow will follow: 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. * SBH employs a 20-year veteran clinician who is the preferred service provider, or consultant with veterans clients.   **4.k.3**  **If you currently meet the criterion, how are you doing so?**   * Adherence to this standard is detailed in Southwestern's Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans policy, section 5.3. * SBH will provide integrated services to Veterans with comorbid SUD and mental health conditions or coordinate the care of SUD and other mental health conditions when both VA and SBH services are being received. There may be instances where a Veteran receives outpatient behavioral health services at Evansville VA Healthcare Center and SUD residential services from SBH. This care is coordinated through the Veteran’s primary VA behavioral health care coordinator. Medical care coordination and medication reconciliation between SBH and VA providers. * Health care records will be shared between the VA and SBH via signed ROIs. All diagnoses will be reconciled into the SBH medical record.   **4.k.4**  **If you currently meet the criterion, how are you doing so?**   * Providers access STAR Behavioral Health Tier 1 training, as well as military culture trainings provided in required Relias Training assignments. In addition, SBH has a designated clinician with 20 years military service experience who can act as Primary Provider for Veterans served. * Adherence to this standard is detailed in Southwestern's Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans policy, section 5.4., Principal Behavioral Provider Role as follows: * Every veteran seen for behavioral health services is assigned a Principal Behavioral Health Provider by the VA. 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 medical record. The Principal Behavioral Health Provider is identified on a consumer tracking database for those veterans who need case management. The Principal Behavioral Health Provider ensures the following requirements are fulfilled: * Regular contact is maintained with the veteran as clinically indicated if ongoing care is required. * A psychiatrist, or such other independent prescriber satisfies the current requirements of the VHA Uniform Mental Health Services Handbook, reviews and reconciles each veteran’s psychiatric medications on a regular basis. * 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). * 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. * The treatment plan is revised, when necessary. * 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). * 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.   **4.k.5**  **If you currently meet the criterion, how are you doing so?**   * 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. * Adherence to this standard is detailed in SBH's Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans policy, section 5.5., Recovery Oriented Care, which mirrors the attestation criterion as follows: * In keeping with the general criteria governing CCBHCs, 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.   **4.k.6**  **If you currently meet the criterion, how are you doing so?**   * Adherence to this standard is detailed in Southwestern's Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans policy and employing multiple clinicians who are trained by Star Behavioral Health providers. * Any staff who is not a veteran has training about military and veterans’ culture and training is completed annually and tracked by our corporate trainer through Relias and reported to SAMHSA quarterly. Multiple Veteran and military culture trainings are provided to clinical staff. And additional Veteran training is offered via Start Behavioral Health for advanced Veteran care. * All staff receive cultural competency training on issues of race, ethnicity, age, sexual orientation, and gender identity. Training is completed annually and tracked by our corporate trainer through Relias. Additionally, the work of our DEE committee expands our CLAS training and is supported through the CQI plan, QAI & CQI committees, and associated PDSA workgroups.   **4.k.7**  **If you currently meet the criterion, how are you doing so?**   * Adherence to this standard is detailed in the mirrored verbiage of the Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans policy, section 5.7, Treatment Planning, as follows:   1. There is a behavioral health treatment plan for all veterans receiving behavioral health services.   2. The treatment plan includes the veteran’s diagnosis or diagnoses and documents consideration of each type of evidence-based intervention for each diagnosis.   3. 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.   4. As appropriate, the plan considers interventions intended to reduce/manage symptoms, improve functioning, and prevent relapses or recurrences of episodes of illness.   5. The plan is recovery oriented, attentive to the veteran’s values and preferences, and evidence-based regarding what constitutes effective and safe treatments.   6. 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.   7. There is a behavioral health treatment plan for all veterans receiving behavioral health services.   8. The treatment plan includes the veteran’s diagnosis or diagnoses and documents consideration of each type of evidence-based intervention for each diagnosis.   9. 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.   10. As appropriate, the plan considers interventions intended to reduce/manage symptoms, improve functioning, and prevent relapses or recurrences of episodes of illness.   11. The plan is recovery oriented, attentive to the veteran’s values and preferences, and evidence-based regarding what constitutes effective and safe treatments.   12. 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. |
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# 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** | **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** | **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** | **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** | **Yes** |
| 5.b.1 | 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** | **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** | **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** | **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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| **5.a.1**  **If you currently meet the criterion, how are you doing so?**   * SBH has the current capacity to capture, collect, report, and track the 9 specified quality data requirements via our EHR. * SBH responses to Attachment F elaborates capacity to fulfill reporting requirements. * SBH is currently sharing quarterly and annual performance data as outlined in the SAMHSA CCBHC-IA FY23 annual report.   **5.a.2**  **If you currently meet the criterion, how are you doing so?**   * SBH has built an operational foundation to meet CCBHC requirements since 2021 as a CCBHC-E and IA grantee and continues to expand upon data analytic capacity as required. * SBH has been successfully reporting the data metrics outlined in this criterion and Attachment F to SAMHSA on a bi-annual basis since February 2021. * We are currently positioned to report on Clinic-Collected quality measures as required in Attachment F, following the Technical Specifications for CCBHC Quality Measures, released by SAMHSA last week. * Additional data analytic specific tools are being added, on an as needed basis, to compliment and expand SBH’s capacity to report on stakeholder’s data requirements.   **5.a.3**  **If you currently meet the criterion, how are you doing so**?   * Current and future Medicaid claim data provided to DMHA includes unique identifiers, unique clinic identifier, date of service, CCBHC-covered services provided and associated service units, and diagnoses; this is the default level of data management within SBH’s data infrastructure. * Data sharing of CCBHC data with the State and SAMHSA will continue to meet federal requirements and established deadlines. * Data will continue to be collected, tracked, and ultimately reported to the State for all measures included in Attachment F. * SBH is actively working on a CCBHC coding project around Crisis Procedure Encounter coding; Mobile Crisis Team Designation Application will be completed by 12/15/23 to allow for mobile crisis team billing. * SBH will coordinate future requirements for reporting Medicaid claims and/or encounter data to State and HHS as process is finalized.   **5.a.4**  **If you currently meet the criterion, how are you doing so?**   * The agency CFO has been providing cost reporting for CCBHC SAMHSA grants over the past 2 1/2 years and has the skill set necessary to meet these reporting guidelines according to the timelines indicated. * Attachments provided in RFS related to cost reporting have been reviewed and CFO is able to complete with existing database.   **5.b.1**  **If you currently meet the criterion, how are you doing so?**   * SBH is an active participant of DMHA’s Quality Assurance Program, which includes annual on-site visits, chart audits, review of fatalities, and development of corrective action plans to address deficiencies. CAPs are monitored by the Quality Manager to assure ongoing compliance. * SBH has engaged in process improvement since its inception per Joint Commission standards. In 2021, SBH implemented and maintains a specific CCBHC-wide CQI plan with enhanced leadership to focus on clinical and quality outcomes for action and review. Measures and outcomes tracked by the CQI initiative are determined by stakeholder data requirements, as well as improvement opportunities that have been identified by internal workgroups. * Current CQI measures and associated workgroups include Access to Services (from inquiry to intake, as well as intake to first treatment session), Inpatient Hospitalization follow-up and readmission rates, Suicide Risk Assessment training per our Zero Suicide Institute implementation plan, and action plans specific to fully operationalizing CLAS Standards 10 & 11 (per SAMHSA requirements). Other data that is continuously tracked include medication errors (with root cause analysis if data indicates), as well as completion of tobacco cessation readiness screening tools. * The Crisis Continuum (in second year of implementation) monitors outcomes of contacts to assure services are impacting disposition in a positive manner (% of disposition in the community vs. jail or hospital) * Utilization of SBH primary care services, ED, and Urgent Care visit tracking, are being monitored via the SBH CQI plan. * Clinical Process Improvement committee meeting minutes are available upon request. * The CQI Committee reports to the QAI Committee monthly for critical process review and recommendations from each committee chair that comprises QAI. * CQI data related to days to intake and days from intake to first treatment session inform staffing needs by program to avoid not only waits for intake, but the creation of a bottleneck.   **5.b.2**  **If you currently meet the criterion, how are you doing so?**   * The Mortality & Morbidity Committee functions as a subcommittee of the Peer Review Committee. This committee reviews all deaths, regardless of cause, of those clients under the age of 50. In addition, this committee will review all completed suicide regardless of age as well as medication toxicity. Other cases are reviewed upon request for sentinel events which may include “near misses.” * Sentinel Events are recorded through incident reporting (and critical incident reporting through DMHA if criteria met) which is reviewed by the Safety Committee and referred to Peer Review Committee for a root cause analysis to be completed and reported to QAI committee within 45 days. Concerns related to safety of the environment are reviewed by the Safety Committee and report recommendations to the QAI committee. Sentinel Events include completed or attempted suicide, crimes that occur in a 24-hour setting, medication errors that result in death, coma, paralysis or other permanent loss, and any falls that result in death or loss of function. * The Continuous Quality Improvement Committee assists with improving quality and safety of clinical services through data analytics, monitoring of safety goals, and leading performance improvement projects identified through QAI discussions. Monthly reporting measures include re-admissions withing 30 days, follow up after IP discharge within 7 days, and medication errors, to name a few. * CQI plan, QAI committee, and the Morbidity & Mortality committee work together to track and create action plans to address any critical incidents. [Quality Assurance and Improvement Plan](https://hlthmgt.sharepoint.com/208459/Shared%20Documents/Drafting%20Docs/1.%09https:/southwestern-behavioral.policystat.com/policy/13949916/latest) [Morbidity and Mortality Plan](https://southwestern-behavioral.policystat.com/policy/12123165/latest) * The use of Patient Care Monitoring (PCM) stems off the CQI reporting of IP Readmissions, allowing for a drilldown into instances where a patient has three (3) IP Readmits within a specific timeframe.   **5.b.3**  **If you currently meet the criterion, how are you doing so?**   * Demographic and Quality measures are collected in accordance with CCBHC and DMHA requirements. * All CQI measures are data-driven and associated with qualitative working plans. * The current CQI plan explicitly focuses on validating our ability to stratify outcomes based on health disparity risk. * Client specific Racial, Ethnic, and Language (REAL) data as well as sexual and gender minority data is cross-referenced throughout SBH’s CQI data reporting, allowing for not just the monitoring of stakeholder data requirements, but allows for the ability to observe the impact of SBH’s services and outcomes on populations experiencing health and other forms of disparity. |

# 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** | **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** | **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** | **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. 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** | **Yes** |
| 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** | **Yes** |
| 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. | **Yes** | **Yes** |
| 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** | **Yes** |
| 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** | **Yes** |

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| **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** |

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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. | **Yes, The Joint Commission** |

**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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| Southwestern currently meets the requirements outlined in Program Requirement 6. The Board of Directors of Southwestern consist of almost 77% consumers or a loved one of a consumer. In addition, only one board member derives their income from the healthcare industry (6%). Southwestern is The Joint Commission accredited and certified by DMHA as a Community Mental Health Center. In our efforts to assure consumer voice, we are also in the early stages of implementing a Youth Advisory Group, as the board membership does not currently involve youth consumers (only parents). Two individuals have been identified from a local high school who will participate in board meetings through presentations of youth related issues, as well as responses to targeted questions of the Board. The youths involved in this Youth Advisory Group will serve 1 year term (school year) with the option to renew 1 more year. The involvement of this Youth Advisory Group is targeted to be active in January 2024 (those 2 members will serve 1.5 years/3 semesters to assist with foundational structure of this model. Southwestern has always been a provider that provides services regardless of ability to pay. Providers are fully credentialed with Medicaid, Medicare, and commercial insurances (as eligible), and Southwestern provides charity care and fee reductions for those that are uninsured or underinsured. Southwestern attested to CCBHC criteria in 2021 with the first SAMHSA CCBHC E Grant and is attesting to the revised criteria with SAMHSA and DMHA by June 2024.  LGBTQ+ representation is currently absent on the Board of Directors, and the current vacancy will be filled within the next 6 months with this gap in mind. Demographics of Board members are collected annually to assure comparable representation to the population we serve.  **6.a.1**  **If you currently meet the criterion, how are you doing so?**   * Southwestern's 501 (3)c documentation, identifies the company as a non-profit tax-exempt organization. This document is provided in attachments.   **6.a.2**  **If you currently meet the criterion, how are you doing so?**   * It is believed this item is not applicable to our provision of services. There are no known tribal organizations in our geographical service area, as demonstrated by our local census data. Vanderburgh County Census.   **6.a.3**  **If you currently meet the criterion, how are you doing so?**   * Adherence to this standard is detailed through Southwestern's Auditing and Monitoring policy. This policy outlines standard procedures for annual external financial audit, and action steps taken in the event of findings. This audit report is reviewed in detail by the Audit and Finance Committee which includes those skilled in financial matters (committee of the Board of Directors), then summarized for the full board membership. Action plans for reportable issues, or weaknesses are generally developed by the Audit and Finance Committee with recommendations to approve in the full board meeting. The current external vendor for financial auditing, currently, is Blue & Company.   **6.b.1**  **If you currently meet the criterion, how are you doing so?**   * Option 1: Adherence to this standard is satisfied by a myriad of meaningful consumer participation on the company’s Board of Directors.11 of 15 (76.5%) of SBH Board members identify as individuals with lived experience of mental and/or substance use disorders or are family members. * Annual demographic survey of Board of Directors assures demographic composition of members mirrors community served. * Youth will be engaged as part of a Youth Advisory Group, effective 1/2024 * Board Member participation includes open discussion during presentation of CQI goals and outcomes, strategic goal setting, program presentations regarding specific service lines and those specific outcomes, annual review of QAI committee goals and outcomes, monthly financial reports with annual budgeting discussion, review of compliance findings and action plans, annual employee satisfaction survey provided to all board members, annual consumer surveys administered by DMHA with comparative data with other CMHC’s shared with Board to assist with goal setting.   **6.b.2**  **If you currently meet the criterion, how are you doing so?**   * 76.5% of the Board of Directors is made up of individuals with lived experience of mental and/or substance use disorders and/or lived experience as a family member of someone with a MH and/or SUD need. * As of May 2023, Southwestern does not have a Youth who participates on the Board. Recruitment efforts are being made through the development of a Youth Advisory Group by CEO leadership with implementation in January 2024. * Board members share their relevant demographic and experience-based knowledge with our HR team annually to ensure we have recruited members that meet this standard. Recent survey indicates a gap in representation on the Board for the LGBTQ+ population, which will be address through active recruitment over the next 3 months to assure compliance with this standard. * Southwestern will launch a Youth Advisory Group in January 2024 and recruit a member of the LGBTQ+ community by June 2024. The Governance Committee of the Board of Directors recruits and recommends new members to the full board membership.   **If you are exceeding the criterion requirements, what are you doing?**   * Southwestern has an engaged board of directors with 76.5% with lived experience as a consumer or loved one of a consumer. The Board represents our community well, with only one vacancy to fill for one population served. Southwestern is engaging youth with a unique approach through collaboration with local high schools. This participation also assists youth with fulfilling school credit for community work.   **6.b.3**  **If you currently meet the criterion, how are you doing so?**   * This criterion is not applicable to Southwestern as the agency is not comprised of a governmental or tribal organization.   **6.b.4**  **If you currently meet the criterion, how are you doing so?**   * As part of the SBH CLAS CQI Plan, baseline demographic profiles of clients, staff, leadership, and governance have been collected and will be compared to local community census data, with the goal of alignment. * No more than 10% of the SBH Board derives their income from the healthcare industry. One board member derives their income from the healthcare industry, which is approximately 6% of the Board. * 76.5% of the Board of Directors is made up of individuals with lived experience of mental and/or substance use disorders and/or lived experience as a family member of someone with a MH and/or SUD need.   **6.c.1**  **If you currently meet the criterion, how are you doing so?**   * All Southwestern locations are enrolled as Medicaid providers and are listed online in the Indiana’s Medicaid Provider Locator. * Southwestern’s website maintains information on accepted insurance plans. * Southwestern is accredited by The Joint Commission. * Southwestern is E48a certified Community Mental Health Center through the Indiana Division of Mental Health and Addiction (DMHA). * A description of service programs delivered by Southwestern is in the Clinical Plan for Professional Services which is a comprehensive document that describes agency goals, population served and why they are targeted, the agency goal setting process for performance improvement and strategic development, program descriptions and program admission criteria, Staff organization, allocation, and composition, and a detailed description of the various service types offered, section 5.9 and section 5.10 which describes Southwestern’s Neurodevelopmental Center, which serves youth with comorbid mental health concerns and intellectual and/or developmental disabilities (IDD), as well as their families. Public information concerning Southwestern’s Neurodevelopmental Center can be found on the company’s website. * Southwestern participates in the SAMHSA Behavioral Health Treatment Locator.   **6.c.2**  **If you currently meet the criterion, how are you doing so?**   * SBH submitted an approved Attestation Statement in June 2021 as part of participation in the SAMHSA CCBHC Expansion grant program.   **6.c.3**  **If you currently meet the criterion, how are you doing so?**   * SBH maintains Joint Commission Accreditation; most recent site visit, October 2023. |