

EVOLUTION
F O U N D A T I O N

Providing Hope for Oklahoma's Children, Youth, and Families, One Community at a Time

BLUE PRINT: Building Children, Youth, and Family Services within the Certified Community Behavioral Health Clinic Model



Learning Objectives

By the end of this presentation, participants will be able to:

- Identify elements of the CCBHC criteria relevant to infants, children, youth and family services.
- Defining the scope of services to meet the need of infants, children, youth and families.
- Developing a Continuum of Care for infants, children, youth and family services.
- Utilizing the Community Needs Assessment to identify service and program needs for infants, children, youth and families.
- State and Local Efforts: Partnerships, working with behavioral health networks.

Certified Community Behavioral Health Clinic (CCBHC)

CCBHC is a model of care that aims to improve service quality and accessibility. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence or age – including developmentally appropriate care for children, youth and their families. CCBHCs do the following:



Provide integrated, evidence-based, trauma-informed, recovery-oriented and person- and family-centered care.



Offer the full array of CCBHC-required mental health, substance use and primary care screening services.



Coordinate care with other behavioral health, physical health, and social services systems in the community.

CCBHC Criteria Program Requirements

1. Staffing
2. Availability and Accessibility of Services
3. Care Coordination
4. Scope of Services
5. Quality and Other Reporting
6. Organizational Authority, Governance, and Accreditation

Note: This presentation contains a summary of selected CCBHC certification criteria. To view the full criteria, visit [samhsa.gov/certified-community-behavioral-health-clinics](https://www.samhsa.gov/certified-community-behavioral-health-clinics)

Highlights Related to CYF

- Providers must have **expertise in addressing trauma** and promoting the **recovery of children and adolescents with serious emotional disturbance (SED)**.
- **Staffing must be developmentally appropriate** to address the needs of people receiving services, including **for children, youth, and families**.
- Community needs assessment **must reflect the needs of children, youth and families**, including receiving **input from youth, their caregivers and local K-12 school systems** in the CCBHC service area.

Staffing

- Required staff include clinical and peer staff; psychiatrist as medical director; medically trained behavioral health care provider; individuals with expertise in addressing trauma, SED, SMI, SUD.
- Staff training plans include cultural competence, trauma-informed care, integration with primary care.
- Staffing plans are aligned with community needs assessment findings.

Highlights Related to CYF

- Service locations should ensure accessibility to services for the population served. For children, youth, and families, this may include schools, social service offices or the home.
- If states have independent screening and assessment processes for certain children and youth populations, CCBHCS should establish partnerships to incorporate findings and avoid duplication of effort.
- CCBHCS may want to create protocols for populations that transition frequently in and out of the service area such as children who experience out-of-home placements.

Access and Availability

- Access required at times and places convenient for those served.
- Must provide prompt intake and engagement in services.
- Access to services is available regardless of ability to pay and place of residence.
- Crisis management services available 24 hours per day, 7 days a week.

Highlights Related to CYF

- Within their service area, CCBHCs must have partnerships with schools, child welfare, juvenile justice, Indian Health Service, youth regional treatment centers and foster care agencies.
- CCBHCs must maintain patient privacy requirements specific to care of minors.
- Care should be coordinated with client, families and caregivers, as appropriate, in line with patient- and family-centered practices.

Care Coordination

- Partnerships and care coordination agreements are established with providers across the spectrum of health services and social supports.
- Interdisciplinary teams are designated for directing, coordinating and managing care, services, and transition planning.
- HIT is used to support care coordination and exchange of information with partners.

Highlights Related to CYF

- Many quality measures are reported for both adults, children and adolescents. Typical reporting age ranges are 6-17 or 12-17.
- Several child-specific measures are optional, like reporting on factors related to children with antipsychotic prescriptions and measures related to weight, nutrition, and physical activity screenings and counseling.
- Additional reporting of other age groups is allowed and can be included in optional sections of the reporting template.

Quality and Other Reporting

- All CCBHCs must report on 5 clinic-collected measures. 5 additional clinic-collected measures are optional.
- Demonstration states must report on 13 state-collected measures. 2 additional measures are optional.
- CCBHCs develop Continuous Quality Improvement (CQI) plans that address how they will review significant events including suicide, overdose, and readmission among people receiving services.

Highlights Related to CYF

- **Meaningful participation in CCBHC governance includes representation from youth and families.**
- **Clinics and providers must adhere to licensing and accrediting requirements, including those specific to youth-serving providers.**

Organizational Authority and Financing

- CCBHC governance must have meaningful representation of individuals being served by the CCBHC, including individuals with lived experience of mental health and/or substance use disorders and families.
- CCBHCs must be enrolled as a Medicaid provider and meet organizational, licensing and accreditation requirements outlined in the CCBHC Criteria.

Scope of Services

The CCBHC organization will deliver the majority of services under the CCBHC umbrella directly rather than through DCOs (i.e., a majority, or 51% or more, of total service volume delivered across the nine required services).



Provision of all services are person- and family-centered.

CRITICAL

Family Centered Care

- Family-centered care is family-driven and youth-driven.
 - Active participation between families and professionals
 - Recognizes families are the ultimate decision-makers for their children, with children gradually taking on more and more of this decision-making themselves as developmentally appropriate
 - Services support the family's relationship with the child's health care providers
 - Services recognize the family's customs and values
 - Services should be both developmentally appropriate and youth guided

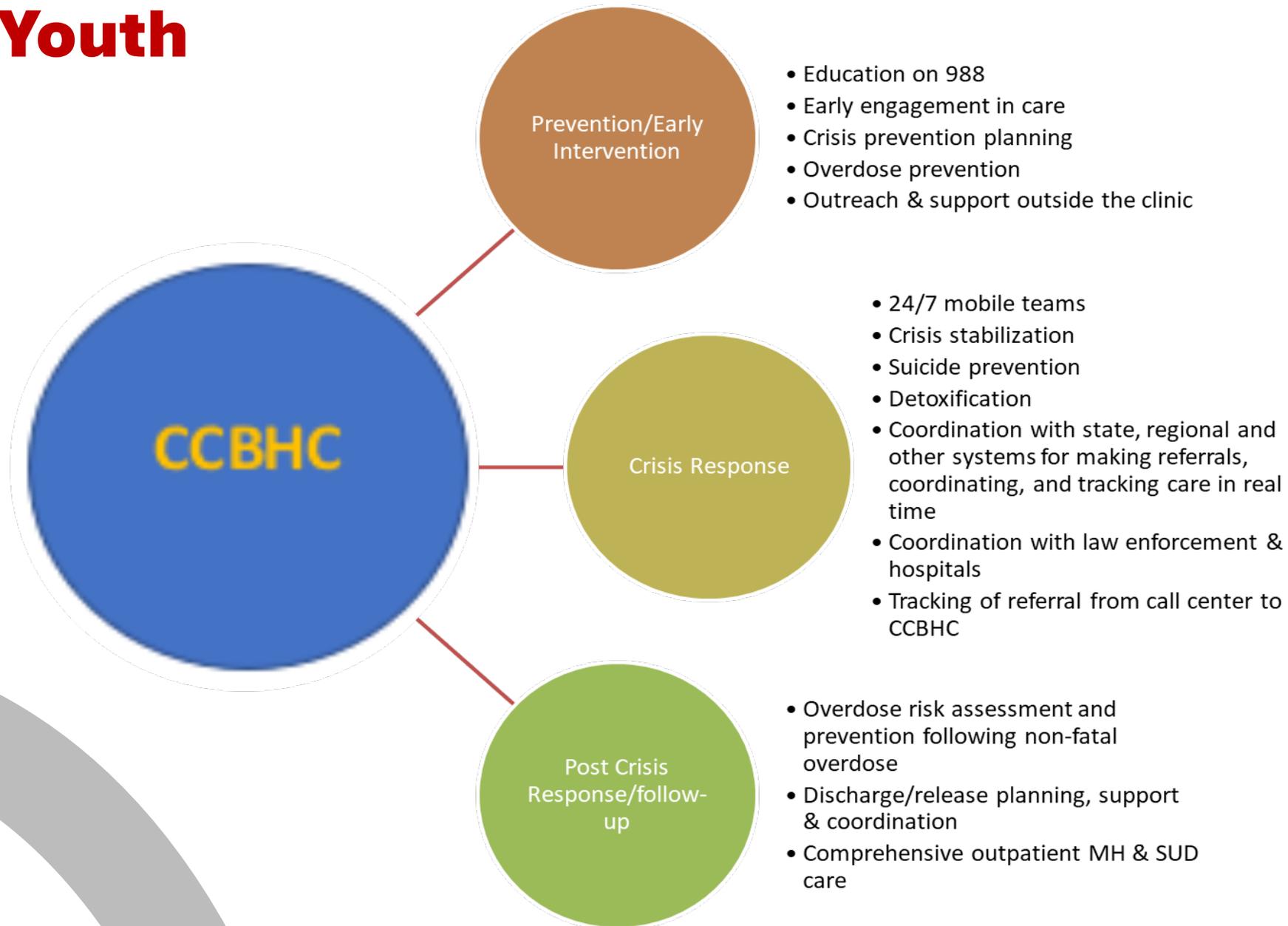
Scope of Services Highlights Related to CYF

- Services established must consider the needs of children, youth and families based on community needs assessment findings.
- All services, including screening, assessment, diagnosis, treatment and crisis services, must be available and developmentally appropriate for children, youth, and families.
- Evidence-based treatments must be available and appropriate for the phase of life and development, specifically considering what is appropriate for children, adolescents, and transition-age youth, as distinct groups for whom life stage and functioning may affect treatment.
- Supports for children and adolescents must comprehensively address family/caregiver, school, medical, mental health, substance use, psychosocial, and environmental issues.
- Peer supports must include family/caregiver supports.

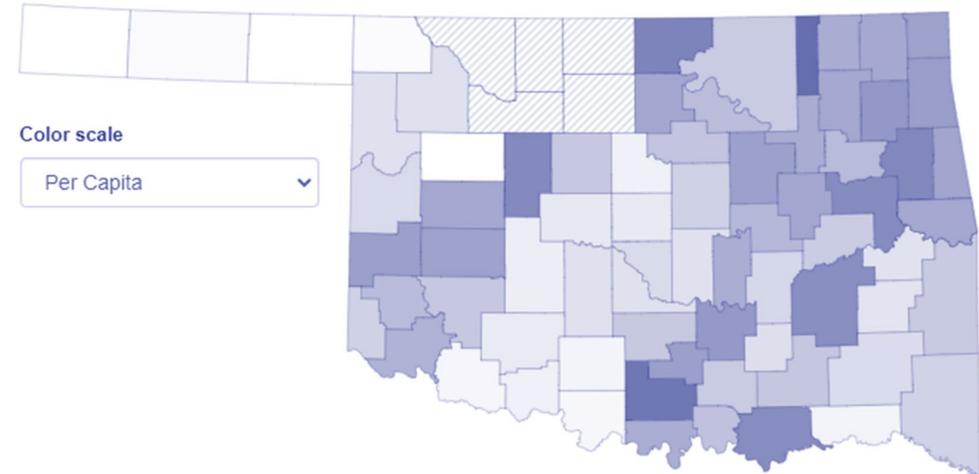
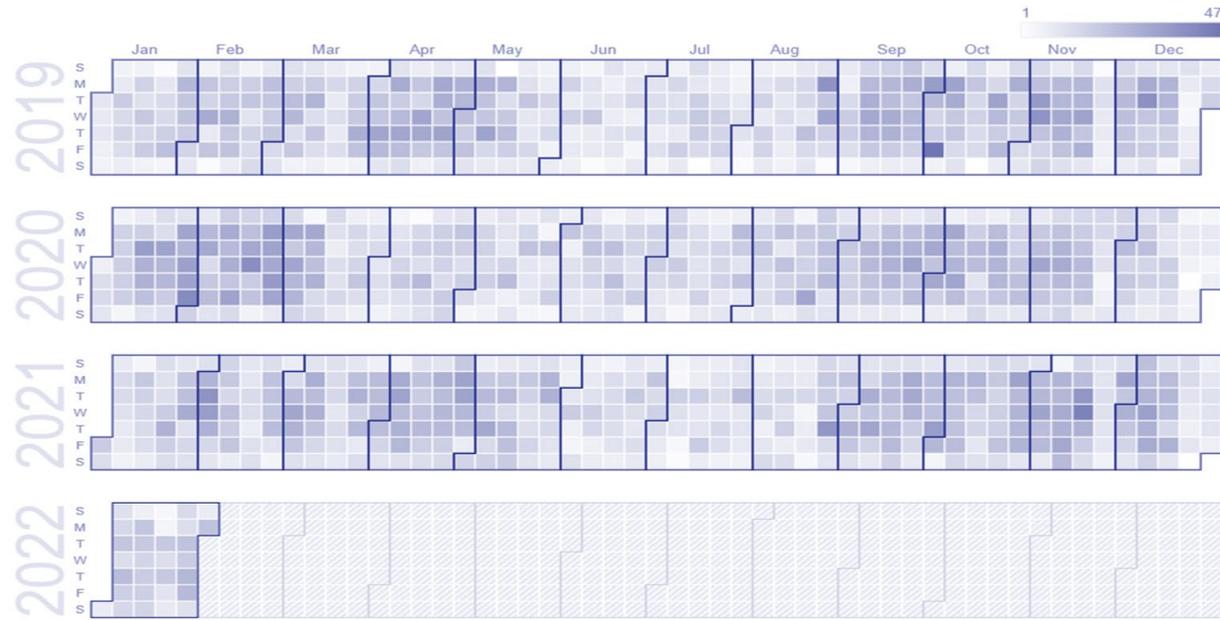
The Community Needs Assessment (CNA) for Certified Community Behavioral Health Clinics (CCBHC) is a systematic process aimed at identifying and evaluating the behavioral health needs of individuals in a specific geographic area, guiding service delivery and community engagement.

- **Identify Behavioral Health Needs:** Understand the prevalence of mental health and substance use conditions within the community.
- **Inform Service Delivery:** Guide the development and implementation of strategies related to outreach, treatment, and recovery supports based on community needs.
- **Enhance Community Engagement:** Foster relationships with community partners and stakeholders to ensure services are culturally and linguistically appropriate.
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- **Service Area Description:** Outline the geographic area served and the sites where CCBHC services are offered.
- **Prevalence Data:** Collect data on the prevalence of mental health and substance use conditions, including health behaviors affecting these conditions.
- **Underserved Populations:** Identify populations that are underserved, including racial, ethnic, and sexual minorities who may face disparities in access to care.
- **Barriers to Access:** Analyze potential barriers to accessing services, such as transportation, income, and cultural factors.
- **Community Input:** Incorporate feedback from individuals with lived experience and community partners regarding access to care and service effectiveness.
- **Staffing Plan:** Develop a staffing plan that reflects the findings of the needs assessment to ensure adequate service provision.

Example: Crisis Services for Children & Youth



Example: Monitoring



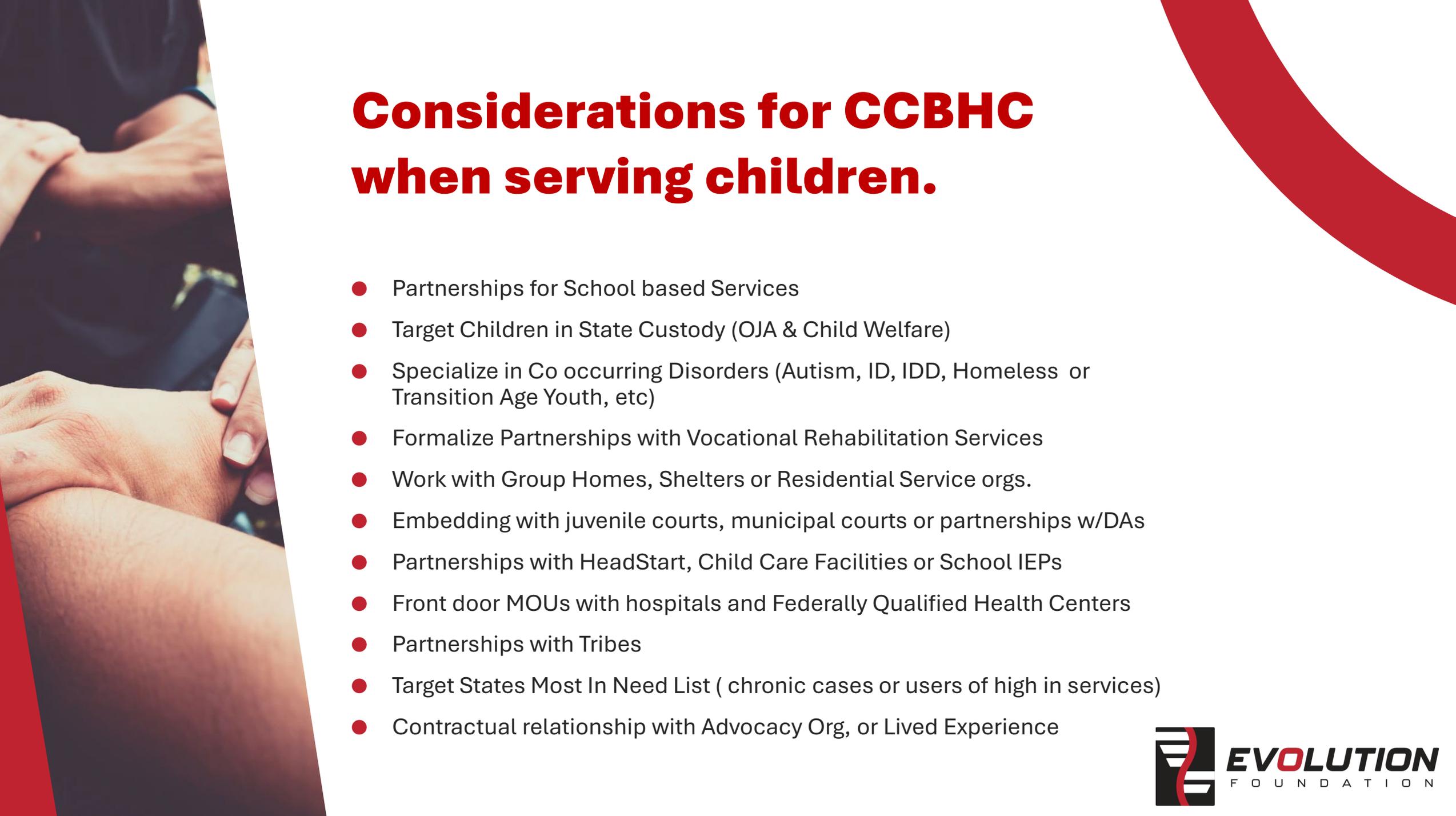
- State Region, County and Agency
- Demographics
- Calls # by state, county, city, school's
- Planning for staffing needs by date and by time of day.
- Underserved areas
- Reports provide individualized data to CCBHCs

Continuum of Care

Developing a continuum of care to carry out the needs of infants, children, youth and their families.

- Wraparound
- Intensive In home
- Service Coordination
- Community-Based Stabilization
- Psychiatric Consultation for Assessment and/or Treatment Planning
- Inpatient Admission
- Medication Management
- Outpatient Therapy
- Family Support
- Recovery Supports
- Job Coaching]
- Housing
- Nurse Consults
- Etc.





Considerations for CCBHC when serving children.

- Partnerships for School based Services
- Target Children in State Custody (OJA & Child Welfare)
- Specialize in Co occurring Disorders (Autism, ID, IDD, Homeless or Transition Age Youth, etc)
- Formalize Partnerships with Vocational Rehabilitation Services
- Work with Group Homes, Shelters or Residential Service orgs.
- Embedding with juvenile courts, municipal courts or partnerships w/DAs
- Partnerships with HeadStart, Child Care Facilities or School IEPs
- Front door MOUs with hospitals and Federally Qualified Health Centers
- Partnerships with Tribes
- Target States Most In Need List (chronic cases or users of high in services)
- Contractual relationship with Advocacy Org, or Lived Experience

Example: Considerations

- Behavioral Health Anywhere -Technology (ipad)
- Children & Family Urgent Recovery Centers
- Brief Stay Therapeutic Homes
- Drop In Centers
- Behavioral Intervention Services in Schools
- Next Day Crisis Recovery
- Enhanced Foster Care
- Child Welfare Mental Health Consultants
- Community Navigators
- Mobile Response and Stabilization
- Coordinated Care for Autism (CCA)
- Wraparound
- Building Bridges w/Residential & Hospital Providers



Community Partnerships



Connect families in need to resources, services, and supports.



Work with coalitions to strengthen alliances of support and coordinated care for children, youth, and families.



Offer training in community engagement, leadership, cultural humility, and more.



Collaborate with behavioral health networks on initiatives to meet the needs of children, youth, and young adults.

Community: What to Offer?



Trauma Informed Care



Navigating Child Serving Systems



Family and Youth Engagement



Relationship and Coalition Building



Resource Optimization



Case Consultation



Community Collaboration



Strategic Planning

Key Takeaways from CCBHC Criteria

- CCBHCs must provide services across the lifespan that are tailored and developmentally appropriate for children, youth and families.
- The CCBHC criteria outlines a comprehensive array of services and supports to meet community behavioral health needs, including those for children, youth and families.
- Clinics have the flexibility to build a continuum of services and supports for children, youth and families specific to their community's needs and informed by the community needs assessment.
- States can build upon the CCBHC criteria to specify additional services, evidence-based practices, and staffing requirements to meet the needs of children, youth and families in their state.

References



Thank You!



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