

Subject: Person and Family Centered Planning

Requirements

Bulletin Number: DY-1/Clinical - 24-12	CCBHC Implementation Bulletin	Effective Date: October 1, 2024
Bulletin Status: New	Subject: Person and Family Centered Planning	Number of Pages: 2

1. **Programs Affected:** All CCBHC Demonstration participants.
2. **Background and Purpose:** Community Mental Health Centers (CMHCs) designated by the Alabama Department of Mental Health (ADMH) as Certified Community Behavioral Health Clinics (CCBHCs) must provide person and family centered treatment planning. ***This bulletin outlines Alabama’s implementation of the person and family centered planning criteria.***
3. **SAMHSA CCBHC Criteria Authority**
 - 3.1. Per CCBHC Criterion 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-planning (CCBHCs may work collaboratively with DCOs to complete these activities). Person-centered and family-centered treatment planning satisfies the requirements of 4.e.2 - 4.e.8 below and is aligned with the requirements of Section 2402 of the Affordable Care Act, including person receiving services involvement and self-direction.
 - 3.2. Per CCBHC Criterion 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 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.
 - 3.3. Per CCBHC Criterion 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.
 - 3.4. Per CCBHC Criterion 4.e.4, the CCBHC treatment plan must include 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.
 - 3.5. Per CCBHC Criterion 4.e.5, the CCBHC 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.
 - 3.6. Per CCBHC Criterion 4.e.6, the CCBHC where appropriate, seeks consultation during treatment planning as needed (e.g., eating disorders, traumatic brain injury, intellectual and developmental disabilities (I/DD), interpersonal violence and human trafficking).
 - 3.7. Per CCBHC Criterion 4.e.7, the CCBHC must document any advance directives related to treatment and crisis planning in the record. 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 plan with each person receiving services.

4. Person – Centered and Family-Centered Treatment Planning

- 4.1. Per Alabama Code, the person-centered and family-centered treatment plan will be completed by the fifth face to face service in the CCBHC.
- 4.2. Individuals receiving services from a CCBHC must be an active part of the treatment planning process.
- 4.3. All members of the interdisciplinary team should participate in the treatment planning process. This includes treatment team members from DCOs and other partnering agencies.
- 4.4. Where clinically appropriate, the family and other supports of the individual receiving services should be invited to participate in the treatment planning process.
- 4.5. The treatment plan must be completed based on the information and diagnosis obtained through the comprehensive evaluation process. The treatment plan should include the following elements:
 - 4.5.1. A crisis plan, focusing on crisis prevention and the individual’s preferred interventions in the event of a crisis.
 - Advanced directives where the individual desires
 - 4.5.2. Integration of behavioral health, physical health, and intellectual/developmental disability needs
 - 4.5.3. Goals that are expressed in the words of the individual receiving services.
 - 4.5.4. Interventions to address required needs and the modality and frequency of those.

5. Additional information

- 5.1. Screenings – should be completed before the assessment and is used for the early identification of individuals at potentially high risk for a specific condition or disorder. May be administered by clinicians, support staff with appropriate training, an electronic device (such as a computer), or self-administered.
- 5.2. Assessments – standard process used as a basis for identifying problems, planning interventions, evaluating and/or diagnosing the individual being served, and informing them and stakeholders. May use screening results to determine the choice of instruments for an assessment. ADMH will provide a standardized template for all CCBHCs.
- 5.3. Intakes – an agency specific process by which a mental health professional collects the CCBHC participant’s data for assessment and diagnosis.
- 5.4. Comprehensive treatment plan – formulation of service and treatment goals, objectives, and interventions based on a comprehensive assessment; a collaborative effort between the professional and the individual being served. It may include psychological, medical, developmental, substance use, recreational and vocational components.
 - 5.4.1. Treatment update – must be updated with and signed by the individual being served at time of the update.
 - 5.4.2. Treatment review – required every six (6) months on any comprehensive treatment plan and must be completed by a mental health professional (outside of the primary therapist) for appropriateness of services.

Disclaimer: The information contained in this implementation bulletin is for general information purposes only. For more details on the specific subject area covered in this bulletin, please refer to the Certified Community Behavioral Health Clinic (CCBHC) Certification Updated March 2023.

¹ <https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf>