Subject: Community Based Mental Health Care for Members of the Armed Forces and Veterans

Requirements

Bulletin Number: DY-24/Clinical 24- 13	**CCBHC Implementation Bulletin**	**Effective Date:** September 1, 2024
Bulletin Status: New	**Subject: Community Based Mental Health Care for Members of the Armed Forces and Veterans**	**Number of Pages:** 5

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) are 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. ***This bulletin outlines Alabama's implementation of the Community Based Mental Health Care for Members of the Armed Forces and Veterans.***

   Care provided to veterans is required to be consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration (VHA), including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration.

   CCBHC guidelines are designed to assist the CCBHC in providing quality clinical behavioral health services consistent with the Uniform Mental Health Services Handbook.

3. **SAMHSA CCBHC Criteria Authority**

Per CCBHC Criterion 4.k.2[1]:

3.1. 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

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

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.

3.2. 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).

3.3. 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.

3.4. ***Every veteran seen for behavioral health services is assigned a Principal Behavioral Health Provider***. 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.

3.5. 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[2]

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.

3.6. 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.
2. All staff receive cultural competency training on issues of race, ethnicity, age, sexual orientation, and gender identity.

3.7. 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] https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf

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.

4. **ADMH Implementation**

4.1. ADMH will guide and monitor compliance with SAMHSA's regulations through ongoing site visits and audits that will ensure that CCBHCs are adhering to the state and federal guidelines regarding veteran care.

4.2. ADMH will ensure that people with lived experience as veterans help to guide CCBHC implementation and operations through requiring representation of veterans in in:

- CCBHC Implementation and Oversight Subcommittee:
  - The Culturally Reflective Outreach and Engagement Committee (CROEC)
- Community Needs Assessment participation

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***