Subject: CCBHC Criteria for Crisis Behavioral Health Services

Requirements

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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 provides crisis management services that are available and accessible 24 hours a day, seven days a week in accordance with SAMHSA CCBHC Certification Criteria, either directly or via a Designated Collaborating Organization (DCO) partnership. ***This bulletin describes how crisis behavioral health services are defined for all CCBHCs.***
3. **SAMHSA CCBHC Criteria Authority**

   3.1. 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. The CCBHC provides crisis management services that are available and accessible 24 hours a day, seven days a week.

   a. **Emergency crisis intervention services:** The CCBHC provides or 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.

      i. The CCBHC should participate in any state, regional, or local air traffic control (ATC) 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.

   b. **24-hour mobile crisis teams:** The CCBHC provides community-based behavioral health crisis intervention services using a 2-person mobile crisis team (one team member must be qualified to conduct a comprehensive assessment) twenty-four hours per day, seven days per week, 365 days a year to adults, children, youth, and families anywhere within the service area including at home, work, or anywhere else where the crisis is experienced.

      i. Mobile crisis teams are expected to arrive in-person within one hour (2 hours in rural and frontier settings) from the time that they are dispatched, with response time not to exceed 3 hours.

      ii. 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 2-hour response time unachievable, but the ability to provide an in-person response must be available when it is necessary to assure safety.

c. **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. The CCBHC is encouraged to provide crisis receiving/stabilization services in accordance with the *SAMHSA National Guidelines for Behavioral Health Crisis Care*.

   i. Urgent care/walk-in services 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).
   ii. 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.
   iii. 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.
   iv. In addition to these activities, the CCBHC may consider supporting or coordinating with peer-run crisis respite programs.
   v. Services provided must include:

      1. Suicide prevention and intervention,
      2. 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.
      3. Overdose prevention activities including ensuring access to naloxone for overdose reversal to individuals who are at risk of opioid overdose, and as appropriate, to their family members.

3.1. The CCBHC or its DCO crisis care provider should offer developmentally appropriate responses, sensitive de-escalation supports, and connections to ongoing care, when needed.

3.2. The CCBHC will have an established protocol specifying the role of law enforcement during the provision of crisis services.

   3.2.1. Protocols, including those for the involvement of law enforcement, 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.

   3.2.2. 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.

3.3. 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.

3.4. 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.

3.5. Individuals who are served by the CCBHC are educated about crisis 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, if risk is indicated, at the time of the initial evaluation meeting following the preliminary triage. This includes individuals with LEP or disabilities (i.e., CCBHC provides instructions on how to access services in the appropriate methods, language(s), and literacy levels).

3.6. The CCBHC maintains a working relationship with local hospital emergency departments (EDs). Protocols are established for CCBHC staff to address the needs of CCBHC people receiving services in psychiatric crisis who come to those EDs.

3.7. Following a psychiatric emergency or crisis, in conjunction with the person receiving services, the CCBHC creates, maintains, and follows a crisis plan to prevent and de-escalate future crisis situations, with the goal of preventing future crises.

3.8. The CCBHC develops a crisis plan with each person receiving services. At minimum, people receiving services should be counseled about the use of the National Suicide & Crisis Lifeline, local hotlines, warmlines, mobile crisis, and stabilization services should a crisis arise when providers are not in their office.

- 3.8.1. Crisis plans may support the development of a Psychiatric Advanced Directive, if desired by the person receiving services.
- 3.8.2. Psychiatric Advance Directives, if developed, are entered in the electronic health record of the person receiving services so that the information is available to providers in emergency care settings where those electronic health records are accessible.
- 3.8.3. If the person receiving services does not wish to share their preferences, that decision is documented.
- 3.8.4. Crisis planning may be peer-led.

4. ADMH Crisis Service Requirements

4.1. Each CCBHC will also be required to either directly provide or establish a DCO agreement with the nearest state-sanctioned provider(s) offering mobile crisis services.

4.2. Each CCBHC will also be required to either directly provide or establish a DCO agreement with the nearest 24/7 Crisis Stabilization Center.

4.3. Mobile crisis teams must provide follow up and further de-escalation for up to 72 hours.

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***