

## Subject: Outpatient Mental Health and Substance Use Services

### Requirements

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| <b>Bulletin Number:</b><br>DY-1/Clinical -24-8 | <b>CCBHC Implementation Bulletin</b>                                | <b>Effective Date:</b><br>September 1, 2024 |
| <b>Bulletin Status:</b><br>New                 | <b>Subject: Outpatient Mental Health and Substance Use Services</b> | <b>Number of Pages:</b> 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 outpatient mental health and substance use services in accordance with the Substance Abuse and Mental Health Services Administration (SAMHSA) CCBHC Certification Criteria, either directly or via a Designated Collaborating Organization (DCO) partnership.<sup>1</sup> A primary component of CCBHC programming in Alabama includes outpatient mental health and substance use disorder treatment. When a person has co-occurring mental health and substance use treatment needs, providers should ensure that treatment is integrated and minimizes duplication of effort. ***This bulletin describes how outpatient mental health and substance use services are defined for all CCBHCs.*** Outpatient mental health and substance use services will be provided to CCBHC participants as follows:
  - 3.1. SAMHSA CCBHC certification criterion 4.f.1: The CCBHC directly, or through a DCO, provides outpatient behavioral health care, including psychopharmacological treatment.
  - 3.2. 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.
  - 3.3. SUD treatment and services shall be provided as described in the American Society for Addiction Medicine Levels 1 and 2.1 and include treatment of tobacco use disorders.
  - 3.4. In the event specialized or more intensive services outside the expertise of the CCBHC or DCO are required for purposes of outpatient mental health 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.
  - 3.5. The CCBHC also provides or makes available through a formal arrangement traditional practices/treatment as appropriate for individuals receiving services.
  - 3.6. 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.
3. **SAMHSA CCBHC Criteria Authority**
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<sup>1</sup> <https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf>

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- 3.7. 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.
- 3.8. All coordination of services and treatment planning requirements are required to be incorporated into outpatient mental health and substance use services (See Policy Bulletin DY-1/Clinical-24-12)
- 3.9. Based upon the findings of the community needs assessment, certifying states must establish a minimum set of evidence-based practices required of the CCBHCs. Among those evidence-based practices, the following are required for Alabama CCBHCs:
  - Medication Assisted Treatment
  - Motivational Interviewing
  - Cognitive Behavioral Therapy (CBT)
  - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
  - Individualized Placement Support-Supported Employment Program
  - Supportive Housing Program
  - Integrated Treatment for Co-Occurring Disorders
  - Assertive Community Treatment (ACT)
  - Peer Specialists-Adult/Youth/Parent

In addition to the required EBPs, CCBHCs may also utilize the following:

- Dialectical Behavior Therapy (DBT)
- Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)
- Seeking Safety
- Forensic Assertive Community Treatment (FACT)
- Long-acting injectable medications to treat both mental and substance use disorders
- Multi-Systemic Therapy
- Cognitive Behavioral Therapy for psychosis (CBTp)
- High-Fidelity Wraparound
- Parent Management Training
- Effective but underutilized medications such as clozapine and FDA-approved medications for substance use disorders including smoking cessation.

*This list is not intended to be all-inclusive.*

3.10. SAMHSA CCBHC certification criterion 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 distinct groups for whom life stage and functioning may affect treatment:

- Children
- Adolescents
- Transition-age youth
- Older adults

3.11. When treating children and adolescents, CCBHCs must provide evidenced-based services that are developmentally appropriate, youth-guided, and family/caregiver-driven.

3.12. When treating older adults, the desires and functioning of the individual person receiving services are considered, and appropriate evidence-based treatments are provided.

3.13. When treating individuals with developmental or other cognitive disabilities, level of functioning is considered, and appropriate evidence-based treatments are provided.

3.14. 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.

3.15. SAMHSA CCBHC certification criterion 4.f.3. Supports for children and adolescents must comprehensively address family/caregiver, school, medical, mental health, substance use, psychosocial, and environmental issues.

#### **4. Alabama Administrative Code**

Per Alabama Administrative Code 580-2-20-10:

4.1. Individual Therapy/Counseling for mental health shall include at a minimum:

- Face-to-face interaction where interventions are tailored toward achieving specific measurable goals and/or objectives of the recipient's treatment plan.
- On-going assessment of the recipient's preexisting condition and progress being made in treatment.
- Symptom management education and education about mental illness and medication effects.
- Psychological support, problem solving, and assistance in adapting to illness.

4.2. Family Therapy for mental health shall include at a minimum:

- Face-to-face interaction with the recipient, family, and/or significant others where interventions are tailored toward achieving specific measurable goals and/or objectives of the recipient's treatment plan.
- On-going assessment of the recipient's presenting condition and progress being made in treatment.

4.3. Group Counseling for mental health shall include at a minimum:

- Face to face interaction with a group of recipients (not to exceed sixteen (16) for adults and ten (10) for children and adolescents) where interventions utilize the interactions of recipients and group dynamics to achieve specific goals and/or objectives of the recipient's treatment plan.
- On-going assessment of the recipient's presenting condition and progress being made in treatment.

Per Alabama Administrative Code 580-9-44-.15

4.4. The following is applicable to ASAM Level of Care 1 Outpatient Services for people with substance use disorders:

- Core Services. Each Level I Outpatient Program shall demonstrate the capacity to provide a basic level of skilled treatment services appropriate to the needs of its clientele.
  - At a minimum, the entity shall directly or by referral provide the following core services:
    - (I) Behavioral Health Screening.
    - (II) Individual counseling.
    - (III) Group counseling.
    - (IV) Family counseling.
    - (V) Psychoeducation.

- (VI) Mental health consultation.
- (VII) Recovery support services.
- (VIII) Peer counseling services.
- (IX) Medication management.
- (X) Alcohol and/or drug screening/testing.
- (XI) Smoking cessation.
- (XII) Sign language interpreter services.
- (XIII) HIV early intervention services.
- (XIV) Case management:
  - I. Case planning.
  - II. Linkage.
  - III. Advocacy.
  - IV. Monitoring.
- Adolescent Program Specific Criteria: Each Level I Adolescent Outpatient Program shall document the capacity to provide each of the core services and to include activity therapy.
  - (I) Activity therapy
- Co-occurring Disorders Program Specific Criteria: Each level I Co-occurring Disorders Outpatient Program shall document the capacity to provide each of the core services to include basic living skills, crisis intervention services, and intensive case management.
- Women and Dependent Children Program Specific Criteria: Each Level I Women and Dependent Children Outpatient Program shall document the capacity to provide each of the core services and/or arrange for the following services:
  - (I) Transportation
  - (II) Child sitting services
  - (III) Developmental delay and prevention services
  - (IV) Activity therapy
  - (V) Parenting skills development
- Therapeutic Component Implementation. The entity shall document implementation of regularly scheduled treatment sessions that are provided in an amount, frequency, and intensity appropriate to the client's assessed needs and expressed desires for care.
  - Service strategies for each Level I Outpatient Program shall include, at a minimum:
    - (I) Implementation of individualized counseling plan strategies
    - (II) Ongoing individualized assessment services
    - (III) Motivational enhancement and engagement strategies
    - (IV) Relapse prevention strategies
    - (V) Interpersonal choice/decision-making skill development
    - (VI) Health education
    - (VII) Random drug screening
    - (VIII) Family education
    - (IX) Gender responsive treatment

- Adolescent Program Specific Criteria: Each Level I Adolescent Outpatient Program shall document the capacity to provide the service strategies and the following therapeutic components:
  - (I) Adolescent specific evidence based therapeutic interventions.
  - (II) Client education on key adolescent development issues, including but not limited to, adolescent brain development and the impact of substance use, emotional and social influence on behavior, value system development, puberty/physical development, sexuality, and self-esteem.
  - (III) Recreation and leisure time skills training.
  - (IV) Family, community, and school reintegration services.
- Co-occurring Disorders Program Specific Criteria: Each Level I Co-occurring Disorders Outpatient Program shall document the capacity to provide the service strategies and the following therapeutic components:
  - (I) Groups and classes that address the signs and symptoms of mental health and substance use disorders.
  - (II) Groups, classes, and training to assist clients in becoming aware of cues or triggers that enhance the likelihood of alcohol and drug use or psychiatric decompensation and to aid in development of alternative coping responses to those cues.
  - (III) Dual recovery groups that provide a forum for discussion of the interactions of and interrelations between substance use and mental health disorders.
- Women and Dependent Children Program Specific Criteria: Each Level I Women and Dependent Children Outpatient Program shall document the capacity to provide the service strategies and the following therapeutic components:
  - (I) Specific services which address issues of relationships, parenting, abuse, and trauma.
  - (II) Primary medical care, including prenatal care.
  - (III) Primary pediatric care for children.
  - (IV) Therapeutic interventions for children which address their developmental needs and issues of sexual abuse and neglect.
  - (V) Outreach to inform pregnant women of the services and priorities.
  - (VI) Interim services while awaiting admission to this level of care.
  - (VII) Recreation and leisure time skills training.
- Service Intensity.
  - The entity shall document that the amount and frequency of Level I Outpatient services are established on the basis of the unique needs of each client served, not to exceed eight (8) contact hours weekly.

*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.*

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