

Subject: Alabama Target Subpopulations

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 CCBHC services to Alabama’s targeted subpopulations in accordance with Substance Abuse and Mental Health Services Administration (SAMHSA) CCBHC Certification Criteria, either directly or via a Designated Collaborating Organization (DCO) partnership. **This bulletin describes the targeted subpopulations for the Alabama CCBHCs.**

3. SAMHSA CCBHC Criteria Authority

Per CCBHC Criteria 2.A.

- 3.1. SAMHSA CCBHC Certification guidance indicates that programming must be tailored to the needs of the populations being served and must be delivered by professionals trained to meet the needs of these populations. This may be accomplished through programming offered by the CCBHC or a DCO.

Per CCBHC Criteria 5.B.

- 3.2. The CCBHC’s Continual Quality Improvement (CQI) plan includes an explicit focus on populations experiencing health disparities (including racial and ethnic groups and sexual and gender minorities) and addresses how the CCBHC will use disaggregated data from the quality measures and, as available, other data to track and improve outcomes for populations facing health disparities.

4. Population Service Requirements

4.1. CCBHCs should ensure the ability to serve all of the following populations:

- All ages, races, ethnicities, genders, disability statuses, sexual orientations, and gender identities with serious emotional disturbance (SED), serious mental illness (SMI), substance use disorder (SUD), opioid use disorder (OUD), and co-occurring mental and substance disorders (COD), and those with or at risk of HIV and Hepatitis C due to injection drug use.

5. ADMH Requirements

5.1. ADMH required populations of focus (POF):

- Opioid Use Disorder with emphasis on African American Population
- Pregnant and Parenting Women (PPW)
 - This population is defined as: women who are pregnant, postpartum, or parenting dependent children.
- People experiencing homelessness (see link for definition)⁴
<https://www.law.cornell.edu/uscode/text/42/11302>

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- CCBHCs will use the SDOH ICD-10-CM Chapter Z codes to identify the specific designation of the Social Drivers of Health (SDOH) – and in this case Homeless (Z59.0), Sheltered Homeless (Z59.1), and Unsheltered Homeless (Z59.2).
- 5.2. CCBHCs may choose additional populations based on any emerging groups facing disparities in the community.
- The rural population¹
 - Non-metropolitan counties
 - Outlying metropolitan counties with no population from an urban area of 50,000 or more people
 - Census tracts with RUCA codes 4-10 in metropolitan counties
 - Census tracts of at least 400 square miles in area with population density of 35 or fewer people per square mile with RUCA codes 2-3 in metropolitan counties
 - Census tracts with RRS 5 and RUCA codes 2-3 that are at least 20 square miles in area in metropolitan counties.

Note: Agencies may use the following resource to determine whether a particular geography is rural:
<https://data.hrsa.gov/tools/rural-health>

- Those who identify as LGBTQ+, with a particular focus on youth
- Those at risk of gun violence, which include but are not limited to:^{2 3}
 - Minority youth living in poverty
 - African American individuals, including children and adolescents
 - White individuals ages 45 and older
 - Male children ages 19 and under

Note: This list is not intended to be all-inclusive.

- 5.3. Each CCBHC will be required to actively track outcomes and disparities for the required POFs. All required POFs data must be submitted for evaluation purposes and reporting SAMHSA and CMS. Additional POFs data will also be collected and reported to the ADMH. Any disparities noted will be addressed through the agency's formal CQI process.
- 5.4. Each CCBHC is required to complete a Community Needs Assessment (CNA) at minimum once every 3 years. The CNA should be used to inform focus areas for treatment and should strive to have representation from the CCBHC's populations of focus. Additionally, the CNA should be used to identify any emerging groups facing disparities in the community. If new high-risk populations are identified, this should be shared with ADMH to update communications with SAMHSA and demonstration priorities.

¹ <https://www.hrsa.gov/rural-health/about-us/what-is-rural>

² <https://www.hhs.gov/sites/default/files/firearm-violence-advisory.pdf>

³ <https://www.apa.org/pubs/reports/gun-violence-prevention>

⁴ <https://www.law.cornell.edu/uscode/text/42/11302>

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- 5.5. It will be incumbent upon the CCBHCs to ensure accessibility and meet the needs of the population to be served, such as settings in the community and as appropriate and feasible, in the homes of people receiving services.
- 5.6. Transportation or vouchers should be used to the extent possible with relevant funding. Also, services should be available in the evenings or on the weekends.
- 5.7. Staffing plans should also align with needs of community to include positions such as community outreach workers, etc.
- 5.8. Each CCBHC should ensure that services are offered on some evenings and/or weekends to meet the needs of the population while ensuring access and availability to care.
- 5.9. Training around cultural competency, Social Drivers of Health (SDOH) Data Capturing and National CLAS standards are applicable to implementation.

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.*

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