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Be in the Know: Texas Certified Community Behavioral Health Clinic Criteria Updates

Suzie Brady, Policy Lead; Kenneth Placke, Data and Quality Lead; Sarah Melecki, Director

Integrated Care Strategy

Behavioral Health Services

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Agenda

- Texas Certified Community Behavioral Health Clinic (T-CCBHC) certification criteria changes
- Differences between T-CCBHC and Substance Abuse and Mental Health Services Administration (SAMHSA) criteria
- Upcoming activities



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T-CCBHC Criteria Changes

T-CCBHC criteria changes were made in response to the SAMHSA 2023 CCBHC certification criteria update.

- Changes consider:
 - ▶ Alignment with SAMHSA criteria when possible
 - ▶ Texas stakeholder feedback
 - ▶ Texas' existing behavioral health delivery system

T-CCBHCs must actively work toward compliance with new criteria on or before July 1, 2024.



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Program Requirement 1 Changes (1 of 2)

- **Needs assessment**
 - ▶ Expands addressing income to include other economic factors
- **Staff**
 - ▶ Further describes medical director's role
 - ▶ Clarifies medical director or another lead clinical staff member must have expertise in both mental health and substance use care
- **Designated Collaborating Organizations (DCOs) and formal partners**
 - ▶ Reorganizes requirements, moving all DCOs and formal partner requirements to one location



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Program Requirement 1 Changes (2 of 2)

- **Training**

- ▶ Clarifies that, unless otherwise written, training requirements apply to all staff who have direct contact with people receiving services or their families
- ▶ Requires training on overdose prevention and response at orientation and then at reasonable intervals



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Program Requirement 2 Changes (1 of 2)

- **Service accessibility**

- ▶ Adds details to the continuity of operations and disaster plan requirement
- ▶ Removed requirement for T-CCBHCs to meet a person in-person after an initial evaluation is conducted by phone

- **Crisis planning**

- ▶ Amended “psychiatric advance directive” language to align with Texas’ terminology of “declaration for mental health treatment”



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Program Requirement 2 Changes (2 of 2)

- **Service delivery**

- ▶ Maintained requirement that no person is denied services because of place of residence, homelessness, or lack of a permanent address
- ▶ Maintained requirement for coordination and transfer of services for people living out of state or outside of a local service area



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Program Requirement 3 Changes (1 of 4)

- **Referrals**

- ▶ Specified that T-CCBHCs must track participation in services when a person is referred to a partner organization

- **Medication review**

- ▶ Requires consultation of the Texas Prescription Monitoring Program before prescribing certain controlled substances and during the assessment process
- ▶ Encourages consultation before prescribing medications regardless of classification



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Program Requirement 3 Changes (2 of 4)

- **Health information technology**
 - ▶ Requires health information technology systems to have capability for people receiving services to access their information electronically
- Care coordination agreements
 - ▶ Clarified requirement that T-CCBHCs have established protocols to ensure adequate care coordination with primary care providers with whom they do not have agreements
 - ▶ Added requirement for care coordination agreements with narcotic treatment programs and medical withdrawal management facilities



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Program Requirement 3 Changes (3 of 4)

- **Care coordination agreements, continued**
 - ▶ Clarified that partnerships with community or regional supports should be informed by needs assessment findings
 - ▶ Specified that agreements with child welfare agencies can be with the Department of Family and Protective Services or single source continuum contractors
 - ▶ Specified a subset of social service organization types with which T-CCBHCs must have agreements
 - ▶ Clarifies that requirements to follow-up after a discharge include people at risk of overdose, in addition to suicide



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Program Requirement 3 Changes (4 of 4)

- **988 coordination**
 - ▶ Requires coordination with 988 either as or through a local mental or behavioral health authority



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Program Requirement 4 Changes (1 of 3)

- **Required services**

- ▶ Maintains requirement for direct delivery of:
 - ◇ Crisis services
 - ◇ Screening, assessment, and diagnosis
 - ◇ Patient-centered recovery and treatment planning
 - ◇ Comprehensive outpatient mental health and substance use services
- ▶ T-CCBHCs must directly deliver these services and may supplement direct delivery through a DCO or formal partner if needed



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Program Requirement 4 Changes (2 of 3)

- **Required services, continued**
 - ▶ Maintains allowance for either direct delivery or DCO/formal partner delivery of:
 - ◇ Outpatient primary care screening and monitoring
 - ◇ Targeted case management
 - ◇ Psychiatric rehabilitation
 - ◇ Peer and family supports
 - ◇ Intensive community-based outpatient behavioral health care for members of the armed forces and veterans



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Program Requirement 4 Changes (3 of 3)

- **Medical director role**
 - ▶ Added requirement that medical director establish screening protocols
- **Other clinical changes**
 - ▶ Provided additional details on ongoing primary care monitoring of health conditions such as coordination with appropriate providers, tracking attendance at needed physical health care appointments, ongoing periodic laboratory testing and physical measurement of health status, and promoting a healthy behavior lifestyle



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Program Requirement 5 Changes

- **Quality measure reporting**
 - ▶ Specified requirement to track and report a subset of eight measures to HHSC.
- **Continuous quality improvement (CQI)**
 - ▶ Amended CQI plan requirements, such as adding:
 - ◇ Reductions in emergency department use, rehospitalization, and repeated crisis episodes
 - ◇ Improved mental health, substance use, and other physical health outcomes
 - ◇ Review of fatal and non-fatal overdoses of people receiving services
 - ◇ Review of all-cause mortality among people receiving services



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Program Requirement 6 Changes (1 of 2)

- Input from people receiving services, their family members, and people in recovery
 - ▶ If meeting requirement through the Board of Directors, at least 51% of board members must have lived experience of mental health or substance use disorders, or be family members of people with lived experience
 - ▶ If meeting requirement through advisory committee, at least 51% of committee members must have lived experience or be family members of people with lived experience, and that committee must provide input on:
 - ◇ Identifying community needs, goals, and objectives
 - ◇ Service development, quality improvement, and activities
 - ◇ Fiscal and budgetary priorities
 - ◇ Governance (human resources, planning, leadership recruitment, and selection)



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Program Requirement 6 Changes (2 of 2)

- **Medicaid provider enrollment and licensure**
 - ▶ Specified that T-CCBHCs must be enrolled as a Medicaid provider
 - ▶ Specified that T-CCBHCs must abide by state licensing requirements to provide outpatient mental health and substance use disorder services



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Upcoming Activities

- July 1, 2024: New criteria go into effect
- Late August 2024: Anticipated release date for T-CCBHC Provider Manual
- September 2, 2024: T-CCBHC Quality Measure Data Workbook submission
- Late summer 2024: T-CCBHC Texas Administrative Code rule to be reviewed for amendment process
- Fall 2024: T-CCBHC Memorandum of Understanding updated
- Calendar year 2025: T-CCBHC application to be updated



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Thank you

TexasCCBHCInitiative@hhsc.state.tx.us