Should I Apply to Be a CCBHC in Oregon?
A Ten Question Guidance Survey

The CCBHC application is now available in the State of Oregon. At a recent CCBHC Design Summit in Salem there was a great deal of discussion about who should apply to become a CCBHC.

The CCBHC Demonstration Program was not necessarily meant to include every provider in a state AT THIS TIME. It is a demonstration program and the federal guidance mandated that State certify two (2) organizations to participate in the demonstration phase of the project.

The following ten questions were put together by the Dale Jarvis & Associates CCBHC consulting team to assist organizations in determining if applying for CCBHC status, AT THIS TIME, is in the best interest of the organization.

Yes	No	Criterion
		(1) **Target Population Focus:** Does the organization have a core commitment and service orientation, including trauma informed, outside the four walls approaches, to address the needs of OHP members with serious mental illness, serious emotional disturbance, and substance use disorders?
		(2) **Core Services:** Does the organization have the ability to directly provide three core services (Outpatient Mental Health ***and Substance Abuse Services***, Screening and Assessment Services, and Treatment Planning) for all age groups in at least one site by April 1, 2017? *(Notes: All locations that are part of the CCBHC certification must provide all core services. A fourth core service – crisis services – is the responsibility of the CMHP system and other potential CCBHCs do NOT need to duplicate those services. If a CMHP does not have 24/7 mobile crisis capabilities in the region, the CCBHC will need to work with the CMHP to ensure that these services are available in order for the CCBHC to be certified.)*
		(3) **Additional Required Services:** Does the organization provide all of the additional five required services or have the ability to contract with one or more Designated Collaborating Organization (DCO) and meet all of the DCO management, payment and oversight requirements by January 1, 2017? *(Note: These services include outpatient primary care screening and monitoring; community based mental health care for veterans; targeted case management; peer, family support & counselor services; and psychiatric rehab services.)*
		(4) **Needs Assessment:** Does the organization have the ability, with support from state and local data sources, to complete a Needs Assessment to identify the cultural, linguistic, and treatment needs of the target consumer population in the organization's identified geographic region and create a staffing plan and service delivery redesign to address those needs by September, 2016?
		(5) **Governance:** Is the organization willing to have a governance board comprised of at least 51% consumers by January 1, 2017 or per a plan approved by the state to do so within an additional time period? *(Note: Consumer is broadly defined as an individual with a behavioral health disorder, including those in recovery/ recovered, and family members of individuals with behavioral health disorders.)*
		(6) **No Refusal:** Does the organization have the resources to ensure that no individuals presenting for care are denied behavioral health care because of an individual's inability to pay for such services and charge those without coverage on a sliding fee scale by January 1, 2017?

Yes	No	Criterion
		(7) **Care Coordination:** Does the organization have the infrastructure and ability to develop care coordination agreements with the types of organizations listed in the guidance (e.g. FQHCs, inpatient psychiatric facilities, schools) and coordinate care across those settings to ensure seamless transitions for consumers by January 1, 2017?
		(8) **Data Reporting:** Can the organization's information management systems collect the data and report all of the required data elements in Attachment A below for the organization and all of the organization's DCOs by January 1, 2017?
		(9) **Financial Management:** Does the organization have the infrastructure and ability to prepare a CCBHC Cost Report, run Medicaid population PPS rate scenarios to determine the financial consequence for the specific PPS Rate established for your organization, manage to the agreed upon daily PPS Rate, and cover any CCO interim payment cash flow needs prior to when a quarterly wraparound payment is made?
		(10) **Primary Care:** Does the organization have the ability to provide onsite primary care services and sustain those services, either directly or through arrangement with a DCO by January 1, 2017 or per a plan approved by the state to do so within an additional time period? *(Note: The actual requirements for this Criterion are still under discussion.)*

How to Score Your Organization

If you have answered NO to any of the questions, the consulting team would recommend that you seriously consider whether CCBHC status is right for your organization AT THIS TIME. Should the two-year demonstration project be successful, there will be opportunities in the future for organizations to pursue CCHBC status.

If you have any questions about this survey, please email ccbhc.grant@state.or.us and we will make every attempt to respond in a timely manner.

Attachment A: CCBHC Required Reporting Data Elements

Potential Source of Data	Measure or Other Reporting Requirement
EHR, Patient records, Electronic scheduler	Number/percent of new clients with initial evaluation provided within 10 business days, and mean number of days until initial evaluation for new clients
MHSIP Consumer survey	Patient and family experience of care survey
EHR, Patient records	Preventive Care and Screening: Adult Body Mass Index (BMI) Screening and Follow-Up
EHR, Encounter data	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) (see Medicaid Child Core Set)
EHR, Encounter data	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention
EHR, Patient records	Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling
EHR, Patient records	Initiation and engagement of alcohol and other drug dependence treatment
EHR, Patient records	Child and adolescent major depressive disorder (MDD): Suicide Risk Assessment
EHR, Patient records	Adult major depressive disorder (MDD): Suicide risk assessment (use EHR Incentive Program version of measure)
EHR, Patient records	Screening for Clinical Depression and Follow-Up Plan (see Medicaid Adult Core Set)
EHR, Patient records; Consumer follow-up with standardized measure (PHQ-9)	Depression Remission at 12 months