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February 24, 2026

CCBHC:

**Staffing and Availability & Accessibility of Services
Requirements**

Virtual Meeting Housekeeping

- This presentation is being recorded. Slides and recording will be posted on the CCBHC website following the learning collaborative.
- Please raise hand within teams features.
- When speaking, please identify yourself and your program/business.
- You may put questions in the chat.

Meet the Team

BHD Program, Policy, & Certification



- Chelsea Holcomb
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Data Reporting



- Erin Macauley
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Rate Setting & Billing



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Agenda

Program Requirement 1: Staffing

- Overview of Criteria
- Readiness Considerations
- Q&A

Program Requirement 2: Availability and Accessibility of Services

- Overview of Criteria
- Readiness Considerations
- Q&A



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Program Requirement 1: Staffing

Staffing (39 Criteria)

Goals:

- Identify and address health inequities within communities.
- Implement a staffing model that addresses the health disparities and needs of the community.
- Maintain a culturally humble workforce appropriate in size, composition, and training.
- Provide high-quality, accessible, and coordinated care for the populations served.

1.A: Community Needs Assessment (6)

1.B: Staffing Plan (3)

1.C: General Staffing Requirements (12)

1.D: Liability/Malpractice Insurance (1)

1.E: Licensure & Credentialing of Providers (4)

1.F: Staff Training (9)

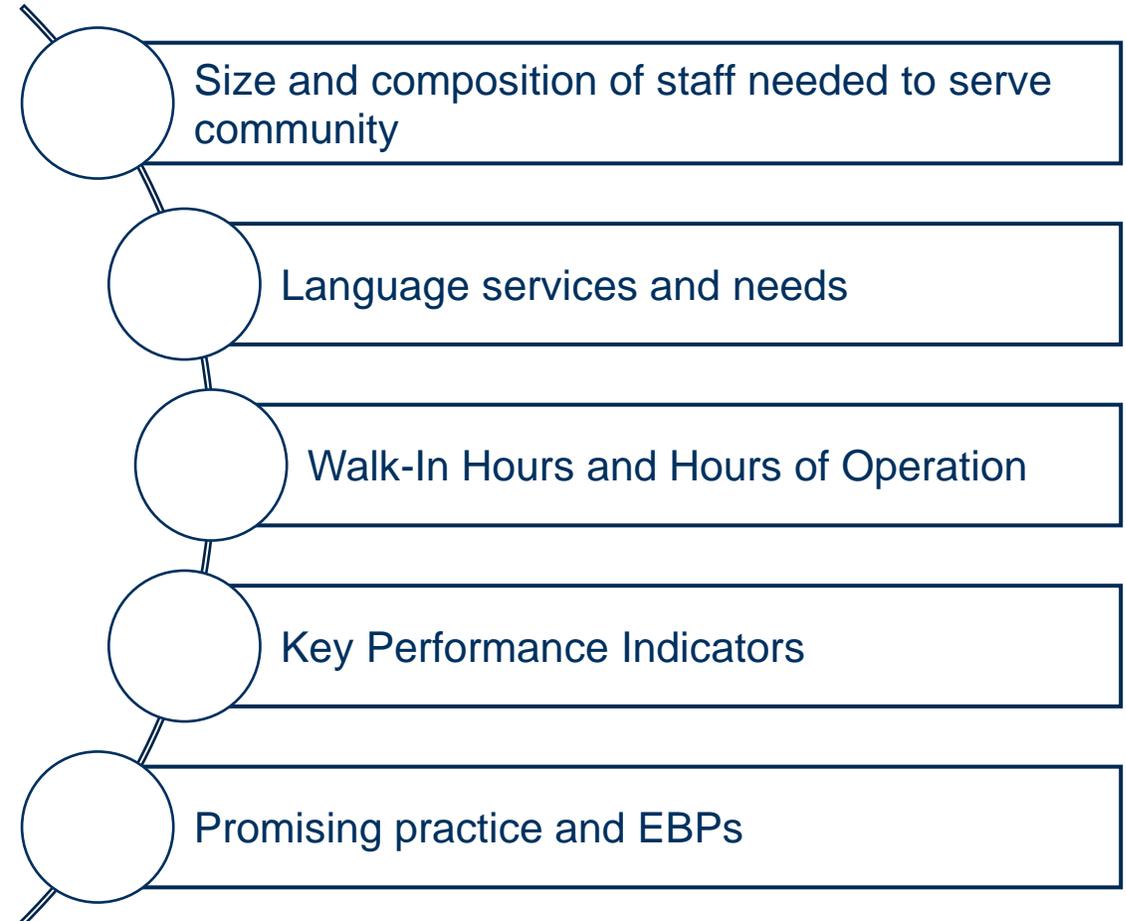
1.G: Skills and Competence Policies (4)

1.A: Community/Regional Needs Assessment General Requirements

Must seek input from individuals with lived experience and community partners such as primary care providers, social supports, hospitals, schools, and local systems of care.

Must assess:

1. Cultural, linguistic, physical health, and behavioral health treatment needs,
2. Developmentally appropriate evidence-based and promising practices and behavioral health crisis services,
3. Access and availability of CCBHC services including days, times, and locations, and telehealth options, and
4. Potential barriers to care such as geographic barriers, transportation challenges, economic hardship, lack of culturally responsive services, and workforce shortages



1.A: Community Needs Assessment

Required Components

1. Description of Physical Boundaries
2. Prevalence Data
3. Social Drivers of Health
4. Culture and Language
5. Service Provision
6. Staffing Plan Description
7. Strengths/Challenges
8. Plan of Action

Resources

- [CCBHC Community Needs Assessment Presentation](#)
- [CCBHC Community Needs Assessment Guidance](#)
- [National Council Interview Scripts](#)
- [Community & Regional Needs Assessment Template](#)

1.A: Regional Needs Assessment

Required Components

1. Description of Physical Boundaries
2. Health Disparities
3. Strengths/Challenges
4. Plan of Action

Resources:

[CCBHC Community Needs Assessment Presentation](#)

[Regional Needs Assessment Additional Requirements Guidance](#)

[National Council Interview Scripts](#)

[Community & Regional Needs Assessment Template](#)

1.B: Staffing Plan

Template

Service Provision Data
Staff Credentials and FTE
Staff Training
Anticipated Addition Narrative

General Requirements

Must be appropriate to size and composition and provide services appropriate for population served (1.b.1)

- Staff to serve across the lifespan and provide the 9 required services, including services for veterans (1.c.10 – 1.c.12)

Must include clinical staff, traditional health workers, medical staff, and peer staff (1.b.3)

- SUD peer, MH peer, and youth or family support peer (4.j.2)

Must be approved by medical director (1.b.2)

Resources

[CCBHC Staffing Plan](#)

[CCBHC Billing Matrix](#)

[CCBHC Community Needs Assessment Slides](#)

1.C: General Staffing Requirements

Maintains a fully staffed management team appropriate for the size and needs of the clinic (1.c.3)

- Consists of medical director (1.c.1) and CEO/Program Director (1.c.2).
- Clinical supervisors appropriate to maintain the supervision needs of staff working towards licensure and/or credentialed (1.e.4)
 - This includes a peer supervisor to ensure peer staff have access to a peer supervisor (4.j.3)

Medical Director is a psychiatrist or psychiatric nurse practitioner (1.c.1)

- Approves staffing plan (1.b.2)
- Provides guidance: behavioral health clinical service delivery, medical components of care, integration and coordination of physical healthcare (1.c.4), physical health screening & monitoring (4.g.2), and continuous quality improvement (5.c.3).
- Seeks appropriate consultation if they do not have experience with SUD (1.c.5) and/or youth and young adults (1.c.6)

Employs or contracts staff who are licensed or certified to provide SUD treatment (1.c.9)

- This includes medically trained behavioral health providers who can prescribe and manage FDA-approved medications to treat opioid, alcohol, and tobacco use disorders (1.c.7). CCBHCs that do not prescribe methadone directly must refer and coordinate care with a methadone provider in their area as appropriate (1.c.8).

1.D and 1.E: Insurance & Staff Qualifications



CCBHC maintains adequate liability/malpractice insurance.

[Per 309-008-0400\(4\)\(d\)\(C\)](#): liability insurance coverage listing must list all service delivery locations (1.d.1).



Clinics are held to all the rules in OAR Chapter 309 Division 008 for licensure and credentialing (1.e.1).



CCBHCs must ensure staff have appropriate licensure and credentialing and practice within their scope of practice (1.e.2).

CCBHC staff must meet the staff qualifications as outlined in OARs [309-019-0125](#) (1.e.3).

1.F: Staff Training

General Requirements

- The CCBHC maintains a staffing plan for all employees and contract staff who have direct contact with people receiving services (1.f.1).
- All staff must received training requirements for the job title, certification, or licensure described in [OAR 309-019-015](#) (1.f.1)
- Trainers must be qualified as evidenced by education, training, and experience for the training provided (1.f.5).
- Trainings must align with the [15 National Standards for Culturally and Linguistically Appropriate Services](#) as appropriate for the offered training (1.f.7).
- Training is completed and documented according to requirements outlined in [OAR 309-019-0130](#) (1.g.3).

Onboarding Training (1.f.3)

1. Person-centered, recovery-oriented planning & services
2. Cultural responsiveness
3. Trauma-informed care
4. Clinic's policies & continuity plan for operations/disasters
5. Clinic's policies and procedures for integration and coordination of physical health care and co-occurring mental health and substance use disorders

Annual Trainings (1.f.4)

1. Risk assessment
2. Suicide overdose prevention and postvention
3. Roles of family members and peer staff

Promising Practices and EBPS (1.f.6)

- Staff should received developmentally-appropriate training for the populations they serve, particularly staff working with youth (1.f.8)
- A certificate of completion is required for promising practices/EBP trainings.
- Staff working with active-duty military or veterans must receive training on military culture (1.f.9)

1.G: Skills & Competencies

Clinic maintains policies and procedures documentation regarding qualifications, credentialing, and training in accordance with [OAR 309-019-0110](#) (1.g.1)

Clinic regularly assesses skills and competencies of providers and keeps track of training provided for each employee (1.g.2).

Clinic has policies ensuring all employees adhere to confidentiality and privacy requirements (1.g.4).

Readiness Considerations

1.A: Evaluate health disparities and BH needs within the community

- Gathering input from individuals with lived experience and community partners
- Evaluating prevalence data and other available data to assess disparities and needs
- Develop and track progress on action plan with SMART goals

1.B: Hire & maintain staff necessary to provide required services across the lifespan

- Understanding community needs to determine appropriate size and composition of staff
- Ability to pull and assess service provision across the 9 required categories

1.C: Capacity to hire and maintain appropriate management team and staffing

- Licensed SUD/MH staff, peer support providers, medical staff, support staff
- Medical Director follows procedures/policies for appropriate consultation

Readiness Considerations

1.D and 1.E: Verify all staff are qualified for the services and populations they serve

- Liability and malpractice insurance for all locations
- Documentation of staff qualifications, licensures, and credentials
- Supervision for providers working towards licensure

1.F: Provide trainings on developmentally appropriate & culturally responsive care

- Trainings for onboarding, annual trainings, trainings offered at other intervals
- Understanding of the 15 CLAS standards

1:G: Processes to regularly assess staff skills and competencies

- Maintain documentation on regular assessment of skills and competencies assessments
- Ensuring all staff adhere to confidentiality and privacy requirements



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Q&A



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Program Requirement 2: Availability & Accessibility of Services

Availability & Accessibility of Services (19 Criteria)

2.A: General Requirements of Access & Accessibility (7)

2.B: Language Accessibility (4)

2.C: General Requirements for Timely Access (4)

2.D: No Refusal of Services (4)

Goals:

- Ensure access to behavioral health services for all individuals, regardless of their age, place of residence, or ability to pay.
- Ensure services are easily accessible by providing services at convenient times and locations, including in community settings outside of the clinic, and appropriate language and disability accommodations are available.
- Ensure services are provided within timely access standards, as determined by the acuity of the individual's needs.

2.A: General Requirements

Services are providing at accessible locations & during accessible hours (2.a.1)

Transportation or transportation vouchers are provided to access CCBHC services (2.a.2)

Telehealth services are provided in accordance to OAR [410-120-1990](#) (2.a.3)

Must provide outreach, engagement, & retention services to support inclusion & access for populations affected by health inequities (2.a.4)

Continuity of services plan identifies process to notify staff and community, alternative locations & service methods, and IT security (2.a.5)

Services conform to state or county/municipal court standards for the provision of voluntary & court-order services (2.a.7)

2.A: General Accessibility

Facility Requirements (2.a.6)



Trauma-Informed Design Principles

1. Reduce or remove known adverse stimuli.
2. Reduce or remove environmental stressors.
3. Actively engage the individual in a dynamic, multi-sensory environment.
4. Provide ways for the individual to exhibit their self-reliance.
5. Provide and promote connectivity to the natural world.
6. Separate the individual from others who may be in distress.
7. Reinforce the individual's sense of personal identity.
8. Promote the opportunity for choice while balancing program needs, safety, and comfort.
9. Provide an environment that is safe and secure.
10. Provide collaborative spaces that are flexible and adaptable.
11. Provide opportunities for community connection.

2.B: Language Accessibility Requirements

All information shall be given to the person receiving services in a format and language appropriate to the person's needs in accordance to [OAR 309-019-0115](#).

Clinics shall demonstrate compliance with Title II of the Americans with Disabilities Act of 1990 as required in [OAR 309-019-0110](#).



2.C: Timely Access Requirements (2.c.1 & 2.c.4)

Emergency/Crisis Needs

- Appropriate action is taken immediately, including safety planning and follow-up care.

Urgent Needs

- Clinical services and initial evaluation are provided within one business day of the time the request was made.

Routine Needs

- Clinical services and initial evaluation are completed within 7 business days for individuals seeking to establish care and 10 business days for individuals already in services

Clinical services are services identified on the [CCBHC Billing Matrix](#) that are NOT assessment, treatment planning, or crisis services.

2.C: Timely Access

Preliminary Triage

Must be completed at time of first contact

Includes a risk assessment to determine acuity of needs

May be completed via telephone

Initial Evaluation (4.d.4 & [OAR 309-019-0135](#))

May be done via telephone for individuals presenting with emergency or urgent needs.

Must be reviewed in person after emergency is resolved for individuals continuing with care

Comprehensive Evaluation (4.d.4)

Must be completed within 90 days of the first request of services.

Clinical services may be provided prior to completion of comprehensive evaluation

2.D: No Refusal of Service Requirements

The CCBHC must ensure no person seeking CCBHC services is denied behavioral health care services because of a person's inability to pay for such services, place of residence, experiencing homelessness, or a lack of a permanent address (2.d.1)

Persons seeking services are considered for services without regard to race, ethnicity, gender, gender identity, gender presentation, sexual orientation, religion, creed, national origin, age, intellectual and/or developmental disability, IQ score, or physical disability (2.d.4)

2.D: No Refusal of Service

Services to Individuals Residing Outside Service Area (2.d.3)

- At minimum, must provide crisis response and stabilization services and evaluation services
- Must have protocols/procedures addressing management of on-going treatment needs for individuals residing outside of service area such as agreements with clinics to refer and track individuals seeking non-crisis services

Sliding Fee Schedule (2.d.2)

- Must be accessible on CCBHC website, posted in waiting room, and readily accessible to individuals receiving services
- Must have written policies/procedures describing eligibility and implementation of sliding fee schedule
- Applied equally to all persons seeking services
- Based on locally prevail rates or charges and includes reasonable costs of operation

Readiness Considerations

2.A: General Availability & Accessibility Requirements

- Facilities are accessible and appropriate for services provided
- Ability to provide and/or coordinate transportation
- Ability to continue services during a disaster

2.B: Language Accessibility

- Ability to provide interpretation and translation services in a timely manner
- Readability and ease of access to resources/paperwork provided to individuals
- Materials are developmentally appropriate and responsive to individuals with IDD
- ADA compliance

Readiness Considerations

2.C: Timely Access to Services

- Ability to provide clinical services & initial assessment within 7 business days of first contact
- Ability to provide preliminary triage at time of first contact, including when calls go to front-desk
- Ability to provide crisis services for emergency/crisis needs
- Ability to track first contact

2.D: No Refusal of Service

- Financial stability to provide services to all individuals regardless of ability to pay
- Ability to coordinate services for individuals who reside outside of service area
- Develop and maintain a sliding fee schedule, including policies/procedures on eligibility



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Q&A