National Alliance on Mental Illness

January 20, 2023

The Honorable Miriam Delphin-Rittmon
Assistant Secretary
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857

RE: Revised Draft of the Updated Certification Criteria for the Certified Community Behavioral Health Clinics (CCBHC). Submitted electronically to CCBHCCriteria@samhsa.hhs.gov

Dear Assistant Secretary Delphin-Rittmon,

On behalf of the National Alliance on Mental Illness (NAMI), I would like to thank the Substance Abuse and Mental Health Services Administration (SAMHSA) for their work to update the certification criteria for the Certified Community Behavioral Health Clinic (CCBHC) program. As the nation's largest grassroots mental health organization, we see the benefit that CCBHCs offer people with mental health and substance use conditions. We appreciate the opportunity to comment on the revised criteria. As you will find in more detail below, we are supportive of many of the updates in the draft criteria and offer some suggestions for improvements that we hope you will carefully consider.

Improvements in CCBHC Draft Criteria

NAMI is grateful and supportive of many of the proposed revisions that have been made to the CCBHC criteria. We believe the revisions reflect advancements in mental health evidence-based practices and the input of a wide range of community stakeholders. These changes will ensure that the CCBHC model continues to serve as a best practice for providing community behavioral health services. NAMI explicitly supports the following revisions and encourages SAMHSA to include them in the final updated certification criteria.

Recognition of Peers and Family. NAMI is encouraged by the numerous revisions that reflect the importance of peers and family members. NAMI applauds the inclusion of individuals with lived experience of mental and/or substance use disorders and families in care coordination and the provision of services (*Criteria 3.d.1*) and leadership in CCBHC governance (*Criteria 6.b.1; 6.b.2; 6.b.3; 6.b.4*). These revisions bring the perspective of impacted people into the core of CCBHCs.

Emphasis on Person-Centered Care. Person centered care is a best practice that is effective[1] in engaging people with serious mental illness in their own care and recovery. NAMI applauds the additions made to encourage CCBHCs to leverage shared decision making (*Criteria 4.b.1; 4.e.2*) and placing an emphasis on a client's preference in criteria throughout the document (*Criteria 2.a.5; 2.e.2; 3.a.4; 4.B*). Furthermore, amending the definition of psychiatric rehabilitation services to require CCBHCs to offer supported employment programs, support for education, and help finding

[1] Dixon, L.B., Holoshitz, Y. and Nossel, I. (2016), Treatment engagement of individuals experiencing mental illness: review and update. World Psychiatry, 15: 13-20. https://doi.org/10.1002/wps.20306

and maintaining safe and affordable housing (*Criteria 4.i.1*) is a critical recognition of the importance of investing in social determinants of health to achieve success in recovery.

Increasing Access for All. As a growing best practice for community mental health care, it is important that CCBHCs are structured to serve anyone. NAMI is encouraged to see the criteria were revised to better align with National Standards for Culturally and Linguistically Appropriate Services Standards (CLAS) in Health and Health Care (*Criteria 1.c.1*), and to engage at risk and marginalized communities (*Criteria 2.a.6; 4.b.2; 4.d.4; 5.b.1*). We are also supportive of the revisions made to align the CCBHC criteria with the federal guidance for providing language access under Title VI of the Civil Rights Act of 1964 (*Criteria 1.d 1; 1.d.2*). By removing cultural and language barriers to service, and placing a greater emphasis on engaging communities, CCBHCs will become more accessible to a wide range of people with mental illness/substance use disorders.

Emphasis on Health Disparities. NAMI strongly supports the criteria's emphasis on health disparities and addressing inequity in mental health care. We appreciate the requirements in criteria 3.b.3 for CCBHC data systems to capture patient data including demographic information such as race, ethnicity, preferred language, sexual and gender identity, and disability status. NAMI also strongly supports the revised criteria in criteria 5.b.1 requiring that the quality improvement plan includes an explicit focus on populations experiencing health disparities (including racial and ethnic groups and sexual and gender minorities) and disaggregated data to track and improve outcomes for populations facing health disparities.

Recommendations to Strengthen the CCBHC Criteria

NAMI applauds SAMHSA's continued commitment to increasing access to the full continuum of crisis response services. Revisions to *Program Requirement 4: Scope of Services* will help expand access to crisis services through the CCBHC model. Supporting the implementation of the three pillars of crisis care, as outlined in the SAMHSA National Guidelines for Behavioral Health Crisis Care, is a priority for NAMI. We offer the following recommendations for revisions to the criteria, which we believe will strengthen CCBHCs' ability to provide effective crisis services and at the same time help communities work towards providing a robust crisis continuum of care. To this end, we recommend:

SAMSHA Should Strengthen Language Regarding Crisis Services (Criteria 4.c.1*.). ** We suggest strengthening the language regarding CCBHCs' obligation to provide crisis services. While the overview section specifies that crisis services "**must** be provided by the CCBHC and/or a DCO through a formal agreement," Criteria 4.c.1 begins with "The CCBHC ***may provide crisis services …". We recommend the language be changed to "The CCBHC *shall* provide crisis services …" so there is no ambiguity on the requirement for CCBHCs to provide such services. Section 233 of the Protecting Access to Medicare Act of 2014 (P.L. 113-93) makes clear that crisis services are part of CCBHC model, whether directly through the CCBHC or through a partner agreement. We believe by strengthening the language in these criteria, it will keep the standard consistent with the intent in the underlying legislation.

***SAMHSA Should Recognize Other Mental Health Crises (Criteria 4.c*.1)**. In several places in Criteria 4.C, an emphasis is placed on providing crisis services related to "suicide prevention and intervention" and "crises related to substance use." While it is important to build capacity in crisis services to address these types of crises, we believe that the language is not inclusive of a variety of other crises that people with serious mental illness often experience.

We recommend that throughout the section, the language be revised to include capacity to support individuals experiencing psychosis, hallucinations, delusions or other severe symptoms of serious mental illness. These changes would make the criteria consistent with the expanded functionality of the 988 Suicide and Crisis Lifeline. Specifically, we recommend the following changes (in bold) to the last paragraph of Criteria 4.c.1:

> "As part of the certification process, certifying states and clinics will clearly define crisis stabilization as they are using it but services provided must include suicide prevention and intervention, and services capable of addressing crises related **to people experiencing psychosis, delusions or other symptoms of serious mental illness**, substance use including the risk of drug and alcohol related overdose and support following a non-fatal overdose after the individual is medically stable."

***SAMHSA Should Mandate Alignment with National Criteria and Standards (Criteria 4.c.*1)**. NAMI appreciates that Criteria 4.C recognizes, "The CCBHC is encouraged to provide crisis receiving/stabilization services in accordance with the SAMHSA National Guidelines for Behavioral Health Crisis Care." However, we strongly recommend that the criteria be modified to mandate adherence with the National Guidelines. Additionally, we appreciate that for mobile crisis services, the criteria specify, "The CCBHC may consider aligning their programs with the CMS Medicaid Guidance on the Scope of and Payments for Qualifying Community-Based Mobile Crisis Intervention Services if they are in a state that includes this option in their Medicaid state plan." We strongly recommend that the criteria be modified to mandate alignment, or at a minimum "strongly encourage" alignment.

SAMHSA Should Include Crisis Care Capacity Building in the Continuous Quality Improvement (CQI) Plan (Criteria 5.b). NAMI appreciates that the criteria require CCBHCs to establish a Continuous Quality Improvement (CQI) Plan and a review process to review CQI outcomes and implement changes to staffing, services, and availability that will improve the quality and timeliness of services. We recognize that it takes time to build capacity to deliver the full continuum of crisis response services 24 hours a day, 7 days a week. To support that goal, we recommend that CCBHCs include information about their efforts to increase the capacity of their crisis services in their Continuous Quality Improvement (CQI) plan. Specifically, we recommend that the following additional criteria be added to 5.b.2.: "(6) availability of crisis response services." By benchmarking and reporting on these efforts, it will help advance work towards SAMHSA's goals surrounding crisis care.

SAMHSA Should Expand Crisis Care in the Veterans Community (Criteria 4.k). A section of the CCBHC criteria is reserved to address the unique cultural needs of the Veterans community. We are supportive of this aspect of the criteria as it is important to help merge Veterans care with other community mental health services. However, we would recommend that the criteria include guidance on building capacity to respond to Veterans in crisis, including supporting CCBHC in preventing self-inflicted gun violence. Firearm ownership is high in the Veterans community, and every year an average of 4,500 veterans[2] die by firearm suicide. To support Veterans and their families in preparing for a crisis, we recommend that the criteria include direction for incorporating information and guidance on programs for voluntary surrender of firearms and safe storage. We

[2] U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. 2022 National Veteran Suicide Prevention Annual Report. 2022. Retrieved 1/20/2023 from https://www.mentalhealth.va.gov/suicide_prevention/data.asp.

also encourage SAMHSA to add that the criteria include a note providing resources to families about existing state laws or programs to temporarily remove firearms during periods of crisis.

NAMI appreciates SAMHSA's open and transparent process for updating these criteria. We encourage SAMHSA to engage in a regular review process of the CCBHC criteria to ensure that it is updated and revised to account for developments and advancements in mental health care practice and policy. Thank you for the opportunity to provide feedback and for your work to support people with mental health conditions. Please reach out to Jennifer Snow (jsnow@nami.org), NAMI's National Director of Government Relations and Policy, if you have any questions or would like to discuss our feedback on the criteria.

Best regards,

Hannah Wesolowski
Chief Advocacy Officer
National Alliance on Mental Illness (NAMI)