CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBHC) IMPACT ON STAFF ROLES
FOR DELAWARE PROVIDERS

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I. Overview

This document translates the May 2026 CCBHC Impact on Staff Roles webinar into a guide that can be used for onboarding, planning, and implementation. It follows the same overall flow as the presentation while expanding slide content into practical explanations.

II. CCBHC Fundamentals for Staff

All CCBHC staff that work directly with clients should have a foundational understanding of how individuals served move through care and of the underlying values and principles of that care. This orientation helps staff better understand how their roles and responsibilities fit into the larger context.

The CCBHC Client Journey

Triage	Needs are identified as crisis, urgent, or routine and care is scheduled accordingly
Initial Evaluation	Gathers information needed to understand basic needs and initiate care
Comprehensive Evaluation	Builds on the initial evaluation with further detail and use of validated screening tools
Treatment Plan	Establishes a plan to address prevention, medical, and behavioral health needs
Care Coordination	Barriers are identified and mitigated, information is exchanged, and resources are organized
Care Pathways	Staff, interventions, and treatment intensity are aligned with the individual's needs
Primary Care Monitoring	Physical health needs are monitored and coordinated across the care team
Treatment Plan Updates	Goals, objectives, and interventions are updated as needs change

Core Tenets

Interdisciplinary Teams: In an effort to understand and care for the whole person, the care team is comprised of professional staff from all relevant disciplines both within and outside the CCBHC (e.g., primary care, physical health specialists, psychiatry, therapy, nursing, peer support, school) as well as the individual served and their natural supports.

Person-Centered Planning: CCBHCs center the individual served and honor their role in defining the direction for their lives. Operationally, this means developing and implementing a treatment plan that reflects the individual's own ideas about what is important to them

and what they would like to do to improve their symptoms and experience. This approach remains relevant regardless of biological age, cognitive ability, or other factors.

Trauma-Informed: All levels of the system need to understand present and past trauma and respond in a manner that promotes safety, trustworthiness, transparency, collaboration, empowerment, voice, and choice.

Care Coordination: Care coordination is the structured process by which CCBHC staff organize services, share information, and address barriers. All people served by a CCBHC receive care coordination, helping to ensure individuals receive the right services, from the right providers, at the right time based on their goals and needs.

III. Care Coordination

Care coordination is one of the underlying concepts that transforms a system of care from treatment as usual to a CCBHC. Often not reimbursed in traditional, fee-for-service models, care coordination, an activity, not a service. It is individualized, varying in intensity and frequency depending on the person's needs and engagement with other service systems. Care coordination activities communicate roles and responsibilities across the care team, exchange information, facilitate transitions, and monitor and respond to changes.

Considerations for Children, Youth, and Families

Care coordination for children, youth, and families within a CCBHC must be developmentally appropriate, recognizing that cognitive, physical, and emotional abilities vary widely by age and individual. Recognizing the systems that surround children, care coordination must actively involve and align with other child- and family-serving systems, such as schools, childcare, and child welfare, to reduce burden on families and promote effective collaboration.

Communication Strategies

There are a number of ways teams communicate with one another. Daily huddles, weekly integrated team meetings, dedicated consults, and electronic sharing of data or other information are all effective strategies, depending on the urgency and complexity of information being shared. All staff members that work directly with clients have a role in helping to coordinate care.

IV. Specific Staff roles

The transformation to CCBHC impacts all client-facing roles. In the section below, traditional roles are compared with the same role in a CCBHC setting.

Front Desk

Traditionally, front desk staff were responsible for answering and transferring calls, scheduling appointments, and checking clients in for appointments by verifying demographic and insurance information. CCBHCs place a higher value on the unique relationship the front desk staff have with the client, recognizing the impact the front desk staff have on the client's willingness to engage and the information that may be gleaned through this relationship. In the CCBHC model, the front desk creates a welcoming environment, supports triage, provides appointment reminders, identifies barriers to access, observes changes in client presentation, notices access-related trends (e.g., insufficient open access availability on Saturday mornings).

Trauma Informed Care from Front Desk Staff

Giving a tour to a new client to ensure they feel comfortable in the clinic, recognizing that some people are anxious in healthcare spaces or new environments.

Peers

Peers have traditionally existed in parallel to other behavioral health treatment providers, working in mental health or substance use recovery support organizations and not participating in the treatment planning or crisis response processes. In the CCBHC model, peers share their lived experience with mental health, physical health, and substance use to normalize the struggle and infuse hope. As active members of the treatment team, they work to emphasize voice and choice and address barriers to engagement.

Trauma Informed Care from Peers

Shares their own recovery journey in a way that normalizes struggle and empowers the participant, emphasizing choice and resilience.

Medical Director

In traditional settings, Medical Directors oversee mental health or substance use care, supervise psychiatrists, and sign off on treatment plans. In the CCBHC model, they guide clinical practice for the whole CCBHC, overseeing the delivery of integrated mental health, substance use, and physical health care. Using the information from the Community Needs Assessment and routine data collection, the Medical Director establishes protocols for screening and monitoring and guides the development and implementation of the CQI plan.

The Medical Director serves as a role model for the care team, exemplifying CCBHC values of trauma-informed, person-centered, integrated care.

Trauma Informed Care from the Medical Director

Models trauma-informed care for all staff by asking in teaming meetings "what happened to them" rather than "what's wrong with them."

Psychiatrists

In the CCBHC model, the role of the psychiatrist emphasizes care coordination activities in support of whole-person care. Psychiatrists are expected to review physical health history, screening results, and data available through the health information exchange. As active members of the care team, psychiatrists collaborate with physical health providers, engage in discussions with the internal team, and coordinate with bed-based facilities on discharge planning. Psychiatrists also demonstrate the values of CCBHC by involving the participant in medication decisions, supporting informed decision-making with clear, transparent explanations of risks and benefits, and respecting their choice to pause or decline treatment.

Trauma Informed Care from Psychiatrists

Involves the participant in medication decisions, explains side effects transparently, and respects their choice to pause or decline treatment.

Therapists

In traditional environments, therapists have little role in care coordination, are primarily responsible for treatment planning, and do not address physical health. In the CCBHC model, therapists work collaboratively with other members of the care team, ensuring that all team members have the information they need. Therapists may notice changes in a person that suggest a need for additional support; they might simply flag this to other members of the care team or recommend a change to the care plan such as a referral to additional services. The therapist also reviews physical health screenings and history to ensure that all relevant information is included in the CCBHC treatment plan.

Trauma Informed Care from Therapists

Uses grounding techniques during sessions if a participant shows signs of distress, ensuring they feel safe and in control.

Case Managers/Care Coordinators

In a CCBHC, case managers may support Targeted Case Management (TCM), care coordination, or both. Whereas TCM is a specific service delivered to a targeted population, care coordination is a set of activities that support all individuals served. As compared to traditional service delivery, CCBHC care coordinators are more whole-person and proactive, working to ensure the loop is closed on all action items.

Trauma Informed Care from Case Managers and Care Coordinators

Prepares participants before a medical appointment by explaining what to expect and offering to attend with them for support.

Psychiatric Rehabilitation Specialists

In those environments that had psychiatric rehabilitation specialists prior to CCBHC, the role often functioned in a silo, providing basic life and social skills support to address symptoms of mental health or substance use. In the CCBHC model, the role is more integrated into the care team and provides care that integrates physical health, mental health, and substance use.

Trauma Informed Care from Psych Rehab Specialists

Supports a participant in practicing job interview skills in a low-stress, encouraging way, validating their progress rather than focusing only on outcomes.

Nurses

As with the other roles described, the nursing role in a CCBHC emphasizes whole-person, integrated care. Nurses provide education and adherence support, help facilitate effective transitions of care, monitor health indicators, and ensure that screening and monitoring results are incorporated into treatment.

Trauma Informed Care from Nurses and LPNs

Before giving an injection or taking vitals, the nurse explains each step, asks permission, and checks in frequently to ensure the participant feels comfortable and in control.

Directors/Managers

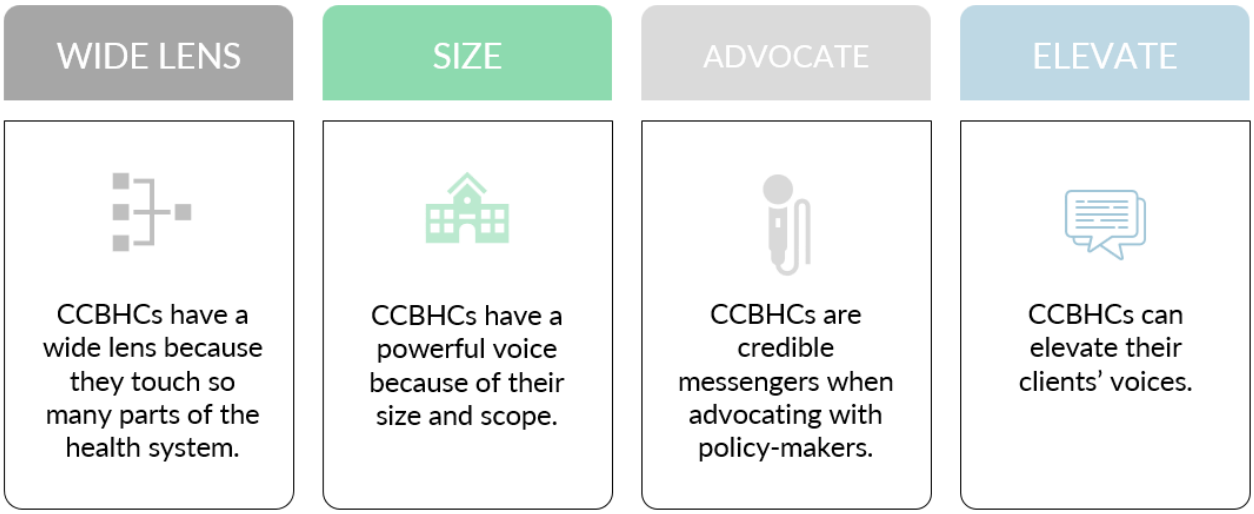
In a CCBHC, Directors and Managers help model the core values of CCBHC by ensuring staff have the education and training needed to do their job, providing reflective supervision to clinical staff, and creating policies that emphasize staff flexibility, choice, and wellness. Managers use integrated data to drive care and program operations and broker and maintain relationships with outside partners.

Trauma Informed Care from Nurses and LPNs

Ensures staff have regular training in TIC, builds reflective supervision into workflows, and creates policies that emphasize flexibility, choice, and staff wellness.

V. Advocacy

Beyond their specific roles, CCBHC staff also have an opportunity and moral imperative to engage in advocacy. Because CCBHCs cover such a broad – all ages, all diagnoses, all payment types– they are in a strong position to identify gaps in the broader health system locally. CCBHCs also capture a wide range of data that, when integrated, provides a comprehensive view of gaps and opportunities. For example, data can be used to stratify clients by risk level, identify strategies to improve access, monitor fidelity to evidence-based practices, and measure the effectiveness of care through indicators such as symptom improvement and length of stay. CCBHS have several characteristics that contribute to their advocacy power:



VI. Conclusion

The CCBHC model represents a fundamental shift in how care is delivered, requiring all client-facing staff to think beyond traditional role definitions and work as part of an integrated team. By emphasizing person-centered, trauma-informed, and whole-person care, CCBHCs support collaboration, proactive engagement, and shared accountability for outcomes. Care coordination serves as the connective tissue across roles, ensuring that services are aligned with individual needs and that barriers to care are actively addressed. As roles evolve within a CCBHC, staff are empowered to use their unique perspectives and relationships to strengthen engagement and continuity of care. Together, these changes position CCBHCs to improve access, quality, and outcomes for individuals, families, and communities.