How to Guide for Provider Service Expansion

A step-by-step guide for providers on how to expand their services to prepare to become a Certified Community Behavioral Health Clinic (CCBHC)

prepared by

Bowling Business Strategies

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I. Introduction

Certified Community Behavioral Health Clinics (CCBHCs) are a model of care designed to improve access to integrated and comprehensive mental health and substance use treatment that crosses the lifespan. In Delaware, the CCBHC model is being advanced through the combined efforts of the Delaware's Division of Substance Abuse and Mental Health (DSAMH), Division of Prevention and Behavioral Health Services (DPBHS), and Division of Medicaid and Medical Assistance (DMMA), who make up the Cross Agency Steering Committee (CASC). This guide is intended to support Delaware provider organizations in expanding their current service offerings over the course of the next several years so they will be better positioned to become CCBHCs. CCBHC certification guidance is beyond the scope of this document; however, there are suggestions throughout the document for how provider organizations can start to incorporate CCBHC elements into their standard operating procedures (SOP). Even if a provider organization elects not to apply for CCBHC certification, these recommendations will lead to better care for the clients they serve.

II. Overview of CCBHC 9 Core Services

"CCBHCs must provide services to anyone seeking help for a mental health or substance use condition, regardless of their place of residence, ability to pay, or age. This includes any individual with a mental or substance use disorder who seeks care, including those with serious mental illness (SMI); substance use disorder (SUD) including opioid use disorder and severe SUD; children and adolescents with serious emotional disturbance (SED); individuals with cooccurring mental and substance disorders (COD); and individuals experiencing a mental health or substance use-related crisis. It also specifies that CCBHCs provide nine required services." (SAMHSA CCBHC Certification Criteria 2023).

Nine Required Services

The nine required CCBHC services include:

- Crisis Services
- Outpatient Mental Health and Substance Use Services
- Peer, Family Support, and Counselor Services
- Psychiatric Rehabilitation Services
- Targeted Case Management
- Screening, Diagnosis, and Risk Assessment
- Person- and Family-centered Treatment Planning
- Outpatient Primary Care Screening and Monitoring
- Community-Based Mental Health Care for Veterans

Several of these "services" are not separate programs but rather augment the services.

- Screening, diagnosis, and risk assessment, person- and family-centered treatment planning, and primary care screening and monitoring should be conducted for all clients receiving care in any CCBHC service. For example, whether someone is receiving outpatient mental health or targeted case management, they will receive screening, diagnosis, and risk assessment from the CCBHC.
- Similarly, community-based mental health care for veterans, while listed as a separate service, requires providers to be able to serve veterans, the military, and their families in a culturally competent way in all CCBHC services.

These nine required services must be available to people of all ages, so provider organizations may need to expand a service they already offer to include a new age group. Provider organizations who do not currently offer all nine required services must either expand the services they offer or enter into an agreement with a Designated Collaborating Organization (DCO) for the service.

Crisis Services

SAMHSA CCBHC Criteria allows certifying states to request approval from HHS to certify CCBHCs that have or seek to have a DCO relationship with a state-sanctioned crisis system. It is the intent in DE to pursue this approval. If this is approved, providers will not provide crisis services themselves.

Designated Collaborating Organizations

DCOs are organizations that already provide one of the nine required services and are prepared to meet all CCBHC criteria related to that service. In a DCO arrangement, CCBHCs are responsible for the quality and compliance of their DCO. The services provided by the DCO are reimbursed directly to the CCBHC through its prospective payment system (PPS) and the CCBHC then pays the DCO for the services rendered. Since CCBHCs must directly provide at least 51% of the total encounters, DCOs may be a good option for specialty services, such as delivery of a specific evidence-based practice (EBP). While DCO agreements may appear to be an easy solution to provide a service the CCBHC does not, they can be complicated and add additional work to the CCBHC, sometimes even costing the CCBHC money. As such, they should only be used if the benefits of contracting the delivery of the service to the DCO outweigh the administrative burden and cost.

This guide focuses on how provider organizations can expand their own existing services to offer all required services needed to become a CCBHC since DCOs may not be an optimal solution for provider organizations. Additionally, a decision regarding DCOs applicability may be made after some initial analysis of what it may take for a provider organization to implement or expand a new service. While all organizations will implement their expansion plans differently, this guide offers best practices and is accompanied by templates to support provider organizations in their expansion efforts.

III. Broad Outline of Steps

The broad outline of steps for service expansion with the goal to apply for CCBHC certification, when available, are in the table below. In addition to these steps, DSAMH has engaged consultants to support the state in guiding providers to maximize their billing potential within the Medicaid system, prior to the establishment of the CCBHC prospective payment system (PPS). This will ensure providers have the most revenue possible to increase their runway to PPS.

Step	Considerations	Tools
Step 1: Community Needs Assessment (CNA)	Assesses the needs of the specific community including the demand and associated volume for each service, hours of operation, language options, staffing, evidence-based practices offered, specific primary care screenings, outreach efforts, and partnerships. The CNA lays the foundation for the development of the CCBHC and the services within the CCBHC which is why it is the first step in service expansion.	CNA webinar, toolkit, and template
Step 2: Determine the order in which you will add these additional services	CASC has identified Outpatient Mental Health and Substance Use Services as their priority. The prioritization of additional services should be made in discussion with CASC with consideration of the CNA.	n/a- see guidance from the State
Step 3: Create a comprehensive workplan with individual workplans for each service	Creating and using a workplan that is both comprehensive and specific can be overwhelming. Section VI of this guide provides guidance on developing and implementing a comprehensive workplan for the full scope of the expansion plan inclusive of all service additions, as well as detailed subplans for each individual service addition.	provided workplan template
Step 4: Implement workplans	Implementation requires regular attention to the workplan to ensure the project is on track as well as the ability to modify the plan when unexpected barriers arise. Other considerations are discussed in section VI of this guidance document.	provided workplan template

IV. Community Needs Assessment

In the CCBHC Criteria updated in March 2023, SAMHSA describes the Community Needs Assessment (CNA) as "a systematic approach to identifying community needs and determining program capacity to address the needs of the population being served." The CNA must be thorough and reflect the treatment and recovery needs of those who reside in the service area across the lifespan including children, youth, and families. The CNA will serve as a road map to expand your service array and partnerships to meet the needs of a broader group of people than you currently serve.

The CNA will inform a variety of areas of service development and delivery:

- Staffing
- Language and culture
- Services
- Locations
- Service Hours
- Evidence-based practices

Additional guidance and support will be provided as providers prepare to conduct their CNA.

V. Determining Order of Service Expansion

Determining the order of service expansion should involve conversations with CASC. The CNA will also provide guidance on where the greatest need is. Other considerations, which are described in more detail throughout this section, include what services can be launched most easily and if any can be launched simultaneously on.

Outpatient Mental Health and Substance Use Services

As CASC has identified Outpatient Mental Health and Substance Use Services as their priority, provider organizations should first take stock of their outpatient programming to identify any gaps between what is required by CCBHC and what they currently offer. The table below shows elements of comprehensive outpatient services broken out by diagnosis and age.

Service Element	**Does the provider organization offer this specific service for the age range?**
Outpatient Mental Health for Children	
Outpatient Mental Health for Adolescents	
Outpatient Mental Health for Adults	
Outpatient Substance Use for Adolescents	
Outpatient Substance Use for Adults	
Outpatient Psychiatry for Children	
Outpatient Psychiatry for Adolescents	
Outpatient Psychiatry for Adults	

Provider organizations should start by addressing any gaps in these services. Even if the provider organization does not ultimately apply for CCBHC certification, having an integrated, lifespan outpatient mental health and substance use clinic will provide the services needed to Delawareans as this is a gap in the Delaware behavioral health service continuum and give the provider organization a competitive edge.

Evidence Based Practices

In addition to the populations and diagnostic categories that must be included in the outpatient service, provider organizations must offer evidence-based practices (EBPs). Based upon the findings of the Delaware state-wide community needs assessment, CASC has determined the following EBPs are required to be offered by the CCBHC. As provider organizations add services to their offerings, they should incorporate these EBPs whenever possible to better prepare them to become a DE CCBHC.

Specific EBPs Required:

- Medications for Opioid Use Disorder (MOUD) for adolescents and adults
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) for adolescents and adults

Required types of EBPs in which the specific modality is chosen by the provider based on their community needs assessment:

- Trauma treatment EBP: all ages
- SUD EBP treatment: adolescents
- Family-centered EBP: children and adolescents

Motivational Interviewing is required within the federal CCBHC criteria and should be incorporated into all services.

Other Services

- Peer, Family Support, and Counselor Services
- Psychiatric Rehabilitation Services
- Targeted Case Management

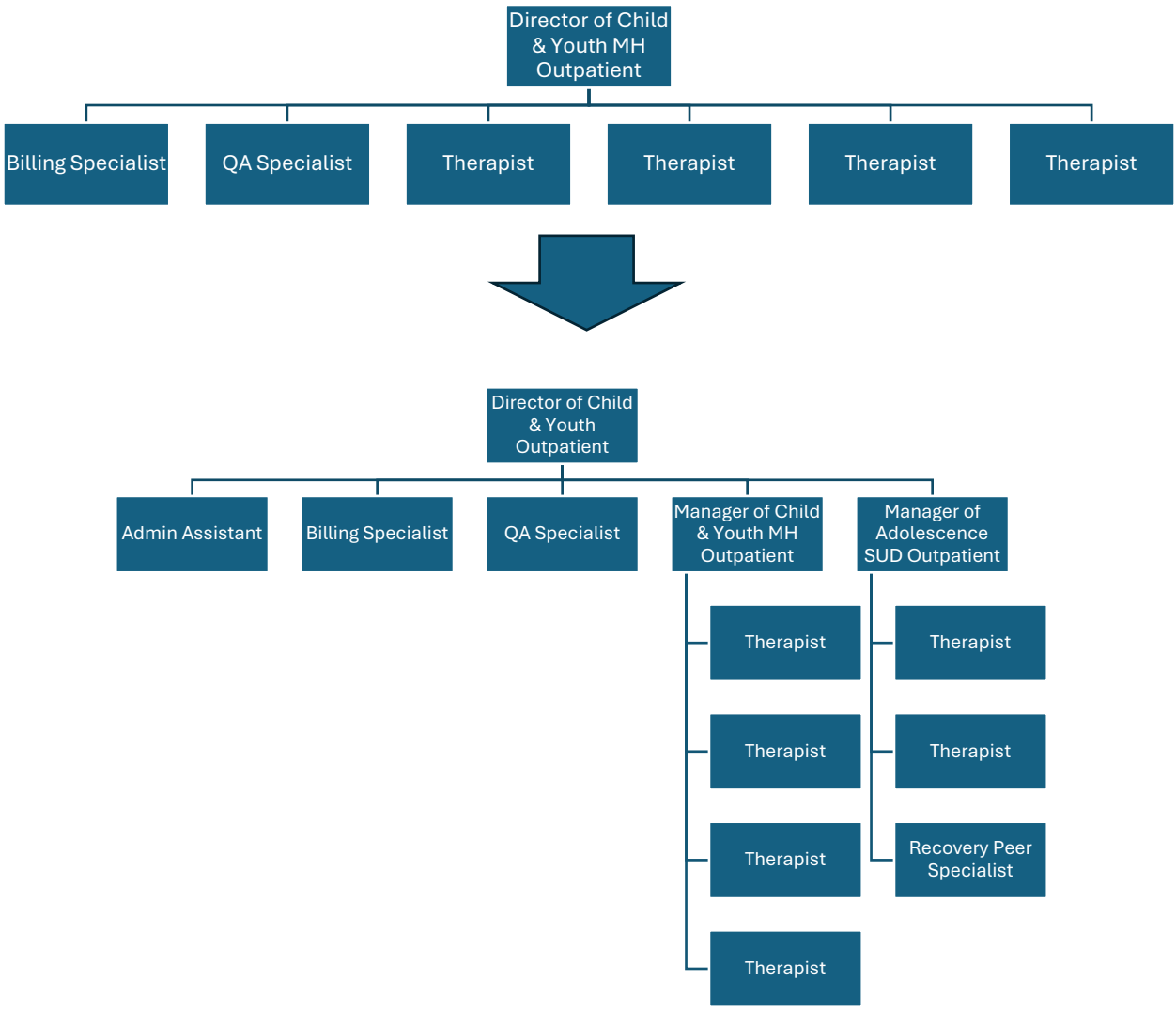
Each of the above services must be available across the lifespan including children, adolescents, adults, and older adults; and must address both substance use and mental health. For example, a peer service should include recovery peers as well as mental health peers.
The provider organization should determine the order of expansion for each of these services. Considerations include space, staffing, leadership capacity, capacity of support departments, cost, reimbursement potential prior to the establishment of the PPS, and if the service is completely new or an expansion of an existing service. For example, if a provider organization offers Peer support for adults but not for children, adolescents, and their families, the Peer service would need to expand to serve the lifespan. This has slightly different considerations than a service that is brand new. The following section describes these differences in further detail.

Expansion

Expansion services will have different considerations. It is almost always easier to expand a service than to start a new one from scratch. Below are some considerations for expanding services.

Leadership Capacity: Consider if the director of the existing service has the time and skills to absorb the responsibilities of the expansion. To make this realistic, you may need to add a layer of supervisory support beneath them.

For example, an existing director for outpatient child and youth mental health may be able to absorb outpatient adolescent substance use if they are supported by a manager of child and youth mental health outpatient and a manager of adolescent substance use outpatient. You may also want to add other supportive positions such as an administrative assistant.



Staffing: Expansions should consider what tasks and capacity existing staff can take on and which require more staff hours, new staff expertise, or both. In the example above, the billing specialist and QA specialist can absorb the additional needs of the expansion. To keep their workload realistic, organizations should consider what tasks can be reassigned or stopped so staff obtain additional capacity. One way to accomplish this is to build automation such as developing electronic forms that eliminate the need for manual data entry. If these automations are helpful, they should be built into the workplan for the expansion. See section VI for more details on workplans.

Staff may also need new expertise. If existing staff have the capacity to serve new clients and just need to expand their expertise, organizations should consider investing in training or certification services to build their expertise. In most cases, at least one new staff with established expertise is needed in expansion.

Space: Physical space to provide the service may already exist that can be expanded or repurposed to accommodate the expansion. In some situations, the space must be physically

expanded, or new property must be acquired to accommodate the needs of the new service. For example, adding children's outpatient should include creating child-friendly spaces and a child and youth waiting area separate from the adult waiting area.

Another option is to repurpose space to be dedicated to the new service. For example, there may be training spaces that are used infrequently due to the rise in virtual trainings and could be given over to the service for other uses. Many provider organizations used the COVID-19 public health emergency to experiment with remote work options. This may open the opportunity for services to use "hoteling" desks that staff share rather than every staff having their own dedicated workspace. This practice is particularly effective if the service is provided primarily in the field such as with a TCM or Peer service. Even traditional outpatient can use shared offices if some of their staff work on weekends, evening, or virtually; and schedules in the office can be staggered to allow for shared space.

Electronic Health Record (EHR): Part of expanding services means considering how to document, track, audit, and use data related to those services. Below are some examples of EHR questions to ask when expanding services:

- Are new consents needed?
- Are new behavioral health or other health screens needed?
- Will current forms and notes in the EHR meet the new needs?
- Are new reports needed?
- Are new metrics needed to evaluate the expanded services?
- Do chart review tools need to be expanded?
- Do additional licenses need to be purchased?

Budget: While an expanded service may not need a whole new budget, the existing service budget will need to incorporate the new expenses and revenue. All the above considerations will impact the budget. Expansion to services should have a start-up budget for one-time upfront costs like new laptops for staff or training costs and consideration of ongoing costs.

As the provider organization establishes their budget, they should be working within the parameters of realistic revenue. Provider organizations should calculate their estimated revenue in a fee-for-service model for each service, as the service will need to be able to cover its budget through direct billing until the CCBHC prospective payment system (PPS) is established.

New Service

Planning for new services involves many of the same considerations as expanding existing services. However, launching a new service is obviously more involved. Organizations should set realistic timelines for designing and implementing a new service. A new service could easily take 6-9 months to open.

Leadership: The first position that should be hired for a new service is its leadership. Depending on the service, this usually means a director and sometimes an assistant director

or other management positions. The Director should be hired early on so the organization will have a dedicated staff person working on design and implementation. This Director can provide support with:

- credentialing and/or certification,
- hiring,
- training,
- policy writing,
- space determinations,
- supply ordering,
- EHR form
- report development, and
- budgeting.

While they cannot complete all those tasks without support from other departments, they can be the driver of the work.

Staffing: Hiring for an entire service at once can feel overwhelming. Depending on the service and staff needed, the director may develop a phased staffing approach in which they hire a few staff to be able to get the service started and then expand capacity slowly over time. Another approach is to hire everyone upfront to consolidate trainings and be able to launch at full capacity. The service's capacity for reimbursement at go-live may also inform which approach is most appropriate.

Part of preparing a new service is to ensure staff are properly trained. Training should be incorporated into the workplan, discussed more in section VI, and include both general agency-wide trainings like HIPAA as well as service or population specific trainings such as those needed for evidence-based practices.

In addition to direct service staff and their management team, provider organizations must consider additional infrastructure needed to launch a new service. This includes human resources, information technology, facilities/maintenance, and other administrative roles. If current staffing in these departments cannot absorb the additional work of the new services, more staffing is needed there as well.

Space: Finding service space that meets the needs of the service can be challenging. Organizations need to find the necessary square footage in a location that is easy for clients to get to. If possible, this space should be adjacent to other services offered by the organization. If that isn't possible, the organization should have plans for how to support clients in getting back and forth from their multiple sites, such as a shuttle service. In addition to square footage and location, provider organizations should plan their layout with consideration of storage, natural light, privacy, noise, and ease of flow for clients.

Electronic Health Record (EHR): While some aspects of the organization's EHR will be relevant to the new service, there will be a number of additional considerations for a new service. If the organization has experience adding new services to the EHR, they may

already have a checklist or plan for what needs to be added for a new service. If not, below are some considerations:

- Intake and/or comprehensive assessment- is it different from existing intake forms? Are there existing demographic or diagnostic fields for all required data?
- Treatment plan- is it different from existing treatment plan forms?
- Notes- are they different from existing note forms?
- Are there additional or different consent forms or releases of information forms? This is particularly important if adding substance use services or children's services.
- Screeners- are there new or different screeners needed for this service?
- Reports- what are the reports this service will regularly need for quality assurance?
- Access- which services and staff members need access to notes? Are there any staff types that should not have access?

Budgeting: Budgeting for a new service involves creating two budgets. The first budget is a start-up budget that only includes the costs of getting the service up and running initially. Many of these costs are one-time such as deposit on a space or purchase of equipment. The second budget should include ongoing expenses and revenue for the service. This will include staff salaries and benefits, rent and utilities, software subscription costs, liability insurance, and many other service-specific expenses.

VI. Using a workplan

Workplans are project management tools used to track tasks, timelines, and progress of a project. Expanding services with the goal of reaching the nine required CCBHC services is a large, multi-year project that requires strong project management to be successful. To support provider organizations in this endeavor, we have provided a workbook with several tools in it.

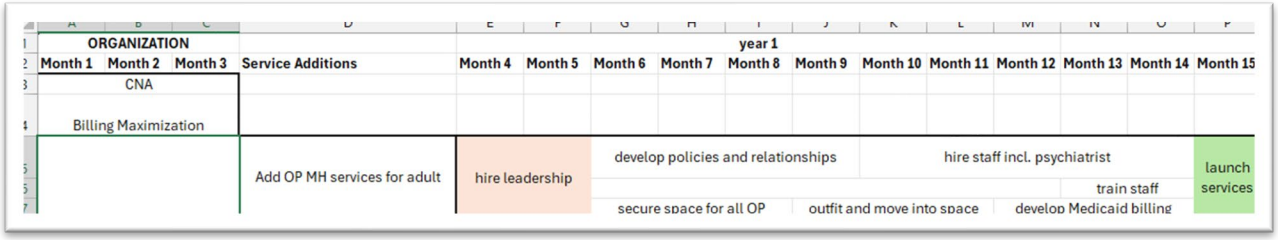
Workbook Template Overview

Service Expansion Overview

The first tab of the workbook is the Service Expansion Overview Example. This gives organizations an idea of what a completed Service Expansion Overview workplan could look like. The example includes three months for conducting a community needs assessment and billing maximization work. Then there is a set of broad activities for each service to support planning and implementing the service. These include:

- Hire leadership
- Develop policies and relationships
- Secure space
- Outfit and move into space
- Hire staff
- Train staff
- Develop Medicaid billing
- Launch services

Some of these activities have a start-to-end relationship, while others can occur concurrently as shown in the example below.



Organizations should develop their overall plan for adding all services into the Service Expansion Overview tab with a focus on high-level buckets of activities.

Single Service Workplan

As the organization prepares to develop a particular service line, they will use the Single Service Workplan tab. This tab includes a broad type of activity (e. Physical Space), a specific task (ex. renovations), roles with a note to bold the name of the person who will be taking the lead (ex. **director of facility services**, contracts manager, budget manager), other supports (ex. realtor), and notes.

There are several columns dedicated to calculating the timeline. The organization will enter their expected start date for the project and the expected finish date. The expected task duration in days will auto-calculate. Then, as the project moves along, the organization will enter the actual start and finish date of the task. Any discrepancies between the expected start and end dates and the actual start and end dates should be addressed in the notes. This tab is set up as a Gantt chart to allow a visual representation of the expected and actual dates.

VII. SWOT check points

SWOT stands for Strengths, Weaknesses, Opportunities, and Threats. A SWOT analysis is a valuable tool for service implementation, helping organizations assess internal and external factors that can impact success. SWOTs are often conducted at key milestones in the project to check the progress and adjust as needed.

1. **Strengths (Internal, Positive Factors)**
    - Identify service assets such as skilled staff, strong funding sources, or established community partnerships.
    - Leverage existing infrastructure, technology, or best practices to enhance service delivery.
2. **Weaknesses (Internal, Negative Factors)**
    - Recognize gaps in resources, staffing shortages, or operational inefficiencies.
    - Address barriers such as lack of funding, outdated technology, or limited stakeholder engagement.
3. **Opportunities (External, Positive Factors)**
    - Explore emerging healthcare policies, funding opportunities, reimbursement pathways, or community partnerships.
    - Take advantage of new technologies, innovative treatment approaches, or increased demand for services.
4. **Threats (External, Negative Factors)**
    - Assess potential challenges like regulatory changes, competition, or economic downturns.
    - Prepare for risks such as public health crises, shifts in healthcare reimbursement models, or stakeholder resistance.

By conducting a SWOT analysis before implementation and at key milestones along the way, organizations can strategically plan, mitigate risks, and maximize impact in delivering effective services. SWOT analysis should be included in the workplan.

The workplan template provided includes a SWOT tab. That tab provides an outline for quarterly SWOT analysis of the project. The organization may choose a different cadence for conducting SWOT. This SWOT template includes a separate line for strengths and weaknesses internal to the service and internal to the organization. It also includes a separate line for opportunities and threats for external local and external national.

VIII. Conclusion

Expanding services to meet the CCBHC criteria is a transformative opportunity for provider organizations to enhance the quality, accessibility, and integration of behavioral health care across Delaware. While the journey to becoming a CCBHC is complex and requires strategic planning, thoughtful implementation, and ongoing evaluation, this guide provides a roadmap to support providers along the way.

Even for organizations that choose not to pursue CCBHC certification, adopting the principles and practices outlined in this guide will result in stronger service delivery, improved client outcomes, and greater alignment with state and federal expectations. Ultimately, this work positions providers to better serve their communities and contribute meaningfully to Delaware's evolving behavioral health landscape.