



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBHC) APPLICATION

IMPORTANT - Please review Amendment 1 for instructions and references to federal criteria requirements. In some cases, where specified, Maryland criteria requirements will need to be met in addition to the federal criteria requirements stated.

NOTE - In order to apply for CCBHC certification, under the planning grant, applicants **must** have received or be receiving, existing expansion grant funding through SAMHSA.

SECTION 1 – ORGANIZATIONAL INFORMATION

1.1 Applicant Information

Organization Name: _____

DBA (if applicable, list all): _____

Physical Address: _____

Mailing Address: _____

Service Location: _____

(The State of Maryland has elected to certify at the site level. A separate application must be submitted for each.)

Service Area(s): _____

(Identify the specific Maryland counties where services will be rendered)

NPI(s): _____

Medicaid Enrollment Status: _____

Licensure Information: _____

Accreditation(s): _____

(Include effective start/expiration dates)

1.2 Organizational Mission

Please state the organization's mission statement.

SECTION 2 – COMMUNITY NEEDS ASSESSMENT

Note - If your organization has a completed needs assessment dated within the last 3 years, please provide a copy of that assessment report, and disregard Section 2. If not, you must complete all questions in Section 2.

1. Define the geographic service area for the proposed CCBHC. Include counties, regions, or municipalities served.
2. Describe the population demographics within the service area, including:
 - Age distribution

- Race and ethnicity
 - Income levels
 - Insurance status
 - Languages spoken
3. Identify priority or underserved populations within the service area (e.g., individuals with serious mental illness, substance use disorders, veterans, youth, individuals experiencing homelessness).
 4. Describe how the service area and target populations were determined.
 5. Describe the data sources used to identify behavioral health needs (e.g., public health data, hospital utilization, law enforcement data, school data).
 6. Provide data demonstrating prevalence of:
 - Mental health conditions
 - Substance use disorders
 - Co-occurring disorders
 - Suicide rates or crisis utilization
 7. Identify gaps in behavioral health services within the community.
 8. Describe barriers to care identified through the assessment, including:
 - Transportation
 - Workforce shortages
 - Cost or insurance limitations
 - Cultural or language barriers
 - Stigma or access challenges
 9. Describe how community stakeholders were engaged in the needs assessment process.
 10. Identify participating stakeholders, including:
 - Individuals receiving services and family members
 - Primary care providers
 - Hospitals and emergency departments
 - Schools and community organizations
 - Law enforcement or crisis responders
 11. Describe methods used to collect feedback (surveys, focus groups, public forums, interviews).
 12. Explain how stakeholder feedback influenced service planning decisions.
 13. Describe current behavioral health services available within the community.
 14. Identify service gaps related to:
 - Crisis services
 - Substance use treatment
 - Medication management
 - Outpatient therapy
 - Care coordination
 - Peer support services
 15. Describe how the organization plans to address identified gaps through CCBHC services.
 16. Explain how partnerships with Mobile Crisis Teams will support unmet needs.
 17. Describe disparities identified in access, utilization, or outcomes among specific populations.
 18. Explain strategies to reduce disparities and improve equitable access to services.
 19. Describe how services are culturally and linguistically appropriate for the community served.
 20. Describe how often the Community Needs Assessment (CNA) will be updated.
 21. Identify staff responsible for maintaining and updating the assessment.
 22. Describe how CNA findings are incorporated into strategic planning and quality improvement activities.

Required Documentation

Applicants must submit:

- Most recent community needs assessment report
- Data sources and methodology description
- Stakeholder engagement summary
- Service gap analysis
- Implementation or action plan addressing identified needs

SECTION 3 – STAFFING PLAN

3.1 Staffing Structure and Organizational Capacity

1. Describe the organizational staffing structure that supports delivery of all required CCBHC services.
2. Provide an organizational chart identifying leadership, clinical, administrative, and support staff.
3. How does the staffing structure ensure adequate supervision, clinical oversight, and accountability?
4. How does the staffing plan support expanded access, including same-day and walk-in services?
5. Describe how staffing levels are determined based on projected service volume and community need.

3.2 Staffing Levels and Coverage

6. Describe staffing ratios for clinical and support personnel.
7. How does the organization ensure sufficient staffing during evenings, weekends, and holidays?
8. What contingency plans are in place to maintain services during staff vacancies or absences?
9. How does the staffing plan ensure 24/7 crisis response coverage, either directly or through partnership?

3.3 Required Staffing Disciplines

10. Identify all licensed and non-licensed staff included in the staffing model.
11. How does the staffing plan ensure availability of:
 - Psychiatrists or psychiatric prescribers
 - Licensed behavioral health clinicians
 - Substance use disorder specialists
 - Care coordinators/case managers
 - Peer support specialists
 - Nursing staff
12. Describe how the clinic ensures access to staff qualified to serve children, adults, and individuals with co-occurring disorders.

3.4 Recruitment and Retention

13. Describe recruitment strategies used to attract qualified behavioral health professionals.
14. What retention strategies are implemented to reduce turnover?
15. How does the organization address workforce shortages or hard-to-fill positions?
16. Describe partnerships with educational institutions or training programs, if applicable.

3.5 Cultural and Linguistic Competency

17. How does the staffing plan reflect the cultural, linguistic, and demographic needs identified in the community needs assessment?
18. Describe availability of bilingual or culturally responsive staff.
19. What training is provided to ensure culturally and linguistically appropriate services?

3.6 Training and Workforce Development

20. Describe onboarding and orientation requirements for new staff.
21. How does the organization ensure staff meet CCBHC training requirements?
22. What ongoing professional development opportunities are provided?
23. Describe training related to trauma-informed care, recovery-oriented practices, and integrated care.
24. How is staff competency assessed and documented?

3.7 Supervision and Performance Management

25. Describe clinical supervision structure and frequency.

26. How are supervisory roles defined and monitored?
27. What performance evaluation processes are used to ensure quality care?
28. How are staff performance issues addressed?

3.8 Use of Contracted Mobile Crisis Team Staff

29. Identify services provided by non-financial Mobile Crisis Teams.
30. How does the organization ensure contracted staff meet CCBHC credentialing and training requirements?
31. Describe oversight and quality monitoring of contracted staff.

3.9 Workforce Data and Monitoring

32. How does the organization track staffing vacancies and turnover rates?
33. What metrics are used to evaluate staffing adequacy?
34. How does staffing data inform quality improvement efforts?

Required Documentation

Applicants must submit:

- Training policies and procedures
- Annual training plan or curriculum(s)
- Orientation checklist
- Training tracking methodology
- Evidence-based practice training documentation
- Supervision and competency policies

SECTION 4 – AVAILABILITY AND ACCESSIBILITY OF SERVICES

4.1 Timely Access to Services

1. Describe how the organization ensures timely access to initial assessments, intake appointments, and ongoing services.
2. Provide current access standards for:
 - Routine outpatient services
 - Urgent care appointments
 - Crisis assessments
3. Describe procedures for monitoring appointment availability and wait times.
4. The CCBHC fully participates in Maryland's statewide Bed Registry and Referral System/Care Traffic Control System. Explain how the organization will remain compliant with this requirement.
5. Explain how the organization tracks and addresses missed appointments and delays in care.
6. Provide policies supporting same-day or next-day access to services when clinically indicated.

4.2 24/7 Crisis Services Availability

6. Describe how crisis services are available twenty-four (24) hours per day, seven (7) days per week.
7. Describe staffing and clinical coverage for after-hours crisis response.
8. Explain how individuals are informed of crisis access options outside normal business hours.
9. Provide protocols for coordination with emergency departments, mobile crisis teams, and law enforcement.

4.3 Geographic Accessibility

11. Describe the geographic service area and how service locations are accessible to the community served.
12. Identify transportation barriers within the service area and strategies used to address them.
13. Describe use of telehealth or mobile services to increase accessibility.
14. Explain how accessibility is ensured for rural, underserved, or high-need areas.

4.4 Physical and Communication Accessibility

15. Describe how facilities comply with accessibility requirements for individuals with disabilities.
16. Provide documentation of compliance with ADA accessibility standards.
17. Describe availability of interpreter services and language access supports.
18. Explain how services are made accessible for individuals with hearing, vision, or cognitive impairments.

4.5 Population Access and Engagement

19. Describe outreach strategies used to engage underserved or special populations.
20. Explain how services are accessible regardless of ability to pay.
21. Describe policies related to sliding fee scales or financial assistance.
22. Describe how cultural and linguistic needs of the population are addressed in service delivery.

4.6 Monitoring and Continuous Improvement

23. Describe how access and availability metrics are monitored and reviewed by leadership.
24. Identify performance indicators used to evaluate accessibility (e.g., wait times, crisis response times, service utilization).
25. Describe how access concerns identified through complaints or data analysis are addressed.
26. Explain how access and availability findings are incorporated into quality improvement activities.

Required Documentation

Applicants must submit:

- Access and availability policies
- Crisis services policies and protocols
- After-Hours Coverage Documentation
- Appointment Access Monitoring Reports
- ADA and Language Access Policies
- Telehealth Policies

SECTION 5 – SCOPE OF SERVICES

5.1 Scope of Services Overview

1. Describe how the organization ensures availability of all required CCBHC services across the service area.
2. Identify which required services are provided directly and which are provided through the Mobile Crisis Teams.
3. Provide a Scope of Services matrix that identifies:
 - Required service
 - Delivery method
 - Service location(s)
 - Responsible department or partner organization
4. Describe how the organization evaluates service capacity to meet identified community needs.

5.2 Crisis Mental Health Services

5. Describe crisis mental health services available through the organization, including:
 - 24/7 crisis response
 - Crisis assessment and intervention
 - Crisis stabilization and follow-up services
6. Explain how crisis services are coordinated with emergency departments, mobile crisis providers, and community partners.
7. Describe procedures for ensuring timely follow-up after crisis encounters.

5.3 Screening, Assessment, and Diagnosis

8. Describe procedures for screening individuals for mental health, substance use, and co-occurring disorders.
9. Identify screening and assessment tools used and how clinical appropriateness is determined.
10. Describe timelines for completing assessments and diagnostic evaluations.

5.4 Person- and Family-Centered Treatment Planning

11. Describe how individualized treatment plans are developed.
12. Explain how individuals and families participate in treatment planning.
13. Describe processes for reviewing and updating treatment plans.

5.5 Outpatient Mental Health and Substance Use Services

14. Describe outpatient services provided, including therapy, medication management, and substance use disorder treatment.
15. Identify evidence-based practices used within service delivery.
16. Describe how services address individuals with co-occurring mental health and substance use disorders.

5.6 Primary Care Screening and Monitoring

17. Describe processes for screening and monitoring physical health needs.
18. Explain coordination with primary care providers and referral processes.
19. Describe how health information is shared to support integrated care while maintaining confidentiality.

5.7 Psychiatric Rehabilitation and Community-Based Supports

20. Describe psychiatric rehabilitation services and recovery-oriented support offered.
21. Explain how services support independent living, employment, education, or social functioning.
22. Describe partnerships that support community integration.

5.8 Peer Support, Family Support, and Care Coordination

23. Describe peer support services and how peers are integrated into care teams.
24. Explain care coordination processes across behavioral health, physical health, and social services.
25. Describe how individuals with complex needs are identified for enhanced coordination.

5.9 Mobile Crisis Teams

26. Provide a list of all Mobile Crisis Teams and the services each provides.
27. Describe how Mobile Crisis Teams performance and compliance with CCBHC requirements will be monitored.
28. Provide copies of agreements outlining roles, responsibilities, and data-sharing requirements.

5.10 Monitoring and Continuous Improvement

29. Describe how service utilization and outcomes are monitored across the scope of services.
30. Explain how service gaps identified through data or community feedback are addressed.
31. Describe how the Scope of Services is reviewed and updated based on performance data and community needs.

Required Documentation

Applicants must submit:

- Scope of Services Matrix
- Service Descriptions and Workflows

- Crisis Service Protocols
- Screening and Assessment Policies
- Treatment Planning Policies
- Evidence-based Practice Documentation
- Mobile Crisis Teams agreements

SECTION 6 – CARE COORDINATION

6.1 Care Coordination Framework

1. Describe the organization's overall care coordination model and how it supports integrated behavioral health and physical health services.
2. Explain how care coordination responsibilities are assigned within the care team.
3. Describe how care coordination services are initiated following intake or assessment.
4. Explain how care coordination supports continuity of care across service settings.

6.2 Coordination Across Providers and Systems

5. Describe processes for coordinating care with:
 - Primary care providers
 - Hospitals and emergency departments
 - Substance use treatment providers
 - Social service agencies
 - Criminal justice partners (if applicable)
6. Describe how information is shared among providers while maintaining privacy and confidentiality.
7. Provide policies or agreements supporting information exchange and collaboration.

6.3 Transitions of Care

8. Describe procedures for managing transitions of care, including:
 - Hospital admission and discharge
 - Crisis stabilization follow-up
 - Transitions between levels of care
9. Explain how follow-up appointments are scheduled and tracked after discharge from higher levels of care.
10. Describe timelines for post-discharge follow-up contact.

6.4 Identification of High-Risk Individuals

11. Describe criteria used to identify individuals requiring enhanced care coordination.
12. Explain how risk stratification or population health management tools are used.
13. Describe interventions used to reduce hospitalizations, emergency department utilization, or service disengagement.

6.5 Person-Centered and Family Engagement

14. Describe how individuals and families participate in care coordination planning.
15. Explain how preferences, cultural considerations, and recovery goals are incorporated into coordination activities.
16. Describe how peer support specialists are integrated into care coordination.

6.6 Social Determinants of Health

17. Describe how social needs are assessed, including housing, employment, transportation, and food security.
18. Explain how referrals to community resources are tracked and followed up.
19. Describe partnerships with community-based organizations that support non-clinical needs.

6.7 Monitoring and Quality Improvement

20. Describe how care coordination effectiveness is measured.
21. Identify performance indicators used (e.g., follow-up after hospitalization, engagement rates, reduced crisis utilization).
22. Describe how care coordination data is reviewed and used for quality improvement.
23. Explain how care coordination practices are evaluated and updated over time.

Required Documentation

Applicants must submit:

- Care coordination policy
- Transition-of-care protocols
- Information sharing agreements (if applicable)
- Risk stratification methodology
- Care coordination workflow (or model description)
- Quality monitoring reports (related to coordination activities)

SECTION 7 – QUALITY MANAGEMENT & REPORTING

7.1 Quality Management Infrastructure

1. Describe the organization's Quality Management (QM) or Quality Improvement (QI) program structure.
2. Identify the individual(s) responsible for quality oversight, including reporting structure and qualifications.
3. Describe how leadership and governing bodies are involved in quality oversight and decision-making.
4. Provide the organization's Quality Management Plan, including goals, scope, and monitoring processes.
5. Describe how quality management activities are integrated across clinical, operational, and administrative departments.

7.2 Quality Measurement Framework

6. Describe the process used to select, monitor, and report required CCBHC quality measures.
7. Identify staff responsible for data collection, validation, and submission of required measures.
8. Describe how the organization ensures consistent measure definitions and reporting methodologies across service locations.
9. Explain how data accuracy and completeness are validated prior to submission.
10. Describe processes for addressing data discrepancies or reporting errors.

7.3 Required Measures and Performance Monitoring

11. Describe how the organization monitors performance on required CCBHC measures, including but not limited to:
 - Access and engagement measures
 - Follow-up after hospitalization or crisis events
 - Screening and assessment measures
 - Substance use treatment engagement
 - Preventive and physical health monitoring measures
12. Explain how performance benchmarks or targets are established.
13. Describe how performance trends are analyzed over time.
14. Provide examples of how performance results have informed operational or clinical improvements.

7.4 Reporting Processes

15. Describe the process and timeline for submission of required quality reports to the state.
16. Identify systems used to generate reports (EHR, data warehouse, reporting tools).

17. Describe internal review processes prior to submission.
18. Explain how reporting requirements are communicated to clinical and operational staff.

7.5 Continuous Quality Improvement (CQI)

19. Describe how quality data is used to identify improvement opportunities.
20. Explain the process for initiating quality improvement projects.
21. Describe how corrective action plans are developed, implemented, and monitored.
22. Provide examples of recent quality improvement initiatives and outcomes.

7.6 Consumer and Stakeholder Input

23. Describe how consumer satisfaction and feedback are collected and incorporated into quality activities.
24. Explain how complaints and grievances are analyzed for quality improvement purposes.
25. Describe how stakeholder feedback informs quality priorities.

7.7 Quality Oversight and Accountability

26. Describe how quality results are reviewed by executive leadership and the governing board.
27. Explain how accountability for performance improvement is assigned across departments.
28. Describe escalation procedures when performance standards are not met.

Required Documentation and Data

Applicants must submit:

- Quality management or quality improvement plan
- Quality committee structure and meeting minutes (at a minimum 2 meetings)
- List of required CCBHC measures tracked
- Data validation procedures
- Sample quality reports or dashboards
- Corrective action or performance improvement documentation

SECTION 8 – FINANCIAL MANAGEMENT & PPS PAYMENT MODEL

8.1 Financial Management Infrastructure

1. Describe the organization's financial management structure, including oversight responsibilities for CCBHC services.
2. Identify staff responsible for financial reporting, cost reporting, and PPS compliance.
3. Describe internal financial controls used to ensure accurate accounting and reporting.
4. Provide documentation of financial policies and procedures, including segregation of duties.
5. Provide the organization's most recent audited financial statements.

8.2 Accounting Systems and Cost Allocation

6. Describe the accounting system used to track CCBHC-related expenses and revenues.
7. Explain how costs are allocated across programs and service lines.
8. Describe methodologies used to ensure only allowable costs are included in PPS rate calculations.
9. Explain how administrative and overhead costs are assigned to CCBHC services.
10. Describe processes for reconciling financial records with billing and service delivery data.

8.3 PPS Rate Development and Compliance

11. Describe the organization's understanding of the PPS model used by the state (PPS-1 daily rate).
12. Explain how services and costs included in PPS rate development align with the approved CCBHC scope of services.

13. Describe processes used to maintain documentation supporting PPS rate assumptions.
14. Identify staff responsible for monitoring PPS revenue and service utilization trends.
15. Describe procedures for responding to PPS rate adjustments or rebasing requirements.

8.4 Billing and Revenue Cycle Management

16. Describe billing processes for Medicaid and other payers.
17. Explain how the organization ensures billing accuracy and prevents duplicate or inappropriate billing.
18. Describe procedures for verifying eligibility and documenting services prior to billing.
19. Explain how denied claims are monitored and resolved.
20. Describe coordination between clinical documentation and billing processes.

8.5 Program Integrity and Financial Compliance

21. Describe safeguards in place to prevent fraud, waste, and abuse.
22. Explain internal audit processes related to financial and billing compliance.
23. Describe procedures for identifying and reporting overpayments.
24. Provide policies related to financial compliance and corrective action.

8.6 Financial Monitoring and Sustainability

25. Describe how financial performance of CCBHC services is monitored.
26. Explain how PPS payments support sustainability of required services, including crisis and care coordination services.
27. Describe processes for identifying financial risks and implementing mitigation strategies.
28. Explain how leadership reviews financial performance and makes operational decisions based on financial data.

8.7 Reporting and Documentation

29. Describe processes for submission of financial or cost reports required by the state.
30. Identify systems used to generate financial reports supporting PPS compliance.
31. Describe how financial records are maintained for audit and review purposes.

Required Documentation

Applicants must submit:

- Financial management policies and procedures
- Cost allocation methodology
- Most recent audited financial statements (must be within 2 years)
- Billing and revenue cycle policies
- PPS cost reporting documentation
- Internal audit or compliance monitoring policies

SECTION 9 – GOVERNANCE & ORGANIZATIONAL AUTHORITY

9.1 Governance Requirements

1. Describe the organization's governance structure, including oversight responsibilities for CCBHC services.
2. Identify the individual responsible for CCBHC compliance oversight. Describe role, qualifications, and reporting structure.
3. Describe how the organization ensures compliance with federal CCBHC requirements established by Substance Abuse and Mental Health Services Administration (SAMHSA).
4. Describe how the organization ensures compliance with federal and state behavior health regulations.
5. Describe the internal process for identifying, documenting, and resolving compliance risks.
6. Describe how regulatory updates are communicated to leadership and staff.
7. How will the organization ensure compliance with additional state certification criteria requirements?

9.2 Accreditation & Licensing

8. Identify all current federal, state, and local licenses held by the organization. Include license numbers, issuing agencies, and expiration dates.
9. Provide copies of all active behavioral health, substance use, and outpatient clinic licenses.
10. Describe the process used to monitor licensing expiration dates and renewal requirements.
11. Describe any licensing deficiencies, sanctions, or corrective actions issued within the past three (3) years and the resolution status.
12. Describe internal procedures to ensure services are only delivered within the scope of approved licensure.

Required Documentation

Applicants must submit:

- Corporate compliance policy
- Conflict of interest policy
- Program integrity policy
- Regulatory compliance policy
- Incident reporting policy
- Risk management policy
- Quality assurance policy

SECTION 10 - MOBILE CRISIS TEAMS

(Per State of Maryland criteria, the only Designated Collaborating Organizations allowed are state sanctioned Mobile Crisis Teams (MCT) to provide mobile crisis services.)

10.1 Identification and Scope of Mobile Crisis Teams Services

1. Which required services are provided through Mobile Crisis Team arrangements?
2. How does the CCBHC ensure all required services remain available regardless of Mobile Crisis Team participation?
3. Are Mobile Crisis Team services consistent with the CCBHC scope of services requirements?

10.2 Formal Agreements and Contracts

4. Is there a written agreement or Memorandum of Understanding (MOU) between the CCBHC and each Mobile Crisis Team?
 - o Does the agreement clearly define roles and responsibilities?
 - o Scope of services provided.
 - o Reporting requirements?
 - o Compliance with CCBHC standards?
5. How does the CCBHC ensure contracts include provisions for data sharing, quality reporting, and confidentiality?

10.3 Clinical Integration and Care Coordination

6. How are Mobile Crisis Teams services integrated into the CCBHC care coordination model?
7. How does the CCBHC ensure real-time communication between CCBHC staff and Mobile Crisis Team providers?
8. Are shared treatment plans developed and maintained?
9. How are transitions between the CCBHC and the Mobile Crisis Team managed to prevent gaps in care?

10.4 Quality Management and Oversight

10. How does the CCBHC monitor the Mobile Crisis Team performance and quality outcomes?
11. Are the Mobile Crisis Teams required to participate in the CCBHC Quality Management Plan?
12. What corrective action processes are in place if Mobile Crisis Teams' performance standards are not met?

13. How does the CCBHC ensure the Mobile Crisis Teams' compliance with evidence-based practices?

10.5 Data Collection and Reporting

14. How are encounter and service data submitted by the Mobile Crisis Team to the CCBHC?
15. What systems ensure timely and accurate reporting of required measures?
16. How does the CCBHC validate the Mobile Crisis Team data for PPS and quality reporting purposes?

10.6 Staffing and Credentialing

17. How does the CCBHC verify licensure and credentialing of the Mobile Crisis Teams' staff?
18. Are Mobile Crisis Teams staff trained on CCBHC policies and cultural competency requirements?
19. How are supervision and clinical standards maintained across organizations?

10.7 Financial and PPS Requirements

20. How are the Mobile Crisis Teams services incorporated into the Prospective Payment System (PPS) rate?
21. What financial controls ensure payments to the Mobile Crisis Team aligned with services delivered?
22. How does the CCBHC prevent duplicate billing between the CCBHC and the Mobile Crisis Team?

10.8 Compliance and Accountability

23. How does the CCBHC ensure the Mobile Crisis Teams' adherence to federal, state, and Medicaid requirements?
24. Are the Mobile Crisis Teams subject to audits or compliance reviews by the CCBHC?
25. What contingency plans exist if a Mobile Crisis Team can no longer provide services?

SECTION 11 - PRIOR EXPANSION GRANTS AND USE OF FUNDS

11.1 Grant History and Overview

List all federal, state, local, or private expansion grants received within the past five (5) years that supported behavioral health services, infrastructure, or CCBHC-related activities.

1. For each grant, provide the following information:
 - a. Grant name and funding agency
 - b. Grant number (if applicable)
 - c. Grant period (start and end dates)
 - d. Total award amount
 - e. Funding type (federal, state, foundation, etc.)
 - f. Purpose of the grant
2. Indicate whether any grants were specifically related to:
 - a. CCBHC Expansion Grants
 - b. Behavioral health workforce expansion
 - c. Infrastructure development (EHR, facilities, telehealth)
 - d. Crisis services expansion
 - e. Care coordination or integration efforts
3. Describe the organizational department(s) responsible for managing each grant.

11.2 Use of Funds by Fiscal or Calendar Year

4. Provide a breakdown of grant expenditures by fiscal year or calendar year, including:
 - a. Personnel costs
 - b. Fringe benefits
 - c. Equipment
 - d. Supplies

- e. Contractual services
 - f. Infrastructure improvements
 - g. Technology/EHR investments
 - h. Training and workforce development
 - i. Other direct costs
5. For each fiscal/calendar year, describe:
 - a. Total funds expended
 - b. Total funds remaining (if applicable)
 - c. Percentage of funds utilized
 6. Provide a narrative description of how funds were used to expand, improve, or sustain behavioral health services.
 7. Describe how grant funds supported CCBHC-required services, including:
 - a. Crisis services
 - b. Outpatient mental health services
 - c. Substance use disorder treatment
 - d. Care coordination
 - e. Integrated care services

11.3 Outcomes and Impact

8. Describe measurable outcomes achieved using grant funds, including:
 - a. Increase in number of individuals served
 - b. Expansion of service types
 - c. Reduction in wait times
 - d. Workforce expansion (new hires)
 - e. Implementation of new programs or service lines
9. Provide quantitative and qualitative evidence demonstrating the impact of grant-funded activities.
10. Describe how grant funding improved access, quality, or continuity of care.
11. Have you observed any changes in the utilization of acute care services among CCBHC clients since the implementation of the grant-funded activities? Please describe any measurable changes in:
 - a. Emergency department visits
 - b. Psychiatric or medical hospitalizations
 - c. Length of inpatient hospital stays

If available, provide quantitative data (e.g., percentage reductions, number of avoided hospitalizations) and describe how expanded CCBHC services contributed to these changes.
12. Have the grant-funded activities resulted in any estimated cost savings for the healthcare system or community (e.g., reduced hospital utilization, avoided crisis services, reduced justice system involvement)? Please provide any available estimates or examples, including:
 - a. Reduced hospital costs
 - b. Decreased emergency service utilization
 - c. Other system-level cost reductions associated with expanded CCBHC services.
13. What improvements in client outcomes have been observed since clients began receiving services through the CCBHC program? Please describe measurable changes such as:
 - a. Improvements in mental health or substance use outcomes
 - b. Increased treatment engagement or retention
 - c. Improvements in housing stability, employment, or functioning
 - d. Client-reported quality of life or recovery outcomes.

Include both **quantitative metrics** and **qualitative examples** that demonstrate the impact of services on client well-being. .

11.4 Infrastructure and Capacity Development

14. Describe any infrastructure developed using grant funds, including:
 - a. Facility expansion or renovation
 - b. Telehealth implementation
 - c. Electronic Health Record system implementation or upgrades
 - d. Data reporting systems
15. Describe how infrastructure investments support CCBHC certification requirements.

11.5 Sustainability and Ongoing Operations

16. Describe how services initiated or expanded through grant funding have been sustained post grant period.
17. Identify funding sources currently supporting services previously funded by expansion grants.
18. Describe the organization's sustainability plan for grant-funded positions, programs, or services.
19. Explain how prior grant investments prepared the organization for CCBHC certification.

11.6 Financial Management and Compliance

20. Confirm whether all grant funds were expended in accordance with grant requirements and applicable federal and state regulations.
21. Indicate whether any audit findings, disallowed costs, or corrective actions were associated with the grant(s).
22. Describe internal controls used to track and manage grant funds.

11.7 Reporting and Oversight

23. Describe the organization's process for:
 - a. Tracking grant expenditures
 - b. Monitoring grant performance
 - c. Ensuring compliance with grant requirements
24. Identify staff responsible for grant reporting and financial oversight.
25. Describe systems used to monitor grant-funded activities (financial and programmatic).

Required Documents

Provide copies of the following, if available:

- Grant award letters
- Annual financial reports
- Federal Financial Reports
- Audit reports related to grant funding

SECTION 12 – COMPLIANCE & MONITORING PROTOCOL

12.1 Internal Monitoring

1. How does the organization monitor adherence to requirements established by Substance Abuse and Mental Health Services Administration (SAMHSA)?
2. What policies exist to ensure board oversight of quality, access, and financial accountability? Please include applicable policies with completed application.
3. What internal audit processes are in place for clinical documentation and billing?
4. How are potential fraud, waste, and abuse concerns identified and escalated?
5. Are corrective action plans documented and monitored to completion?
6. How frequently are compliance reviews conducted?