

## Missouri Division of Behavioral Health

<b>Bulletin Number:</b> FY18–Clinical #045	<b>COMMUNITY TREATMENT BULLETIN</b>	<b>Effective Date:</b> July 1, 2017
<b>New</b>	<b>Subject: Certified Community Behavioral Health Clinics (CCBHC) Clinical Implications for Outpatient Substance Use Treatment Programs</b>	<b>Number of Pages: 2</b>

1. **Programs Affected:** All CCBHC PPS demonstration participants.
  
2. **Background and Purpose:** Agencies designated by the Division of Behavioral Health (DBH) as a CCBHC are part of a two-year demonstration project that moves select Missouri providers from a fee-for-service system to a Prospective Payment System (PPS). CCBHCs must provide outpatient substance use treatment to children, youth, and adults in addition to other requirements. Outpatient substance use treatment program requirements are outlined in this clinical bulletin.
  
3. **Accreditation Requirements:**
  - 3.1 CCBHC agencies must obtain outpatient program accreditation through either CARF International, The Joint Commission (TJC), or Council on Accreditation (COA) as indicated below:
    - 3.1.1 CARF
      - 3.1.1.1 “Outpatient Treatment: Alcohol or Other Drugs,” or
      - 3.1.1.2 “Outpatient Treatment: Integrated Alcohol or Other Drugs/Mental Health AOD/MH)”
    - 3.1.2 TJC “Non-24 hour Chemical Dependency Outpatient Treatment”
    - 3.1.3 COA “Services for Substance Use Conditions (SA)”
  
  - 3.2 CCBHCs that obtained outpatient SUD certification from the DBH in lieu of national accreditation in the interim time period between an organization’s accreditation and CCBHC implementation are considered temporary. CCBHCs are expected to obtain national accreditation by one of the above accreditation bodies at the organization’s next renewal accreditation survey.
  
4. **Programming Requirements:**
  - 4.1 DBH certification requirements for Outpatient Substance Use Treatment at the Supported Recovery Level of Care are outlined in 9 CSR 30-3.130(2)3 and 9 CSR 30-3.130(6). This level of care provides treatment and rehabilitation on a regularly scheduled basis, while allowing for a temporary increase in services to address a crisis, relapse, or imminent risk of relapse. Services should be offered on approximately a weekly basis, unless other scheduling is clinically indicated.
  
  - 4.2 Service array must include, but not be limited to the following:
    - 4.2.1 Individual and group counseling
    - 4.2.2 Group education
    - 4.2.3 Community support

- 4.2.4 Family therapy
- 4.2.5 Medication services to support medication assisted treatment (MAT)
- 4.2.6 Capacity to Provide ASAM Level 1 Withdrawal Management

***Note: The American Society of Addiction Medicine (ASAM) Level 1 Withdrawal Management consists of daily or less than daily outpatient supervision by a physician and nurse of individuals likely to complete withdrawal management and to continue in treatment or recovery.***

**Note:** Integrated treatment for co-occurring disorders (ITCD) within the Community Psychiatric Rehabilitation (CPR) program **does not** substitute for outpatient substance use treatment programming. The intent is to serve individuals that present with a **primary** substance use disorder diagnosis or a substance use disorder only.

## 5. Participant Eligibility Criteria:

- 5.1 Diagnosis of a substance use disorder as determined by using the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM). **CCBHC organizations must be able to admit and serve individuals who have a primary substance use disorder diagnosis or a substance use disorder only.**
- 5.2 With the provision of Medication Assisted Treatment (MAT), individuals with a serious opioid use or alcohol use disorder can be appropriately served in a Supported Recovery level of care by a CCBHC. When the assessed needs of the individual is beyond the scope of the program then referral to more intensive services is appropriate. (See 6 below).

## 6. Referrals for More Intensive Level of Services:

- 6.1 Outpatient substance use treatment at the supported recovery level of care is the least intensive level of outpatient treatment and may not meet the needs of all consumers presenting for treatment; therefore, it is appropriate to refer these consumers to an organization that can provide a more intensive level of substance use treatment.
- 6.2 Individuals presenting with moderate or severe substance use may be more appropriately served in a Comprehensive Substance Treatment and Rehabilitation (CSTAR) program. However, CCBHC organizations should independently determine their sites' capabilities for managing moderate to severe substance use disorder treatment on a case-by-case basis.
- 6.3 Organizations providing outpatient substance use treatment at the supported recovery level of care must have a referral relationship with an organization that provides CSTAR programming; this includes the specific CSTAR populations, CSTAR Women and Children, CSTAR Adolescent, and CSTAR Opioid.
- 6.4 CCBHC programs might appropriately serve individuals with serious substance use disorders following more intensive treatment at another provider. Highly coordinated transfers of care and excellent care coordination are expected.
- 6.5 Individuals with co-occurring severe and persistent mental illnesses and substance use disorders may be most appropriately served within an agency's CPR program's ITCD evidenced-based model of care.