

Certified Community Behavioral Health Clinics in Georgia

Successful Board – Playbook

Guidance to help CCBHC Candidate Agency staff document and successfully meet CCBHC certification criteria.



Table of Contents

Overview	2
Note	3
Summary	4
Key Requirements	5
Critical Questions &	8
Suggested Documentation	8
Certification Checklist Summary	13

Overview

Goal – This guidance document sets out to:

- Articulate the need for board compliance with CCBHC requirements
- Detail DBHDD requirements for board compliance
- Provide an overview of secondary options to meet requirements
- Prepare candidate agency staff with key questions and ways to document compliance

Audience – This document is intended for CCBHC Candidate Agency staff who are coordinating and providing compliance responses to the criteria. This document may be useful to anyone seeking information about CCBHC governance.

Structure

- Summary
- Key Requirements
- Critical Questions and Considerations
- Documents needed to determine CCBHC Board Compliance
- Certification Checklist for Compliant Boards

Note

This playbook utilizes the revised Certified Community Behavioral Health Center (CCBHC) certification criteria developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) through the Center for Behavioral Health Financing and Integration, which cover sections 6.b.1; 6.b.2; 6.b.3; and 6.b.4.

- Links to the revised Certified Community Behavioral Health Center (CCBHC) certification criteria that were developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) through the Center for Behavioral Health Financing and Integration, which can be accessed here: <https://www.samhsa.gov/certified-community-behavioral-health-clinics> (pages 46-47 which cover sections 6.b.1; 6.b.2; 6.b.3; and 6.b.4).
- Information regarding meaningful participation can be accessed here: [Participation Guidelines for Individuals with Lived Experience and Family | SAMHSA](#).

Summary

CCBHC-compliant boards are designed to assure that participation and perspectives of people receiving services, family members of people receiving services, and people with lived experience of mental health and substance use conditions are integrated into leadership and decision-making.

CCBHC Certification Criteria 6.b.1 - CCBHC governance must be informed by representatives of the individuals being served by the CCBHC in terms of demographic factors such as geographic area, race, ethnicity, sex, gender identity, disability, age, sexual orientation, and in terms of health and behavioral health needs. The CCBHC will incorporate meaningful participation from individuals with lived experience of mental and/or substance use disorders and their families, including youth.

Meaningful participation means involving a substantial number of people with lived experience and family members of people receiving services or individuals with lived experience in developing initiatives; identifying community needs, goals, and objectives; providing input on service development and CQI processes; and budget development and fiscal decision-making. For more information regarding meaningful participation, see [Participation Guidelines for Individuals with Lived Experience and Family | SAMHSA](#).

Key Requirements

CCBHC Certification Criteria 6.b.2 - DBHDD requires CCBHCs to reflect substantial participation by ensuring that at least fifty-one percent of the CCBHC governing board is comprised of individuals, youth, and families with lived experience of mental health and/or substance use disorders including those dually diagnosed with intellectual disabilities.

The CCBHC must describe how it meets this requirement, or provide a DBHDD-approved transition plan with a timeline that indicates how it will do so. If the CCBHC does not provide this or if the requirement is not met according to the agreed-upon timeline, the CCBHC will become decertified.

The transition plan may include:

Creating an Advisory Committee *(for a limited amount of time)*

In this alternative approach, individuals with lived experience of mental and/or substance use disorders and family members of people receiving services must have representation in governance that assures input into:

1. Identifying community needs, goals, and objectives of the CCBHC
2. Service development, quality improvement, and the activities of the CCBHC
3. Fiscal and budgetary decisions
4. Governance (human resource planning, leadership recruitment, selection, etc.)

The CCBHC provides staff support to the individuals, equivalent to the support given to the governing board. The governing board must also establish protocols for incorporating input from individuals with lived experience and family members by ensuring:

- Board meeting summaries are shared with those participating in the alternate arrangement
- Recommendations from the alternate arrangement shall be entered into the formal board record
- A member or members of the arrangement established under this approach must be invited to board meetings
- Representatives of the alternate arrangement must have the opportunity to regularly address the board directly, share recommendations directly with the board, and have their comments and recommendations recorded in the board minutes
- The CCBHC shall provide staff support for posting an annual summary of the recommendations from the alternate arrangement on the CCBHC website

DBHDD will determine if this approach is acceptable, and, if not, require additional mechanisms that are acceptable. The CCBHC must make available the results of its efforts in terms of outcomes and resulting changes.

Regardless of the approach, CCBHCs must comply with the Official Code of Georgia Annotated (OCGA) 37-2-6 sections (b)(1); (c); and (c.1):

(b)(1) The county governing authority shall appoint as at least one of its appointments a consumer of disability services; a psychiatrist, a psychologist, or other behavioral health or developmental disabilities professional; a law enforcement officer; a family member of a consumer; an advocate for disability services; a parent of a child with mental illness or addictive disease; or a local leader or businessperson with an interest in mental health, developmental disabilities, and addictive diseases; provided, however, that for counties with more than one appointment, the county governing authority shall seek to ensure that such appointments represent various groups and disability services;

(c) In making appointments to the governing board of a community service board, the county governing authorities *shall* ensure that such appointments are reflective of the cultural and social characteristics,

including gender, race, ethnic, and age characteristics, of the community service board area and county populations.

(c.1) A county governing authority in making appointments to the governing board of a community service board *shall* take into consideration that at least one member of the governing board of a community service board is an individual who is trained or certified in finance or accounting; provided, however, that if after a reasonable effort at recruitment, there is no person trained or certified in finance or accounting within the community service board area who is willing and able to serve, the county governing authority *may* consider for an appointment any other person having a familiarity with financial or accounting practices.

6.b.3. To the extent the CCBHC is comprised of a governmental or tribal organization, subsidiary, or part of a larger corporate organization that cannot meet these requirements for board membership, the CCBHC will specify the reasons why it cannot meet these requirements. The CCBHC will have or develop an advisory structure and describe other methods for individuals with lived experience and families to provide meaningful participation as defined in 6.b.1.

6.b.4. Members of the governing or advisory boards will be representative of the communities in which the CCBHC's service area is located and will be selected for their expertise in health services, community affairs, local government, finance and accounting, legal affairs, trade unions, faith communities, commercial and industrial concerns, or social service agencies within the communities served. No more than one-half (50 percent) of the governing board members may derive more than 10 percent of their annual income from the healthcare industry.

Critical Questions & Suggested Documentation

Below are key questions DBHDD will consider when determining if a CCBHC candidate has a compliant board. They are provided for transparency so you are better equipped to meet the requirements and respond to requests for documentation.

1.) **As a group, does your clinic board represent the individuals being served by the clinic in terms of demographic factors including geographic area, race, ethnicity, sex, gender identity, disability, age, and sexual orientation, and in terms of types of disorders?**

Yes

Documentation: List of clinic board members including demographics and types of disabilities that are represented.

No

Documentation: Transition plan to meet these criteria.

2.) **How does your clinic incorporate meaningful participation by adult consumers with mental illness, adults recovering from substance use disorders, and family members of clinic consumers? Does it consider how to include families of children and those with IDD/BH?**

Provide at least one of the artifacts below otherwise, see critical question #3:

- Documentation:* List of clinic board members which makes up at least 51 percent of the members being families, consumers, or people in recovery from behavioral health conditions.
- Documentation:* Written description of how a substantial portion of the governing board members meet these criteria and other specifically described methods for consumers, people in recovery, and family members to provide meaningful input to the board about the clinic's policies, processes, and services.

3.) If your clinic has not met the meaningful representation requirement, has it developed a transition plan with timelines to meet the criteria?

- Yes
 - Documentation:* Transition plan with timelines to meet the criteria.
- No
 - Documentation:* Create a transition plan with timelines to meet these criteria.

4.) If your clinic could not meet the Board membership requirements because it is comprised of a governmental or tribal entity or a subsidiary or part of a larger corporate organization that cannot meet these requirements for board membership, has it developed an advisory structure and other specifically described methods for consumers, persons in recovery, and family members to provide meaningful input to the board about the clinic's policies, processes, and services?

- Yes
 - Documentation:* Plan for incorporating representativeness and meaningful participation by consumers and family members.
- No

5.) Is your clinic relying on 6.b.3¹ as the justification for not meeting the requirements?

Yes

Documentation: A narrative that specifies the reasons why it cannot meet these requirements and how the CCBHC has or will develop an advisory structure and describe other methods for individuals with lived experience and families to provide meaningful participation as defined in 6.b.1. (it can reference the clinic plan for incorporating representativeness in #4 above).

No

6.) If your clinic could not meet the Board membership requirements and is relying on a clinic plan for incorporating representativeness and meaningful participation, did your CCBHC meet the DBHDD's requirements, and/or did you meet the different mechanisms required by the DBHDD?

Yes

Documentation: The clinic plan for incorporating representativeness and meaningful participation which you are relying upon.

Documentation: Written documentation showing you have met different mechanisms required by the DBHDD if applicable.

No

Documentation: Narration about why the clinic could not meet membership requirements.

¹ 6.b.3 To the extent the CCBHC is comprised of a governmental or tribal organization, subsidiary, or part of a larger corporate organization that cannot meet these requirements for board membership, the CCBHC will specify the reasons why it cannot meet these requirements. The CCBHC will have or develop an advisory structure and describe other methods for individuals with lived experience and families to provide meaningful participation as defined in 6.b.1.

7.) Based on the alternative means of enhancing its governing body's ability to ensure that it is responsive to the needs of its consumers, families, and communities, does your clinic make available the results of your efforts in terms of outcomes and resulting changes?

Yes

Documentation: A description of the results of your efforts in terms of outcomes and resulting changes.

No

8.) Are members of the clinic governing or advisory board representative of the communities in which the clinic service area is located?

Yes

Documentation: A description of how the clinic is incorporating representativeness and meaningful participation by consumers and family members based on the demographics of the region (it can reference the clinic plan for incorporating representativeness in #4 above).

No

9.) Is the board composed of members with a broad range of skills, expertise, and perspectives? Such areas include but are not limited to finance, legal affairs, business, health, managed care, social services, labor relations, and government.

***Note:** Any one board member (patient or non-patient) may be considered as having expertise in one or more of these areas. In addition, the board does not necessarily have to include specific expertise in all six of these areas and/or may include additional areas of expertise beyond these areas, as appropriate.*

Yes

Documentation: A description or chart showing how the clinic is incorporating members who have a broad range of skills within as many of the six areas described above).

No

10.) Does the clinic have documentation to confirm that no more than 50 percent of the governing board derives more than 10 percent of its annual income from the healthcare industry?

Yes

Documentation: A description of the member application process that includes a member application where the question is asked, for example, confirming that no more than 50 percent of the governing board derives more than 10 percent of their annual income from the healthcare industry.

No

Certification Checklist Summary

- CCBHC board members are representative of the individuals being served by the CCBHC in terms of demographic factors such as geographic area, race, ethnicity, sex, gender identity, disability, age, and sexual orientation, and in terms of types of disorders. The CCBHCs incorporate meaningful participation by adult consumers with mental illness, adults recovering from substance use disorders, and family members of CCBHC consumers.**
 - *DBHDD will review the method a candidate CCBHC utilizes to ensure representativeness and meaningful participation.*

- 51 percent of the board are families, consumers, or people in recovery from behavioral health conditions.**
 - *The CCBHC has described how it meets this requirement or developed a transition plan with timelines appropriate to its governing board size and target population to meet this requirement that is satisfactory to the DBHDD.*
 - *A substantial portion of the governing board members meet these criteria and other specifically described methods for consumers, people in recovery, and family members to provide meaningful input to the board about the CCBHC's policies, processes, and services.*
 - *The DBHDD will review, approve, and document its approval of the proportion of the governing board members and methods to obtain meaningful input to the board.*

- The CCBHC is comprised of a governmental or tribal entity or a subsidiary or part of a larger corporate organization that cannot meet these requirements for board membership.**
 - *The DBHDD will specify and document the reasons why the CCBHC cannot meet these requirements.*
 - *The CCBHC will develop an advisory structure and other specifically described methods for consumers, persons in recovery, and family members to provide meaningful input to the board about the CCBHC's policies, processes, and services.*



**Certified Community Behavioral
Health Clinics in Georgia**

ccbhcgeorgia.org