

Integrating Infant and Early Childhood Concepts into the Nine Certified Community Behavioral Health Clinic (CCBHC) Services



ZERO TO THREE
Early connections last a lifetime

Introduction

Certified Community Behavioral Health Clinics (CCBHCs) are transforming behavioral health care by providing high quality mental health and substance use services to individuals of all ages, regardless of location or ability to pay. Since the model's launch in 2017, CCBHCs have expanded significantly with over 500 CCBHCs now providing timely, high-quality care across 46 states, the District of Columbia, and Puerto Rico. CCBHCs adhere to the Substance Abuse and Mental Health Services Administration (SAMHSA) [Certified Community Behavioral Health Clinic \(CCBHC\) Certification Criteria](#), which establishes a minimum set of nine core outpatient behavioral health services CCBHCs must provide. In addition, each CCBHC delivers:

- Comprehensive, coordinated mental health and substance use services developmentally appropriate for individuals across the life span.
- Increased access to high-quality community mental health and substance use care, including crisis care.
- Integrated person- and family-centered services, driven by the needs and preferences of people receiving services and their families.
- A range of evidence-based (EB)* practices, services, and supports to meet the needs of their communities.¹

While CCBHCs are designed to serve individuals across the lifespan, many focus primarily on adolescents and adults, with few targeting the needs of infants and young children (ages P-5) and their families. CCBHCs may have challenges coordinating with parents and caregivers when assessing and planning treatment. Significant opportunities exist for communities to collaborate with CCBHCs to develop a comprehensive continuum of Infant and Early Childhood Mental Health (IECMH) services — from promotion and prevention to assessment, diagnosis, and treatment.

This resource is intended for state and local leaders across early childhood and CCBHCs. It provides a table of the nine required CCBHC core services, framed through the lens of established IECMH approaches to support more integrated and developmentally appropriate care for infants, young children, and their families.

*[Evidence-based practices](#) are those that have empirical research supporting their efficacy.

¹ Substance Abuse and Mental Health Services Administration. Certified Community Behavioral Health Center (CCBHC) Certification Criteria. Published February 2023. Accessed 12/04/2024 at Certified Community Behavioral Health Clinics (CCBHCs) | SAMHSA

Overview of CCBHC Structure, Values, Partnerships, and Payment Models for IECMH Integration

CCBHCs as Recovery-Oriented, Person- and Family-Centered Systems of Care

CCBHCs must ensure that all services are recovery-oriented and reflect person- and family-centered values. This means respecting each individual's needs, preferences, and values while supporting their active involvement in care. Services for infants, children, and youth should be family-centered, youth-guided when possible, and *developmentally appropriate* with shared decision making as the recommended model for engagement. Person- and family-centered care must be responsive to the individual's race, ethnicity, sexual orientation, and gender identity, while recognizing cultural and other specific needs. CCBHCs must also respect the individual's freedom to choose their providers and ensure they are informed of and have access to grievance procedures. CCBHCs may deliver services through a Designated Collaborative Organization (DCO), which must meet the same quality standards as services provided directly by the CCBHC.

CCBHC Considerations When Partnering with IECMH Systems

Each CCBHC operates within a broader community system, in which the IECMH service system capacity and available resources vary by locality. The CCBHC community needs assessment (CNA) can identify gaps in the IECMH service system and help determine which IECMH services the CCBHC will provide directly, which will be developed in partnership with a DCO and which will be delivered by another IECMH system provider.

Transformative CCBHC Payment Structure

There are three types of CCBHCs, each with distinct payment pathways to support the development of a comprehensive service continuum, including IECMH services. State-certified CCBHCs that receive bundled Medicaid payments can include the costs of implementing or expanding IECMH services in their provider-specific rate, known as the Prospective Payment System (PPS). Through the PPS, CCBHCs receive a daily or monthly bundled payment for delivering qualifying services to Medicaid recipients. This rate is based on the unique costs and expected service volume for each CCBHC. The PPS either during its initial calculation or through periodic updates (rebased) — can cover expenses such as adding services, hiring providers, certifying staff in evidence-based models, updating technology, establishing partnerships, and conducting quality monitoring.²

The U.S. Department of Health and Human Services (HHS), through SAMHSA, sets CCBHC certification criteria under the authority of the Protecting Access to Medicare Act of 2014 (PAMA, P.L. 113-93), Section 223. The updated 2023 Certification Criteria outlines six key program areas and requires nine core services to be delivered directly or through a DCO. The program areas on staffing (pp. 6-10) and care coordination (pp. 16-24) are especially relevant to integrating IECMH services.

² For more information, see <https://www.thenationalcouncil.org/?s=prospective+payment+cheat+sheet>

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CCBHC Core Services: Opportunities for IECMH Integration and Early Childhood Partnerships

The tables below provide brief descriptions of the nine required core services under the CCBHC model. It highlights opportunities for state and local early childhood (EC) systems to partner with CCBHCs to improve service availability, access, quality, and outcomes for infants, young children, and their families.

This list is not exhaustive. EC system providers are encouraged to review the full [CCBHC Certification Criteria](#) when engaging in exploratory discussions, designing services, or developing partnership agreements.

1. Crisis Services	
Brief Criteria Description <i>(for more detail, see footnote¹)</i>	IECMH Services, Partnerships, or Workforce Development <i>Provided by either the CCBHC or by a DCO</i>
<p>"The CCBHC or its DCO crisis care provider should offer developmentally appropriate responses, sensitive de-escalation supports, and connections to ongoing care, when needed. The CCBHC will have an established protocol specifying the role of law enforcement during the provision of crisis services. As a part of the requirement to provide training related to trauma-informed care, the CCBHC shall specifically focus on the application of trauma-informed approaches during crises." (p. 28)</p> <p>Three crisis behavioral health services are required, whether provided by the CCBHC or a DCO: emergency crisis intervention, 24-hour mobile crisis teams and crisis receiving/stabilization.</p>	<p>Services and Partnerships</p> <ul style="list-style-type: none">• Provide IECMH consultation (IECMHC) to the mobile crisis team.• Ensure crisis plans explicitly address the needs of infants and young children (0–5) who are in crisis, including those who have a parent/family member/caregiver experiencing a behavioral health crisis. <p>Workforce Development</p> <ul style="list-style-type: none">• Provide training on IECMH principles for staff who deliver in-home intensive stabilization services.• Provide training on crisis services to local and state EC systems, including child welfare, Safe Babies/Infant-Toddler Court Teams, home visiting and early intervention.

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2. Screening, Diagnosis and Risk Assessment

Brief Criteria Description <i>(for more detail, see footnote¹)</i>	IECMH Services, Partnerships, or Workforce Development <i>Provided by either the CCBHC or by a DCO</i>
<p>"The CCBHC directly, or through a DCO, provides screening, assessment and diagnosis, including risk assessment for behavioral health conditions. In the event specialized services outside the expertise of the CCBHC are required for purposes of screening, assessment, or diagnosis (e.g., neuropsychological testing or developmental testing and assessment), the CCBHC refers the person to an appropriate provider. When necessary and appropriate screening, assessment and diagnosis can be provided through telehealth/telemedicine services." (p. 29)</p> <p>A comprehensive evaluation includes assessment of social supports, pregnancy and parenting status, trauma history, social service needs and a physical exam by a primary care provider.</p>	<p>Services and Partnerships</p> <ul style="list-style-type: none"> • Identify age-appropriate screening and assessment tools for infants and young children (0-5) to be used in clinical work. • Develop referral protocols between pediatricians and CCBHCs for full assessment after a pediatric health care provider identifies an infant or young child (0-5) as at-risk. • Adopt DC:0–5™ as the diagnostic classification system for infants and young children (0-5). • Consult on the array of IECMH services and supports needed to meet the needs of families. • Consult with pediatricians or other clinicians on the type of assessment and screening tools appropriate for 0–3-year-olds, (e.g., CANS, CASII, ASQ, ASQ-E, SWYC). • Offer specialized assessment and developmental testing by IECMH endorsed providers. • Provide IECMH to clinical providers on assessment and treatment planning for infants and young children (0-5). <p>Workforce Development</p> <ul style="list-style-type: none"> • Provide training to clinical staff who serve adult populations on IECMH concepts and a range of interventions. • Provide DC:0–5 training to all clinical staff treating families with infants and young children (0-5). • Deliver training on the selected assessment tool(s) and process to identify family strengths and needs.

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3. Person- & Family-Centered Treatment Planning

Brief Criteria Description <i>(for more detail, see footnote¹)</i>	IECMH Services, Partnerships, or Workforce Development <i>Provided by either the CCBHC or by a DCO</i>
<p>"The CCBHC directly, or through a DCO, provides person-centered and family-centered treatment planning, including but not limited to, risk assessment and crisis planning (CCBHCs may work collaboratively with DCOs to complete these activities)."</p> <p>"The CCBHC develops an individualized treatment plan based on information obtained through the comprehensive evaluation and the person receiving services' goals and preferences. The plan shall address the person's prevention, medical, and behavioral health needs. The plan shall be developed in collaboration with and be endorsed by the person receiving services; their family (to the extent the person receiving services so wishes); and family/caregivers of youth and children or legal guardians." (p. 32)</p>	<p>Services and Partnerships</p> <ul style="list-style-type: none">• Establish referral partnerships with an evidence-based (EB) home visiting provider.• Establish consultation relationships with other service providers (e.g., pediatricians).• Offer <u>dyadic IECMH treatment</u> or <u>multi-generational treatment</u>.• Provide parenting classes focused on social-emotional development and parenting skills.• Include telehealth visits in treatment plans to improve access for families facing barriers to in-clinic services. <p>Workforce Development</p> <ul style="list-style-type: none">• Train clinical and non-clinical staff on the key components of IECMHC.• Provide IECMHC services to staff internally or contract with a DCO to deliver them.• Train staff on the use of telehealth for treatment planning.

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4. Outpatient Mental Health and Substance Use Services

Brief Criteria Description <i>(for more detail, see footnote¹)</i>	IECMH Services, Partnerships, or Workforce Development <i>Provided by either the CCBHC or by a DCO</i>
<p>“The CCBHC or the DCO must provide evidence-based services using best practices for treating mental health and substance use disorders across the lifespan with tailored approaches for adults, children, and families. Based upon the findings of the required CNA, certifying states must establish a minimum set of evidence-based (EB) practices required of the CCBHCs ... Certifying states are free to determine whether these or other EB may be appropriate as a condition of certification.</p> <p>Treatments are provided that are appropriate for the phase of life and development of the person receiving services, specifically considering what is appropriate for children, adolescents, transition-age youth and older adults as distinct groups for whom life stage and functioning may affect treatment. When treating children and adolescents, CCBHCs must provide EB services that are developmentally appropriate, youth-guided, and family/caregiver-driven...</p> <p>Supports for children and adolescents must comprehensively address family/caregiver, school, medical, mental health, substance use, psychosocial and environmental issues.” (pp. 33-34)</p>	<p>Services and Partnerships</p> <ul style="list-style-type: none"> • Deliver high quality IECMH services using EB practices. • Provide ongoing reflective practice sessions (group or individual) for EB treatment providers involved in treatment. • Provide IECMH for primary care providers and others involved in treatment, such as childcare providers or home visitors. • Offer parent education on child development. • Develop administrative and treatment protocols for the use of telehealth visits. • Increase access to therapeutic nursery/ therapeutic preschools. <p>Workforce Development</p> <ul style="list-style-type: none"> • Require training and certification in EB interventions for children (0-5) and their families (e.g., ABC, CPP, PCIT, TF-CBT, Triple P, Play Therapy, TBRI). These interventions could be delivered in CCBHC settings, Newborn Intensive Care Units (NICUs), the home, or other child-serving settings such as childcare, substance use disorder (SUD) residential treatment facilities, or other community settings preferred by the family.

5. Outpatient Primary Care Screening & Monitoring

Brief Criteria Description <i>(for more detail, see footnote¹)</i>	IECMH Services, Partnerships, or Workforce Development <i>Provided by either the CCBHC or by a DCO</i>
<p>“The CCBHC is responsible for outpatient primary care screening and monitoring of key health indicators and health risk. Whether directly provided by the CCBHC or through a DCO, the CCBHC is responsible for ensuring these services are received in a timely fashion. Prevention is a key component of primary care screening and monitoring services provided by the CCBHC.” (p. 34)</p> <p>“The CCBHC must also coordinate with the primary care provider to ensure that screenings occur for the identified condition.” (p. 35)</p>	<p>Services and Partnerships</p> <ul style="list-style-type: none"> • Establish referral agreements with pediatricians for CCBHCs to conduct assessments when well-child visit screenings identify concerns such as parental or caregiver depression, anxiety, SUD, serious mental illness (SMI), other mental health issues, Social Determinants of Health (SDOH) or risk of Severe Emotional Disturbance (SED) in children. • Establish referral agreements with HealthySteps primary care practices or home visiting programs for monitoring and follow-up. • Provide IECMHC support to primary care providers and professionals in other child serving settings, such as child welfare, child care, early intervention and home visiting. • Develop standards of care and communication protocols with external providers (e.g., pediatricians) to support coordination around treatment plans and progress. <p>Workforce Development</p> <ul style="list-style-type: none"> • Train pediatric practices on the IECMH services and supports available through the CCBHC.

6. Targeted Case Management Services	
Brief Criteria Description <i>(for more detail, see footnote¹)</i>	IECMH Services, Partnerships, or Workforce Development <i>Provided by either the CCBHC or by a DCO</i>
<p>"The CCBHC is responsible for providing directly, or through a DCO, targeted case management services that will assist people receiving services in sustaining recovery and gaining access to needed medical, social, legal, educational, housing, vocational and other services and supports. CCBHC targeted case management provides an intensive level of support that goes beyond care coordination that is a basic expectation for all people served by the CCBHC." (p. 36)</p>	<p>Services and Partnerships</p> <ul style="list-style-type: none">• Establish referral partnerships through a DCO arrangement for case management services with home visiting programs, Family Resource Centers or other EC system providers.• Offer telehealth IECMHC services in collaboration with EC system providers. <p>Workforce Development</p> <ul style="list-style-type: none">• Provide foundational IECMH training to Targeted Case Management providers, including those who primarily serve adults.

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7. Psychiatric Rehabilitation Services

Brief Criteria Description <i>(for more detail, see footnote¹)</i>	IECMH Services, Partnerships, or Workforce Development <i>Provided by either the CCBHC or by a DCO</i>
<p>“The CCBHC is responsible for providing directly, or through a DCO, evidence-based rehabilitation services for both mental health and SUDs. Rehabilitative services include services and recovery supports that help individuals develop skills and functioning to facilitate community living; support positive social, emotional, and educational development; facilitate inclusion and integration; and support pursuit of their goals in the community. These skills are important in addressing social determinants of health.” (p. 36) “Psychiatric rehabilitation services must also support people receiving services to:</p> <ul style="list-style-type: none"> • Participate in supported education and other educational services. • Achieve social inclusion and community connectedness. • Participate in medication education, self-management and/or individual and family/caregiver psychoeducation. • Find and maintain safe and stable housing.” 	<p>Services and Partnerships</p> <ul style="list-style-type: none"> • Establish referral agreements or DCO arrangements with EB home visiting programs. • Offer parent education groups through CCBHC staff or a DCO arrangement. • Prioritize prevention-based services for families as part of a treatment plan. <p>Workforce Development</p> <ul style="list-style-type: none"> • Provide foundational IECMH training to psychiatric rehabilitation providers, including those who primarily serve adults.

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8. Peer, Family Support & Counselor Services

Brief Criteria Description <i>(for more detail, see footnote¹)</i>	IECMH Services, Partnerships, or Workforce Development <i>Provided by either the CCBHC or by a DCO</i>
<p>“Peer services may include: peer-run wellness and recovery centers; youth/young adult peer support; recovery coaching; peer-run crisis respites; warm-lines; peer-led crisis planning; peer navigators to assist individuals transitioning between different treatment programs and especially between different levels of care; mutual support and self-help groups; peer support for older adults; peer education and leadership development; and peer recovery services. Potential family/caregiver support services that might be considered include: community resources education; navigation support; behavioral health and crisis support; parent/caregiver training and education; and family-to-family caregiver support.” (p. 37)</p> <p>Provide peer supports — either directly or through a DCO — including peer specialists, recovery coaches, peer counseling and family/caregiver support services.</p>	<p>Services and Partnerships</p> <ul style="list-style-type: none"> • Develop or strengthen partnerships with Safe Babies Court Teams/Infant-Toddler Court Teams where available. • Provide training and education to staff in other child-serving settings (e.g., childcare providers, parent educators) on family- and peer- support resources. • Facilitate community-based, EB/evidence-informed parent education groups grounded in IECMH principles. <p>Workforce Development</p> <ul style="list-style-type: none"> • Provide training by endorsed IECMH specialists for peer support specialists with lived experience navigating early childhood systems for their own children. Training should cover IECMH principles, services and resources, including clinical services, disability services, home visiting, early intervention, early care and learning, child welfare and neonatal intensive care stays. • Provide training for families, parents, and caregivers on IECMH principles, services, resources and child development. • Provide training on IECMH core principles for CCBHC administrators, advisory boards (including family representatives), staff and governing boards. • Provide peer support staff training on evidence-informed/EB parent education models which they can facilitate.

9. Community-based Mental Health Care for Veterans

Brief Criteria Description <i>(for more detail, see footnote¹)</i>	IECMH Services, Partnerships, or Workforce Development <i>Provided by either the CCBHC or by a DCO</i>
<p>“The CCBHC is responsible for providing directly, or through a DCO, intensive, community-based behavioral health care for certain members of the U.S. Armed Forces and veterans ... Behavioral health services are recovery-oriented “and based on the military code. SAMHSA has since developed a working definition and set of principles for recovery updating the Consensus Statement. Recovery is defined as “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”</p> <p>SAMHSA’s 10 guiding principles of recovery are: hope; person-driven; many pathways; holistic; peer support; relational; culture; addresses trauma; strengths/responsibility; and respect. As implemented in VHA recovery, the recovery principles also include the following: privacy, security and honor. (p. 40)</p>	<p>Services and Partnerships</p> <ul style="list-style-type: none">• Establish referral agreements with specialized home visiting programs serving military families.• Provide IECMHC services (in-person or tele-health) to veteran service providers supporting veteran families. <p>Workforce Development</p> <ul style="list-style-type: none">• Offer IECMH-focused training for community-based veteran support networks.

Assessing CCBHC Engagement in Early Childhood Systems: Key Questions for Integration and Planning

When integrating IECMH practices and services into the CCBHC model, consider the following key questions:

EC System Collaboration

1. How does the CCBHC engage with the local early childhood (EC) system (e.g., participating in coalition meetings, Designated Collaborative Organization (DCO) contracts, joint trainings or other collaborations)?
2. Has CCBHC staff received an orientation or update in the past year on the local EC system (e.g., health care, childcare, Part B, early intervention, education, Medicaid, non-profits, TANF)?
3. What referral protocols exist between the CCBHC and the local EC system? Is the clinic connected to an established referral network (e.g., Help Me Grow, 211, UniteUs, 1-800-Children)?
4. Do EC partners share data to assess service delivery and outcomes? Does the CCBHC participate in this data-sharing process?

Internal Operations

5. Are staff trained or certified in age-appropriate screening and assessment tools or EB/evidence-informed interventions for young children and their families?
6. Are staff trained in the use of DC:0–5?
7. How do CCBHC treatment plans reflect a relationship-based approach when working with infants, toddlers and their families?
8. How is “patient” defined in CCBHC service delivery — individual child, family or dyad?
9. What are the consent protocols for in-person or virtual treatment, release of records, video use and data sharing when serving young children?
10. Does the electronic health record (EHR) capture the full range of IECMH services and supports, including parent education groups, clinical interventions and care coordination?
11. Is IECMH Consultation (IECMHC) routinely scheduled for clinical staff and supervisors?

Data and Evaluation

12. Does the clinic’s data collection differentiate between children ages 0-3 and 4-5 and their families to support service analysis and evaluation?
13. How does data on youth or adult CCBHC patients capture information about children ages 0-5 living in the same household?
14. Does the EHR integrate DC:0–5?
15. Does the EHR allow for documentation of multiple assessment sessions before a diagnosis is made?