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The American Academy of Child and Adolescent Psychiatry (AACAP) appreciates the opportunity to provide comments on the Interim Draft of the updated certification criteria for Certified Behavioral Health Clinics (CCBHCs). The criteria are thoughtful and comprehensive. AACAP is the professional home to 10,000 child and adolescent psychiatrists, some of whom also treat adults and transitional age youth (age 18 years and above). Our mission includes promoting the healthy development of children, adolescents, and families. As the only psychiatrists who are trained to treat the entire life spectrum, our members appreciate the scope of the CCBHC services. We therefore have a strong interest in policy issues that affect how psychiatric services are delivered. We commend the work that CCBHCs are doing to lower barriers to care for people who are underrepresented in the health care and behavioral health care systems and applaud Congress for the additional funding CCBHCs will receive through the Bipartisan Safer Communities Act of 2022. We appreciate the strong emphasis on the provision of psychiatric care across the lifespan, trauma-informed care, development of crisis plans, the need for cultural and linguistic competency training, and the reduction/prevention of interactions with law enforcement and the criminal justice system for those who receive services at CCBHCs.

AACAP also appreciates that the staffing criteria requires a psychiatrist to serve as the Medical Director to oversee the coordination of behavioral health and primary care services, in addition to mandating adequate workforce for the community being served. We believe psychiatrist leadership improves the quality of the whole-person care being delivered to individuals served by the CCBHC. Absent the ability to employ or contract with a psychiatrist to be the Medical Director, the criteria permit the hiring of another professional who is licensed to prescribe, if a consultative relationship with a psychiatrist is maintained. This will help ensure the quality of the medical component of care, and the appropriate coordination of behavioral health and primary health care for patients with all levels of need.

The American Society of Addiction Medicine criteria are mentioned as the standard by which individuals with substance use disorders should be treated, and AACAP agrees that all patients presenting with behavioral health or substance use disorder symptoms should receive evidence-based and appropriate treatments for their condition. With respect to children and adolescents, service intensity instruments such as the Child and Adolescent Service Intensity Instrument¹ and the Early Childhood Service Intensity Instrument², standardized assessment tools that provide determinations of the appropriate level of service intensity needed by a particular child or adolescent and his or her family, could assist CCBHCs in the process of determining service intensity need and treatment planning. These tools assess the service intensity needs of children and adolescents presenting with psychiatric, substance use, medical and/or developmental concerns. They incorporate holistic information on the child within the context of his/her family and community by assessing the service intensity needed and would therefore support the CCBHC standards relating to mental health and substance use services enumerated in the criteria. Both the CASII and ECSII were designed from a systems of care framework which aligns well with both the SAMHSA and CCBHC overarching principles of the least restrictive treatment settings, and culturally competent, family-centered care.

Thank you for the opportunity to provide input on the Interim Draft of the CCBHC certification requirements, and for the important and successful work taking place through the Section 223 CCBHC Demonstration. Should you have questions, you may contact Karen Ferguson, Deputy Director of Clinical Practice at kferguson@aacap.org.

¹ [CASII \(aacap.org\)](https://www.aacap.org)

² [ECSII \(aacap.org\)](https://www.aacap.org)