

CCBHC-E National Training and Technical Assistance Center

Building Infrastructure for Clinical Quality Measures: Session 1

October 30th, 2024

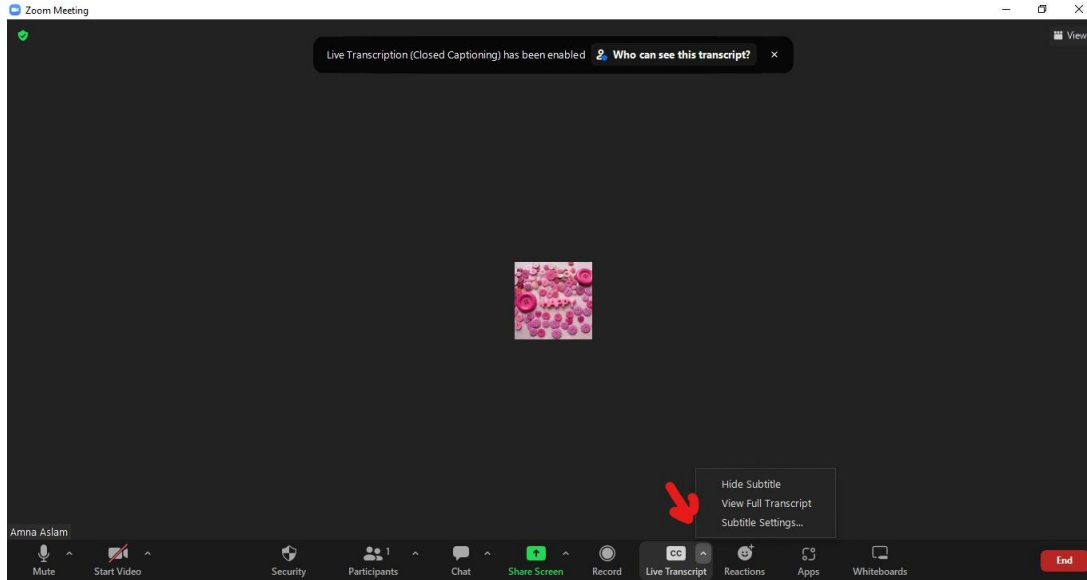
CCBHC-E National Training and Technical Assistance Center

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

Acknowledgements and Disclaimer

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Webinar Speakers:

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- Leigh Fischer | TriWest
- Cassie Morgan | TriWest
- John Gavino, LCSW, Director of CCBHC Fidelity and Compliance | Family & Children's Services, Inc.

Clinic-Collected-Required Measures:

Time to Services (I-SERV)

Social Drivers of Health (SDOH)

Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)

Peggy O'Brien, PhD and Shweta Palakkode, MPH

Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services

October 30, 2024



SAMHSA
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Time to Services (I-SERV)



I-SERV Measure: Description and Source

- The I-SERV measure calculates **the average time** for clients to access services at CCBHCs. The measure assesses time until provision of:
 - (1) initial evaluation,
 - (2) initial clinical services, and
 - (3) crisis services
- Source: SAMHSA-developed metric

I-SERV Submeasure 1: Time to Initial Evaluation

I-SERV Submeasure 1 – Time to Initial Evaluation

- Denominator is the number of **all clients in the Eligible Population (New Clients ages 12 and older)**
- Numerator is total **number of days** from **First Contact to Initial Evaluation** for all members of the Denominator

Note: Please refer to the CCBHC Technical Specification for guidance on inclusion/exclusion criteria, definitions and how to calculate the rates.

I-SERV Submeasure 1 (New Clients): Case Study



CCBHC Alpha needs to understand who is considered a New Client for inclusion in I-SERV Submeasure 1 (Time to Initial Evaluation):

- Person A is 10 years old and has never been a client at Alpha. Her mother calls to get an appointment. **No, she is too young to include in the measure.**
- Person B is 23 years old and has never been a client at Alpha. She calls for an appointment. **Yes, she is a New Client.**
- Person C is 44 years old and was last seen at Alpha more than six months ago. He walks in for an appointment. **Yes, he is a New Client.**
- Person D is 68 years old and was last seen at Alpha five months ago. He walks in for an appointment. **No, he is not a New Client.**

Note: This also applies to submeasure 2, Time to Initial Clinical Service.

I-SERV Submeasure 1 (First Contact): Case Study



CCBHC Alpha needs to understand what is considered First Contact for New Client inclusion in I-SERV Submeasure 1 (Time to Initial Evaluation):

- New Client E telephones Alpha to make an appointment and, at that time, undergoes a preliminary screening/risk assessment/triage to determine urgency, basic information (including insurance status) is collected, and an appointment is made. **First Contact has occurred, New Client E is included in the submeasure, and time is counted from there.**
- Person F is referred by his PCP but no contact has occurred directly between Person F and Alpha. **First Contact has not occurred and Person F is not included in the measure at that time.**

Note: This also applies to submeasure 2, Time to Initial Clinical Service.

I-SERV Submeasure 1 (Initial Evaluation): Case Study



CCBHC Alpha needs to understand what an Initial Evaluation is to satisfy I-SERV Submeasure 1 (Time to Initial Evaluation):

- New Client G walks in for open access hours and undergoes a preliminary screening/risk assessment/triage to determine urgency, basic information (including insurance status) is collected (**First Contact**), and a clinical service is provided by a licensed provider at that visit. An Initial Evaluation that satisfies the requirements of the Certification Criteria is completed at a subsequent visit in one week. **New Client G is included in the submeasure and the time to Initial Evaluation for submeasure 1 is the number of business days (Monday-Friday, excluding state and federal holidays (regardless of days of operation)) between the walk-in and the completion of the Initial Evaluation.**
 - In this instance, for submeasure 2, Time to Initial Clinical Service), First Contact and Initial Clinical Service are on the same day.

I-SERV Submeasure 2: Time to Initial Clinical Services

I-SERV Measure 2: Time to Initial Clinical Services

- Denominator is the number of **all clients in the eligible population (New Clients ages 12 and older)**
- Numerator is total **number of days** from **First Contact to Initial Clinical Service** for all members of the Denominator

Note: Please refer to the CCBHC Technical Specification for guidance on inclusion/exclusion criteria, definitions and how to calculate the rates.

I-SERV Submeasure 2: Case Study



CCBHC Alpha needs to understand what Initial Clinical Services are for calculating I-SERV Submeasure 2 (Time to Initial Clinical Services):

- New Client E has had First Contact by telephone and 9 business days later has her first appointment at the CCBHC in which she receives a clinical service within the Certification Criteria Scope of Services that include criteria:
 - 4.E Person-Centered and Family-Centered Treatment Planning,
 - 4.F Outpatient Mental Health and Substance Use Services,
 - 4.H Targeted Case Management Services, OR
 - 4.I Psychiatric Rehabilitation Services, OR
 - 4.J. Peer Supports, Peer Counseling, and Family/Caregiver Supports, OR 4.K. Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans, if those services fall within the general scope of service in criteria 4.E, 4.F, 4.H, or 4.I.

New Client E's time to initial clinical services is 9 days.

I-SERV Submeasure 3: Time to Crisis Services

I-SERV Measure: Time to Crisis Services

- Denominator is the number of **all clients in the Eligible Population (all seeking crisis services for a New Crisis Episode (who are age 12 or older))**
- Numerator is the total **number of hours** from **Crisis Episode contact** to related provision of a **Crisis Service** for all members of the Denominator

Note: Please refer to the CCBHC Technical Specification for guidance on inclusion/exclusion criteria, definitions and how to calculate the rates.

I-SERV Submeasure 3: Case Study



CCBHC Alpha needs to understand how to measure time for I-SERV Submeasure 3 (Time to Crisis Services):

- Client H is a long-time client at Alpha and received mobile crisis services from Alpha twice in October. On November 5, a mobile crisis team is sent to her home in response to a call from her partner. **Alpha should count hours to delivery of crisis services for each of H's crisis episodes that are separated by at least 24 hours.**
- Client I called 988, which is operated by Alpha in their area of the state. The 988 staff talked with Client I for 25 minutes and concluded that no additional services were immediately required, but sent a referral on to Alpha's appointment desk to contact her routinely to arrange an appointment. **This involved no face to face contact between Client I and the CCBHC as a provider of crisis services and the contact is not included in submeasure 3.**
- Client J called 988 and the 988 staff dispatched an Alpha mobile crisis team to Client J's apartment. **The time between the call to 988 and receipt of mobile crisis services is measured in hours for submeasure 3.**
- Client K lives in a remote frontier part of Alpha's service area (five hours in good weather by car to Alpha's CCBHC clinic building). His crisis call to Alpha led to the use of telehealth for delivery of mobile crisis services. **The time in hours between Client K's call and the receipt of telehealth crisis services is used to calculate time to crisis services.**

Screening for Social Drivers of Health (SDOH)



SDOH Measure: Description and Source

- The SDOH measure calculates the percentage of clients 18 years and older screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety.
- Frequency of screening: Once per measurement year.
- Source: Based on MIPS CQMs #487 (2023), stewarded by CMS

SDOH Measure: Case Study



CCBHC Beta routinely sends out a few standardized screening instruments (including one for SDOH) by mail, email, or text, or through its client portal in advance of initial visits, as well as for the first visit of the new year for returning clients.* If this is not possible, the client is handed the screening instruments by the receptionist in the waiting room to complete when they come for the visit.

CCBHC Beta's licensed providers review those results to identify issues (including problems with SDOHs). They then meet with the client for the first visit for new clients, or for the first visit of the year for returning clients.* At that visit, they review the results of the screenings and discuss identified issues with the client. **This satisfies the numerator.**

Where appropriate, the provider makes a referral or takes another approach to assist the client with identified SDOH deficits. **This is the appropriate next step beyond what the measure specifically requires.**

*Note that the use of first visit of the new year is just for convenience. As long as there is an SDOH assessment in each MY, that is acceptable.



Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)

ASC Measure: Description and Source

- The ASC measure calculates the percentage of clients aged 18 years and older who were screened for unhealthy alcohol use using a Systematic Screening Method at least once within the last 12 months AND who received brief counseling if identified as an unhealthy alcohol user. The ASC measure has three sub measures:
 - (1) screening, (2) brief counseling, (3) screening and brief counseling
- Frequency of screening: Once per measurement year.
- Source: Based on MIPS CQMs #431 (2023), derived from a measure stewarded by NCQA

Note: Please refer to the CCBHC Technical Specification for guidance on inclusion/exclusion criteria, definitions and how to calculate the rates.

ASC Submeasure 1: Screening

ASC Submeasure 1: Screening

- Denominator is **all clients in the Eligible Population (Clients 18 years or older with the requisite Measurement Year encounters identified in the specifications, who do not fall into any of the specified exclusions)**
- Numerator is **all clients in the Denominator** who in the past 12 months:
 - **screened positive** using specified systematic screening method OR **screened negative** using specified systematic screening method

Note: Please refer to the CCBHC Technical Specification for guidance on inclusion/exclusion criteria, definitions and how to calculate the rates.

ASC Submeasure 1: Case Study



CCBHC Gamma needs to understand who to include in the denominator and numerator for ASC submeasure 1 (screening):

- Client A is 12 years old and Gamma screens him using the CRAFFT. **Client A is too young to be included in the denominator (and therefore the numerator) and Gamma can screen using any age-appropriate tool.**
- Client B is 59 years old and has a diagnosis of dementia. **Client B is excluded from the denominator (and therefore the numerator) because of the dementia exclusion.**
- Client C 45 years old and a new provider at Gamma used the CAGE for screening. **Client C is included in the denominator but not the numerator because none of the specified screening instruments were used.**
- Client D is 68 years old and Gamma uses the single question screener (SQS). Client D reported having 4 drinks in a day twice during the past year. **Gamma identifies him as having problematic alcohol use because, even though the SQS cut-off for men is 5 drinks in one day at least once in the past year, the SQS cut-off for anyone older than 65 is 4 drinks in one day at least once in the past year.**
- Client E is 29 years old and comes in for an eligible encounter on March 17, 2025. He was screened using the AUDIT last year on February 2, 2024. **Gamma must screen him again because his last screening was more than 12 months before.**
- Client F is 30 years old and comes in for an eligible encounter on March 17, 2025. She was screened using the AUDIT last year on August 2, 2024. **Gamma does not need to screen her again because her last screening was within the past 12 months. If, however, she returns for another visit on August 3, 2025 and there has been no screening since August 2, 2024, Gamma must screen her in the August 3, 2025 visit.**

ASC Submeasure 2: Brief Counseling

ASC Submeasure 2: Brief Counseling

- Denominator is **all clients in the Eligible Population (Clients 18 years or older with the requisite Measurement Year encounters identified in the specifications, who do not fall into any of the specified exclusions and who were screened for unhealthy alcohol use and identified as an unhealthy alcohol user)**
- Numerator is **all clients in the Denominator who, in the past 12 months, received brief counseling**

Note: Please refer to the CCBHC Technical Specification for guidance on inclusion/exclusion criteria, definitions and how to calculate the rates.

ASC Submeasure 2: Case Study



CCBHC Gamma needs to understand who to include in the denominator and numerator for ASC submeasure 2 (brief counseling):

- Client G is 45 years old and was screened using the AUDIT and received a score of 7. **Gamma does not need to provide brief counseling because that is below the AUDIT cut-off score of ≥ 8 . Client G is not included in the denominator (nor the numerator).**
- Client H is female and 45 years old and was screened using the AUDIT-C, receiving a score of 3. **Gamma should provide brief counseling because that score for women on the AUDIT-C identifies her as having problematic alcohol use.**
- Client I is 29 years old and comes in for an eligible encounter on March 17, 2025. He was screened using the AUDIT last year (score 6) on February 2, 2024. **Gamma must screen him again because his last screening was more than 12 months before. This time he scores 10. Gamma must provide him with brief counseling.**

ASC Submeasure 3: Screening & Brief Counseling

Note: Providers are only required to use submeasures 1 and 2 unless they were reporting this measure as part of MIPS before 2017. Submeasure 3 is optional for others.

ASC Submeasure 3: Screening & Brief Counseling

- Denominator is **all clients in the Eligible Population (Clients 18 years or older with the requisite Measurement Year encounters identified in the specifications, who do not fall into any of the specified exclusions)**
- Numerator is **all clients in the Denominator** who, in the past 12 months:
 - (a) **screened positive** using systematic screening method and **received Brief Counseling** OR
 - (b) **screened negative** using systematic screening method

Note: Please refer to the CCBHC Technical Specification for guidance on inclusion/exclusion criteria, definitions and how to calculate the rates.

Bonus Slides

I-SERV

I-SERV Submeasure 1: Practice Example

Denominator

Number of New Clients requesting CCBHC services during MY	2,000
Of those, requested service during last month of MY	-500
Of those, 11 years or younger on last day of MY	-150
Of those, never received Initial Evaluation	-125
Denominator	1,225

Numerator

Total number of days between request for services and Initial Evaluation for all clients in Denominator	9,889
Numerator	9,889

**I-SERV submeasure #1 = $9,889/1,225 = 8$
This means it was an average of 8 days until Initial Evaluation at this CCBHC during this MY.**

I-SERV Submeasure #2: Practice Example

Denominator

Number of New Clients requesting CCBHC services	2,000
Of those, requested service during last month of MY	-500
Of those, 11 years or younger on last day of MY	-150
Of those, never received Initial Clinical Services	-100
Denominator	1,250

Numerator

Total number of days between request for services and Initial Clinical Services for all clients in Denominator	7,789
Numerator	7,789

I-SERV submeasure #2 = 7,789 / 1,250 = 6.23
This means it was an average of 6 days until Initial Clinical Services at this CCBHC during this MY.

I-SERV Submeasure 3: Practice Example

Denominator

Number of Clients seeking Crisis Services from CCBHC or crisis DCO	600
Of those, also had requested crisis service during the prior 24 hours	-100
Of those, 11 years or younger on last day of MY	-120
Of those, never received a Crisis Service	-8
Denominator	372

Numerator

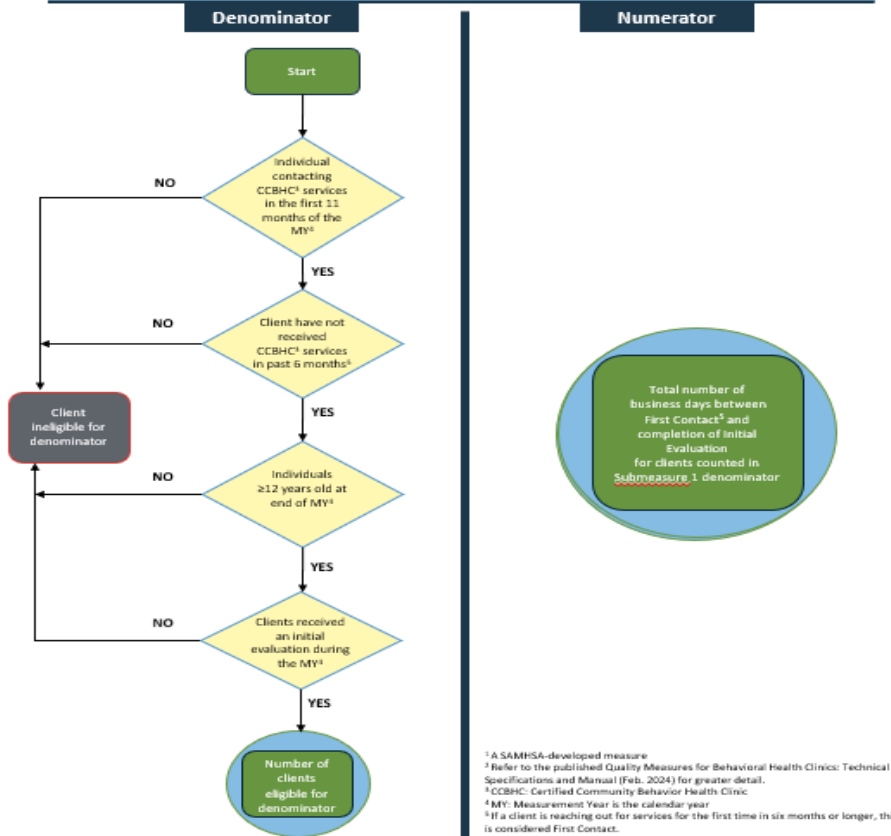
Total number of hours between Crisis Episode contact and related provision of Crisis Service for all clients in Denominator	1,296
Numerator	1,296

I-SERV submeasure #3 = 1,296 / 372 = 3.48
This means it was an average of 3.5 hours until Receipt of Crisis Services at this CCBHC during this MY.

I-SERV Submeasure 1: Flow Chart

Behavioral Health Clinic Quality Measures for
Time to Services - Initial Evaluation (I-SERV)^{1,2}

$$\frac{\text{Numerator}}{\text{Denominator}} = \text{I-SERV Submeasure \#1 Rate}$$



¹ A SAMHSA-developed measure

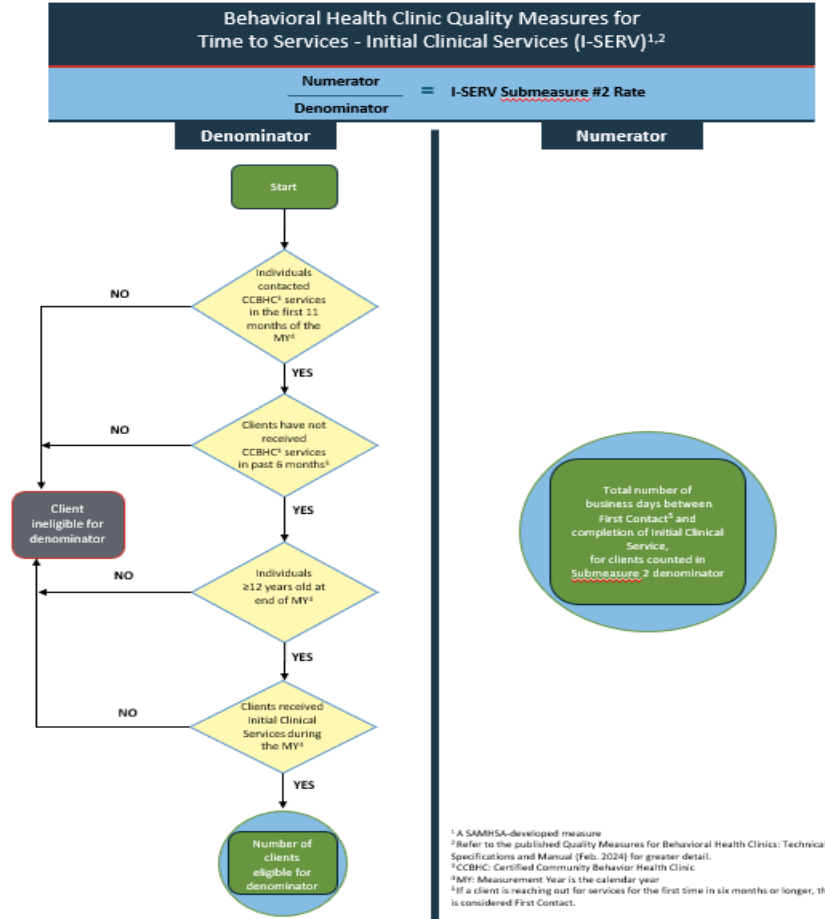
² Refer to the published Quality Measures for Behavioral Health Clinics: Technical Specifications and Manual (Feb. 2024) for greater detail.

³ CCBHC: Certified Community Behavior Health Clinic

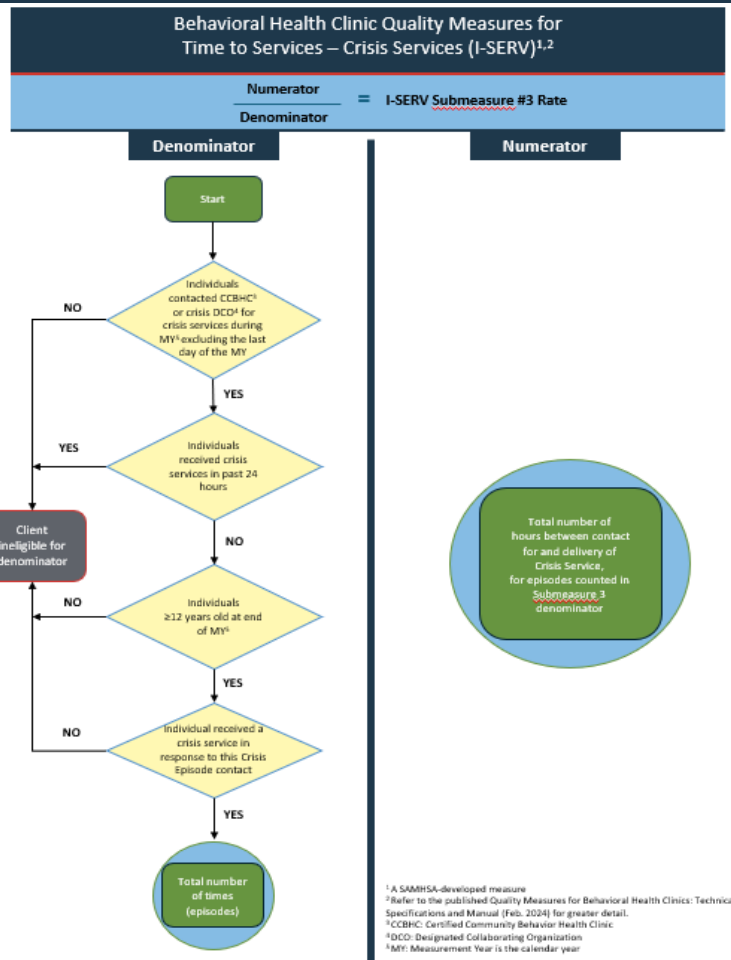
⁴ MY: Measurement Year is the calendar year

⁵ If a client is reaching out for services for the first time in six months or longer, this is considered First Contact.

I-SERV Submeasure 2: Flow Chart



I-SERV Submeasure 3: Flow Chart



SDOH

SDOH Measure: Standardized Health-Related Social Needs (HRSN) Screening Tools

HRSN is the term used by [HHS](#) to refer to an individual's unmet, adverse social conditions that contribute to poor health as a result of the community's underlying SDOH. **Examples** of standardized HRSN screening tools **include but are not limited to**:

- Accountable Health Communities Health-Related Social Needs Screening Tool ([2017](#))
- Accountable Health Communities Health-Related Social Needs Screening Tool ([2021](#))
- The Protocol for Responding to and Assessing Patients' Risks and Experiences (PRAPARE) Tool ([2016](#))
- WellRx Questionnaire ([2014](#))
- American Academy of Family Physicians (AAFP) Screening Tool ([2018](#))

SDOH Measure: Practice Example

Denominator

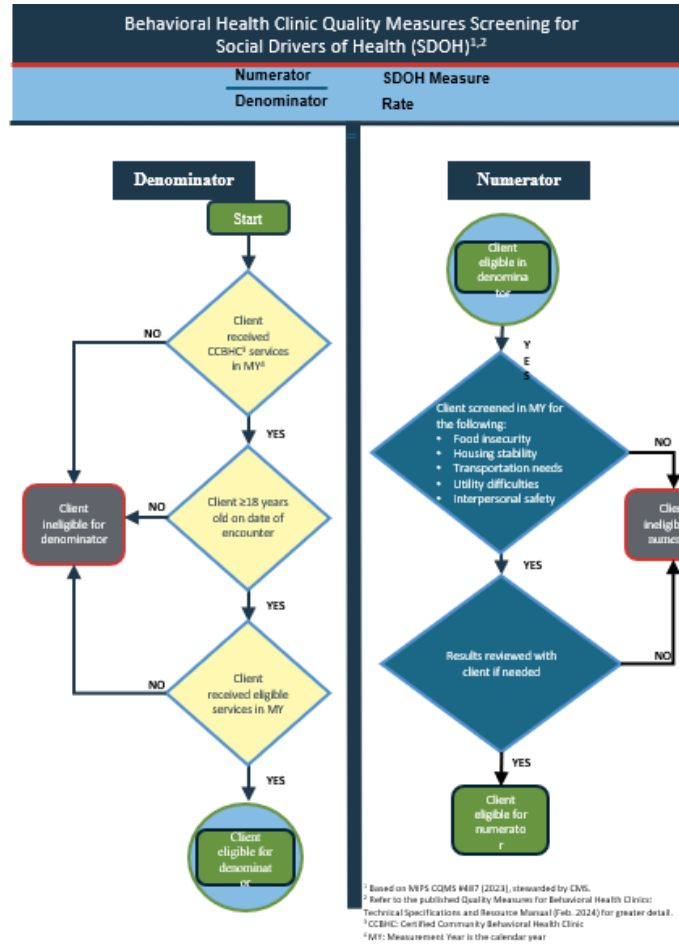
Number of people receiving CCBHC service in Measurement Year (MY)	2,500
Of those, service was one of the appropriate encounter codes	2,000
Of those, 18 or older at date of service	1,500
Denominator	1,500

Numerator

Number in Denominator	1,500
Screened for SDOH using standardized screener during MY	1,000
Not screened during MY	500
Numerator	1,000

SDOH rate = $1000/1500 = .67$. This means 67% of the eligible population were screened using a standardized screener of SDOH.

SDOH: Flow Chart



ASC

ASC Submeasure 2: Brief Counseling Defined

For purposes of the ASC measure, brief counseling for unhealth alcohol use refers to one or more counseling sessions, a minimum of 5 to 15 minutes, which may include: feedback on alcohol use and harms; identification of high-risk situations for drinking and coping strategies; increased motivation and the development of a personal plan to reduce drinking.

Note: Please refer to the CCBHC Technical Specification for guidance on inclusion/exclusion criteria, definitions and how to calculate the rates.

ASC Submeasure 1: Practice Example

$$\text{ASC rate \#1} = 650/1200 = .54$$

Denominator

Number of people receiving CCBHC service in Measurement Year (MY)	2,500
Of those, service was one of the appropriate encounter codes	2,000
Of those, 18 or older at date of service	1,500
Of those, no dementia, hospice use, or existing alcohol use disorder diagnosis	1,200
Denominator	1,200

Numerator

Number in Denominator	1,200
Screened positive using standardized alcohol screener (SAS) at or during 12 mos. before denominator visit(s)	250
Screened negative using SAS at or during 12 mos. before denominator visit(s)	400
Not screened at or during 12 mos. before denominator visit(s)	550
Numerator	650

ASC Submeasure 2: Practice Example

Denominator

Number receiving CCBHC service in Measurement Year (MY)	2,500
Of those, service was one of the appropriate encounter codes	2,000
Of those, 18 + at date of service	1,500
Of those, no dementia, hospice use, or existing AUD diagnosis	1,200
Of those, screened positive using standardized alcohol screener (SAS) at or during 12 mos. before denominator visit(s)	250
Denominator	250

Numerator

Number in Denominator	250
Received brief counseling	150
Numerator	150

$$\text{ASC rate \#2} = 150/250 = .60$$

ASC Submeasure #3: Practice Example

$$\text{ASC rate \#3} = 450/1200 = .38$$

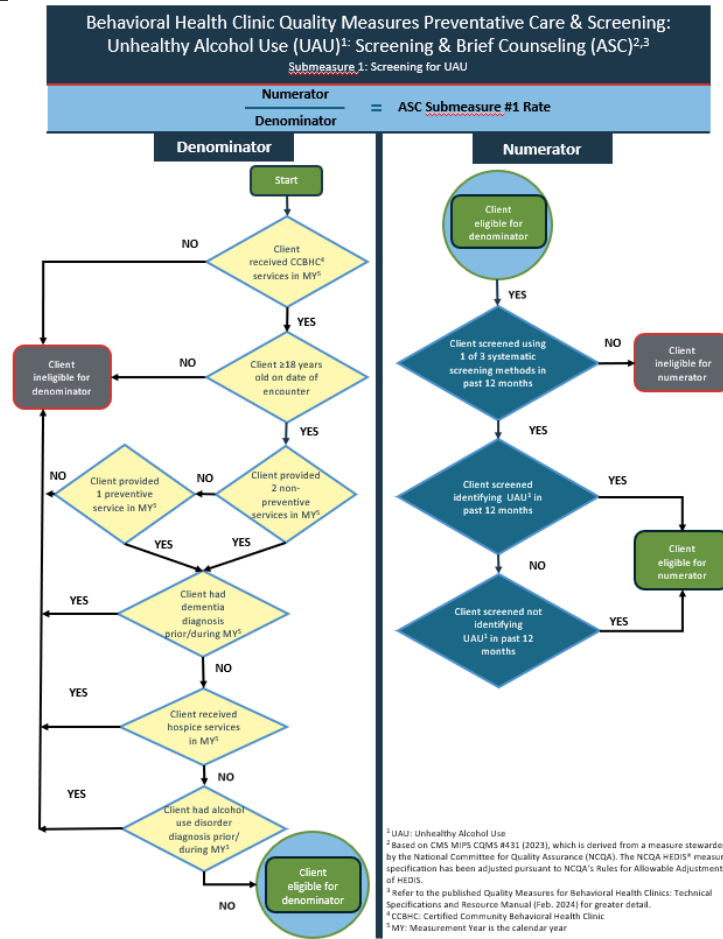
Denominator

Number of people receiving CCBHC service in Measurement Year (MY)	2,500
Of those, service was one of the appropriate encounter codes	2,000
Of those, 18 or older at date of service	1,500
Of those, no dementia, hospice use, or existing alcohol use disorder diagnosis	1,200
Denominator	1,200

Numerator

Number in Denominator	1,200
Screened positive using standardized alcohol screener (SAS) at or during 12 mos. before denominator visit(s)	250
Screened positive and received Brief Counseling	150
Screened negative using SAS at or during 12 mos. before denominator visit(s)	300
Not screened at or during 12 mos. before denominator visit(s)	650
Numerator	450

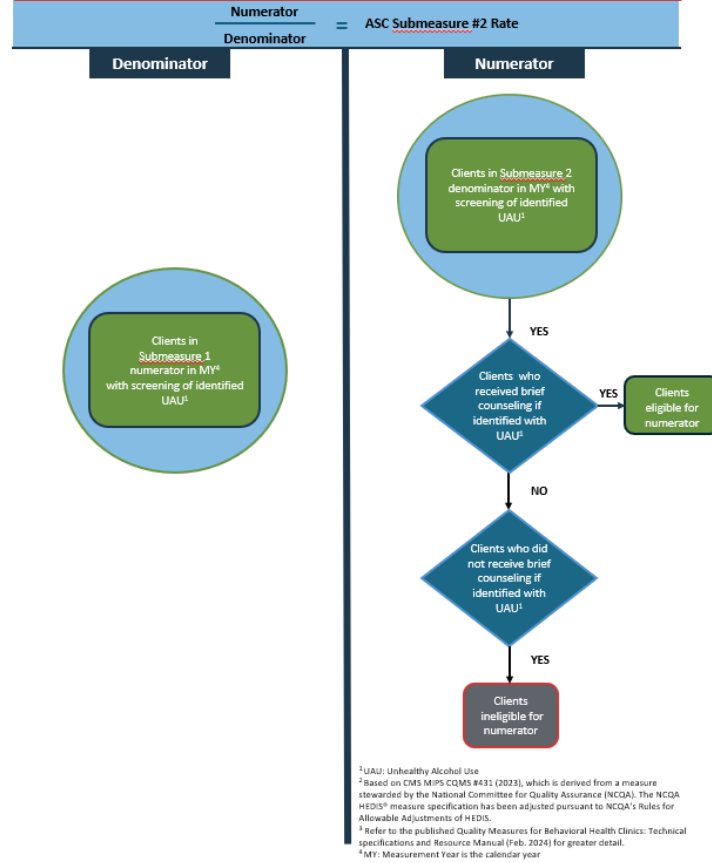
ASC Submeasure 1: Flow Chart



ASC Submeasure 2: Flow Chart

Behavioral Health Clinic Quality Measures Preventative Care & Screening:
Unhealthy Alcohol Use (UAU)¹: Screening & Brief Counseling (ASC)^{2,3}

Submeasure 2: Receipt of Brief Counseling (BC) if Needed



ASC Submeasure 3: Flow Chart

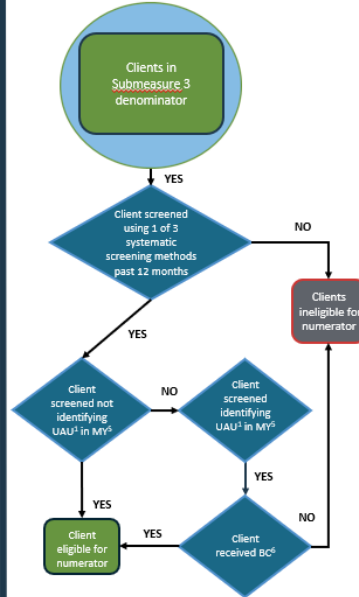
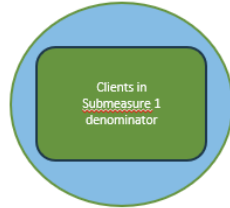
Behavioral Health Clinic Quality Measures Preventative Care & Screening:
Unhealthy Alcohol Use (UAU)¹; Screening & Brief Counseling (ASC)^{2,3}

Submeasure 3: Combined Screening and Brief Counseling⁴

$$\frac{\text{Numerator}}{\text{Denominator}} = \text{ASC Submeasure \#3 Rate}^4$$

Denominator

Numerator



¹ UAU: Unhealthy Alcohol Use

² Based on CMS MIPS CGMS #11: (D03), which is derived from a measure stewarded by the National Committee for Quality Assurance (NCQA). The NCQA HEDIS[®] measure specification has

³ Refer to the published Quality Measures for Behavioral Health Clinics: Technical specifications and Resource Manual (Feb. 2024) for greater detail.

⁴ Providers need not use Submeasure 3 unless they were reporting ASC as part of MIPS before 2017.

⁵ MY: Measurement Year is the calendar year

⁶ BC: Brief counseling

License Agreements and Acknowledgements

Use of the Certified Community Behavioral Health Clinics Clinic-Required Quality Measures: Flow Chart Tool Kit indicates acceptance of the pertinent license agreements contained in the Substance Abuse and Mental Health Services Administration: Quality Measures for Behavioral Health Clinics: Technical Specifications and Resource Manual (2024).

Additionally, the Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC) measure, which is stewarded by the National Committee for Quality Assurance (NCQA), is adjusted as follows: The NCQA HEDIS[®] measure specification for ASC has been adjusted pursuant to NCQA's Rules for Allowable Adjustments of HEDIS.¹

¹ The Healthcare Effectiveness Data and Information Set (HEDIS[®]) is a registered trademark of NCQA.

Thank You

SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

Direct Quality Measure Questions to:

CCBHCMasuresSubmission@samhsa.hhs.gov

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)

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Why CQM Data is Important

- Establishes a baseline
- Separates empirical evidence from anecdotes
- Allows monitoring of changes to ensure that improvements are sustained
- Indicates whether changes lead to improvements
- Allows comparisons of performance across sites/clinics/states



Steps to Establishing a Data Infrastructure



Establish your quality measures team/workgroup.



Determine data needs and sources.



Identify data collection methods.



Develop a data plan and workflows for data collection, analysis, and communication.



Pilot workflows and identify areas for improvement as needed.



Revisit steps to test changes or to address other issues as they arise.



Celebrate successes along the way!



Step 1: Establish Quality Measures Team

- Identify a data champion to spearhead the process
- Provide initial training and ongoing coaching on the requirements
- Establish an interdisciplinary team, including all levels of the organization:
 - Data specialists and IT staff
 - Clinical staff
 - Members of leadership
 - Program managers
 - Peer support specialists
 - Others involved in data collection and analysis
- Establish routine meetings (e.g., weekly, biweekly, monthly)
- Enlist leaders to help build buy-in for data infrastructure

Step 2: Determine Data Needs and Sources

- Map data requirements, referencing SAMHSA's *Quality Measures for Behavioral Health Clinics: Technical Specifications and Resource Manual*
 - Crosswalk the CPT and HCPCS codes (used to identify clients) to your EHR codes and forms; you may need to add some eligible service codes to your EHR
- Review data sources and forms; strengthen where needed
- Identify new data sources and create/embed new forms as needed
- Integrate or link data from different systems while assuring client privacy



Step 3: Identify Data Collection Methods



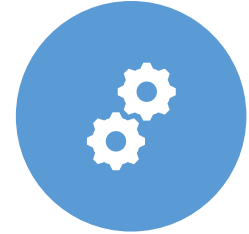
With your team members, identify methods for gathering the data needed



Determine whether the methods are appropriate and equitable



Promote methods that are minimally burdensome on clients and staff



Develop data collection tools if needed



Step 4: Develop Data Plan and Workflows

- Develop data processes: Determine how and when data will be collected and analyzed
- Build data collection and reporting into existing workflows
- Designate roles and responsibilities for each aspect of the data collection, analysis, and reporting process
- Build alerts into workflows and other automation into the EHR
- Include a plan for sharing data with others to gain context and interpret results

Step 5: Pilot Test and Refine Workflows

- Pilot test with a sample of client records to see how the processes fit into existing workflows
- Analyze data and review results to identify potential barriers and effective strategies to improve the workflow
- Perform data reliability and validity tests where necessary (e.g., pull reports from EHR on clients with missing intake/screening data, routinely check in with people responsible for data collection)
- Provide training and re-training as needed

Revisit Steps & Celebrate Successes

- Repeat steps to test different changes or to address other issues as they arise
- Consult team members about potential workflow changes
- Update workflows and documentation requirements accordingly, and communicate changes to all involved
- Use data dashboards to summarize outcomes related to the clinical quality measures; incorporate into quality improvement plans
- Celebrate successes with your team along the way!





Recommendation: Assess Your EHR

- Does your current EHR meet the CCBHC Criteria?
- Do you have the data collection, analysis, and reporting infrastructure?
- Can you collect all required measures within your EHR?
- Will your EHR produce appropriate reports for the clinic quality measures?



NATIONAL
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Example from a Nebraska CCBHC



Developed a CCBHC clinical quality measures workgroup



Utilized the CCBHC Certification Criteria Manual and studied clinical quality measures and specifications



Evaluated how each measure would be documented in the electronic health record (i.e., SmartCare)



Consulted with providers and program staff for guidance with workflows



Produced training guides that included agreed upon workflows, documentation requirements, screen shots



Reviewed data frequently with workgroup, key program staff



Utilized Power BI reports to visualize/summarize outcomes

Data Dashboard Example

Back to Agency Outcomes



Indicator Applies To:

Persons Served

Time of Indicator:

Hospital Admission

Data Source:

Electronic Health Record

Obtained By:

Team Member

85% of persons served will not require a psychiatric hospitalization during the year.

Numerator = Number of clients who had fewer than 1 hospitalization in the selected reporting period.

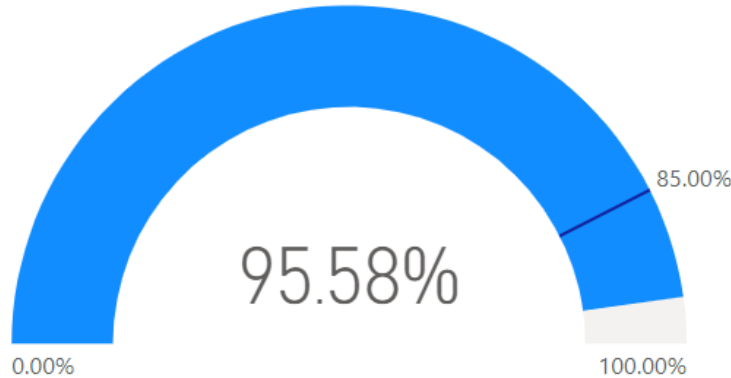
Denominator = Number of clients who were enrolled in services at least one day in the selected reporting period.

	1	2	3	Total
Client had fewer than 1 Hospitalizations	1540	1651	1532	1793
Client Population	1585	1688	1547	1876
Clients With Fewer than 1 Hospitalizations Percentage	97.16%	97.81%	99.03%	95.58%
Clients Hospitalized	45	40	15	86

Fiscal Year

- ✓ 2019
- ✓ 2020
- ✓ 2021
- ✓ 2022
- ✓ 2023
- ✓ 2024

Clients With Fewer than 1 Hospitalizations Percentage



ClientId	Client Population	Clients Hospitalized
2866	1	1
4481	1	1
4632	1	1
4685	1	1
4823	1	1
4970	1	1
5298	1	1
5354	1	1
5415	1	1
5592	1	1
6304		1
6363	1	1
Total	1876	86

Building Infrastructure for Clinical Quality Measures

John Gavino, LCSW,
Director of CCBHC
Fidelity and
Compliance



Our Mission:

Family & Children's Services

Promotes, supports, and strengthens the well-being and behavioral health of adults, children, and families.



rest CHANGING LIVES NEWS CHANNEL 8 abc KULSA STANDING UP FOR THE MIDDLE CLASS LA Los Angeles Dodgers PROUD MLB PARTNER OF THE TULSA DRILLERS T Okla

2000's to Present Day

- 2000's - Established Mental Health Division, Began integrated co-occurring services, PACT teams, Initiated 24/7 mobile crisis services, 24/7 Crisis Care Center.
- SAMHSA CCBHC grants 2018, 2020, & 2022
- CCBHC State Plan Amendment October 2021
- CCBHC Demo status October 2023
- Since 2022, hired nearly 50% of our current staff; over 1,400 employees
- Today, Family & Children's Services provides hope and healing to over 115,000 individuals each year (in/out of CCBHC), or one in six Tulsans.



Acknowledgments

- Ann Jenkins
- Stephanye Lewis
- Fang Luque
- Chris Okey
- Lane Neufeld
- Julie Foster
- Emily Shunatona



Learning Objectives

- Share our best practices, learned lessons, process of developing the infrastructure for collecting and reporting the clinic collected required Quality Measures.

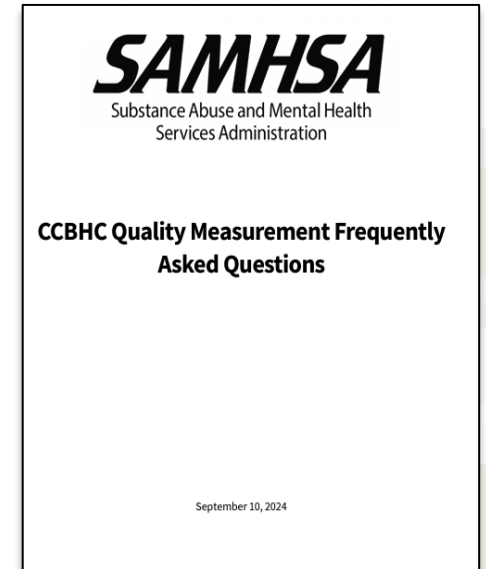
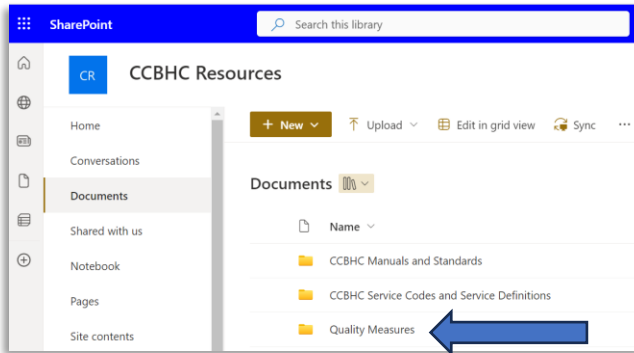
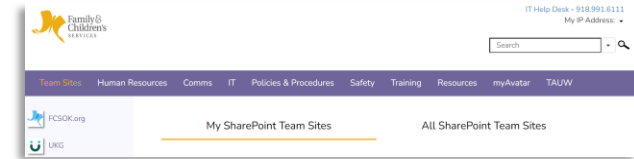


Quality Measures Guidance

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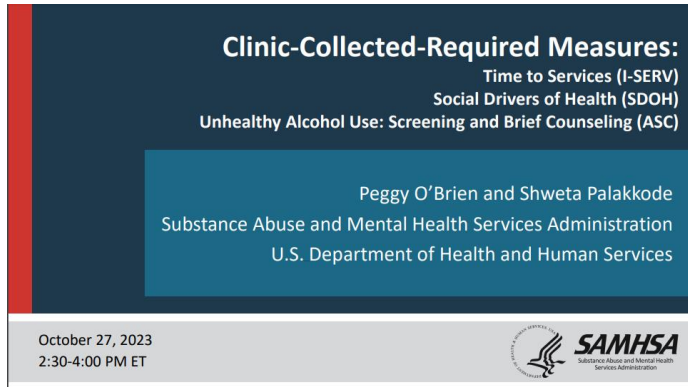
Quality Measures Specifications

- Review the Specifications (Feb 2024) and FAQs (Sept 2024)



Quality Measures Webinars

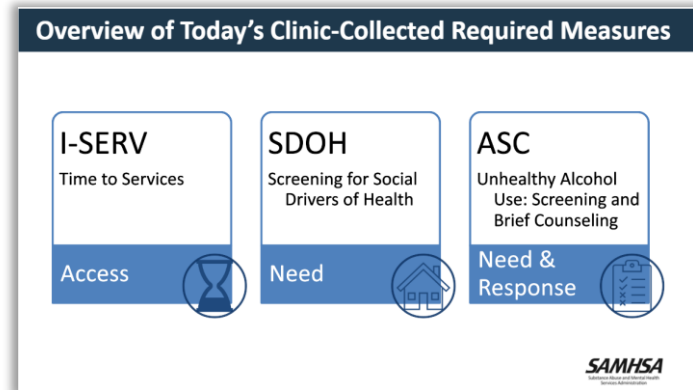

- Review the webinars (Oct & Nov 2023, March 2024)
 - [Webinar #1 Clinic Collected Required Measures](#)






Clinic-Collected-Required Measures:
Time to Services (I-SERV)
Social Drivers of Health (SDOH)
Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)


Peggy O'Brien and Shweta Palakkode
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

October 27, 2023
2:30-4:00 PM ET



Overview of Today's Clinic-Collected Required Measures

I-SERV Time to Services Access 	SDOH Screening for Social Drivers of Health Need 	ASC Unhealthy Alcohol Use: Screening and Brief Counseling Need & Response 
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Direct Quality Measure Questions to:
CCBHCMeasuresSubmission@samhsa.hhs.gov

Quality Measures Workgroups

- Family & Children's Services (FCS)
 - Director of CCBHC
 - Executive Vice President of Continuous Quality Improvement (CQI)
 - Business Intelligence (BI) Team
 - Senior Program Director of Children's CCBHC
 - Vice President of Access
 - Director of CQI

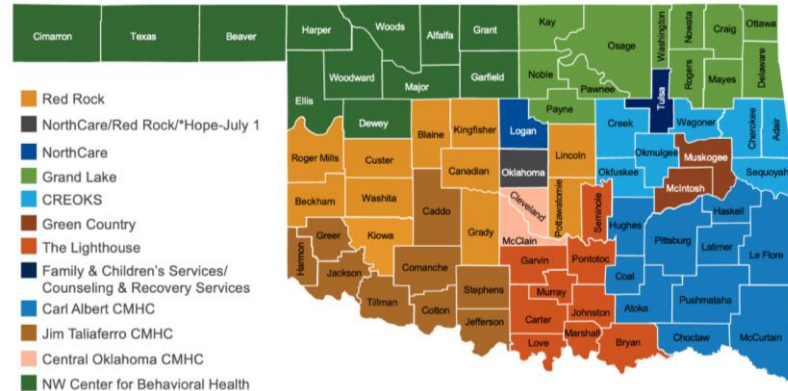


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Quality Measures Workgroups

- Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)
 - Similarities and differences between SAMHSA and ODMHSAS
 - ODMHSAS Contract Monitoring requirements
 - 14 CCBHCs in Oklahoma



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Quality Measures Workgroups

FCS CCBHC Network of Champions

- High level
- Q&A
- CQI
- Pilot
- Demo reports
- Action steps
- Develop time limited workgroups
- Updates and changes
- Review outcomes

CCBHC
Clinic Collected Required Quality Measures
2025

Time to Services (I-SERV)
Social Drivers of Health
Unhealthy Alcohol Use: Screening and Brief Counseling
Screening for Depression & Follow-up Plan
Depression Remission at Six Months
Tobacco Use: Screening and Cessation Intervention
Weight Assessment and Counseling

Family & Children's SERVICES

Participants: Angela Adams, Angie Fineman, Ashlee Hoigley, Mary Ellen..., Lindsey..., Kelly Lohr..., Joe Meren..., Julie Foster, John Gavini, Alicia Z...

Quality Measures Workgroups

- CCBHC Training with Supervisors and Data Specialists
 - Program level details and specifics
 - Live program examples and workflows
 - Demo BI reports
 - Technical Assistance, Q&A
 - Encourage follow up questions
 - Updates and changes



Family & Children's SERVICES Let's Move the Needle!

POOR FAIR GOOD EXCELLENCE

Chat Messages

Kelly Mounce 43:42
Wellness billing too. j

Terrie Grigsby 43:54
We then are able to be better for the 6mo follow up with QM

2024 CCBHC Training via Zoom Add to Zoom Clips

CCBHC Measures Summary

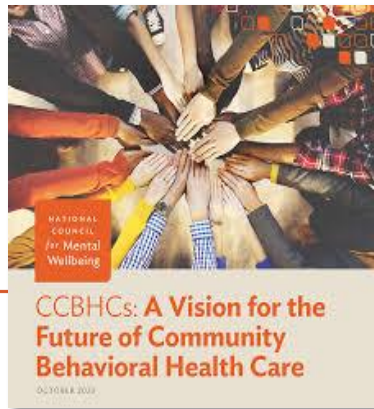
Measure	Target	Actual	Score
CCBHC Measure 1	80%	78%	91%
CCBHC Measure 2	80%	77%	91%
CCBHC Measure 3	80%	78%	91%

Chat Messages

Shana Niccum (She/Her) 01:00:39
Thank you!

Quality Measures Workgroups

- Other Oklahoma Agency partnership workgroup discussions
 - Better understand how other agencies implement the QMs
 - Ask questions
 - Internal benchmarking
 - Working and not working, successes and challenges



Service Codes

- Crosswalk service codes (HCPCS/CPT codes to EHR codes)
- Coordinate with Billing department and EHR department
 - Add service codes to EHR and programs
 - EHR form creation and auto populate codes
 - Train staff on definition and use of codes

Clinical Services:

99202-99205	Medication Evaluation and Management for Behavioral Health , New Patient,
H0004	Behavioral Health Counseling and Therapy (Individual, Group, or Family)
H0022	Substance Abuse Early Intervention Counseling
S9444	Parenting Skills Training, Group (Families with Children 0-17) EBP
S9446	Group Behavioral Health Interventions, ages 6-17 (child is present)
90849	Multiple-family group psychotherapy (ages 0-3)
90847	Family psychotherapy, conjoint psychotherapy with the patient present (ages 0-3)
T1016	Targeted Case Management - Clients with SMI/SED or on the Most in Need list only
T1017	Case Management
90837	Counseling, 60 minutes
H2017	Individual/Group Rehabilitative Treatment/Enhanced Illness Management & Recovery
H2027	Psychoeducation and Counseling
H2017	Group Rehabilitative Treatment - Clients 12 - 17 years
H2019	Therapeutic Behavioral Services

Step 3

1. Had at least two encounters at the Provider during the Measurement Year. Relevant codes (Current Procedural Terminology [CPT®] or Healthcare Common Procedure Coding System [HCPCS]) include: 90791, 90792, 90832, 90834, 90837, 90845, 92002, 92004, 92012, 92014, 92521, 92522, 92523, 92524, 92540, 92557, 92625, 96156, 96158,

Performance Met:

- Client identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a Systematic Screening Method (**G2196 or equivalent information source**),
OR
- Client screened for unhealthy alcohol use using a Systematic Screening Method and not identified as an unhealthy alcohol user (**G2197 or equivalent information source**)



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Crosswalk Service Codes

Avatar Code	CPT Code	Avatar Code	Name of Service Selected by DMH
20 - Medication Review	99202-99205		Medication Evaluation and Management for Behavioral Health, New Patient.
29 - Interactive Psychotherapy	99209	703 - 99202 new pt EM px low-moderate	
30 - Individual Counseling	99203	704 - 99203 new pt EM px moderate	
31 - Group Counseling	99204	705 - 99204 new pt EM px mod-high	
32 - Family Counseling	99205	706 - 99205 new pt EM px mod-high	
34 - Individual Therapy Gambling	99211-99215		Medication Evaluation and Management for Behavioral Health, Existing Patient.
35 - Group Therapy Gambling	99211	No Avatar Code	
40 - Individual Rehab Treatment	99213	706 - 99212 est pt EM px minor	
41 - Group Rehab Training	99213	709 - 99213 est pt EM px low-moderate	
50 - Case Management	99214	710 - 99214 est pt EM px mod-high	
54 - Case Mgmt for Custody Kids	99215	711 - 99215 est pt EM px mod-high	
55 - PAP Case Management	H0004		Behavioral Health Counseling and Therapy (Individual, Group, or Family)
56 - Transitional Case Management	29 - Interactive Psychotherapy		
71 - Anger Management - Individual	30 - Individual Counseling		
72 - Anger Management - Group	31 - Group Counseling		
130 - Individual Counseling SA	32 - Family Counseling		
131 - Group Counseling SA	34 - Individual Therapy Gambling		
132 - Family/Marital Counseling SA	35 - Group Therapy Gambling		
133 - Individual Rehab SA	71 - Anger Management - Individual		
134 - Group Rehab SA	72 - Anger Management - Group		
135 - WRP SA Group Rehab	130 - Individual Counseling SA		
141 - Therapeutic Behavioral Service - PRSS	131 - Group Counseling SA		
142 - Therapeutic Behavioral Services - BHA/CM	132 - Family/Marital Counseling SA		
150 - Case Management SA	301 - Family w/out IP		Substance Abuse Early Intervention Counseling
206 - Wellness Resource General FZF	H0022	No Avatar Code	
208 - Wellness Resource Tobacco Cess	59444	No Avatar Code	Parenting Skills Training, Group (Families with Children 0-17), EBP
212 - Wellness Group		No Avatar Code billing 59444, 8016 - Parent Skill Training Grp form w/o-17 EBP (has same title as DMH)	Group Behavioral Health Interventions, ages 6-17 (child is present)
213 - Tobacco Cessation Group	59446	8016 - Parent Skill Training Grp form w/o-17 EBP	Multiple-family group psychotherapy (ages 0-9)
217 - Wellness Self-Mgmt Plan Dev w/HRA	90849	No Avatar Code	Family psychotherapy, conjoint psychotherapy with the patient present (ages 0-9)
218 - Wellness Self-Mgmt Plan Facilitation	90847	No Avatar Code	Targeted Case Management - Clients with SM/SED or on the Most in Need list only
219 - Wellness Self-Mgmt Plan Facilitation - Group	1016		
242 - Peer Counseling - Group	54 - Case Mgmt for Custody Kids		
254 - Case Management for Discharge Planning	703 - 99202 new pt EM px low-moderate		
301 - Family w/out IP	704 - 99203 new pt EM px moderate		
309 - PACT - injection/injectable medication	705 - 99204 new pt EM px mod-high		
853 - Family Team Meeting	8000 - Targeted CH clients on MIN - OIA custody		
903 - 99202 new pt EM px low-moderate	8004 - Targeted CH clients on MIN - DHS custody		
904 - 99203 new pt EM px moderate	8005 - Trans Targeted CH MIN +21 OIA cust		
905 - 99204 new pt EM px mod-high			

Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)			
Percentage of clients aged 18 years and older who were screened for unhealthy alcohol use at least once within 12 months AND received brief counseling if identified as an unhealthy alcohol user			
SUBMISSION CRITERIA 1: ALL PATIENTS WHO WERE SCREENED FOR UNHEALTHY ALCOHOL USE			
Numerator Options (CRITERIA 1)			
Performance Met: Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method (G2196)	Not in Avatar	(Match row 16)	
Performance Met: Patient screened for unhealthy alcohol use using a systematic screening method and not identified as an unhealthy alcohol user (G2197)	Not in Avatar	(Match row 17)	
Performance Not Met: Patient not screened for unhealthy alcohol use using a systematic screening method (G2199)	Not in Avatar (if form is not filled out)		
SUBMISSION CRITERIA 2: ALL PATIENTS WHO WERE IDENTIFIED AS UNHEALTHY ALCOHOL USERS AND WHO RECEIVED BRIEF COUNSELING			
Numerator Options (SUBMISSION CRITERIA 2)			
Performance Met: Patient identified as an unhealthy alcohol user received brief counseling (G2200)	Not in Avatar	(Match row 18)	
Performance Not Met: Patient did not receive brief counseling if identified as an unhealthy alcohol user (G2202)	Not in Avatar	(Fall safe; if form is not filled out)	
SUBMISSION CRITERIA 3: ALL PATIENTS WHO WERE SCREENED FOR UNHEALTHY ALCOHOL USE AND, IF IDENTIFIED AS AN UNHEALTHY ALCOHOL USER RECEIVED BRIEF COUNSELING, OR WERE NOT IDENTIFIED AS AN UNHEALTHY ALCOHOL USER			
Numerator Options (SUBMISSION CRITERIA 3)			
Performance Met: Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling (G9621)	We have this code	6907 - Alcohol Screening - unhealthy etoh	
Performance Met: Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method (G9622)	We have this code	6908 - Alcohol Screening - non etoh user	
Performance Not Met: Patient not screened for unhealthy alcohol use using a systematic screening method or patient did not receive brief counseling if identified as an unhealthy alcohol user (G9624)	Not in Avatar		
Denominator Criteria (Eligible Cases):			
At least two patient encounters during the performance period (CPT or HCPCS):		OR At least one preventive encounter during the performance period (CPT or HCPCS)	
22	90791 Not in Avatar	99385*	Not in Avatar
24	90792 Not in Avatar	99386*	Not in Avatar
24	90832 Not in Avatar	99387*	Not in Avatar
26	90834 Not in Avatar	99389*	Not in Avatar
26	90834 Not in Avatar	99390*	Not in Avatar
27	90837 Not in Avatar	99396*	Not in Avatar
28	90845 Not in Avatar	99397*	Not in Avatar
29	92517 Not in Avatar	99401*	Not in Avatar
30	92518 Not in Avatar	99402*	Not in Avatar
31	92519 Not in Avatar	99403*	Not in Avatar
32	92517 Not in Avatar	99404*	Not in Avatar

Screening for Social Drivers of Health (SDOH)

Percentage of clients 18 years and older screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety.

Numerator Options:

Performance Met: Number of patients screened for SDOH (M1207 or equivalent information source) (8910) SDOH - Screening
Performance Not Met: Number of patients not screened for SDOH (M1208 or equivalent information source) (8911) SDOH - Not Screened

SDOH CPT Codes

Denominator criteria: Patients aged 18 and older on date of encounter AND Clients who had at least one of the following encounters at the Provider during the Measurement Year

CPT	Avatar
98962	Not in Avatar
99203	We have this code 704 - 99203 new pt EM px moderate
99204	We have this code 705 - 99204 new pt EM px mod-high
99205	We have this code 706 - 99205 new pt EM px mod-high
99211	Not in Avatar
99212	We have this code 708 - 99212 est pt EM px minor
99213	We have this code 709 - 99213 est pt EM px low-moderate
99214	We have this code 710 - 99214 est pt EM px mod-high
99215	We have this code 711 - 99215 est pt EM px mod-high
99221	Not in Avatar



Form Creation

- EHR Quality Measures Form Creation-
 - Copyrights and approvals to use forms and to embed in our EHR
 - EHR vendors sometimes have these forms
 - Decide on the tool or questions to ask
 - EHR Team collaboration
 - Required sections on forms
 - Auto populate service/reporting codes
 - Tobacco- auto launch the Oklahoma 800-Quit Now website
 - Testing of the form
 - Data pulled into data warehouse and the BI reports
 - Bundle forms together

I-SERV: Initial Clinical Service

Submitted 10/11/2024 at 02:18 PM by RICHARD DILLON O'CARROLL LPC CM II

Preliminary Screener

Assessment Date: 10/11/2024

Initial Contact Status: Initial contact Initial contact after chart closed for a minimum of 6 months

Urgent Need

Ask: if individual is having thoughts of wanting to kill themselves. Is there immediate danger? Yes No

If yes: Risk assessment completed Call Center call transferred to COPEs

Ask: if individual is having any thoughts of harming or hurting others. Is there an immediate danger to others? Yes No

If yes: Risk assessment completed Call Center call transferred to COPEs

Does individual have any immediate health risks? Yes No

If yes: Called 911 Referred to Medical Hospital

Health Risk Is

Set initial appointment within one day if yes is answered to any of the Urgent Need questions.

Intake appointment set Declined one day appointment Declined to schedule appointment or walk in Referred to walk in

Declined to schedule appointment due to timeframes available Referred out due to limited availability of appointments

Intake Appointment Date: 10/11/2024 Program: MHIC HOT

Unsafe Substance Use

Ask: individual if they have used alcohol or drugs in the last 30 days? Yes No Declined to complete Child not available to answer screening questions

Clinical Services:

99202-99205	Medication Evaluation and Management for Behavioral Health , New Patient,
H0004	Behavioral Health Counseling and Therapy (Individual, Group, or Family)
H0022	Substance Abuse Early Intervention Counseling
S9444	Parenting Skills Training, Group (Families with Children 0-17) EBP
S9446	Group Behavioral Health Interventions, ages 6-17 (child is present)
90849	Multiple-family group psychotherapy (ages 0-3)
90847	Family psychotherapy, conjoint psychotherapy with the patient present (ages 0-3)
T1016	Targeted Case Management - Clients with SMI/SED or on the Most in Need list only
T1017	Case Management
T2023	Case Management for custody kids
H2017	Individual/Group Rehabilitative Treatment/Enhanced Illness Management & Recovery
H2027	Psychoeducation and Counseling
H2017	Group Rehabilitative Treatment - Clients 12 - 17 years
H2019	Therapeutic Behavioral Services
H2027	Children's Family/Caregiver Psychoeducation - Group (ages 0-5)
S5110	Intensive In-home Supports, Skills Training, Individual 6 - 17 years
H0034	Medication Training and Support
T1012	Wellness Resource Skills Development
H2015	Peer Recovery Support/Peer Recovery Support - Family
96202	Group Caregiver Behavioral Management Training (family/caregiver) 18 and over
H0022	Substance Abuse Early Intervention Counseling
90832	counseling, 30 minutes
90834	counseling, 45 minutes
90837	counseling, 60 minutes

90846	family counseling w/o client present
90853	group counseling
H0043	housing
H2014	vocational
S5190	wellness
T1502	injection
G0136	Social Driver of Health Evaluation

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I-SERV: Initial Clinical Service

Submitted 10/11/2024 at 02:18 PM by RICHARD DILLON O'CARROLL LPC CM II

Preliminary Screener

Assessment Date: 10/11/2024

Initial Contact Status: Initial contact Initial contact after chart closed for a minimum of 6 months

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If yes: Risk assessment completed Call Center call transferred to COPEs Time: _____

Ask: if individual is having any thoughts of harming or hurting others. Is there an immediate danger to others? Yes No

If yes: Risk assessment completed Call Center call transferred to COPEs Time: _____

Does individual have any immediate health risks? Yes No

If yes: Called 911 Referred to Medical Hospital

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H2027	Psychoeducation and Counseling
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S5110	Intensive In-home Supports, Skills Training, Individual 6 - 17 years
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90846	family counseling w/o client present
90853	group counseling
H0043	housing
H2014	vocational
S5190	wellness
T1502	injection
G0136	Social Driver of Health Evaluation

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I-SERV

I-SERV: Time to Crisis Services

Assessment Date
10/09/2024

Initial Contact Status
 Initial contact Initial contact after chart closed for a minimum of 6 months

Urgent Need
Ask: if individual is having thoughts of wanting to kill themselves. Is there immediate danger?
 Yes No

If yes
 Risk assessment completed Call Center call transferred to COPEs

Ask: if individual is having any thoughts of harming or hurting others. Is there an immediate danger to others?
 Yes No

If yes
 Risk assessment completed Call Center call transferred to COPEs

Does individual have any immediate health risks?
 Yes No

If yes
 Called 911 Referred to Medical Hospital

Health Risk Is

Set initial appointment within one day if yes is answered to any of the Urgent Need questions.
 Intake appointment set Declined one day appointment Declined to schedule appointment or walk in Referred to walk in
 Declined to schedule appointment due to timeframes available Referred out due to limited availability of appointments

Intake Appointment Date
10/10/2024

Program **Adult Bridge**

Unsafe Substance Use
Ask: individual if they have used alcohol or drugs in the last 30 days?
 Yes No
 Declined to complete Child not available to answer screening questions

Service Charge Code: CCBHC Crisis Intervention (465)

Service Charge Code: Triage (483)

Service Program: Crisis Care Center - C2 (1423)

COPEs Triage

Intervention(s) Included
 Telephone Mobile from telephone Text
 Mobile from text Telephone from text CRT from telephone
 911 telephone Mobile from 911 telephone 988
 ART Grease Ingo Valley
 Riverside School Crisis Team Med Wise iPad
 Care Link Navigation

Cleared Before Dispatch
 Yes No N/A

911 Call Code Police Units Fire Units
EMSA Units Follow Up High Utilizer
Med Wise Location
Qualified Census Tract

Intervention Location
 Home Phone Community
 School Emergency Room Other

If other, please explain

Actions Taken
 Transportation provided Food provided Outreach
 Coordinated with law enforcement Coordinated with EMSA Case management
 Crisis intervention Community referral-type COPEs involved support system
 Referred to O utpatient MH Coordinated with treatment provider Advocated for EQD
 Advocated for DO Request officer affidavit Text follow-up

Forms Used
 3rd Party Statement LMHP Child Abuse Reporting APS Reporting
 Safety Plan Intervention Report Authorization/Release of Records

On Scene Disposition
 Immediate action required Unable to locate Crisis stabilized

Social Drivers of Health

- SDoH
 - Form
 - Piloting
 - BI Report
 - HIE



Chart Social Drivers of Health

SDoH

- Scoring/Summary
- References

Submit

The Accountable Health Communities Health-Related Social Needs Screening Tool

Assessment Date: [Date Picker] Status: Draft Final

Client: Unable to complete due to decompensation. Refused to complete/did not want to.

Information

1. Complete the following statement. I am answering this survey about...

Myself My child Another adult for whom I provide care Other

Other (please describe your relationship to this person) [Text Field]

2. How many times have you received care in an emergency room (ER) over the last 12 months? If you are in the ER now, please count your current ER visit. Please do not count urgent care visits.

0 times 1 time 2 or more times

3. Do you live in any of the following locations?

- I live in an assisted living facility (this is a long-term care option that provides personal care support services such as meals, bathing, dressing, or medications)
- I live in a nursing home (this is a long-term care option that provides 24 hours a day medical care that would not be possible in other housing)
- I live in a rehabilitation center or skilled nursing facility (these are centers that help a person heal after illness or injury by providing treatments like physical, occupational, or speech therapy)
- I live in an in-patient recovery program for a drug or alcohol problem
- I live in a psychiatric facility (this is a health care facility providing treatment to those with behavioral or emotional illnesses)
- I live in a correctional facility (such as a jail, prison, detention center, or penitentiary)
- None of the above

Living Situation

4. What is your living situation today?

- I have a steady place to live
- I have a place to live today, but I AM WORRIED about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a abandoned building, bus or train station, or in a park)

5. Think about the place you live. Do you have problems with any of the following?

CHOOSE ALL THAT APPLY

<input type="checkbox"/> Pests such as bugs, ants, or mice	<input type="checkbox"/> Mold	<input type="checkbox"/> Lead paint or pipes
<input type="checkbox"/> Lack of heat	<input type="checkbox"/> Oven or stove not working	<input type="checkbox"/> Smoke detectors missing or not working
<input type="checkbox"/> Water leaks	<input type="checkbox"/> None of the above	

Food

Service Charge Code: (8910) SDoH - Screening

Alcohol Screening

Submitted 10/11/2024 at 01:28 PM by JONI CASTANEDA CM I RSS Wellness Coach

Unhealthy Alcohol Use

Assessment Date: 10/11/2024
Date of Birth:
Age: 19
Gender: Male
Date Collected: 10/11/2024
How many times in the past year have you had 5 or more drinks in a day?: 2
Client received the following services due to positive screen for unhealthy alcohol use: Ask to discuss results and identify risk
Data Row For: Existing Service
Date of Service: 10/11/2024
Practitioner: JONI CASTANEDA CM I, RSS, Wellness Coach
Service Charge Code: 8907
Location: Office
Program of Service: MHC Connections



Unhealthy Alcohol Use Quality Measure

Assessment Date 10/09/2024 **Date of Birth** 01/01/1970 **Age** 54 **Gender** Female

Date Collected 10/09/2024

How many times in the past year have you had 5 or more drinks in a day?

How many times in the past year have you had 4 or more drinks in a day?

A score equal to or larger than 1 results in a positive screen.

Medical Performance Exclusion
 Screening for unhealthy alcohol use not conducted due to medical reasons:

Client received the following services due to positive screen for unhealthy alcohol use

<input checked="" type="checkbox"/> Ask to discuss results and identify risk	<input type="checkbox"/> Refer to self-help / support group	<input type="checkbox"/> Asked feedback on results, alcohol use, and harms of use
<input type="checkbox"/> Reviewed pros and cons of alcohol use	<input checked="" type="checkbox"/> Referral to complete ASAM	<input checked="" type="checkbox"/> Collaboratively developed a personal plan to reduce drinking
<input checked="" type="checkbox"/> Refer to psychiatry for medication evaluation	<input type="checkbox"/> Link to PCP	
<input checked="" type="checkbox"/> Identification of high risk situations for drinking and coping strategies		
<input type="checkbox"/> What they would like to change about their alcohol use?	<input type="checkbox"/> What steps can you take to cut back your use?	
<input type="checkbox"/> What are your reasons to cut back your use?	<input type="checkbox"/> Referral to outpatient or inpatient substance use services	

Date of Service 10/09/2024 **Data Row For** New Service

Practitioner

Service Charge Code (8907) Alcohol Screening - unhealthy etoh user

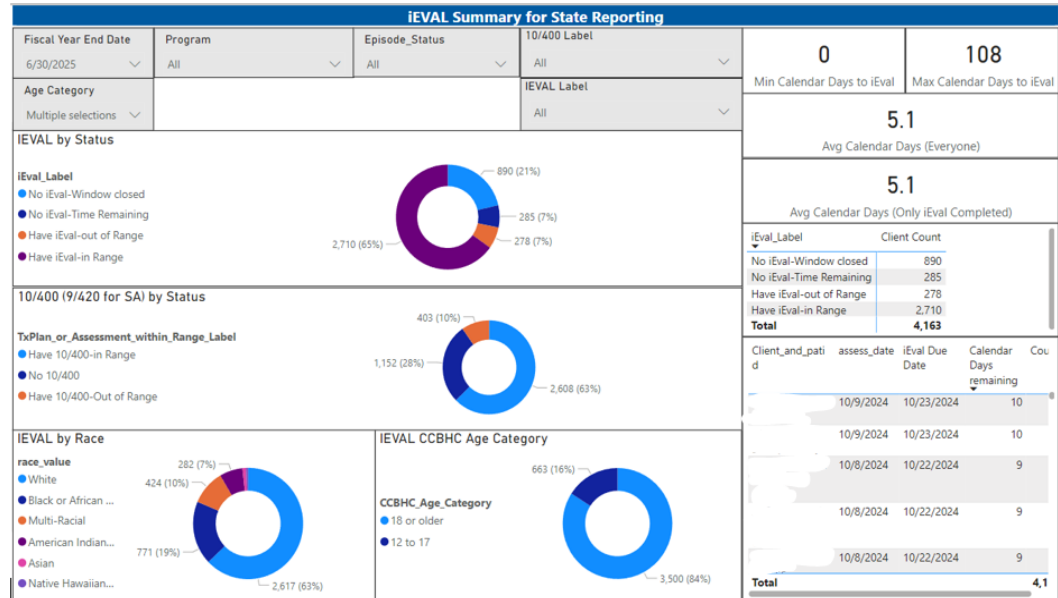
Location Office

Program of Service Hope Team

Duration 9

Reports

- BI reports-
 - Pilot reports (Sandbox vs Live)
 - Several Reports:
 - Staff version (easy view)
 - Clients Needing IEVAL
 - Dashboard
 - State Measure for Reporting includes eligible population, exclusions, etc.

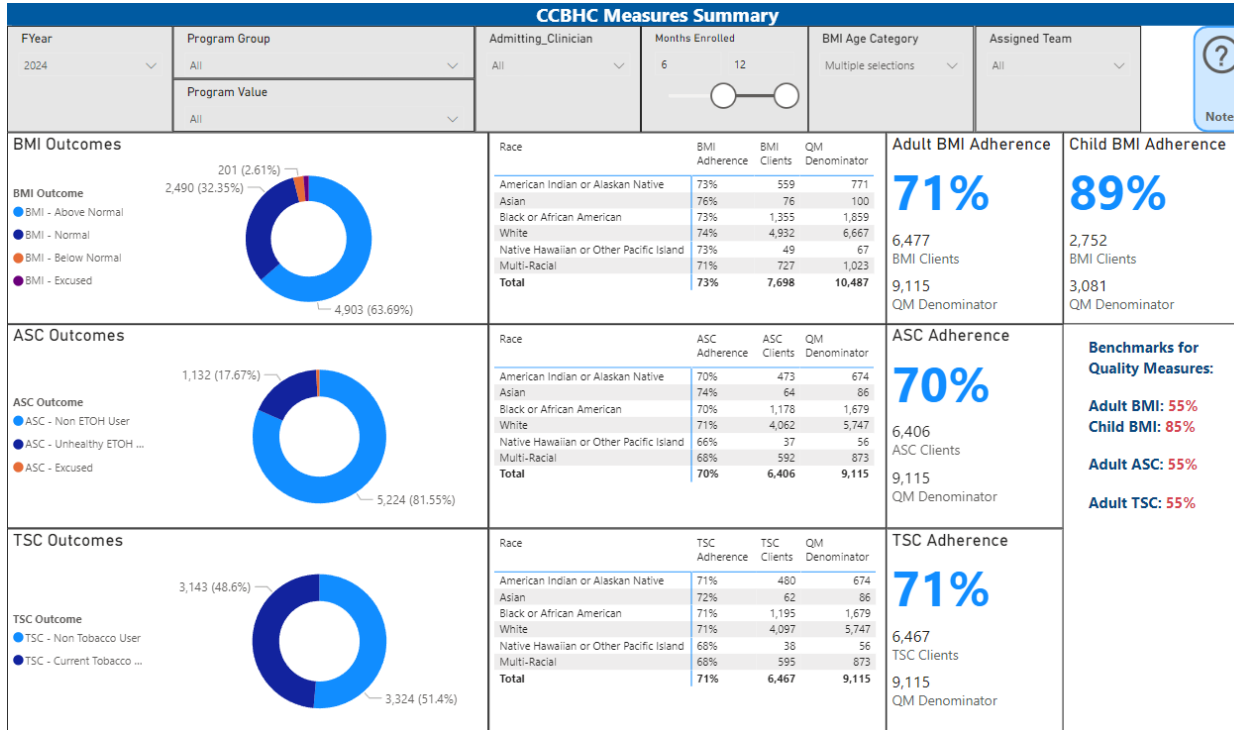


Reports

No iEVAL Completed and No Assessment/TP							
patid	Program	iEVAL Label	10/400 Label	Episode_Status	Fiscal Year End Date		
All	All	All	All	All	6/30/2025		
iEval_Label		Client Count					
No iEval-Window closed		1,008					
No iEval-Time Remaining		387					
Total		1,395					

Client_and_patid	Calendar Days remaining	Prelim Screener Date	iEval Due Date	Scheduled_intake_date	1st Service provided on Intake Date	Program of service on intake date	Provider of service intake date
	2	10/1/2024	10/15/2024	10/2/2024	No Show (904)	Pre Admit MHC Intake	WILDE,SUMMER
	2	10/1/2024	10/15/2024				
	2	10/1/2024	10/15/2024	10/1/2024			
	2	10/1/2024	10/15/2024	10/2/2024	Intake No Show (9018)	Pre Admit Appointment Holding	FOWLER,TRESA
	2	10/1/2024	10/15/2024	10/10/2024	Cancelled without 24hr Notice (903)	Pre Admit Appointment Holding	ROGERS,REGINA
	2	10/1/2024	10/15/2024	10/23/2024			
	2	10/1/2024	10/15/2024	10/14/2024			
	2	10/1/2024	10/15/2024	10/18/2024			
	2	10/1/2024	10/15/2024	10/4/2024	Cancelled without 24hr Notice (903)	Pre Admit Appointment Holding	MURRAY,LAURA
	2	10/1/2024	10/15/2024				
	2	10/1/2024	10/15/2024	10/9/2024	BMI - normal no f/up plan required (8903)	School Based Services	FRIZZELL,JUBILEE
	2	10/1/2024	10/15/2024	10/7/2024	Referral SA (106)	Pre Admit Substance Abuse Adults	SOLIS,ISABEL
	2	10/1/2024	10/15/2024	10/2/2024			
	2	10/1/2024	10/15/2024	10/11/2024	Intake No Show (9018)	Pre Admit Appointment Holding	ROGERS,REGINA
	2	10/1/2024	10/15/2024				
	2	10/1/2024	10/15/2024	10/2/2024	No Show (904)	Pre Admit East - Intake	HARRIS,TOMMY
	2	10/1/2024	10/15/2024	10/1/2024	No Show (904)	Pre Admit MHC Intake	DUKE,ASHLEY

Reports



Reports

Adult Client Quality Measures Summary for State Reporting

Adult Client Quality Measures Summary for State Reporting

Adult Client Quality Measures Summary for State Reporting											Adult Client Quality Measures Summary for State Reporting							
Notes	FYear	QM Needs	Admitting Clinician	Episode Status	Program	Program Group	Admitting Clinician	Episode Status	Program	Program Group	Admitting Clinician	Episode Status	Program	Program Group				
Assigned Team	2025	QM Due	GOULDAMANDA (005372)	Episode is Open	Adult bridge	All	GOULDAMANDA (005372)	Episode is Open	Adult Bridge	All	GOULDAMANDA (005372)	Episode is Open	Adult Bridge	All				
Assigned Team	All																	
Months Enrolled	Latest Care Plan Type	Latest Care Plan Date	QM Needs Label	BMI Screener & Follow Up Count	Latest BMI Outcome	Latest BMI Screener Date	TSC Screener & Follow Up Count	Latest TSC Outcome	Latest TSC Screener Date	ASC Screener & Follow Up Count	Latest ASC Outcome	Latest ASC Screener Date	Program Value	Admitting Clinician	Appointment Date	Clinician	Appointment Program	QM Client Count
1	Comprehensive Care Plan (Initial)	11/28/2023	QM Due	0	0		0			0			Adult Bridge	GOULDAMANDA (005372)	10/17/2024	WHIDBY,NICHELE (005421)	Adult Bridge (3612)	1
1	Comprehensive Care Plan (Initial)	10/10/2024	QM Due	0	0		0			0			Adult Bridge	GOULDAMANDA (005372)	10/18/2024	GOULDAMANDA (005372)	Adult Bridge (3612)	1
1	Comprehensive Care Plan (Initial)	10/1/2024	QM Due	0	0		0			0			Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1
2	Comprehensive Care Plan (Update)	2/12/2024	QM Due	0	0		0			0			Adult Bridge	GOULDAMANDA (005372)	10/18/2024	WHIDBY,NICHELE (005421)	Adult Bridge (3612)	1
2	Comprehensive Care Plan (Initial)	9/10/2024	QM Due	0	0		0			0			Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1
2	Comprehensive Care Plan (Initial)	9/20/2024	QM Due	0	0		0			0			Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1
2	Comprehensive Care Plan (Initial)	2/27/2024	QM Due	0	0		0			0			Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1
2	Comprehensive Care Plan (Initial)	9/11/2024	QM Due	0	0		0			0			Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1
2	Comprehensive Care Plan (Initial)	9/17/2024	QM Due	1 BMI - Normal	9/18/2024	9/18/2024	1 TSC - Non Tobacco User	9/18/2024	9/18/2024	0			Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1
2	Comprehensive Care Plan (Initial)	8/2/2024	QM Due	0	0		0			0			Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1
2	Comprehensive Care Plan (Initial)	8/7/2024	QM Due	0	0		0			0			Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1
2	Comprehensive Care Plan (Initial)	9/30/2024	QM Due	0	0		0			0			Adult Bridge	GOULDAMANDA (005372)	10/18/2024	RATLFF,DEBORAH (005809)	Adult Bridge (3612)	1
2	Comprehensive Care Plan (Initial)	9/20/2024	QM Due	0	0		0			0			Adult Bridge	GOULDAMANDA (005372)	10/15/2024	FOSSARD,SARAH (005987)	MHC Adult Psychiatry (3003)	1
2	Comprehensive Care Plan (Initial)	9/11/2024	QM Due	0	0		0			0			Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1
2	Comprehensive Care Plan (Initial)	9/5/2024	QM Due	0 BMI - Normal	5/10/2023	5/10/2023	0 TSC - Non Tobacco User	5/10/2023	5/10/2023	0 ASC - Non ETOH User	5/10/2023	5/10/2023	Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1
2	Comprehensive Care Plan (Initial)	9/5/2024	QM Due	0	0		0			0			Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1
2	Comprehensive Care Plan (Initial)	9/5/2024	QM Due	0	0		0			0			Adult Bridge	GOULDAMANDA (005372)	10/15/2024	KANTOR,SHELLEY (004944)	Adult Bridge (3612)	1
3	Comprehensive Care Plan (Update)	3/7/2024	QM Due	0 BMI - Normal	1/18/2023	1/18/2023	0 TSC - Non Tobacco User	1/18/2023	1/18/2023	0 ASC - Non ETOH User	1/18/2023	1/18/2023	Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1
3	Comprehensive Care Plan (Update)	4/16/2024	QM Due	0	0		0			0			Adult Bridge	GOULDAMANDA (005372)	10/17/2024	WHIDBY,NICHELE (005421)	Adult Bridge (3612)	1
3	Comprehensive Care Plan (Initial)	3/14/2024	QM Due	0	0		0			0			Adult Bridge	GOULDAMANDA (005372)	10/17/2024	WHIDBY,NICHELE (005421)	Adult Bridge (3612)	1
3	Comprehensive Care Plan (Initial)	8/29/2024	QM Due	0	0		0			0			Adult Bridge	GOULDAMANDA (005372)	10/14/2024	COOLEY,FERNANDA (004129)	MHC Adult Psychiatry (3003)	1
3	Comprehensive Care Plan (Initial)	10/1/2024	QM Due	0 BMI - Above Normal	6/21/2024	6/21/2024	0 TSC - Current Tobacco User	6/21/2024	6/21/2024	0 ASC - Non ETOH User	6/21/2024	6/21/2024	Adult Bridge	GOULDAMANDA (005372)	10/16/2024	BRADLEY,MARISSA (005882)	MHC Adult Psychiatry (3003)	1
3	Comprehensive Care Plan (Initial)	8/22/2024	QM Due	0	0		0			0			Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1
3	Comprehensive Care Plan (Update)	8/14/2024	QM Due	0	0		0			0			Adult Bridge	GOULDAMANDA (005372)	11/8/2024	TRIPLETT,NACHELLE (005885)	Adult Psych non-physician (3103)	1
3	Comprehensive Care Plan (Initial)	8/2/2024	QM Due	0 BMI - Normal	11/10/2021	11/10/2021	0 TSC - Non Tobacco User	11/10/2021	11/10/2021	0 ASC - Non ETOH User	11/10/2021	11/10/2021	Adult Bridge	GOULDAMANDA (005372)	10/21/2024	WHIDBY,NICHELE (005421)	Adult Bridge (3612)	1
3	Comprehensive Care Plan (Initial)	8/13/2024	QM Due	0 BMI - Above Normal	2/22/2023	2/22/2023	0			0			Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1
3	Comprehensive Care Plan (Initial)	3/25/2024	QM Due	0 BMI - Above Normal	4/16/2024	4/16/2024	0 TSC - Non Tobacco User	4/16/2024	4/16/2024	0 ASC - Unhealthy ETOH Use	4/16/2024	4/16/2024	Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1

GOAL for Mental Wellbeing

Workflow Development

- Develop walk through of your system. Client perspective/staff perspective and resources.
- Minor and major changes that will occur.
- How will staff know which clients are due for QM, when are they due, how frequent, who sends the reports (Data Specialist on teams), when to review the reports?
- Which staff will obtain the QM, where, when, and how within the clinic workflow.
- Train staff on documentation. If possible, make it easy for them such as required fields, auto populate service codes, etc.



Last Quarter of Measurement Year

FYyy	Oct	Nov	Dec	Jan	Total
⊕ FY24 Open CCBHC Enrolled Client	11,775	12,026	12,047	12,202	48,050
Active Enrolled CCBHC Client	10,502	10,757	10,667	10,757	42,683
% of Active Enrolled CCBHC Client	89%	89%	89%	88%	89%
Active Enrolled Clients with Trigger Service	8,887	8,991	8,643	9,264	35,785
% of Active Enrolled CCBHC Client w Trigger (of Total Active)	85%	84%	81%	86%	84%
% of Active Enrolled CCBHC Client w Trigger (of Total Open)	75%	75%	72%	76%	74%
# of Client Not Seen (Total Open CCBHC minus Active w Trigger)	2,888	3,035	3,404	2,938	12,265

Top Performers and Feedback

- Service code report to show who our top 30 staff.
- Obtain feedback on the measures and workflows.

Position	Svc Count	Clients		
Family Support Provider	566	560		
Therapist	652	521		
Therapist	944	476		
PRSS	986	463		
Care Coordinator	857	437		
Nurse	849	400		
Therapist	396	392		
Care Coordinator	821	387		
Therapist	670	331		
Therapist	593	298		
Care Coordinator	584	293		
Therapist	561	280		
PRSS	606	262		
Care Coordinator	494	237		
Nurse	537	236		
Care Coordinator	465	234		
PRSS	462	231		
Case Manager	465	224		
Care Coordinator	462	223		
Nurse	424	214		
Case Manager	515	205		
Care Coordinator	412	204		
Care Coordinator	462	200		
Nurse	418	197		
PRSS	466	185		
Therapist	394	159		
Therapist	402	157		
Therapist	487	151		
Therapist	442	134		
Care Coordinator	429	121		

Position (Top 30 Staff)	Count
Care Coordinator/Case Manager	11
Therapist	10
Nurse	4
PRSS	4
Family Support Provider	1
Grand Total	30

What Is Working?

- Reports give us the information we need.
- Wellness services, connect to PCP & Nursing.
- Integrated and holistic care.
- Collaborate w/ physical health providers and other treatment facilities (ASAM, Detox, and Residential Treatment).
- Show stakeholders we are improving client's health outcomes.
- Show the incremental gains teams are making to reach their goals.
- Show connection of how physical health impacts behavioral health.
- QM forms are a vehicle to start the conversation for treatment and get to the outcomes. Outcomes tell the story.
- SDoH form found it much more useful and insightful than the other QM forms.
- Complete Quality Measures at Intakes and Care Plan Updates.
- Supervisor leads discussion in huddles and reports help with data tracking.
- Supervisors champion this initiative, how it benefits clients, staff, and program.
- Team effort on collecting Quality Measures.



What Could Be Better?

- The process is time consuming.
- Competing priorities for developing the BI reports from the development team.
- Increasing staff and client investment and motivation to engage in quality measures.
- Incentives: wellness budget, resource room, thrift store tokens (active wear), nutrition groups, MyPlate portion food plates, MyStrength, water bottles, tape measures, pedometers, jump ropes
- How to motivate staff even when it feels like a compliance measure?
- Some Clients with SUD have difficulty remembering how many times they have drunk X amount of drinks in the last year.
- QM at times seems repetitive along with other state requirements.

Questions?

CCBHC-E TTA Center Website

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for Mental Wellbeing

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The CCBHC-E National TTA Center, operated by the National Council for Mental Wellbeing with funding from the Substance Abuse and Mental Health Administration (SAMHSA), is the home of the newest evidence-based resources, tools and support to ensure CCBHC-E grantees are effective and successful in implementing the CCBHC model, including providing comprehensive 24/7 access to community-based mental and substance use treatment services, treatment of co-occurring disorders and physical health care in one single location.

Our team of experts also provide guidance to CCBHC-E grantees to promote adherence to the CCBHC model, certification, sustainability and implementation of processes that support access to care and evidence-based practices.

Access to our ever-growing resource library, upcoming trainings and events, and request for individualized support.

Questions or Looking for Support?

The screenshot shows the website for the National Council for Mental Wellbeing. At the top left is the logo: "NATIONAL COUNCIL for Mental Wellbeing". To the right are navigation links: "Engage", "Login", "Store", and "Search". Below these are dropdown menus for "About Us", "Our Work", "Get Involved", "Membership", and "News & Events". A breadcrumb trail reads "Home / Our Work / Programs & Initiatives". The main heading is "CCBHC-E National Training and Technical Assistance Center". On the left sidebar, there is a list of links: "About Us", "Resources", "Training & Events", and "Request Training/Assistance", with the last one highlighted in an orange box. The main content area features a large blue banner with the text "CCBHC-E National Training and Technical Assistance Center" and the National Council for Mental Wellbeing logo. Below the banner, it states "Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing".

Visit our website and complete the Request Technical Assistance form

<https://www.thenationalcouncil.org/program/ccbhc-e-national-training-and-technical-assistance-center/>

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