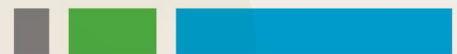


NATIONAL  
COUNCIL  
for Mental  
Wellbeing

# CCBHC

## Health Information Technology *Toolkit*



# RSM

MARCH 2025

### CCBHC-E National Training & Technical Assistance Center

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

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## Overview

This Health Information Technology (HIT) Toolkit helps organizations perform an assessment of how they are meeting Certified Community Behavioral Health Clinic (CCBHC) Certification Criteria requirements while assessing their technology maturity. It is a resource that organizations can use as they embark on the journey toward operating as a CCBHC. This toolkit supports organizations in following the requirements set by the [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) and leveraging HIT across the organization. While aiding organizations in evaluating their technology environments, this resource identifies areas for improvement and provides recommendations for processes, operations and meeting certification criteria. It also highlights fundamental technological aspects that organizations should consider operating as a CCBHC. This toolkit, coupled with the self-assessment spreadsheet and supporting focused checklists, helps highlight areas of strength and those that require attention.

## HIT Toolkit Goals

This toolkit will:

- Provide structure to support meeting CCBHC requirements related to HIT and data collection and reporting.
- Improve your understanding of fundamental technology needs as an organization and a CCBHC.
- Help determine areas of strength and areas that require attention in your current HIT environment.
- Identify and define the path for achieving your organization's desired goals and maximizing your community impact.

## How to Use the Toolkit

In our rapidly evolving technology landscape, health and human service organizations are continually challenged to adopt and optimize IT capabilities to remain competitive and relevant. Within this toolkit is a self-assessment checklist to empower organizations to evaluate their strengths and weaknesses from a comprehensive IT standpoint. The primary objective of this toolkit is to provide a structured and insightful mechanism for organizations to assess their technological infrastructure, processes and strategies for meeting CCBHC requirements, monitoring and improvement of clinical outcomes, and operational efficiency to serve their communities.

One key goal of the toolkit is to offer a holistic view of an organization's IT landscape, encompassing hardware, software, security and governance, and overall IT performance. By employing a thorough self-assessment, organizations can identify areas of excellence as well as potential vulnerabilities. This process facilitates informed decision-making, enabling stakeholders to prioritize initiatives that align with meeting CCBHC criteria and their overarching business objectives.

Another crucial objective of the HIT self-assessment is to foster a culture of continuous improvement within organizations. By offering a standardized framework for self-evaluation, the toolkit encourages IT leaders and teams to regularly review and update their technological capabilities. This iterative approach ensures that organizations remain agile and responsive to emerging technologies, industry trends and evolving cybersecurity threats.

Moreover, the toolkit provides insights that organizations can leverage to enhance their IT strategy and operations. By identifying specific areas for improvement, organizations can tailor their investments, training programs and strategic planning to address weaknesses and capitalize on strengths. Ultimately, the HIT toolkit serves as a valuable resource for organizations seeking to optimize their IT infrastructure, elevate their digital capabilities and drive sustainable success. This toolkit will create a better understanding of how technology can improve a CCBHC's processes and the quality of care for the people it serves. Organizations understandably may be at different stages of their technological journeys, and the information and checklists provided will help validate where your organization is proficient and where some gaps and areas for improvement may exist. As you read through this toolkit, visualize your organization's current workflows and capabilities and think through what is going well and your major pain points. This guide will provide information on recommendations and options that your organizational leadership can use to make informed decisions.

You can read through the entire toolkit, or if there is a specific topic of interest, you can click on a header in the Table of Contents and be directed to that section. There will be available checklists in each section to score your current capabilities.

## **Acknowledgments**

This toolkit was developed in 2024 by RSM US LLP in partnership with the National Council for Mental Wellbeing's CCBHC-E Training and Technical Assistance Center. It reflects industry best practice considerations for operating a technology environment, with an emphasis on the primary technology solutions and capabilities that can support a CCBHC's operation.

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## CCBHC Overview

A Certified Community Behavioral Health Clinic (CCBHC) is a specialty clinic designated by the Substance Abuse and Mental Health Services Administration (SAMHSA) that provides a range of mental health and substance use treatment services in the U.S. These clinics are part of a program established under the Excellence in Mental Health and Addiction Treatment Act (also known as the CCBHC Demonstration Program), which aims to expand access to comprehensive behavioral health services. Additional funding for CCBHCs comes from SAMHSA CCBHC-Expansion (CCBHC-E) grants, or state programs that require authorization through the Centers for Medicare and Medicaid Services (CMS) for a Medicaid 1115 waiver or state plan amendment. Another funding mechanism through SAMHSA to bolster behavioral health services is the Prospective Payment System (PPS).

SAMHSA expansion grants fund initiatives that broaden access to and elevate the quality of behavioral health services. Recipients, which can include organizations, communities or states, employ these funds to support various endeavors like expanding substance use treatment availability, improving mental health services, targeting specific populations or implementing evidence-based practices. Grant funds may be allocated for service delivery, workforce development, infrastructure improvements, prevention efforts and fostering community partnerships. Grant recipients are obligated to fulfill specific objectives, deliverables and reporting mandates outlined in the grant guidelines and agreement.

Under the PPS, CCBHCs receive predetermined payments for furnishing a comprehensive array of services to Medicaid beneficiaries and individuals experiencing mental health and substance use issues. Payment rates are determined based on a state's Medicaid reimbursement structure and the operational costs associated with delivering CCBHC services. CCBHCs must meet stringent criteria and uphold quality standards to partake in the PPS model, as stipulated by SAMHSA and CMS.

CCBHCs offer a wide range of mental health and substance use services, including crisis intervention, screening and assessment, individual and group therapy, case management, and peer support services. These clinics play a crucial role in addressing the behavioral health needs of individuals and communities, particularly those with limited access to care or facing financial barriers. The CCBHC model emphasizes a holistic approach to care, focusing on both mental health and substance use disorders, and promoting recovery and wellness.

## How Does Technology Play a Role in CCBHC Operations?

Technology is a key ingredient to provide comprehensive and efficient care to a patient population in a community. Between coordination of care, documentation, and data, technology can reduce — or, in many cases, remove — the manual processes altogether and the potential for human error. CCBHCs are required to meet specific criteria to support their operations and delivery of comprehensive behavioral health services. These criteria indicate the necessary staffing, accessibility of services, care coordination and reporting capabilities for a CCBHC to maintain certification and qualify to receive grants.

# Key Criteria for CCBHC Technology Management

The following outlines the CCBHC Certification Criteria specific to health information technology(HIT) (SAMHSA, 2023) (SAMHSA, 2024). Access the complete list of criteria at [samhsa.gov](https://www.samhsa.gov).

## Health Information Technology CCBHC Criteria

<b>Criterion 1.A:</b> General Staffing Requirements	<b>1.a.2:</b> The staff (both clinical and nonclinical) is appropriate for serving the consumer population in terms of size and composition and providing the types of services the CCBHC is required to and proposes to offer.
<b>Criterion 2.A:</b> General Requirements of Access and Availability	<b>2.a.5:</b> Utilize telehealth/telemedicine and online treatment services to ensure consumers have access to all required services.
<b>Criterion 3.B:</b> Care Coordination and Other Health Information Systems	<b>3.b.1:</b> The CCBHC establishes or maintains a health information technology system that includes but is not limited to electronic health records.
	<b>3.b.2:</b> The CCBHC uses its secure health IT system(s) and related technology tools, ensuring appropriate protections are in place, to conduct activities such as population health management, quality improvement, quality measurement and reporting, reducing disparities, outreach and for research. When CCBHCs use federal funding to acquire, upgrade or implement technology to support these activities, systems should utilize nationally recognized, Health and Human Services (HHS)-adopted standards, where available, to enable health information exchange. For example, this may include simply using common terminology mapped to standards adopted by HHS to represent a concept such as race, ethnicity or other demographic information. While this requirement does not apply to incidental use of existing IT systems to support these activities when there is no targeted use of program funding, CCBHCs are encouraged to explore ways to support alignment with standards across data-driven activities.

**3.b.3:** The CCBHC uses technology that has been certified to current criteria under the [[Office of the National Coordinator for Health Information Technology](#) (ONC)] Certification Program for the following required core set of certified health IT capabilities that align with key clinical practice and care delivery requirements for CCBHCs:

- Capture health information, including demographic information such as race, ethnicity, preferred language, sexual and gender identity, and disability status (as feasible).
- At a minimum, support care coordination by sending and receiving summary of care records.
- Provide people receiving services with timely electronic access to view, download or transmit their health information or to access their health information via an [application programming interface (API)] using a personal health app of their choice.
- Provide evidence-based clinical decision support.
- Conduct electronic prescribing.

**3.b.4:** The CCBHC will work with [[Designated Collaborating Organizations](#) (DCOs) (National Council for Mental Wellbeing, 2016)] to ensure all steps are taken, including obtaining consent from people receiving services, to comply with privacy and confidentiality requirements. These include, but are not limited to, those of HIPAA (Pub. L. No. 104-191, 110 Stat. 1936 (1996)), 42 CFR Part 2, and other federal and state laws, including patient privacy requirements specific to the care of minors.

**3.b.5:** The CCBHC develops and implements a plan within two years from CCBHC certification or submission of attestation to focus on ways to improve care coordination between the CCBHC and all DCOs using a health IT system. This plan includes information on how the CCBHC can support electronic health information exchange to improve care transition to and from the CCBHC using the health IT system they have in place or are implementing for transitions of care. To support integrated evaluation planning, treatment, and care coordination, the CCBHC works with DCOs to integrate clinically relevant treatment records generated by the DCO for people receiving CCBHC services and incorporate them into the CCBHC health record. Further, all clinically relevant treatment records maintained by the CCBHC are available to DCOs within the confines of federal and/or state laws governing sharing of health records.

<p><b>Criterion 5.A:</b> Data Collection, Reporting and Tracking</p>	<p><b>5.a.1:</b> The CCBHC has the capacity to collect, report, and track encounter, outcome, and quality data, including, but not limited to, data capturing: 1) characteristics of people receiving services; 2) staffing; 3) access to services; 4) use of services; 5) screening, prevention, and treatment; 6) care coordination; 7) other processes of care; 8) costs; and 9) outcomes of people receiving services. Data collection and reporting requirements are elaborated below and in Appendix B. Where feasible, information about people receiving services and care delivery should be captured electronically, using widely available standards.</p>
	<p><b>5.a.2:</b> Both Section 223 Demonstration CCBHCs, and CCBHC-Es awarded SAMHSA discretionary CCBHC-Expansion grants beginning in 2022, must collect and report the clinic-collected quality measures identified as required in Appendix B. Reporting is annual and, for clinic-collected quality measures, reporting is required for all people receiving CCBHC services. CCBHCs are to report quality measures nine months after the end of the measurement year as that term is defined in the technical specifications. Section 223 Demonstration CCBHCs report the data to their states and CCBHC-Es that are required to report quality measure data report it directly to SAMHSA.</p>

**ONC certification requirements**

Organizations establishing HIT solutions and using CCBHC grant funds to purchase systems are required to purchase products certified through the Office of the National Coordinator for Health Information Technology (ONC). A list of products that meet the ONC Health IT Certification criteria can be found through the [ONC Certified Health IT Product List](#) (CHPL) (National Coordinator for Health Information Technology, n.d.).



# Key Technology Considerations

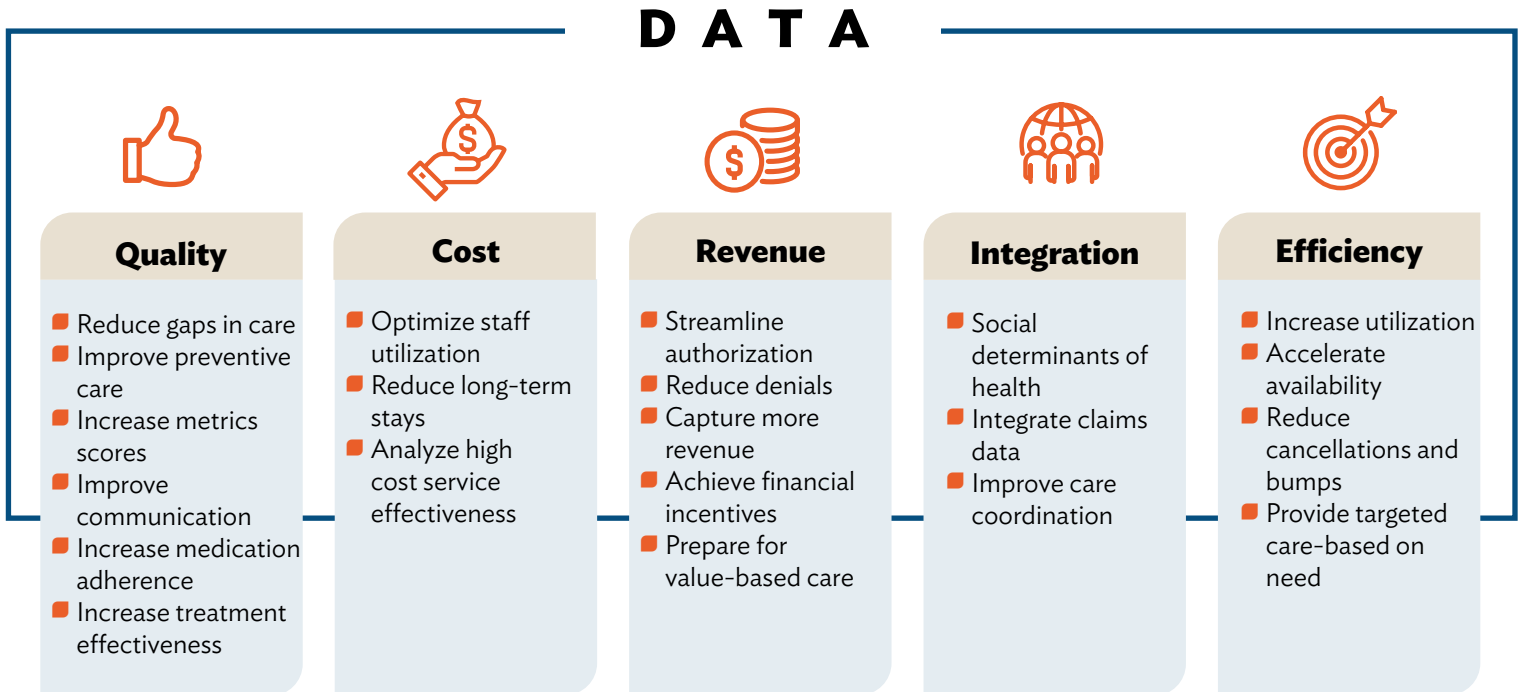
An organization’s technology infrastructure has many components. The following assesses some of the key technologies and related considerations.

## Data integrity and reporting

Data integrity refers to the accuracy, consistency and reliability of data throughout its lifecycle. In other words, it ensures that data remains intact and unchanged from its original state, maintaining its quality and trustworthiness. Maintaining data integrity requires implementing appropriate processes, controls and technologies throughout the data lifecycle, including collection, storage, processing, transmission and disposal.

Data integrity is crucial for several purposes. It is essential for producing accurate, reliable and trustworthy reports that support informed decision-making and ensure compliance, accountability and organizational success. Analysis and reporting provide stakeholders with valuable insights into various aspects of an organization’s operations, performance and outcomes.

## What can data analytics do for your organization?



Source: RSM

## Privacy and security

Information security and privacy are critical for any organization. Information security encompasses the practices, technologies and processes designed to protect digital and physical assets from various threats, including cyberattacks, data breaches, malware, insider threats and natural disasters. It involves implementing measures to ensure the confidentiality, integrity and availability of information. Privacy focuses on protecting people's personal information and ensuring that it is collected, used, disclosed and managed in a manner consistent with legal and ethical standards.

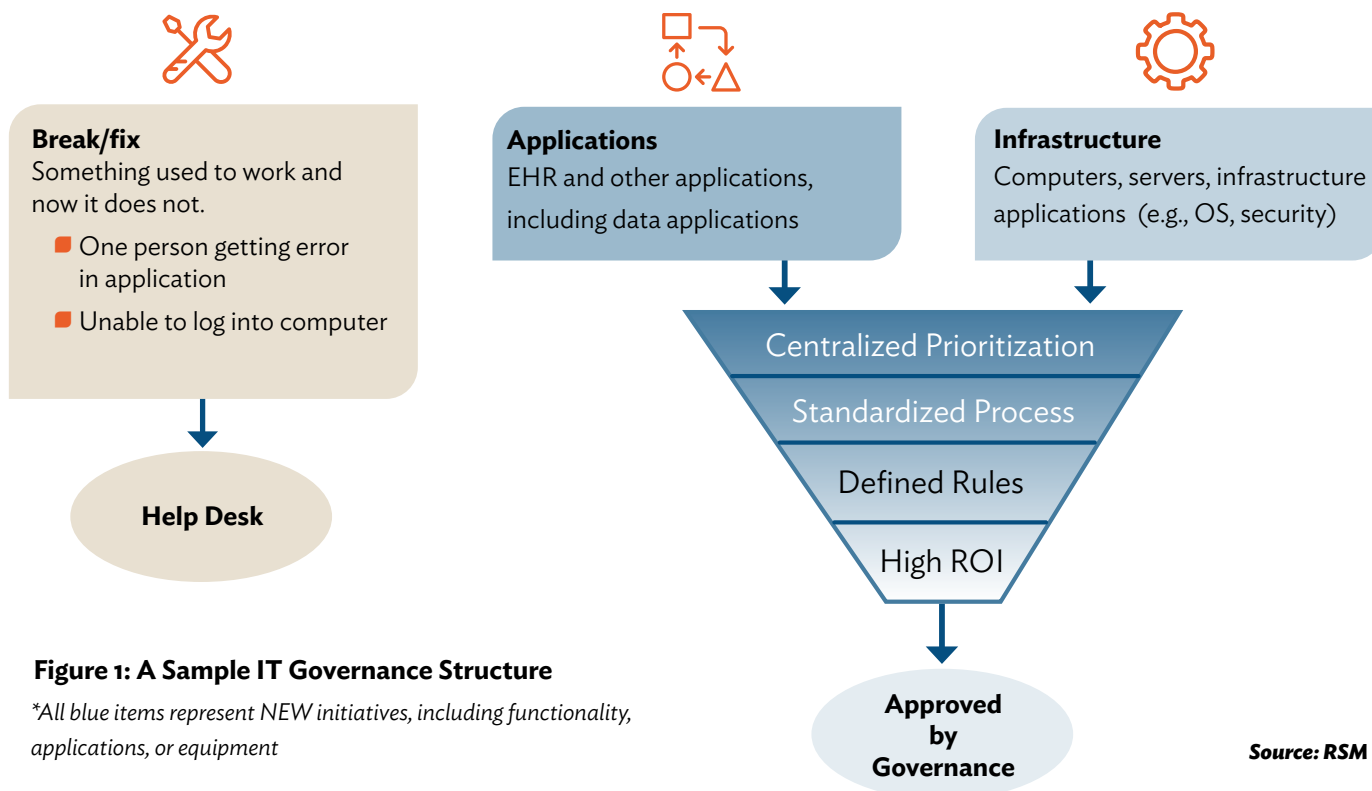
Health care organizations are bound by the Health Insurance Portability and Accountability Act (HIPAA), which is designed to improve the efficiency and effectiveness of the health care system by standardizing electronic health care transactions, protecting the privacy and security of patients' health information, and ensuring the confidentiality of sensitive medical records. The HIPAA Security Rule sets standards for safeguarding [electronic protected health information](#) (ePHI) (American Medical Association, n.d.). It requires covered entities (such as health care providers, health plans and health care clearinghouses) and their business associates to implement administrative, technical and physical safeguards to protect ePHI from unauthorized access, disclosure, alteration or destruction. The HIPAA Privacy Rule establishes national standards for protecting people's medical records and personal health information (PHI). It regulates how covered entities use and disclose PHI, as well as a person's right to access and control their health information.

## IT governance

All organizations are responsible for securing their patient records and information. Part of securing patient information is understanding the infrastructure and purpose of an organization's systems and having a governing committee that oversees and secures these systems. The committee can consist of multiple professionals across all functions of the organization to make sure the data and forms are correctly identified. The other committee members can be IT-focused and provide strategies and recommendations to ensure users have correct access for their given roles, and that protocols are in place to prevent outside harm from disrupting operations. Figure 1 shares an example of a governance structure where certain functions of the organization are routed to the help desk or IT department. The features (applications, infrastructure, new initiatives) are all owned by the governance committee, which approves the rollout of these functions within the organization. Access the corresponding [HIT checklist](#) to assess how your organization's governance committee is performing and identify opportunities for improvement.

The following sections provide an overview of a few key example technologies that a CCBHC would use to operate and meet certification requirements.

## Scope of Governance



## Electronic health records

### What is an electronic medical record?

An [electronic health record](#) (EHR) is a digital version of an individual's paper chart (Health Sector Cybersecurity Coordination Center, 2022). It contains the medical and treatment history of patients for a practice, clinic, or health care organization. EHRs are used by health care providers to document, monitor and manage patient care. They typically include various types of information, including patient demographics, clinical notes, diagnostic test results, medication records, treatment plans, vital signs and measurements.

### What purpose does it serve?

EHRs are designed to improve the efficiency and quality of patient care by allowing health care providers easy access to comprehensive and up-to-date patient information. They also support communication and coordination among members of the health care team and help streamline administrative tasks such as billing and coding. Additionally, EHRs can enhance patient safety by reducing the risk of medical errors and improving the accuracy of clinical decision-making.

### How do end users use it?

End users use the EHR differently depending on their role in a health care organization. Health care providers use the EHR to document and review patient information, order tests, and medications, communicate with members of the health care team, and support clinical decisions. Administrators use the EHR to schedule and register patients, generate and submit insurance claims, and manage and organize patient records. Access the corresponding [HIT checklist](#) to assess how your organization's HER system is performing and identify opportunities for improvement.

## Health information exchange

### What is a health information exchange?

A [health information exchange](#) (HIE) is a system that enables the electronic sharing of health care-related information among providers, patients, and other authorized parties (Assistant Secretary for Technology Policy/ONC, 2020).

### What purpose does it serve?

The primary goal of an HIE is to facilitate the secure exchange of patient health information across different health care organizations and settings, including hospitals, clinics, physician practices, laboratories, pharmacies and public health agencies.

### How do end users use it?

Organizations use an HIE to promote interoperability, facilitate sharing data, provide real-time access to relevant information at the point of care, support care coordination and enable timely public health reporting. Access the corresponding [HIT checklist](#) to assess how your organization's care coordination capabilities are performing and identify opportunities for improvement.

## Health care clearinghouse

### What is a health care clearinghouse?

A [health care clearinghouse](#) is an intermediary organization that facilitates the electronic exchange of health care-related transactions between health care providers, payers (such as insurance companies or government agencies), and other entities involved in health care reimbursement and administration (Alder, 2024).

### What purpose does it serve?

The key functions of a clearinghouse are to process, scrub and submit claims presented by health care providers to payers for reimbursement while ensuring that health care transactions comply with regulatory requirements. Some clearinghouses also provide services for revenue cycle management and provider enrollment and credentialing.

### How do end users use it?

End users, such as health care providers and administrative staff, use health care clearinghouses to streamline various administrative processes. Users can submit claims, inquire about claim status, verify insurance information, process remittance advice and communicate with payers through a clearinghouse portal. Access the corresponding [HIT checklist](#) to assess your organization's billing capabilities and identify opportunities for improvement.

## Telehealth solution

### What is a telehealth solution?

A telehealth solution facilitates secure digital communication, such as video conferencing or using mobile apps and remote monitoring devices, to deliver health care services remotely (HHS, 2024). It encompasses a broad range of medical, health education and public health services provided through telecommunications technologies, enabling patients to access health care from a distance.

### What purpose does it serve?

Telehealth offers numerous benefits, including improved access to health care, convenience, flexibility, reduced travel time and expenses, enhanced patient engagement and continuity of care.

### How do end users use it?

Telehealth can be used in many ways by care teams and patients, including:

- Remote consultations and virtual visits
- Remote monitoring
- Health education and coaching
- Specialty services in underserved or rural areas
- Emergency consultations
- Follow-up care

## Reporting and Key Metrics

### What metrics need to be reported to maintain compliance?

Maintaining CCBHC certification requires reporting certain clinic- and state-collected measures.

**Criteria 5.a.1.:** The CCBHC has the capacity to collect, report and track encounter, outcome and quality data, including, but not limited to, data capturing: 1) characteristics of people receiving services; 2) staffing; 3) access to services; 4) use of services; 5) screening, prevention, and treatment; 6) care coordination; 7) other processes of care; 8) costs; and 9) outcomes of people receiving services ... Where feasible, information about people receiving services and care delivery should be captured electronically, using widely available standards.

While both Demonstration sites and grantees are obligated to report on clinic quality measures, requirements may differ by site type.

## CCBHC-E grantees must collect and report the clinic-collected quality measures.

- Reporting is annual and for all people receiving CCBHC services.
- CCBHCs are to report quality measures nine months after the end of the measurement year, as that term is defined in the technical specifications.
- CCBHC-E grantees that are required to report quality measure data report directly to SAMHSA.

The following is a list of common measures collected by CCBHCs. Required measures are indicated by an asterisk. Access the corresponding [HIT checklist](#) to assess your organization’s reporting capabilities and identify opportunities for improvement.

### Clinic-collected Measures (SAMHSA, 2023)

*\*Required*

Measure Name and Designated Abbreviation	Steward	CMS Medicaid Core Set (2023) <sup>1</sup>	Notes
*Time to Services (I-SERV)	SAMHSA	n/a	Will include sub-measures of average time to: initial evaluation, initial clinical services, crisis services
*Depression Remission at Six Months (DEP-REM-6)	MN Community Measurement	n/a	Changed from the 12-month version of the measure
*Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)	National Committee for Quality Assurance (NCQA)	n/a	n/a
*Screening for Clinical Depression and Follow-up Plan (CDF-CH and CDF-AD)	CMS	Adult and Child	Child was added to the Medicaid Child Core Measure Set

*Screening for Social Drivers of Health (SDOH)	CMS	n/a	Using the 2023 Merit-based Incentive Payment System (MIPS) version
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (TSC)	NCQA	n/a	n/a
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA) (SRA-A)	Mathematica	n/a	n/a
Adult Major Depressive Disorder: Suicide Risk Assessment (SRA) (SRA-C)	Mathematica	n/a	n/a
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)	NCQA	Child	Measure modified to coincide with change in Medicaid Child Core Measure Set
Controlling High Blood Pressure (CBP-AD)	NCQA	Adult	n/a

<sup>1</sup>The CMS Medicaid Core Set describes two separate core sets (the 2023 Child Core Set and the 2023 Adult Core Set). The table specifies if a measure is in only one or both core sets.

## State-collected Measures (SAMHSA, 2023)

\*Required

Measure Name and Designated Abbreviation	Steward	CMS Medicaid Core Set (2023)	Notes
*Patient Experience of Care Survey	SAMHSA	n/a	n/a
*Youth/Family Experience of Care Survey	SAMHSA	n/a	n/a
*Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA-AD)	CMS	Adult	n/a
*Follow-up After Hospitalization for Mental Illness, Ages 18+ (Adult) (FUH-AD)	NCQA	Adult	n/a
*Follow-up After Hospitalization for Mental Illness, Ages 6 to 17 (child/adolescent) (FUH-CH)	NCQA	Child	n/a
*Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD)	NCQA	Adult	n/a
*Follow-up After Emergency Department Visit for Mental Illness (FUM-CH and FUM-AD)	NCQA	Adult and Child	Child was added to the Medicaid Child Core Measure Set
*Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-CH and FUA-AD)	NCQA	Adult and Child	Child was added to the Medicaid Child Core Measure Set



*Plan All-cause Readmissions Rate (PCR-AD)	NCQA	Adult	n/a
*Follow-up Care for Children Prescribed Attention-deficit Hyperactivity Disorder (ADHD) Medication (ADD-CH)	NCQA	Child	n/a
*Antidepressant Medication Management (AMM-BH)	NCQA	Adult	n/a
*Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)	CMS	Adult	n/a
*Hemoglobin A1C Control for Patients With Diabetes (HBD-AD)	NCQA	Adult	n/a
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	NCQA	Child	n/a
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)	NCQA	Child	n/a

# Health Information Technology Self-assessment Toolkit

## Self-assessment process

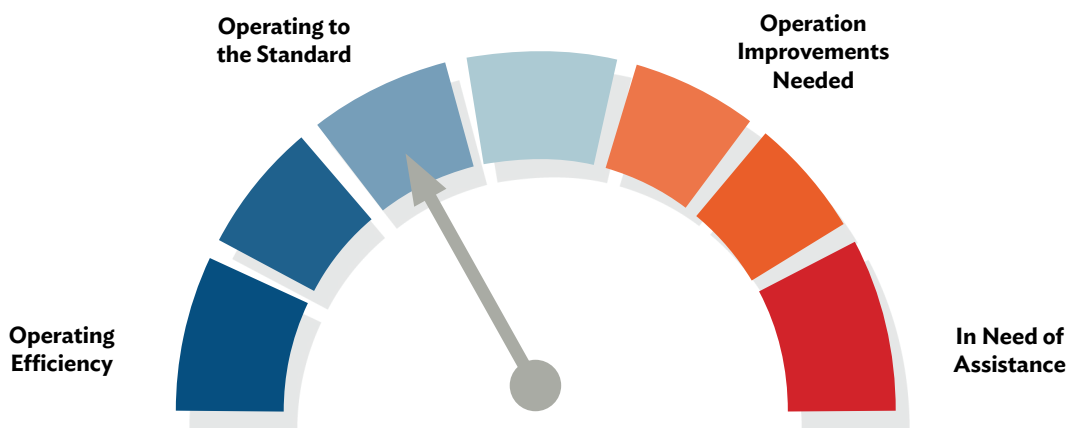
Now that you are aware of what solutions are available and how an HIT toolkit can guide you through improvements, it is recommended your organization complete the HIT self-assessment to identify any gaps and develop a baseline for your technology journey. The self-assessment lists several questions for which you will respond with a score of 1, 2 or 3 based on how your organization currently aligns with the outlined descriptions. Each checklist has ranges where guidance and recommendations for next steps will be provided based on the sum of your scores as marked in the score column. Organizations having different scores is normal — some organizations are more mature in their technology journey while others are just starting out. Once an organization has its self-assessment score, it needs to follow the next-step guidelines and devise a strategy to prioritize and execute items. Your organization can take another self-assessment down the road to determine progress and where additional focus is needed.

This self-assessment checklist will guide you in evaluating the current state of your organization's HIT and identifying areas of strength and opportunities for improvement. Your organization can come back to this document for a description of key technologies referenced in the self-assessment checklist. Once you have completed the checklist and identified the areas in your technology infrastructure that require attention, the final section of this toolkit will guide you in creating and executing a plan to address your organization's technology needs. Depending on the results of your self-assessment, the National Council may provide additional resources and/or toolkits to guide you through implementation.

## Utilizing toolkit instructions and applying self-assessment results

When completing the assessment, it is important to be as honest as possible, choosing the answer that best aligns with your organization's current state and marking the points in the score column. Remember that these scores are meant to guide your technology improvement journey.

Once you have completed the self-assessment, review the scoring criteria based on your results to determine the best next steps. The score will categorize your organization into a technology maturity bracket. Read the maturity bracket's definition to determine whether you may need to seek a third-party vendor for additional guidance or use the workbook's focused checklists for a deeper drill down into your organization's skill sets regarding care coordination, governance, etc.



Now that you have identified your technology bracket and organization's needs, you can begin to evaluate the budget, planning and resources required for successful digital transformation. The following shares examples of how an organization should prioritize its technology journey by understanding the levels of effort, tasks and additional focus points when adopting and/or evaluating technology solutions.

## Planning and Execution



### Technology planning and budgeting

Selecting a technology solution is a big financial investment. Your leadership should consider multiple options by first gathering key requirements for the organization and seeing which solutions align with the organization's goals. When evaluating vendors, it may be helpful to request references from other CCBHCs that have used their services to get feedback on implementation and post-implementation support. Once determined, your organization should develop an IT strategic plan for how this new solution will align with, improve or replace your current state. It is important to keep in mind that all HIT purchases must be ONC-certified according to CCBHC criteria guidelines for appropriate use of grant funds.

Along with your selection, the organization's leaders need to formulate a strategic budget that accounts for all costs of the implementation, including staff training, resources and additional funds in case anything goes unplanned with the project. Having a timeline and benchmarks established early on will help an organization determine if it is on track for achieving its goal.

Upon completion of the project and solution implementation, your organization should have a plan to measure return on investment (ROI) and validate the correct solution was purchased. ROI can be determined by improvements in financials, quality metrics and experiences of people served.



### Action plan and recommendations

Now that you have a defined budget and identified the solution your organization wants to purchase, you should take the gaps discovered in the self-assessment and form task teams to aid the project team. These teams have expertise in specific functions (e.g., intake, care coordination, billing and reporting) and can brainstorm ideas and help develop workflows for how the solution will be used in their departments.

Each piece of the implementation is unique, with some requiring more effort and time than others. It is important that project managers and teams recognize these time parameters and efforts so that the implementation can keep moving forward. If possible, determine what tasks and portions of the project can be completed simultaneously so there is less downtime and the project can be completed faster.

No implementation can be completed without resources. Your staff is one of the most important pieces to successful implementation. Your project team must be able to manage resources so that the organization's daily operations are not impacted by the project. There needs to be a balance between operations and project focus, but if this is a challenge, additional support from a contractor or third-party vendor can be helpful. The last thing you need is for staff to become resistant or burnt out from work overload, and the project running into roadblocks or worse.



## Annual training and development initiatives

When implementing any solution, there is going to be a learning curve for the organization. Building out a timeline and training plan can help set expectations for adoption and where your organization sees itself post-implementation. Rather than a one-time occurrence, training on the solution should be a culture move to ongoing learning. The organization should structure a cadence of learning and appoint super users to train any new hires or those moving into different roles internally.



## Staff training and competency

Understanding a new solution requires continuous education and training, so keep skills sharp and learn new features and functions when applicable. Strong trainers and leaders are essential for efficient and effective staff training. Not everyone is going to be a trainer. The organization's leadership needs to assess the skill sets and capabilities of its staff and designate users into roles that will help with the solution's adoption and implementation. Understanding the knowledge and expertise of your staff will also help in assessing where your organization has knowledge gaps that could be supported by a contractor or third-party vendor. Access the corresponding [HIT checklist](#) to assess your organization's staff competencies and identify opportunities for improvement.



## Future technology road map

The industry is constantly attracting new vendors offering improved solutions to better patient care. You should be aware of these advancing solutions and understand how they can help your organization. Every organization is capable of adopting technology and advancing. It is vital your leadership has someone who is technologically savvy and continually aware of what's available in the industry and the opportunities that best fit your organization.



## Leveraging external resources

It is important to understand the limitations of your organization and leverage external resources where necessary. An organization's digital transformation is a large undertaking and will require dedicated workgroups and resources. If your organization does not have the technical resources for successful implementation, you may consider reaching out to the National Council, or consulting services such as RSM, for assistance. The National Council will publish additional technology toolkits to serve as guides on specific topics.

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