

State Learning Collaborative

Aligning Crisis Response Systems & CCBHCs

Session 5: Monitoring, Managing, and Improving Performance & Closing Out the LC

August 14, 2024



CCBHC S-TAC

CCBHC State Technical Assistance Center

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Agenda

Welcome back!

Presentation: State Examples of Data Systems & CQI

Visioning Exercise Share Outs

Round Robin Activity

Close Out & Next Steps

Data Collection and Use in Oklahoma

- Oklahoma collects and analyzes a robust set of data to ensure quality improvement and care for individuals served. The data collection occurs in two main ways;
 1. Claims data (Oklahoma has a blended claims system where all Medicaid, State, and Federal claims run through the MMIS system)
 2. The client data core set

ODMHSAS/OHCA BEHAVIORAL HEALTH CUSTOMER DATA CORE

SECTION I	Agency: <input type="text"/>	Date of Transaction (MMDDYYYY): <input type="text"/>	Transaction Time (0000-2359): <input type="text"/>	Transaction Type:* (Contacts: 21, 27) (23, 40, 41, 42) (60,61,62,63,64,65,66,67,68,69,70,71,72)
	Member ID: <input type="text"/>	Date of Birth (MMDDYYYY): <input type="text"/>	Service Focus*: <input type="text"/>	

RACE: (1=Yes for all that apply; Blank = No) White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian or Other Pac. Islander <input type="checkbox"/> Asian <input type="checkbox"/>	GENDER: (F=Female; M=Male) <input type="checkbox"/>	SCREENING: (1=Pos; 2=Neg; 3=Not Admin) Mental Health Screen <input type="checkbox"/> Substance Abuse Screen <input type="checkbox"/> Trauma Screen <input type="checkbox"/>	PRIMARY REFERRAL:* <input type="checkbox"/> AGENCY #: <input type="text"/> SECONDARY REFERRAL:* <input type="checkbox"/> AGENCY #: <input type="text"/> COUNTY OF RESIDENCE: (01-77 or Other State Initials) <input type="text"/> ZIP CODE: (99999 for Homeless-Streets) <input type="text"/> - <input type="text"/>
SSN: <input type="text"/> ETHNICITY: Hispanic/Latino <input type="checkbox"/> (1=Yes; 2=No)	Alert Information: <input type="text"/>		

SECTION II & III

RESIDENCE:

A. Permanent Housing	F. RC Facility/Group Home	<input type="checkbox"/>
B. Perm Sup Hous-Non-Cong	G. Nursing Home	<input type="checkbox"/>
C. Perm Sup Hous-Cong	H. Institutional Setting	<input type="checkbox"/>
D. Transitional Housing	I. Homeless-Shelter	<input type="checkbox"/>
E. Temporary Housing	J. Homeless-Streets	<input type="checkbox"/>

Is customer in PRISON/JAIL?:(If 1, Residence must=H)
 1. Prison 2. No 3. Jail

LIVING SITUATION: **CHRONIC HOMELESSNESS:**
 1. Alone 2. With Family/Relatives 3. With Non-Related Persons
 (1=Yes; 2=No)

EMPLOYMENT:
 1. Full-time (35+ hrs.) 3. Unemployed (looking for work in last 30 days)
 2. Part-time (<35 hrs.) 4. Not in Labor Force = (A-F below)

LANGUAGE PROFICIENCY:

Does customer speak English well?: (1=Yes; 2=No)

If no, what language is preferred?: (1-9*)

If language 2 or 9, then specify:

DISABILITY: (01-11 or Blank)

LEGAL STATUS:* **County of Commitment:**
 (01,03,05,07,09,12,13,15,17,20,21) (If Legal Status = 01 or 17, County of Commitment not required)

TOBACCO USE: Times tobacco used on a typical day (00-99)

PRESENTING PROBLEM: *

	Primary	Secondary	Tertiary
Drugs of Choice (01-21*)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Usual Route of Administration:*	<input type="text"/>	(1-5)	(1-5)
Frequency of Use in Last 30 days:*	<input type="text"/>	(1-5)	(1-5)

Age First Used (00-99):

CURRENT LOF: (GAF SCALE) (01-99*)

SMI: (1=Yes; 2=No) **SED:** (1=Yes; 2=No)
 (For customer 18 and older) (For customer under 18)

In the past 30 days, how many times has the customer been arrested, or since admission if less than 30 days ago? (00-99)

In the past 12 months, how many times has the customer been arrested, or since admission if less than 12 months ago? (00-99)

In the past 30 days, how many times has the customer attended self-help/support groups, or since admission if less than 30 days ago? (00-99)

FAMILY ID, DOC #, or DHS Case Number:

CLINICIAN OF RECORD (NPI):

TYPE OF EMPLOYMENT/ Not in Labor Force:

1. Competitive	A. Homemaker	<input type="checkbox"/>
2. Supported	B. Student	<input type="checkbox"/>
3. Volunteer	C. Retired	<input type="checkbox"/>
4. None	D. Disabled	<input type="checkbox"/>
5. Transitional	E. Inmate	<input type="checkbox"/>
6. Sheltered Workshop	F. Other	<input type="checkbox"/>

EDUCATION: (Highest Grade Completed 00-25)
 (00-Less Than 1 Grade Completed, GED = 12)

Is customer currently IN SCHOOL?: (1=Yes; 2=No)

MILITARY STATUS: (1=Veteran; 2=No; 3=Active)

MARITAL STATUS:

1. Never Married	3. Divorced	5. Living as Married
2. Married	4. Widowed	6. Separated

Is customer PREGNANT?: (1=Yes; 2=No)

If Yes enter expected DOB, blank if No (MMDDYYYY)

ANNUAL INCOME: \$

Number contributing to and/or dependent upon "Annual Income" above: (01-15)

SSI: (1=Yes; 2=No) **SSDI:**

Medicare: (1=Yes; 2=No) **Medicaid:**

LEVEL OF CARE: (CI, CL, HA, OO, SC, or SN*)

CAR: (Mental Health) (01-50)

Feeling Mood	<input type="text"/>
Thinking	<input type="text"/>
Substance Use	<input type="text"/>
Medical/Physical	<input type="text"/>
Family	<input type="text"/>
Interpersonal	<input type="text"/>
Role Performance	<input type="text"/>
Socio-Legal	<input type="text"/>
Self Care/Basic Needs	<input type="text"/>

NOTE:
 If CAR: Substance Use is scored 30 or above, the customer should be referred for a substance abuse assessment.
 If ASI/TASI: Psychiatric Status is scored 4 or above, the customer should be referred for a mental health assessment.

ASI: (Substance Abuse) (0-9)

Medical	<input type="text"/>
Employ/Support	<input type="text"/>
Alcohol Use	<input type="text"/>
Drug Use	<input type="text"/>
Legal Status	<input type="text"/>
Family/Social Rel.	<input type="text"/>
Psychiatric Status	<input type="text"/>

TASI:* (Ages 12-17) (0-4)

Chemical	<input type="text"/>
School	<input type="text"/>
Emp/Sup	<input type="text"/>
Family	<input type="text"/>
Peer/Soc	<input type="text"/>
Legal	<input type="text"/>
Psychiatric	<input type="text"/>

SECTION IV
 (Required if under 18 years old)

Is this customer in the custody of?: (1=Yes; 2=No)

OJA DHS

In what type of out-of-home placement is the customer currently living?
 (select only one from below)

1. Not in out-of-home placement	4. Foster Care
2. Residential Treatment	5. Group Home
3. Specialized Community Group Home	6. Other

In the past 90 days, how many days was the customer in restrictive placement? (00-90)

In the past 90 days, on how many days did an incident of self-harm occur? (00-90)

SCHOOL-AGED CHILDREN: (00-66 days OR 99 for not applicable)

In the past 90 days of the school year, how many days was the customer absent from school?

In the past 90 days of the school year, how many days was the customer suspended from school?

CHILDREN UNDER SCHOOL AGE: (00-66 days OR 99 for not applicable)

In the past 90 days, how many days was the customer not permitted to return to day care?

Claims Data

- Date and time of service
- Service provided
- Admission/discharge dates
- Where/Who provided the service
- Services prior and after (can build a timeline)
- Diagnosis

Most In Need

- ODMHSAS creates, through the use of data elements described above, a “Most In Need” list. This list is in order of highest rates of usage of higher levels of care and crisis care needs.
- This list is used to identify persons for whom current pathways of care are not successful and it flags their provider and the care management team when that person touches the system. This allows for immediate outreach and the ability to meet that person where they are at, including a special focus on social needs i.e. housing, in home care, transportation, daily services if needed. This list creates an instant authorization for the highest levels of outpatient care available or created.

Enhanced Tier Payment System

- The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) designed a performance outcomes payment plan, the Enhanced Tier Payment System (ETPS), with an overarching goal to proactively increase the recovery of Oklahomans from mental illness and substance abuse.
 - Two primary objectives are 1) improve outcomes/access and, 2) creatively pay for outcomes with no additional state funds.
- Consists of 12 measures that providers are paid for meeting benchmarks or exceeding benchmarks (bonus) on a quarterly basis.

Measures

1. Outpatient Crisis Service Follow-up within 8 Days
2. Inpatient/Crisis Unit Follow-up within 7 Days
3. Reduction in Drug Use
4. Engagement: Four Services within 45 Days of Admission
5. Medication Visit within 14 Days of Admission
6. Access to Treatment - Adults
7. Improvement in CAR (Client Assessment Record) Score: Interpersonal Domain
8. Improvement in CAR Score: Medical/Physical Domain
9. Improvement in CAR Score: Self Care/Basic Needs Domain
10. Inpatient/Crisis Unit Community Tenure of 180 Days
11. Peer Support: % of Clients Who Receive a Peer Support Service
12. Access to Treatment - Children

State Average - Change

Measure	Average		Change
	June 2009	June 2016	
Outpatient Crisis Service Follow-up within 8 Days	29.8	83.8	54.0
Engagement in Treatment within 45 Days	45.2	75.3	30.1
Outpatient Peer Recovery Support Services	1.1	30.2	29.1
Inpatient/Crisis Unit Follow-up within 7 Days	53.9	80.9	27.0
Improvement in CAR Score Domain: Interpersonal	25.6	42.9	17.3
Medication Visit within 14 Days of Admission	41.4	57.1	15.7
Improvement in CAR Score Domain: Self Care/Basic Needs	40	54.9	14.9
Reduction in Drug Use	36.7	49	12.3
Improvement in CAR Score Domain: Medical/Physical	47.1	52.2	5.1
Inpatient/Crisis Unit Community Tenure of 180 Days	73.2	77.4	4.2

Care Traffic Control

- Through the use of the data collected, you can track a person pre-crisis, if they have had prior crisis events and need additional outreach to prevent future crisis, and post crisis from discharge through engagement.

Data Collection and Use in Nevada

- Nevada's plan for data collection and reporting data
- Challenges with aligning datasets, modernizing data collection and reporting, data storytelling
- Timely, accurate, and actionable data lags
- Lessons learned
 - State and clinic readiness to collect and report
 - State and clinic resources to calculate
 - Relevance to access, quality, and outcomes at the state and clinic level

Data Collection for CCBHCs and Crisis Services

CRISIS-90

State Directed Crisis Measure Quality Incentive Payment Measure

Description:

- The rate of crisis services rendered followed by less than two crisis encounters outside of any CCBHC in the following 45 days.
- Measure is based on crisis services NOT patients.

Datasets and Variables:

- Medicaid Claims
 - Billing Provider ID
 - Medicaid ID
 - Service Date
 - Date of Birth
 - CPT/HCPCS Code
- Electronic Health Records
 - Medicaid ID
 - Contact Date
 - Date of Birth
- Eligibility
 - Medicaid ID
 - Eligible Member Months

Definitions:

- Actively receiving services: When both of the following criteria are met: (1) received at minimum one service at the CCBHC between 44 days prior to the initial crisis service and the initial crisis service (inclusive) and (2) received at minimum one service at the CCBHC between the initial crisis service (exclusive) and 45 days after the initial crisis service.

Measurement Period:

- Denominator:
 - The measurement period for the denominator is the measurement year less the last 45 days.
- Numerator:
 - The measurement period for the numerator is the measurement year.

Crisis Services Codes - CPT/HCPCS Codes:

- H2011, S9485, S9484, 90839, 90840

EXCLUSIONS

- Death

Nevada's CCBHC Data Dashboards

Certified Community Behavioral Health Centers (CCBHCs) in Nevada

Overview
Current Status
Trends
Demographics

Nevada CCBHCs
Office of Analytics Homepage

Member County
Clinic County

DASHBOARD UPDATED ON 6/21/2024

CURRENT STATUS - CLINIC COUNTY (STATE FISCAL YEAR-TO-DATE 2024)

DATA AS OF 1/1/2024

Under "Key Metrics," the "Total Claims" reflects the total number of claims submitted and the "Total Patients" reflects the number of unique individuals seen at any CCBHC in Nevada. The top diagnosis and procedure codes reflect the most common codes submitted excluding T1040. To assist with analyses, similar codes have been grouped. Data can be filtered to the specific region or county CCBHCs are located in by selecting the appropriate option on the left side. [Learn more](#)

SELECT A CLINIC

All

SELECT A COUNTY

- North
 - Carson City
 - Washoe
- South
 - Clark
- Rural
 - Churchill
 - Douglas
 - Elko
 - Esmeralda
 - Eureka
 - Humboldt
 - Lander
 - Lincoln
 - Lyon
 - Mineral
 - Nye
 - Pershing
 - Storey
 - White Pine

KEY METRICS

106,870

TOTAL CLAIMS

4,960

TOTAL PATIENTS

TOTAL CLAIMS PER COUNTY

Legend

- 17,080 +
- 12,811 to 17,080
- 8,541 to 12,810
- 4,271 to 8,540
- 1 to 4,270
- 0

TOP 10 DIAGNOSIS CODES

DIAGNOSIS	CLAIMS	CLAIMS %
ALCOHOL USE, DEPENDENCE, AND/OR ABUSE	17,762	16%
OTHER STIMULANT USE, DEPENDENCE, AND/OR ABUSE	14,796	14%
CANNABIS USE, DEPENDENCE, AND/OR ABUSE	8,958	8%
OPIOID USE, DEPENDENCE, AND/OR ABUSE	6,201	6%
POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	6,097	6%
GENERALIZED ANXIETY DISORDER	5,559	5%
MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	4,157	4%
ANXIETY DISORDER, UNSPECIFIED	2,445	2%
MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	2,203	2%
MENTAL DISORDER, NOT OTHERWISE SPECIFIED	1,466	1%

TOP 10 PROCEDURE CODES

PROCEDURE	CLAIMS	CLAIMS %
ALCOHOL AND/OR DRUG SERVICES	4,208	21%
TARGETED CASE MANAGEMENT	3,979	20%
PSYTX W PT 60 MINUTES	3,481	17%
PSYTX W PT 45 MINUTES	2,036	10%
ALCOHOL AND/OR DRUG SCREENING	1,226	6%
GROUP PSYCHOTHERAPY	925	5%
DRUG TEST PRESUMPTIVE	609	3%
PSYSOC REHAB SVC, PER 15 MIN	414	2%
SKILLS TRAIN AND DEV, 15 MIN	398	2%
ALCOHOL/DRUG ABUSE SVC NOS	324	2%

This dashboard is updated quarterly. For questions or feedback please email data@dhhs.nv.gov.

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TRENDS - CLINIC COUNTY DATA AS OF 1/1/2024

Under "Key Metrics," the "Total Claims" reflects the cumulative number of claims submitted and the "Total Patients" reflects the number of unique individuals seen at any CCBHC in Nevada during all reported state fiscal years. Trends reflect the total number of claims submitted by month and year. Data can be filtered to the specific region or county CCBHCs are located in by selecting the appropriate option on the left side. [Learn more](#)

SELECT A CLINIC

All

SELECT A COUNTY

- North
 - Carson City
 - Washoe
- South
 - Clark
- Rural
 - Churchill
 - Douglas
 - Elko
 - Esmeralda
 - Eureka
 - Humboldt
 - Lander
 - Lincoln
 - Lyon
 - Mineral
 - Nye
 - Pershing
 - Storey
 - White Pine

KEY METRICS

453,356
 TOTAL CLAIMS

15,399
 TOTAL PATIENTS

STATE FISCAL YEAR	TOTAL CLAIMS	TOTAL PATIENTS
2024	58,877	3,806
2023	106,870	4,960
2022	93,059	4,245
2021	90,152	4,374
2020	57,542	3,709
2019	31,047	2,209
2018	15,809	1,327

TOTAL CLAIMS SUBMITTED BY MONTH AND YEAR

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DASHBOARD UPDATED ON 6/21/2024

DEMOGRAPHICS DATA AS OF 1/1/2024

CCBHCs provide services to all age groups, including children. However, adults in Nevada receive services more frequently. The total number of patients for each demographic group may not be equal due to missing data. Data can be filtered to a specific year by selecting the appropriate option on the left side. Changes in the data may reflect fluctuations in the number of clinics participating in the CCBHC program over time. [Learn more](#)

SELECT A STATE FISCAL YEAR

- 2023
- 2022
- 2021
- 2020
- 2019
- 2018

Group	PATIENTS	PATIENTS %	POPULATION %	POPULATION
AGE GROUP				
01-04	20	0.4%	5.4%	176,129
05-14	659	12.9%	12.3%	401,823
15-24	1,102	21.6%	14.0%	459,419
25-34	1,401	27.4%	14.3%	467,693
35-44	1,049	20.5%	13.2%	431,964
45-54	502	9.8%	12.8%	420,117
55-64	350	6.9%	12.1%	394,890
65+	23	0.5%	15.9%	519,863
GENDER				
Female	2,615	52.7%	50.1%	1,640,562
Male	2,350	47.3%	49.9%	1,631,336
RACE/ETHNICITY				
Hispanic	1,286	27.7%	31.0%	1,015,127
Non-Hispanic American Indian/Alaska Native	0	0.0%	1.1%	35,357
Non-Hispanic Asian/Pacific Islander	67	1.4%	10.2%	334,120
Non-Hispanic Black	496	10.7%	9.2%	301,971
Non-Hispanic Other	6	0.1%	0.0%	0
Non-Hispanic White	2,790	60.1%	48.5%	1,585,324

This dashboard is updated quarterly. For questions or feedback please email data@dhs.nv.gov.

State Sharing: Visioning Exercises

- **Part 1:** Crisis System Structure & Accountability
- **Part 2:** Potential Roles for CCBHCs in that Structure
- **Part 3:** Financing the Crisis System
- **Part 4:** Monitoring, Managing, and Improving Performance

Round Robin Activity

- Please share at least one item of **helpful information** your team learned through participation in this LC.
- Please share one area of the Visioning Exercise that you feel **most informed about/ready to implement** and why.
- Please share one area of the Visioning Exercise that you feel you **still have the most work to do** and why.



How did we do?

Please answer a few questions to let us know how we did and what we can do to support you in future sessions.



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CCBHC State Technical Assistance Center

Thank you!

Ann Mukherjee, MPP

AnnM@TheNationalCouncil.org

Ken Minkoff, MD

Kminkov@aol.com

Annie Benjamin, MSW

AnnieB@TheNationalCouncil.org

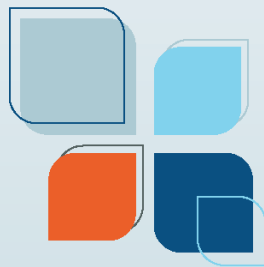
Carrie Slatton-Hodges, MA, LPC

Carrie.Slatton-Hodges@NASMHPD.org

[TA Request Form](#)

Stephanie Woodard, PsyD

Stephanie.Woodard@NASMHPD.org



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