

State Learning Collaborative

Session 3: Data and Quality Measures

April 25, 2024



CCBHC S-TAC

CCBHC State Technical Assistance Center

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Agenda

Review of last session

Data considerations in
CCBHC

Examples from NV

Discussion

Last Time— Co-occurring Disorders

★ Clinical Considerations in designing program and policies, including:

Needs assessment, quality improvement, ROC, and Confidentiality

Integrated Treatment Planning, Coordination, and Documentation

Multidisciplinary Teams and evidence-based practices

Program licensure and funding requirements

✚ Integration of SU and MH is also needed at the state level to reduce barriers

New structure for today....

Needs Assessment data

- Brief didactic
- Example from NV
- Group discussion

CCBHC data requirements

- Brief didactic
- Example from NV
- Group discussion

Considering other measures

- Brief didactic
- Example from NV
- Group discussion

Supporting clinics

- Brief didactic
- Example from NV
- Group discussion



**LET'S GET
STARTED**

Needs Assessment Data for CCBHC

Needs Assessment Data

- Developing Community Needs Assessment requirements in your state certification for CCBHC
- Supporting clinics in collecting required community needs assessment data determining substance use (SU) prevention and treatment needs
- Determining capacity needs for SU prevention and treatment across the state

Appendix A: Terms and Definitions

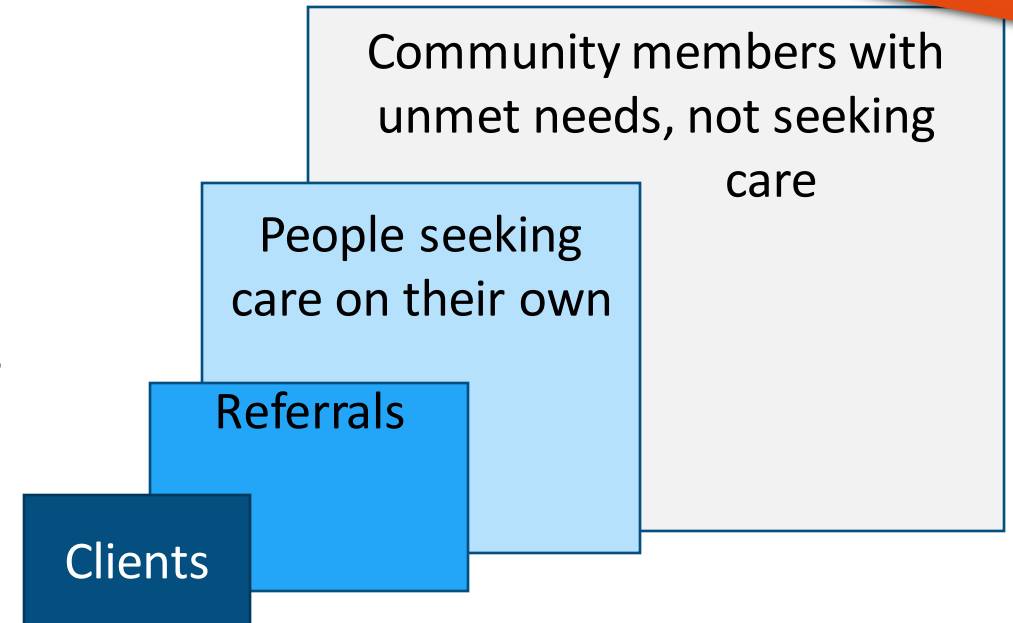
Community Needs Assessment:

- Identify **community needs** and determining **program capacity**
- Collaborate with other **community stakeholders**
- Identify **current conditions and desired services or outcomes** in the community
- Specific **CCBHC criteria are tied to the community needs assessment** including staffing, language and culture, services, locations, service hours and evidence-based practices
- Be thorough and reflect the treatment and recovery **needs of those who reside in the service area across the lifespan** including children, youth, and families
- If a separate community needs assessment has been completed in the past year, the CCBHC may decide to augment, or **build upon the information** to ensure that the required components of the community needs assessment are collected

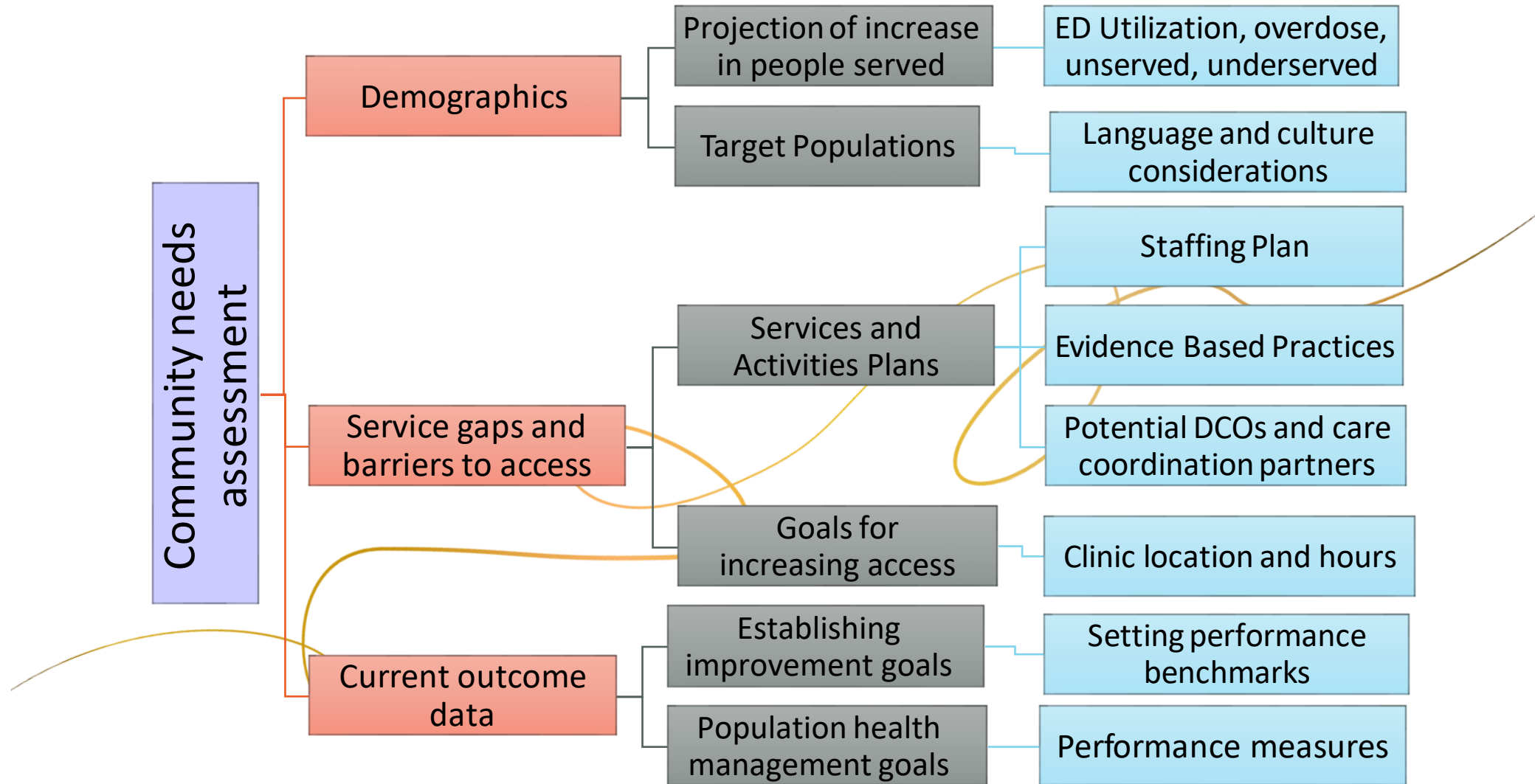
Who will our new clients be?

- Depends in part on community needs, decisions about program design and “populations of focus”
- “Populations of focus” = subgroups with particularly pressing needs
 - States can set expectations for how CCBHCs will leverage their services, activities and payment to specifically address the needs of the group(s)
 - Community needs assessment will drive decisions about population of focus and outreach to community members with unmet needs
- Some examples:
 - Emergency Room Enhancement program, MO
 - Cultural Broker, MN
 - Stratified payment rate for population with high hospital utilization, OK

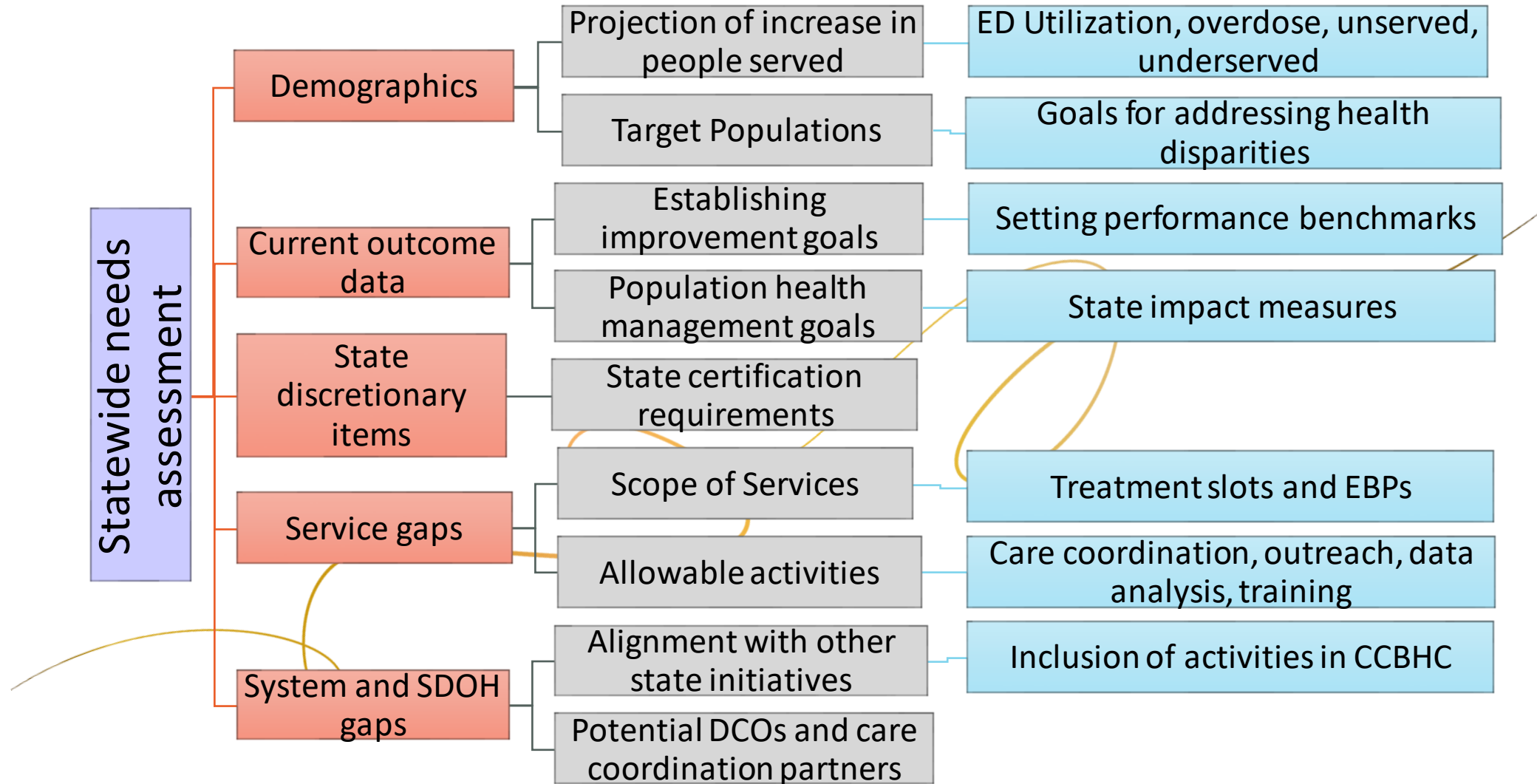
Needs Assessment must include interviews with people NOT being served in BH system to expose barriers



Community Needs Assessment



Community Needs Assessment



SU Data collection in Nevada



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Needs Assessment in Nevada

- State/Third Party developed resources
- Dashboards
 - Needs Assessment
 - Data Sharing
- Pulling data from other provider types (e.g., FQHCs)

Discussion



SUD Data Requirements in CCBHC

Clinic-Collected Measures

Required

=5

- Time to Services (I-SERV)
- Depression Remission at Six Months (DEP-REM-6)
- Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)
- Screening for Clinical Depression and Follow-Up Plan (CDF-CH and CDF-AD)
- Screening for Social Drivers of Health (SDOH)

Optional

- Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (TSC)
- Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA) (SRA-A)
- Adult Major Depressive Disorder: Suicide Risk Assessment (SRA) (SRA-C)
- Weight Assessment and
- Counseling for Nutrition and Physical Activity for children/Adolescents (WCC-CH)
- Controlling High Blood Pressure (CBP-AD)

State-Collected Measures

Required

- Patient Experience of Care Survey
- Youth/Family Experience of Care Survey
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)
- Follow-Up After Hospitalization for Mental Illness, ages 18+ (adult) (FUH-AD)
- Follow-Up After Hospitalization for Mental Illness, ages 6 to 17 (child/adolescent) (FUH-CH)
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD)
- Follow-Up After Emergency Department Visit for Mental Illness (FUM-CH & FUM-AD)

Required

=13

- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-CH and FUA-AD)
- Plan All-Cause Readmissions Rate (PCR-AD)
- Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADD-CH)
- Antidepressant Medication Management (AMM-BH)
- Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)
- Hemoglobin A1c Control for Patients with Diabetes (HBD-AD)

Optional

- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)

SU Data Requirements at the state level

- There are 3 Clinic-collected measures impacted by SU care
- There are 6 State-collected measures impacted by SU care
- What other SU measures does your state collect?
 - 1115 Waiver
 - STR, SOR grants
 - SU block grants
 - Population-specific grants (postpartum, HIV/AIDS, veterans)

Can they be aligned?

SU Data collection in Nevada

- Crisis: Section 9813
- Diagnosis codes indicating SUD
- Data validation
- Consumer Satisfaction Surveys

Discussion



Considering Other Measures for CCBHC

Developing measures that aren't part of the CCBHC set... yet

- Population-specific measures aligned with needs assessment results
- Data stratifications
 - Diagnosis (severity and substance) break downs
 - Funding source vs uninsured
- Measuring efficacy of care
 - Improvements in functioning
 - Determining “success” in SU care
 - Other improvements such as SDOH
- Focus on SU services
 - MOUD
 - MAT (alcohol, nicotine, etc.)
 - Substance-specific measures

Developing Measures in Nevada

- CRISIS-NV
 - Actively receiving services.
 - Had less than two crisis encounters outside of any CCBHC within 45 days after the initial eligible crisis service.
- Reducing burden on providers
- MAT measure considerations

Discussion



Supporting CCBHCs

Data opportunities to improve care

- Providing data to CCBHCs helps them improve their outcomes
 - Patient portals
 - Data portals
 - Dashboards
 - ER visits, hospital admissions, hospital discharges
- Collecting data quarterly improves HIT systems at CCBHCs
 - Reporting that data back to them allows them to course-correct within the measurement year

Reporting data back to CCBHCs in Nevada

- Meetings with CCBHCs
 - Bi-weekly Data Meetings
 - Provider Needs Assessment Call
 - Quarterly Call with Core CCBHC Staff
 - Annual Site Visits
- Customized reporting for CCBHCs
- Understanding needs of CCBHCs

Discussion





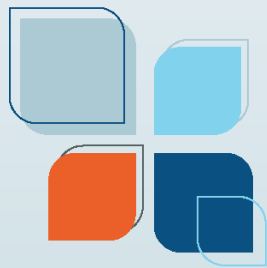
Securing qualified employees is already difficult for service providers in this workforce crisis. CCBHC requirements can diversify their staffing.

What examples can you offer from your state around workforce?

*Send your willingness to share to
Ann Mukherjee AnnM@thenationalcouncil.org
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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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Thank you!

Next Session: Thursday, May 9, 2024

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