

# Preparing Certified Community Behavioral Health Clinics (CCBHCs) for Quality Measure Data Collection and Reporting

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July 20, 2023



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# Logistics

- 🎤 This webinar is being **recorded** and closed captioning is provided. Slides and the recording will be available about a week after the presentation. They will be posted on the [SAMHSA CCBHC website](#) for later reference.
- 🔊 Please **mute** your lines (**Thank you!**).
- 💡 We will have time for **discussion and questions** at the end. In the meantime, please feel free to put questions in the chat. We will address them at the end as well.

# Poll #1: Who is in the audience today?

Please select the options that accurately describe your role:

1. Potential CCBHC demonstration state
2. Existing CCBHC demonstration state
3. Potential CCBHC demonstration clinic
4. Existing CCBHC demonstration clinic
5. Independent state CCBHC initiative
6. CCBHC-PDI grantees
7. CCBHC-IA grantees
8. Other (feel free to identify your role if not listed above)



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# Intended audience for this webinar

1. Prospective and existing CCBHC Section 223 Demonstration state staff
2. Prospective and existing CCBHC Section 223 Demonstration CCBHCs or prospective CCBHCs
3. Independent state CCBHC initiative personnel
4. CCBHC-Expansion (CCBHC-PDI and -IA) grant clinics and SAMHSA GPOs

# Agenda

Recap

Areas of  
opportunity

Clinic-  
collected  
measure  
screening  
requirements

Lessons from  
the field

Upcoming  
quality  
measure  
webinars



## Recap of What & Why

# What is a quality measure?

- Quality measures are **standards** for measuring the **performance** of healthcare providers to care for patients and populations.

Source: Centers for Medicare & Medicaid Services. [Measures Management System Homepage](#)

# Why require quality measures for CCBHCs?

1. The **authorizing statute** for the CCBHCs requires “reporting of encounter data, clinical outcomes data, quality data, and such other data as the Secretary requires.” Section 223 (a)(2)(E) of PAMA.
2. The **certification criteria**, as updated in 2023, provide additional detail about what is required.
3. Why else? **Quality improvement, Quality Bonus Payments** (for demonstration CCBHCs), **evaluation**





# Preparing CCBHCs for Quality Measure Data Collection and Reporting

# Areas of opportunity as you prepare for reporting

Infrastructure



Staffing

State and Clinic Relationships



Mutual Support

## Infrastructure

- IT infrastructure and EHR vendor relationships
- Billing and shadow billing/coding to capture services
- Workflow systems and supporting infrastructure to facilitate care coordination, screening and follow-up, alerts, and other needs





## Staffing

- Clinical, administrative, data/IT staffing roles
- Sufficiency of staffing
- Willingness and motivation to effect change
- Training that addresses change, including in workflow
- Interdepartmental collaboration

# State and clinic relationships for demonstration

## State and clinic relationships

- Regular communication between states and clinics
- Technical assistance
- Supporting electronic Admission, Discharge, Transfer Notifications (ADT)
- Supporting other Health Information Exchanges



# Mutual support



## Mutual Support

- Formal learning collaboratives assembled by SAMHSA and others
- Informal peer learning groups within or across states
- Sharing of questions and answers by SAMHSA and CMS for common knowledge

# Clinic-collected measure screening requirements



# Why are certain screening instruments required?

- Nearly all of our measures are based on existing measures which incorporate specific requirements related to evidence-based or best practices.
- Among those requirements are ones related to screening, some more prescriptive than others.



# Screening or Assessment Instruments for **Required** Clinic-Collected Measures (1)

Measure	Instrument
Screening for Social Drivers of Health	Standardized Health-Related Social Needs (HRSN) Screening, some <u>examples</u> of which are: Accountable Health Communities Health-Related Social Needs Screening Tool ( <a href="#">2017</a> ) Accountable Health Communities Health-Related Social Needs Screening Tool ( <a href="#">2021</a> ) The Protocol for Responding to and Assessing Patients' Risks and Experiences (PRAPARE) Tool ( <a href="#">2016</a> ) WellRx Questionnaire ( <a href="#">2014</a> ) American Academy of Family Physicians (AAFP) Screening Tool ( <a href="#">2018</a> )
Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	AUDIT Screening Instrument; AUDIT-C Screening Instrument; or Single Question Screening - How many times in the past year have you had 5 (for men) or 4 (for women and all adults older than 65 years) or more drinks in a day?
Depression Remission at Six Months	PHQ-9 or PHQ-9M

# Screening or Assessment Instruments for **Required** Clinic-Collected Measures (2)

Measure	Instrument
Screening for Depression and Follow-Up Plan (Adult/Child) (R)	<p>A normalized and validated depression screening tool developed for the population in which it is being utilized. <u>Examples of depression screening tools include but are not limited to:</u></p> <p><b>Adult Screening Tools (age 18 and older)</b> Patient Health Questionnaire (PHQ-9), Beck Depression Inventory (BDI or BDI-II), Center for Epidemiologic Studies Depression Scale (CES-D), Depression Scale (DEPS), Duke Anxiety-Depression Scale (DADS), Geriatric Depression Scale (GDS), Cornell Scale for Depression in Dementia (CSDD), PRIME MD-PHQ2, Hamilton Rating Scale for Depression (HAM-D), Quick Inventory of Depressive Symptomatology Self-Report (QID-SR), Computerized Adaptive Testing Depression Inventory (CAT-DI), and Computerized Adaptive Diagnostic Screener (CAD-MDD).</p> <p><b>Perinatal Screening Tools</b> Edinburgh Postnatal Depression Scale, Postpartum Depression Screening Scale, Patient Health Questionnaire 9 (PHQ-9), Beck Depression Inventory, Beck Depression Inventory–II, Center for Epidemiologic Studies Depression Scale, and Zung Self-rating Depression Scale.</p>
	<p><b>Adolescent Screening Tools (12–17 years)</b> Patient Health Questionnaire for Adolescents (PHQ-A), Beck Depression Inventory-Primary Care Version (BDI-PC), Mood Feeling Questionnaire (MFQ), Center for Epidemiologic Studies Depression Scale (CES-D), Patient Health Questionnaire (PHQ-9), Pediatric Symptom Checklist (PSC-17), and PRIME MD-PHQ2</p>

# Screening or Assessment Instruments for **Optional** Clinic-Collected Measures

Measure	Instrument
Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	Screen for tobacco use
Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA) & Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA)	<p>The specific type and magnitude of the standardized SRA is at the discretion of the clinician and should be specific to the needs of the client. At a minimum, SRA should evaluate:</p> <p><b>Adult SRA:</b></p> <ol style="list-style-type: none"><li>1) Suicidal ideation</li><li>2) Patient’s [Client's] intent of initiating a suicide attempt</li></ol> <p>AND, if either is present,</p> <ol style="list-style-type: none"><li>3) Patient [Client] plans for a suicide attempt</li><li>4) Whether the patient [client] has means for completing suicide</li></ol> <p>Low burden tools to track suicidal ideation and behavior such as the Columbia-Suicide Severity Rating Scale (C-SSRS) and the Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) can also be used</p> <p><b>Child and Adolescent SRA:</b></p> <ol style="list-style-type: none"><li>1. Risk (e.g., age, sex, stressors, comorbid conditions, hopelessness, impulsivity) and protective factors (e.g., religious belief, concern not to hurt family) that may influence the desire to attempt suicide.</li><li>2. Current severity of suicidality.</li><li>3. Most severe point of suicidality in episode and lifetime.</li></ol> <p>Low burden tools to track suicidal ideation and behavior such as the Columbia-Suicidal Severity Rating Scale can also be used.</p>

# Basics of I-SERV (Time to Services)

- Based on the approach used with I-EVAL
- It calculates the average time for clients to access three different types of service, specifically: (1) initial evaluation, (2) initial clinical services, and (3) crisis services. These are all services with time frames in the criteria. The actual calculations are:
  - a. For initial evaluation and initial clinical services:** The eligible population are new clients ages 12 and older (not served in the past six months), and the measure is just the average number of days until those services from the time of first contact.
  - b. For crisis services:** The eligible population is clients who contact the crisis provider for a new crisis episode (first time in 24 hours), and the measure is just the average number of hours until those services from the time of first contact.
- Details in the technical specs on new clients, first contact, etc.



# Lessons from the Field

# Thoughts from the Field: Preparing for Quality Measure Data Collection and Reporting



## Q&A with Katie Rosenthal, M.Ed

CCBHC Medicaid Policy Analyst  
Health Systems Division  
Oregon Health Authority

# Question 1

- ✓ Putting yourself back at the beginning, what would you have wanted to know as a new CCBHC to prepare for quality measure reporting as you were gearing up for the demo?

## Question 2

- ✓ Thinking about it from a state's perspective, what would you tell clinics they should focus on for quality measure reporting as they are preparing to collect and report?



# Question 3

- ✓ As a clinic, once the specifications are released, how would you approach next steps?

## Question 4

- ✓ What do you see as the biggest challenges around quality measure collection and reporting, and what potential solutions might you suggest?

# Thoughts from the Field: Preparing for Quality Measure Data Collection and Reporting



**Open Discussion  
With Other States and Clinics in the  
Audience**



# Upcoming Quality Measure Webinars

# **Tentative** schedule of measure-specific webinars

## **September 2023**

- Two webinars on clinic-collected measures

## **October 2023**

- Two webinars: one each on clinic-collected measure and state-collected measures

## **November 2023**

- Two webinars on state-collected measures

# **Tentative** schedule for reporting format webinar

## **December 2023 or January 2024**

- One webinar on the reporting template and recap of major questions and concerns raised in earlier webinars in this series

# Questions



# Poll #2

In the last hour, I have learned (*please select the best option*):

- A. A lot of useful new information
- B. Some useful new information
- C. Very little new information
- D. Not sure
- E. Other (*please add comments to the chat box*)



# Thank you

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