



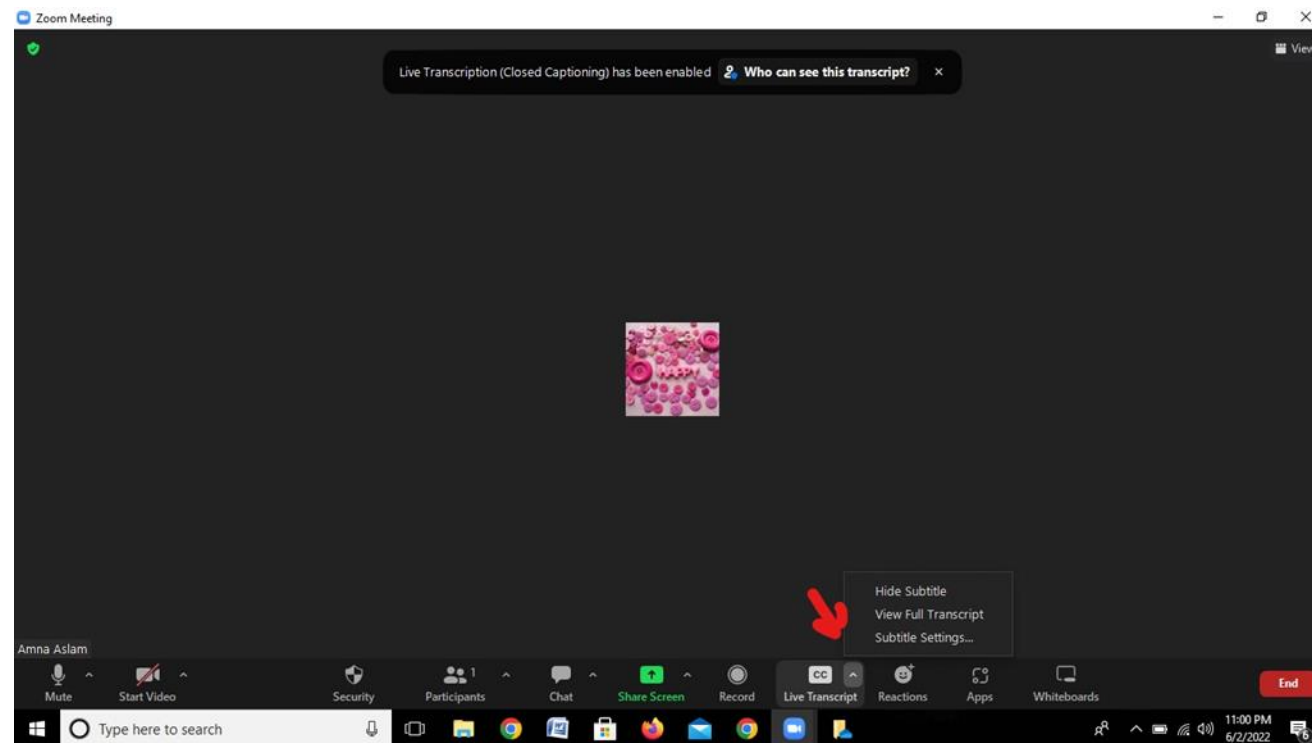
HEALTHY MINDS  
STRONG COMMUNITIES

# New Demo Office Hour: Understanding and Establishing Strong Practices for CCBHC Quality Measures

*January 17, 2025*

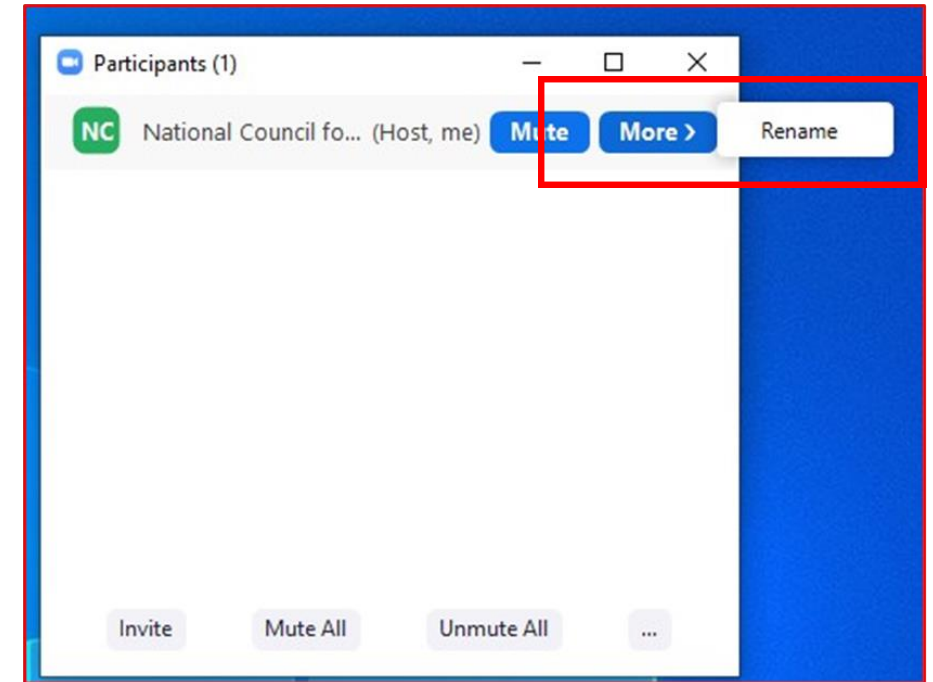
# How to Enable Closed Captions (Live Transcript)

Next to “Live Transcript”, click the arrow button for options on closed captioning and live transcript.



# Logistics

- Please join by video if you are able!
- Please rename yourself so your name includes your organization.
  - For example:
    - D'ara Lemon, National Council
  - To rename yourself:
    - Click on the **Participants** icon at the bottom of the screen
    - Find your name and hover your mouse over it
    - Click **Rename**
- If you are having any issues, please send a Zoom chat message to **D'ara Lemon, National Council**

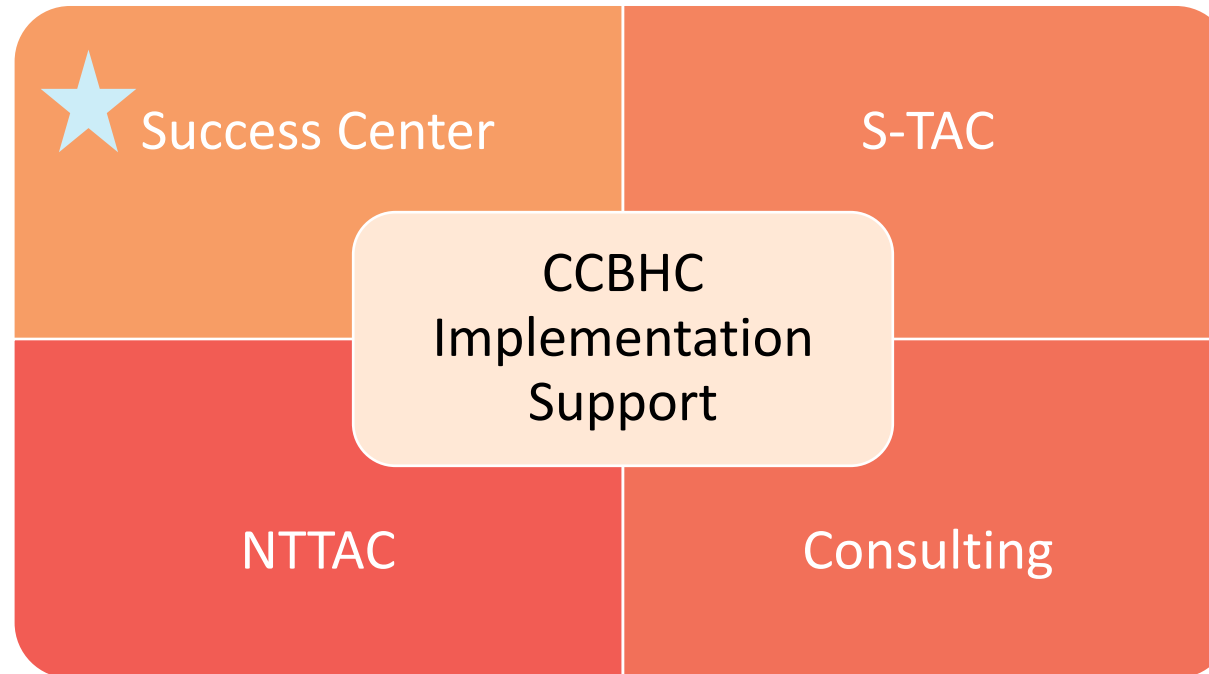


# Today's Agenda

- Review and Q&A from last week's session on Clinic-Collected Quality Measures
- Open Discussion
- Highlight Upcoming TA Events:
  - Thursday, February 6 from 3-4pm ET
    - CCBHC Workforce Innovations
  - Sunday, May 4 All Day
    - CCBHC Forum at NatCon25



# Implementation Support for CCBHCs



# Today's Presenters



**Brian Mallow, MSW**  
Senior Advisor, PIC



**John Gavino, LCSW**  
Director of CCBHC Fidelity and Compliance  
Family & Children's Services, Inc.

# Quick Poll

- Did you attend the last session on Thursday, January 9?
- What is your role at your organization?
- How ready is your CCBHC regarding collection and reporting of clinic-collected quality measures?

# CCBHC Quality Measures Resources



[SAMHSA CCBHC QM  
GUIDANCE & WEBINAR  
WEBSITE](#)



[2024 TECHNICAL  
SPECIFICATION  
MANUAL](#)



[2024 QUALITY  
MEASURE REPORTING  
TEMPLATE](#)



[2023 CERTIFICATION  
CRITERIA](#)



[FAQS ON QUALITY  
MEASURES](#)



# Required Clinic-Collected Quality Measures

- Time to Services (I-SERV): Ages 12 and older
  - Average time to Initial Evaluation
  - Average time to Initial Clinical Services
  - Average time to Crisis Services
- Screening for Social Drivers of Health (SDOH): Ages 18 and older
- Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC): Ages 18 and older
- Screening for Clinical Depression and Follow-up Plan (CDF-CH and CDF-AD): Ages 12 and older
- Depression Remission at Six Months (DEP-REM-6): Ages 12 and older

# Why Clinic-Collected Quality Measures are Important

- Quantify the fundamental elements of the CCBHC Certification Criteria
- Establishes a baseline
- Opportunity to monitor changes to
  - Verify changes lead to improvements
  - Ensure improvements are sustained
- Set of consistent metrics allowing for benchmarking across CCBHCs

# Initial Considerations

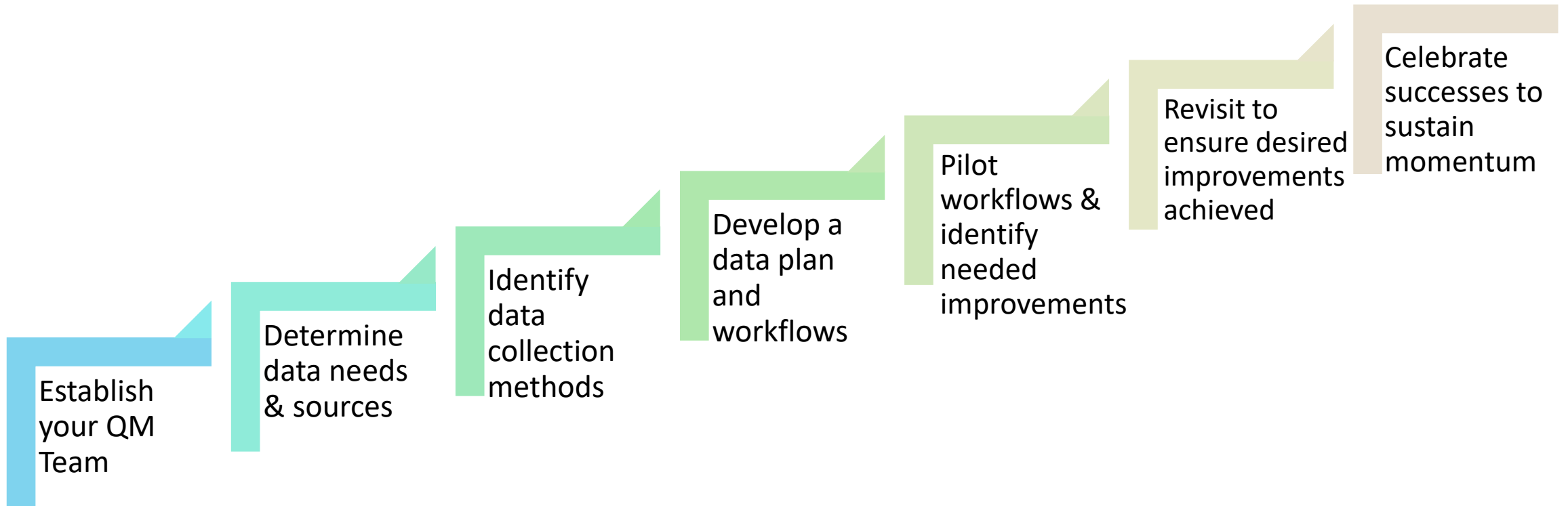
Assess your current electronic health record (EHR): Does your EHR:

- Meet CCBHC Certification Criteria?
- Allow you to collect all data needed for the required measures?
- Produce user-friendly data dashboards including demographic breakdowns necessary for reporting?

Does your CCBHC have any Designated Collaborating Organization (DCO) partners?

- Is the DCO responsible for any clinic-collected quality measures data collection and reporting?

# Establishing a QM data infrastructure



# Establishing your QM Team

- What skills are needed on the team?
- What departments or levels of the organization are involved?
- Who is/are the data champion(s)?
- Who are the leaders that will support buy-in and motivation?
- Who is tasked with training efforts?



# Establishing Strong Practices for CCBHC Quality Measures





# FCS

Family & Children's Services (FCS) promotes, supports, and strengthens the wellbeing and behavioral health of adults, children, and families.



# Quality Measures Workgroups

- **Family & Children's Services (FCS)**
  - Director of CCBHC
  - *Medical Director*
  - *Vice President, Medical Integration*
  - *Director of Integrated Health and Nursing Services*
  - Executive Vice President of CQI
  - Vice President of Access
  - Business Intelligence (BI) Team
  - Senior Program Director of Children's CCBHC
  - Director of Accreditation, Certification, & Regulatory Compliance
  - Director of CQI
  - Front line staff



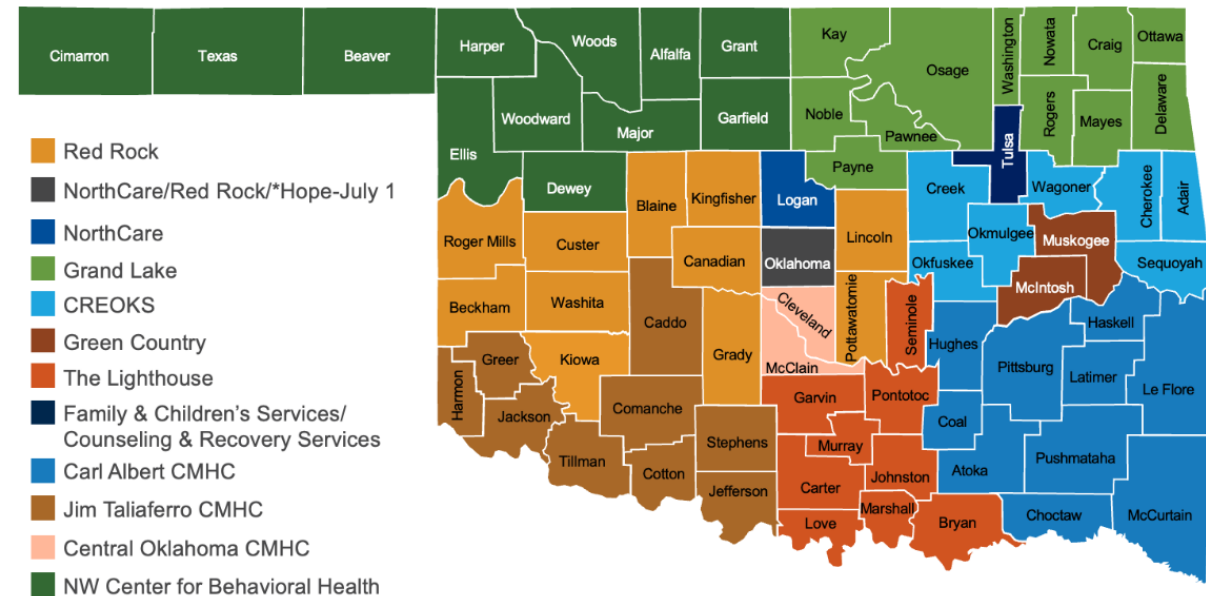


# Quality Measures Workgroups

- **Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)**
  - Similarities and differences between SAMHSA and ODMHSAS
  - ODMHSAS Contract Monitoring requirements
  - 13 CCBHCs in Oklahoma
  - Common understanding of Terms



**OKLAHOMA**  
**Mental Health &  
Substance Abuse**



# Service Codes

- Crosswalk service codes (HCPCS/CPT codes to EHR codes)
- Coordinate with Billing department, EHR department, and Data Team
  - Add service codes to EHR and programs
  - EHR form creation and auto populate codes
  - BI Data Team for Eligible Service Encounter Codes
  - Train staff on definition and use of codes

Screening for Depression and Follow-Up Plan (CDF-AD)

Table CDF-B. Codes to Document Depression Screen

Code	Description
G8431	Screening for depression is documented as being positive and a follow-up plan is documented
G8510	Screening for depression is documented as negative, a follow-up plan is not required

Table CDF-C. HCPCS Code to Identify Exclusions

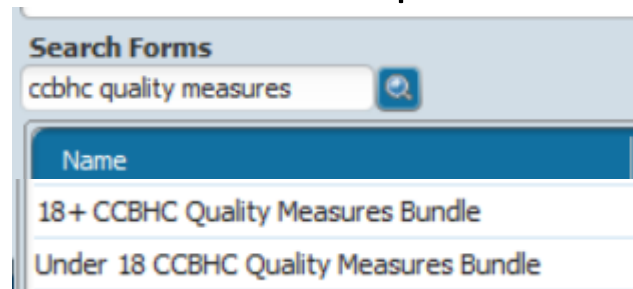
Code	Description
G9717	Documentation stating the patient has had a diagnosis of depression or has had a diagnosis of bipolar disorder

Table CDF-A. Codes to Identify Outpatient Visits

CPT	HCPCS
59400, 59510, 59610, 59618, 90791, 90792, 90832, 90834, 90837, 92625, 96105, 96110, 96112, 96116, 96125, 96136, 96138, 96156, 96158, 97161, 97162, 97163, 97165, 97166, 97167, 99078, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99340, 99401, 99402, 99403, 99483, 99484, 99492, 99493, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397	G0101, G0402, G0438, G0439, G0444

# Form Creation

- EHR Quality Measures Form Creation
  - Copyrights and approvals to use forms and to embed in our EHR
  - Decide on the tool or questions to ask
  - EHR Team collaboration
  - Required sections on forms
  - Auto populate reporting codes and auto launch forms
  - Bundle forms together (CDF-AD/CH, DEP-REM-6, SDoH, and ASC)
  - Test and pilot the forms
  - Data pulled into data warehouse and the BI reports



The screenshot shows a web interface titled "Search Forms". Below the title is a search bar containing the text "ccbhc quality measures" and a magnifying glass icon. Below the search bar is a table with a header row labeled "Name". The table contains two rows of results:

Name
18+ CCBHC Quality Measures Bundle
Under 18 CCBHC Quality Measures Bundle

Patient Health Questionnaire (PHQ) Modified ▶ PHQ Modified Quality Measure ▶ Social Drivers of Health ▶ Unhealthy Alcohol Use Quality Measure ▶

# I-SERV: I-EVAL and Initial Clinical Services

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 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

Health Risk Is

Initial Evaluation: Staff gathered initial evaluation information including preliminary diagnoses; source of referral; reason for seeking care; identification of the client's immediate clinical care needs related to diagnosis; a list of current prescriptions and over-the-counter medications, as well as other substances the client may be taking; assessed if the client is a risk to self or to others, including suicide risk factors; assessed whether the client has other concerns for their safety; assessment of need for medical care with referral and follow-up as needed; and determination of whether the client is or ever has been a member of the U.S. Armed Services.

Service Charge Code: I-Eval - new consumer (8015)

Service Code Additional Descriptor: Individual Therapy - Intake

Clinical Services:	
99202-99205	Medication Evaluation and Management for <b>Behavioral Health</b> , 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

# 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 Time 01:41 PM

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

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 ☐ Gilcrease ☐ Mingo 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 Outpatient MH ☐ Coordinated with treatment provider ☐ Advocated for EOD  
☐ 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



# Screening for Social Drivers of Health (SDOH)

- SDoH
- Form
- Piloting
- BI Report
- HIE



**Social Drivers of Health**

The Accountable Health Communities Health-Related Social Needs Screening Tool

Assessment Date: [ ] [T] [Y] [ ] 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): [ ]

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 visit. Please do not count urgent care visits.

☐ 0 times ☐ 1 time ☐ 2 or more times

**Food**

Some people have made the following statements about their food situation. Please answer whether the statements were OFTEN, SOMETIMES, or NEVER true for you and your household in the last 12 months.

6. Within the past 12 months, you worried that your food would run out before you got money to buy more.

☐ Often true ☐ Sometimes true ☐ Never true

7. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

☐ Often true ☐ Sometimes true ☐ Never true

**Transportation**

8. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting to things needed for daily living?

☐ Yes ☐ No

**Utilities**

9. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?

☐ Yes ☐ No ☐ Already shut off

**Safety**

Because violence and abuse happens to a lot of people and affects their health we are asking the following questions

10. How often does anyone, including family and friends, physically hurt you?

☐ Never ☐ Rarely ☐ Sometimes ☐ Fairly often ☐ Frequently

11. How often does anyone, including family and friends, insult or talk down to you?

☐ Never ☐ Rarely ☐ Sometimes ☐ Fairly often ☐ Frequently

12. How often does anyone, including family and friends, threaten you with harm?

☐ Never ☐ Rarely ☐ Sometimes ☐ Fairly often ☐ Frequently

13. How often does anyone, including family and friends, scream or curse at you?

☐ Never ☐ Rarely ☐ Sometimes ☐ Fairly often ☐ Frequently

**Financial Strain**

14. How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is...

Service Charge Code: (8910) SDoH - Screening

**Domains**

Living Domain: ☐ HRSN - Yes ☒ HRSN - No

Food Domain: ☒ HRSN - Yes ☐ HRSN - No

Transportation Domain: ☐ HRSN - Yes ☒ HRSN - No

Utilities Domain: ☒ HRSN - Yes ☐ HRSN - No

Safety Domain: ☐ HRSN - Yes ☒ HRSN - No

Financial Strain Domain: ☒ HRSN - Yes ☐ HRSN - No

Employment Domain: ☐ HRSN - Yes ☒ HRSN - No

Family and Community Domain: ☐ HRSN - Yes ☒ HRSN - No

Education Domain: ☐ HRSN - Yes ☒ HRSN - No

Physical Activity Domain: ☒ HRSN - Yes ☐ HRSN - No

Substance Use Domain: ☐ HRSN - Yes ☒ HRSN - No

Mental Health Domain: ☒ HRSN - Yes ☐ HRSN - No

Disabilities Domain: ☐ HRSN - Yes ☒ HRSN - No

# Unhealthy Alcohol Use: Screening and Brief Counseling

- Negative score:

**Date Collected**  
12/12/2024

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? 0

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 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 type="checkbox"/> Referral to complete ASAM	<input type="checkbox"/> Collaboratively developed a personal plan to reduce drinking
<input type="checkbox"/> Refer to psychiatry for medication evaluation	<input type="checkbox"/> Link to PCP	
<input 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	



- Positive score:

**Unhealthy Alcohol Use Quality Measure**

**Assessment Date**  
10/09/2024

**Date of Birth**  
01/01/1970

**Age**  
54

**Gender**  
☒ Female  
☐ Male

**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? 4

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?	

# Screening for Depression & Follow-up Plan

- Percentage of clients 12 years and older who were **screened** for depression AND if **positive (score 10 or above)**, a **follow-up plan** is documented.
- Annual** depression screening for clients.

**Instructions**

How often have you been bothered by each of the following symptoms during the past TWO WEEKS? For each question input a score for the answer that describes how you have been feeling based on the following scale.

0 for "Not at all", 1 for "Several days", 2 for "More than half the days", and 3 for "Nearly every day"

1. Feeling down, depressed, or hopeless?	1
2. Little interest or pleasure in doing things?	1
3. Trouble falling asleep, staying asleep, or sleeping too much?	1
4. Poor appetite, weight loss, or overeating?	3
5. Feeling tired, or having little energy?	2
6. Feeling bad about yourself - or feeling that you are a failure, or that you have let yourself or your family down?	1
7. Trouble concentrating on things like school work, reading, or watching TV?	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you were moving around a lot more than usual?	1
9. Thoughts that you would be better off dead, or of hurting yourself in some way?	0

Total Score 13

**Score Interpretation**

- ☐ 0-4 Minimal depression
- ☐ 5-9 Mild depression: Few, if any, symptoms in excess of those required to make diagnosis and symptoms result in only minor impairment in occupational functioning or social/relationship functioning.
- ☒ 10-14 Moderate depression: Symptoms in excess of the minimal number required for the diagnosis that often keep the person from doing things they need to do.

**Who?**  
Clients not  
diagnosed  
with  
depression/b  
ipolar

**Why? To**  
assess  
need &  
begin  
treatment



# Screening for Depression Follow Up: (CDF-CH &AD)

Patient Health Questionnaire (PHQ) Modified Follow-up Plan Quality Measure

Depression Screening

Assessment Date

01/16/2025

T

Y

PHQ Modified Quality Measure not indicated at this time

PHQ Modified Score

12

Due to a positive depression screening, the follow up plan for the treatment of depression includes

☒ Education regarding medication treatment

☐ Refer to a provider for additional evaluation

☒ Schedule new therapy session or refer to therapy

☒ Schedule prescriber visit

☐ Schedule staffing/treatment team

☒ Recommend myStrength modules

☐ Refer to Primary Care Physician

☒ Schedule next CM appointment

☐ Schedule rehab services



Practitioner

JOHN GAVINO (003928)

Service Charge Code

(G8431) Depression Screen - Positive

# Depression Remission at Six Months

- Percentage of clients 12 years and older with a diagnosis of Depression who reach readmission six months (+/- 60 days) after an index even date.
- **Index Event Date** – the date on which both the first instance of elevated **PHQ greater than nine** (same encounter date or 7 days prior) AND **diagnosis of Depression** or Dysthymia during the MY.
- **Remission** - Score of less than five.

**Who?**  
Clients  
already  
diagnosed  
with  
depression

**Instructions**

How often have you been bothered by each of the following symptoms during the past TWO WEEKS? For each question input a score for the answer that best describes how you have been feeling based on the following scale.

0 for "Not at all", 1 for "Several days", 2 for "More than half the days", and 3 for "Nearly every day"

1. Feeling down, depressed, or hopeless?	1
2. Little interest or pleasure in doing things?	1
3. Trouble falling asleep, staying asleep, or sleeping too much?	0
4. Poor appetite, weight loss, or overeating?	0
5. Feeling tired, or having little energy?	1
6. Feeling bad about yourself - or feeling that you are a failure, or that you have let yourself or your family down?	1
7. Trouble concentrating on things like school work, reading, or watching TV?	0
8. Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you were moving around a lot more than usual?	0
9. Thoughts that you would be better off dead, or of hurting yourself in some way?	0

Total Score 4

**Score Interpretation**  
0-4 Minimal depression

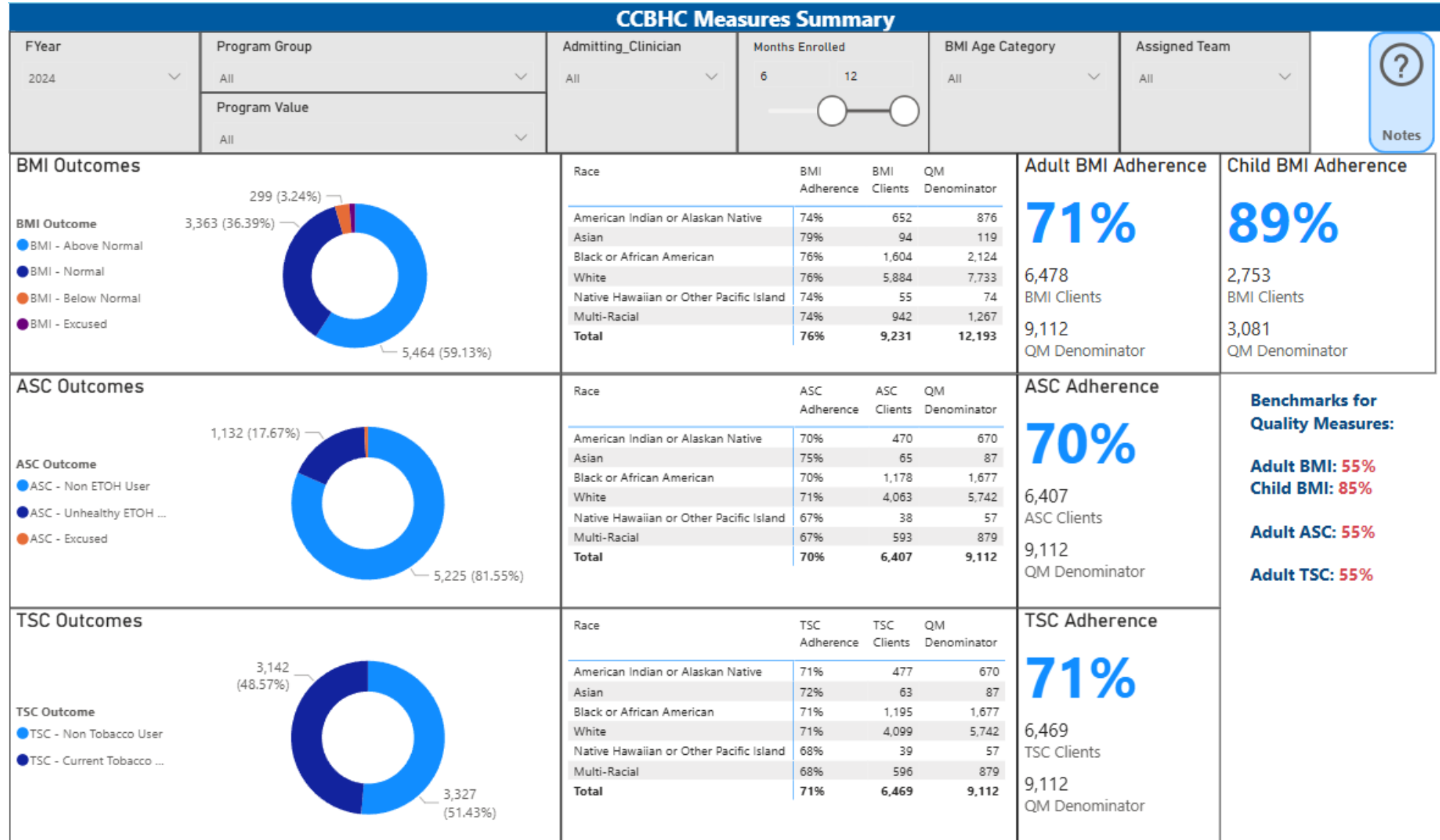
**Why?** To  
know  
treatment  
outcomes

# Depression Remission at Six Months

		Index screening may be 7 days before first possible IED																			
Months:		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
		MY																			
		Denominator MP: 12 mo MY																			
		Numerator MP: 6 mo +/- 60 days after IED																			
If IED=x, R may be measured:	x				R	R	R	R	R												
If IED=x, R may be measured:		x				R	R	R	R	R											
If IED=x, R may be measured:			x				R	R	R	R	R										
If IED=x, R may be measured:				x				R	R	R	R	R									
If IED=x, R may be measured:					x				R	R	R	R	R								
If IED=x, R may be measured:						x				R	R	R	R	R							
If IED=x, R may be measured:							x				R	R	R	R	R						
If IED=x, R may be measured:								x				R	R	R	R	R					
If IED=x, R may be measured:									x				R	R	R	R	R				
If IED=x, R may be measured:										x				R	R	R	R	R			
If IED=x, R may be measured:											x				R	R	R	R	R		
If IED=x, R may be measured:												x				R	R	R	R	R	
If IED=x, R may be measured:													x				R	R	R	R	R

IED: Index Event Date; MY: Measurement Year; MP: Measurement Period; R: Six Month Remission may be measured, depending on date, 4-8 months after IED (6 months (+/- 60 days)).

# Quality Measures





# Reports

## Adult Client Quality Measures Summary

FYear	QM Needs	Admitting Clinician		Episode Status
2025	QM Due	GOULD,AMANDA (005372)		Episode is Open
ASC Screener & Follow Up Count	Latest ASC Outcome	Latest ASC Screener Date	Program Value	Admitting Clinician
0	ASC - Unhealthy ETOH Use	2/9/2024	Adult Bridge	GOULD,AMANDA (005372)
0			Adult Bridge	GOULD,AMANDA (005372)
0	ASC - Non ETOH User	3/1/2024	Adult Bridge	GOULD,AMANDA (005372)
0	ASC - Non ETOH User	3/1/2024	MHC Intake	GOULD,AMANDA (005372)
0	ASC - Non ETOH User	11/10/2021	Adult Bridge	GOULD,AMANDA (005372)
0			Adult Bridge	GOULD,AMANDA (005372)
0			MHC Intake	GOULD,AMANDA (005372)
0			Adult Bridge	GOULD,AMANDA (005372)
0			MHC Intake	GOULD,AMANDA (005372)
0	ASC - Non ETOH User	4/27/2023	Adult Bridge	GOULD,AMANDA (005372)
0	ASC - Non ETOH User	4/27/2023	MHC Intake	GOULD,AMANDA (005372)
0			Adult Bridge	GOULD,AMANDA (005372)
0	ASC - Non ETOH User	2/27/2024	Adult Bridge	GOULD,AMANDA (005372)
0			Adult Bridge	GOULD,AMANDA (005372)
0			MHC Intake	GOULD,AMANDA (005372)
0			Adult Bridge	GOULD,AMANDA (005372)
0			Adult Bridge	GOULD,AMANDA (005372)
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0			Adult Bridge	GOULD,AMANDA (005372)
0			MHC Intake	GOULD,AMANDA (005372)
0			Adult Bridge	GOULD,AMANDA (005372)
0	ASC - Non ETOH User	2/13/2023	Adult Bridge	GOULD,AMANDA (005372)
0	ASC - Non ETOH User	2/13/2023	MHC Intake	GOULD,AMANDA (005372)



## PHQ Modified Outcomes Report

Overall Summary Statistics	Total PHQs	Improved	Unchanged	Declined	% Improved	% Improved or Unchanged
	11376	5364	3705	2307	47%	80%

Program	Current Assessment Date	Current Score	First Assessment Date	First Score	Score Improvement	Most Recent TX Plan Expiration	Future Appointment
MHC Intake	7/30/2024	0	12/14/2021	0	—	1/29/2025	HERNANDEZ,ANGELINA Med Injection 2025-01-03 09:00 AM
Womens Justice Team	7/12/2024	0	10/17/2017	21	▲	1/11/2025	
Adult Bridge	7/10/2024	15	6/28/2017	8	▼	1/9/2025	
MHC Intake	8/26/2024	6	6/18/2021	14	▲	2/25/2025	
Live Well	7/19/2024	5	2/21/2019	17	▲	1/18/2025	JONES,MELANIE Individual Counseling 2024-11-15 10:00 AM
MHC Adult Psychiatry	10/16/2024	18	8/12/2019	24	▲	11/14/2024	HERNANDEZ,ANGELINA Med Injection 2024-11-13 09:40 AM
MHC Intake	8/7/2024	7	11/6/2017	18	▲	2/6/2025	YOUNG,LANA Individual Rehab Treatment 2024-11-14 12:00 PM
MHC Adult Psychiatry	8/26/2024	7	11/6/2017	18	▲	2/6/2025	YOUNG,LANA Individual Rehab Treatment 2024-11-14 12:00 PM
MHC PACT 1	9/8/2024	2	10/9/2018	9	▲	3/31/2025	
MHC Intake	7/16/2024	3	9/6/2019	3	—	1/15/2025	GONZALEZ,DANIEL Care Coordination 2024-11-13 01:30 PM
	10/8/2024	12	11/14/2017	4	▼	4/16/2025	PARSONS,KAETE-MARIE Individual Rehab Treatment 2024-11-27 01:00 PM
	9/30/2024	6	5/20/2020	24	▲	3/29/2025	
MHC Adult Psychiatry	9/30/2024	8	5/20/2020	24	▲	3/29/2025	
MHC Intake	10/31/2024	0	5/22/2018	0	—	5/24/2025	STROM,ANDREA Individual Rehab Treatment 2024-12-02 08:00 AM
Pre Admit Substance Abuse Adults	11/11/2024	8	10/27/2017	10	▲	11/29/2024	
MHC Intake	8/21/2024	0	11/19/2018	24	▲	3/10/2025	MATHEWS,KIA Wellness Resource General 2024-11-18 01:00 PM
	8/19/2024	9	8/19/2024	9	—	2/18/2025	WATKINS,DEBRA Individual Counseling 2024-11-18 09:30 AM
MHC Adult Psychiatry	7/31/2024	12	5/1/2017	10	▼	4/29/2025	BRADLEY,MARISSA Follow Up Psychiatry 2024-11-13 10:00 AM

# Workflow Development

- Develop walk through of your system. Multiple access points, system wide similarities, and program individual differences.
- Client perspective/staff perspective.
- Minor and major changes that will occur. Elicit feedback.
- 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.



# Discussion Questions

- What are the most common pitfalls to avoid in the first year of data collection and analysis?
- How can clinics integrate data collection processes into their EHR to reduce manual efforts?
- What are the most effective ways to analyze clinic-collected quality measure data to drive improvements?
- How can CCBHCs train and engage staff at all levels to understand the importance of quality measure data?
- What are some common pitfalls to avoid when preparing reports for submission to your state?

# Other QM Resources for States & Clinics

- Clinic-Collected Quality Measures Resources

- Building Infrastructure for Clinical Quality Measures: Session 1 [recording and slides](#)
- Building Infrastructure for Clinical Quality Measures: Session 2 [recording and slides](#)
- Building Infrastructure for Clinical Quality Measures: Session 3 [\(recording and slides coming soon\)](#)
- I-SERV, SDOH, ASC Webinar [recording](#) and [slides](#).
- CDF-AD and CH, DEP-REM-6 Webinar [recording](#) and [slides](#).
- TSC, SRA-A and C, WCC-CH, CBP-AD Webinar [recording](#) and [slides](#).
- Clinic Quality Measures Office Hours [recording](#) and [slides](#).

- State-Collected Quality Measures Resources

- AMM, SAA, ADD, OUD, HBD, PEC & YFEC Webinar [recording](#) and [slides](#).
- FUH, FUM, FUA, IET, and PCR Webinar [recording](#) and [slides](#).
- State Quality Measures Office Hours, Part 1 [recording](#) and [slides](#).
- State Quality Measures Office Hours, Part 2 [recording](#) and [slides](#).



# Open Discussion

- General CCBHC Questions
- Exchange insights and solutions with peers navigating similar challenges:
  - Care Coordination and Integrated Care
  - Improving Access and Availability
  - Health IT Needs for Population Health Management
  - Trauma-Informed, Resilience-Oriented, Equity-Focused Systems
  - Mitigating Disparities
  - Community Education and Engagement
  - Person-Centered Approaches in CCBHC Implementation
  - Leveraging AI in Clinical Documentation



# Upcoming New Demonstration Site TA Events

- **Topic: CCBHC Workforce Innovations**

- Webinar

- Thursday, February 6, 3-4pm ET
    - [Registration here](#)

- Office Hour

- Friday, February 14, 1-2pm ET
    - [Register here](#)

*\*You only have to register **once** for the office hours series. After registering, you will receive a confirmation email from Zoom where you can download the calendar series with the meeting link and passcode.*



# CCBHC Forum at NatCon25

- **What:** National Council is hosting a **full-day pre-conference CCBHC Forum**
- **When:** Sunday, May 4, 2025
- **Who:** Designed for everyone- state health officials, policymakers, CCBHCs, advocacy groups, researchers and other stakeholders.
- Forum activities include:
  - Joint programming with National Council's Crisis Response Services Summit, exploring how the CCBHC model enhances effective crisis systems
  - Deep-dives into current CCBHC topics such as evaluating statewide impact, DCOs, SUD care, children's services, and more
- [Registration is available now!](#) CCBHC E-Grantees will receive a half day registration.



# CCBHC Success Center Support

CCBHC Success Center News and Events  
Subscription Link:

<https://www.thenationalcouncil.org/program/cbhc-success-center/implementation-support/#subscribe-form>.

Questions? Contact us at:

[CCBHC@TheNationalCouncil.org](mailto:CCBHC@TheNationalCouncil.org)

Visit our Success Center website at:

<https://www.thenationalcouncil.org/program/cbhc-success-center/>

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## CCBHC Success Center



### CCBHC Success Center

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Welcome to the National Council for Mental Wellbeing's **Certified Community Behavioral Health Clinic (CCBHC) Success Center**, a hub for data, implementation support and advocacy to support the Certified Community Behavioral Health Clinic initiative. Start here with our CCBHC 101 video and our testimonial video, then use the menu bar on the left to navigate through more information and resources.

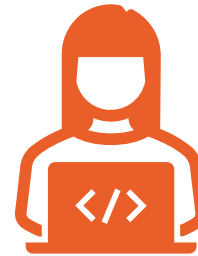


# Thank You!

Your feedback is important to us!

Please complete the [brief event survey](#) that will open in a new browser window at the end of this meeting.

*You may also scan the QR code (below) to fill out the survey!*



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