

CCBHC-E National Training and Technical Assistance Center

Session 3: Measure Twice, Cut Once – Using Data to Support Transformational Change

April 8, 2025

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COUNCIL
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CCBHC-E
National Training and Technical Assistance Center
Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

Acknowledgements and Disclaimer

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We want to set the stage for today's session. We understand that there are a lot of changes happening at the Federal policy level and there are many questions about these changes.

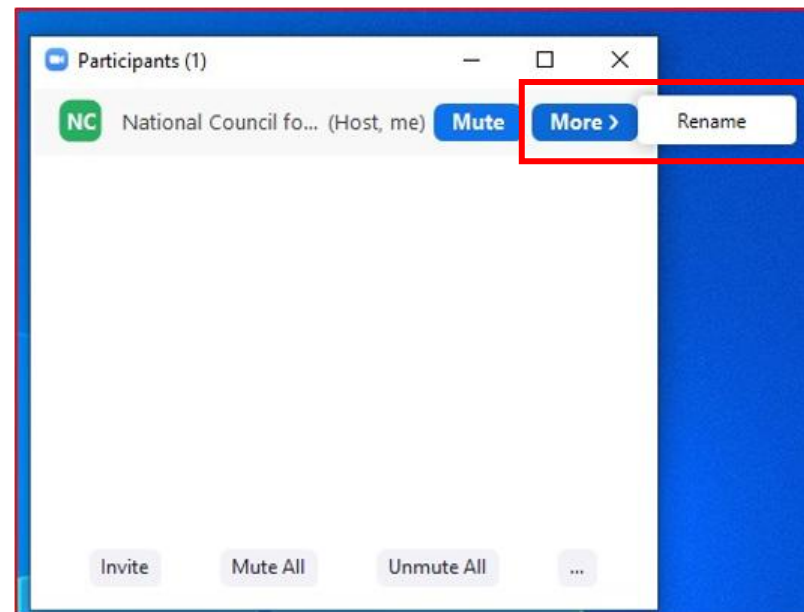
While you are welcome to share questions with us today, we may not have answers to specific questions about policy changes.

We are committed to our mission to making mental wellbeing a reality for everyone, everywhere.



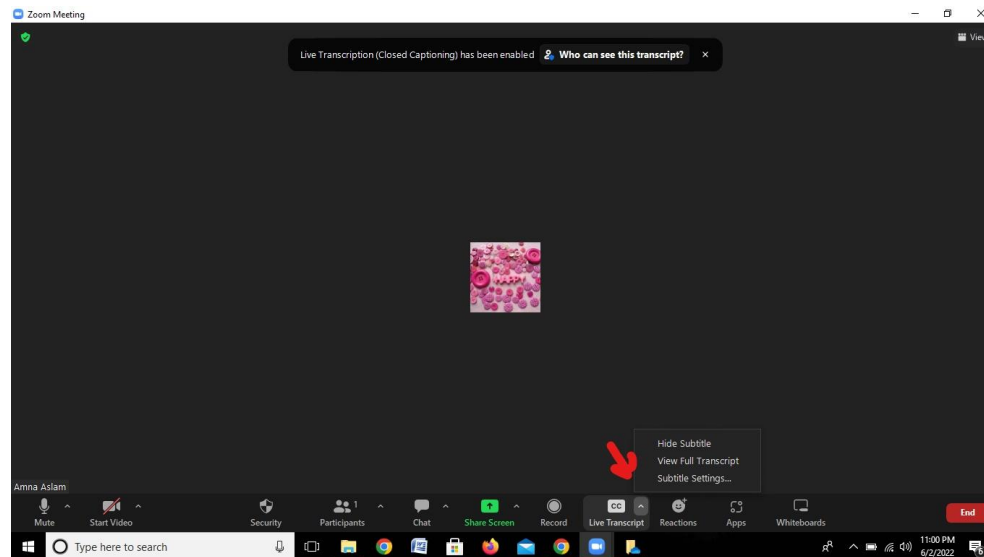
Logistics

- Please rename yourself so your name includes your organization.
- *For example:*
 - Patricia Gayle, 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 **Patricia Gayle, National Council**

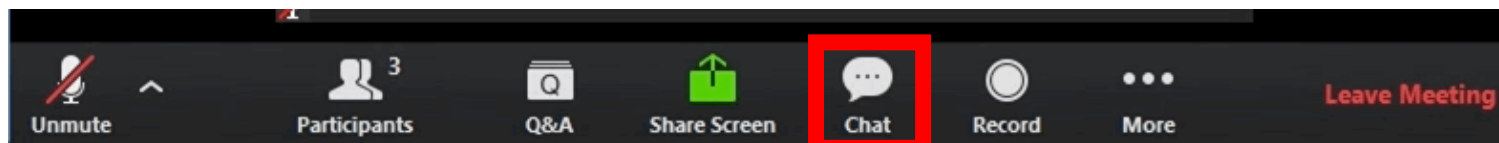


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How to Ask a Question



Please share questions throughout today's session using the **Chat Feature** on your Zoom toolbar. **We'll answer as many questions as we can throughout today's session.**



NTTAC Learning & Action Series Team



Jeff Capobianco, PhD
Consultant



Blaire Thomas, MA
Sr. Project Manager



Patricia Gayle
Project Coordinator



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The Learning & Action Sessions

Date	Topic
February 11	Session 1: Setting the Vision for Transformational Change
March 11	Session 2: Leveraging Leadership to Develop and Deliver a Plan for Transformative Care Design and Delivery
April 8	Session 3: Measure Twice, Cut Once – Using Data to Support Transformational Change
May 13	<u>Session 4: Confronting fear as an Impediment to Transformational Change: Embracing the Challenges of Effective Change</u>



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Today's Agenda

1

• Introduction of presenters and review goals

2

• Setting the stage

3

• High-level review of data and CQI requirements

4

• 3-4-5 Framework - using data for transformation

5

• A provider perspective

6

• Q&A and Discussion



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Learning Objectives

Participants will learn:

1. How to identify useful data that can be used to support transformation.
2. Learn how data capture and use can be leveraged to engage all stakeholders in your CCBHC change initiative.
3. How to utilize data inputs to enhance the CCBHC model, drive service delivery transformation, and measure progress toward system improvements.



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Today's Presenters



Melissa Bailey, MA, LPC
Senior Advisor and Principal,
Bowling Business Strategies



Lori Davila, MSW
Senior Director of Innovation
and Special Projects
Compass Health Network



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Data Inputs for Transformational Leadership

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Highlighting the Transformational Intent of the CCBHC Model

- CCBHCs are designed to provide **comprehensive behavioral health services**, including 24/7 crisis care, **to all populations regardless of their ability to pay**.
- Supports the values of **accessibility, inclusivity, and holistic care** by ensuring that **services are available when and where people need them**.
- By integrating a wide range of services and focusing on community-specific needs, CCBHCs can transform the way organizations deliver care, making them more **responsive and effective in reducing barriers to care and improving community health outcomes**.



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Setting the Stage

Data comes in **various formats** – numbers, percents, surveys, information and perspectives shared.

Using data in its different formats and beyond ‘reporting, gauging progress or measuring outcomes’ can help **garner buy-in** and **support** for leadership goals

Data can help staff and stakeholders be **more invested** in the change process

People receiving services **better understand the goals** behind the change that is happening and know what they can expect

There are many ways data – in its various formats – can support you in leading your organization **down the transformation path**



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Required Measures and Other CCBHC Data Requirements

- There are 7 clinic measures and 13 state measures.
- State may add additional measures
- Clinics may add additional measures
- A CQI plan is required, should be data-driven, involve the Medical Director, and the CCBHC should use quantitative and qualitative data.
- The CQI plan should use disaggregated data from the quality measures, as available and other data to track and improve outcomes.
- It should also address areas including, improved patterns of care delivery, suicide, fatal and non-fatal overdoses, all-cause mortality, hospital readmission for behavioral health conditions, and other priority areas.



Data Inputs are Key to:

1. Understanding the needs of the populations served and those not yet served.
2. Be used as ancillary information to understand the CCBHC's strengths and challenges.
3. Develop solutions for services not producing the desired outcomes.
4. Be used to adjust and improve programming, staffing, availability and patterns of care delivery, and access.
5. Be understood and available to all staff.
6. Understand trends and significant events.

And most importantly:

Be applied during this opportunity to lead transformation across the CCBHC to improve individuals and families lives



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Data in its Various Forms

The 3-4-5 Framework



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The Goal of the 3-4-5 Framework

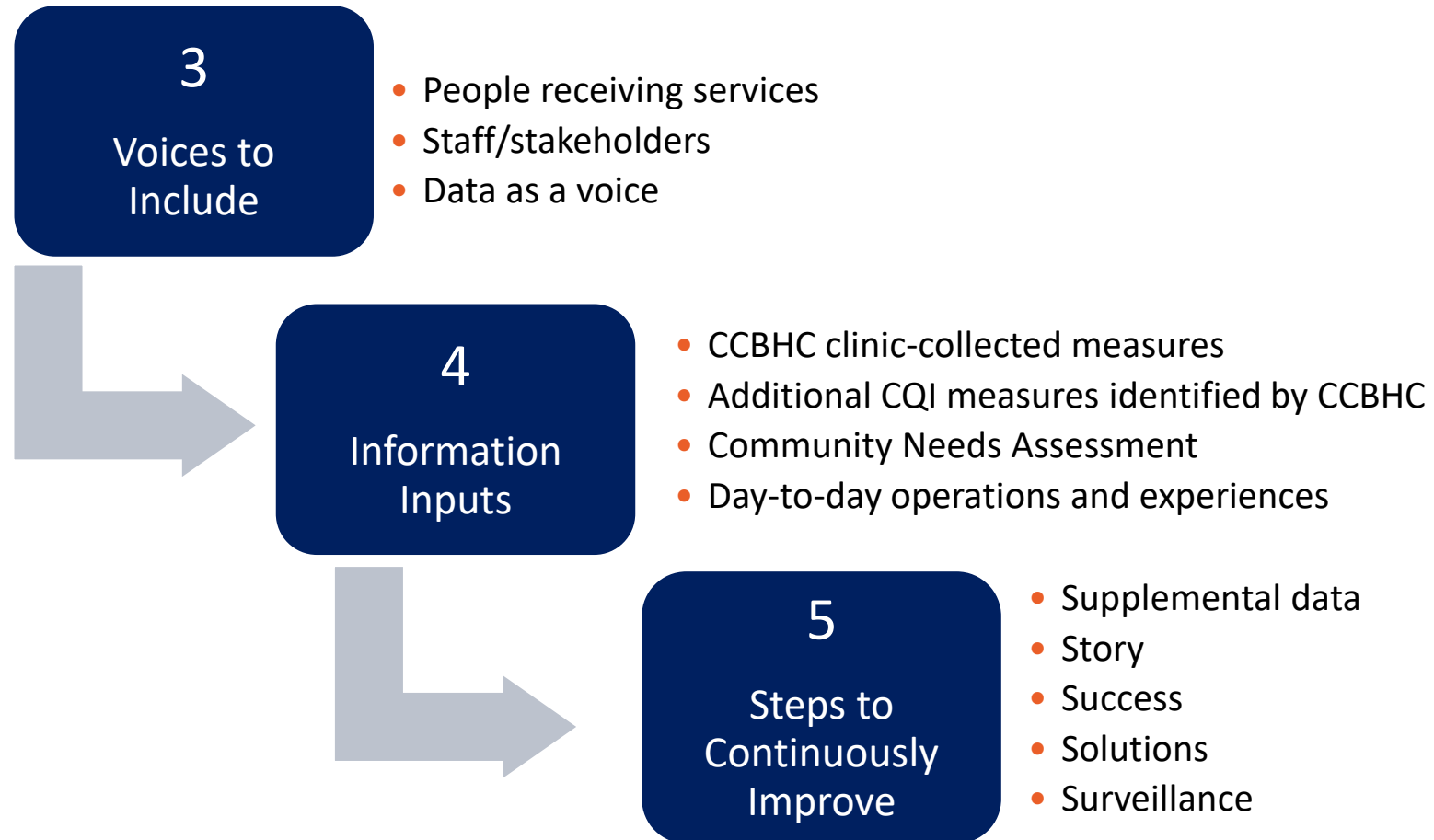
- To identify different types of data to **tell the story** of what is needed in the community/organization, how that story then helps manifest change and improvements and more clearly articulates progress made.
- Ultimately using data as a story telling framework garners **understanding and support** of the transformational opportunity



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3-4-5 Framework



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Voices to Include: People Receiving Services

- ✓ People with lived experiences who have either directly or indirectly received services
- ✓ The CCBHC governance structure also includes input from people with lived experiences
- ✓ Find ways to include those who may not be receiving services but could benefit from services
- ✓ Focus on listening to community voices and those with lived experiences



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Voices to Include: Staff and Stakeholders



- ✓ What clinicians and other service providers encounter in their daily work
- ✓ The experiences of the crisis teams
- ✓ The Medical Directors input and oversight from their direct care role and director role
- ✓ New trends emerging that the data doesn't yet indicate
- ✓ Community partners' experience



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Voices to Include: Data

- ✓ Data is a voice not just numbers
- ✓ Need to make sure you have solid data definitions to ensure accurate and consistent reporting
- ✓ Changes over time, sudden increases or decreases, multiple data points together telling a story
- ✓ Lots of data resources to explore – more to come on data!



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4 Information Inputs



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4 Information Inputs

Input One	Input Two
CCBHC Clinic-Collected Measures	CQI Measures Identified by CCBHC and/or Focus on State-collected Measures
<ul style="list-style-type: none">• Time to Services• Depression Remission at Six Months• Preventive Care and Screening: Unhealthy Alcohol Use, Screening & Brief Counseling• Screening for Clinical Depression and Follow-Up Plan (Adult and Child)• Screening for Social Drivers of Health	<ul style="list-style-type: none">• CCBHC identified key continuous quality measures• Examples:<ul style="list-style-type: none"><input type="checkbox"/> Deaths by Suicide<input type="checkbox"/> Fatal and non-fatal overdose<input type="checkbox"/> Increase use of MOUD<input type="checkbox"/> Decrease number of children receiving residential care



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4 Information Inputs

Information adds details

Input Three	Input Four
Community Needs Assessment	Day-to-Day Operations and Experiences
<ul style="list-style-type: none">• Highlights populations that are disengaging in services or not accessing services• Focus on areas that are precursors or indicators that if not addressed could lead to higher needs• Regularly review to ensure key aspects are paid attention to• Consider a “refresher” in certain areas and that could be helpful prior to the 3-year re-assessment	<ul style="list-style-type: none">• Consider what the crisis team is experiencing• Explore no shows to understand what can be addressed to resolve• Dig deeper when clinicians or direct care staff are talking about certain populations, ask more questions• What is the community stakeholder identifying as care gaps or community needs



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5 Steps to Continuously Improve



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5 Steps to Continuously Improve



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Supplemental Data

Beyond the current data you have within your CCBHC what other data do you need to better understand the issue?

- ✓ National and state data (*examples provided*)
- ✓ Make sure your EHR is effective in pulling data (*data definitions, input of data, clinical definitions*)
- ✓ Pull data and regularly review – what is your process?
- ✓ How do you look at data ad hoc when something appears to be happening (*activity will go deeper here*)
- ✓ How do you make data user friendly – dashboards, high level reports, highlighting in newsletters etc.



Story



- ✓ For people receiving and **not** receiving services, gain an understanding of what is really happening for them – what is their story. Deepening the understanding
- ✓ Try to determine what data is and is not telling you
- ✓ Explores what is happening and why. Ask yourself questions, explore proposed theories
- ✓ Exploring these questions will help lead to what might need to change and a better understanding of root causes



Success

- ✓ Describe what you want to see happening instead – what does success look like
- ✓ Determine the direction the data should be moving
- ✓ Describe and understand the experiences of people receiving service
- ✓ Describe and understand the experiences of the staff that are providing services (clinicians/other team members) and what they see as successful
- ✓ An exact number or percent is a rarity, having a baseline and goals to help gauge success



Solutions



- ✓ Identify the change or impact you want to see
- ✓ Put together a plan to address the change and identify the data that will help tell you what is happening (right direction vs. wrong direction)
- ✓ Plan for regular analysis of the data and what to do differently to address the quality issues highlighted



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Surveillance

Plan for and organize around:

- ✓ Data review frequency
- ✓ Estimate how long it should take to bend the curve
- ✓ Making adjustments to your adjustments using all the information collected
- ✓ Is change happening like you planned? If not what should you do differently
- ✓ When you might be able to stop reviewing certain data points



How to Use Data to Support Transformation

Direct Impact

- Community needs assessment
- Process and Outcomes Measures
- Identified area to focus on
- Trends
- Understanding what is realistic and possible

Indirect Impact

- Buy-in and understanding from staff
- Stakeholders understanding the work better
- People with lived experiences feeling listened to and included
- Measuring your communication outputs and impact



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Data Maturity Models

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Significant Components of Data Management Maturity

DOL assessed maturity in five core areas of data management including: data, analytics, technology, people, and culture.



[Data Management Maturity Model | U.S. Department of Labor](#)

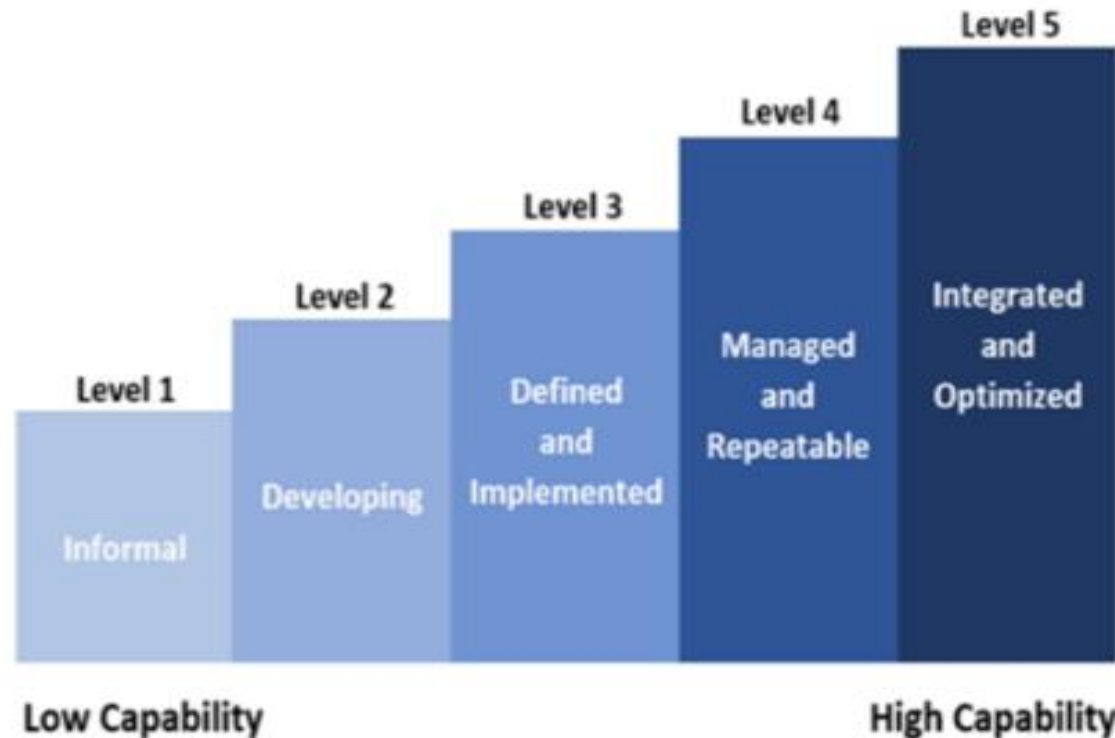


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How Do We Measure Maturity?

The maturity scale in the models we use ranges from 1 (lowest level of capability) to 5 (highest level of capability).



[Data Management Maturity Model | U.S. Department of Labor](#)



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Analytical Maturity Model (DELTA)

	DATA	ENTERPRISE	LEADERSHIP	TARGETS	ANALYSTS
STAGE 5 Analytical Competitors	Relentless search for new data and metrics	All key analytical resources centrally managed	Strong leadership passion for analytical competition	Analytics support the firm's distinctive capability and strategy	World-class professional analysts and attention to analytical amateurs
STAGE 4 Analytical Companies	Integrated, accurate, common data in central warehouse	Key data, technology and analysts are centralized or networked	Leadership support for analytical competence	Analytical activity centered on a few key domains	Highly capable analysts in central or networked organization
STAGE 3 Analytical Aspirations	Organization beginning to create centralized data repository	Early stages of an enterprise-wide approach	Leaders beginning to recognize importance of analytics	Analytical efforts coalescing behind a small set of targets	Influx of analysts in key target areas
STAGE 2 Localized Analytics	Data useable, but in functional or process silos	Islands of data, technology, and expertise	Only at the function or process level	Multiple disconnected targets that may not be strategically important	Isolated pockets of analysts with no communication
STAGE 1 Analytically Impaired	Inconsistent, poor quality, poorly organized	n/a	No awareness or interest	n/a	Few skills, and these attached to specific functions

Adopted from the Five Stages of Analytics Maturity developed by Tom Davenport and Jeanne Harris in their book, *Competing on Analytics: The New Science of Winning*, and the DELTA Model developed in 2010 by Tom Davenport, Jeanne Harris and Bob Morison in their book, *Analytics at Work: Smarter Decisions, Better Results*.



Provider Perspective:



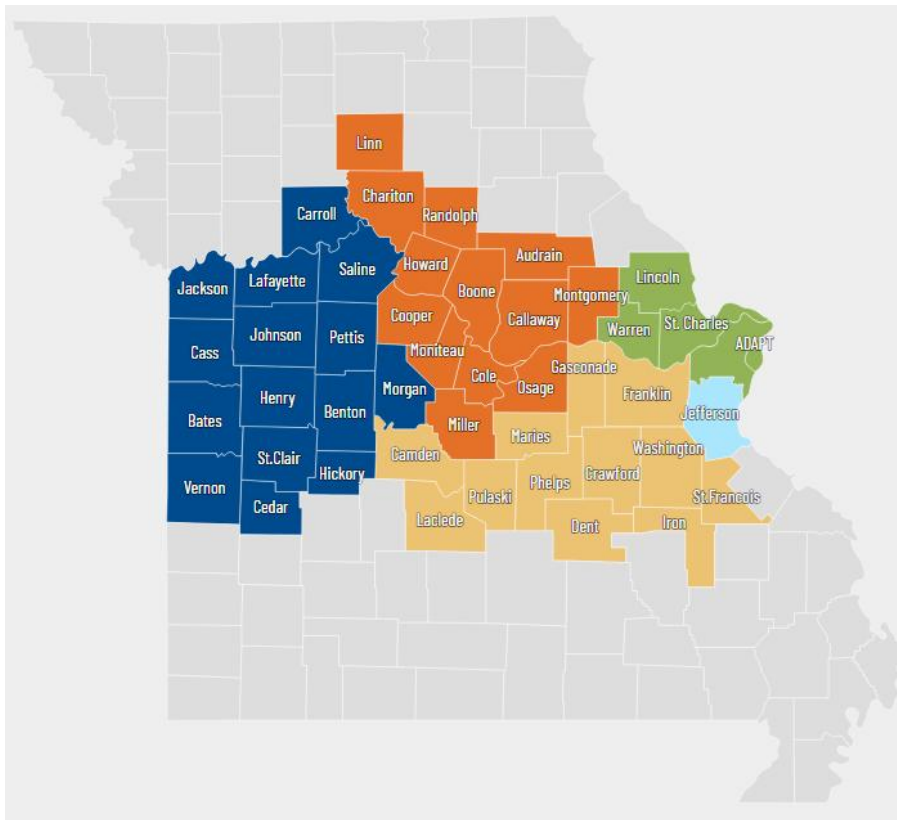
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Compass Health Network Overview

Mission: Inspire Hope. Promote Wellness.

Vision: Full, productive, healthy lives for everyone.



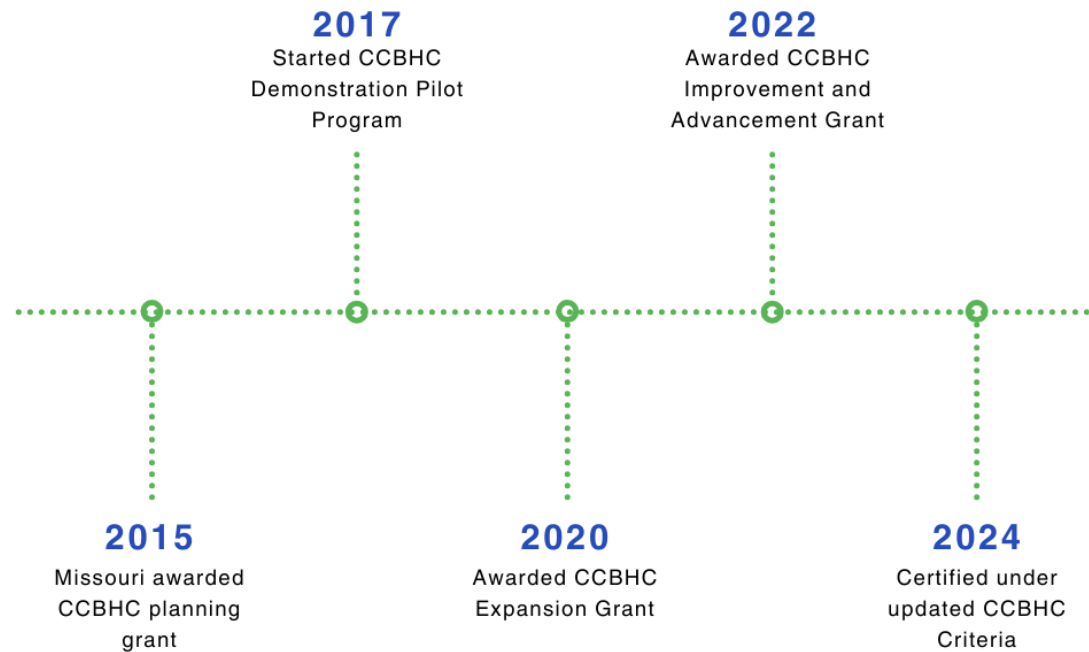
- 46 counties across Missouri, including 26 counties as the designated CCBHC.
- 155,862 individuals served in 2024
- 119 service locations
- Over 5200 employees



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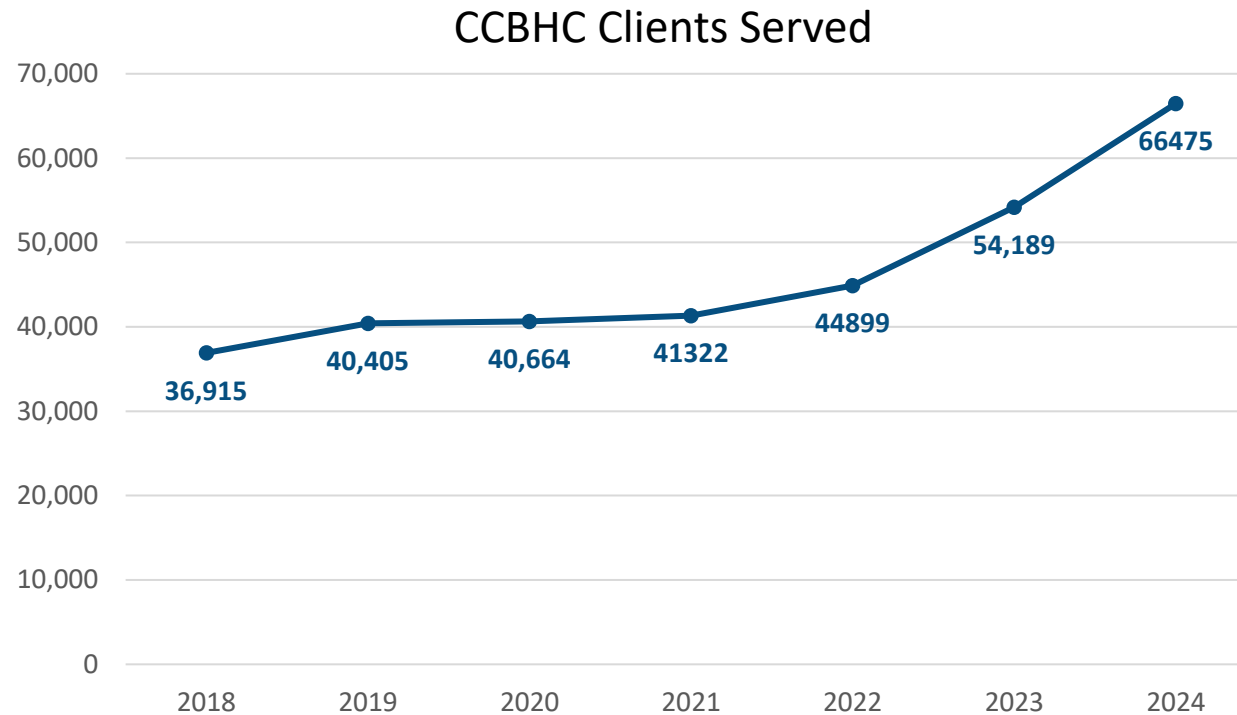
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How Did We Get Here?



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Growth in Numbers Served



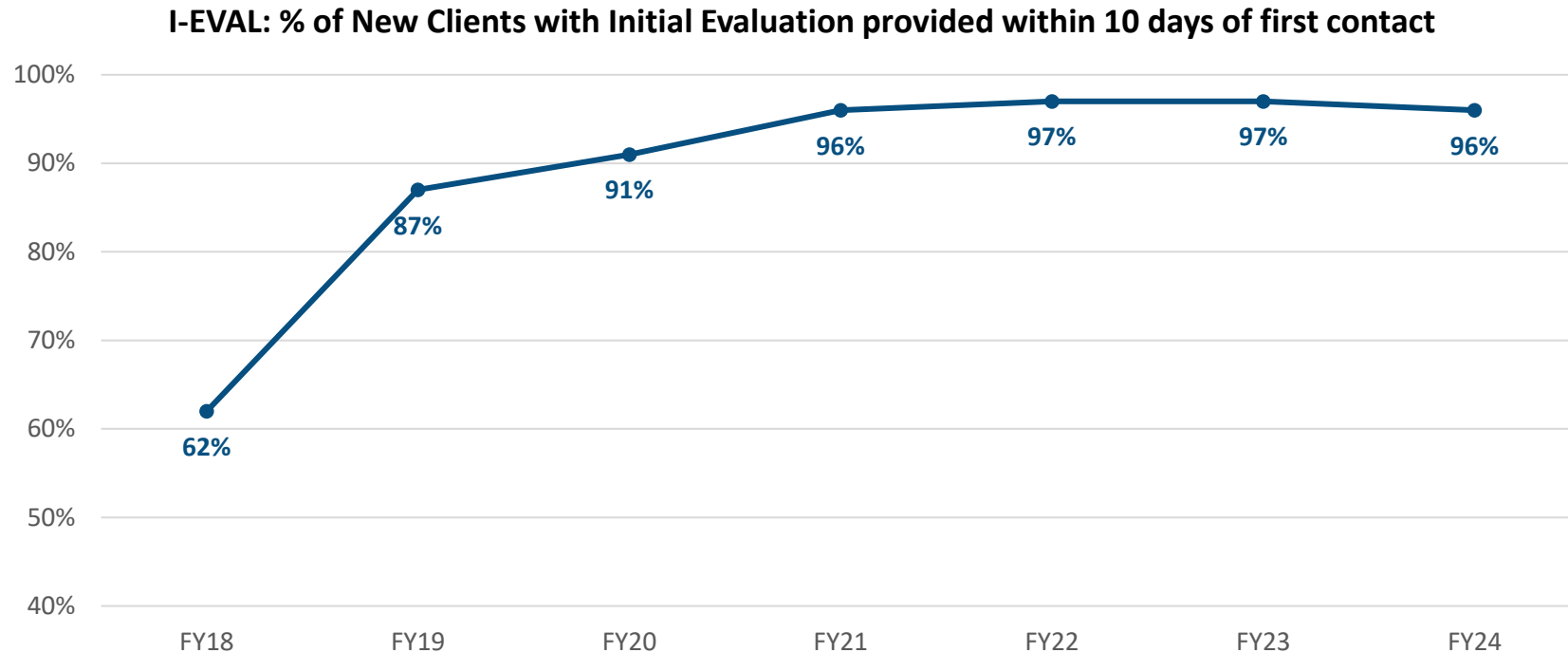
TIP:
Use your
Community
Needs
Assessment to
identify areas
for growth.



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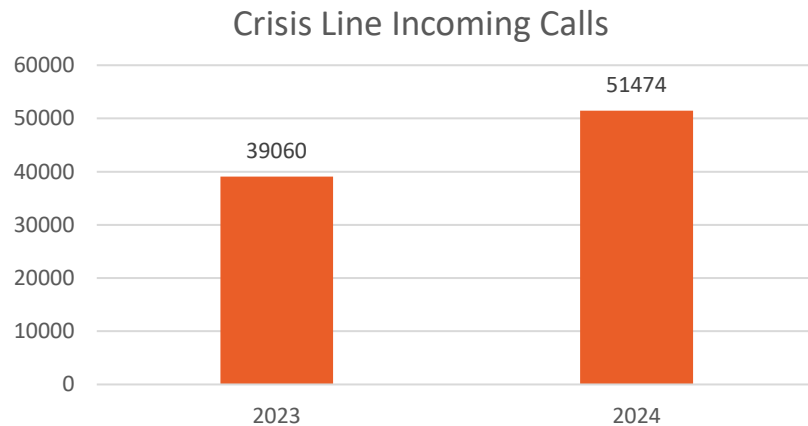
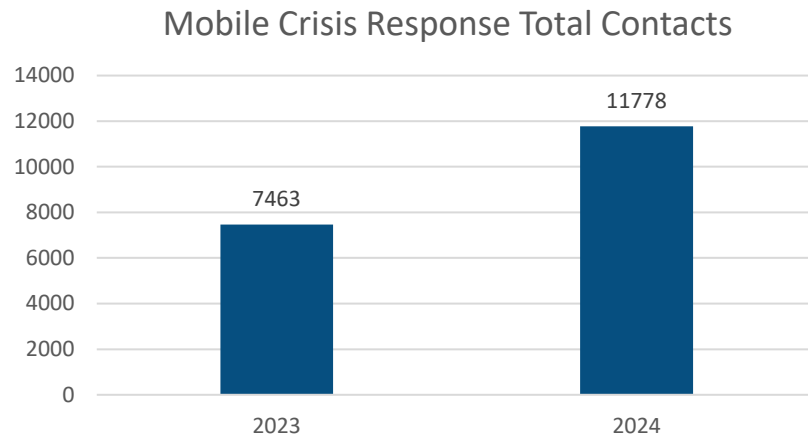
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Improvements in Access to Care



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Crisis Services Expansion



- Since our first center opened in 2022, our Behavioral Health Crisis Centers have supported individuals with over 21,000 visits, serving over 14,000 unique individuals.
- Our Mobile Crisis Response and 988/Crisis Line teams have seen substantial growth from 2023 to 2024:



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Lessening the Burden of Change

- Provide education to staff about the CCBHC model
- Involve staff in planning and implementation activities
- Closing the loop – communicating how staff feedback was used to inform changes



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Data In, Data Out



Embed data collection into existing processes



Provide clear instructions on how data is captured for reporting



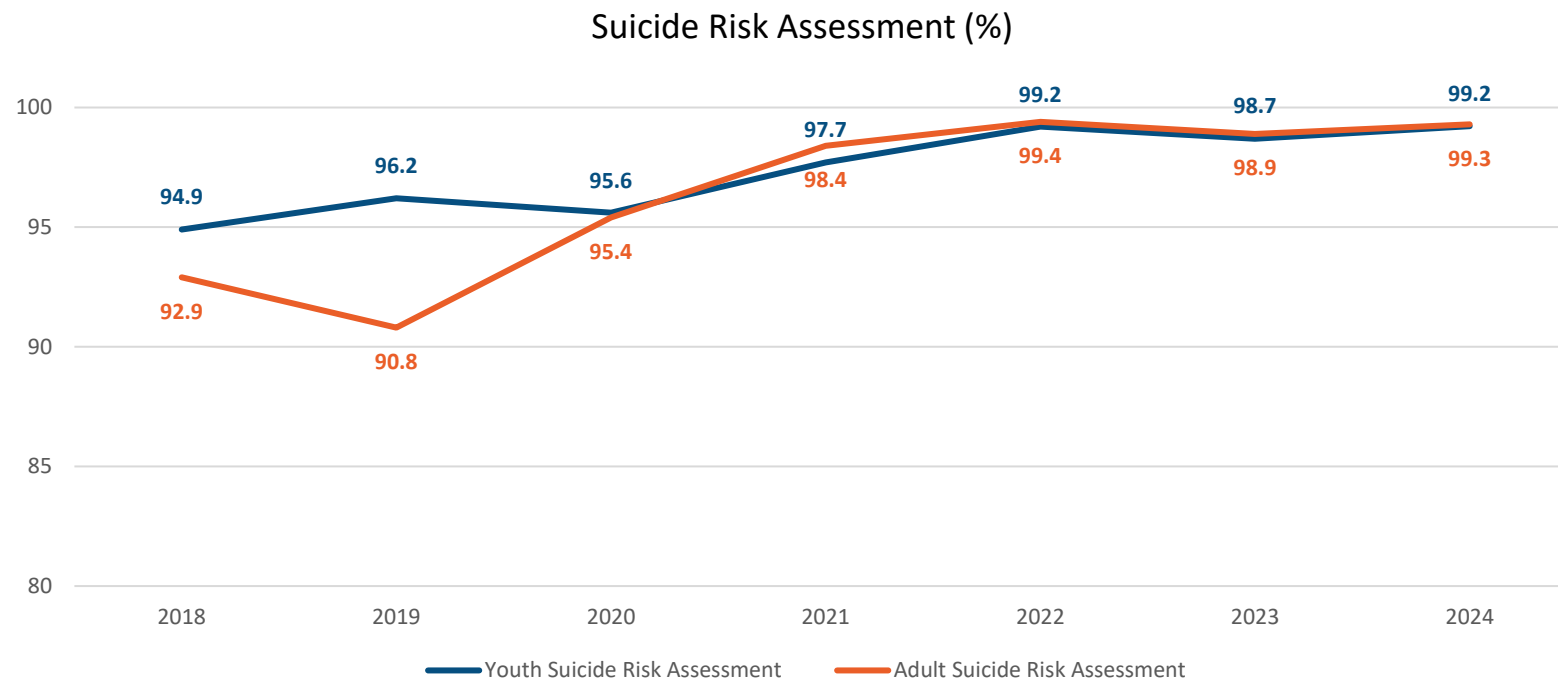
Share progress and areas for improvement



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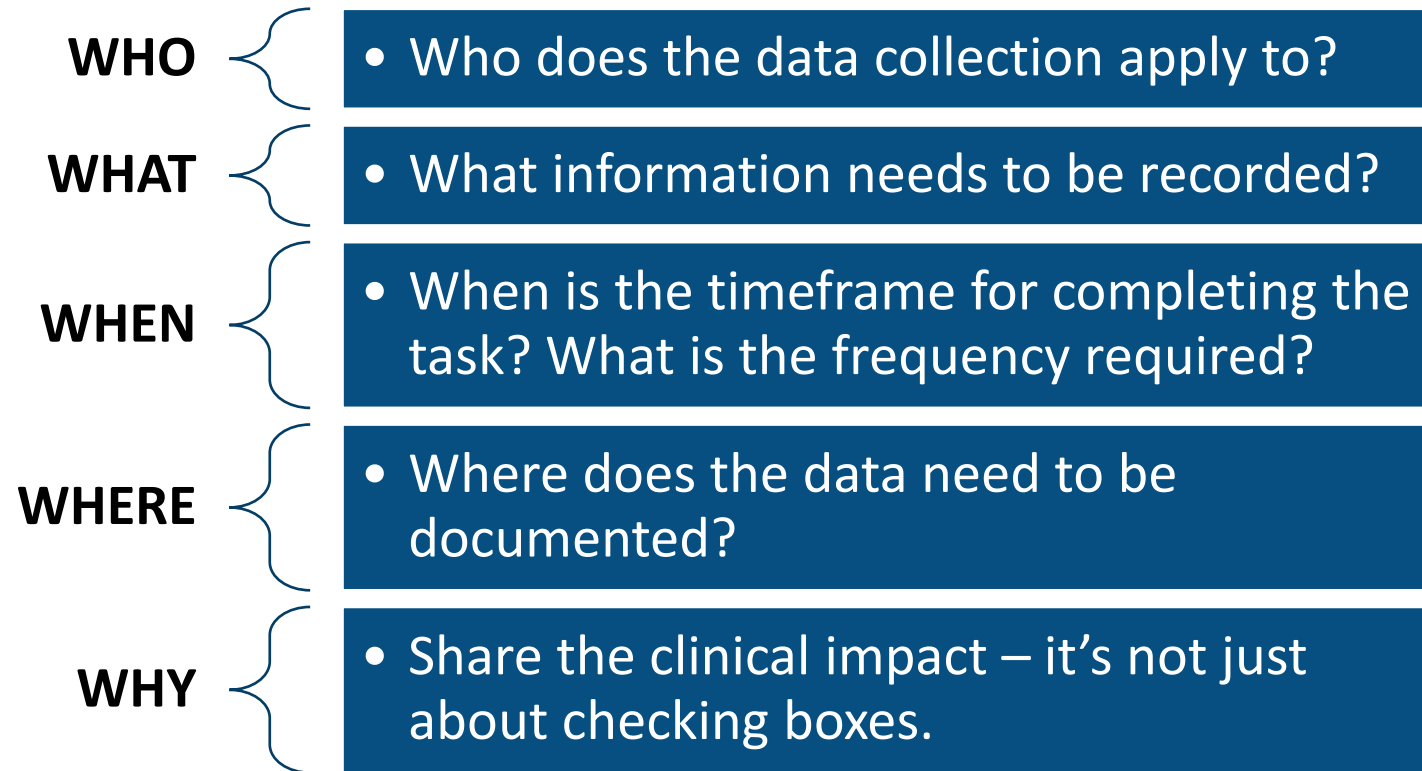
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Embedding Data Collection into Existing Processes



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Provide Clear Instructions on Data Collection



Using Workgroups to Discuss Progress and Areas for Improvement

Suicide Care Committee

- Messaging for Supervisors
- Quality Reports
- Training Efforts
- Suicide Prevention Month

Hospitalization Workgroup

- Intensive Tracking by Program
- Collaboration across Departments
- Quality Reports



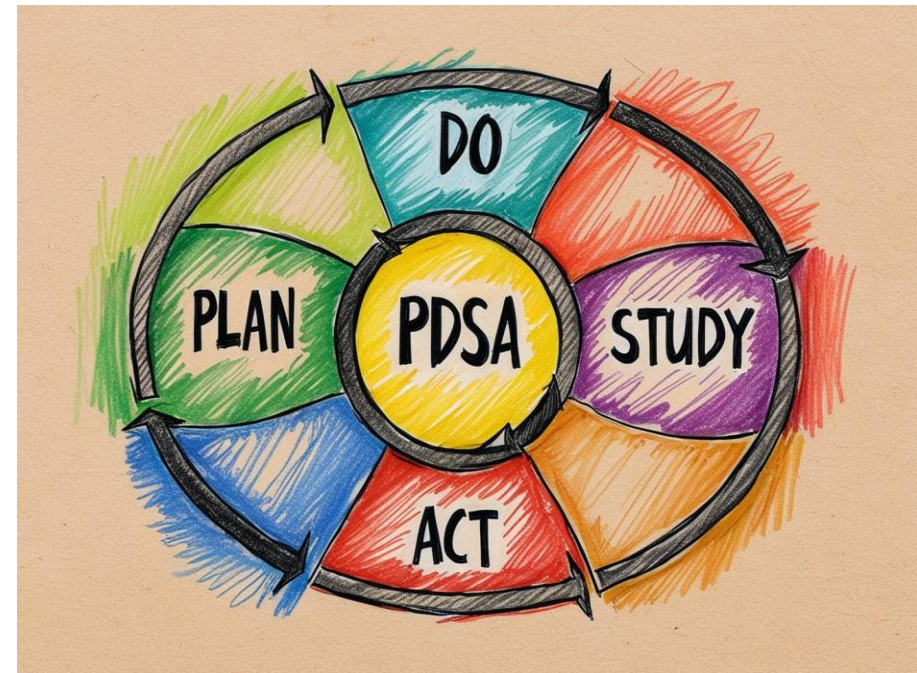
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Other Ideas for Keeping Staff Engaged

CELEBRATE
Success!

PDSA Project
Competitions



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Q & A and Discussion



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CCBHC-Expansion Grantee National Training and Technical Assistance Center

We offer CCBHC grantees...



Virtual Learning Communities, Webinars and Office Hours

Regular monthly offerings that are determined based on grantees expressed needs.



Opportunities for Collaboration with Other Grantees

Monthly Peer Cohort Calls for CCBHC Program Directors, Executives, Evaluators and Medical Directors.



Direct Consultation

Request individual support through our website requesting system and receive 1:1 consultation.



On-demand Resource Library

Includes toolkits, guidance documents, and on-demand learning modules.



Access our website to register for upcoming events, submit a consultation request or scan our on-demand resource library:
<https://www.thenationalcouncil.org/program/ccbhc-e-national-training-and-technical-assistance-center/>



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