NATIONAL COUNCIL for Mental Wellbeing

HEALTHY MINDS STRONG COMMUNITIES

Creating a Measurement-Informed CCBHC

June 5, 2025

Disclaimer

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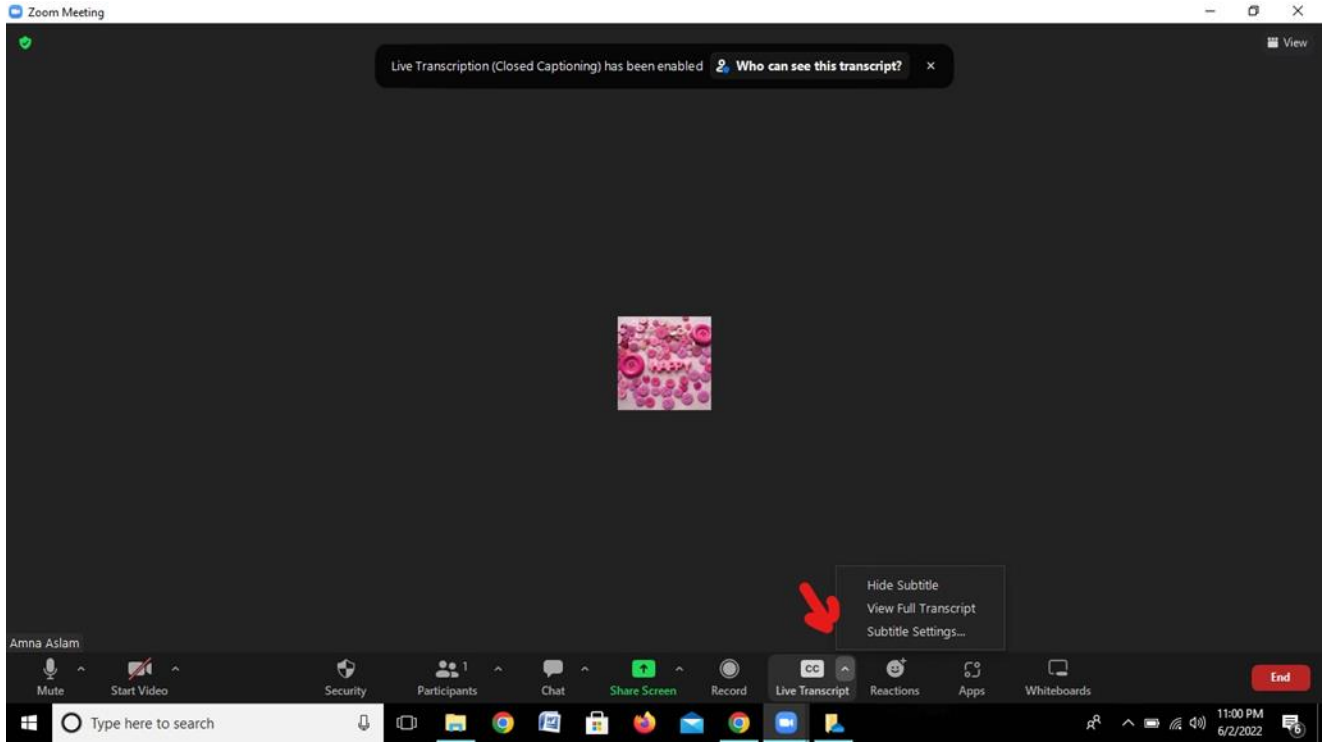

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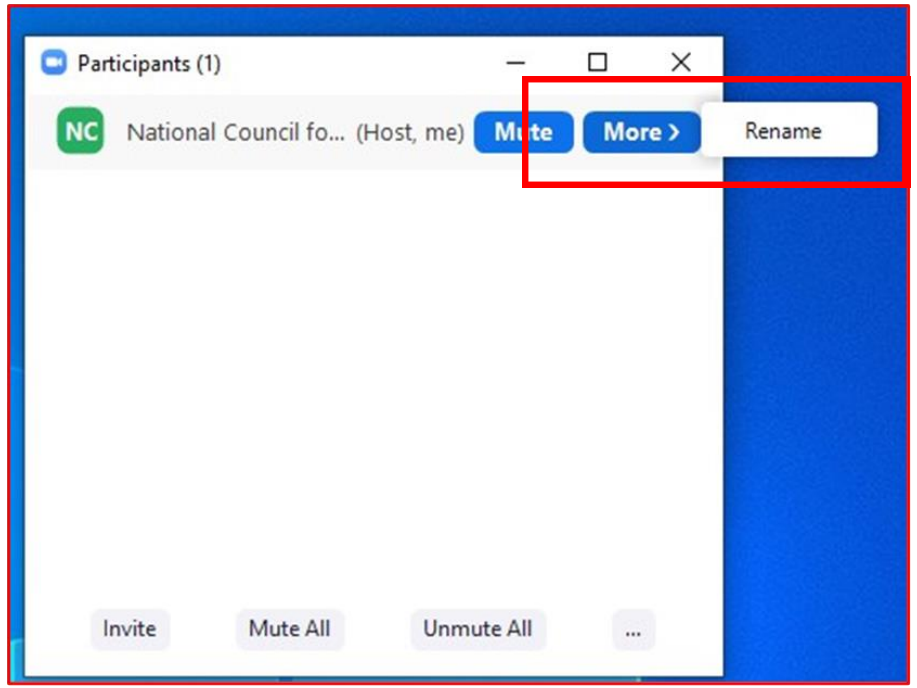
Logistics

- **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**



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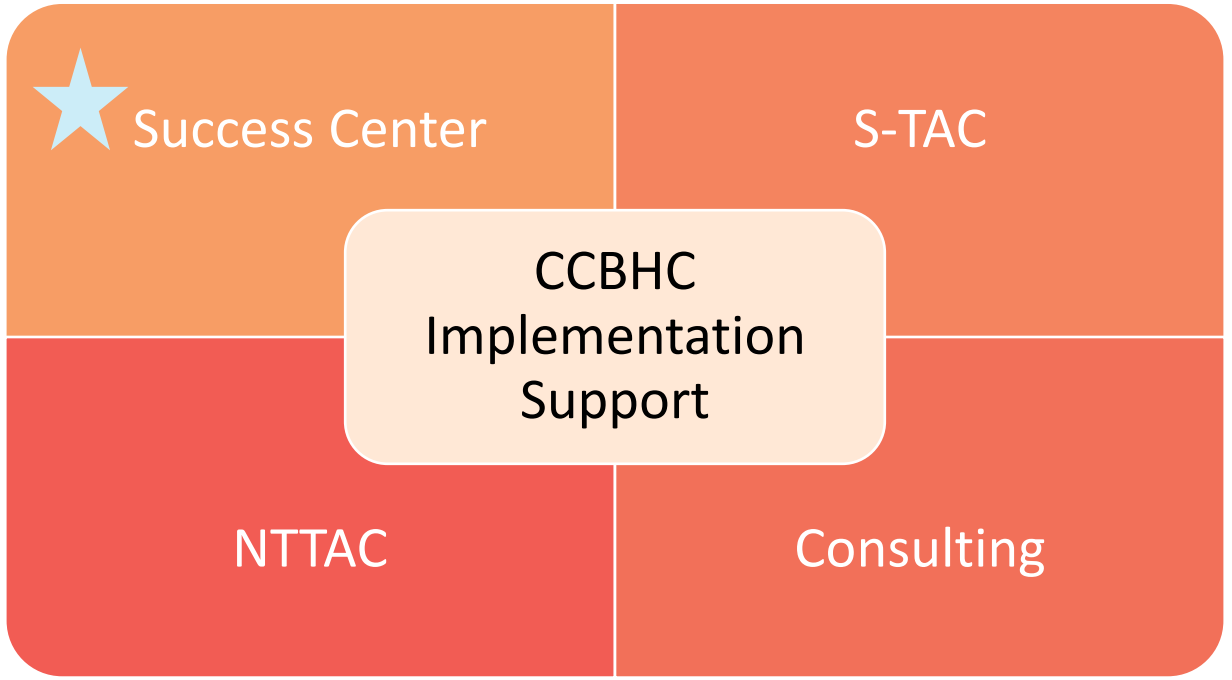
Implementation Support for CCBHCs



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Today's Presenters

Brian Mallow, MSW
Senior Advisor, Practice Improvement & Consulting
National Council for Mental Wellbeing

Jeff Capobianco, PhD
Senior Consultant, Practice Improvement & Consulting
National Council for Mental Wellbeing

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Today's Learning Objectives

- Define measurement informed care, value proposition, and contrast change management and continuous quality improvement in the context of today's alternative payment policy landscape
- Identify common challenges to using data to inform care provision, reporting, and quality improvement
- Explore how a robust change management can drive continuous quality improvement to inform care provision including services costing, care coordination, population health management, staff and client experience
- Investigate an analytic maturity model designed to help CCBHC's develop a realistic plan for improving their analytic capabilities

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Criteria & Definitions

Certification Criteria Requirements

- 3.b.2: The CCBHC uses its health IT system to conduct activities such as population health management, quality improvement, quality measurement and reporting, etc.
- 4.d.4: A comprehensive evaluation is required for all people receiving CCBHC services, including depression screening and other tools that may be used in ongoing measurement-based care
- 4.f.2: CCBHCs are encouraged to use evidence-based strategies such as measurement-based care (MBC) to improve service outcomes
- 4.g.3: CCBHCs provide ongoing primary care monitoring of health conditions, ensuring ongoing periodic laboratory testing and physical measurement of health status indicators and changes in the status of chronic health conditions

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Certification Criteria Requirements, continued

5.b.1: CCBHC develops, implements, and maintains an effective, CCBHC-wide continuous quality improvement (CQI) plan for the services provided:

- The Medical Director is involved in the aspects of the CQI plan that apply to the quality of the medical components of care, including coordination and integration with primary care.
- The CCBHC establishes a critical review process to review CQI outcomes and implement changes that will improve the quality and timeliness of services. The CQI plan focuses on:
  - indicators related to improved behavioral and physical health outcomes
  - improved patterns of care delivery

5.b.2: The CQI plan will review known significant events regarding: 1) deaths by suicide or suicide attempts; 2) fatal and non-fatal overdoses; 3) all-cause mortality among people receiving CCBHC services; 4) 30-day hospital readmissions for psychiatric or substance use

5.b.3: The CQI plan is data-driven and the CCBHC considers use of quantitative and qualitative data in their CQI activities, and addresses clinic and state-collected quality measures

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Measurement Informed Care

Measurement-informed care (MIC) recognizes measurement as a vital, though not exclusive, factor informing behavioral health treatment decisions

- In this approach, an organization selects a single, curated set of measures to meet its clinical care and reporting needs, reducing confusion, misalignment and reporting burdens for providers.
- MIC emphasizes the essential role of measurement in treatment decision-making and client health literacy support while addressing its limitations by addressing client preferences.

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Quick Poll

- What is your CCBHC status?
- What is your role at your organization?
- In the chat tell us:
  - "Which best describes your CCBHC's current use of measurement to inform care?
    - I'm not sure
    - We're not currently using measurement to inform care
    - We're in the early stages of figuring out what to measure and how
    - We collect data but don't consistently use it to inform care
    - We routinely use client-level data to inform treatment decisions and care planning

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Value Proposition

In the simplest terms, a value proposition is a positioning statement that explains what benefits your organization provides, for whom, and why your organization is uniquely positioned to provide them.

- Should offer some key pieces of information to payers or potential partners about how your organization provides a solution to a need in your community, define your targeted clients and explain the benefits of partnering or contracting with your organization.
- Builds the case that you are better positioned to meet the community's need than your competitors. Sharing your key accomplishments and using compelling data will demonstrate the impact and cost-effectiveness of your services.

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Common Challenges

Common Challenges

- Data Infrastructure and Systems Challenges
- Data Quality and Standardization Issues
- Workforce Capacity and Data Literacy
- Prioritization and Leadership Alignment
- Challenges with External Reporting Requirements
- Using Data for Improvement

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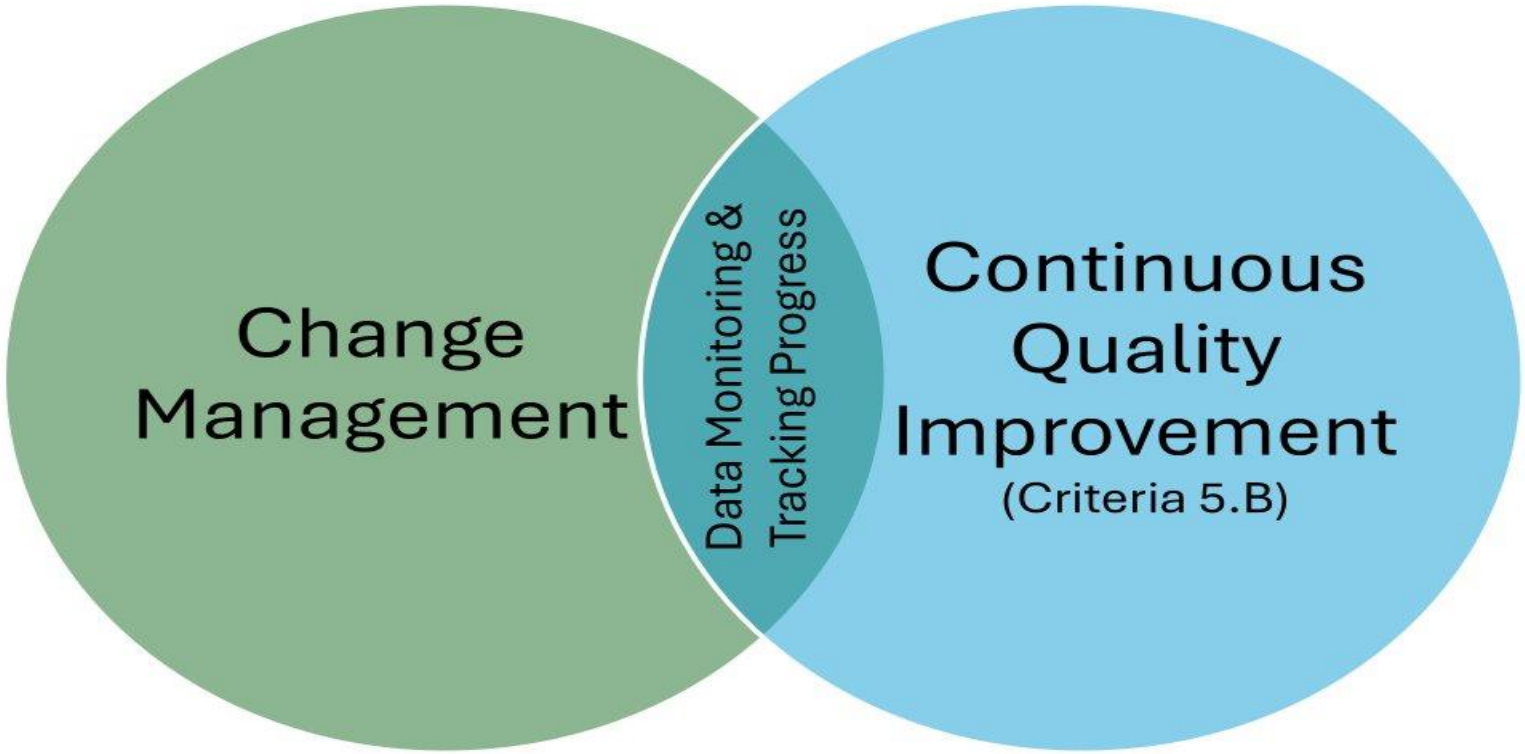
Change Management & Continuous Quality Improvement

Change Management & CQI



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Change Management vs. Continuous Quality Improvement

Change Management

- **Primary Focus:** Managing the human and organizational side of transitions
- **Goal:** Help staff, systems, and partners adapt to significant changes
- **Scope:** Episodic—often tied to a major shift
- **Timeline:** Time-limited—focused on phases of change

Continuous Quality Improvement

- **Primary Focus:** Improving processes and outcomes through ongoing data-informed efforts
- **Goal:** Sustainably improve service quality, access, client outcomes, care coordination, staff experience, etc.
- **Scope:** Ongoing—applied continuously to refine care delivery and operations
- **Timeline:** Continuous—embedded into daily operations and culture

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The Why, What & How of Change…

- **Why** are we doing this? (Convince me)
  - Appeal to the Organizations Values and Principles to explain the reason for the change

- **What** will it look like when done? (Show me)
  - Clarify what the goal(s) are, timelines, and resources available to achieve the goal

- **How** do we do it? (Learn from me/Let me help)
  - Develop the workplan and engage clients in staff in the process of change

Who are the ***Champions***…the ***Confused***…the ***Hesitant/Resistant?***

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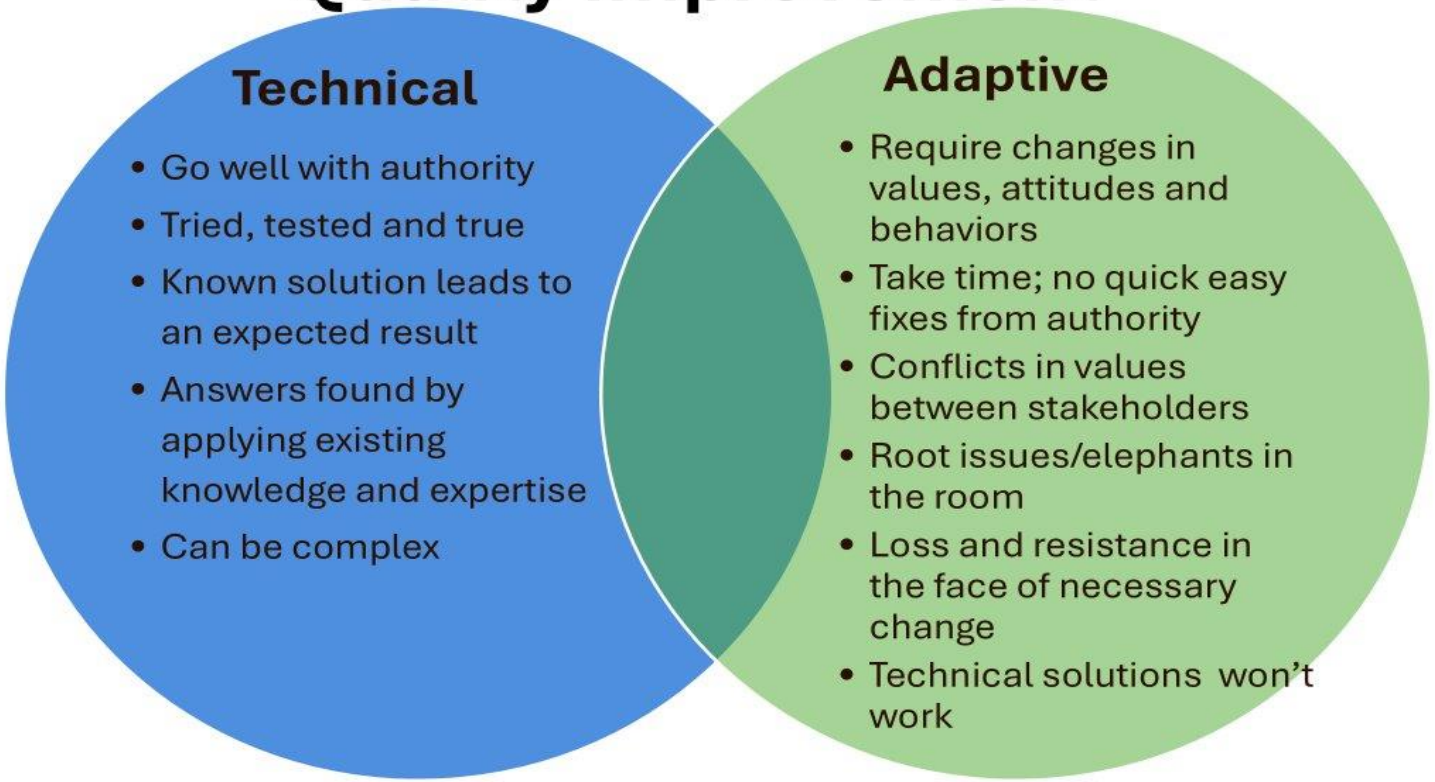
Change Management & Continuous Quality Improvement



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Change Management Components

- **Urgency for Change**
  - Clarify why the change is needed now
- **Guiding Team Leading the Vision for Change**
  - Communication for buy-in
- **The Capacity for Change**
  - Use evidence-based change management and CQI approaches
- **Short-term Wins**
  - Build transparent, positive momentum
- **Consolidate and Anchor Changes Made into the Culture**
  - Monitor culture for goal adoption

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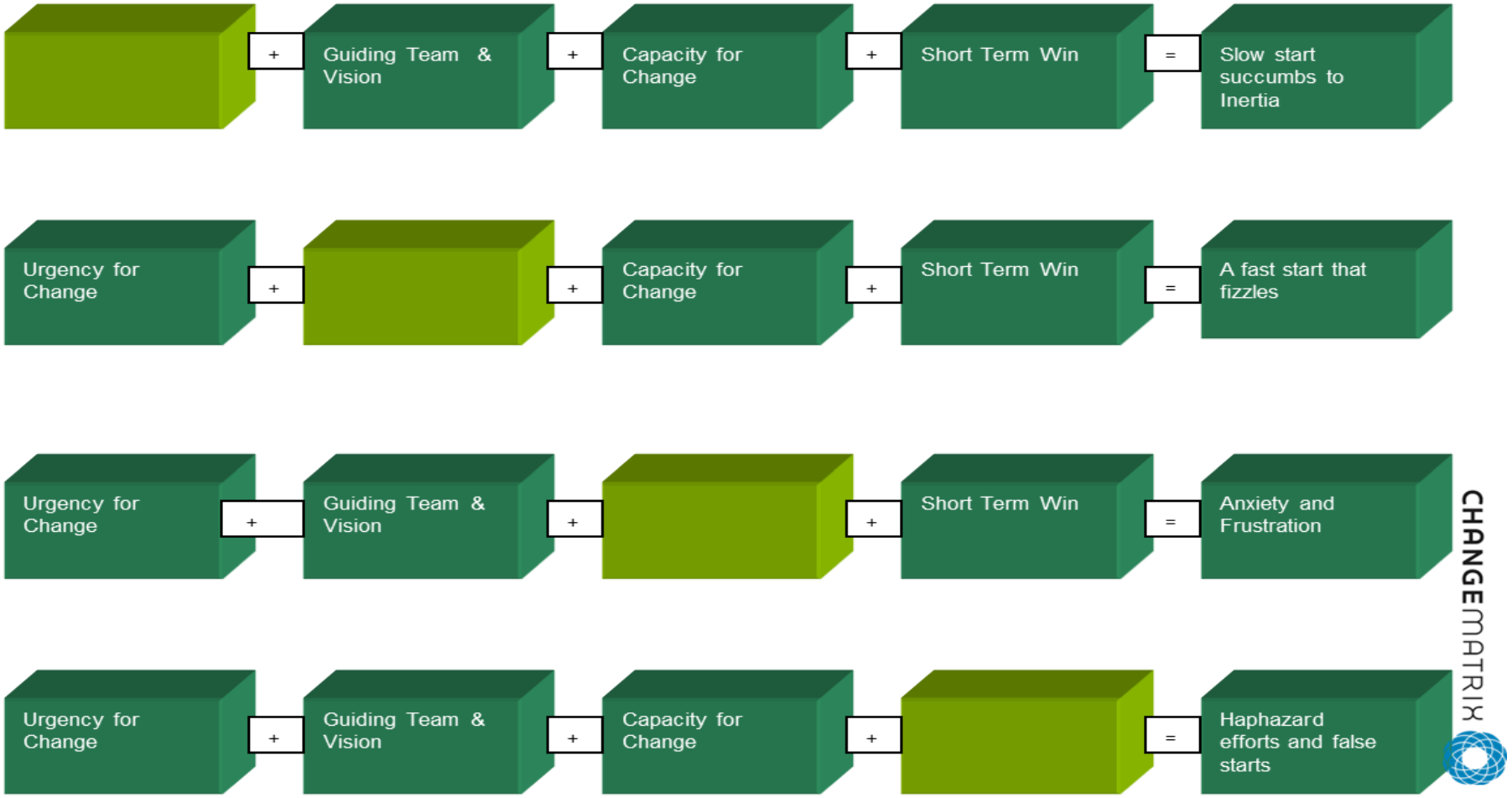
Monitoring Change



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Continuous Quality Improvement Components

- **Identify an Improvement Need**: Target the improvement/CCBHC strategy need and develop a need statement.
- **Define the current state**: Break down the need into parts, identify major areas, and set a goal for improvement.
- **Analyze the problem**: Identify the root cause(s) of the need.
- **Develop an action plan/PDSA Cycle**: Create a plan that outlines how to correct the root causes and what actions to take and conduct PDSA cycles.

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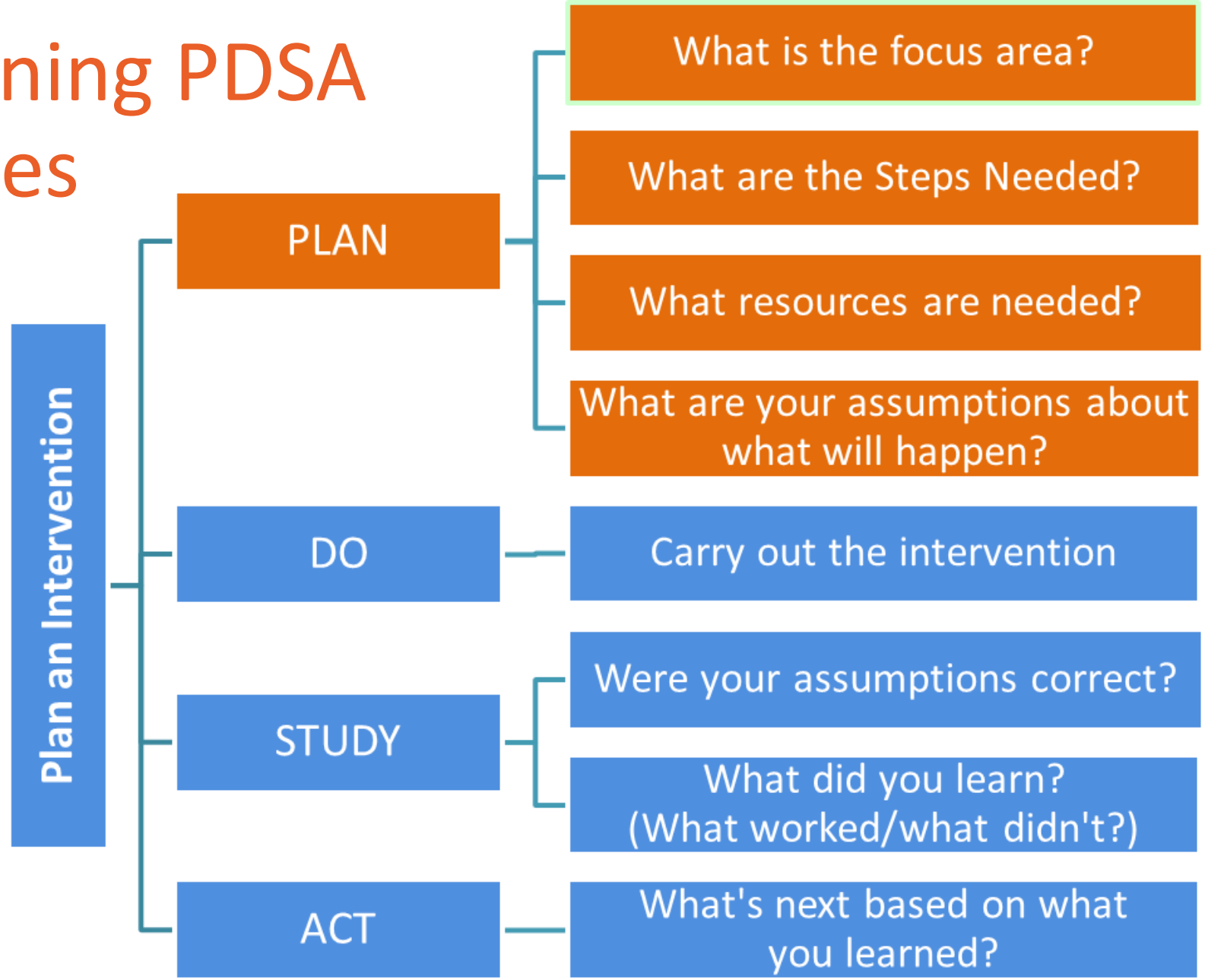
Running PDSA Cycles



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CQI Template Example

Continuous Quality Improvement Meeting FY 25 Meeting Agenda / Minutes Data Review for Month:			
Service Area(s):			
Meeting Date:			
Attendees:			
Absent:			
Agenda	**Discussion**	**Action/Recommendation**	**Person Responsible/ Due Date**
Compliance			
Internal Chart Audits: Accreditation audit results, quality chart audits.			
External Audits: Upcoming Licensing, MCO reviews, etc.			
New Local Policy/procedure: provide update on new policies or procedures implemented and provide reason for needed change.			
Accreditation: If applicable provide status.			
Quality			
System of Care: Alignment and action steps with Criteria? Where is criteria not being met and where have steps been taken to improve alignment?			
External Reviews and Responses(Status of current CAPs (what's working, barriers, support needed to complete/monitor/implement)			
Internal and external Formal Complaints: identify trends, action steps, required follow up. Included in the monthly Report			
Outcomes/Metrics; Review Data source, report monthly data, report barriers to data entry, report plan to ensure data continues to be consistently entered			
Satisfaction Surveys: Review of trends, follow up to any compliance issues.			
Quality Callbacks: Review of trends, follow up to any compliance issues.			
Measureable Improvement Plan: Action trends over time and if they have or have not been effective.			

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CQI Template Example, continued

Risk & Metrics/Measures			
Incident Reports (IR Monthly Reports; IR Protocols; Individual IRs as needed [excluding death incidents])			
Deaths by suicide/suicide attempts: Were there any deaths by suicide or suicide attempts of people receiving services? **If yes, what steps were put in place to prevent future suicide deaths/attempts?**			
Fatal and Non-fatal overdoses: Were there any fatal or non-fatal overdoses? **If yes, what steps were put in place to prevent future overdoses?**			
All-cause mortality among people receiving services: Were there any all-cause mortality among people receiving services? **If yes, what steps were put in place to prevent all-cause mortality?**			
Incidents of Medication errors: Were there any medication errors during the month? **If yes what steps were put in place to prevent future occurrences?**			
Incidents of Psychiatric/Substance Use Hospitalizations including 30-day readmissions: Were there any Psychiatric/Substane Use hospitalizations during the month? **If yes what steps were put in place to prevent future occurrences?**			
CCBHC Quality Measures; Data Trends; Other CCBHC Data/Measures			
Incidents of abuse: Were there any reports of abuse during the month? **If yes what steps were put in place to prevent future occurrences?**			
Safety: Any PPE needs or concerns? Fire drills, community safety, Emergency response plan, etc.			
Safety inspection: Were Prasidium safety inspections completed? What were the results?			
Finding Calls/Investigations: report trends, follow up needs.			
Staffing			
Supervision: status/barriers of completion.			
Credentialing: Staff in need of clearances,(Non-responsive report)Expired licenses and certification report.			
Employee Status: Workman's Comp Data, HR review, etc.			
Professional Development/Training: How many training hours are we using? Is the Gap Report correct? Plan to improve; changes to training			
Retention and Morale: Improving Employee Experience. Exit interviews completed/results			
Recruitment			
Next Meeting			
Upcoming PQI Meeting (Next Steps; Date/Location of Next Meeting)	Date/Time:		

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Analytic Maturity Model

Organizational Analytics Capability Model: Health Care Organization Self-Assessment Handbook

- The Handbook is structured around six key attributes, each representing a critical aspect of analytics capability within a health care setting.

- Six Capability Attributes help provide a holistic view of an organization's analytics maturity and potential.

- Each Attribute is rated on a scale of 1 – 5 providing a baseline from which CCBHC's can develop a targeted plan for improvement.

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Attribute	Definition
Analytics opportunities	Processes for identifying, selecting, managing and evaluating analytics projects that align with the health care organization's mission.
Analytics techniques	Identifying analytics techniques and tradecraft[2] to generate and present insights from any data collected by the health care organization.
Culture	Organizational mechanisms that promote, communicate and emphasize the importance of analytics to support evidence-based decision-making.
Data	Leveraging new and existing data sets — such as patient/client records, claims, treatment outcomes and service usage data — to manage and govern data that supports analytics projects.
People	Human capital strategies needed to develop and maintain a skilled team of data analysts, clinicians and administrative staff capable of effectively using analytics to support the organization's mission. It includes both staff and other stakeholders such as clients and Designated Collaborating Organizations (DCOs).
Technology	Using new and existing technologies — EHRs, patient/client management systems, analytics software and virtual platforms — to conduct analytics projects that enhance patient/client care and operational efficiency.

Organizational Analytics Capability Model

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Analytic Capability Levels

Level	Detailed Description
Level 1: Initial	No formal processes or minimal activity. Efforts are typically ad hoc, with no consistent approach, and often are reactive to internal or external organizational pressures.
Level 2: Defined	Standardized processes are in place, but they are applied inconsistently. Basic capabilities are developed, often in response to immediate needs required by internal or external pressures.

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Analytic Capability Levels

Level 3: Partially Managed	Formal processes and standardized procedures are established, and activities are proactive, follow formal structures and standards and are routinely measured.
Level 4: Managed	Processes are measured and controlled. Activities are aligned with strategic objectives, and regular reviews and updates are continuously reviewed and integrated.
Level 5: Optimizing	Continuous improvement processes are supported by a change management approach to develop capabilities that are responsive to internal and external factors. The organization proactively refines and enhances its analytics capabilities through structured change initiatives, integrating feedback, managing transitions systematically and implementing new best practices through established change frameworks.[6]

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Key Take-aways

- Measurement Informed Care is the key to a robust Value Proposition
- Change Management and Continuous Quality Improvement are complimentary and essential for explaining the Why, What and How of any improvement effort
- Regardless of your Analytic Capability there is a lot a CCBHC can do to improve its capacity to use data to inform service design and provision...but you must be able to clarify your baseline

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Resources

Developing Your Value Proposition: A Guide for CCBHCs

Organizational Analytics Capability Model: Health Care Organization Self-Assessment Handbook

Toolkit for Designing and Implementing Care Pathways

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Resources from National Council Partners

The National Council works and partners with several companies that help organizations adopt an MIC mentality and approach.

MIC Technology

greenspace

mend

VIDERA HEALTH

MIC Models of Care

CETA

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Discussion!

Questions?

Comments?

Lessons you can share?

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Office Hours for CCBHC Demo Sites

Have Questions? We've Got Answers!

Drop by our monthly office hours for an open, friendly space to ask anything about this month's topic, next month's focus, or general inquiries. Plus, learn from peers facing similar challenges!

Upcoming Office Hours: June 13, 2025, at 1-2 pm E.T

- Cadence: Every second Friday from 1-2 pm E.T (*except for January and July 2025 due to Holidays).

Register here.

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Serious Mental Illness Training and Technical Assistance Center (SMI TTAC) Upcoming Events

The Most Effective Psychopharmacological Approaches to Optimize Outcomes for Individuals With Schizophrenia Learning Collaborative

- In a series of four discussions, participants will learn about clozapine initiation, clozapine augmentation, long-acting injectables, and new and emerging treatments.
  - **Session 1: Starting Clozapine**
    July 10, 3-4 p.m. ET
  - **Session 2: Clozapine Augmentation for Partial Responders**
    July 17, 3-4 p.m. ET
  - **Session 3: Access to Long-acting Injectable Antipsychotics**
    July 24, 3-4 p.m. ET
  - **Session 4: New and Emerging Schizophrenia Treatments**
    July 31, 3-4 p.m. ET

Apply Today!

Applications close June 12 at 11:59 p.m. ET.

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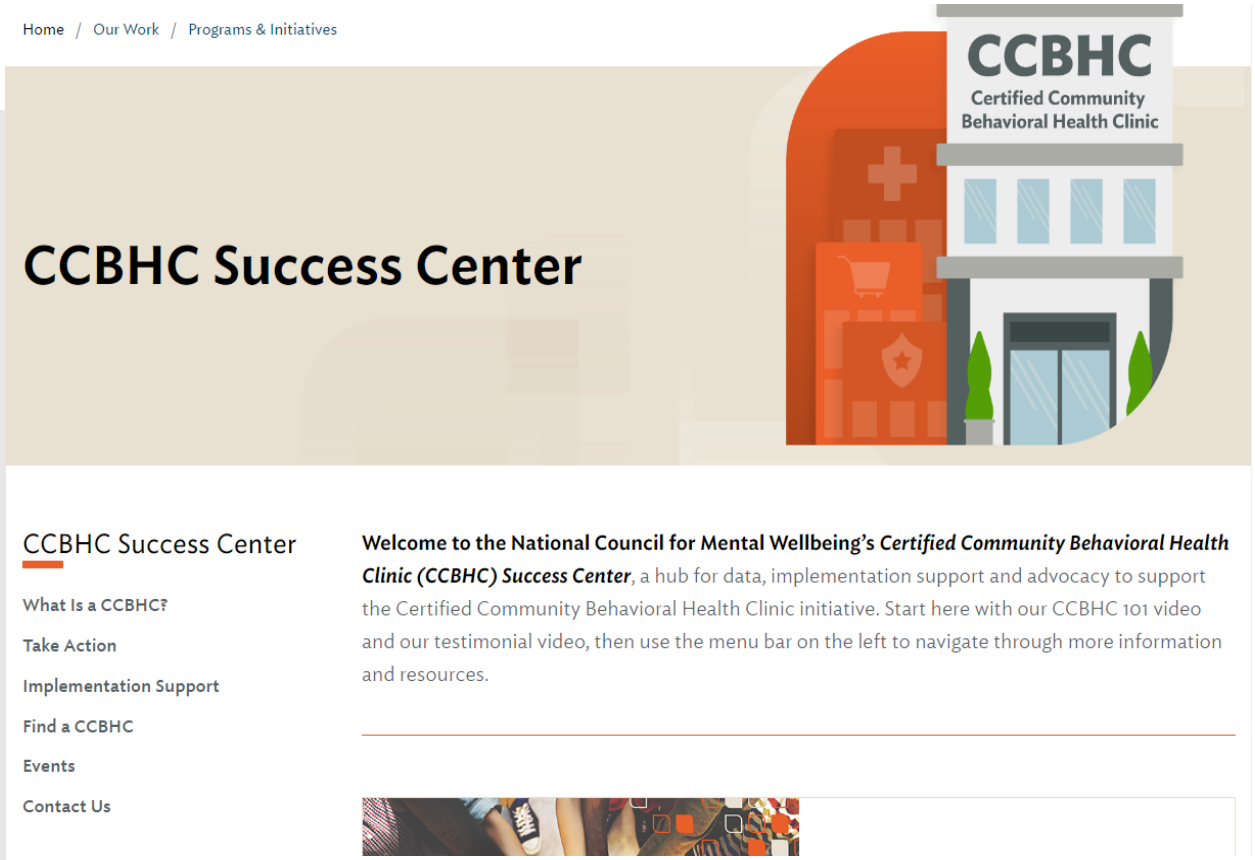

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Thank You!

Thank you for attending today's webinar.

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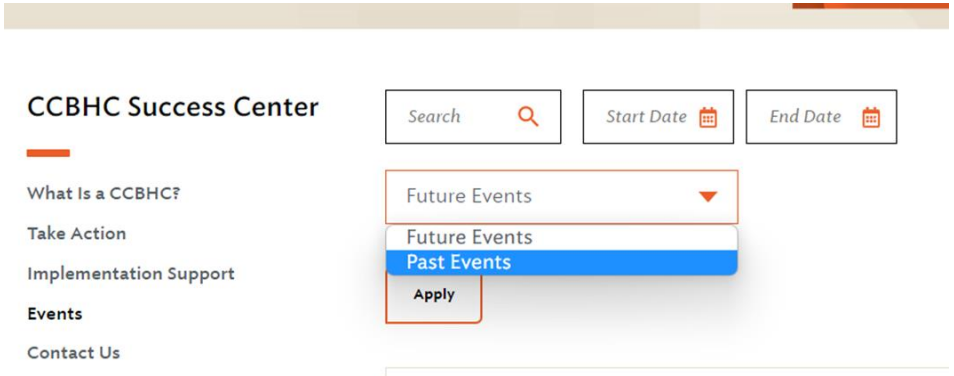

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You may also scan the QR code (below) to fill out the survey!

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