

# CCBHCs & Psychiatry's Role in Transforming Clinical Care

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## Certified Community Behavioral Health Clinics (CCBHC)

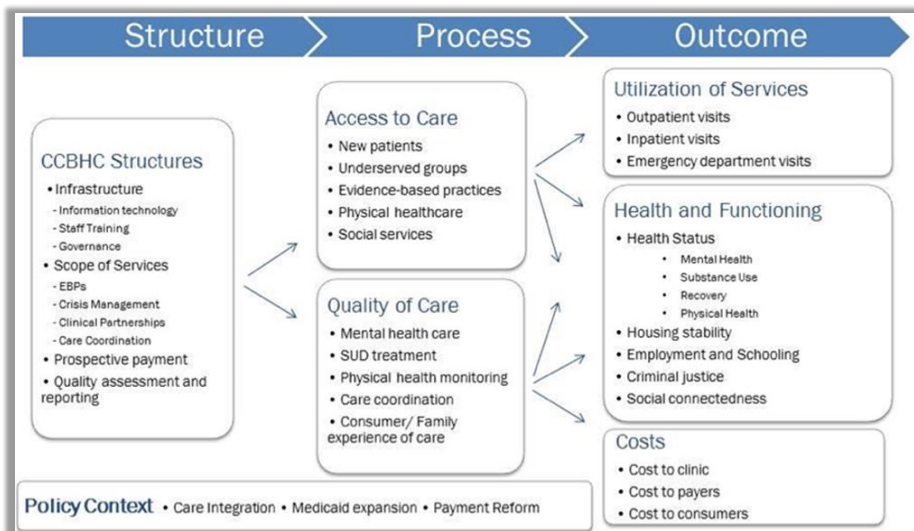
- **Created by 2014 Excellence in Mental Health Act**
- **“One stop shop” community-based integrated mental and chemical health services for children and adults, especially designed for people with complex needs**
- **Advances the integration of mental/chemical health with physical health**
- **Works from a culturally informed, trauma-informed, person-centered lens “beyond the four walls”**
- **Minnesota was one of eight original demonstration states; there were six original first implementer clinics in Minnesota; now there are eight, with more in line!**



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# National CCBHC Logic Model (Rand)



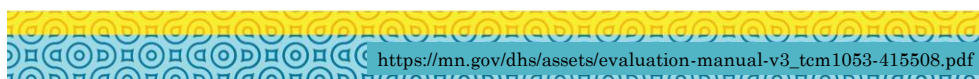
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## Clinic-Led Quality Measures (MN)

- CCBHCs are responsible for collecting and reporting 9 federally required Clinic-led quality measures.
- Calculated by CCBHC and reported to DHS.
- DHS submits data from CCBHCs to SAMHSA.

Table 4. Clinic-Led Quality Measures

Measure Name	Measure Steward	NQF #	CCBHC Quality Bonus Measure	Manual Page*
Time to Initial Evaluation (I-EVAL)	SAMHSA	NA		page 30
Preventive Care and Screening: Adult Body Mass Index (BMI) Screening and Follow-Up (BMI-SF)	CMS	421		page 44
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-BH)	NCQA	24		page 50
Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (TSC)	AMA-PCPI	28		page 66
Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)	AMA-PCPI	2152		page 69
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C)	AMA-PCPI	1365	Federal Required	page 74
Major Depressive Disorder: Suicide Risk Assessment (SRA-A)	AMA-PCPI	104	Federal Required	page 82
Screening for Clinical Depression and Follow-Up Plan (CDF-BH)	CMS	418	MN Optional	page 91
Depression Remission at Twelve Months (DEP-REM-12)	Minnesota Community Measurement	710		page 95



[https://mn.gov/dhs/assets/evaluation-manual-v3\\_tcm1053-415508.pdf](https://mn.gov/dhs/assets/evaluation-manual-v3_tcm1053-415508.pdf)



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# State-led Quality Measures (MN)

Table 5. State-led Quality Measures

Measure Name	Measure Steward	NQF #	CCBHC Quality Bonus Measure	Manual Page*
Housing Status (HOU) <sup>1</sup>	SAMHSA	NA		page 101
Patient Experience of Care Survey (PEC) <sup>2</sup>	SAMHSA	NA		page 109
Youth/Family Experience of Care Survey (Y/FEC) <sup>2</sup>	SAMHSA	NA		page 111
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	NCQA	NA		Page 113
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)	NCQA	NA		Page 118
Plan All-Cause Readmission Rate (PCR-BH)	NCQA	1768	MN Optional	page 123
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications (SSD)	NCQA	1932		page 130
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-BH)	CMS	NA	Federal Required	page 158
Follow-Up After Hospitalization for Mental Illness, ages 21+ (adult) (FUH-BH-A)	NCQA	576	Federal Required	page 165
Follow-Up After Hospitalization for Mental Illness, ages 6 to 21 (child/adolescent) (FUH-BH-C)	NCQA	576	Federal Required	page 172
Follow-up care for children prescribed ADHD medication (ADD-BH)	NCQA	108		page 179
Antidepressant Medication Management (AMM-BH)	NCQA	105		page 187
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-BH)	NCQA	4	Federal Required	page 193



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# Quality Bonus Measures (MN)

Table 6. Federally Required Quality Measures for QBPs

Acronym	Measure	Measure Steward
SRA – BH – C	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	AMA - PCPI
SRA – A	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	AMA - PCPI
SAA – BH	Adherence to Antipsychotics for Individuals with Schizophrenia	NCQA
FUH – BH – C	Follow Up After Hospitalization for Mental Illness (child/adolescent)	NCQA
FUH – BH – A	Follow Up After Hospitalization for Mental Illness (adult)	NCQA
IET – BH	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	NCQA

Table 7. State Chosen Quality Measures for QBPs (DY2)

Acronym	Measure	Measure Steward
PCR – BH	Plan All-Cause Readmission Rate	NCQA
CDF – BH	Screening for Clinical Depression and Follow – Up Plan	CMS

Table 8. DY1 Minimum Performance Thresholds for QBPs

Acronym	Measure	Minimum Performance Threshold
SRA – BH – C	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	Collected and reported data.
SRA – A	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Collected and reported data.
SAA – BH	Adherence to Antipsychotics for Individuals with Schizophrenia	59.35
FUH – BH – C	Follow Up After Hospitalization for Mental Illness (child/adolescent)	7 day – 56.34 30 day – 76.70
FUH – BH – A	Follow Up After Hospitalization for Mental Illness (adult)	7 day – 38.58 30 day – 68.29
IET – BH	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Initiation – 35.87 Engagement – 13.21



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## Role of Psychiatry

- **Every CCBHC must have a medical director who can help develop and oversee clinical care from a holistic integrated lens.**
- **This is a team approach designed for every member of the team to work to the top of their skillset.**
- **Because of their expertise, prescribers are especially suited to lead the development of integrated assessment, treatment, care coordination, clinical care pathways, and whole-person health.**



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## How We can Leverage Prescribers' Expertise

**Develop/review policies and protocols**

**Quality improvement**

**Best practice strategies**

**Training/staff development**

**Addressing whole-person health**

**Monitoring/managing chronic illnesses**

**Medication Assisted Treatment**

**Addictions medicine**

**Population health lens**

**Behavioral health/biological health intersections**

**Physical health expertise (for many clients, we are their primary care)**

from the National Council for Mental Wellbeing's  
*Strategies for Leveraging your Medical Director as a CCBHC*



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## Discussion

- **Questions/comments for me?**
- **Where do you see a role for psychiatrists given the model I've described?**
- **What is most exciting about this to you?**
- **What feels most daunting, or what do you have reservations about?**

