AdvaNCe Health TOGETHER

STRENGTHENING HEALTH THROUGH COLLABORATION

Learning Community Framework

Technology, Data Architecture & Performance Management

April 23, 2026

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Michael Allen

Executive Vice President

OPEN MINDS

Sharon Hicks

Senior Associate, *OPEN MINDS*
Formerly Chief Operating Officer, Community Care Behavioral Health

John Falsetti

Senior Associate, *OPEN MINDS*
Chief Information Officer, Maryville Academy

Agenda

Today: Strengthen organizational capacity to use data as a performance measurement tool within the CCBHC framework.

Morning

- What and Why a CCBHC?
- Data Governance
- Data Dictionary

Afternoon

- Reporting Measures
- Data Validation
- Finance Data
- KPIs/Monitoring Example
- Group Exercises:
  - Operationalize the required services
  - Assign a Data Owner

Outcomes & Ground Rules

Today's outcomes – By the end of this session, participants will leave with:

- An understanding of the link between data analytics and CCBHC success
- A list of tasks needed to assure data governance within your organization
- A model for creating a reporting dashboard that can be used within your own organization

Ground Rules for the Session:

- Share your opinions
- Work in table groups with a spokesperson for report-outs
- Share practical insights and real-world challenges

Morning Session:

Building The Foundation For Performance Excellence

10:10 AM – 12:00 PM

Designing A CCBHC Data Framework

Why Certified Community Behavioral Health Clinic (CCBHC)?

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- Aligns with priority North Carolina initiatives in whole person care and care coordination/care management.
- Delivers a model for addressing the rising complexity of patient needs.
- Supports more predictable flow of revenues and organizational investments in innovation.
- Complements NC's existing focus on performance measurement and value-based payment.

Integrated Care: **CCBHC**

"CCBHCs are a unique care model, designed to improve mental health and substance use outcomes by providing a one-stop shop for multiple services, increased access to care and system navigation/care coordination support."

- Division of Mental Health, Developmental Disabilities and Substance Use Services, NC DHHS

- Integrated MH + SUD model
- Access to care regardless of ability to pay
- Prospective payment-based reimbursement
- Focus on care coordination and outcomes
- Medicaid & grant financing
- 988 crisis alignment
- Whole person care focus
- Veteran involved
- SAMHSA certification criteria required

Comprehensive Services

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- Crisis Services
- Person/Family Centered Planning
- Outpatient MH Services
- Outpatient SUD Services
- Peer/Family Support
- Psychiatric Rehab Services
- Care Coordination
- Screening & Assessment
- Primary Care Screening & Monitoring

Goals For CCBHC

Certified Community Behavioral Health Clinics (CCBHCs) must meet specific requirements to ensure comprehensive care.

1. **Crisis Mental Health Services** - CCBHCs must provide 24/7 crisis mental health services, including mobile crisis teams and crisis stabilization units.
2. **Outpatient Mental Health and Substance Use Disorder Services** - Clinics are required to offer outpatient services for both mental health and substance use disorders including medication services.
3. **Screening, Assessment, and Diagnosis Capabilities** - CCBHCs must conduct screenings, assessments, and diagnoses for individuals seeking care using standardized and validated tools.
4. **Patient-Centered Treatment Planning** - Clinics are required to develop treatment plans that focus on the individual needs and preferences of patients.
5. **Primary Care Screening & Monitoring** – Screen, collect and monitor specific health risk indicators as required by SAMHSA.
6. **Targeted Case Management** – Care coordination, system navigation and management of transitions of care.

A CCBHC Data Governance Model

Requires collegiality and integration:		
Clinical + Finance + Compliance + IT	Integrated governance required	Risk: revenue loss if misaligned

Group Discussion:
What do end users need to know about CCBHC Data?

Data Governance

Governance Overview

- IT Role in Governance
  - Enterprise Data Dictionary
  - Change Control Process
  - Consent & Audit Logging
  - QA & Data Trust

Definitions

Data Owners & Data Stewards

- Owners: define + accountable
- Stewards: manage + validate
- IT: infrastructure

Group Discussion: Who Is The Owner?

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- Prospective Payment System Rates
- Clinical Programming Compliance
- Quality Measurement Reporting
- Crisis Program Operations Standards

Engaging Data Owners

It can be a challenge to get program people to engage in data governance. Here are some ideas to encourage participation:

Assign clear roles and limit how many areas one person has to own

Make sure leadership supports the role

Operationalize the financial consequences to help them understand the impact

Create simple channels for data owners to participate (other than making them go to meetings)

Recognize and acknowledge data owners for their contributions to data management efforts, reinforcing their importance in the organization

Data Dictionary/Data Validation

The Role Of IT

It falls on business intelligence, data analysts, and other members of the IT department to assure that the data used to create reports are valid and reliable.

Support from program workflow is necessary.

Two tools to assist with that are:

1. Enterprise data dictionary
2. Data validation matrix

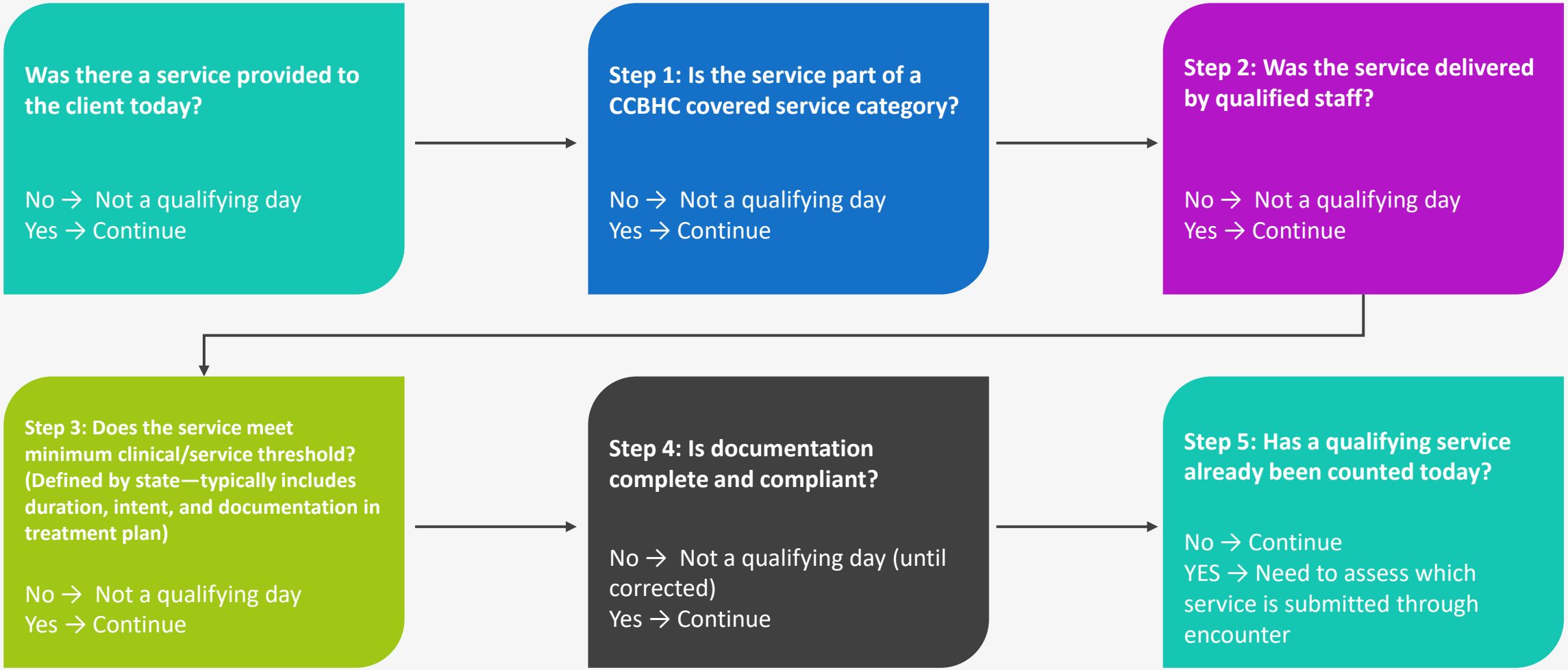
Data Dictionary

- An enterprise data dictionary is a centralized repository that contains descriptions of data objects or items within an organization.
- It provides definitions, relationships, and metadata for all data elements.
- It must be used organization-wide.
- When used correctly, it helps ensure consistency, improves data quality, and facilitates better communication among users.
- Example of a Data Dictionary for this project:
  - Handout #1 – North Carolina CCBHC Data Dictionary

Data Validation Matrix

- A data validation matrix is a decision tree that allows us to automate whether a data element, a clinical service, or a person is to be included in the data set that makes up a report.
- On the next slide we will review an example of such a matrix

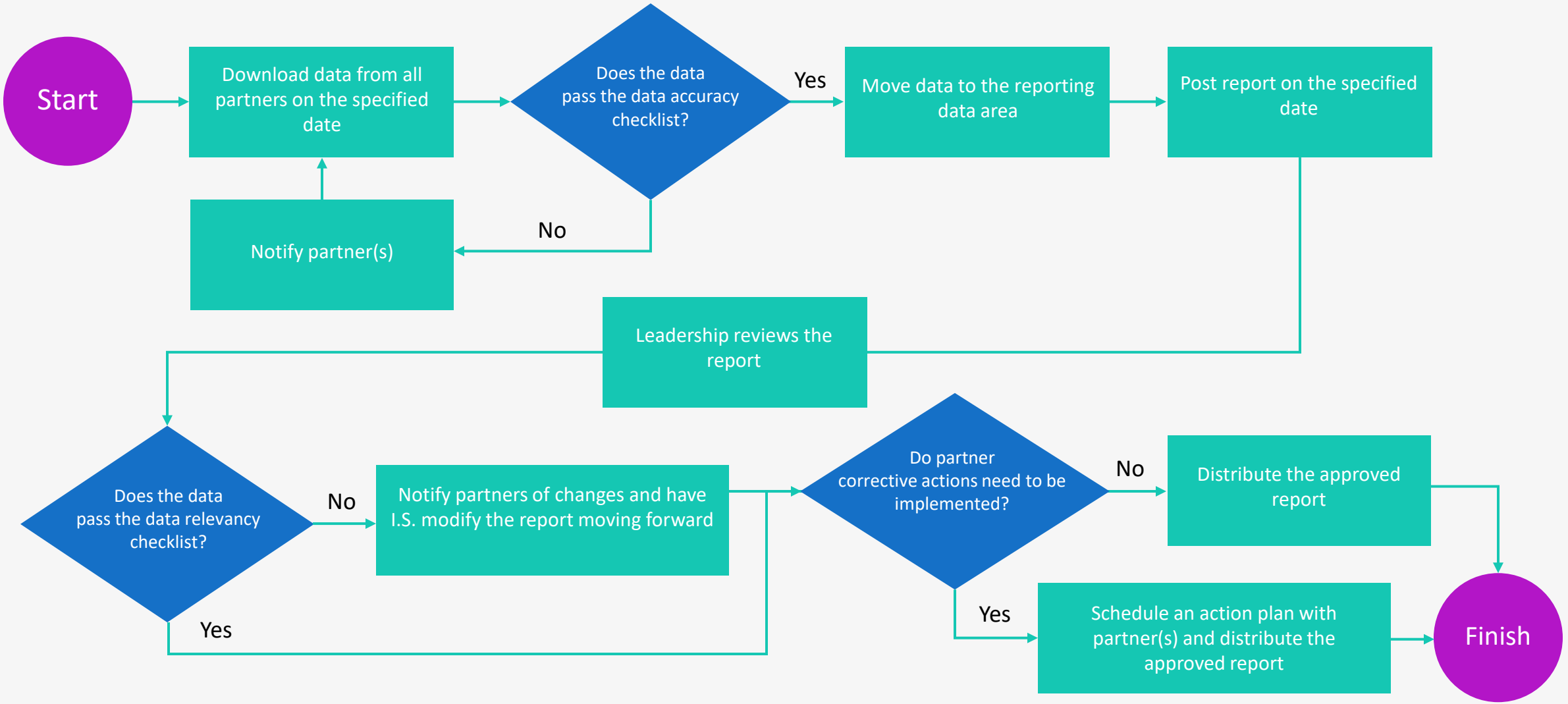
Data Validation Example: "Qualifying Day" Decision Tree



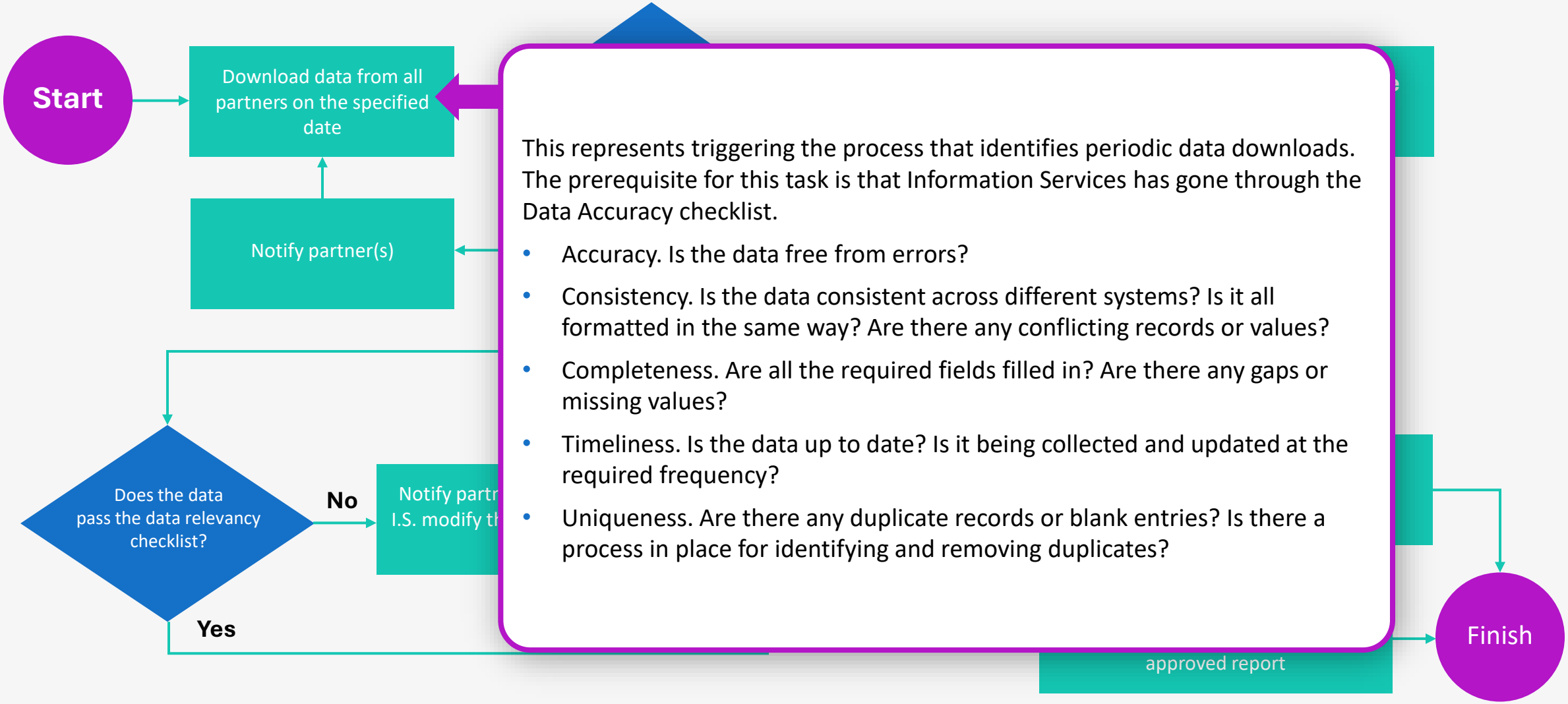
Data Examples

Home		1=Does not meet standard 2=Minimally meets standard 3=Partially meets standard 4=Meets standard 5=Exceeds standard	
Staffing			
Needs Assessment and Staffing			
1.a.1	The CCBHC completes a community needs assessment as part of the process leading up to certification and/or attestation.		1
1.a.1	The community needs assessment includes the required components outlined in Appendix A: Terms and Definitions for community needs assessment within the revised CCBHC criteria (https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf).		2
1.a.1	Input for the community needs assessment includes the entities outlined in Appendix A: Terms and Definitions for community needs assessment within the revised CCBHC criteria (https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf). This includes but is not limited to people with lived experience of mental health and substance use challenges, health centers, local health departments, other hospital and health facilities, veterans facilities, and school systems.		3
1.a.1	The needs assessment and staffing plan are updated regularly, no less than every three years.		5

Assure Timely, Accurate & Relevant Data Refreshes



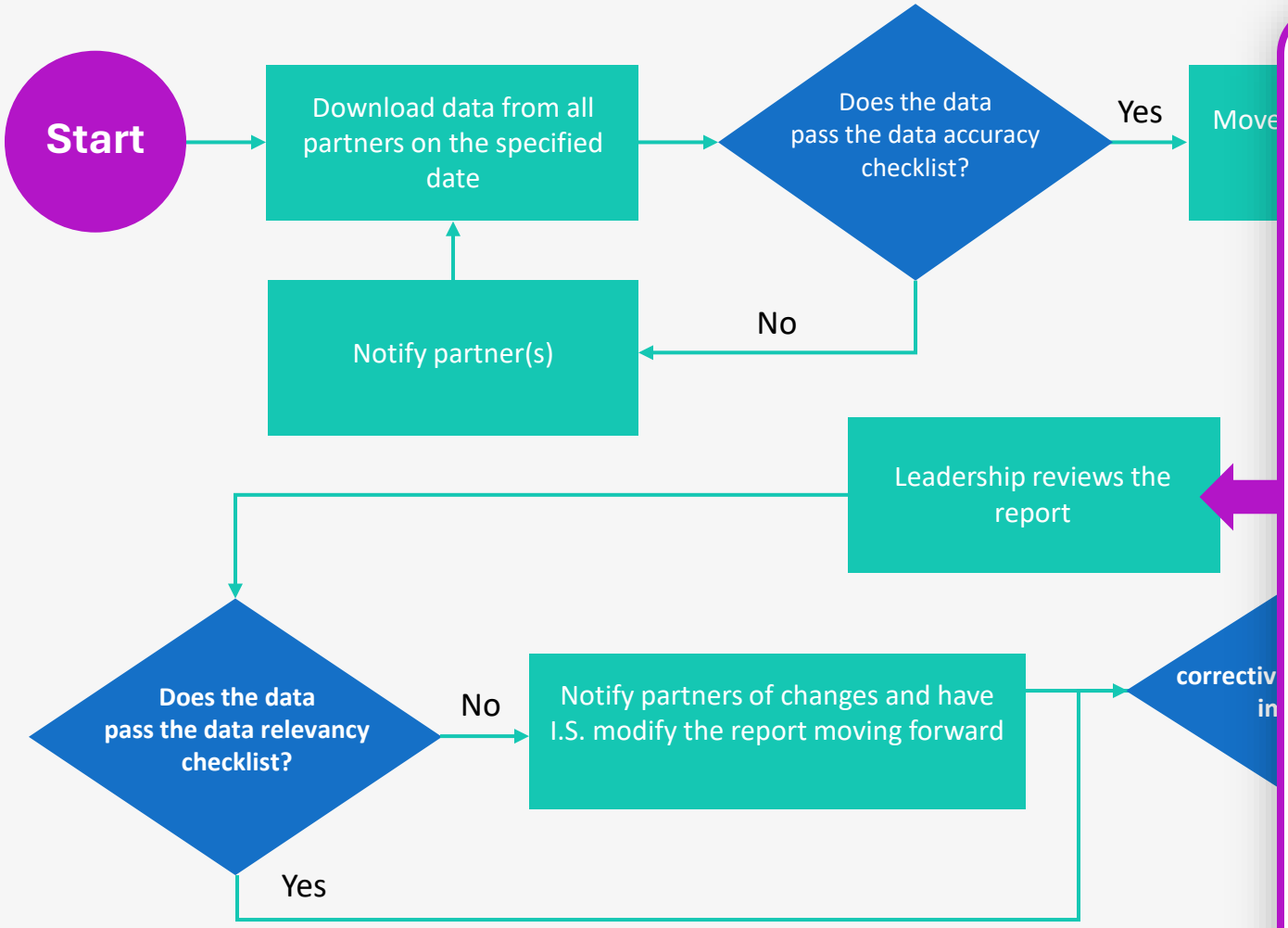
Examples



This represents triggering the process that identifies periodic data downloads. The prerequisite for this task is that Information Services has gone through the Data Accuracy checklist.

- Accuracy. Is the data free from errors?
- Consistency. Is the data consistent across different systems? Is it all formatted in the same way? Are there any conflicting records or values?
- Completeness. Are all the required fields filled in? Are there any gaps or missing values?
- Timeliness. Is the data up to date? Is it being collected and updated at the required frequency?
- Uniqueness. Are there any duplicate records or blank entries? Is there a process in place for identifying and removing duplicates?

Examples



This represents triggering the process by which program leadership applies the Data Relevance and Compliance checklist.

- Relevance. Is the data relevant to the task or decision-making process for which you intend to use it? Are there any outdated or irrelevant data points that need to be removed?
- Compliance. Does the data meet any legal or regulatory requirements? Are there appropriate processes in place to ensure data privacy and protection?
- Accessibility. Is the data easily accessible to those with the authority to view it? Are there access restrictions in place to protect the data from non-authorized parties?
- Traceability. Can the source of the data be traced?
- Data governance. Review policy for data ownership and stewardship. Are there clearly defined and accessible rules and responsibilities for managing the data?

Activity

Group Discussion

Review Handout #2 CCBHC Data Validation Audit Checklist

As you review this handout, here are some questions for discussion:

1. Does your organization currently have a method for verifying member eligibility on the date of service?
2. How will your organization test for same-day billing issues?
3. Do current audit processes include a review for clinical documentation quality?
4. Does your organization have a plan for validating PPS payments to the contract and monitoring for cost over-runs?

Lunch Break

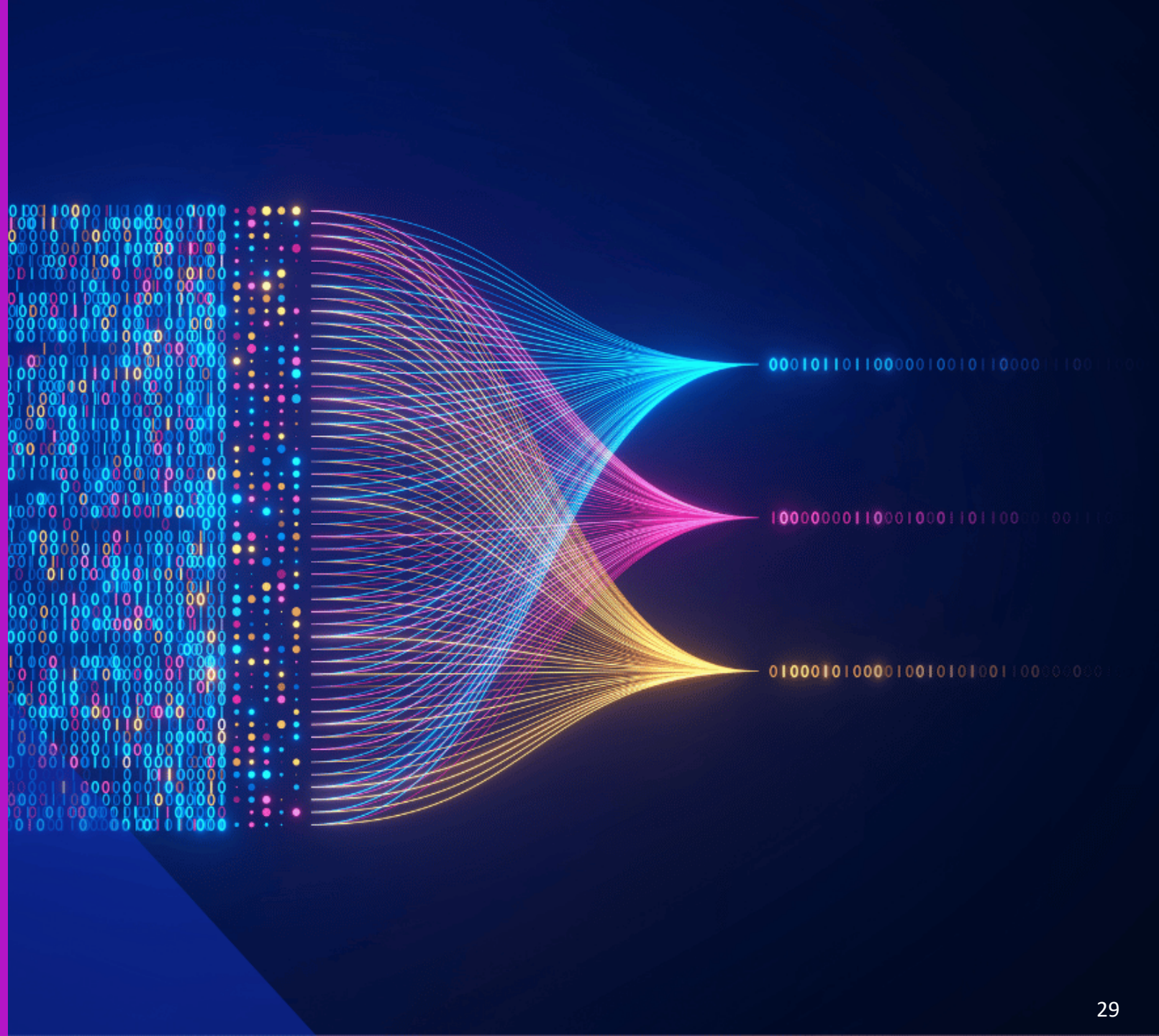
12:00 PM – 1:00 PM

Afternoon Session

Managing The Measurement Process

1:00 PM – 3:00 PM

Mapping CCBHC Data For Performance & Value



Measures

North Carolina CCBHC Quality Bonus Measures

1. Time to Services (I-SERV)
2. Depression Remission at Six Months (DEP- REM-6)
3. Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)-Screening and follow-up
4. Screening for Social Drivers of Health (SDOH)
5. Screening for Clinical Depression and Follow-Up Plan (CDF-AD and CDF-CH)

Population Reporting Categories: I-SERV, DEP-REM-6, CDF-AD and CDF-CH

- An adolescent (12–17 years of age) or an adult (18 years of age and older)
- Medicaid only or Other (including those dually eligible for Medicare and Medicaid)
- A member of which of the following ethnic groups:
  - Not Hispanic or Latino,
  - Hispanic or Latino
  - Unknown
- A member of which of the following racial groups:
  - White or Caucasian
  - Black or African American
  - American Indian or Alaska Native
  - Asian
  - Native Hawaiian or Pacific Islander
  - More than one race
  - Unknown

Population Reporting Categories: ASC and SDOH

- Medicaid only or Other (including those dually eligible for Medicare and Medicaid)
- A member of which of the following ethnic groups:
  - Not Hispanic or Latino,
  - Hispanic or Latino
  - Unknown
- A member of which of the following racial groups:
  - White or Caucasian
  - Black or African American
  - American Indian or Alaska Native
  - Asian
  - Native Hawaiian or Pacific Islander
  - More than one race
  - Unknown

Time To Services (I-SERV)

- The I-SERV measure calculates the average time for clients to access three different types of services at Behavioral Health Clinics (BHCs) reporting the measure. The I-SERV measure is comprised of three sub-measures of time until provision of:
    1. initial evaluation
    2. initial clinical services, and
    3. crisis services
- I-SERV is a three-part measure. Each sub-measure requires a separate calculation.
- I-SERV is stratified separately based on the population reporting categories on the previous slide.

Depression Remission At Six Months (DEP-REM-6)

- People with Major Depression or Dysthymia who reach Remission Six Months (+/- 60 days) after an Index Event Date.
- Data Source: Medical Records
- Important Reporting Guidance:
  - This measure is to be reported once per Measurement Year for clients seen during the Measurement Year with a diagnosis of Major Depression or Dysthymia.
- Approved Tools: Patient Health Questionnaire – 9 item version (PHQ-9) or Patient Health Questionnaire –9 Modified for Teens and Adolescents (PHQ-9M)
- Initial event score > 9
- The Index Event Date marks the start of the Measure Assessment Period for each client.
  - This period is fixed and does not “start over” with a higher PHQ-9 or PHQ-9M .
  - The Measure Assessment Period is held constant to accommodate both the six- and twelve-month depression outcome measures
- DEP-REM-6 is stratified separately based with the population reporting categories on the previous slide

Preventive Care And Screening: Unhealthy Alcohol Use: Screening And Brief Counseling (ASC) - Screening And Follow-up

- This measure is not stratified by age.
- The ASC measure calculates the Percentage of clients aged 18 years and older who were screened for unhealthy alcohol use using a Systematic Screening Method at least once within the last 12 months AND who received brief counseling if identified as an unhealthy alcohol user.
  - The AUDIT is the Alcohol Use Disorders Identification Test, and the AUDIT-C is an abbreviated version of the AUDIT.
- Brief Counseling for unhealthy alcohol use refers to one or more counseling sessions, a minimum of 5-15 minutes, which may include: feedback on alcohol use and harms; identification of high-risk situations for drinking and coping strategies; increased motivation and the development of a personal plan to reduce drinking.

Screening For Social Determinants Of Health (SDOH)

- The SDOH measure calculates the percentage of clients 18 years and older screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety.
- North Carolina requires the use of a tool that was created and validated in partnership with Social Interventions Research And Evaluation Network (SIREN).
- A link to the tool is provided on the Resources slide.

Screening For Clinical Depression And Follow-up Plan (CDF-AD And CDF-CH)

- CHF-AD: Percentage of beneficiaries age 18 and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool
  - If positive, a follow-up plan is documented on the date of the eligible encounter.
- CDF-CH: Percentage of beneficiaries age 12-17 screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool
  - If positive, a follow-up plan is documented on the date of the eligible encounter.
- Follow-up requirement for person screening positively is that the clinician provides one of the specified follow-up actions, which include:
  - Referral to a provider for additional evaluation.
  - Pharmacological interventions.
  - Other interventions for the treatment of depression.
- A follow-up plan must be documented on the date of the qualifying encounter for a positive depression screen.

Activity

For the measure I-SERV, complete the following data dictionary template:

Handout #3 Template for a Data Dictionary

- Location
- Owner
- Description
- Notes

Finance Data

Revenue Equations

FFS Revenue = CPT Code + contract fee schedule

CCBHC Revenue = PPS Rate × Qualifying Days/Months + Quality Bonus

PPS Rate Reconciliation

- If your cost exceeds your rate, then you must determine whether you qualify for additional reimbursement (like outlier payments or cost-based adjustments) and how much.
- You will need your actual cost of care.
- This should be a finance function, but they can’t do it without clinical and operational input.

Calculate Allowable Costs

Include	Direct clinical services
Include	Care coordination, crisis, MAT, etc.
Allocate	Admin/IT costs
Exclude	Non-CCBHC services

Methodology For Cost Allocation: Ensure Audit Defensibility

- Time studies (preferred)
- FTE-based allocation
- Encounter-based allocation

Apply Quality Withhold/Quality Bonus

- Some programs withhold the quality bonus until you earn it while others retract the bonus if you do not earn it
- Consistent and constant measurement is the key to Bonus calculation
- Review contract for specifics and prioritize those measures from the start
- Develop triggers for intervention if expected performance is not adequate to earn the bonus

Data Monitoring

How To Structure A Monitoring Dashboard

- Organization decides, given all the requirements, which are the most important to them.
  - You could build a dashboard that focuses on the 5 bonus measures
  - You could build a dashboard that is only focused on the PPS revenue received versus the expenditures
- Likely the organization will want multiple Dashboards
  - Build no more than 5 measures in any one dashboard
  - Use red, yellow, green “stoplight” format to quickly visualize progress toward performance
- Recommend starting with:
  - A finance dashboard
  - A clinical documentation dashboard
  - A quality measure dashboard

Be Specific

Reporting Domain	Definition	Performance Parameters	Notes
PPS Budget	Actual PPS received compared to expected (budgeted PPS payment)	+/- $10,000 (green) +/- $25,000 (yellow) +/- More than $26,000 (red)	This measures variance against expected
ACS Measure	Percentage of clients who received a positive result on the alcohol screen AND who had a documented follow-up brief intervention	95% or higher (green) 85% to 94% (yellow) < 93% (red)	Must look at all clients receiving the assessment instrument, then define the acceptable codes for the brief intervention. The timeliness calculation is “day of follow up appointment compared to initial screen date”. The assessment and score must be present in the data set.

General Data Risk Areas

- Overstated qualifying days
- Reporting duplicate services on one qualifying day
- Allocation methods that will not stand up to external audit scrutiny
- Program staff, Finance staff, and BI staff not using the same definitions
- Incomplete quality review of notes (audit risk)

Potential Future CCBHC Measures (HEDIS)

- Follow-Up After Hospitalization for Mental Illness (FUH-AD / FUH-CH)
- Follow-Up After ED Visit for Mental Illness (FUM -AD / FUM-CH)
- Follow-Up After ED Visit for Alcohol & Other Drug Use (FUA-AD / FUA-CH)
- Initiation & Engagement of SUD Treatment (IET-AD)
- Plan All-Cause Readmissions (PCR-AD)

Discussion & Exercises

Activity: Handout #4 Operationalize A Service

How do we operationalize the following with data sources?

1. Crisis Mental Health Services - CCBHCs must provide 24/7 crisis mental health services, including mobile crisis teams and crisis stabilization units.
2. Outpatient Mental Health and Substance Use Disorder Services - Clinics are required to offer outpatient services for both mental health and substance use disorders including medication services.
3. Screening, Assessment, and Diagnosis Capabilities - CCBHCs must conduct screenings, assessments, and diagnoses for individuals seeking care using standardized and validated tools.
4. Patient-Centered Treatment Planning - Clinics are required to develop treatment plans that focus on the individual needs and preferences of patients.
5. Primary Care Screening & Monitoring – Screen, collect and monitor specific health risk indicators as required by SAMHSA.
6. Targeted Case Management – Care coordination, system navigation and management of transitions of care.

Activity: Data Validation Matrix - Assign the Owner

Validation Category	Field / Element	Validation Rule	Logic Type	Owner
Qualifying Service	Service Code	Must map to one of the 9 required CCBHC services	Mapping table	
Staff Qualification	Provider Type	Must meet service level credential requirements	Crosswalk (staff → service)	
Minimum Service Threshold	Duration / Units	Meets minimum threshold (e.g., 15 min, or state-defined)	Business rule	
Same Day Rule	Multiple Encounters	Only one PPS encounter per day unless exception applies	De-duplication + hierarchy logic	
Mode of Delivery	Telehealth Indicator	Must meet telehealth policy requirements	Conditional validation	
Care Coordination Inclusion	Non-visit services	Included/excluded per PPS rules	Inclusion logic	

Resources & Integrated Q&A

3:00 PM – 3:45 PM

Questions/Discussion

Links to SDOH Screening Tool and Technical Specifications:

- https://sirenetwork.ucsf.edu/tools-resources/resources/north-carolina-medicaid-screening-tool
- https://www.samhsa.gov/communities/certified-community-behavioral-health-clinics/guidance-and-webinars/quality-measures-disclaimers

Cindy Ehlers

Chief Strategy and Innovation Officer

Trillium Health Resources

Thank You for Participating

- Follow-up supports available
- Session adjourned