Data Reporting FAQs (Prior to 2024)

Use this document as a supplement to CCBHC Metrics Technical Specifications.

Table of contents

General Questions

Q: When are the clinic-lead measures due and to whom do we report the data?

CCBHCs should submit their clinic-led metrics 9 months after the close of the measurement year. The reporting deadlines are as follows:

1. Rosters are due to OHA 6 months after the end of the measurement year (June)
2. Clinic-led metrics are due to OHA 9 months after the end of the measurement year (September)

3. OHA submits clinic-led and state-led metrics to SAMHSA 12 months after the end of the measurement year (December)
4. OHA submits summaries to clinics

Clinics should submit rosters and clinic-led metrics to the CCBHC Inbox.

Q: For measures that have hybrid data sources (CDF-A/CDF-CH), are clinics required to use the sampling methodology if they are more easily able to report on all individuals?

No, if clinics can more easily track all individuals instead of picking a sample it is preferred that clinics report on all individuals. Please make a note in the reporting template on these measures whether you are using your entire population or a sample (including size of sample).

Q: If an individual comes in for services, has an assessment, and the CCBHC determines the individual does not meet the criteria for medical necessity, does the CCBHC still include that individual in the metrics?

If the individual receives services and an assessment from the CCBHC, then the individual counts as a CCBHC individual and should be counted in the metrics, regardless of the outcome of that assessment. Additional information on when an individual should be included in CCBHC metrics can be found here.

Q: We have individuals participating in Mental Health Treatment Court open with us for coordination, but their primary therapist is a community provider. We feel like they should be exempt from some of the metrics since we are not their primary provider, but based on the CCBHC definitions, they would be considered a CCBHC individual.

The CCBHC concept envisions the CCBHC providing all core services (which includes therapy). The criteria, however, clearly do envision that referrals may be needed for specialty services and the principal of allowing individuals to select providers is also incorporated in the criteria. We understand that collecting data from external community partners may be difficult but, within the definition of individual, these individuals are individuals and should be included in the denominator (and, as appropriate, the numerator) of measures.

For state-lead measures, the state should have access to needed data.

For CCBHC-lead measures, coordination with the outside therapist will be required. If it is impossible to obtain the needed data from these external community partners, we recommend you exclude them from measures affected by data access problems and clearly note the exclusions in the data reporting template for the pertinent measures. Because the measures are designed to capture accomplishments of certain activities rather than simply be an exercise in calculation, we believe this would be the most meaningful approach.

Questions Regarding Caseload Characteristics

Q: Do we use the individual's age and insurance information at the first encounter or the last encounter of the measurement year?

Report the individual's age and insurance status at the first encounter of the measurement year.

Questions Regarding Time to Initial Evaluation (I-SERV)

Q: What counts as "first contact"?

First contact is usually a call looking for an appointment or a walk-in looking for an appointment. A crisis service provided by the CCBHC also can count. Criteria 2.b.1 requires that at first contact a preliminary screening and risk assessment occurs to determine acuity of needs. Referrals are not considered first contact, as contact must be done either by the person seeking services or a family member of the person who would be served so that a preliminary screening can be done to determine acuity of needs.

Q: If a person contacts a clinic more than once prior to the initial evaluation, do both contacts count?

The first time a new individual contacts a clinic requesting services is the only contact that counts for the purposes of I-SERV, and a preliminary screening and risk assessment should be done at that time.

Q: If someone makes first contact but never receives an initial evaluation (e.g., moves away, no show), are they still counted as part of the measure?

Individuals who make first contact but never receive an initial evaluation are excluded from submeasure 1 and reported in "Additional Notes".

Q: For existing individuals being served behavioral health services coming into the CCBHC, they wouldn't have a first contact date as they are already receiving services. Would we still include these individuals in the denominator? Would they have a first contact date and an initial evaluation date?

If the individual has not been seen in the past 6 months, contact will be treated as "first contact" and this will be considered new for purposes of the measure. If the individual has been seen in the past 6 months, they are considered to already be served by the CCBHC and excluded from the denominator.

Questions Regarding Unhealthy Alcohol Use Screening and Brief Counseling (ASC)

Q: For clinics who are only now starting to use AUDIT and AUDIT-C to report on the ASC metric, do we need to rescreen all of our individuals using the AUDIT and AUDIT-C at the start of the program? What about individuals who already have an active diagnosis of alcohol use disorder?

Clinics who have not previously used the AUDIT and AUDIT-C are recommended to re-screen all individuals during the measurement year. However, individuals who already have an active diagnosis for alcohol use disorder are considered exempt for documented medical reasons. They do not need to be rescreened and will not be included in the measure.

Q: Regarding ASC, the technical specifications instruct us to calculate the individual's age as of the date of screening service. If a individual is not screened, which service date should we use to calculate their age?

OHA anticipates each CCBHC will meet the federal requirements, inclusive of capturing and reporting on each requirement measure in a manner that follows the guidance provided by SAMHSA. In the event an alcohol screening was not conducted, the CCBHC should use the age of the last day of the measurement year.

Questions Regarding Screening for Clinical Depression and Follow-Up Plan (CDF-A/CDF-CH)

Q: For CDF-A/CDF-CH, screening for MDD/Dysthymia during group treatment sessions or family therapy sessions may be inappropriate due to the nature of these sessions.

Metric specifications are not requirements for treatment. It is up to the discretion of the clinic as to whether it will provide depression screening in group sessions. However, based on how the measure is calculated if a clinic does not provide depression screening at each visit it will be reflected in the CDF metrics. If a clinic decides that it does not wish to regularly screen for depression at group or family sessions, please make a note of this in the "additional notes" section of the reporting template.

You can get this document in other languages, large print, braille, or a format you prefer free of charge. Contact the CCBHC team at CCBHC Inbox.

Behavioral Health Division
Certified Community Behavioral Health Centers
Oregon CCBHC Webpage