

Certified Community Behavioral Health Clinics (CCBHC)
Stakeholder Engagement Committee
Meeting Notes
October 26th, 2023
2:00 pm to 4:00 pm
Grimes State Office Building
400 E. 14th Street, Des Moines, IA 50319

COMMITTEE MEMBERS PRESENT:

Jen Pearson

Cynthia Steidl-Bishop

COMMITTEE MEMBERS PRESENT VIA ZOOM:

Andrew Allen

Samantha Cannon

Leslie Carpenter

Rod Courtney

Todd Jacobus

Mae Hingtgen

Peggy Huppert

Chad Jensen

Devon McClurken

Sarah Nelson

Mary O'Neill

Rebecca Peterson

Christine Ross

Laura Semprini

Rich Whitaker

COMMITTEE MEMBERS ABSENT:

Emily Blomme

Kathy Johnson

Reed Kious

Rudy Papakee

Lauren Vorwald

OTHER ATTENDEES:

Rachel Adams

Theresa Armstrong

Kelly Bakewell

Kelly Barkley Mane

Jill Barr

Tasha Beghtol

Laura Bell

Amy Berg-Theisen

Zach Blacksmith

Teresa Bomhoff

Lisa Bringle

Maranda Buckley

Kevin Carroll

Amber Champine

Tiffany Conroy

Beth Dahl

Bre Degelau

Mardi Deluhery

Wendy DePhillips

Christina Eggink-Postma

Alaina Elliott-Wherry

Kyle Endres

Marissa Eyanson

Meghan Freie

Kevin Gabbert

Threase Harms

Kyra Hawley

Cara Henley

Vienna Hoang

Chelsea Hoye

Gangseok Hur

Theresa Jochum

Victoria Keith

Kim Keleher

June Klein-Bacon

Brenna Koedam

Todd Lange

Adrienne LaToure

Nikki Lawson
Bob Lincoln
Brooke Lovelace
Julie Maas
Shannon Mahnke
Sydney Marshman
Missy Martini
Aaron McHone
Mary McKinnell
Dawn Mentzer
Brenda Miller
Jerilyn Oshel
Tracy Peden
James Pender
Tony Raymer
Dan Ries

Jennifer Robertson-Hill
Joshua Rubin
Christina Schark
Flora Schmidt
Janae Schmitt
Jack Seward, Jr
Stephanie Smith
Michele Tilotta
Annie Uetz
Megan Vranish
Tammy Wetjen
Ryenne Wood
Charlie Woodcock
Bobbie Wulf
Chaney Yeast

Materials Referenced

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Welcome and Introductions

Marissa Eyanson, Director of the Division of Behavioral Health and Disability Services and welcomed the Stakeholder Engagement Committee and thanked them for their participation. Cara Henley and Joshua Rubin of Health Management Associates (HMA) reviewed the presentation materials.

Presentations

HMA staff provided updates on upcoming CCBHC Technical Assistance sessions.

HMA staff shared information and led a discussion on CCBHC demonstration quality reporting requirements. They shared CCBHC demonstration quality strategy and evaluation measures including internal quality improvement, accountability, incentives, evaluation, and annual reports to Congress. They explained how these measures intersected between the CCBHC expansion and CCBHC demonstration grantees. HMA shared findings from the most recent CCBHC Report to Congress, 2021, and a summary of findings from the National Evaluation, 2022.

HMA shared an overview of updated technical specifications for CCBHC quality measures as provided by the Substance Abuse and Mental Health Services Administration (SAMHSA). They explained the changes in the method with which incentives were awarded, with partial credit now available. Other changes include: states are now required to report on 12 measures and may optionally report on two additional measures, the Measurement Year (MY) now corresponds to the calendar year, the first MY will be January 1, 2025 – December 31, 2025, some state-level measures require a 'look-back' period which may reach into the prior year (2024) and states must submit both state-collected measures and received clinic-collected measures to SAMHSA no later than 12 months after the end of the MY. In addition, states must be able to identify and attribute data to specific clinics and their clients.

HMA detailed the required and optional state-collected measures, clinic-level measures, and Quality Bonus Program (QBP) measures. Finally, there was a discussion on Iowa specific design considerations.

Public Comment

Members of the public were given the opportunity to make statements.

There was a comment that prioritization of preventative care is important to reduce the need for a higher level of care for individuals and a suggestion to incentivize it.

There was a question about the specific ages the screening tools are applicable to and a suggestion to align the screening tools for all ages to better capture data.

There was a comment that the most common diagnoses seen in Medicaid data are Post Traumatic Stress Disorder (PTSD), anxiety, and depression and a suggestion for the state to consider anxiety and trauma for screening.

There was a suggestion to add an additional screening for Brain injury.

Adjourn

Meeting notes respectfully submitted by Patti Manna.