

# Clinic-Collected-Required Measures:

Time to Services (I-SERV)

Social Drivers of Health (SDOH)

Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)

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U.S. Department of Health and Human Services

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**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# Logistics

- 🎤 This webinar is being **recorded** and closed captioning is provided. The recording will be available about a week after the presentation and will be posted on the [SAMHSA CCBHC website](#) for later reference.
- 🔊 Please **mute** your lines (**Thank you!**).
- 💡 We will have time for **discussion and questions** at the end. In the meantime, please feel free to put questions in the chat. We will address them at the end as well.

# Intended audience for this webinar

1. Prospective and existing CCBHC Section 223 Demonstration state staff and CCBHCs
2. Independent state CCBHC initiative personnel
3. CCBHC-Expansion (CCBHC-PDI and -IA) grant clinics and SAMHSA GPOs

# Overview of Today's Clinic-Collected Required Measures

## I-SERV

Time to Services

Access



## SDOH

Screening for Social Drivers of Health

Need



## ASC

Unhealthy Alcohol Use: Screening and Brief Counseling

Need & Response



# Time to Services (I-SERV)



# Poll #1

1. Our clinic is prepared to track requests for service and actual time to delivery [please select one response]
  - a) Yes
  - b) No
  - c) Partly
  - d) I do not know

# I-SERV Measure: Description and Source

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.

- Time until provision of: (1) initial evaluation, (2) initial clinical services, and (3) crisis services
- Source: SAMHSA-developed metric

# I-SERV Measure: Importance and Uses

- Importance: In 2021, only approximately 1/2 of adults with AMI and 2/3 with SMI received mental health treatment, and, of those with SMI and a co-occurring SUD, 81% received only mental health services (SAMHSA, 2022a).
- Use for Quality Improvement:
  - ✓ Implement systematic tracking of requests for and receipt of CCBHC services
  - ✓ Determine access needs based on requests and ability to deliver timely services
  - ✓ Alter practices as needed to expedite services
- Use for evaluation of the CCBHC model
- Potential use for PPS



# I-SERV Measure : Data Source and Measurement Period

- Medical records (*example*: electronic scheduling system)
- Measurement Period (aka, the time period that data must cover):
  - ✓ Denominator (submeasures 1&2): the first 11 months of the Measurement Year and six months prior (*example*: July 1, 2024-Nov. 30, 2025); (submeasure 3: Measurement Year (minus last day, plus one day before) (*example*: December 31, 2024-December 30, 2025))
  - ✓ Numerator (all submeasures): the Measurement Year (*example*: Jan. 1, 2025-Dec. 31, 2025)

# I-SERV Submeasure #1 – Time to Initial Evaluation

# I-SERV Measure: Calculation of Denominator #1

Reminder: MP  
uses data from  
the first 11  
months of the  
MY and 6  
months prior

- Denominator is the number of all clients in the Eligible Population:
  - ✓ All **New Clients** who contacted the CCBHC seeking CCBHC services during the first 11 months of the Measurement Year
  - ✓ **Age** 12 years or older at the end of the Measurement Year
  - ✓ **Excluding:** New Clients who **never received an Initial Evaluation**
- Stratification: **age, payer, race, ethnicity**

**Bold** indicates data need.

**New Clients:** Those seeking services who were not served by the CCBHC in the past six months.

# I-SERV Measure: Calculation of Numerator #1

Reminder: MP  
uses data from  
the entire MY

➤ Numerator is:

- ✓ Total **number of days** from First Contact to Initial Evaluation for all members of the Denominator

**Bold** indicates data need.

Any who receive an Initial Evaluation after the last day of the MY are treated as having been evaluated 31 days after First Contact.

# I-SERV Submeasure #1: Practice Example

## Denominator

Number of New Clients requesting CCBHC services during MY	2,000
Of those, requested service during last month of MY	-500
Of those, 11 years or younger on last day of MY	-150
Of those, never received Initial Evaluation	-125
<b>Denominator</b>	<b>1,225</b>

## Numerator

Total number of days between request for services and Initial Evaluation for all clients in Denominator	9,889
<b>Numerator</b>	<b>9,889</b>

**I-SERV submeasure #1 =  $9,889/1,225 = 8$**   
**This means it was an average of 8 days until Initial Evaluation at this CCBHC during this MY.**

# I-SERV Submeasure #2 – Time to Initial Clinical Services

# I-SERV Measure: Calculation of Denominator #2

Reminder: MP uses data from the first 11 months of the MY and 6 months prior

- Denominator is the number of all clients in the Eligible Population:
  - ✓ All **New Clients** who contacted the CCBHC seeking CCBHC services during the first 11 months of the Measurement Year
  - ✓ **Age** 12 years or older at the end of the Measurement Year
  - ✓ **Excluding:** New Clients who **never received a Clinical Service**
- Stratification: **age, payer, race, ethnicity**

**Bold** indicates data need.

**New Clients:** Those not served by the CCBHC in the past six months.

# I-SERV Measure: Calculation of Numerator #2

Reminder: MP  
uses data from  
the entire MY

➤ Numerator is:

- ✓ Total **number of days** from First Contact to Initial Clinical Service for all members of the Denominator

**Bold** indicates data need.

Any who receive an Initial Clinical Service after the last day of the MY are treated as having received services 31 days after First Contact.



# I-SERV Submeasure #2: Practice Example

## Denominator

Number of New Clients requesting CCBHC services	2,000
Of those, requested service during last month of MY	-500
Of those, 11 years or younger on last day of MY	-150
Of those, never received Initial Clinical Services	-100
<b>Denominator</b>	<b>1,250</b>

## Numerator

Total number of days between request for services and Initial Clinical Services for all clients in Denominator	7,789
<b>Numerator</b>	<b>7,789</b>

**I-SERV submeasure #2 = 7,789 / 1,250 = 6.23**  
**This means it was an average of 6 days until Initial Clinical Services at this CCBHC during this MY.**

# I-SERV Submeasure #3 – Time to Crisis Services

# I-SERV Measure: Calculation of Denominator #3

Reminder: MP uses data from MY excluding last day and including one day immediately preceding the MY

## ➤ Denominator is the number of all clients

In the Eligible Population:

✓ All **Clients** who contacted the CCBHC or its crisis

DCO seeking CCBHC Crisis Services for a **New Crisis Episode** during the Measurement Year

✓ **Age** 12 years or older at the end of the Measurement Year

## ➤ Stratification: **age, payer, race, ethnicity**

**Bold** indicates data need.

A New Crisis Episode begins when an individual or someone acting on their behalf contacts the

19 Crisis Service provider (whether a CCBHC or its crisis DCO) requesting Crisis Services for the first time in a 24-hour period.

# I-SERV Measure: Calculation of Numerator #3

Reminder:  
MP uses data  
from the  
entire MY

➤ Numerator is:

- ✓ Total **number of hours** from Crisis Episode contact to related provision of a Crisis Service for all members of the Denominator

**Bold** indicates data need.

# I-SERV Submeasure #3: Practice Example

## Denominator

Number of Clients seeking Crisis Services from CCBHC or crisis DCO	600
Of those, also had requested crisis service during the prior 24 hours	-100
Of those, 11 years or younger on last day of MY	-120
Of those, never received a Crisis Service	-8
<b>Denominator</b>	<b>372</b>

## Numerator

Total number of hours between Crisis Episode contact and related provision of Crisis Service for all clients in Denominator	1,296
<b>Numerator</b>	<b>1,296</b>

**I-SERV submeasure #3 = 1,296 / 372 = 3.48**  
**This means it was an average of 3 hours until Receipt of Crisis Services at this CCBHC during this MY.**

# I-SERV Measure: To Do in 2024

## Needed for the I-SERV Measure:

1. Prepare to and begin using a way to identify clients served, no later than July 1, 2024.
2. Begin preparation for being able to track the date services are requested (date and time, if crisis services), and the date initial evaluation and initial clinical services are provided (date and time, if crisis services). Implement NLT December 15, 2024.
3. Train staff regarding documentation needed to record date and time of receipt of request and provision of services.

# Screening for Social Drivers of Health (SDOH)



# Poll #2

1. Our clinic is prepared to screen for social determinants/drivers of health (SDOH) [please select one response]
  - a) Yes
  - b) Yes AND refer to services
  - c) No
  - d) Partly
  - e) I do not know



# SDOH Measure: Description and Source

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.

➤ Source: Based on MIPS CQMs #487 (2023), stewarded by CMS

# SDOH Measure: Importance and Uses

- Importance: It is estimated that about 80% of health care outcomes stem from socioeconomic, environmental and behavioral factors (drivers of health) and that the rest are attributable to actual health care (Magnan, 2017).
- Use for Quality Improvement:
  - ✓ Implement basic SDOH screening into services
  - ✓ Determine client needs
  - ✓ Basis for referral and case management supports
- Use for evaluation of the CCBHC model
- Potential use for PPS

# SDOH Measure: Data Source and Measurement Period

- Medical records (*example*: electronic health records)
- Measurement Period (aka, the time period that data must cover): The entire Measurement Year (*example*: Jan. 1, 2025-Dec. 31, 2025)

# SDOH Measure: Calculation of Denominator

- Denominator is all clients in the Eligible Population:
  - ✓ All **clients** receiving at least one CCBHC service (identified by one of the Current Procedural Terminology [CPT<sup>®</sup>] **encounter codes** in the specification) during the Measurement Year
  - ✓ **Age** 18 years or older on date of that service
- Stratification: **payer, race, ethnicity**

**Bold** indicates data need.

# SDOH Measure: Calculation of Numerator

## ➤ Numerator is:

- ✓ All **clients in the Denominator**

- ✓ **Screened:**

  - ✓ for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety,

  - ✓ using a standardized screening instrument

  - ✓ at least once per Measurement Year

- **Documentation that screening happened or did not happen:** identified with **code** in specification or equivalent information source

**Bold** indicates data need.

# SDOH Measure: Practice Example

## Denominator

Number of people receiving CCBHC service in Measurement Year (MY)	2,500
Of those, service was one of the appropriate encounter codes	2,000
Of those, 18 or older at date of service	1,500
<b>Denominator</b>	<b>1,500</b>

## Numerator

Number in Denominator	1,500
Screened for SDOH using standardized screener during MY	1,000
Not screened during MY	500
<b>Numerator</b>	<b>1,000</b>

**SDOH rate =  $1000/1500 = .67$ . This means 67% of the eligible population were screened using a standardized screener of SDOH.**

# SDOH Measure: Standardized Health-Related Social Needs (HRSN) Screening Tools

HRSN is the term used by [HHS](#) to refer to an individual's unmet, adverse social conditions that contribute to poor health as a result of the community's underlying SDOH. **Examples** of standardized HRSN screening tools **include but are not limited to**:

- Accountable Health Communities Health-Related Social Needs Screening Tool ([2017](#))
- Accountable Health Communities Health-Related Social Needs Screening Tool ([2021](#))
- The Protocol for Responding to and Assessing Patients' Risks and Experiences (PRAPARE) Tool ([2016](#))
- WellRx Questionnaire ([2014](#))
- American Academy of Family Physicians (AAFP) Screening Tool ([2018](#))

# SDOH Measure: To Do in 2024

## Needed for the SDOH Measure:

1. Identify standardized SDOH screening tool you will use
2. Determine where, when, and how in the clinic workflow screening will be implemented and documented
3. Prepare documentation systems needed to capture whether screening has occurred
4. Train staff regarding screening and documentation

## Also Important:

1. Prepare to provide needed referrals and case management based on findings from screening





# Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)

# Poll #3

1. Our clinic is prepared to systematically screen for problematic alcohol use and provide follow-up services if needed [please select one response]
  - a) Yes
  - b) No
  - c) Partly
  - d) I do not know

# ASC Measure: Description and Source

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.

- Three submeasures: (1) screening, (2) brief counseling, (3) screening and brief counseling
- Source: Based on MIPS CQMs #431 (2023), derived from a measure stewarded by NCQA

**MIPS:** Merit-based Incentive Payment System; **CQMs:** Clinical Quality Measures; **NCQA:** National Committee for Quality Assurance

# ASC Measure: Importance and Uses

- Importance: Alcohol Use Disorder is the most common SUD in the United States (SAMHSA, 2022b) and commonly co-occurs with other mental health disorders (NIAAA, 2022)
- Use for Quality Improvement:
  - ✓ Implement systematic screening for problematic alcohol use into services
  - ✓ Determine client needs
  - ✓ Provide brief counseling responsive to screening results
- Use for evaluation of the CCBHC model
- Potential use for PPS

# ASC Measure: Data Source and Measurement Period

- Medical records (*example*: electronic health records)
- Measurement Period (aka, the time period that data must cover):
  - ✓ Denominator: the Measurement Year (*example*: Jan. 1, 2025-Dec. 31, 2025)
  - ✓ Numerator: the Measurement Year and the prior Calendar Year (*example*: Jan. 1, 2024-Dec. 31, 2025)

# ASC Submeasure #1 -- Screening

# ASC Measure: Calculation of Denominator #1

Reminder:  
MP uses data  
from MY only

- Denominator is all clients in the Eligible Population:
  - ✓ All **clients** receiving at least **one CCBHC preventive service** or **two nonpreventive encounters** (identified by the listed Current Procedural Terminology [CPT<sup>®</sup>] **encounter codes** in the specification) during the Measurement Year
  - ✓ **Age** 18 years or older on date of service during the Measurement Year
  - ✓ **Excluding:** specific requirements related to **dementia, hospice use, and existing alcohol use disorder diagnosis**
- Stratification: **payer, race, ethnicity**

# ASC Measure: Calculation of Numerator #1

Reminder:  
MP uses data  
from MY &  
prior year

## ➤ Numerator is:

- ✓ All clients in the Denominator

- ✓ Who, in the past 12 months:

  - (a) screened **positive** using systematic screening method OR

  - (b) screened **negative** using systematic screening method

- **Documentation that screening happened (and the result (+/-)) or did not happen during the MY or in the 12 months before that visit:** identified with **code** in specification or equivalent information source

**Bold** indicates data need.



# ASC Submeasure #1: Practice Example

$$\text{ASC rate \#1} = 650/1200 = .54$$

## Denominator

Number of people receiving CCBHC service in Measurement Year (MY)	2,500
Of those, service was one of the appropriate encounter codes	2,000
Of those, 18 or older at date of service	1,500
Of those, no dementia, hospice use, or existing alcohol use disorder diagnosis	1,200
<b>Denominator</b>	<b>1,200</b>

## Numerator

Number in Denominator	1,200
Screened positive using standardized alcohol screener (SAS) at or during 12 mos. before denominator visit(s)	250
Screened negative using SAS at or during 12 mos. before denominator visit(s)	400
Not screened at or during 12 mos. before denominator visit(s)	550
<b>Numerator</b>	<b>650</b>

# ASC Submeasure #1: Resources

For purposes of the ASC measure, one of the following systematic methods to assess unhealthy alcohol use must be used. Systematic Screening Methods and thresholds for defining unhealthy alcohol use include:

- ✓ AUDIT Screening Instrument (score  $\geq 8$ ), available at [WHO AUDIT Guidelines](#)
- ✓ AUDIT-C Screening Instrument (score  $\geq 4$  for men; score  $\geq 3$  for women), available at [NIDA CTN Common Data Elements](#)
- ✓ Single Question Screening - How many times in the past year have you had 5 (for men) or 4 (for women and all adults older than 65 years) or more drinks in a day? (response  $\geq 1$ )

# ASC Submeasure #2 – Brief Counseling

# ASC Measure: Calculation of Denominator #2

Reminder:  
MP uses data  
from MY only

- Denominator is all clients in the Eligible Population:
  - ✓ All **clients** receiving at least **one CCBHC preventive service** or **two nonpreventive encounters** (identified by the listed Current Procedural Terminology [CPT®] **encounter codes** in the specification) during the Measurement Year
  - ✓ **Age 18 years or older** on date of service during the Measurement Year
  - ✓ **Excluding:** specific requirements related to **dementia, hospice use, and existing alcohol use disorder diagnosis**
  - ✓ Who were **identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a Systematic Screening Method in the numerator of Submeasure 1**
- Stratification: **payer, race, ethnicity**

**Bold** indicates data need.

# ASC Measure: Calculation of Numerator #2

Reminder:  
MP uses data  
from MY &  
prior year

## ➤ Numerator is:

- ✓ All **clients in the Denominator**
- ✓ Who, in the past 12 months, **received brief counseling**
- **Documentation that counseling happened or did not happen during the MY or in the 12 months before that visit:** identified with **code** in specification or equivalent information source

**Bold** indicates data need.

# ASC Submeasure #2: Practice Example

## Denominator

Number receiving CCBHC service in Measurement Year (MY)	2,500
Of those, service was one of the appropriate encounter codes	2,000
Of those, 18 + at date of service	1,500
Of those, no dementia, hospice use, or existing AUD diagnosis	1,200
Of those, screened positive using standardized alcohol screener (SAS) at or during 12 mos. before denominator visit(s)	250
<b>Denominator</b>	<b>250</b>

## Numerator

Number in Denominator	250
Received brief counseling	150
<b>Numerator</b>	<b>150</b>

$$\text{ASC rate \#2} = 150/250 = .60$$

## ASC Submeasure #2: Brief Counseling Defined

For purposes of the ASC measure, brief counseling for unhealthy alcohol use refers to one or more counseling sessions, a minimum of 5 to 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.

# ASC Submeasure #3 – Screening & Brief Counseling

*Providers are required to use only submeasures 1 and 2 unless they were reporting this measure as part of MIPS before 2017. Submeasure 3 is optional for others.*



# ASC Measure: Calculation of Denominator #3

Reminder:  
MP uses data  
from MY only

- Denominator is all clients in the Eligible Population:
  - ✓ All **clients** receiving at least **one CCBHC preventive service** or **two nonpreventive encounters** (identified by the listed Current Procedural Terminology [CPT®] **encounter codes** in the specification) during the Measurement Year
  - ✓ **Age** 18 years or older on date of service during the Measurement Year
  - ✓ **Excluding:** specific requirements related to **dementia, hospice use, and existing alcohol use disorder diagnosis**
- Stratification: **payer, race, ethnicity**

# ASC Measure: Calculation of Numerator #3

Reminder:  
MP uses data  
from MY &  
prior year

## ➤ Numerator is:

- ✓ All **clients in the Denominator**

- ✓ Who, in the past 12 months:

  - (a) **screened positive** using systematic screening method and **received Brief Counseling** OR (b) **screened negative** using systematic screening method

- **Documentation that screening happened (and the result (+/-)); if positive, that Brief Counseling occurred, or screening and (if relevant, Brief Counseling) did not happen during the MY or in the 12 months before that visit: identified with code in specification or equivalent information source**

**Bold** indicates data need.

# ASC Submeasure #3: Practice Example

$$\text{ASC rate \#3} = 450/1200 = .38$$

## Denominator

Number of people receiving CCBHC service in Measurement Year (MY)	2,500
Of those, service was one of the appropriate encounter codes	2,000
Of those, 18 or older at date of service	1,500
Of those, no dementia, hospice use, or existing alcohol use disorder diagnosis	1,200
<b>Denominator</b>	<b>1,200</b>

## Numerator

Number in Denominator	1,200
Screened positive using standardized alcohol screener (SAS) at or during 12 mos. before denominator visit(s)	250
Screened positive and received Brief Counseling	150
Screened negative using SAS at or during 12 mos. before denominator visit(s)	300
Not screened at or during 12 mos. before denominator visit(s)	650
<b>Numerator</b>	<b>450</b>

# Additional Resources on SBIRT for All Three Submeasures

- [Resources for Screening, Brief Intervention, and Referral to Treatment \(SBIRT\) | SAMHSA](#)
- [Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide | NIH](#)
- Luong J, Board A, Gosdin L, et al. [Alcohol Use, Screening, and Brief Intervention Among Pregnant Persons — 24 U.S. Jurisdictions, 2017 and 2019](#). MMWR Morb Mortal Wkly Rep 2023;72:55–62.

# ASC Measure: To Do in 2024

## Needed for the ASC Measure:

1. Begin preparation for and using one of the three identified systematic screening methods and, if needed, brief counseling
2. Determine where, when, and how in the clinic workflow screening and, if needed, brief counseling, will be implemented and documented
3. Prepare documentation systems needed to capture whether screening and, if needed, brief counseling has occurred
4. Train staff regarding screening, brief counseling, and documentation
5. Begin collecting data for the numerator in 2024
6. Determine if you fall into a category that does not need to report submeasure 3 and, if so, whether you will calculate it anyway

## Also Important:

1. Prepare to provide further assessment and treatment when problematic alcohol use is revealed by screening and additional services beyond brief counseling are needed.
2. Prepare to more appropriately screen special populations, such as youth, pregnant people, or those taking medication where alcohol use is particularly contraindicated.

# Stratification Overview

# Stratification

Stratification of measures may be by age, payer, race, or ethnicity.

1. Age (only I-SERV): 12-17 years, 18 years or older
2. Payer: Medicaid only; Other (including those dually eligible for Medicare and Medicaid)
3. Race: White or Caucasian, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, More than one race, or Unknown
4. Ethnicity: Not Hispanic or Latino, Hispanic or Latino, or Unknown

# Lookback Periods Overview



# Lookback Periods

Lookback periods can mean you need data from prior to the Measurement Year (if a Measurement Period calls for earlier data). **Examples** today:

- I-SERV: Last six months of 2024 to see if an individual is a New Client
- ASC: All of 2024 to see if clients were screened for problematic alcohol use in the 12 months before a visit during 2025

# Upcoming Quality Measure Webinars



## Upcoming Quality Measure Webinars

# Schedule of Clinic-Collected Measure-Specific Webinars

## Friday, October 27, 2023 (**TODAY**)

- Clinic-Collected-Required Measures: I-SERV, SDOH, ASC

## Wednesday, November 1, 2023

- Clinic-Collected-Required Measures: CDF-AD & CH, DEP-REM-6

## Thursday, November 9, 2023

- Clinic-Collected-Optional Measures: TSC, SRA-A & C, CBP, WCC

# Subsequent Technical Assistance

**November or December 2023, Office Hours for Clinic-Collected Measures**

**January 18, 2024, State-Collected-Required Measures Part 1**

**February 15, 2024, State-Collected-Required Part 2 and Optional Measures**

**Late February or March 2024, Reporting Template and Commonly Asked Quality Measure Questions**

**March 2024, Office Hours for State-Collected Measures**

# Questions and Discussion



# Poll #4

In the last 90 minutes, I have learned (*please select the best option*):

- A. A lot of useful new information
- B. Some useful new information
- C. Very little new information
- D. Not sure
- E. Other (*please add comments to the chat box*)

# References

- Magnan, 2017: Cited in Quality ID #487: [Screening for Social Drivers of Health, MIPSCQM](#)
- NIAAA, 2022: National Institute on Alcohol Abuse and Alcoholism. [The Healthcare Professional's Core Resource on Alcohol Knowledge. Impacts. Strategies.](#)
- SAMHSA, 2022a: [Highlights for the 2021 National Survey on Drug Use and Health.](#)
- SAMHSA, 2022b: Substance Abuse and Mental Health Services Administration. (2022). [Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health](#) (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.

# Thank You

SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

Direct Quality Measure Questions to:

[CCBHCMasuresSubmission@samhsa.hhs.gov](mailto:CCBHCMasuresSubmission@samhsa.hhs.gov)

[www.samhsa.gov](http://www.samhsa.gov)

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