

**Author Full Name :** Lindsay Ragona**Received Date :** 01/13/2025 09:50 AM**Comments Received :**

As a project Director for an experienced CCBHC, having been part of the original demonstration since 2017 and a grantee organization in 2020 and 2022, I am committed to the data-driven nature of the CCBHC model. In general, I believe that items 1-10 in the proposed changes, those that call upon organizations, Project Directors, Grant Project Officers, and Data Evaluators, are positive in nature and valuable to a robust evaluation of the model.

HOWEVER, I strongly urge SAMHSA to eliminate #11 - the requirement for an additional interview from CCBHC clients - from the proposed additions. This requirement goes against the person-centered nature of the CCBHC model, reduces the efficacy of client care, and poses a potential safety hazard to clients who enter the CCBHC, for very little benefit in terms of data evaluation.

Re: person-centeredness: when an individual or family enter treatment, they are almost always in distress and looking to be heard and helped. the requirement for additional interview (on top of the already difficult assessment process AND the NOMs interview) is unnecessarily intrusive and asks questions that clients new to treatment are often not ready to discuss. Further, I have asked multiple times to multiple sources, including the outside organization conducting the enhanced data evaluation for the 2022 cohort what feedback was sought from people with lived experience related to the tool and received no response, leaving me to assume that clients were not consulted - a direct contradiction of the CCBHC requirement for client voice in governance. Notably, our agency Client and Family Advisory Committee, is STRONGLY against the interview requirement.

Re: treatment efficacy: the initial interviews erode client and staff rapport-building at a time that is critical to client engagement, and all interviews serve to shift the focus away from client progress and to information-gathering. If staff members are doing data collection activities, they are not providing critical interventions that promote recovery for clients and serve to help them progress toward their goals. Notably, SAMHSA has provided no additional resources to go accompany this requirement, so the added interviews strain our already stretched budget beyond the point of sustainability.

Re: client safety: The wellness tool questions are very similar to the NOMs questions and are directly duplicative of the information gathered Initial and Comprehensive Assessment criteria that SAMHSA has already set. To require the interview (where questions must be asked verbatim) in the cadence required, clients are likely to withdraw from treatment, either because they do not feel heard (with duplicative questions being asked within days of each other), they believe staff are more interested in gathering the information they feel is important than they are in helping the client, or both.

Rather than requiring a tool that has significant implications to client safety and care, I propose instead, that the 2022 grantee cohort be asked to provide data that already exists in the EHR, from the initial and comprehensive assessments. Because SAMHSA created the criteria for both the assessments and the wellness tool, the information contained in each document is essentially the same, so the data evaluation can remain robust, but does so in a way that does not erode patient trust, maintains client engagement, promotes safety and recovery, and aligns with the spirit of the CCBHC.