

CCBHC PROGRAM UPDATE

Quality Measures

March 2024 Vol. 1 Issue 6

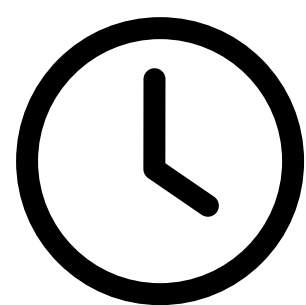


CCBHC Requirement: Quality Measures Data Collection & Reporting

Collection and reporting of CCBHC Quality Measures (CQMs) offer providers, states, and other stakeholders a standard method for assessing performance, accessibility and quality of care. The information can be used to inform continuous quality improvement (CQI) initiatives and to compare performance over time. Some quality measures are used as part of incentive programs, such as the Quality Bonus Payments (QBPs). The data and measures reported may also be used to evaluate programs, such as the national evaluation of the CCBHC Demonstration Program. In general, the data collected is to help better understand the quality of health care that clients receive.

Five Required Clinic Collected Quality Measures

Below are the five clinic collected quality measures all CCBHCs are required to report. Implementation of these measures has shown to have a positive effect on the quality of care provided.



Time To Initial Evaluation

Metric #1: Percentage of new clients with initial evaluation provided within 10 business days of first contact

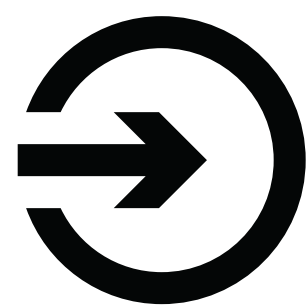
Metric #2: Average number of days until Initial Evaluation for New Clients



Unhealthy Alcohol Use: Screening and Brief Counseling

Percentage of clients aged 18 years and older who were screened at least once within the last 24 months for unhealthy alcohol use AND who received brief counseling if identified as an unhealthy alcohol user.

[NIAAA Single Alcohol Screening Question at Intake and Annually](#)



Screening for Clinical Depression and Follow-Up Plan

Percentage of clients aged 12 years and older screened for depression on the date of the encounter or 14 days prior using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the eligible encounter.

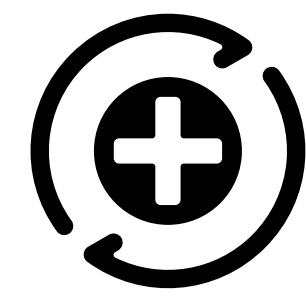
[PHQ-9/PHQA at Intake and every 14 days](#)



Screening for Social Drivers of Health

Percentage of clients aged 18 years and older screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety.

[CMS Accountable Health Communities Health-Related Social Needs Screening Tool at Intake and Annually](#)



Depression Remission at Twelve Months

Percentage of clients aged 12 years and older with Major Depression or Dysthymia who reach Remission at Twelve Months

[PHQ-9/PHQA at Intake and every 90 days](#)

Michigan Demonstration Required Clinic Collected Quality Measures

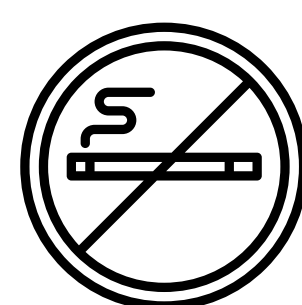
Applicable for organizations participating in a State Demonstration Project. The State determines which of the optional quality measures it will require, in addition to SAMHSA's 5 Required Metrics.



Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment

Percentage of visits for clients aged 6 through 17 with a diagnosis of major depressive disorder (MDD) with an assessment for suicide risk

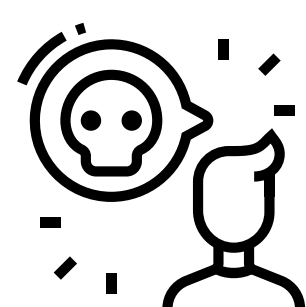
[Columbia Suicide Severity Rating Scale at every face-to-face encounter](#)



Tobacco Use: Screening & Cessation Intervention

Percentage of clients 18+ who were screened for tobacco use one or more times AND who received a cessation intervention if identified as a tobacco user.

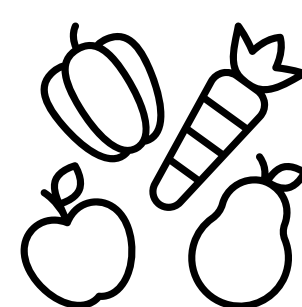
[Primary Care Screening at Intake and Annually](#)



Adult Major Depressive Disorder: Suicide Risk Assessment

Percentage of all visits for clients 18+ in which a new or recurrent diagnosis of major depressive disorder was identified and a suicide risk assessment was completed during the visit

[Columbia Suicide Severity Rating Scale at Intake and every 90 days](#)



Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Percentage of children ages 3 to 17 who had an outpatient visit with a PCP or OB/GYN and who had a BMI percentile documented in the measurement year.

[Primary Care Screening at Intake and Annually](#)