

CCBHC PROGRAM UPDATE

Quality Measure Monitoring

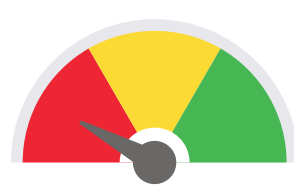
November 2024 Vol. 2 Issue 2



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.

CCBHC Clinic Collected Quality Measures Monitoring

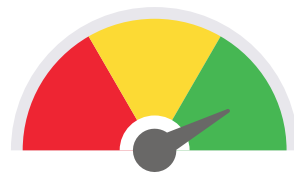


Time To Initial Evaluation

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.

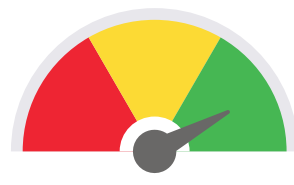
OnPoint: 14.1% | 14.8 Days
Benchmark: 57.8% | 20.8 Days



Adult Body Mass Index (BMI) Screening and Follow-Up

Percentage of clients 18+ with a BMI documented during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented.

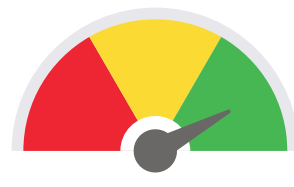
OnPoint: 42.9%
Benchmark: 32.5%



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.

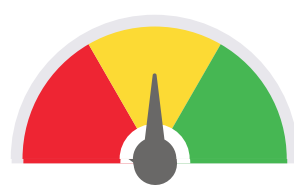
OnPoint: 94.8%
Benchmark: 44.3%



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.

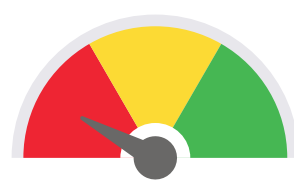
OnPoint: 68.7%
Benchmark: 48.7%



Unhealthy Alcohol Use: Screening and Brief Counseling

Percentage of clients 18+ 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.

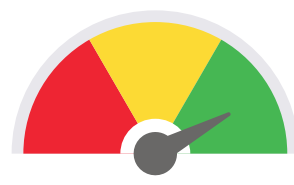
OnPoint: 37.4%
Benchmark: 48.6%



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

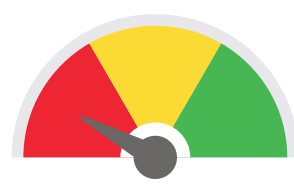
OnPoint: 2.6%
QBP Benchmark: 23.9%
Benchmark: 47.9%



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

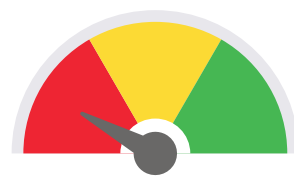
OnPoint: 17.6%
QBP Benchmark: 12.5%
Benchmark: 67.7%



Screening for Clinical Depression and Follow-Up Plan

Percentage of clients 12+ 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.

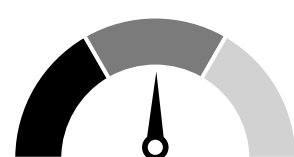
OnPoint: 13.7%
Benchmark: 37.2%



Depression Remission at Twelve Months

Percentage of clients 12+ with Major Depression or Dysthymia who reach Remission at Twelve Months

OnPoint: 1.0%
Benchmark: 13.0%



Screening for Social Drivers of Health

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

OnPoint: 47.7%
Benchmark: -- (New Measure)

● Less than halfway to benchmark ● Approaching benchmark ● Exceeding benchmark