

CCBHC PROGRAM UPDATE

Quality Measures Changes

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Changes to SAMHSA's CCBHC Quality Measures

The Substance Abuse and Mental Health Services Administration (SAMHSA) updated quality measures for Certified Community Behavioral Health Clinics (CCBHCs). Key changes include shortened data collection periods, the separation of adult and child populations, an expanded timeliness measure, two discontinued measures and one new measure. There were also changes to the required vs. optional measures. This report provides an overview of the changes to support adaptation of workflows, data systems, and reporting tools to meet the new requirements. Additionally, CCBHCs will transition from fiscal year to calendar year reporting. We are expected to implement these changes by January 1, 2025.

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 Services

Metric #1: Average number of days until Initial Evaluation

Metric #2: Average number of days until Initial Clinical Services

Metric #3: Average number of hours until Crisis Services



Unhealthy Alcohol Use: Screening and Brief Counseling

Percentage of clients aged 18 years and older who were screened at least once within the last 12 months for unhealthy alcohol use AND who received brief counseling if identified as an unhealthy alcohol user.

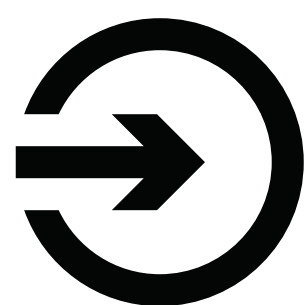
NIAAA Single Alcohol Screening Question



Depression Remission at Six Months

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

PHQ-9/PHQ-A



Screening for Clinical Depression and Follow-Up Plan

Ages 12-17 & Ages 18+

Percentage of clients aged 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.

PHQ-9/PHQ-A



Screening for Social Drivers of Health

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

CMS Accountable Health Communities Health-Related Social Needs Screening Tool

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.



Tobacco Use: Screening & Cessation Intervention

Percentage of clients 18+ who were screened for tobacco use one or more times in the Measurement Year AND who received a cessation intervention during the Measurement Year or in the 6 months prior to the Measurement Year if identified as a tobacco user.

Primary Care Screening



Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment

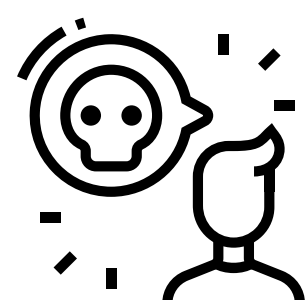
Percentage of visits for clients aged 6 through 17 with a diagnosis of major depressive disorder (MDD) with an assessment for suicide risk

Columbia Suicide Severity Rating Scale



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

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



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



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

Children ages 3 to 17 who had an outpatient visit and who had a BMI percentile documented in the measurement year.