

CCBHC PROGRAM UPDATE

Quality Measures

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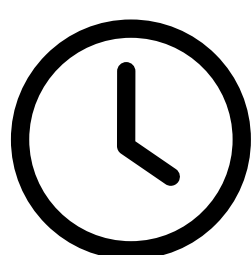


CCBHC Requirement: Quality Measures Data Collection & Reporting

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 Services

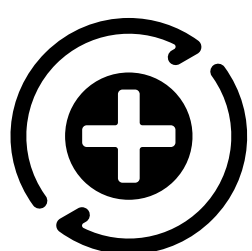
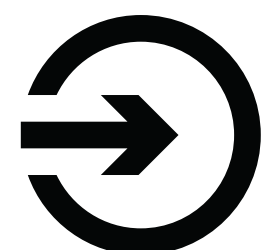
Metric #1: Average number of days from the First Service Request to the Initial Evaluation

Metric #2: Average number of days from the Initial Evaluation to the Initial Clinical Services

Metric #3: Average number of hours from Crisis Service Request to the Start of the Crisis Services

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.



Depression Remission at Six Months

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

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.

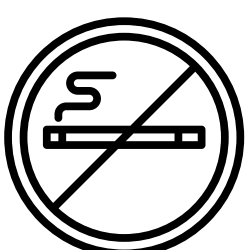


Screening for Social Drivers of Health

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

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.

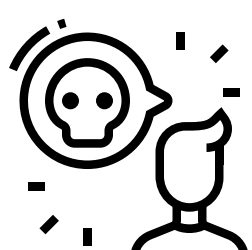


Tobacco Use: Screening & Cessation Intervention

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.

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



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