

# CCBHC PROGRAM UPDATE

## Quality Measure Monitoring

January 2026 Vol. 3 Issue 4



### 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

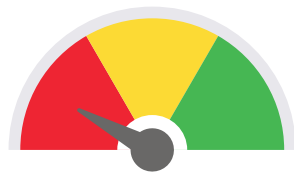
Reporting Period: January 1, 2025 - December 31, 2025



#### Time To Services\* (Note: All 3 QBP thresholds must be met)

**Metric #1:** Average Number of Days until Initial Evaluation for New Clients  
**Metric #2:** Average Number of Days until Initial Clinical Service for New Clients  
**Metric #3:** Average Number of Hours until Provision of Crisis Services following a first Crisis Episode Contact

**OnPoint #1:** 2.2 Days  
**OnPoint #2:** 4.3 Days  
**OnPoint #3:** 0.4 Hours  
Prelim. QBP Benchmarks:  
#1: 14.83 Days, #2: 25.54 Days,  
#3: 1.28 Hours



#### 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

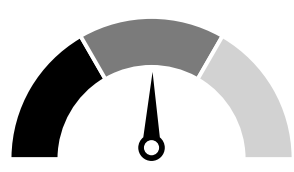
**OnPoint:** 43.6%  
QBP Benchmark: 57.0%



#### 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:** 56.9%  
QBP Benchmark: 73.0%



#### Depression Remission at Six Months\*

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

**OnPoint:** 6.5%  
QBP Benchmark: TBD



#### 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 Adults:** 65.1%  
**OnPoint Children:** 70.0%



#### Tobacco Use: Screening & Cessation Intervention

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

**OnPoint Screening:** 65.9%  
**Cessation Intervention:** 27.4%



#### Unhealthy Alcohol Use: Screening and Brief Counseling

Percentage of clients 18+ who were screened for unhealthy alcohol use one or more times AND, if identified as an unhealthy alcohol user, received brief counseling within the past 24 months.

**OnPoint Screening:** 92.2%  
**Brief Counseling:** 58.9%



#### Screening for Social Drivers of Health

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

**OnPoint:** 86.3%

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

\*Measure tied to a Michigan Demonstration Quality Bonus Payment (QBP)