





# Quality Measurement as a Tool for Continuous Quality Improvement at Certified Community Behavioral Health Clinics (CCBHCs)

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**SAMHSA**  
Substance Abuse and Mental Health  
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-  This webinar is being **recorded** and closed captioning is provided. Slides and the recording will be available about a week after the presentation. They will be posted on the [SAMHSA CCBHC website](#) for later reference.
-  Please **mute** your lines (**Thank you!**).
-  Please **turn off** your cameras to conserve bandwidth.
-  We will have time for **questions** at the end. Please feel free to put questions in the Q&A throughout the presentation. We will address them at the end. Please use the chat for logistics issues only.

# Acknowledgments

- Our panelists today:
  - From the State of New Jersey Department of Human Services: Robert Eilers, MD, Medical Director; Vicki Fresolone, Manager of Integrated Services; and Charlotte Sadashige, Primary Researcher for the State's CCBHC program
  - Emma Kelly-Robinson, Operations Manager for Options of Southern Oregon
- The CCBHC SAMHSA team in the Center for Mental Health Services (CMHS)
- National Council for Mental Wellbeing
- A-G Associates
- Selby (Zoom expert)

# Poll #1: Who is in the audience today?

Please select the options that accurately describe your role:

1. Potential CCBHC demonstration state
2. Existing CCBHC demonstration state
3. Potential CCBHC demonstration clinic
4. Existing CCBHC demonstration clinic
5. Independent state CCBHC initiative
6. CCBHC-PDI grantees
7. CCBHC-IA grantees
8. Other (feel free to identify your role if not listed above)



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# Intended audience for this webinar

1. Prospective and existing CCBHC Section 223 Demonstration state staff
2. Prospective and existing CCBHC Section 223 Demonstration CCBHCs or prospective CCBHCs
3. Independent state CCBHC initiative personnel
4. CCBHC-Expansion (CCBHC-PDI and -IA) grant clinics and SAMHSA GPOs

# Agenda

What is continuous quality improvement (CQI)?

The value of quality measurement for quality improvement

Guidance on preparing to use quality measurement for CQI

Preview of future webinars

Questions

# What is a quality improvement?

- Quality improvement is the framework used to **systematically improve care.**

Source: Centers for Medicare & Medicaid Services. [Quality Measurement and Quality Improvement | CMS](#)

# What is continuous quality improvement (CQI)?

- CQI is the **continuous** and **ongoing** effort to achieve measurable improvements in the **efficiency, effectiveness, performance, accountability, outcomes**, and other indicators of quality improvement.





Certified Community Behavioral  
Health Clinic (CCBHC)

## CERTIFICATION CRITERIA

Updated March 2023



# Continuous quality improvement requirements in the updated Certification Criteria

[SAMHSA 2023 Updated Criteria \(pdf\)](#)

# Criteria 5.B: Continuous Quality Improvement (CQI) Plan



## 5.b.1

The CCBHC:

- Develops, implements, and maintains an effective, CCBHC-wide continuous quality improvement (CQI) plan for services provided
- Establishes a critical review process to review CQI outcomes and implement changes to staffing, services, and availability that will improve the quality and timeliness of services

The CQI plan focuses on:

- Indicators related to improved behavioral and physical health outcomes and takes actions to demonstrate improvement in CCBHC performance
- Improved patterns of care delivery, such as reductions in emergency department use, rehospitalization, and repeated crisis episodes.

The Medical Director is involved in the aspects of the CQI plan that apply to the quality of the medical components of care, including coordination and integration with primary care.

# Criteria 5.B: Continuous Quality Improvement (CQI) Plan



## 5.b.2

The CQI plan is to be developed by the CCBHC and addresses how the CCBHC will review known significant events including, at a minimum:

- (1) deaths by suicide or suicide attempts of people receiving services;
- (2) fatal and non-fatal overdoses;
- (3) all-cause mortality among people receiving CCBHC services;
- (4) 30 day hospital readmissions for psychiatric or substance use reasons; and
- (5) such other events the state or applicable accreditation bodies may deem appropriate for examination and remediation as part of a CQI plan.

# Criteria 5.B: Continuous Quality Improvement (CQI) Plan



## 5.b.3

The CQI plan:

- Is data-driven and considers use of quantitative and qualitative data in CQI activities
- At a minimum, addresses the data resulting from the CCBHC-collected and, as applicable, State-Collected, quality measures required as part of the Demonstration.
- Includes an explicit focus on populations experiencing health disparities and addresses how the CCBHC will use disaggregated data from the quality measures and, as available, other data to track and improve outcomes for populations facing health disparities.



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# Value and use of quality measures for CQI: Insights from Evaluation

# Insights from evaluation on value of quality measures

- Changes in quality of care due to **clinic-collected measures**:
  - Clinics adapted to the following routines as a result of quality measures:
    - Conducting screening and assessments (alcohol, tobacco, depression, suicidality)
    - Using structured and standardized instruments for screening
    - Conducting and documenting follow-up to those screenings
    - Conducting rapid or same-day client intakes
- Limited evidence on changes in quality of care due to **state-collected measures**

# Change in quality of care for CCBHC clients during Demonstration Years One and Two, clinic-collected measures

Measure Description	Measure Name	MN	MO	NJ	NY	OK	OR	PA
Time to Initial Evaluation, adult	I-EVAL	↑	↑	●	●	↑	↓	↑
Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	SRA-BH-C	↑	↑	↓	↑	↑	↑	↑
Adult Major Depressive Disorder: Suicide Risk Assessment	SRA-A	↑	↑	●	●	↑	↑	↑
Screening for Clinical Depression and Follow-up Plan	CDF-BH	↑	↑	↑	↑	↑	●	↑
Depression Remission at 12 Months	DEP-REM-12	↓	●	n/a	↑	●	↓	●
Adult Body Mass Index Screening and Follow-up Plan	BMI-SF	↑	↑	↑	↑	↑	●	●
Weight Assessment for Nutrition and Physical Activity for Children/ Adolescents	WCC-BH	↑	↑	↑	↑	↑	↑	↑
Tobacco Use - Screening and Cessation Intervention	TSC	↑	↑	↑	↑	↑	↑	↑
Unhealthy Alcohol Use - Screening and Brief Counseling	ASC	↑	↑	●	↑	↑	↑	↑

↑ Improved 5% or more improvement in aggregate performance across CCBHCs in state from DY1 to DY2.

15 ↓ Declined = 5% or more decline in aggregate performance across CCBHCs in state from DY1 to DY2.

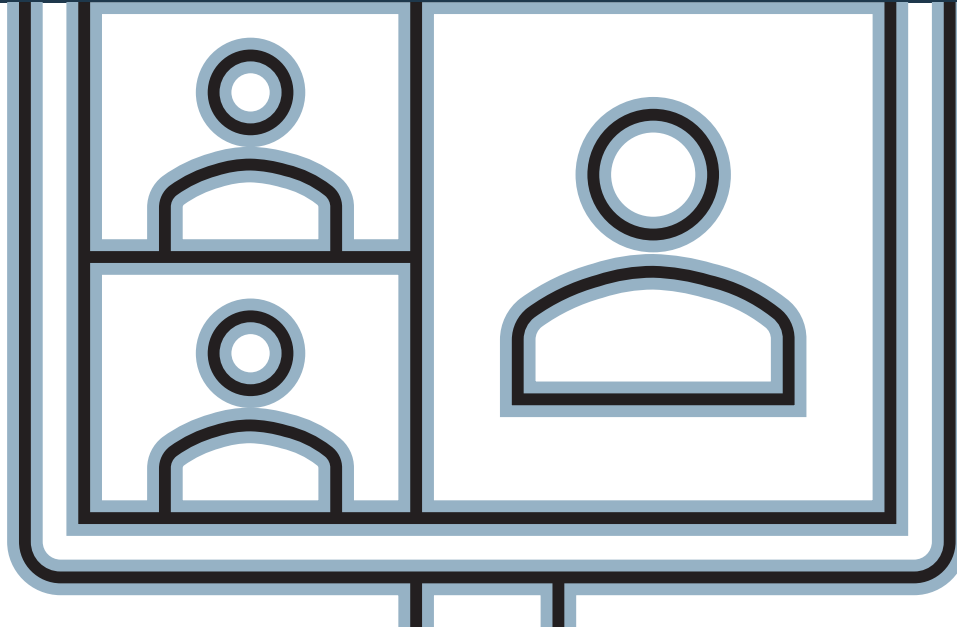
● Stable. Source: Derived from Table 7, [ASPE. Report to Congress 2021: Certified Community Behavioral Health Clinics Demonstration Program](#)



## Preparing to use quality measurement for CQI – Insights from the Field



# Insights from the field on the use of quality measures



## Panel Discussion

**State of New Jersey:** Dr. Robert Eilers, Vicki Fresolone, and Charlotte Sadshige  
**Options for Southern Oregon (CCBHC):** Emma Kelly-Robinson

## Question 1 – For CCBHCs and States

- ✓ What are the greatest benefits you have seen from using quality measures to improve quality of services in the CCBHCs?

## Question 2 – For CCBHCs

- ✓ What techniques did your CCBHC use to provide feedback to your providers and staff in the CCBHC on quality measure results and needed action?

## Question 3 – For States

- ✓ Have you been successful in getting feedback on your state-collected measure results to the CCBHCs?
  - ✓ How did you typically provide feedback?
  - ✓ Did you use a certain process to expedite the provision of timely feedback so that CCBHCs could react more quickly?

## Question(s) 4 – For CCBHCs and States

- ✓ What would you have wanted to know about using QMs for CQI before you started the Demonstration?
- ✓ What other advice about using data for quality improvement might you give to those who are gearing up for the Demonstration or for newly reporting CCBHC-Es?

## Question 5 – For CCBHCs and States

- ✓ Do you have any advice for new demonstration states or clinics regarding how to optimize use of the Quality Bonus Measures to improve quality and to improve revenue?



## Upcoming Webinars

# Preview of future webinars in 2023

## July 20, 2023

- Preparing CCBHCs for quality measure data collection and reporting (administrative, technical, and clinical aspects)

## September-November

- Five measure-specific webinars

## December

- Introduction to the reporting format/template



# Preview of Webinar 3: How clinics can prepare to collect data

Work with your EHR vendor to build out needed technical infrastructure

Work across departments that include IT staff, clinical teams, administrative staff to implement into existing workflow

Understand appropriate codes for billing and codes to record other aspects of performance

Make use of learning collaboratives

# Questions



# Answers to a few questions from the last webinar (1)

- **When will the technical specifications for the measures be available?** Measure specifications will be released in late August or very early September. Measure-specific webinars begin then and are yet to be scheduled.
- **Do CCBHC-IAs or PDIs who are either not in a demonstration state or not a demonstration state-certified CCBHC have to report the “state-collected” measures?** No, only the five clinic-collected measures.

# Answers to a few questions from the last webinar (2)

- **What SDOH screening tools are acceptable for the SDOH measure?**
  - It must be a standardized tool that allows you to screen for: food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety.
  - No specific tool is required but ones suggested include:
    - Accountable Health Communities Health-Related Social Needs Screening Tool ([2017](#))
    - Accountable Health Communities Health-Related Social Needs Screening Tool ([2021](#))
    - The Protocol for Responding to and Assessing Patients' Risks and Experiences (PRAPARE) Tool ([2016](#))
    - WellRx Questionnaire ([2014](#))
    - American Academy of Family Physicians (AAFP) Screening Tool ([2018](#))

# Answers to a few questions from the last webinar (3)

- **Will all CCBHC-IA or CCBHC–PDI grantees in a demonstration state be eligible for the Medicaid Prospective Payment System (PPS)?** No, a grantee clinic must be in a demonstration state and be selected by that state to participate in the demonstration and be certified by the state as a demonstration clinic.

# Poll #2

In the last hour, I have learned (*please select the best option*):

- A. A lot of useful new information
- B. Some useful new information
- C. Very little new information
- D. Not sure

# Thank you

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# Supplemental Slides



# Updated clinic-collected quality measures

Measure	Steward	Changes
<b>Required</b>		
Time to Services (I-SERV)	SAMHSA	Replaces I-EVAL, includes average time to: Initial Evaluation, Initial Clinical Services, and Crisis Services
Depression Remission at Six Months (DEP-REM-6)	MNCM	Changed from the 12- month version, with updates
Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)	NCQA	Updated, based on MIPS measure
Screening for Depression and Follow-Up Plan (CDF-CH and CDF-AD)	CMS	Updated, based on the Medicaid Core Measure Set (MCMS) (2023)
Screening for Social Drivers of Health (SDOH)	CMS	New, based on MIPS measure
<b>Optional</b>		
Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (TSC)	NCQA	Updated, based on MIPS measure
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA) (SRA-C)	Mathematica	Updated
Adult Major Depressive Disorder: Suicide Risk Assessment (SRA) (SRA-A)	Mathematica	Updated
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)	NCQA	Updated, based on the MCMS (2023)
Controlling High Blood Pressure (CBP-AD)	NCQA	Updated, based on the MCMS (2023)

# Updated state-collected quality measures (slide 1)

Measure	Steward	Changes
<b>Required</b>		
Patient Experience of Care Survey	SAMHSA	Updated
Youth/Family Experience of Care Survey	SAMHSA	Updated
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)	CMS	Updated, based on the Medicaid Core Measure Set (MCMS) (2023)
Follow-Up After Hospitalization for Mental Illness, ages 18+ (adult) (FUH-AD)	NCQA	Updated, based on the MCMS (2023)
Follow-Up After Hospitalization for Mental Illness, ages 6 to 17 (child/adolescent) (FUH-CH)	NCQA	Updated, based on the MCMS (2023)
Initiation and Engagement of Substance Use Disorder Treatment (IET-AD)	NCQA	Updated, based on the MCMS (2023)
Follow-Up After Emergency Department Visit for Mental Illness (FUM-CH and FUM-AD)	NCQA	Updated, based on the MCMS (2023)
Follow-Up After Emergency Department Visit for Substance Use (FUA-CH and FUA-AD)	NCQA	Updated, based on the MCMS (2023)

# Updated state-collected quality measures (slide 2)

Measure	Steward	Changes
<b>Required (cont'd from prior slide)</b>		
Plan All-Cause Readmissions Rate (PCR-AD)	NCQA	Updated, based on the Medicaid Core Measure Set (MCMS) (2023)
Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADD-CH)	NCQA	Updated, based on the MCMS (2023)
Antidepressant Medication Management (AMM-AD)	NCQA	Updated, based on the MCMS (2023)
Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)	CMS	Added, based on the MCMS (2023)
Hemoglobin A1c Control for Patients with Diabetes (HBD-AD)	NCQA	Added, based on the MCMS (2023)
<b>Optional</b>		
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	NCQA	Updated, based on the MCMS (2023)
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)	NCQA	Added, based on the MCMS (2023)