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CCBHC-E New Grantee Learning Community

Session 9: Continuous Quality Improvement

Tuesday, July 11th, 2023

3:00-4:30pm E.T.

CCBHC-E National Training and Technical Assistance Center

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

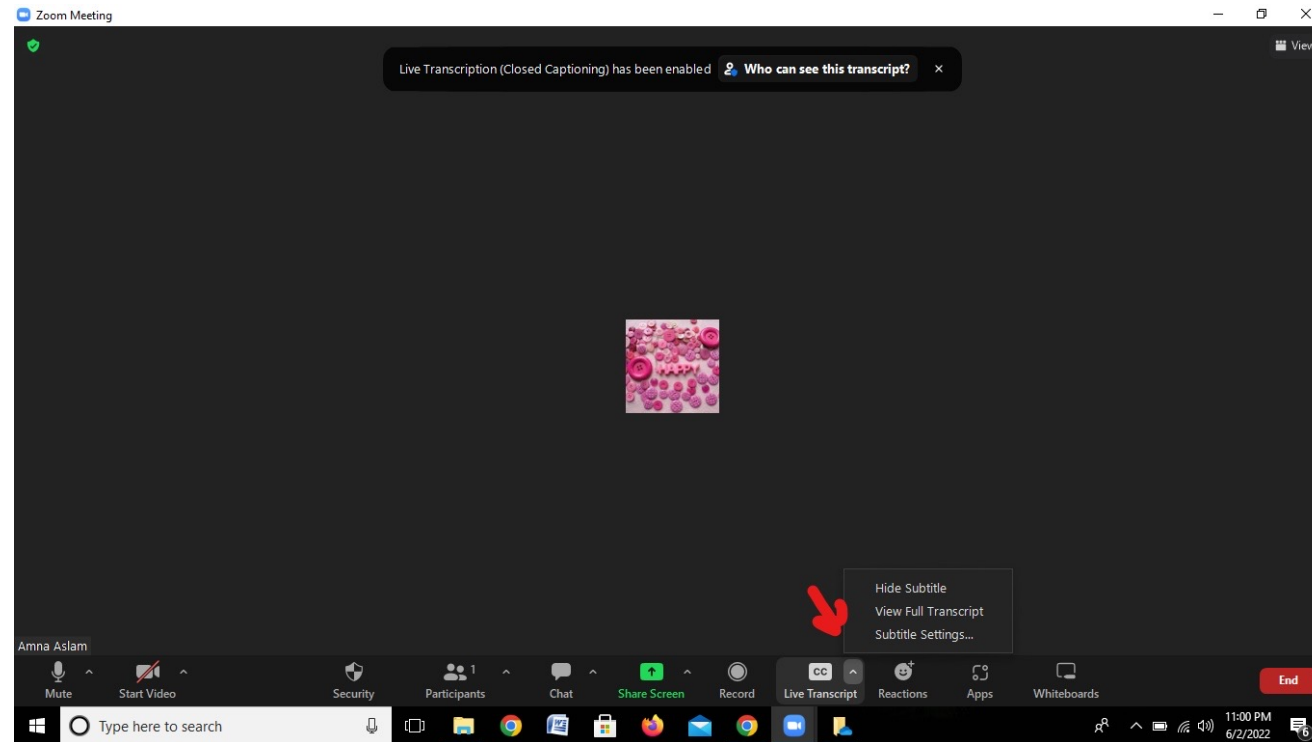
Acknowledgements and Disclaimer

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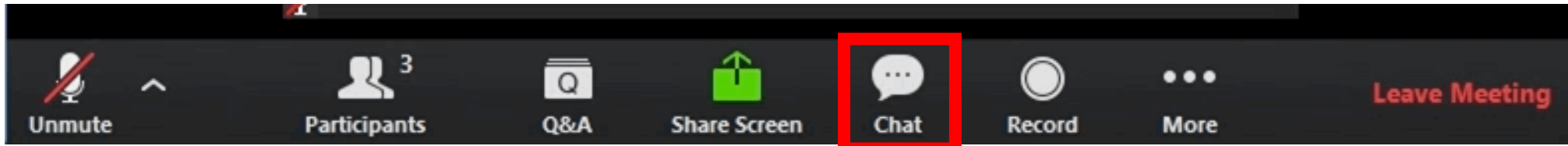


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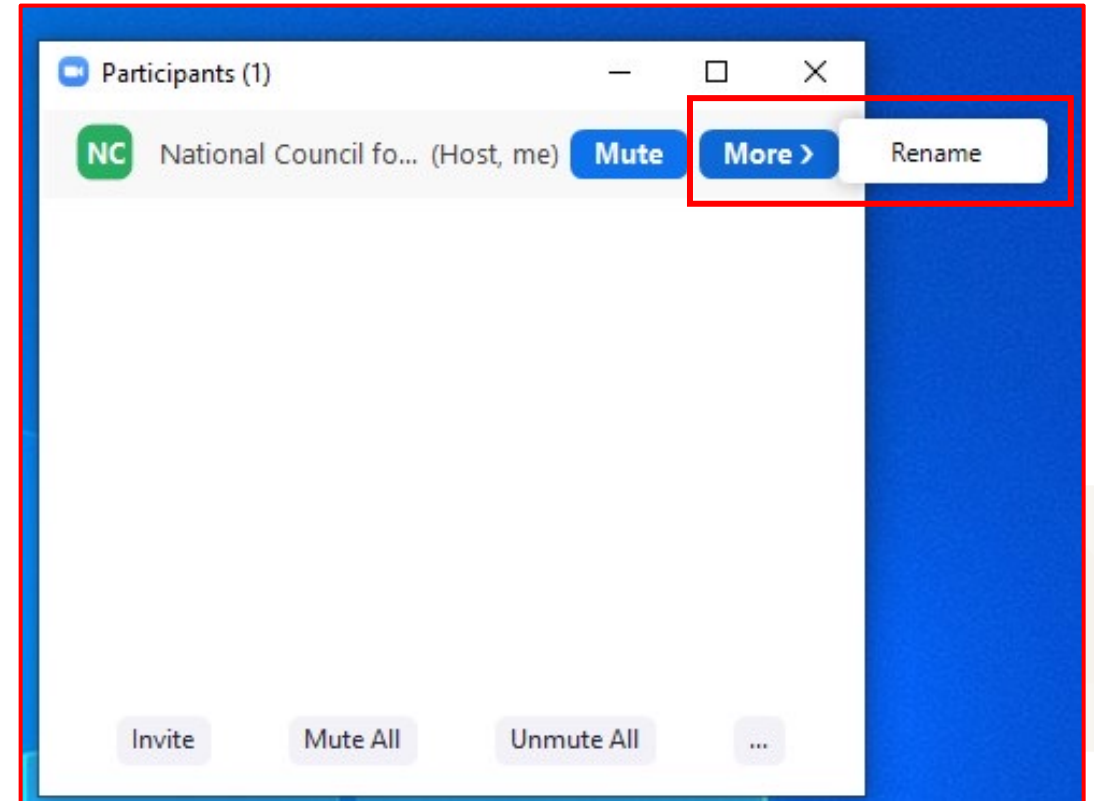
How to Ask a Question



Please share questions throughout today's session using the **Chat Feature** on your Zoom toolbar. We'll answer as many questions as we can throughout today's session.

Name and Organization

- Please join by video if you are able!
- Please rename yourself so your name includes your organization.
 - *For example:*
 - **Jane King, National Council**
 - *To rename yourself:*
 - Click on the **Participants** icon at the bottom of the screen
 - Find your name and hover your mouse over it
 - Click **Rename**
- If you are having any issues, please send a Zoom chat message to **D'ara Lemon, National Council**



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Learning Objectives

- Increase knowledge and understanding of CCBHC criteria continuous quality improvement requirements
- Identify approaches and implications for clinic implementation and organizational changes of continuous quality improvement as a CCBHC
- Foster clinic action planning and decision-making in their practice transformation efforts



Today's Presenters



Renee Boak, MPH
Consultant and Subject Matter Expert
CCBHC-E NTTAC, National Council for
Mental Wellbeing



Jesse Cook, MSW, LSW
Project Director, Integrated Care & CCBHC
Centerstone of Indiana



Elizabeth Luciano, MA, MPA
Director of Information Management
Catholic Charities, Diocese of Trenton



Jean Furdella, MS
Compliance Director
Catholic Charities, Diocese of Trenton



Have you completed the Mid-Point Evaluation?

Your input is extremely valuable and contributes greatly to our Y3 planning! Please take a second to complete during today's session (link will be dropped in chat).

<https://www.surveymonkey.com/r/35H8GMS>

Community Pulse Check

New Grantee Deliverables

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Community Check-In



What is the status of your needs assessment?

- Haven't begun needs assessment
- Have begun design but have not started data collection
- In the process of collecting data
- Have completed the needs assessment
- Have questions

- 1-4
- 5-8
- All 9

Where are you on the staffing and training plans? *(select all that apply)*

- Waiting for completion of needs assessment
- Have begun the staffing plan
- Making good progress
- Have completed the staffing plan
- Have questions

How many of the 9 required services are you currently providing either directly or through a Designated Collaborating Organization (DCO)?

Where are you on the delivery of services plan? *(select all that apply)*

- Waiting for the completion of the needs assessment
- Have begun the service plan
- Making good progress
- Have completed the service plan
- Have questions

Where are you on the sustainability plan? *(select all that apply)*

- Haven't begun the sustainability plan
- Have begun the sustainability plan
- Making good progress
- Have completed the sustainability plan

- Have questions

Where are you on attestation? *(select all that apply)*

- Haven't begun preparing for attestation
- Have begun preparing for attestation
- Making good progress
- Have submitted attestation
- Have questions



Overview of CCBHC CQI Requirements

Renee Boak, MPH

Consultant

CCBHC-E NTTAC

National Council for Mental Wellbeing

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Quality and Other Reporting: 5.A Data Collection, Reporting, and Tracking

5.a.1 The CCBHC has the capacity to collect, report, and track encounter, outcome, and quality data, including, but not limited to, data capturing:

- (1) characteristics of people receiving services
- (2) staffing
- (3) access to services
- (4) use of services
- (5) screening, prevention, and treatment
- (6) care coordination
- (7) other processes of care
- (8) costs
- (9) outcomes of people receiving services

Reporting is annual and, for Clinic Collected quality measures, reporting is required for all people receiving CCBHC services.

Quality and Other Reporting: 5.B Continuous Quality Improvement Plan



Criteria 5.b.1: In order to maintain a continuous focus on quality improvement, the CCBHC develops, implements, and maintains an effective, CCBHC-wide continuous quality improvement (CQI) plan for the services provided. The CCBHC 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. The CQI plan should also focus on *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.



Requirements from the 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.

5.b.3 The CQI plan is data-driven and the CCBHC considers use of quantitative and qualitative data in their CQI activities. At a minimum, the plan addresses the data resulting from the CCBHC collected. The CQI plan includes an explicit focus on populations experiencing health disparities (including racial and ethnic groups and sexual and gender minorities) 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.

Lessons from the Field: *Centerstone*

Jesse Cook

Project Director – CCBHC & Integrated Care
Centerstone of Indiana

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A straightforward and thorough approach to incorporating and implementing CCHBC data & CQI requirements



Who Am I...?

- Working at Centerstone since February 2020
 - Started as a therapist
 - Moved into Assistant Manager of SUD Housing role
 - Moved into Manager of Clinical Services on CCBHC Grant
- CCBHC Project Director since October 2021

...And Why Should You Listen to Me...?

- On 3rd iteration of CCBHC
 - CCBHC-E → '18-'20
 - CCBHC-PDI → '20-'22
 - CCBHC-IA → '22-'26
- Focus on transformation and sustainability
 - Previous PDs for CCBHC each lasted 6 months
 - Shift from "checking boxes" to making connections and filling gaps - meeting goals of grant in spirit, sustainability plan



CCBHC-E Data Collection & CQI Requirements



Flexibilities in how to leverage the grant as a CCBHC, criteria requirements



Aha! Moment –

Began understanding that the requirements of the grant, especially around data collection and CQI, are intended, directly or indirectly, to get CCBHC-grant recipients to create sustainable and ongoing methods and workflows that are requirements of being a CCBHC



Begin by understanding the:

1. “What?”
2. “Why?”
3. “What?” (again)
4. “How?”
5. “Who?”



Data Tracking



WHAT are the data tracking and reports requirements from SAMHSA?

Deeply look at WHAT specific pieces of data are they asking for...

- Ex: External Referrals
- Compile a thorough list



WHY is SAMHSA asking us to collect, track, and report this data? WHY does it matter to us?

Context is EVERYTHING

- Ex: External Referrals – on the surface, it seems obvious – to see how often we are referring clients to external providers/resources.
- At a deeper level, a ‘nudge’ to create a method for tracking external referrals and truly understand if/how those being served are connected to additional needs (opportunity for CQI)

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Data Tracking (cont.)

- WHAT do we, as an organization, already have in-place for meeting this need?
 - WHAT data tracking are we already doing? Are we tracking anything similar?
 - Ex: External Referrals – are we tracking this anywhere?
 - If yes, move on to “HOW” – we track External Referrals via Case Management forms and via Transition of Care documents, both of which are in our EHR
 - If no, figure out “WHO” in your organization would be responsible for creating something in the EHR, on a data dashboard, etc.
 - If unsure if something exists, figure out “WHO” in your organization would have that information.



Data Tracking (cont.)

- Once we have identified WHAT the need is, WHY the need exists, and WHAT needs to be done internally to meet it, we ask HOW do we go about creating and/or installing this and using it for improvement?
 - Again, this grant is about supporting your change from a CMHC, FQHC, etc. into a CCBHC. These requirements and expectations need to live beyond the grant in order to be classified as a CCBHC. Thus, sustainability, especially with workflows and processes, is essential.
 - Organization-wide training? Meetings with Directors and Leadership? Email communications? And how do we build accountability to ensure it is being done?
 - Ex: External Referrals – once we established that we had 2 different ways for collecting data on external referrals, we needed to figure out:
 - HOW do we track this?
 - Manually? Through a data dashboard? Through a data warehouse?
 - HOW do we ensure that all staff are aware of this of this expectation?
 - HOW do we use this information regularly for continuous quality improvement?



Data Tracking (cont.)

- WHO do we need to need to work with or contact to make this possible?
 - Director of QI? Analytics? Clinical Directors? Research Institute?
 - Ex: External Referrals – once we established that external referral tracking is a requirement for the entire clinic (WHAT) because tracking of external referrals will be an ongoing requirement for CCBHC Demonstration status (WHY), we were able to establish that we have pre-existing means for tracking referrals in our EHR via Case Management and Transition of Care forms (WHAT). From there, we established that we may be able to streamline this data via data dashboard (HOW), and we were able to work with our Analytics team to build the dashboard for us (WHO). Then, we were able to work with the Clinical Directors and Director of QI to communicate this expectation to the teams, and to establish this as part of their workflow.



CQI Example

- Development of Continuous Quality Improvement Plan
 - WHAT – See Requirements 5.b.2 and 5.b.3 (also on Renee’s slides)
 - WHY – the CQI Plan ensures that the activities being funded by the grant and other changes being made to the clinic (in-line with CCBHC Demo expectations, whether directly funded by the grant or not) are driving sustainable progress and improvements. In other words, not being done just because the grant asks you to, because it will likely ‘go away’ once the grant ends and specific funding is no longer available.
 - WHAT – does an existing CQI Plan already exist? Does that CQI Plan address new CCBHC requirements?
 - If yes, HOW do you go about updating it? And WHO has access to it, or WHO needs to be involved in updating it?
 - If no, HOW do you go about creating one? And WHO needs to be involved in its creation and continued use?

Areas of Focus for CQI & Data Implementation

CQI

- CQI Plan
 - Improve quality and timeliness of service delivery
 - Improve behavioral and physical health outcomes
 - Improve patterns of care delivery, such as reducing ER/hospitalizations and crisis episodes
 - Review significant events, OD, death, etc.
 - Data implementation

Data

Collect, report, and track encounter, outcome, and quality data, including, but not limited to, data capturing:

(1) characteristics of people receiving services; (2) staffing; (3) access to services; (4) use of services; (5) screening, prevention, and treatment; (6) care coordination; (7) other processes of care; (8) costs; and (9) outcomes of people receiving services.

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Thank you!

- Please feel free to reach out for any questions or support:
 - Jesse.cook@Centerstone.org
 - (812) 345.0887



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Lessons from the Field: *Catholic Charities*

Elizabeth Luciano & Jean Furdella
Catholic Charities, Diocese of Trenton

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Catholic Charities, Diocese of Trenton

- Demonstration CCBHC in the State of NJ (2017-Present)
- PPS-2 Payment Model (Monthly Case Rate)
- Expansion Grant CCBHC (2020 and 2022)
- Application Pending: CCBHC-IA

What Did We Do?



Reviewed SAMHSA Technical Specs



Built reporting for all measures in EHR



Breadcrumb Trail

- Service Orders
- Order Sets
- Reporting



What Did We Do Differently?



Agency invested in:

Implementation of additional EBPs
Full time Utilization Reviewer
Med Techs
Case Managers

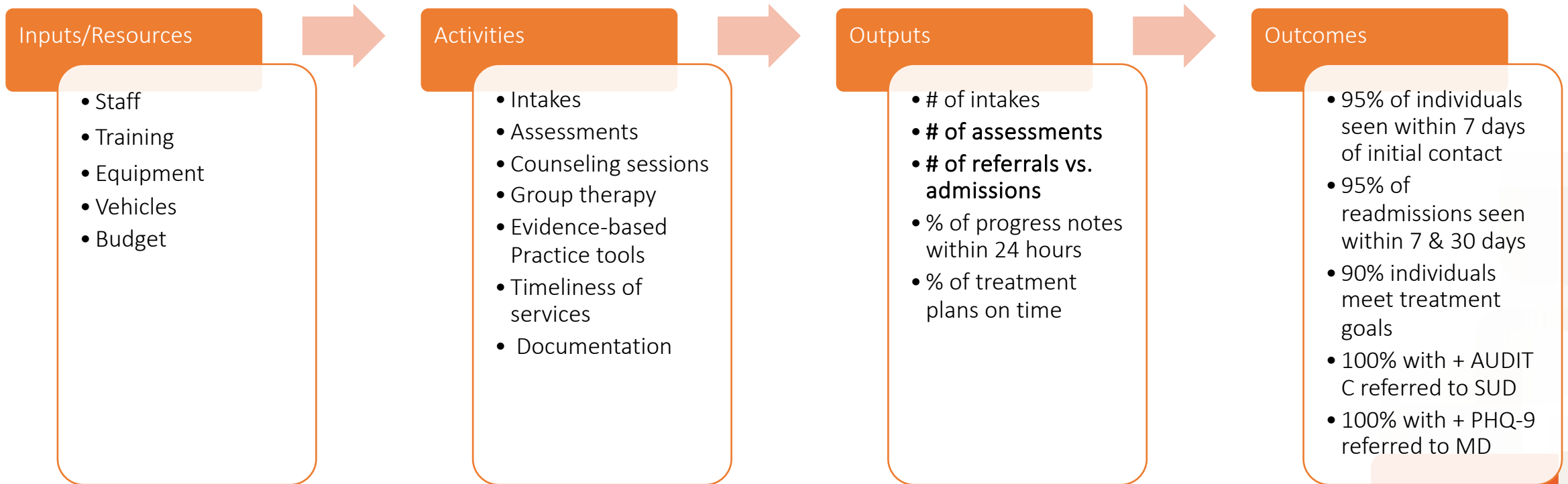


Built relationships with local hospital/ED

Have an agency staff present in the hospital/ED
Timely notification of discharge & ED Information sharing
Priority scheduling for those discharged from ED



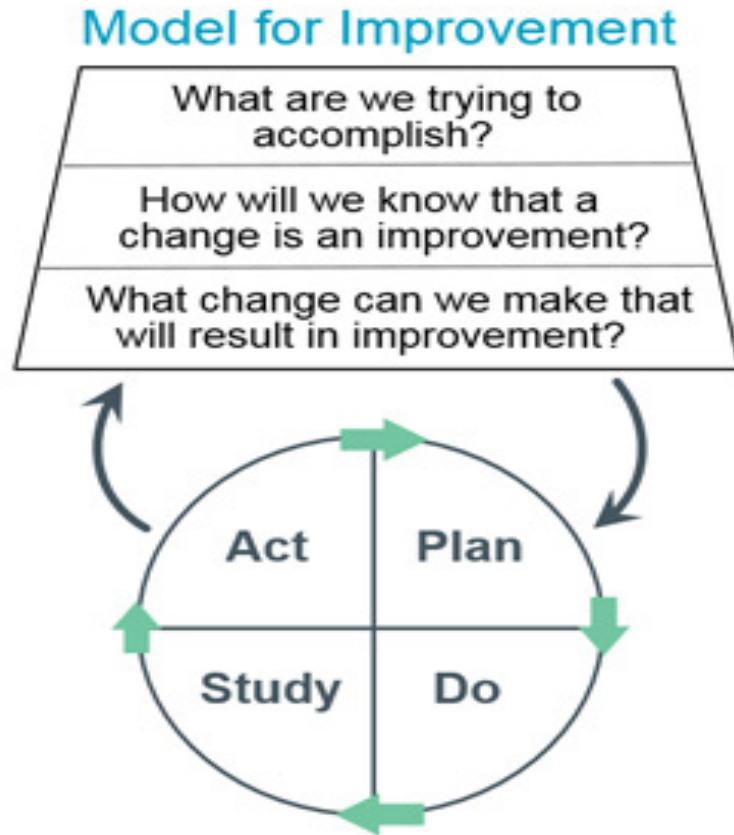
CQI: Logic Model and Plan-Do-Study-Act (PDSA)



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Rapid Cycle QI – Plan-Do-Study-Act



- Address a problem, a process or a system: Brainstorm causes/barriers/solutions
- Test your ideas for improvement – ask the 5 Whys
- Take the potential solution – collect data
- Act on the data – did you get the results you hoped for?
- Yes – Adopt No – repeat PDSA

Follow-up after ED for MH/SUD at 7/30-days

Problems



Knowledge of ED Visit



Consumer choice – to take the visit in a timely manner or not



Consumer engagement – no shows or cancellations



Outreach to reschedule



Inconsistencies in the “warm handoff” from ED or referrals

PDSA Results

- Staff training
- Meeting with local hospitals
- Agency presence in the ED
- Agency contact while in ED/Hospital
- Information sharing – ED visit paperwork to agency UR staff at discharge.
- Agency staff entering ED code in EHR – UR follow up
- Admission screen for recent ED visit

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Success is not something that just happens – success is learned, success is practiced and then it is shared.



Be	Run	Use	Thank
Be prepared to adjust what you do	Run reports to verify that you capture all of your information	Use your continuous quality improvement process to identify areas in need of improvement.	Thank you!



Questions?



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Breakout Discussion



- In each room, each participant will :
 - Share members of your CCBHC CQI team and their role in supporting continuous quality improvement
 - Discuss data and/or workflow challenges in monitoring for CQI efforts

During the breakout room, assign someone to take notes. Upon returning to the large group, these questions can then be entered into the chat and become part of the question log.



Closing: Sharing and Preparing



- **Brave Volunteers:** What did you hear from others in terms of questions and needs?
- **QUESTION LOG:** Take 2-3 minutes to put any questions you generated in the chat to continue to add to our question log



Session Resources

Resource	Resource Link
National Council Quality Improvement Toolkit <ul style="list-style-type: none">Adopting continuous quality improvement approaches is critical to drive improved outcomes as a CCBHC. This toolkit provides tools and resources for establishing a culture of quality improvement across your organization.	Access resource here
Institute for Healthcare Improvement Quality Improvement Essentials Toolkit <ul style="list-style-type: none">IHI's QI Essentials Toolkit includes the tools and templates to launch a successful quality improvement project and manage performance improvement. Each of the ten tools can be used with the Model for Improvement, Lean, or Six Sigma, and includes a short description, instructions, an example, and a blank template.	Access resource here
Toolkit for Designing and Implementing Care Pathways <ul style="list-style-type: none">Designed to provide your organization with a framework for development and deployment of care pathways that match client's needs to the appropriate, evidence-based care in an organized way.	Access resource here



Upcoming Events

Event Type	Title	Date + Time	Registration Link
Learning and Action Series	Financial Management and Sustainability Series Session Four: <i>Capturing CCBHC Services/Visits</i>	Wednesday, July 12 th , 2:30pm – 4:00pm ET	Register Here
Webinar	Peer Support Specialist Skill Development Series Session: Exploring Multiple Pathways to Recovery	Tuesday, July 25 th 2:00pm – 5:00pm ET	Register Here

Monthly Cohort Calls

Monthly cohort calls from the CCBHC-E NTTAC give CCBHC staff members a regular space for sharing with peers, generating solutions and cross-collaboration. Participate as often as you like. Sign up today and share this opportunity with other members of your team!

Event Type	Date + Time	Registration Link
Executives	The last Friday of each month from 12:00-1:00pm E.T.	Register here
Program Directors	The first Wednesday of each month from 12:00-1:00pm E.T.	Register here
Evaluators/CQI Leads	The first Tuesday of each month from 3:30-4:30 pm E.T.	Register here

CCBHC-E TTA Center Website



Access our ever-growing resource library, upcoming trainings and events, and request for individualized support.

[CCBHC-E National Training and Technical Assistance Center](#)



Thank You!





Thank you for attending today's event.


Slides and the session recording link will be available on the CCBHC-E NTTAC website under "Training and Events" > "Past Events" within 2 business days.

Your feedback is important to us!

Please complete the brief event survey that will open in a new browser window at the end of this meeting. Your input helps us improve our support offerings and meet our SAMHSA data metrics.

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