CCBHC-E National Training and Technical Assistance Center

CCBHC Data Foundations Learning Series
Session 5

March 19, 2024

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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Logistics

- ## Please rename yourself so your name includes your organization.
    - *For example:*
        - Blaire Thomas, 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 **Kathryn Catamura, National Council**
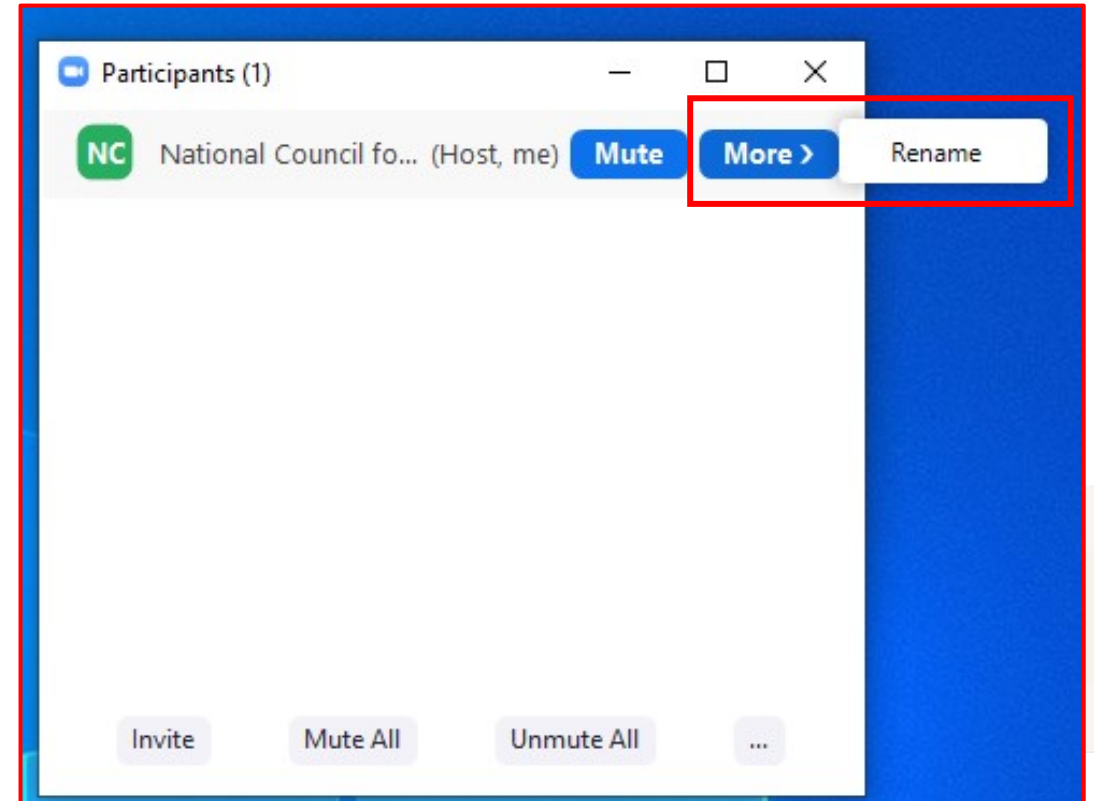
How to Enable Closed Captions (Live Transcript)

Next to "Live Transcript," click the arrow button for options on closed captioning and live transcript.

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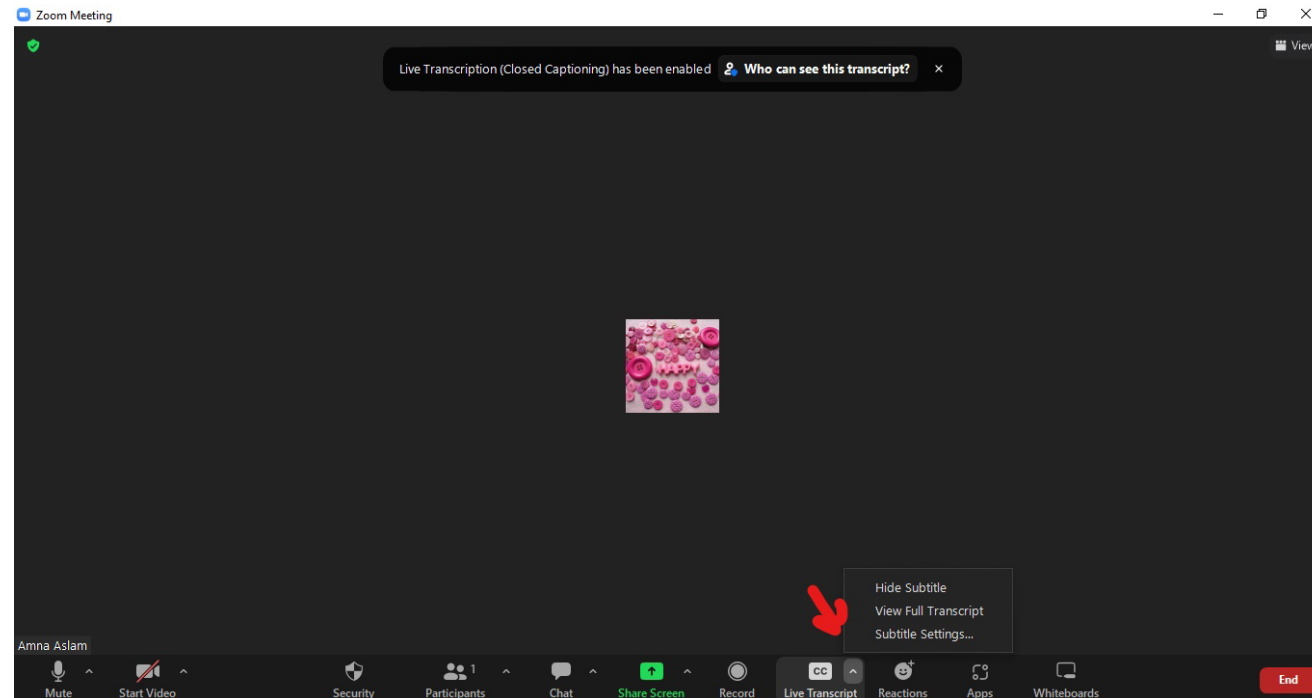
Today's Session: Slides and Recording

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.

Learning Series Curriculum

Month	Topic
Nov 2023	Building Infrastructure for Data Collection, Analysis, and Reporting
Dec 2023	Disparity Impact Statement & Data Requirements
Jan 2024	Community Needs Assessment
Feb 2024	Focus on NOMs
March 2024	Leveraging your Grant Evaluation for Sustainable Continuous Quality Improvement

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Today's Objectives

- Review principals and methods for continuous quality improvement (CQI)
- Explore how grant evaluation data can be used to identify CQI priorities
- Share approaches for displaying data

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Today's Agenda

- Discuss how to leverage your grant evaluation for continuous quality improvement
- Case Example
- Questions and Answers

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Today's Presenters

Leigh Fischer, MPH
Principal
TriWest Group

Cassie Morgan, LCSW
Principal, TriWest Group

Jen Muckey
Quality Improvement,
Community Alliance

CCBHC Criteria

- CQI Plan (Criteria 5.B)
  - Focus on indicators related to improved outcomes and improvement in CCBHC performance.
  - Focus on improved patterns of care delivery- e.g., reductions in ED utilization or 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.
- Include how the CCBHC will review known events (e.g., suicide, overdose, mortality, readmissions).
- Routinely use quantitative and qualitative data for benchmarking and CQI - at a minimum the quality measures (clinic and state-collected measures).

Why "Continuous Quality Improvement"?

- *Brings focus to improving treatment processes and outcomes for people receiving services **systematically**.*

- *Shifts culture – thinking about improvement at the organizational or program level, not just the person-level.*

- *Routinizes the collection, analysis, and use of data in day-to-day program operations.*

Driving Questions

How can we improve the lives of people seeking services?

How can we create a culture of continuous improvement?

Use of Data for Quality Improvement

- Data separates what is thought/assumed to be happening from what is really happening

- Establishes a baseline

- Reduces ineffective solutions

- Allows for monitoring of small changes

- Indicates whether changes result in improvements

- Allows comparison across sites

Focus on the Team

- Enlist key staff as "data champions"
- Make sure CQI processes include all levels of the organization
- Determine who/how to prioritize goals for improvement
- Create a robust CQI team comprising data/EHR specialists, leadership, program managers, and staff providing services

Methodological Frameworks

- **Lean** – seeks to eliminate waste
- **Six Sigma** – reduces variation in quality
- **Plan, Do, Study, Act** - also part of Lean and Six Sigma

Basic Steps

Identify a program or practice issue needing improvement and a target improvement goal

Using in interdisciplinary team, analyze the issue and its root causes

Develop a specific plan with action steps to address the root causes

Determine how you will know the change is an improvement

Provide coaching and delegate responsibilities for the action steps

Analyze data and review the results to check for improvements

Repeat these steps to test different changes or to address other issues as they arise

Example: CCBHC Clinic Level Quality Measures

Measure	Required
Time to services	x
Depression remission at 6 months	x
Unhealthy alcohol use screening and brief counseling	x
Screening for clinical depression and follow-up plan	x
Screening for social drivers of health	x
Tobacco screening and cessation intervention	
Child and adolescent suicide risk assessment	
Adult suicide risk assessment	
Weight assessment and counseling for nutrition and physical activity	
Controlling for high blood pressure	

Quality Measures & Quality Improvement

"Based on an evaluation of the original CCBHC Demonstration, we know that implementation of the original measures had positive effects on the quality of care provided, including improving access to and use of evidence-based practices."

Source: Substance Abuse and Mental Health Services Administration: Quality Measures for Behavioral Health Clinics: Technical Specifications and Resource Manual. Substance Abuse and Mental Health Services Administration, 2024.

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Best Practices for Using Grant Evaluation Data for QI

- Build data collection into existing workflows

- Incorporate interdisciplinary teams, including those with lived experience

- Understand and clearly define each measure – e.g., purpose, timeframe, etc.

- Build alerts into workflows, EHRs

- Focus on improvement, not just compliance

- Stratify data – e.g., demographics, risk-level

- Use visuals to share data – graphs and tables

Displaying Data: Helpful Tips

- Make graphics self-explanatory and easy to interpret
- Provide self-explanatory symbols
- Limit the size of tables
- Explain how to read and interpret charts
- Avoid abbreviations and jargon

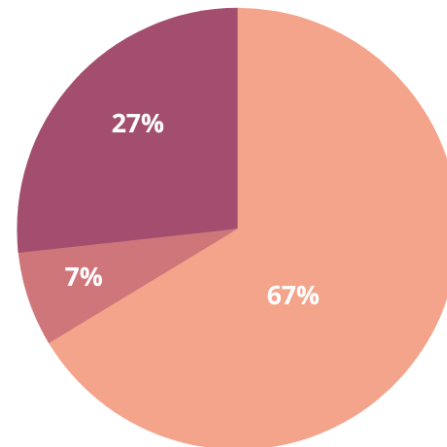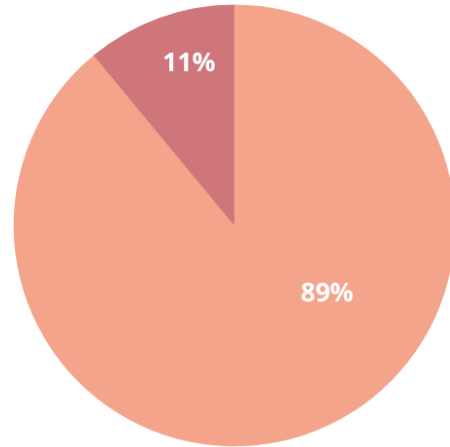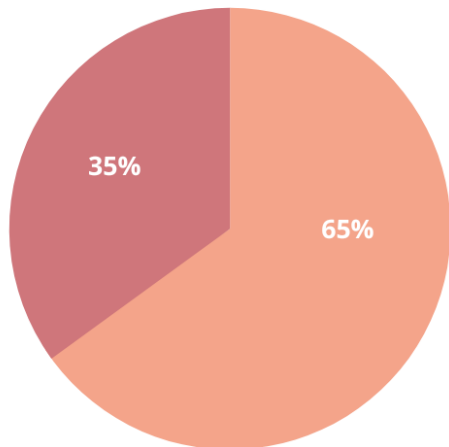NATIONAL COUNCIL *for* Mental Wellbeing

Example

Demographics - Adults

Gender Identity, Sexual Orientation, Race, & Ethnicity

- Female
- Male
- Transgender
- Other Gender Identity

- Heterosexual
- Lesbian or Gay
- Bisexual
- Other Sexual Orientation

- White
- Black or African American
- Other or Multiple Races
- Native American

35% 65%

11% 89%

27% 7% 67%

94%

94% of adults sampled identified as Hispanic or Latino (of any race).

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Employment, Education, & Housing

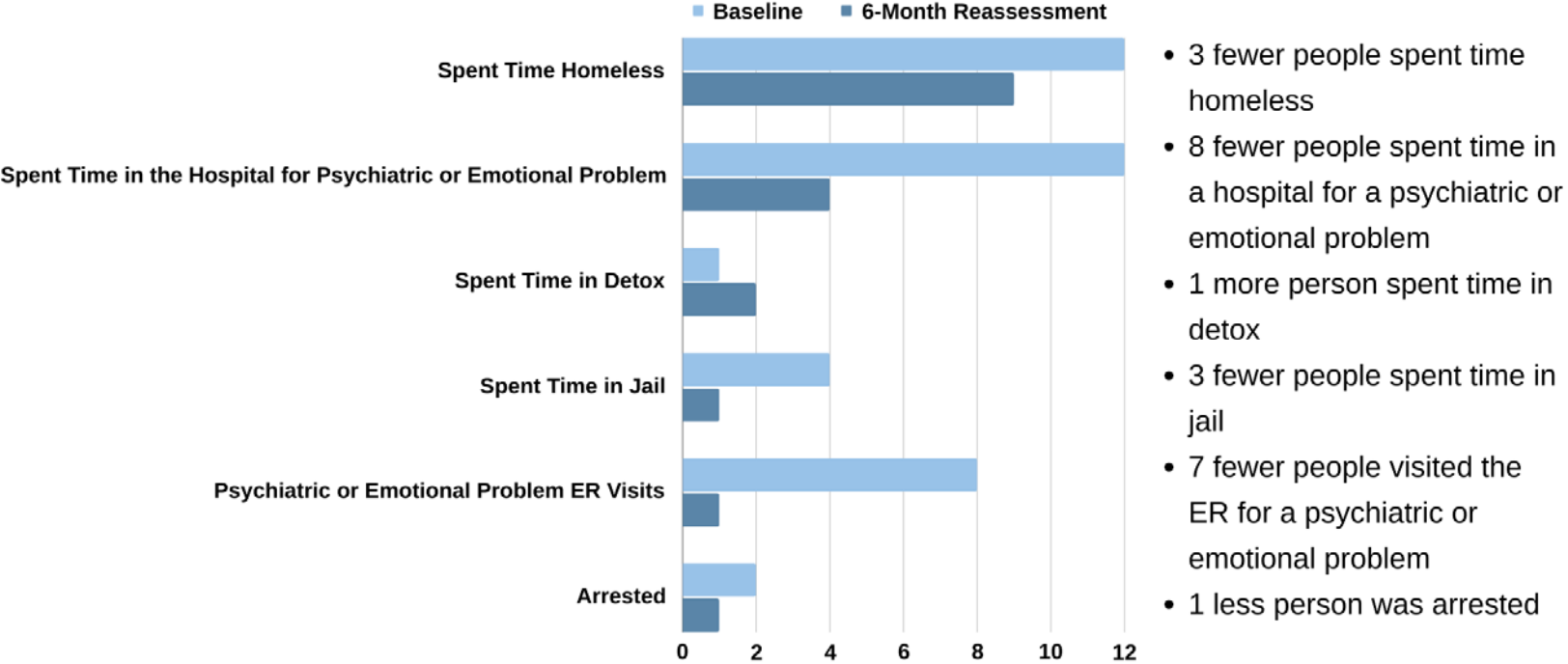71% of sampled adults reported that they were not working full- or part-time.

71% of sampled adults achieved a high school diploma (or equivalent) or higher.

96% of sampled adults lived in their own or someone else's private residence.

Example

Change in Troubled Nights and Events
Baseline to Reassessment

■ Baseline ■ 6-Month Reassessment

- 3 fewer people spent time homeless
- 8 fewer people spent time in a hospital for a psychiatric or emotional problem
- 1 more person spent time in detox
- 3 fewer people spent time in jail
- 7 fewer people visited the ER for a psychiatric or emotional problem
- 1 less person was arrested

Contact Us

- Leigh Fischer, lfischer@triwestgroup.net

- Cassie Morgan, cmorgan@triwestgroup.net

Community Alliance

Positive Action. Positive Outcomes.

Continuous Quality Improvement

Jennifer Muckey, Quality Improvement Manager

Agenda:

- Description of Community Alliance

- Quality Improvement Program

- Incorporating CCBHC Criteria into the QI Plan

- Data collection, review of data, dashboard implementation

- PDSA cycles

- Review of examples

- Lessons learned

Community Alliance

- Grass roots organization since 1981

- CCBHC service area includes Sarpy and Douglas County in the Omaha Community
  Population 692,197

- Integrated Health Care Organization
  Psychiatric Services, MH/SU Counseling
  Primary Care
  Rehabilitation Services

- CCBHC Attestation with SAMSHA in December 2021
  Nebraska is working on the state CCBHC certification process now

- Evolve to address changes in the field, to include enhancing CQI practices and service delivery

Quality Improvement Program
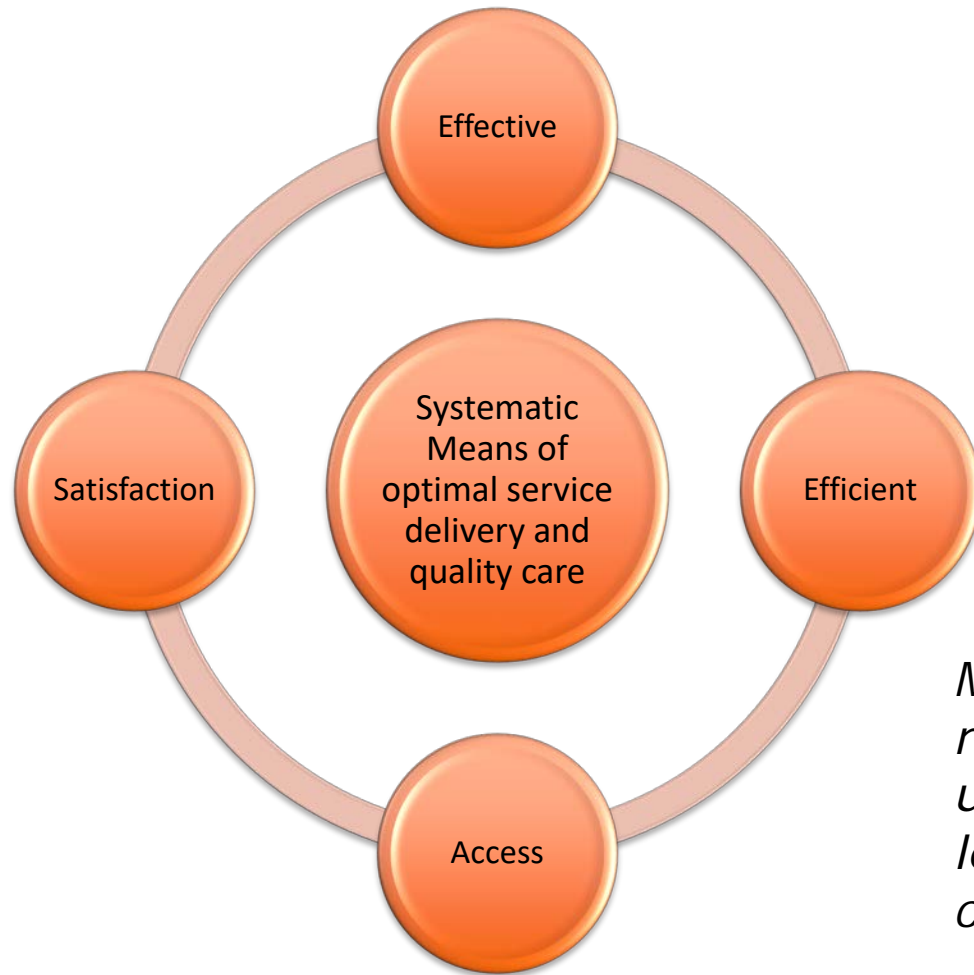
- ➤ Clients
- ➤ Family Members
- ➤ Community Stakeholders
- ➤ Personnel
- ➤ Leadership
- ➤ Board of Directors
- ➤ State, Region, and Federal Stakeholders

Mission: Helping individuals with mental illness achieve their unique potential to live, work, learn and contribute in a community of mutual support.

Quality Improvement Program

Evaluation of current stakeholder requirements

Input from persons served, families, program teams, leadership, community

Use of evidence-based practices for continuous quality improvement

Development of the Quality Improvement Plan

Team STEPPS

Knowledge
    Shared Mental
    Model

Sustainability
    Habits
    Enduring Culture of
    Safety
    Aligned Incentives

Attitudes
    Mutual Trust
    Team Orientation

Performance
    Adaptability
    Accuracy
    Productivity
    Efficiency
    Safety
    High Reliability

TeamSTEPPS 3.0 | Agency for Healthcare Research and Quality (ahrq.gov)

CCBHC and Quality Improvement

Development included:

❑ Workgroup implementation
❑ Utilization of CCBHC Certification Criteria Manual

Appendix B. Behavioral Health Clinic Quality Measures

❑ Learn about clinical quality measures

eCQM | eCQI Resource Center (healthit.gov)
HEDIS – NCQA
Quality Payment Program (QPP) (cms.gov)
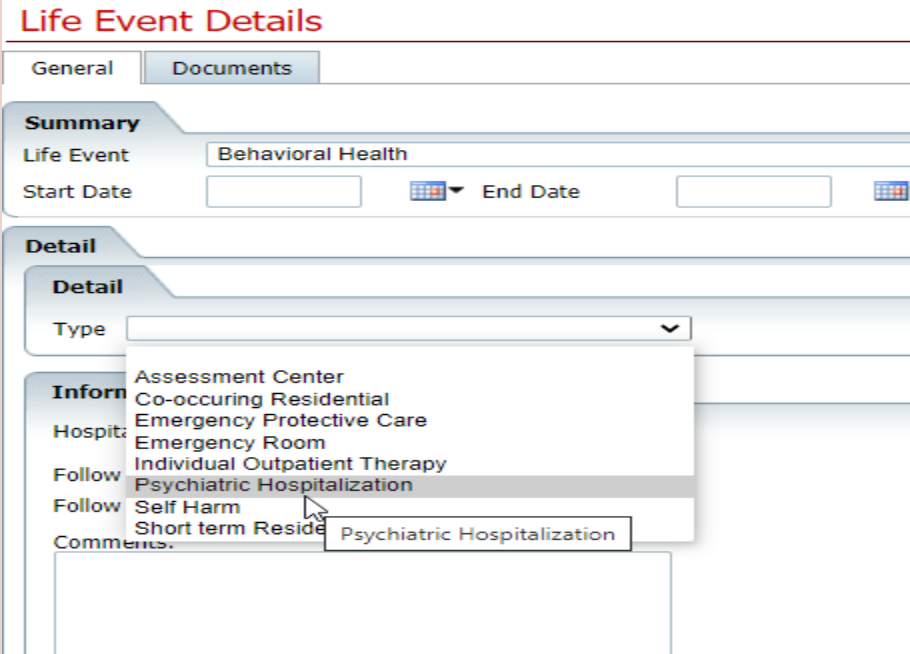
❑ Evaluate how each measure will be documented in electronic health record (Community Alliance-Smartcare)
❑ Consulted with providers and program staff for guidance with workflows
❑ Produced training guides that included workflows, documentation requirements, screen shots

Training Guides-Example

	Indicator:	Instructions on how to document:
1A	85% of persons served will not require a psychiatric hospitalization during the year.	SmartCare • Open Client Tab • Timeline/flags/ events banner • Life events cascading banner • Add start date and end date

Data Collection, Review and Dashboard Implementation

- In the beginning, frequent reviews of data is necessary (ie: MIS team daily, programs weekly)-utilization of Power BI reports
- Data reviews involve key program staff, MIS, QI
- Data results will drive PDSA cycle
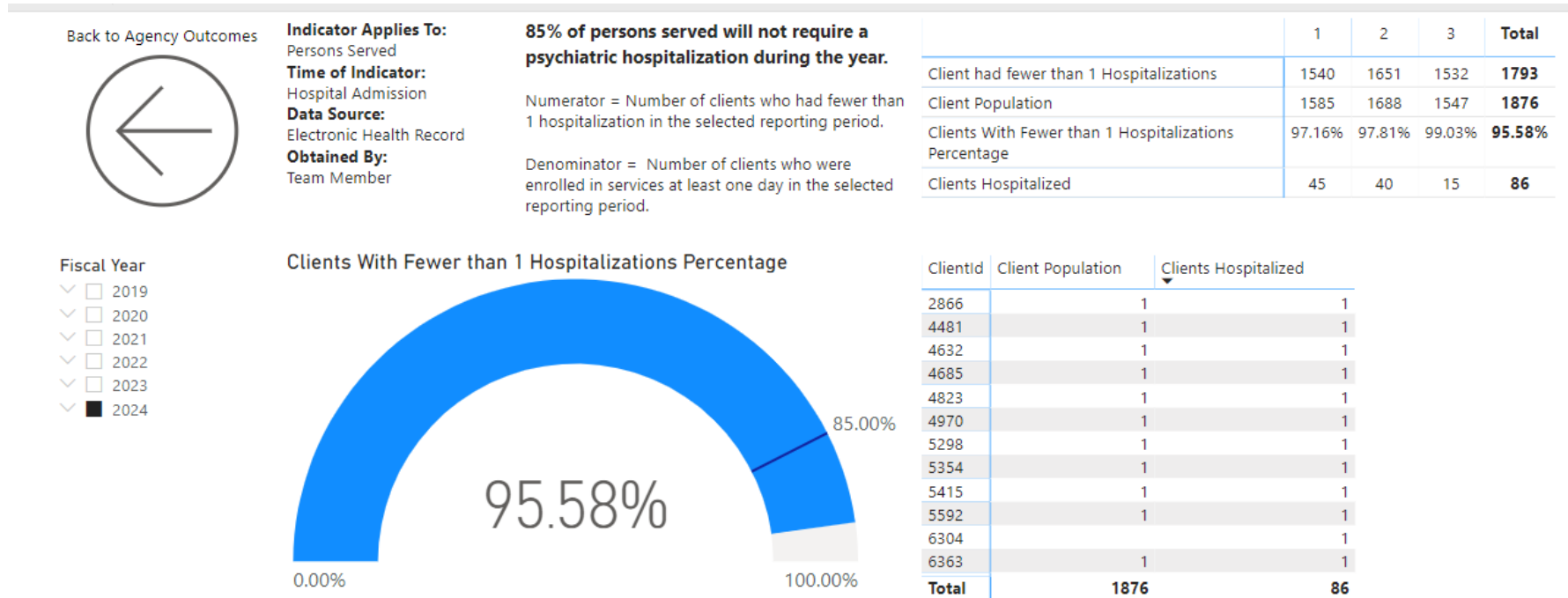
PDSA-Plan, Do, Study, Act

- ➤ What is our goal and how do we know change has occurred?

- ➤ Team STEPPS Assessment

- ➤ Current process vs. ideal process

- ➤ Identify opportunities for change

- ➤ **Plan**-Develop a change process
- ➤ **Do**-Document observations, identify gaps
- ➤ **Study**-analyze, lessons learned
- ➤ **Act**-adapt or modify current state, adopt new change, or abandon change and repeat

- ➤ Monitor data results and current workflows-set baseline to determine if PDSA needs to resume

CCHBC Criteria 2B1: General Requirements for Timely Access to Services and Initial and Comprehensive Evaluation

- *Eligible persons will receive an initial evaluation service within 10 business days for their request and within 1 day if deemed urgent*
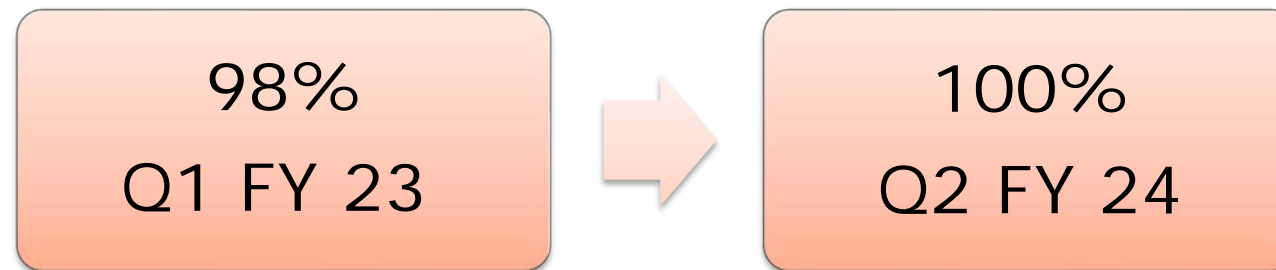
| 80%
Q1 FY 23 | → | 89%
Q2 FY 24 |
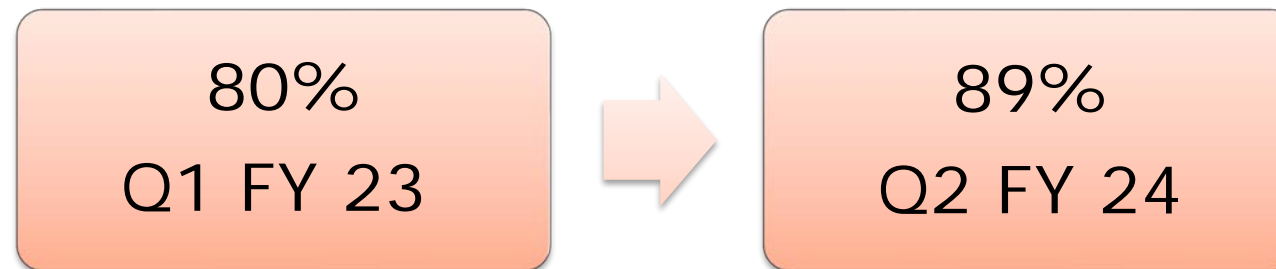
CCBHC Criteria 4C1: Crisis Behavioral Health Services

- *Potential eligible clients will be screened for suicide and complete a risk assessment if deemed appropriate*

98%
Q1 FY 23

100%
Q2 FY 24

Appendix B: Behavioral Health Clinic Quality Measures
- Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (NCQA)

Potential eligible clients will be screened utilizing SBIRT

and will be provided appropriate referrals if screening

identified unsafe substance use, including problematic alcohol or other substance use (Use of SBIRT Pre-screen, CAGE-AID and UNCOPE with SU Assessment)

| 79% Q1 FY 23 | → | 90% Q2 FY 24 |
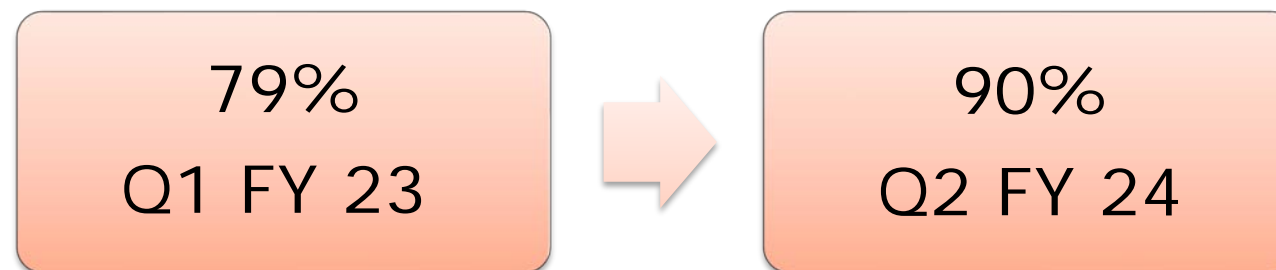
Summary and Lessons Learned

- Start early to familiarize yourself with the CCBHC Certification Criteria Manual and identify areas that have measurement standards

- Learn about clinical quality measure requirements in Appendix B

- Cross reference all other stakeholder measurement requirements with CCBHC requirements-there may be overlap

- Ask the team-what is the best methodology for data collection? Are there any requirements or specifications that need to be referenced as we move forward with operationalizing measures (ie: NCQA)

Summary and Lessons Learned

- Develop a workgroup to share responsibility with development of workflows, to include program processes and EHR documentation

- Have identified roles and responsibilities within the workgroup, (ie: IT, care coordinator, medical assistant, provider, etc)

- Provide initial and ongoing training (use instruction guides and document agreed upon workflows)

- Review results of data frequently

- Utilize a PDSA cycle of improvement process and follow up regularly (every other week minimum) with data results post implantation change

Community Alliance

Questions?

Closing: Sharing and Preparing

- **Volunteers:** What questions or ideas do you have based on today's presentations?

- **Question Log:** Take 2–3 minutes to put any questions you have about the learning series curriculum in the chat.

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Thank You!

Thank you for attending today's event.

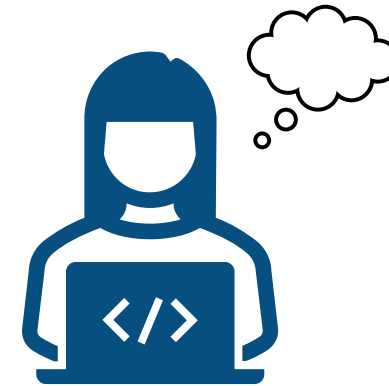Slides and the session recording link will be available on the CCBHC-E

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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