

Subject: Continuous Quality Improvement

Requirements

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1. **Programs Affected:** All CCBHC Demonstration participants.
2. **Background and Purpose:** Community Mental Health Centers (CMHCs) designated by the Alabama Department of Mental Health (ADMH) as Certified Community Behavioral Health Clinics (CCBHCs) must develop continuous quality improvement programs and develop a disparity impact statement in accordance with Substance Abuse and Mental Health Services Administration (SAMHSA) CCBHC Certification Criteria. ***This bulletin describes Alabama’s requirements for continuous quality improvement and disparity impact statement (DIS) regarding Alabama’s targeted subpopulations.***
3. **SAMHSA CCBHC Criteria Authority**
 - 3.1. Per Criterion 5.b.1, CCBHCs must develop, implement, and maintain an effective, CCBHC-wide continuous quality improvement (CQI) plan for the services provided. The CCBHC must establish 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 must focus on indicators related to improved behavioral and physical health outcomes and take 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.
 - 3.2. Per Criterion 5.b.2, the CQI plan must be developed by the CCBHC and address 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.
 - 3.3. Per Criterion 5.b.3, the CQI plan must be data-driven and the CCBHC must consider use of quantitative and qualitative data in their CQI activities. At a minimum, the plan must address the data resulting from the CCBHC-collected and, as applicable for the Section 223 Demonstration, State-Collected, quality measures that may be required as part of the Demonstration. *The CQI plan must include 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.*

3.4. As part of a data-driven quality improvement approach, SAMHSA requires DIS to identify populations at risk of experiencing behavioral health disparities.¹

4. ADMH Quality Improvement Requirements

- 4.1. ADMH-approved Disparity Impact Statements are recommended for use at CCBHCs to demonstrate data-driven service determinations. This standard will be applicable to all CCBHCs. CCBHCs will (1) identify disparities, (2) address disparities and (3) add a Disparity Reduction Plan into the CQI. The DIS must align with the Community Needs Assessment (CNA) which will be submitted every 3 years.
- 4.2. The CQI plan will be approved by the Medical Director and the Clinical Director.
- 4.3. CQI Plans are to be submitted to ADMH on annual basis, no later than July 1st of that year.
- 4.4. Plans will be reviewed by ADMH with feedback provided 60 days from submission.
- 4.5. The Plan must include:
 - Data-driven DIS to assist with the identification and service of underserved populations within the service area.
 - All CCBHC Clinic Level required reporting
 - Specific goals for clinical outcomes
 - Annual updates must include planned performance improvement for any goals for which the target is not met, and any areas identified by ADMH as needing improvement.
- 4.6. Each plan must include a Disparity Impact Statement to identify and prevent disparities in Alabama's populations of focus (POF) which include:
 - All ages, races, ethnicities, genders, disability statuses, sexual orientations, and gender identities with serious emotional disturbance (SED), severe mental illness (SMI), substance use disorders (SUD), Opioid Use Disorder (OUD), and co-occurring mental and substance disorders (COD), and those with or at risk of HIV and Hepatitis C due to injection drug use.
 - Opioid Use Disorder with emphasis on the African American population
 - The rural population
 - Those who identify as LGBTQ+, with a particular focus on youth
 - Those at risk of gun violence
 - Pregnant and Parenting Women (PPW)
 - People experiencing homelessness
- 4.7. The Disparity Impact Plan must include:
 - Specific actions to reduce disparities in the identified populations
 - A comparison of local population demographics with demographics and outcomes of persons referred/served to ensure that the CCBHC is delivering effective and equitable services to all communities, and the ratio of the demographics of persons served is reflective of the community.
 - If not, an outreach and engagement goal must be established

¹ <https://www.samhsa.gov/grants/grants-management/disparity-impact-statement>

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- Evaluation of the person receiving services outcomes by demographic
 - Evaluation of the person receiving services experience survey results by demographic
- 4.8. To implement the Disparity Impact Plan each CCBHC must develop an internal disparity reduction team that evaluates the data at a minimum twice per year. All outcomes will be noted in the CQI plan and specific performance improvement activities for any disparities identified
- 4.9. The data and progress must be submitted annually as part of the CQI plan. ADMH will review and approve all performance improvement activities.
- 4.10. ADMH expects that each CCBHC will actively track outcomes and disparities for the POFs. Any disparities noted will be addressed through the agency's formal CQI process.
- 4.11. Each CCBHC is required to complete a Community Needs Assessment (CNA) at minimum once every 3 years. The CNA should be used to inform focus areas for treatment and should strive to have representation from all populations of focus. Additionally, the CNA should be used to identify any emerging groups facing disparities in the community. If new high-risk populations are identified, this should be shared with ADMH in order to update communications with SAMHSA.

Disclaimer: The information contained in this implementation bulletin is for general information purposes only. For more details on the specific subject area covered in this bulletin, please refer to the Certified Community Behavioral Health Clinic (CCBHC) Certification Updated March 2023.

¹ <https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf>