
CHAPTER 11: CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS

SECTION 11.11: PROGRAM MONITORING/QUALITY ASSURANCE

PAGE(S) 2

PROGRAM MONITORING/QUALITY ASSURANCE**Data collection, reporting, and tracking**

The Certified Community Behavioral Health Clinic (CCBHC) shall have the capacity to collect, report, and track encounter, outcome, and quality data, including, but not limited to:

1. Characteristics of clients;
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 clients.

The CCBHC shall collect and report the clinic-collected quality measures, in accordance with the technical specifications, to the Louisiana Department of Health (LDH) within nine months after the end of the measurement year. (See Appendix A).

The CCBHC shall have arrangements with designated collaborating organizations (DCOs) for access to quality measures data for CCBHC services delivered by DCOs as legally permissible.

CCBHCs shall participate in discussions with the national evaluation team and other evaluation-related data collection activities if requested.

See LDH CCBHC reporting guidance documents for additional information.

CHAPTER 11: CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS

SECTION 11.12: PROGRAM MONITORING/QUALITY ASSURANCE

PAGE(S) 2

Continuous Quality Improvement Plan

The Certified Community Behavioral Health Clinic (CCBHC) shall develop, implement, and maintain an effective, CCBHC-wide continuous quality improvement plan (CQIP) for the services provided.

The CCBHC shall establish a critical review process to review CQIP outcomes and implement changes to staffing, services, and availability that improves the quality and timeliness of services.

The CQIP shall focus on indicators related to improved behavioral and physical health outcomes and takes actions to demonstrate improvement in CCBHC performance.

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

The CQIP shall address how the CCBHC reviews known significant events including, at a minimum:

1. Deaths by suicide or suicide attempts of clients;
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 CQIP.

The CQIP shall be data-driven and the CCBHC shall consider the use of quantitative and qualitative data in their CQIP activities.

The CQIP shall include an explicit focus on populations experiencing health disparities (including racial and ethnic groups and sexual and gender minorities) and shall address how the CCBHC uses disaggregated data from the quality measures and, as available, other data to track and improve outcomes for populations facing health disparities.