



Macomb County Community Mental Health

Using CCBHC Quality Metrics to Drive Performance
Improvement

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Macomb County Community Mental Health programs and services are supported and funded, in part, by the Michigan Department of Health and Human Services and the Macomb County Board of Commissioners and are administered by the Macomb County Community Mental Health Board. MCCMH services are CARF accredited.



Where We Started

- Started with the CCBHC Expansion
- Developed CCBHC Quality Plan
- Pushed Integrated Care emphasis across divisions and programs
- Emphasized need for inter-departmental collaboration





Where We Started

Integrated Health Macomb: SAMHSA Expansion Grant

- CCBHC Quality and Performance Improvement Plan
 - Building on existing priorities
 - New opportunities for integrating behavioral and physical health



Where We Started

Integrated Health Macomb CCBHC QAPI Measures: Building on Existing Priorities

- Improving outreach and penetration rates, reflective of US Census data for MCCMH
- Key Performance Indicators – ten-day service initiation
- Reducing hospital recidivism rates
- Expand Evidence-Based Program education and access
- Staffing to meet capacity



Where We Started

Integrated Health Macomb CCBHC QAPI Measures: New Opportunities for Integrated Care

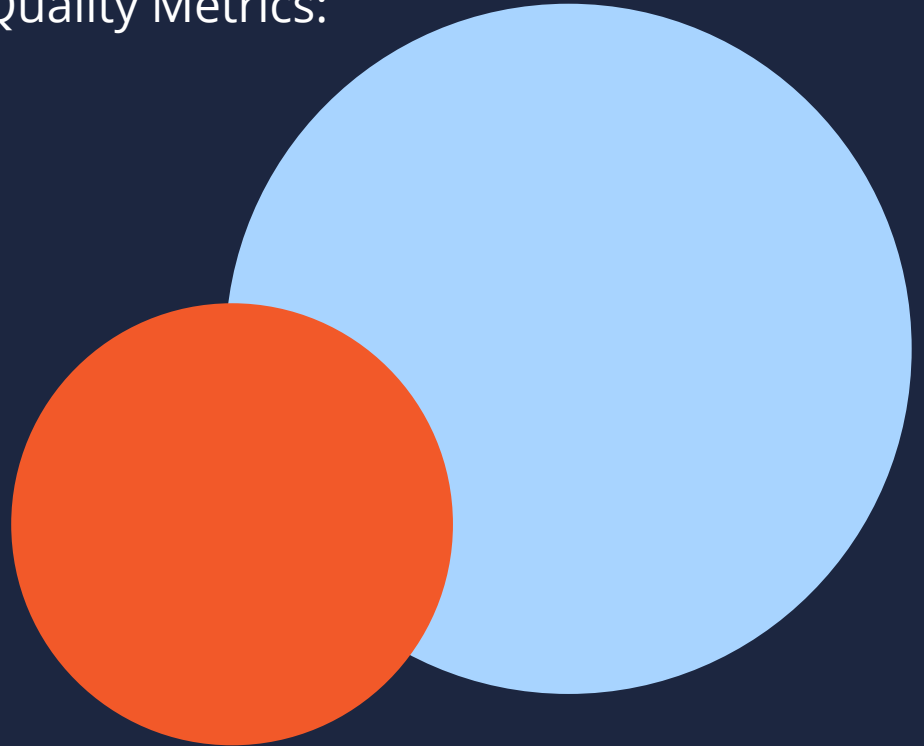
- Addressing identified chronic health conditions in Person-Centered Plans
- Monitoring of metabolic syndrome in those prescribed second-generation atypical anti-psychotic medications
- Monitoring of Tardive Dyskinesia in individuals prescribed antipsychotic medications
- Measurable improvement of outcomes for individuals served – LOCUS, CAFAS, PECFAS, AUDIT, PHQ-9
- Zero Suicide initiatives



Where We Started

Integrated Health Macomb CCBHC Quality Metrics: Driving Integrated Care

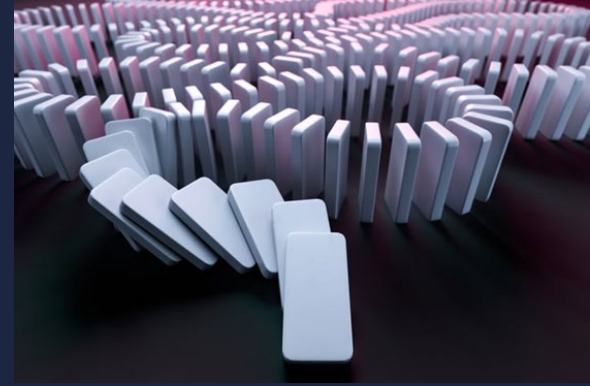
- Successes and Challenges
 - External partners
 - Internal departments
 - Direct-Operated Program Teams
- Lessons Learned
 - Responsibility
 - Collaboration
 - Accountability





Where We Are

- Currently involved in the CCBHC Demonstration
- Expansion prepared MCCMH well for Demonstration
- Improving communication flows across organization
- Developing process flows for an effective "trickle-down" of information





Where We Are

- PIHP and CCBHC Requirements
 - Redundancy of operating under two "separate" systems
 - Prioritized integrating into a more cohesive model of care
- Designated Collaborating Organization (DCO) Requirements
 - Unique composition: CMHSP and PIHP
 - Contract providers adjustment to DCOs
 - Existing areas of integration: EMR system, Policies and Procedures, Quality Audits, Training Requirements
- Education and Evaluation Improvements
 - Increased focus on advertisement of available services and community outreach and education
 - Increased assessment of regional demographics to improve access to appropriate services



Where We Are

Health Information Technology

- Use of MDHHS Platforms (CRM, WSA, CareConnect360, FTS)
- Navigated technical pieces within EMR System
- Manual entry errors/inconsistencies
 - Challenges with case closures and enrollment/disenrollment logistics
- Manual enrollment of members in WSA
- To ensure clean data:
 - Hired additional staff to oversee data entry
 - Developed Clinical Informatics Department
 - Increased communication to providers (memos, trainings, etc.)



Where We Are Going

- Monitoring and Evaluation Components
- Increase focus on implementing quality initiatives
- Prioritize collaboration and coordination across organization
- Identify the golden thread(s)
- Make process implementation more cohesive, feasible, trackable



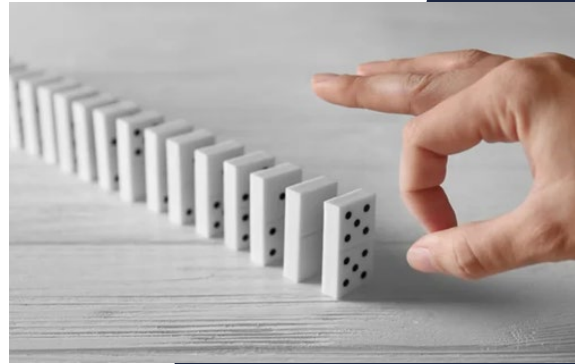


Where We Are Going

The Golden Thread

- Aligning the CCBHC model of care with MCCMH's Quality Initiatives
- Quality Measures and Data Reporting
- Quality Assessment Performance Improvement Program (QAPIP)
- Performance Improvement Projects (PIP)
- Incident Reporting
- Person Centered Treatment
- MCCMH Service Array
- Quality Audits

Questions



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