

Indicator	Recommended Tool or Protocol	Definition	Individual / System	Quality Standard Source or Reference	CA Required Reporting/ Meaningful Use?
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Focus on Affective Disorders

Depression Screening	Patient Health Questionnaire (PHQ)- 2	Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented	Individual / System	<p>National Behavioral Health Quality Framework (NBHQF)* Goal 1 ** Evidence-Based Practice</p> <p>National Quality Forum (NQF) #0418: Screening for Clinical Depression</p> <p>NBHQF Recommended</p> <p>Steward: Centers for Medicare & Medicaid Services (CMS)</p>	<p>No Evidence in State Required Reporting</p> <p>Meaningful Use : CMS2v5</p>
Depression Assessment and Management	Patient Health Questionnaire-9	PHQ-9 Treatment response defined as a reduction in PHQ-9 score of at least 50% at 6 mo or more frequently as treatment plan indicates	Individual / System	<p>NQF #1884 Depression Response (6 mo) and #1885 Depression Response (12 mo)</p> <p>NQF endorsed from Minnesota measurement group and commonly used in depression treatment research</p>	<p>No Evidence in State Required Reporting</p> <p>No Evidence among 2016 MU eMeasures</p>

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Anxiety Assessment	Generalized Anxiety Disorder - 7 (GAD-7)	A brief measure for assessing generalized anxiety disorder	Individual / System	NBHQF Goal 1 Evidence-Based Practice (Assigned) REF: Spitzer RL, et.al , Arch Intern Med. 2006; 166:1092-1097.	No Evidence in State Required Reporting Several counties currently using No Evidence among 2016 MU eMeasures
Focus on Suicide Prevention					
Suicide Risk Assessment	Current required measure being used by counties, there is variation. Tulare County uses Beck Hopelessness Scale Many counties use the PHQ-9, which has 2 questions about suicide	Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified	Individual /System	NBHQF and SAMHSA Recommended NBHQF Goal 1 Evidence-Based Practice Steward: AMA convened Physician Consortium for Performance Improvement NQF #0104: Major Depressive Disorder: Suicide Risk Assessment (update May 2016) Tulare County Check-in With You: the Older Adult Hopelessness Screening (OAHS) Program was developed by Tulare County Health	PEI Regulations: (e) If the County chooses to offer a Suicide Prevention Program referenced in Section 3730, the County shall select and use a validated method to measure changes in attitudes, knowledge, and/or behavior regarding suicide related to mental illness that are applicable to the specific

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				& Human Services Agency (HHSA)	<p>Program.</p> <p>Some counties also have suicide risk assessment as part of their FSP programs but not required in DCR or CSI.</p>
					Meaningful Use CMS161v4
Suicide Risk Assessment	Prevalence of suicide risk programs or procedures in place in county-contracted agencies and county MH/BH service agencies	Percentage of organizations with standard procedures for responding to suicide risk	System level	NBHQF, SAMHSA Recommended NBHQF Goal 5: Reduction in Adverse Events care	PEI Regulations: (e) If the County chooses to offer a Suicide Prevention Program referenced in Section 3730, the County shall select and use a validated method to measure changes in attitudes, knowledge, and/or behavior regarding suicide related to mental illness that are applicable to the specific Program.

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Focus on Medication Management					
Medication Review	Current required measure being used	Percentage of adults 66 years and older who had a medication review; a review of all a member's medications, including prescription medications, over-the-counter (OTC) medications and herbal or supplemental therapies by a prescribing practitioner or clinical pharmacist.	System	NBHQF Goals 3 Care Coordination Goal 5 Reduction in Adverse Events (Assigned) NQF 0553: Care for Older Adults – Medication Review Steward: National Committee for Quality Assurance (NCQA)	Included in Required Reporting Source: CSI S-25.0 EBP/Service Strategies EBP (Code 07: Medication Management) Meaningful Use: CMS68v5
Focus on Cognitive Health					
Cognitive Assessment	Mini-Cog for in person; AD-8 can be done by phone	*Meaningful Use Definition: Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12 month period Per WG: The above definition may be limiting and should be expanded to	System	Patient Protection and Affordable Care Act Medicare Annual Wellness requires an assessment to detect cognitive impairment NBHQF Goal 3. Care Coordination (Assigned)	No Evidence in State Required Reporting Several counties are currently or planning to include

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		include persons with changes in cognitive status for any reason			Meaningful Use: CMS149v4
Focus on Alcohol and Substance Misuse					
Alcohol Use/Misuse Screening & Brief Intervention	<p>Screening, Brief Intervention, and Referral to Treatment (SBIRT) for alcohol misuse and/or substance abuse/misuse</p> <p>SAMHSA: Provides 2 screening tools for use with older adults, the AUDIT-C brief screening tool and the Short Michigan Alcoholism Screening Test, Geriatric Version. One pocket-sized questionnaire is for primary care physicians, one can be used by non-medical professionals.</p>	Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. The SBIRT model was incited by an Institute of Medicine recommendation that called for community-based screening for health risk behaviors, including substance use.	Individual / System	<p>National Quality Strategy (NQS) Goal 4: HEALTHY LIVING FOR COMMUNITIES</p> <p>NBHQF Goal 1 Evidence-Based Practice (assigned)</p> <p>NQF #2599 endorsed 3/15 for alcohol screening for people with SMI</p> <p>Steward: NCQA</p>	<p><i>Screening only</i> Required</p> <p>Not SBIRT Source: CSI. The question on the PAF form asks "In the opinion of the service coordinator- does the partner have co-occurring substance abuse in the past or present and are they receiving treatment- Items 12.01-12.03.</p> <p>The CSI form asks about EBPS around Substance Abuse Treatment and Axis diagnosis for substance abuse.</p> <p>Meaningful use similarity-</p>

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					CMS137v4 / NQF0004
Focus on Independent Living					
Housing Help and Stabilization	Living Arrangements question (currently required in DCR)	Increase in stable housing status from date of first service to date of last service.	Individual	NBHQF Goal 1: Evidence-Based Practice	Included in Required Reporting Source: DCR Form: PAF, KET
					No Evidence among 2016 MU eMeasures

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Functional Assessment at the Basic and Instrumental levels to determine level of independence and need for assistance	<p>Basic Activities of Daily Living Scale or comparable (bathing, dressing, toileting, feeding, transfer and continence) in DCR</p> <p>Instrumental Activities of Daily Living (IADL) (Money Management, Transport, and Medication Administration on one's own or with assistance) in DCR</p>	Assessment of capacity to carry out both Basic and Instrumental Activities of Daily Living and need of assistance	Individual / System	<p>NBHQF Goal 3: Coordinated Care (assigned)</p> <p>National Committee for Quality Assurance - Health Care Accreditation Organization. 2015 Oct.</p> <p>NQMC: 010508 Care for older adults: percentage of adults 66 years and older who had each of the following during the measurement year: advance care planning, medication review, functional status assessment, and pain assessment</p>	<p>Included in Required Reporting Source: DCR (FSP) Forms: PAF, 3M</p> <p>No Evidence among 2016 MU eMeasures</p>
Focus on Social Connections and Social Isolation					

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Social Connectedness	<p>“Does the client have access to at least one stable, supportive adult?”</p> <p>OR</p> <p>Lubben Social Network Scale – 6 items</p>	Social connectedness: Connections to and support from others in the community such as family, friends, co-workers, and classmates	Individual	NQS Goal 4: Promote Healthy Living NQS – Future use	<p>No Evidence in State Required Reporting</p> <p>(related questions on MHSIP Older Adult Survey)</p> <p>Many counties already assessing (Question is from LA Co FCCS OMA)</p> <p>No Evidence among 2016 MU eMeasures</p>
Engagement in meaningful activity	<p>“Does the Client have activities (could be solitary) that he/she defines as meaningful?”</p> <p>Also consider Engagement in Meaningful Activities Survey</p>	Client self-rating of how meaningful their day-to-day activities are. Related to quality of life.	Individual	Reference for Engagement in Meaningful Activities Survey: Eakman, A. M. (2012). Measurement characteristics of the Engagement in Meaningful Activities Survey in an age-diverse sample. <i>American Journal of Occupational Therapy</i> , 66, e20-e29. doi: 10.5014-ajot.2012.001867	Required in Field Capable Clinical Services (FCCSOMA)
Focus on Consumer/Family Satisfaction with Care					

Indicator	Recommended Tool or Protocol	Definition	Individual / System	Quality Standard Source or Reference	CA Required Reporting/ Meaningful Use?
Consumer /Family Experience of Care	Perceptions of Care Survey (PoC) {both inpatient and outpatient}	The Perceptions of Care (PoC) surveys are clinical-care oriented, self-report satisfaction rating scales.	Individual / System	NBHQF Goal 2 Person / Family / Community-Centered In developing the PoC surveys, McLean Hospital (Harvard Medical School Affiliate) focused on patients' perception of the quality of the interpersonal care they received during hospitalization and outpatient treatment.	No Evidence in State Required Reporting (MHSIP Older Adult Survey)
					No Evidence among 2016 MU eMeasures
Rating of Care	Consumer Evaluation of Care: Reporting Positively About Outcomes	THIS is definition for NQMC -841: This composite measure indicates the percentage of adult patients who indicated how often ("Always," "Usually," "Sometimes," or "Never") their clinicians communicated well with them. The "How Well Clinicians Communicate" composite measure is based on six questions on the Experience of Care and Health Outcomes (ECHO) Survey.	Individual / System	NBHQF Goal 1 Evidence-Based Practices recommended Measure Summary NQMC-841	No Evidence in State Required Reporting (MHSIP Older Adult Survey)
					No Evidence among 2016 MU eMeasures
Access to Care by Diverse and Special Populations	Expand current satisfaction survey	Self-rating of access to needed care by older adults from ethnic and racial groups At systems level, Example of system: an outcome can be increased provision of services by ethnic and cultural community Organizations)	Individual/ System		Recommended in 'Prevention and Early Intervention Regulations' effective October 6, 2015. Section 3750. (i) and related questions in MHSIP

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Culturally and Linguistically Competent Care	Expand current satisfaction survey	Self-rating of cultural and linguistic competence of care received by older adults from ethnic and racial groups	Individual		Required in PEI Regulations
Focus on Continuity and Integration of Care					
Health Assessment	Existing clinical tools	Use of valid health assessment tools to assess behavioral health issues, substance use/abuse, and co-morbid health conditions	Individual/ System	NBHQF Goal 4: Healthy Living for Communities – Assist communities to utilize best practices to enable healthy living. (Recommended Measure)	No Evidence in State Required Reporting (MHSIP Older Adult Survey) No Evidence among 2016 MU eMeasures
Follow-up Care Post MH Hospital /ER Care Care Transitions	Receipt of follow up care post hospitalization or visit to ER	NQF #0576 The percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported: 1) The percentage of discharges for which the patient received follow-up within 30 days of discharge. 2)The percentage of discharges for which the patient received follow-up within 7 days of discharge.	System	NBHQF Goals 1: Evidence-Based Practices Goal 3: Coordinated Care (assigned) Goal 6 Accessible/Affordable Care (assigned) NQF #0576: Follow-up after Hospitalization for Mental Illness NQF #2605 Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence	Included in Required Reporting Source: CSI Generate measure from multiple variables

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				<p>NQF Steward: National Committee for Quality Assurance</p> <p>HEDIS 2015 technical specifications for ACO measurement.</p> <p>PQRS #391 NQF #0576: Follow Up After Hospitalization for ... https://psychiatry.org/.../2016 PQRS</p> <p>American Psychiatric Association Measure #391 (NQF 0576): Follow-Up After Hospitalization for Mental Illness (FUH) – National Quality Strategy Domain: Communication and Care Coordination 2016 Physician Quality Reporting Options for Individual Measures Registry Only</p>	
Comprehensive Coordinated Care	Current required measure being used	<p>Identification of unmet health and human/aging service needs and mobilization of resources to meet needs (Assigned)</p> <p>Care plans of various organizations have aligned goals for individuals (Assigned),</p>	Individual / System	NBHQF Goal 3. Coordinated Care (Assigned)	<p>Included in Required Reporting Source: CSI S-25.0 EBP/Service Strategies Codes: (58, 61)</p> <p>No Evidence among 2016 MU eMeasures</p>

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Behavioral Health Care Coordinated with Other Services	Current required measure being used	Population reporting attention to both behavioral health and other health conditions in care settings	Individual/ System (Assigned))	NBHQF Goal 3: Coordinated Care NBHQF Future measure	Included in Required Reporting Source: CSI S-25.0 EBP/Service Strategies Service Strategy Codes: (54-58)
					No Evidence among 2016 MU eMeasures
Diabetes /Cardiovascular Disease Screening for People with Schizophrenia	Current clinical care screening tool being utilized	Coordination standards are promulgated between addiction and mental health entities, and between behavioral health and primary care entities	System	NBHQF Goal 3 Care Coordination (assigned) NBHQF recommends NQF #1934 Screen For people with diabetes and schizophrenia NBHQF uses NQF#1933 Screen for people with cardiovascular disease & schizophrenia	No Evidence in State Required Reporting (MHSIP Older Adult Survey) No Evidence among 2016 MU eMeasures Some counties are completing this
Focus on Health Services Utilization					
Psychiatric hospitalizations	Number of psychiatric hospitalizations	Number of psychiatric hospitalizations	Individual/ System		Financial data reports available from the Office of Statewide Health Planning and Development (OSHPD).

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Emergency Room Use for mental/ behavioral health care	Number of ER visits for mental/ behavioral health care	Number of emergency department uses for mental/behavioral health care	Individual/ System		<p>Collected in DCR – PAF Form: Variable item 10.02 Mental health/ Substance Abuse Related</p> <p>PAF also collects information on # of Emergency Interventions (Including ER visit and Crisis Stabilization) in the past 12 months related to Physical Health (10.01)</p>

Glossary and Sources

Assigned (means this decision or definition came from the UCLA team)

^ Information on Required Reporting came from the following sources: CSI data dictionary (2007), DCR Data Dictionary (2012), Full Service Partnership DCR Curriculum for Training (2012), DCR User Manual (2012)

Information about Meaningful Use came from Clinical Quality Measures for 2014 CMS HER Incentive Programs for Eligible Professionals. Codes are CMS eMeasure ID for 2016 reporting) <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EPMeasuresTableMay2015.pdf>

***NBHQF** - National Behavioral Health Quality Framework, SAMHSA, Using the National Quality Strategy (NQS see below) as a model, the Substance Abuse and Mental Health Services Administration (SAMHSA) developed the National Behavioral Health Quality Framework (NBHQF). By behavioral health, SAMHSA refers to mental/emotional well-being and/or actions that affect wellness. Behavioral health problems include substance use disorders; alcohol and drug addiction; and serious psychological distress, suicide, and mental disorders. SAMHSA offers the NBHQF as a guiding document for the identification and implementation of key behavioral health quality measures for use in agency or system funding decisions, monitoring behavioral health of the nation, and the delivery of behavioral health care. The NBHQF provides a mechanism to examine and prioritize quality prevention, treatment, and recovery elements at the payer/system/plan, provider/practitioner, and patient/population levels. The NBHQF is aligned with the NQS in that it supports the three broad aims of better care, healthy people/healthy communities, and affordable care. However, it was specifically broadened to include the dissemination of proven interventions and accessible care. (<http://www.samhsa.gov/data/national-behavioral-health-quality-framework>)

**** NBHQF** (National Behavioral Health Quality Framework) **GOALS**

NBHQF Goal 1: EVIDENCE-BASED PRACTICES – Promote the most effective prevention, treatment, and recovery practices for behavioral health disorders.

NBHQF Goal 2: PERSON-CENTERED CARE – Assure behavioral health care is person, family, and community centered.

NBHQF Goal 3: COORDINATED CARE – Encourage effective coordination within behavioral health care, and between behavioral health care and community-based primary care providers, and other health care, recovery, and social support services.

NBHQF Goal 4: HEALTHY LIVING FOR COMMUNITIES – Assist communities to utilize best practices to enable healthy living.

NBHQF Goal 5: REDUCTION IN ADVERSE EVENTS – Make behavioral health care safer by reducing harm caused in the delivery of care.

NBHQF Goal 6: AFFORDABLE/ACCESSIBLE CARE – Foster affordable high-quality behavioral health care for individuals, families, employers, and governments by developing and advancing new and recovery-oriented delivery models.

NCQA - National Committee for Quality Assurance (NCQA)

NQF - The [National Quality Forum \(NQF\)](#) is a not-for-profit membership organization created to develop and implement a national strategy for health care quality measurement and reporting. NQF endorses performance measures as national voluntary consensus standards through their [consensus development process](#).

NQMC – National Quality Measures Clearinghouse – is a database and website for information on specific evidence-based healthcare quality measures. NQMC is sponsored by the Agency for Healthcare Research and Quality (AHRQ) of the US Department of Health and Human Services (HHS)

NQS – National Quality Strategy, HHS. In 2010, the Patient Protection and Affordable Care Act (PPACA—or ACA) charged the U.S. Department of Health and Human Services (HHS) with developing a National Quality Strategy (NQS), the purpose of which is to better meet the promise of providing all Americans with access to health care that is safe, effective, and affordable. In March 2011, the Secretary of HHS reported to Congress on a National Strategy for Quality Improvement in Health Care. Using the NQS as a model, the Substance Abuse and Mental Health Services Administration (SAMHSA) has developed the National Behavioral Health Quality Framework (NBHQF).

CMS – Centers for Medicare and Medicaid Services

DCR – California Data Collection & Reporting (Reporting System)

CSI – California Client & Service Information (Reporting System)