

**RFS 24-77045**  
**Attachment F**  
**Quality Metrics Response Template**

**Background:** This Attachment includes two tables of quality metrics the State is requiring for Indiana’s use during the Demonstration Program: (1) **Table 1** includes “Clinic-Collected Metrics,” or metrics that will be collected by CCBHCs; and (2) **Table 2** includes “State-Collected Metrics,” or metrics that will be collected by the State. These metrics are critical to help the State track the growth of the behavioral health system, delivery of services, and outcomes achieved through the CCBHC expansion.

In accordance with the Certification Criterion 3.b.2 (see Attachment E), “The CCBHC is expected to share data with the State in accordance with the requirements set forth in its contractual agreement to provide CCBHC services.”

The State acknowledges that SAMHSA has not provided technical specifications for all updated quality measures. The State will align with SAMHSA specifications once additional guidance is released and published.

Please enter information into the open columns, as applicable and as described in the instructions for each table.

## Table 1: Clinic-Collected Metrics

**Background:** This section includes the quality metrics that each CCBHC will be required to collect and report on. Many metrics are sourced from the Certification Criteria for CCBHCs and are federally required. The State also plans to continue collecting twenty (20) metrics currently tracked by the CCBHC Bridge Grants.

**Instructions:** In the table below, please indicate whether you are currently collecting the following quality metrics. If you do currently capture and report all data required for the respective metric, please explain how you are currently doing so. If you do not currently capture and report data for the respective metric, please explain how you plan on doing so by the start of the Demonstration Program (anticipated on or around July 1, 2024).

Quality Metric	Description	Are you currently collecting all data for this metric?	If so, how do you currently capture and report the data? If not, how do you plan to by 7/1/24?
Time To Services (I-SERV)	Replaces I-EVAL, includes average time to: Initial Evaluation, Initial Clinical Services, and Crisis Services <sup>1</sup>	Yes	Sandra Eskenazi Mental Health Center (Sandra Eskenazi MHC) dashboards are built into the Epic electronic health record (EHR) to track data based on Indiana/Federal requirements for CCBHC.
Depression Remission at Six Months (DEP-REM-6)	Percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission six months (+/- 60 days) after an index event date	No	This is being built in Epic with associated clinical implementation occurring. This will be completely operational by first quarter 2024.
Preventive Care and Screening: Unhealthy Alcohol Use: Screening	Percentage of consumers aged 18 years and older who were screened at least once	No	Sandra Eskenazi MHC is waiting for the State to define which assessment to use (so data can be reported). Sandra Eskenazi MHC provided

<sup>1</sup> SAMHSA is currently changing metric from I-EVAL to I-SERV

Quality Metric	Description	Are you currently collecting all data for this metric?	If so, how do you currently capture and report the data? If not, how do you plan to by 7/1/24?
and Brief Counseling (ASC)	within the last 24 months for unhealthy alcohol use using a systematic screening method AND who received brief counseling if identified as an unhealthy alcohol user		feedback after viewing the Quality Outcomes draft document and recommends the AUDIT-C. We will move ahead with the AUDIT-C until instructed to do otherwise. We will leverage our internal Epic team to help us develop the associated workflows for implementation before July 1, 2024.
Screening for Clinical Depression and Follow-Up Plan (CDF-CH and CDF-AD)	Percentage of beneficiaries ages 12 to 17 screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the eligible encounter	No	Sandra Eskenazi MHC is waiting for the State to define which assessment to use (so data can be reported). Unless the State determines otherwise, we will utilize the PHQ-9M as that workflow is being built and is consistent with what is being used for depression remission. Planning will be done through our safety-planning and treatment-planning processes.
Screening for Social Drivers of Health (SDOH)	Percentage of patients 18 years and older screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety	Yes	All workflows and data are in Epic. Eskenazi Health has its own SDOH screening tool that is being used and tracked through associated dashboards.
Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (TSC)	Percentage of consumers aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation intervention if	Yes	The workflow exists in Epic to screen and counsel. This data can be tracked.

Quality Metric	Description	Are you currently collecting all data for this metric?	If so, how do you currently capture and report the data? If not, how do you plan to by 7/1/24?
	identified as a tobacco user		
Controlling High Blood Pressure (CBP-AD)	<p>Percentage of consumers ages 18 to 85 who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled during the measurement year based on the following criteria:</p> <ul style="list-style-type: none"> <li>• Consumers ages 18 to 59 whose BP was &lt;140/90 mm Hg</li> <li>• Consumers ages 60 to 85 with a diagnosis of diabetes whose BP was &lt;140/90 mm Hg</li> <li>• Consumers ages 60 to 85 without a diagnosis of diabetes whose BP was &lt;150/90 mm Hg</li> </ul> <p>A single rate is reported and is the sum of all three groups.</p>	Yes	Sandra Eskenazi MHC, Eskenazi Health, and the Eskenazi Health FQHC all use Epic as an integrated EHR for all services across those service areas, ensuring integration of behavioral and primary healthcare. The data is then pulled into quality dashboards in Epic for tracking and can then be exported with the National Outcome Measures (NOMS) to Data Assessment Registry Mental Health & Addiction (DARMHA) system.
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Percentage of consumers age 13 and older with a new episode of alcohol or other drug (AOD) dependence who	Yes	It is collected through an Epic dashboard that pulls the assignment of new alcohol or other drug (AOD) diagnosis and determines the services provided within 14 and 30 days of diagnosis.

Quality Metric	Description	Are you currently collecting all data for this metric?	If so, how do you currently capture and report the data? If not, how do you plan to by 7/1/24?
(IET-AD)	<p>received the following:</p> <ul style="list-style-type: none"> <li>• Initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the diagnosis</li> <li>• Initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit</li> </ul>		
Hemoglobin A1c Control for Patients with Diabetes (HBD-AD)	<p>Percentage of members 18-75 years of age in the measurement year with a diagnosis of diabetes (Type 1 and Type 2) whose hemoglobin A1c was at the following levels during the measurement year:</p> <ul style="list-style-type: none"> <li>• HbA1c control (&lt;8.0%)</li> <li>• HbA1c poor control (&gt;9.0%) (inverted rate)</li> </ul>	Yes	This is gathered via a flowsheet in Epic and tracked through an Epic dashboard. We track both those individuals who meet only the State definition (answer of “yes” to the diabetes question in the HAP), as well as those with a formal diagnosis of diabetes.
<del>Use of First-Line Psychosocial Care for Children and</del>	<del>Percentage of children and adolescents 1–17 years of age who had a new</del>		Deletion by DMHA (second addendum)

Quality Metric	Description	Are you currently collecting all data for this metric?	If so, how do you currently capture and report the data? If not, how do you plan to by 7/1/24?
Adolescents on Antipsychotics (APP-GH)	prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment		
Suicidality Risk Assessment	<p>Clinics must utilize at least one of the following suicidality risk assessments:</p> <p><b>Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA):</b> Percentage of consumer visits for those consumers aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk</p> <p><b>Adult Major Depressive Disorder: Suicide Risk Assessment (SRA):</b> Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified</p>	Yes	Sandra Eskenazi MHC uses the C-SSRS and SAFE-T in the Epic system. The C-SSRS is used as a screening tool and is completed at each clinical visit. Based on response of the C-SSRS, the SAFE-T will be triggered to complete a full risk assessment. This was implemented to meet the best practice recommendations for our Joint Commission certification.

Quality Metric	Description	Are you currently collecting all data for this metric?	If so, how do you currently capture and report the data? If not, how do you plan to by 7/1/24?
	<p><b>Ask Suicide-Screening Questions (ASQ):</b> A brief (20-second) assessment that healthcare professionals can administer in a variety of settings (emergency department, inpatient medical unit, primary care clinics) to gauge suicide risk in patients. The toolkit website explains how to administer and respond to screening test results</p> <p><b>Suicide Assessment Five-Step Evaluation and Triage (SAFE-T):</b> An assessment that can be used by mental health professionals during their first contact with an individual at risk of suicidal behavior and completed suicide. The five-step assessment includes identification of risk and protective factors; conducting an inquiry about suicidality; determining level of risk and selecting an appropriate intervention; and documenting the process, including a</p>		

Quality Metric	Description	Are you currently collecting all data for this metric?	If so, how do you currently capture and report the data? If not, how do you plan to by 7/1/24?
	<p>follow-up plan</p> <p><b>Columbia Suicide Severity Rating Scale (C-SSRS):</b>  Supports suicide risk assessment through a series of simple, plain-language questions that anyone can ask. The answers help users identify whether someone is at risk for suicide, assess the severity and immediacy of that risk, and gauge the level of support that the person needs</p>		
Number of Crisis Calls Received by Caller's County	Number of crisis calls received broken out by caller's county (if known)	Yes	This is gathered via a flowsheet in Epic and tracked through an Epic dashboard.
Number of Crisis Calls Received by Crisis Type (calls could be in multiple types)	Crisis Types: Suicidal; homicidal; adult mental health and serious mental illness; youth mental health and serious emotional disturbance; substance use disorder	Yes	This is gathered via a flowsheet in Epic and tracked through an Epic dashboard.
Number of Unique Individuals Provided a Mobile Crisis Service By Individual's Location County	Number of unique individuals provided a mobile crisis service broken out by county client is in	Yes	This is gathered via a flowsheet in Epic and tracked through an Epic dashboard.



Quality Metric	Description	Are you currently collecting all data for this metric?	If so, how do you currently capture and report the data? If not, how do you plan to by 7/1/24?
Number of Unique Individuals Provided a Mobile Crisis Service by Crisis Type	Crisis Types: Suicidal; homicidal; adult mental health and serious mental illness; youth mental health and serious emotional disturbance; substance use disorder	Yes	This is gathered via a flowsheet in Epic and tracked through an Epic dashboard.
Number of Unique Individuals Referred to Mobile Crisis from the Following Entities	Referral Entities: Law enforcement; medical hospitals; psychiatric hospitals; behavioral health providers; schools; Department of Child Services; faith-based organizations; homeless shelter; family and friends	Yes	This is gathered via a flowsheet in Epic and tracked through an Epic dashboard.
Number of Naloxone Dispensations During Mobile Crisis	Number of Naloxone dispensations during mobile crisis	Yes	This is gathered via a flowsheet in Epic and tracked through an Epic dashboard.
Number of Unique Individuals Who Received a Follow-up Contact	Number of Unique Individuals Who Received a Follow-up Contact (e.g. telephone call, in-person visit)	Yes	This is gathered via a flowsheet in Epic and tracked through an Epic dashboard.
Number of Mobile Crisis Services Provided In Person	Number of mobile crisis services provided in person	Yes	This is gathered via a flowsheet in Epic and tracked through an Epic dashboard.
Mean Mobile Crisis	Average of total number of	Yes	This is gathered via a flowsheet in Epic and

Quality Metric	Description	Are you currently collecting all data for this metric?	If so, how do you currently capture and report the data? If not, how do you plan to by 7/1/24?
Response Times	minutes between first contact requesting crisis services and mobile crisis team arriving “on-scene” with individual		tracked through an Epic dashboard.
Mean Mobile Crisis Times	Average of total number of minutes “on-scene to resolution” with the individual	Yes	This is gathered via a flowsheet in Epic and tracked through an Epic dashboard.
Number of Mobile Crisis Responses Resolved in the Community	Number of mobile crisis responses resolved in the community (e.g. crisis de-escalated, higher level care not required)	Yes	This is gathered via a flowsheet in Epic and tracked through an Epic dashboard.
Number of Unique Individuals Receiving Crisis receiving and stabilization services (“CRSS”)	Number of individuals provided a CRSS broken out by county client is in	Yes	This is gathered via a flowsheet in Epic and tracked through an Epic dashboard.
Number of Unique Individuals Provided CRSS by Crisis Type	Crisis Types: suicidal; homicidal; adult mental health and serious mental illness; youth mental health and serious emotional disturbance; substance use disorder	Yes	This is gathered via a flowsheet in Epic and tracked through an Epic dashboard.
Number of Unique Individuals Referred to CRSS from the	Referral Entities: Law enforcement; medical hospitals; psychiatric	Yes	This is gathered via a flowsheet in Epic and tracked through an Epic dashboard.

Quality Metric	Description	Are you currently collecting all data for this metric?	If so, how do you currently capture and report the data? If not, how do you plan to by 7/1/24?
Following Entities	hospitals; behavioral health providers; schools; Department of Child Services; faith-based organizations; homeless shelter; family and friends		
Number of Naloxone Dispensations During CRSS	Number of Naloxone dispensations during mobile crisis	Yes	This is gathered via a flowsheet in Epic and tracked through an Epic dashboard.
Number of Unique Individuals Who Received a Follow-up Contact	Number of individuals who received a follow up contact (e.g. telephone call, in-person visit)	Yes	This is gathered via a flowsheet in Epic and tracked through an Epic dashboard.
Mean Length of Stay in Hours in CRSS	Average of total number of hours in CRSS	Yes	This is gathered via a flowsheet in Epic and tracked through an Epic dashboard.

## Table 2: State-Collected Metrics

**Background:** This section includes the quality metrics that the State will collect and report on during the Demonstration Program. Sites selected for Demonstration through this RFS will be expected to work with the State to accurately capture and report each metric in this section. Many metrics are federally required; others are metrics the State has elected to collect.

**Instructions:** In the table below, please indicate whether you are currently collecting any data on the quality metrics that will be collected by the State. If you do currently capture and report data for the respective metric, please explain how you are currently doing so. For each metric, please confirm your commitment to work with the State to ensure the State can accurately capture and report the metric.

Quality Metric	Description	Are you currently collecting any data for this metric? If so, how do you currently capture and report it?	Confirm your commitment to work with the State to capture this metric. Describe any challenges you foresee in helping capture this data.
Patient Experience of Care Survey	Annual completion and submission of Mental Health Statistics Improvement Program (MHSIP) Adult Consumer Experience of Care Survey, identifying results separately for BHCs and comparison clinics and oversampling those clinics	This is collected each year when the State sends out questionnaires to be completed. Questionnaires are completed by clients within the required time frame. Questionnaires are returned to the State for reporting.	We commit to working with the State to capture this metric. We anticipate no challenges if this can be done on paper in addition to electronically. We see better completion rates by the clients we serve when they can complete them on paper due to issues with technology access.
Youth/Family Experience of Care Survey	Annual completion and submission of Youth/Family Services Survey for Families (YSS-F) Experience of Care Survey, identifying results separately for BHCs and	This is collected each year when the State sends out questionnaires to be completed. Questionnaires are completed by clients within the	We commit to working with the State to capture this metric. We anticipate no challenges if this can be done on paper in addition to electronically. We see better completion rates by

Quality Metric	Description	Are you currently collecting any data for this metric? If so, how do you currently capture and report it?	Confirm your commitment to work with the State to capture this metric. Describe any challenges you foresee in helping capture this data.
	comparison clinics and oversampling those clinics	required time frame. Questionnaires are returned to the State for reporting.	the clients we serve when they can complete them on paper due to issues with technology access.
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)	Percentage of consumers ages 19 to 64 during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.	We are not currently collecting this data but the data can be made available through Epic if the prescription is filled at Eskenazi Health. This can be reported as needed	We commit to working with the State to capture this metric. We anticipate no challenges other than workflows may need to be modified to accurately report the dataset required.
Follow-Up After Hospitalization for Mental Illness, ages 18+ (adult) (FUH-AD)	<p>Percentage of discharges for consumers age 21 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:</p> <ul style="list-style-type: none"> <li>• Percentage of discharges for which the consumer received follow-up within 30 days of discharge</li> </ul>	We are not currently tracking this measure. The measure can be tracked in our Epic system for anyone receiving this service within the Eskenazi Health network. If the date is known for hospitalization outside our system, this also can be tracked within Epic.	We commit to working with the State to capture this metric. The challenge with this metric is the current inability to know when someone has been hospitalized for mental health when it occurs outside of the Eskenazi Health system. Clients sometimes self-report external hospitalization, but many times they do not report such hospitalizations.

Quality Metric	Description	Are you currently collecting any data for this metric? If so, how do you currently capture and report it?	Confirm your commitment to work with the State to capture this metric. Describe any challenges you foresee in helping capture this data.
	<ul style="list-style-type: none"> <li>• Percentage of discharges for which the consumer received follow-up within 7 days of discharge</li> </ul>		
Follow-Up After Hospitalization for Mental Illness, ages 6 to 17 (child/adolescent) (FUH-CH)	<p>Percentage of discharges for children and adolescents ages 6-17 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:</p> <ul style="list-style-type: none"> <li>• Percentage of discharges for which children received follow-up within 30 days of discharge</li> <li>• Percentage of discharges for which children received follow-up within 7 days of discharge</li> </ul>	We are not currently tracking this measure. (note: Eskenazi Health psychiatric inpatient serves those age 18 years and older).	We commit to working with the State to capture this metric. The challenge with this metric is the current inability to know when someone has been hospitalized for mental health when it occurs outside of the Eskenazi Health system. Clients sometimes self-report external hospitalization, but many times they do not report such hospitalizations.
Follow-Up After Emergency Department Visit for Mental Illness (FUM-CH & FUM-AD)	Percentage of emergency department (“ED”) visits for consumers 6 years of age and older with a primary diagnosis of mental illness, who had an outpatient visit, an intensive	We are not currently tracking this measure. The measure can be tracked in our Epic system for any client that has an emergency department visit within Eskenazi Health. If the	We confirm our commitment to working with the State to capture this metric. The challenges with this metric are the current inability to know when someone has been seen

Quality Metric	Description	Are you currently collecting any data for this metric? If so, how do you currently capture and report it?	Confirm your commitment to work with the State to capture this metric. Describe any challenges you foresee in helping capture this data.
	<p>outpatient encounter or a partial hospitalization for mental illness. Two rates are reported:</p> <ul style="list-style-type: none"> <li>• Percentage of ED visits for which the consumer received follow-up within 30 days of the ED visit</li> <li>• Percentage of ED visits for which the consumer received follow-up within 7 days of the ED visit</li> </ul>	<p>date is known for the visit to an emergency room external to Eskenazi Health, this can also be tracked within Epic.</p>	<p>in an external emergency room for mental health. Also, emergency rooms sometimes make the mental health diagnosis the primary presenting concern even when the client reports their primary reason for the emergency room visit was related to a comorbid condition. Clients may self-report external emergency room visits, but at times may not report such emergency room visits.</p>
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-CH and FUA-AD)	<p>Percentage of ED visits for consumers 13 years of age and older with a primary diagnosis of alcohol or other drug (AOD) dependence, who had an outpatient visit, an intensive outpatient encounter or a partial hospitalization for AOD. Two rates are reported:</p> <ul style="list-style-type: none"> <li>• Percentage of ED visits for which the consumer received follow-up within 30 days of the ED visit</li> </ul>	<p>We are not currently tracking this measure. The measure can be tracked in our Epic system for any client that has an emergency room visit within Eskenazi Health. If the date for the external emergency room visit is known, this can also be tracked within Epic.</p>	<p>We confirm our commitment to working with the State to capture this metric. The challenges with this metric are the current inability to know when someone has been seen in the emergency room for AOD when it occurs outside of the Eskenazi Health system</p>

Quality Metric	Description	Are you currently collecting any data for this metric? If so, how do you currently capture and report it?	Confirm your commitment to work with the State to capture this metric. Describe any challenges you foresee in helping capture this data.
	<ul style="list-style-type: none"> <li>• Percentage of ED visits for which the consumer received follow-up within 7 days of the ED visit</li> </ul>		
Plan All-Cause Readmissions Rate (PCR-AD)	<p>For consumers age 18 and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days. Data are reported in the following three categories:</p> <ul style="list-style-type: none"> <li>• Count of Index Hospital Stays (IHS) (denominator)</li> <li>• Count of 30-Day Readmissions (numerator)</li> <li>• Readmission Rate</li> </ul>	This information is available for Sandra Eskenazi MHC psychiatric inpatient only.	We confirm our commitment to working with the State in capturing this metric. The challenge is getting admission from other inpatient psychiatric facilities around the State.
Antidepressant Medication Management (AMM-BH)	Percentage of consumers age 18 and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two	We are not currently tracking this data.	We confirm our commitment to working with the State on this metric. The challenges would be how to best develop an Epic workflow that captures this metric including potential limitations around reasoning



Quality Metric	Description	Are you currently collecting any data for this metric? If so, how do you currently capture and report it?	Confirm your commitment to work with the State to capture this metric. Describe any challenges you foresee in helping capture this data.
	<p>rates are reported:</p> <ul style="list-style-type: none"> <li>• Effective Acute Phase Treatment: Percentage of consumers who remained on an antidepressant medication for at least 84 days (12 weeks)</li> <li>• Effective Continuation Phase Treatment: Percentage of consumers who remained on an antidepressant medication for at least 180 days (6 months)</li> </ul>		<p>behind a medication prescription for a diagnosis.</p>
<p>Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADD-CH)</p>	<p>Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:</p> <ul style="list-style-type: none"> <li>• Initiation Phase: Percentage of children ages 6 to 12 as of the Index Prescription Start Date (IPSD) with an</li> </ul>	<p>We are not currently tracking this data.</p>	<p>We confirm our commitment to working with the State to capture the metric. The challenges would be current workflows in EHR and potential limitations of our system.</p>

Quality Metric	Description	Are you currently collecting any data for this metric? If so, how do you currently capture and report it?	Confirm your commitment to work with the State to capture this metric. Describe any challenges you foresee in helping capture this data.
	<p>ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.</p> <ul style="list-style-type: none"> <li>• Continuation and Maintenance (C&amp;M) Phase: Percentage of children ages 6 to 12 as of the IPSP with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended</li> </ul>		
Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)	Percentage of Medicaid beneficiaries ages 18 to 64 with an opioid use disorder (OUD) who filled a prescription for or were administered or dispensed an FDA-approved medication for the disorder	We can track this metric related to prescription filled at Eskenazi Health.	We confirm our commitment to working with the State to capture this metric. Methadone is not listed in PDMPs. Any filled prescription outside of Eskenazi Health is a challenge.

Quality Metric	Description	Are you currently collecting any data for this metric? If so, how do you currently capture and report it?	Confirm your commitment to work with the State to capture this metric. Describe any challenges you foresee in helping capture this data.
	<p>during the measurement year.</p> <p>This metric includes a Total rate as well as four separate rates representing the following four types of FDA-approved drug products:</p> <ul style="list-style-type: none"> <li>• Buprenorphine</li> <li>• Oral naltrexone</li> <li>• Long-acting, injectable naltrexone</li> <li>• Methadone</li> </ul>		
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	Percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment	We are not currently tracking this data.	We commit to working with the State in collecting/reporting data for this metric. The challenge with this metric is the current inability to know when someone has been hospitalized for mental health when it occurs outside of the Eskenazi Health system.