**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[[1]](#footnote-2) | Yes | We currently capture this data through an “Initial Contact” service that records all data regarding the contact/referral. We have a report that provides the time from Contact to service. We are adding some additional services that will be active by 11/15/23 to improve our reporting capability. |
| 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 | Yes | We currently capture PHQ-9 scores every 6 months. We are in the process of adjusting clinical process to assure diagnosis are revised when the PHQ-9 indicates remission has occurred. |
| Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC) | Percentage of consumers aged 18 years and older who were screened at least once 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 | No – but will begin in December | We have developed a CCBHC Quality Measures assessment that includes the ASC that will be added to our clinical processes in December as part of a larger EHR optimization project.  The ASC was developed with associated LOINC codes and a CQM report will be developed in our EMR. Our target is January 1, 2024 for report development. |
| 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 | Yes | We are currently using the PHQ-9 but will be adding the PHQ-9A by 12/1/23 as part of our larger EHR optimization project.  The PHQ-9A will be developed with associated LOINC codes for easy CQM reporting through our EMR. We anticipate a January 1st, 2024 for CQM report completion. |
| 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 | No- but will begin in December | We have developed a CCBHC Quality Measures assessment that includes the SDOH that will be added to our clinical processes in December as part of a larger EHR optimization project. The SDOH was developed with associated LOINC codes and a CQM report will be developed in our EMR. Our target is January 1, 2024 for report development. |
| 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 identified as a tobacco user | Yes | We have been tracking this data but have added LOINC and SNOMED codes for ease of reporting. The TSC was developed with associated LOINC codes and a CQM report will be developed in our EMR. Our target is January 1, 2024 for report development. |
| Controlling High Blood Pressure (CBP-AD) | 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:  • Consumers ages 18 to 59 whose BP was <140/90 mm Hg  • Consumers ages 60 to 85 with a diagnosis of diabetes whose BP was <140/90 mm Hg  • Consumers ages 60 to 85 without a diagnosis of diabetes whose BP was <150/90 mm Hg  A single rate is reported and is the sum of all three groups. | Yes | We currently monitor BP on IPU and Med Clinic services. We will be adjusting our clinical processes to capture this data on all applicable clients. We are in process of connecting to Indiana Health Information Exchange to gain access to hypertension and diabetes diagnosis.  The CBP-AD was developed with associated LOINC codes and a CQM report will be developed in our EMR. This will be in place by July 1, 2024. |
| Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD) | Percentage of consumers age 13 and older with a new episode of alcohol or other drug (AOD) dependence who received the following:  • Initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the diagnosis  • Initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit | Yes | We have this data in our system. We have a goal of February 1, 2024, to have a report developed. |
| Hemoglobin A1c Control for Patients with Diabetes (HBD-AD) | 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:  • HbA1c control (<8.0%)  • HbA1c poor control (>9.0%) (inverted rate) | Yes | We are currently collecting this data. The HBD-AD was developed with associated LOINC codes and a CQM report will be developed in our EMR. This will be in place by July 1, 2024. |
| Suicidality Risk Assessment | Clinics must utilize at least one of the following suicidality risk assessments:  **Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA):** 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  **Adult Major Depressive Disorder: Suicide Risk Assessment (SRA):**  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  **Ask Suicide-Screening Questions (ASQ):**  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  **Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)**: 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 follow-up plan  **Columbia Suicide Severity Rating Scale (C-SSRS):**  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 | Yes | We use the SAFE-T with C-SSRS. We just updated our assessments with LOINC codes so that we can create CQM reports.  These CQM reports will be developed by first quarter 2024. |
| Number of Crisis Calls Received by Caller's County | Number of crisis calls received broken out by caller's county (if known) | Yes | We have an Initial Contact service that captures this detail at the time of referral. Reporting for this metric is active. |
| 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 | We have an Initial Contact service that captures this detail at the time of referral.  Reporting for this metric is active. |
| 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 | We have an Initial Contact service that captures this detail at the time of referral.  Reporting for this metric is active. |
| 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 | We have an Initial Contact service that captures this detail at the time of referral.  Reporting for this metric is active. |
| 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 | We have an Initial Contact service that captures this detail at the time of referral.  Reporting for this metric is active. |
| Number of Naloxone Dispensations During Mobile Crisis | Number of Naloxone dispensations during mobile crisis | Yes | The is built into our Rapid Response Team (MCT) notes made active on 11/13/23. Reporting for this metric is active. |
| 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) | No | We have a RRT Follow-up Note that is active but still in development. Our IT report writer will have a report developed by first quarter 2024. |
| Number of Mobile Crisis Services Provided In Person | Number of mobile crisis services provided in person | Yes | This data is being collected currently but is a challenge to report. Our IT report writer will have a report developed by first quarter 2024. |
| Mean Mobile Crisis Response Times | Average of total number of minutes between first contact requesting crisis services and mobile crisis team arriving "on-scene" with individual | Yes | This data is being collected currently but is a challenge to report. Our IT report writer will have a report developed by first quarter 2024. |
| Mean Mobile Crisis Times | Average of total number of minutes "on-scene to resolution" with the individual | Yes | This data is being collected currently but is a challenge to report. Our IT report writer will have a report developed by first quarter 2024. |
| 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 data is being collected currently but is a challenge to report. Our IT report writer will have a report developed by first quarter 2024. |
| 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 | We have an Initial Contact service that captures this detail at the time of referral. Our IT report writer will have a report developed by first quarter 2024. |
| 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 | We have an Initial Contact service that captures this detail at the time of referral. Our IT report writer will have a report developed by first quarter 2024. |
| Number of Unique Individuals Referred to CRSS 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 | We have an Initial Contact service that captures this detail at the time of referral. Our IT report writer will have a report developed by first quarter 2024. |
| Number of Naloxone Dispensations During CRSS | Number of Naloxone dispensations during mobile crisis | No- but will begin in December | The CRSS documentation is currently being developed and will be active in December as part of a larger EHR optimization project. Our IT report writer will have a report developed by first quarter 2024. |
| 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) | No- but will begin in December | The CRSS documentation is currently being developed and will be active in December as part of a larger EHR optimization project. Our IT report writer will have a report developed by first quarter 2024. |
| Mean Length of Stay in Hours in CRSS | Average of total number of hours in CRSS | No- but will begin in December | The CRSS documentation is currently being developed and will be active in December as part of a larger EHR optimization project. Our IT report writer will have a report developed by first quarter 2024. |

**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 | Currently this is done by Intecare with the DMHA partnership. We do have our own client survey that we will be doing quarterly. | We are committed to assisting the State in collection of this data. |
| 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 comparison clinics and oversampling those clinics | Currently this is done by Intecare with the DMHA partnership. We do have our own client survey that we will be doing quarterly. | We are committed to assisting the State in collection of this data. |
| 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 can assist with monitoring prescription compliance. | We are committed to assisting the State in collection of this data. The State may need to consider medication samples and how this may impact the data. |
| Follow-Up After Hospitalization for Mental Illness, ages 18+ (adult) (FUH-AD) | 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:  • Percentage of discharges for which the consumer received follow-up within 30 days of discharge  • Percentage of discharges for which the consumer received follow-up within 7 days of discharge | We are working on data sharing with other providers and are committed to assisting with this as much as possible. | We are committed to assisting the State in collection of this data. |
| Follow-Up After Hospitalization for Mental Illness, ages 6 to 17 (child/adolescent) (FUH-CH) | 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:  • Percentage of discharges for which children received follow-up within 30 days of discharge  • Percentage of discharges for which children received follow-up within 7 days of discharge | We are working on data sharing with other providers and are committed to assisting with this as much as possible. | We are committed to assisting the State in collection of this data. |
| 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 outpatient encounter or a partial hospitalization for mental illness. Two rates are reported:  • Percentage of ED visits for which the consumer received follow-up within 30 days of the ED visit  • Percentage of ED visits for which the consumer received follow-up within 7 days of the ED visit | We are working on data sharing with other providers and are committed to assisting with this as much as possible. | We are committed to assisting the State in collection of this data. |
| Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-CH and FUA-AD) | 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:  • Percentage of ED visits for which the consumer received follow-up within 30 days of the ED visit  • Percentage of ED visits for which the consumer received follow-up within 7 days of the ED visit | We are working on data sharing with other providers and are committed to assisting with this as much as possible. | We are committed to assisting the State in collection of this data. |
| Plan All-Cause Readmissions Rate (PCR-AD) | 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:  • Count of Index Hospital Stays (IHS) (denominator)  • Count of 30-Day Readmissions (numerator)  • Readmission Rate | We are working on data sharing with other providers and are committed to assisting with this as much as possible. | We are committed to assisting the State in collection of this data. |
| 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 rates are reported:  • Effective Acute Phase Treatment: Percentage of consumers who remained on an antidepressant medication for at least 84 days (12 weeks)  • Effective Continuation Phase Treatment: Percentage of consumers who remained on an antidepressant medication for at least 180 days (6 months) | We are working on data sharing with other providers and are committed to assisting with this as much as possible. | We are committed to assisting the State in collection of this data. |
| Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADD-CH) | 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:  • Initiation Phase: Percentage of children ages 6 to 12 as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.  • Continuation and Maintenance (C&M) Phase: Percentage of children ages 6 to 12 as of the IPSD 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 | We are working on data sharing with other providers and are committed to assisting with this as much as possible. | We are committed to assisting the State in collection of this data. |
| 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 during the measurement year.  This metric includes a Total rate as well as four separate rates representing the following four types of FDA-approved drug products:  • Buprenorphine  • Oral naltrexone  • Long-acting, injectable naltrexone  • Methadone | We are working on data sharing with other providers and are committed to assisting with this as much as possible. | We are committed to assisting the State in collection of this data. |
| 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 working on data sharing with other providers and are committed to assisting with this as much as possible. | We are committed to assisting the State in collection of this data. |

1. SAMHSA is currently changing metric from I-EVAL to I-SERV [↑](#footnote-ref-2)