

National Behavioral Health Quality Framework

(DRAFT)

Substance Abuse and Mental Health
Services Administration

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Substance Abuse and Mental Health Services Administration National Behavioral Health Quality Framework – Overview

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) to better meet the promise of providing all Americans with access to health care that is safe, effective, and affordable. The Secretary of HHS reported to Congress in March 2011 on a National Strategy for Quality Improvement in Health Care. Over the last two years, the Substance Abuse and Mental Health Services Administration (SAMHSA), using the National Strategy for Quality Improvement (NQS) as a model, has developed the National Behavioral Health Quality Framework (NBHQF). The NBHQF has been noted in the NQS Report to Congress as an effort in development. SAMHSA is seeking a third round of public comment about this effort and the current draft goals and measures of the NBHQF.

By behavioral health, SAMHSA refers to a state of mental/emotional wellbeing 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. This includes a range of problems from unhealthy stress or subclinical conditions to diagnosable and treatable diseases like serious mental illnesses and substance use disorders, which are often chronic in nature but from which people can and do recover with the help of a variety of interventions from medical and psychosocial treatments to self-help and mutual aid. The term is also used to describe the service systems encompassing prevention and the promotion of emotional health; the prevention of mental and substance use disorders, substance use, and related problems; treatments and services for mental and substance use disorders; and recovery support.

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, but it was specifically broadened to include the **dissemination** of proven interventions and **accessible** care – a concept that encompasses affordable care along with other elements of care accessibility, including the impact of health disparities. 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. In late 2012, the NBHQF underwent two phases of review and input, involving the nomination and selection of key quality measures as endorsed by a panel of stakeholders internal to HHS and a second panel of external stakeholders composed of researchers, consumers, clinicians, and state agency personnel.

Recent and significant growth has occurred in the number of behavioral health quality measures “in the pipeline” for endorsement and use by national and international

organizations and collaborative efforts. Most are process measures, focusing primarily on mental health conditions such as depression. Recent calls for behavioral health quality measures by the National Quality Forum (NQF) have resulted in a number of new measures coming under review for endorsement including measures that focus on integrated care for vulnerable populations such as people with schizophrenia or bipolar illness. Future calls are expected to broaden the range of NQF-endorsed behavioral health measures.

SAMHSA also recognizes the importance of looking beyond NQF endorsement for measures that capture the breadth of behavioral health activities addressed by SAMHSA and HHS, particularly those for which the evidence base is not mature or areas in which data collection is still evolving. The field of behavioral health quality measurement is relatively young in its development. The acceptable level of evidence, the breadth of indicators of quality treatment (e.g., what are the key elements that comprise high quality psychosocial treatment for a mental health condition? Were clients offered a choice when both medication therapy and “talk” therapy are evidence-based options?), and the lengthy history of anecdotal and evaluative evidence that may not have been adequately captured to date make the identification of key behavioral health quality indicators a complicated endeavor to undertake. SAMHSA and its HHS and other federal colleagues are committed to appropriately describing, measuring and implementing quality behavioral health care. In order to advance this objective, SAMHSA has proposed a set of behavioral health quality measures to be collected and tracked by age, race, ethnicity, and other factors to monitor the impact of health and behavioral health changes across the nation.

With the NBHQF, SAMHSA is proposing a set of core measures to be used in a variety of settings, rules, and programs, as well as in evaluation and quality assurance efforts to indicate a consistent level of attention to quality. These measures are not intended to be the complete or total set of measures any particular payer, system, practitioner or program may want to use to monitor quality of the system or of the care or activities provided. Yet, SAMHSA will encourage such entities to utilize these basic measures as appropriate as a consistent set of indicators of quality in behavioral health prevention, promotion, treatment and recovery support efforts across the nation. Likewise, as measurement capacity and quality measures evolve, the NBHQF will evolve, making it a living document playing a critical role in discussion and implementation of behavioral health quality assurance and monitoring efforts nationwide. To the extent possible, SAMHSA will begin to incorporate these measures and this framework into its own quality assurance tools such as program evaluations, technical assistance, training, product development, etc. Hence, the NBHQF and the uses to which it will be put are evolving as the field of behavioral health quality assurance changes and matures.

The impact of each of the six NQS health priorities (evidence-based practices, person-centered care, coordinated care, healthy living for communities, reduction of adverse events, and cost reductions) will be tracked via a set of core behavioral health quality measures across three targets/domains: payer (whether SAMHSA, other federal agency, state/county payer, or private payer); providers/practitioners; and population (individuals, families, and communities).

To the extent possible, measures included in the NBHQF will:

- Be endorsed by NQF or other relevant national quality entity where possible;
- Be relevant to NQS and NBHQF priorities;
- Address “high-impact” health conditions;
- Promote alignment with program attributes and across programs, including health and social programs, and across HHS;
- Reflect a mix of measurement types: outcome, process, cost/appropriateness, and structure;
- Apply across patient-centered episodes of care; and
- Account for population disparities.

These criteria for selection of measures were considered and employed along with the substantial investments made over the last 10 years by government (e.g., SAMHSA, Centers for Medicare and Medicaid Services [CMS], U.S. Preventive Services Task Force [USPSTF]) and private resources (e.g., NQF and National Committee on Quality Assurance [NCQA]) to develop and test a variety of measures that serve as indicators of the well-being of individuals, families, and communities relative to behavioral health conditions and their prevention. Examples of these efforts include but are not limited to Washington Circle Group’s Healthcare Effectiveness Data and Information Set measures, Treatment Episode Data Sets, SAMHSA’s National Survey of Substance Abuse Treatment Services (N-SSATs) and the National Survey on Drug Use and Health (NSDUH), CMS screening, and National Quality Forum Consensus Standards for Treatment of Substance Use Disorders. Measures for behavioral health conditions should also be derived from data that are complicit with patient privacy protections such as 42 CFR Part 2 (Confidentiality of Alcohol and Drug Abuse Patient Records), the Health Insurance Portability and Accountability Act, institutional review boards, and other policies as applicable. For many concepts, measures are still needed or still need to be vetted and endorsed. SAMHSA has been working with the HHS Assistant Secretary for Policy and Evaluation, CMS and NQF to develop measure concepts and to vet and validate measures or instruments for measure development.

Examples of recommended measures and identified gaps

- **Goal 2: Person-centered care**

- ✓ Consumer and family evaluation of care: participation in treatment planning and agreement with plan of care

Gap: Participation by consumers, particularly in the area of shared decision-making, was highlighted by stakeholders as key to quality care. However, vetted measures in this area are limited and require significant work.

- **Goal 4: Healthy living for communities**

- ✓ Smoking cessation
- ✓ Risky behavior assessment or counseling by age 13
- ✓ Assessment of co-morbid health conditions such as smoking, obesity, hypertension, cardiovascular disease, etc., along with mental illness and/or substance use disorder.

Gap: This goal poses the greatest measurement challenges at this time, with contributors noting the difficulty in defining and measuring community-level health indicators. Examples of measure concepts might be levels of school violence, emotional health development by age X, amount of childhood exposure to trauma, relative levels of childhood resilience, etc. On the other hand, measures of key issues such as drug use, death by suicide, or suicidal thoughts, plans and attempts are available as indicators of population level distress.

- **Goal 6: Reduce cost of behavioral health care**

- ✓ Re-hospitalizations within 30 days of discharge from inpatient psychiatric care
- ✓ Re-hospitalizations for medical conditions
- ✓ Follow-up after hospitalization for substance use disorder

Gap: Tracking and measuring costs and value, especially at the payer and practitioner levels, is an area requiring significant work. Economic impact data and burden of disease is available at the population level. The impact of healthcare reform on behavioral health costs is also a key area for exploration and will change significantly over the next several years. Likewise, tracking workforce capacity is difficult due to data shortages and lack of commonly accepted targets. SAMHSA is working with HRSA on development of behavioral health workforce data.

Next Steps for the National Behavioral Health Quality Framework

The NBHQF is designed to be an evolving guide for the nation as it continues its progress toward measuring and improving behavioral health and behavioral health care quality. At this early phase of behavioral health quality measurement development, it is recognized that relatively few acceptable outcome measures exist that are endorsed through NQF or other relevant national entities. Though SAMHSA anticipates significant growth in outcome measures available to the field within the next few years, SAMHSA will continue to utilize specific National Outcome Measure Set (NOMS) measures currently in use and that meet both SAMHSA's and the fields requirements to demonstrate progress under health reform. As evidence for new outcome measures accrues, it is expected that SAMHSA and stakeholders will work together to incorporate these improvements which will be reflected within subsequent iterations of the NBHQF.

Over time, it is expected that a rich catalog of behavioral health outcome, process, and structural measures will be endorsed and/or accepted as achieving the appropriate level of evidence by the field and payers.

The areas of prevention, wellness, and recovery deserve special attention within this arena. SAMHSA is actively engaged in defining and measuring recovery through a number of efforts. As of the spring of 2014, SAMHSA will be conducting a pilot test to integrate an 8-item recovery instrument originally developed by the World Health Organization, along with items specific to mental health and substance abuse recovery and currently collected by SAMHSA, into existing grantee programs' data collection efforts. Prevention and wellness measures are often captured as population-level measures. Comments on all these areas are welcome. The NBHQF will be refined and updated regularly—with progress toward meeting aims and priorities, including both long-term and short-term goals—and will be reported periodically to the public. The measures matrix presented in Exhibit 1 provides an overview of recommended behavioral health quality measures. When possible, NQF-endorsed measures or existing NOMS are used. Additional measures appear in Appendix A that can serve as supplemental measures if resources are available for the collection and reporting of these measures. In some instances, decisions were made that quality measures are not currently available to capture a measure concept. Measure concepts are also identified to help the reader understand the concepts the measures in the matrix are trying to address.

Each of the NBHQF's six goals has two pages. Page 1 presents current available measures intended to be reflective of the broader measure concepts addressed by a priority/goal area, and will be updated from time to time to reflect the state-of-the-art of behavioral health quality measurement. The second page presents future targeted measures that are deemed important to advancing the behavioral health activities in quality. However, metrics and infrastructure are not sufficiently developed at this time. Additional vetted measures for consideration as supplementary measures being considered are offered in Appendix A.

SAMHSA looks forward to input from the public about these measures and the framework and uses of the NBHQF.

Exhibit 1 – Currently Recommended and Future Measures

NBHQF Goal 1: EFFECTIVE – Promote the most effective prevention, treatment, and recovery practices for behavioral health disorders. (Currently Recommended Measures)

Linked and to Reflective Of Measure Concepts	Payer/System/Plan (e.g., SAMHSA, HRSA, Medicaid/Medicare, State Govt)	Provider/Practitioner	Patient/Population
Relevant EBPs in preventive, clinical, and recovery support settings tracked, summarized, and publicly available	NQF #0004: Initiation and Engagement of Alcohol and other Drug Dependence Treatment	NQF #0418: Screening for Clinical Depression	Employment/Education: Changes in employment status (increased/no change) or in school status at a date of last service compared to first service
Outcomes reflecting recovery	In NQF review: Screening, brief intervention, and referral for treatment for alcohol misuse	NQF #0104: Major Depressive Disorder: Suicide Risk Assessment	Abstinence: ATOD-related suspensions and expulsions
Social connectedness of persons with behavioral health issues	NQF #0576: Follow-up After Hospitalization for Mental Illness	NQF#0710-0711-0712: Depression Utilization of PHQ-9 and Remission at 6 and 12 months	Housing: Increase in stable housing status from date of first service to date of last service
Intentionally Blank	Consumer Evaluation of Care: Reporting Positively About Outcomes (adult and child)	NQF #0105: Anti-depressant Medication Management: (a) Effective Acute Phase Treatment and (b) Effective Continuation Phase Treatment	Abstinence: Family communication around drug use
Intentionally Blank	Intentionally Blank	NQF #1364/1365: Child/Adolescent Depressive Disorder: Diagnostic Evaluation	Percentage of patients with annual encounter data with a primary care physician OR pediatrician OR obstetrician/gynecologist
Intentionally Blank	Intentionally Blank	NQF #1401: Maternal Depression Screening	MU2 Screening for Intimate Partner Violence
Intentionally Blank	Intentionally Blank	NQF #0028: Preventive Care and Screening Measure Pair: (a) Tobacco Use Assessment and (b) Tobacco Cessation Intervention	Intentionally Blank
Intentionally Blank	Intentionally Blank	NQF #0110: Bipolar Disorder and Major Depression: Appraisal for Alcohol or Chemical Substance Use	Intentionally Blank
Intentionally Blank	Intentionally Blank	Emergency Department Alcohol Use Screening and Follow-up	Intentionally Blank

**NBHQF Goal 1A: Promote the most effective prevention, treatment, and recovery practices for behavioral health disorders.
(Future Targeted Measures)**

Linked and to Reflective Of Measure Concepts	Payer/System/Plan (e.g., SAMHSA, HRSA, Medicaid/Medicare, State Govt)	Provider/Practitioner	Patient/Population
Intentionally Blank	Number of payers using payment incentives to increase use of EBP	Patients reporting abstinence after treatment for addiction	Percentages of persons receiving treatment for any mental illness or for substance abuse
Intentionally Blank	Number of persons receiving EBPs	Intentionally Blank	Percentage of population homeless, in stable housing, in jail/prisons/juvenile justice settings/state or county long term treatment facilities, board and care homes, etc.
Intentionally Blank	Number of EBPs being offered	Intentionally Blank	Percentage of population reporting willingness to seek treatment for mental health or substance abuse conditions
Intentionally Blank	Percentage of plan members/service recipients	Intentionally Blank	Prevalence of suicide attempt
Intentionally Blank	Intentionally Blank	Intentionally Blank	Trauma measures

**NBHQF Goal 2: PERSON-CENTERED – Assure behavioral health care is person, family, and community centered.
(Currently Recommended Measures)**

Linked and to Reflective Of Measure Concepts	Payer/System/Plan (e.g., SAMHSA, HRSA, Medicaid/Medicare, State Govt)	Provider/Practitioner	Patient/Population
Dissemination and uptake of patient- and family-centered engagement in preventive,	Consumer Evaluation of Care: Family Members Reporting on Participation In Treatment Planning for Themselves and Their Children	Consumer Evaluation of Care: Family Members Reporting on Participation In Treatment Planning for Themselves and Their Children	Consumer Evaluation of Care: Family Members Reporting on Participation In Treatment Planning for Themselves and Their Children
Provision of technical assistance and training resources that promote models of person/family-centered care	Perceptions of Care Survey (POC) {both inpatient and outpatient}	PACIC Survey – measures patient engagement in care	Intentionally Blank
High rates of patient and family engagement in continuing care and/or support are demonstrated	Intentionally Blank	Intentionally Blank	Intentionally Blank
Satisfaction with shared decision-making	Intentionally Blank	Intentionally Blank	Intentionally Blank
Clinical record, EHRs, and other health information technology systems include fields for reporting family/social network involvement	Intentionally Blank	Intentionally Blank	Intentionally Blank

NBHQF Goal 2A: PERSON-CENTERED – Assure behavioral health care is person, family, and community centered. (Future Targeted Measures)

Linked and to Reflective Of Measure Concepts	Payer/System/Plan (e.g., SAMHSA, HRSA, Medicaid/Medicare, State Govt)	Provider/Practitioner	Patient/Population
Intentionally Blank	Intentionally Blank	Intentionally Blank	Abstinence : ATOD-related suspensions and expulsions
Intentionally Blank	Intentionally Blank	Intentionally Blank	Abstinence: Family communication around drug use
Intentionally Blank	Intentionally Blank	Intentionally Blank	Communities incorporating behavioral health in health, social services, prevention and education systems
Intentionally Blank	Intentionally Blank	Intentionally Blank	Public literacy about behavioral health issues, signs and symptoms, and ways to get help
Intentionally Blank	Intentionally Blank	Intentionally Blank	Help-seeking by individuals and families

NBHQF Goal 3: COORDINATED – 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. (Currently Recommended Measures)

Linked and to Reflective Of Measure Concepts	Payer/System/Plan (e.g., SAMHSA, HRSA, Medicaid/Medicare, State Govt)	Provider/Practitioner	Patient/Population
Integrated and/or coordinated services through formal relationships with other programs are available	NQF #0576: Follow-up after Hospitalization for Mental Illness	NQF #0646: Reconciled Medication List Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	Intentionally Blank
A method/process for assessing the quality of coordination and/or integration activities is in place.	NQF #0554: Medication Reconciliation Post-Discharge	NQF #0722: Pediatric Symptom Checklist	Intentionally Blank
Coordination standards are promulgated between addiction and mental health entities, and between behavioral health and primary care entities.	NQF #1932: Diabetes screening for people with schizophrenia or bipolar disorder who are prescribed antipsychotic medications	NQF #0107: Management of ADHD in primary care for school-age children and adolescents.	Intentionally Blank
Consents exist in patient records to allow for interactions between primary care provider and specialty care providers.	NQF #1934: Diabetes monitoring for people with diabetes and schizophrenia	NQF #0108: Follow-Up Care for Children Prescribed ADHD Medication	Intentionally Blank
Individuals on antipsychotic medications are routinely educated about potential metabolic conditions and the need for screening and monitoring of health conditions.	NQF #1927: Cardiovascular Health Screening for People With Schizophrenia or Bipolar Disorder Who Are Prescribed Antipsychotic Medications	NQF #0648: Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	Intentionally Blank
Intentionally Blank	NQF #1933: Cardiovascular monitoring for people with cardiovascular disease and schizophrenia	Intentionally Blank	Intentionally Blank
Intentionally Blank	NQF #0027: Medical Assistance with Smoking and Tobacco Use Cessation	Intentionally Blank	Intentionally Blank

NBHQF Goal 3A: COORDINATED 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. (Future Targeted Measures)

Linked and to Reflective Of Measure Concepts	Payer/System/Plan (e.g., SAMHSA, HRSA, Medicaid/Medicare, State Govt)	Provider/Practitioner	Patient/Population
Intentionally Blank	Ratio of detox to outpatient admissions	Follow-up referral and adequate connection to care after emergency department visit for substance abuse, mental illness, suicide attempt	Population reporting attention to both behavioral health and other health conditions in care settings
Intentionally Blank	Intentionally Blank	Intentionally Blank	Percentage of behavioral health providers (CMHCs, SA providers) offering screening, services, and/or referral to treatment for health conditions
Intentionally Blank	Intentionally Blank	Intentionally Blank	Percentage of health providers (FQHCs, CHCs, private practitioners) offering screening, services, and/or referral to treatment for behavioral health conditions

NBHQF Goal 4: HEALTHY LIVING – Assist communities to utilize best practices to enable healthy living. (Currently Recommended Measures)

Linked and to Reflective Of Measure Concepts	Payer/System/Plan (e.g., SAMHSA, HRSA, Medicaid/Medicare, State Govt)	Provider/Practitioner	Patient/Population
Prevention models associated with reductions in behavioral health issues, substance use/abuse, and co-morbid health conditions	Rates of smoking, obesity, risky sexual behavior from the BRFSS among plan members or service recipients	NQF#1406: Risky behavior assessment or counseling by age 13	Obesity rates for persons with serious mental illness (SMI)
Intentionally Blank	Intentionally Blank	NQF#1507: Risky behavior assessment or counseling by age 18	Smoking rates for persons with serious mental illness
Intentionally Blank	Intentionally Blank	Intentionally Blank	Prevalence of alcohol and drug dependence
Intentionally Blank	Intentionally Blank	Intentionally Blank	Prevalence of suicide attempts
Intentionally Blank	Intentionally Blank	Intentionally Blank	Prevalence of underage drinking
Intentionally Blank	Intentionally Blank	Intentionally Blank	NQF #2020: Adult Current Smoking Prevalence

NBHQF Goal 4A: HEALTHY LIVING – Assist communities to utilize best practices to enable healthy living. (Future Targeted Measures)

Linked and to Reflective Of Measure Concepts	Payer/System/Plan (e.g., SAMHSA, HRSA, Medicaid/Medicare, State Govt)	Provider/Practitioner	Patient/Population
Intentionally Blank	Screening, brief intervention, and referral for treatment for alcohol misuse	Screening, brief intervention, and referral for treatment for alcohol misuse and/or substance abuse/misuse	Abstinence: ATOD-related suspensions and expulsions
Intentionally Blank	Percentage of BH programs that are smoke/tobacco-free	Screening and intervention/treatment for tobacco use	Abstinence: AOD use and perception of workplace policy
Intentionally Blank	Intentionally Blank	Intentionally Blank	Social connectedness: connections to and support from others in the community such as family, friends, co-workers, and classmates
Intentionally Blank	Intentionally Blank	Intentionally Blank	Prevalence of tobacco use, by age and by behavioral health condition
Intentionally Blank	Intentionally Blank	Intentionally Blank	Prevalence of prescription drug abuse/misuse by age
Intentionally Blank	Intentionally Blank	Intentionally Blank	Population reporting knowledge of appropriate alcohol consumption amounts

NBHQF Goal 5: SAFE – Make behavioral health care safer by reducing harm caused in the delivery of care. (Currently Recommended Measures)

Linked and to Reflective Of Measure Concepts	Payer/System/Plan (e.g., SAMHSA, HRSA, Medicaid/Medicare, State Govt)	Provider/Practitioner	Patient/Population
Rates of patient disconnection from care (AMA = against medical advice or “administrative discharge” from care)	Percentage of organizations with standard procedures for responding to suicide risk	NQF#0104: Major Depressive Disorder/Suicide Risk Assessment	Prevalence of suicide by patients engaged in behavioral health treatment
Deaths, injuries, and/or extensions of care for active patients	Percentage of adults with serious mental illness and/or substance abuse disorders receiving medication management	NQF#1364/1365: Child/Adolescent Major Depressive Disorder: Diagnostic Evaluation	Percentage of patients engaged in behavioral health treatment hospitalized for overdose
Proportion of patients adhering to medication and/or treatment plan	Intentionally Blank	NQF#0552: Patients discharged on multiple antipsychotic medications	Intentionally Blank
Rate of other iatrogenic conditions	Intentionally Blank	Intentionally Blank	Intentionally Blank
Methodologies in place to identify the adverse effects of programs	Intentionally Blank	Intentionally Blank	Intentionally Blank
Mechanisms in place to act upon and improve preventable adverse effects	Intentionally Blank	Intentionally Blank	Intentionally Blank

NBHQF Goal 5A: SAFE – Make behavioral health care safer by reducing harm caused in the delivery of care. (Future Targeted Measures)

Linked and to Reflective Of Measure Concepts	Payer/System/Plan (e.g., SAMHSA, HRSA, Medicaid/Medicare, State Govt)	Provider/Practitioner	Patient/Population
Intentionally Blank	Percentage of persons admitted for suicide attempt with adequate and timely follow-up after discharge from emergency department or inpatient care	Seclusion and restraint rates in residential/inpatient treatment settings	Percentage of population experiencing trauma and related behavioral health and other health conditions
Intentionally Blank	Providers utilizing trauma-informed approaches	Screening and appropriate brief intervention or treatment for trauma	Population reporting usual care sites asking about other medications

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

Linked and to Reflective Of Measure Concepts	Payer/System/Plan (e.g., SAMHSA, HRSA, Medicaid/Medicare, State Govt)	Provider/Practitioner	Patient/Population
Methodologies in place to ensure eligible individuals are enrolled in health insurance	NQF#0576: Follow-up after Hospitalization for Mental Illness	Intentionally Blank	Intentionally Blank
Existence of mechanisms (number, percentage) to monitor, receive, and adjudicate reports of noncompliance with parity regulations	Follow-up after hospitalization for a substance use disorder	Intentionally Blank	Intentionally Blank
Percentage of patients with behavioral health diagnoses that are able to afford co-payments and/or deductibles	Intentionally Blank	Intentionally Blank	Intentionally Blank

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

Linked and to Reflective Of Measure Concepts	Payer/System/Plan (e.g., SAMHSA, HRSA, Medicaid/Medicare, State Govt)	Provider/Practitioner	Patient/Population
Intentionally Blank	Compliance with requirements of parity (MHPAEA and ACA)	Ability to bill equally for equivalent treatment for behavioral health and other health conditions	Economic impacts, social costs, and costs to employers of behavioral health conditions
Intentionally Blank	Intentionally Blank	Re-hospitalization rates for persons with behavioral health conditions	Economic impacts on health care costs of untreated behavioral health conditions
Intentionally Blank	Intentionally Blank	Intentionally Blank	Annual proportion of total health expenditures related to behavioral health
Intentionally Blank	Intentionally Blank	Intentionally Blank	Rates of behavioral health conditions among those without insurance
Intentionally Blank	Intentionally Blank	Intentionally Blank	Ability to afford and access appropriate levels of behavioral health care for the condition

Appendix A: Additional Measures for Consideration

Measures are included in this appendix if stakeholders believed them to be critical to broad measurement but not rising to the level of serving as a core measure; if they are promising but have not been tested or otherwise subjected to a consensus discussion and selection process; if they represent a specific level of granularity; or if they have emerged from the stakeholder review process. These and other measures will be considered over time as the NBHQF and the field of behavioral health quality measurement evolves.

NBHQF Goal 1: EFFECTIVE

Specific Clinical and Preventative Measures

- Percentage of detox to outpatient admissions
- NIATx Measures; e.g., time to treatment, length of engagement
- Rate of treatment continuation

Other Potential Measures

- NQF #0105, New Episode of Depression: (a) Optimal Practitioner Contacts for Med Management, (b) Effective Acute Phase Treatment, (c) Effective Continuation Phase Treatment
- NQF #0111, Bipolar Disorder, Appraisal for Risk of Suicide
- NQF #0544, Use and Adherence to Antipsychotics Among Members with Schizophrenia

NBHQF Goal 2: PATIENT/FAMILY/COMMUNITY-CENTERED

Within Each Program:

- Does the program systematically assess client and/or family perceptions of care and recovery?
- What are the results? Are they shared with staff/clients/family?
- Are actions taken to improve the program based upon these results?
- Does the program have tools and/or services that are recovery oriented?

Other Potential Measures

- NQF#0008: Experience Of Care and Health Outcomes (ECHO) – perceived improvement composite
- Percentage of programs systematically assessing client and/or family perceptions of shared decision-making
- Percentage of patients for which treatment goals were identified in health record
- For child services: documentation of family engagement in treatment planning
- Percentage of providers distributing (either orally or written) prevention materials
- Documented housing assistance/stabilization if warranted
- Documented employment/ educational assistance/support provided if warranted

NBHQF Goal 3: COORDINATED

Specific Measures Used in Primary Care and Specialty Settings for Co-occurring Conditions

- Alcohol Screening and Brief Intervention for Adults (CMS, USPSTF, VA, AMA, JC)

Other Potential Measures

- Percentage of patients who report effective care coordination between their behavioral health treatment provider and their primary care provider
- Reduction in/no change in number of arrests in past 30 days from date of first service to date of last service

- NQF#0649: Transition Record with Specified Elements Received by Discharged Patients (Emergency Department Discharges to Ambulatory Care [Home/Self Care] or Home Health Care)
- NQF #0558: HBIPS-7, Post-discharge continuing care plan transmitted to next level of care provider upon discharge
- NQF#0647: Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)
- GPRA 3.2.28: Number of organizations that entered into formal written inter/organizational agreements (e.g., MOUs, MOAs) to improve mental health-related practices/activities as a result of the grant
- GPRA 2.3.78: Number of communities that report an increase in prevention activities that are supported by collaboration and leveraging of funding streams
- NQF #1394, Depression Screening by age 13
- NQF #1515, Depression Screening by age 18

NBHQF Goal 4: HEALTHY LIVING

Other Potential Measures

- Percentage of health care providers using health IT to identify and link patients to community resources for health promotion and risk reduction
- Percentage of States reporting decreases in adolescent risky drinking, including binge drinking
- GPRA 2.3.62: Number of States (excluding Puerto Rico) reporting retail tobacco sales violation rates below 10%
- GPRA 2.3.49: Number of States (including Puerto Rico) reporting retail sales violations at or below 20%
- Percentage of health care organizations utilizing health educators to routinely screen behavioral health related risks
- GPRA 2.3.78: Number of communities that report an increase in prevention activities that are supported by collaboration and leveraging of funding streams
- NQF #0028, Measure Pair: (a) Tobacco Use Assessment, (b) Tobacco Cessation Assessment
- NQF #0418, Screening for Clinical Depression and Follow-Up Plan
- NQF #518, Depression Assessment Conducted (at start or resumption of home health)
- NQF #1401, Maternal Depression Screening

NBHQF Goal 5: SAFE

Specific Measures

- NQF #0640, HBIPS, 2 Hours of Physical Restraint Use
- NQF #641, HBIPS, 3 Hours of Seclusion Use
- NQF #560, HBIPS, Five Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification

Other Potential Measures

- Adults with SMI receiving illness self-management
- Adults with SMI receiving medication management
- GPRA 3.2.24: Number of child-serving professionals trained in providing trauma-informed services
- GPRA 2.3.59: Total number of individuals trained in youth suicide prevention
- NQF #0595, Lithium, Annual Lithium Test in Ambulatory Setting

NBHQF Goal 6: AFFORDABLE/ACCESSIBLE

Other Potential Measures

- Adults with SMI receiving appropriate treatment without having to be involuntarily hospitalized or committed
- Adults with SMI served in treatment settings rather than jails/prisons
- Percentage of juvenile offenders served in treatment rather than incarceration settings
- Wait times in emergency departments for psychiatric and/or substance abuse related issues
- Wait times to see a behavioral health practitioner upon other practitioner or self-referral