Required FY19
Mental Health Quality Measure

Quality Metric:

*The percentage of clients age 12+ with a positive depression screen who have documented, appropriate follow-up ~*

Begin by using the cutoff score from your CAHC’s depression screener to determine who to include in your report. **Include only clients age 12 and up in all reports:**

<table>
<thead>
<tr>
<th>Screener:</th>
<th>Score At or Above:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHQ-9</td>
<td>10</td>
</tr>
<tr>
<td>PHQ-2</td>
<td>3</td>
</tr>
<tr>
<td>Beck’s</td>
<td>20-28 (Moderate)</td>
</tr>
<tr>
<td>PSC-17</td>
<td>28</td>
</tr>
<tr>
<td>MDI-10</td>
<td>25-29 (Moderate)</td>
</tr>
<tr>
<td>Bright Futures-CES-DC</td>
<td>15</td>
</tr>
</tbody>
</table>

1. Report the number of clients (age 12 and older) with a positive depression screen (according to the score on the depression screener) **(Denominator)**

   **Exclude the following from the denominator:**

   a) Those who are already receiving care elsewhere *(documentation must exist that care is being received)*

   b) Those who are referred out of the CAHC for treatment *(documentation must exist that the follow-up loop is closed, with evidence that the referral has been followed through and the individual is under care elsewhere)*

2. Document and report the number of clients from the denominator who receive treatment at the center who have all of the following elements of an appropriate follow-up plan **(Numerator):**

   a) Had a psycho-social assessment completed by 3rd visit (includes suicide risk assessment/safety plan) **AND**

   b) Had a treatment plan developed by 3rd visit **AND**

   c) Treatment plan reviewed @ 90 days (for those on caseload for 90+ days) **AND**

   d) Screener re-administered at appropriate interval to determine change in score
General Considerations and Questions for the Mental Health Provider:

_Determine how will you collect data for reporting:_

- Will I need to conduct individual chart reviews?
- How will I document/pull reports from the EHR?
- Will some hand-tracking be required?
- Take the list of items requested to track/report to IT and administration and ask if they can be tracked in the EHR, and ask the question – How can I get this data?
- Pilot test sites did not experience difficulty tracking this data (even when done by hand) and did not find it to be time-consuming. If you need assistance, please contact Lauren Kazee, CAHC Mental Health Consultant.

_You are not required to report the following, but may want to track for internal purposes:_

- Number of clients who stopped treatment before release
- Total number of visits for all clients and all treatment modalities used
- Document outreach/re-engagement efforts e.g., the global approach to outreach and re-engaging clients who are lost to follow-up or stop treatment prematurely
  - Sample questions to ask:
    - Are appointment times convenient?
    - Is there a stigma preventing clients from seeking treatment?
    - Can I/the CAHC provide better outreach?
    - What are the barriers/how can the CAHC break down those barriers?
- Share policy/procedures for no-shows/follow-up and referral/follow-up for feedback
- Track how clients are identified for depression/treatment at the CAHC (e.g., the number that are: flagged on RAAPS; referred by teacher/school referral; parent referral; self-referral; other)