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:**

Screener:	Score At or Above:
PHQ-9	10
PHQ-2	3
Beck's	20-28 (Moderate)
PSC-17	28
MDI-10	25-29 (Moderate)
Bright Futures-CES-DC	15

1. Report the number of clients (age 12 and older) with a diagnosis of depression (e.g., with a positive depression screen, according to the score on the depression screener and psychosocial assessment) **(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

    o 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)