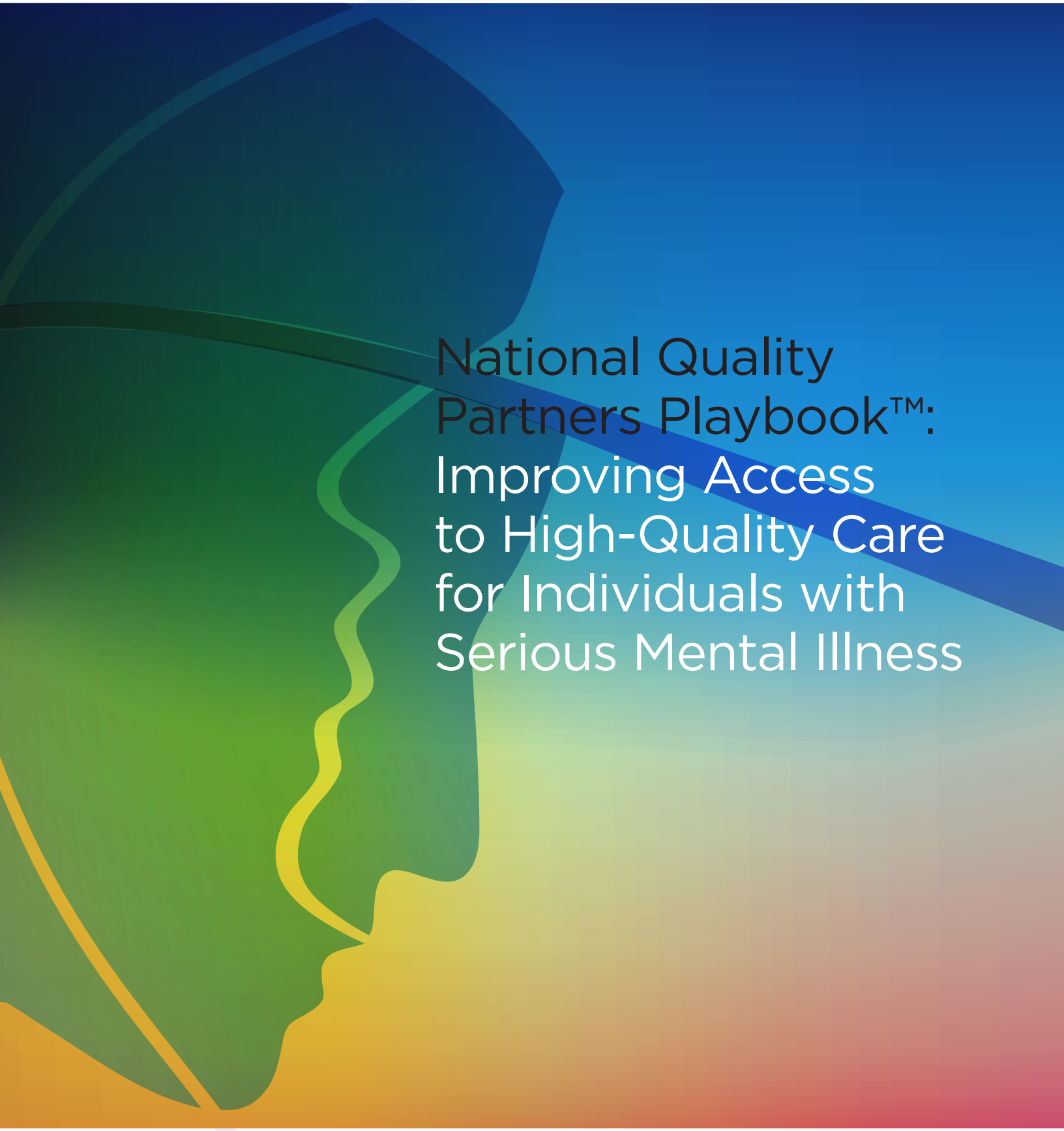

National Quality Partners Playbook™: Improving Access to High-Quality Care for Individuals with Serious Mental Illness

NATIONAL QUALITY FORUM

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FIND HELP AND TREATMENT

Many resources exist if you or a loved one needs help, including:

- **National Suicide Prevention Lifeline**, a 24-hour, toll-free, confidential suicide prevention hotline available to anyone in suicidal crisis or emotional distress. Call **1-800-273-TALK (8255)** or go to **https://suicidepreventionlifeline.org/**
- **Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline,** a 24-hour, free, confidential treatment referral and information service for individuals and families facing mental health conditions and/or substance use disorders. Call **1-800-662-HELP (4357)** or go to **https://www.samhsa.gov/find-help/national-helpline**
- **Behavioral Health Treatment Services Locator,** a confidential and anonymous source of information for individuals seeking treatment facilities for substance use or mental health conditions. Go to **https://findtreatment.samhsa.gov/**

ABOUT NATIONAL QUALITY FORUM

Founded in 1999 and based in Washington, DC, the National Quality Forum (NQF) is the nation's resource for healthcare quality measurement and improvement. NQF's mission is to be the trusted voice driving measurable health improvements. NQF brings healthcare stakeholders together to recommend quality measures and improvement strategies that reduce costs and help patients get better care. Through its multistakeholder membership of more than 400 organizations, NQF facilitates an open and thorough dialogue on healthcare measurement and improvement, and strives to lead national collaboration to improve health and healthcare quality for all Americans.

National Quality Partners™

National Quality Partners™ (NQP™), an NQF initiative, is an active forum for NQF members to connect, collaborate, and provide thought leadership on quality improvement strategies to achieve national health and healthcare quality goals. NQP addresses the nation's high-priority healthcare issues by engaging stakeholders from across the care continuum. NQP leads practical, action-oriented initiatives to drive meaningful and lasting changes for patients and their families.

CONTENTS

ACKNOWLEDGEMENTS

NQF would like to thank the many organizations and individuals who contributed their technical expertise to this NQP Playbook™. They are listed in **Appendix A**.

NQF also acknowledges the participants and supporters of the NQP Serious Mental Illness Action Team (also listed in **Appendix A**) for laying the groundwork to help address challenges that prevent individuals with SMI from accessing high-quality care. Their efforts and national **Call to Action** spurred and informed NQF's development of this NQP Playbook.

The conclusions, findings, and opinions expressed by individuals who contributed to this publication do not necessarily reflect the official position of any contributor's affiliated organization.

THE NATIONAL IMPACT OF SERIOUS MENTAL ILLNESS

Behavioral health and mental illness are major public health issues affecting millions of Americans each and every day. Approximately 10 million adults each year experience a serious mental illness (SMI) in the United States, representing over 4 percent of adults in the country.[1]

Serious mental illness, as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA), is a "mental, behavioral, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities".[2] These major life activities include basic daily living skills, such as eating and bathing, and skills that are instrumental in living and functioning in society, such as maintaining a household and managing money.[3] The challenges that individuals with SMI face often result in significant comorbidities, lower life expectancy, and higher suicide rates. Untreated SMI is considered a significant factor contributing to the rising rates of suicide in the United States.[4]

Individuals with SMI also experience high rates of co-occurring substance use disorders (SUD), with over a quarter of adults with SMI experiencing an SUD.[5] Co-occurrence of SUD and SMI often results in individuals having more severe symptoms of mental illness, increased hospitalizations, and more frequent relapse.[6,7] The societal costs are also high in terms of lost earnings, unemployment, poverty, homelessness, violence, and the impact on law enforcement and the judicial system.[8,9,10]

Although many groups and efforts have advocated for decades for improved care and parity for individuals with SMI, the need for significant improvements in outcomes for individuals with SMI persists. Americans with SMI often die of the same chronic diseases that individuals without SMI die from, including cancer, heart disease, stroke, pulmonary disease, and diabetes.[11,12,13,14] However, individuals with SMI die 15 to 30 years younger than those without mental illness, often as a result of clinical risk factors, socioeconomic factors, and health system factors.[15,16,17] It is essential for our communities to prioritize individuals with SMI to reduce disparities and to improve health outcomes for these individuals and their families.

Americans with SMI often die of the same chronic diseases that individuals without SMI die from, including cancer, heart disease, stroke, pulmonary disease, and diabetes.[11,12,13,14] However, individuals with SMI die 15 to 30 years younger than those without mental illness, often as a result of clinical risk factors, socioeconomic factors, and health system factors.[15,16,17]

The Need for Change

Despite many organizational efforts and advances throughout the years, access to care remains a barrier for many individuals living with SMI. Care is often fragmented, leaving individuals and families unable to navigate the complex healthcare system, and thus unable to access the care they need most. Being able to access care is the first step to improving outcomes in this vulnerable population. Additionally, healthcare organizations and clinicians need practical strategies for identifying and improving current gaps in care for individuals with SMI, including strengthening existing efforts to identify at-risk individuals, maintain engagement in care over time, ensure access to primary care, and improve daily functioning, management of behavioral health symptoms, and management of other medical conditions and comorbidities.

Although the *NQP Playbook™: Improving Access to High-Quality Care for Individuals with Serious Mental Illness* focuses on strategies for healthcare delivery organizations and systems, true progress in this field requires the collaboration and coordination of a variety of stakeholders. Healthcare delivery organizations, consumer advocacy organizations, community organizations, policymakers, payers, healthcare professional societies, federal agencies, regulatory bodies, and other partners in quality improvement must come together to advocate to remove barriers that currently prohibit individuals with SMI from getting the high-quality care they need.

THE POWER OF COLLABORATION:

True progress to advance access to high-quality care for individuals with SMI requires the collaboration and coordination of a variety of stakeholders.

USING THE NQP™ PLAYBOOK

The *NQP Playbook™: Improving Access to High-Quality Care for Individuals with Serious Mental Illness* provides concrete strategies and implementation examples for healthcare organizations and clinicians committed to improving access to care and outcomes for individuals living with SMI. The *NQP Playbook™* is not a list of "must-do's", but instead offers a variety of options and best practices from which to choose, depending on organizational context, resources, and needs. This resource will help inform the actions of healthcare delivery organizations, such as health systems, hospitals, outpatient centers, and behavioral health clinics, to provide high-quality care for individuals with serious mental illness. While intended primarily for healthcare delivery organizations, a broad set of stakeholders, including consumer advocacy organizations, educators, community organizations, policy and regulatory bodies, health plans, and payers, may find this *NQP Playbook* valuable in helping to support improved access to care.

This *NQP Playbook* refers to individuals with SMI as consumers rather than patients. This may be the first time some readers are seeing the term "consumer" in this context, but it is important for stakeholders to become more familiar and comfortable with the term "consumer" when thinking about individuals with SMI. The use of the term "consumer" has grown out of a long movement towards self-determination and empowerment of individuals with SMI, reflecting the view that individuals with SMI should be considered consumers of mental health services rather than patients who must comply with a physician's orders.[18] We use the term consumer in this document to underscore the importance of empowering individuals with SMI to participate in and/or lead their care decisions in a recovery-oriented system.

The *NQP Playbook* is organized by six fundamental areas in which healthcare organizations can take action to improve access to high-quality SMI care. For each fundamental area, the *NQP Playbook* includes a brief overview, implementation examples, potential barriers and suggested solutions, and sample tools and resources. **Appendix B** includes a quick reference guide to the fundamental areas, and **Appendix C** includes hyperlinks to all tools and resources by each fundamental area.

Healthcare organizations can use the implementation examples to design, refine, strengthen, and extend their approach to SMI care and increase the potential for success. The implementation examples progress from basic to intermediate to advanced—categories that are approximate based on likely resource-intensiveness and organizational effort. Basic examples are ones that organizations can undertake quickly and with limited resources, while intermediate and advanced examples may require more intensive resources and organizational effort. An organization need not begin with basic approaches before moving to intermediate and advanced approaches. Rather, organizations can determine which approaches best suit them based on their available resources and context. Given competing priorities, organizations may not be able to pursue all implementation examples across all categories. Nevertheless, the implementation examples offer a broad range of what is possible and achievable.

Additionally, the *NQP Playbook* includes "snapshots" that illustrate how various organizations have taken action in the fundamental areas. The snapshots are real-life, "how-to" stories from organizations that have improved access to care for individuals living with SMI.

KEY FUNDAMENTALS FOR HEALTHCARE ORGANIZATIONS TO IMPROVE ACCESS TO HIGH-QUALITY SERIOUS MENTAL ILLNESS CARE

The National Quality Forum identified six fundamental areas to facilitate improved access to high-quality SMI care in healthcare organizations:

1. Promote leadership and lead by example
2. Implement organizational policies
3. Advance healthcare team knowledge and provide training
4. Enhance consumer and caregiver education and engagement
5. Measure progress and establish accountability
6. Support collaboration and coordination with community resources and organizations

Fundamental 1: Leadership

Healthcare organizations should engage individuals with diverse backgrounds on their leadership teams, both at the C-suite and departmental levels, and should include individuals who have lived experience with serious mental illness (SMI). Leadership must commit to quality and adhere to evidence-based practices, while maintaining the flexibility to welcome innovative approaches to improving access to care for individuals living with SMI. Leadership should support models of care that ensure both physical and behavioral health needs are met and should model a culture of integration by breaking down silos between physical and behavioral healthcare at the leadership level. Leadership must enhance awareness of SMI by prioritizing behavioral health services, supporting organizational and community education on SMI, and championing the elimination of stigma. Leadership must reinforce that SMI may impact the lives of staff, and therefore must create an environment where the mental health of staff is a priority.

Implementation Strategies

BASIC

- Raise awareness of the impacts of SMI on the organization and community through organizational updates and newsletters
- Support a stigma-free culture and a safe environment in which leaders and staff members with lived experience feel comfortable sharing their stories to help normalize conversations about behavioral health
- Demonstrate a commitment to quality and an expectation to follow best practices and evidence-based care by highlighting success stories of clinicians who have implemented evidence-based treatments within the organization and of the consumers who have benefited from them
- Value the perspectives of individuals with lived experience when making organizational decisions about behavioral health services and integrated care
- Create a team of visible "champions" to promote access to high-quality care for individuals with SMI, and include a consumer representative (to provide lived experience), a clinical representative (to provide insights into on-the-ground feasibility), and a leadership representative (to provide financial and administrative input)
- Lead by example by prioritizing the mental health of the staff within the organization, and create a culture that promotes staff health and well-being[19]

INTERMEDIATE

- Establish a culture and expectation for rigorous, data-driven, continuous quality improvement to drive change to improve the quality of SMI care
- Appoint individuals with lived experience to leadership roles throughout the organization
- Break down silos of care between physical and behavioral healthcare at the leadership level by identifying common goals and shared funding opportunities across departments
- Infuse behavioral health throughout the organization through education, co-location, and integration with physical healthcare services
- Support the development of integrated care by allocating resources to support integrated care delivery (e.g., physical space, funding, staff, and time for training)[20]

- Commit to providing integrated care across the organization and embody a "no wrong door" access policy
- Create a culture where clinicians have opportunities to identify innovative approaches to improve access to behavioral healthcare
- Form relationships with leaders of community organizations and identify opportunities for warm hand-offs and linkages to care

ADVANCED

- Quantify and understand the long-term value of investing in SMI care for the organization, community, and nation
- Partner with payers to advocate for health benefits packages with behavioral health parity
- Provide start-up funding for new initiatives and find new funding opportunities to improve access to care
- Invest in technology to enhance the integration of behavioral healthcare and physical healthcare
- Use data to design, implement, and evaluate new clinical models and/or workflows to facilitate integrated behavioral healthcare
- Ensure an adequate supply of clinicians with necessary expertise to care for individuals with SMI
- Provide support for training, education, and tools to all levels of staff who may interact with individuals with SMI, rather than just behavioral health clinicians

Potential Barriers and Suggested Solutions

Skepticism about the value and importance of behavioral health and SMI care because of low reimbursement rates

Suggested Solutions

- Highlight the role of the organization's mission and duty to society, especially given the role SMI plays in the rising suicide rates in the United States
- Identify multiple champions and voices on the team to help support and prioritize access to care for individuals with SMI
- Reframe the financial conversation to focus on the return-on-investment through positive metrics (e.g., lives saved, reduced emergency department visits) and share financial information to demonstrate how care coordination and integrated care reduce costs over time
- Build population health financial forecasting models which illustrate the potential for savings from innovative models of care
- Provide staff education on available billing codes (e.g., codes for integrated care activities)
- Advocate for reimbursement parity to help drive advancements in reimbursement rates

Leaders do not understand behavioral health and SMI in the same manner that they understand physical health

Suggested Solutions

- Identify leadership with lived experience
- Promote opportunities for sharing stories and learning throughout the organization (e.g., Town Halls)
- Demonstrate how engaging individuals in mental healthcare allows them to become more active participants in other aspects of their healthcare experience, including physical and preventive care
- Engage in a community of learning with other healthcare organizations to share best practices and challenges

Stigma of SMI

Suggested Solutions

- Value individuals with lived experience and provide opportunities for them to share perspectives and contribute to decision making at all levels throughout the organization
- Lead by example at the leadership level to promote non-stigmatizing person-first language (e.g., referring to individuals with SMI vs. SMI patients)

- Establish peer and recovery support specialist career ladders to incorporate individuals with lived experience into the organization's clinical support staff

Silos of care and system fragmentation prevent collaboration and integration

Suggested Solutions

- Model integration through cross-departmental collaboration at the leadership level and promote opportunities for staff across different departments and service lines to engage with one another
- Strive for consistent terminology for how departments talk about issues related to SMI care, and orient clinical staff to this terminology
- Develop specific protocols to provide clear guidance on clinical care pathways to bridge physical health, behavioral health, and social support services
- Engage individual or organizational mentors to support the integration of services
- Remove unnecessary firewalls that prevent access to mental healthcare notes and documentation in physical health settings, when appropriate, while safeguarding consumer privacy
- Identify technology-based solutions to promote integration of services and to enhance access to these services (e.g., virtual services, telebehavioral health)

Competing priorities and "initiative fatigue"

Suggested Solutions

- Integrate activities related to improving access to care into existing consumer engagement initiatives to gain efficiencies and avoid silos
- Make a leadership commitment to the initiative to ensure staff view it as a long-standing priority rather than a temporary focus
- Commit to offsetting time spent on new behavioral health initiatives by identifying efficiencies to existing workflows and replacing outdated workflows with new evidence-based approaches that have similar objectives

Shortage of qualified professionals

Suggested Solutions

- Identify mechanisms to improve recruitment, retention, and development of mental health professionals
- Empower staff to delegate tasks across the team, when appropriate, to create opportunities for staff to practice at the highest level of their license
- Provide leadership support for technology solutions (e.g., digital cognitive-based therapy [CBT], telehealth)
- Determine appropriate discharge protocols for healthy consumers to ensure available appointment slots
- Leverage peer and recovery support specialists to assist with care episodes

Suggested Tools and Resources

Accreditation Resources

- The Joint Commission **Facts about Behavioral Health Accreditation**
- The Joint Commission **National Patient Safety Goals for Behavioral Health Care**

Combating Stigma

- NAMI Blog: **9 Ways to Fight Mental Health Stigma**
- **Reducing the Stigma of Mental Illness**

Models of Care Resources

- **Certified Community Behavioral Health Clinic (CCBHC)** Information Page
- CMS **Fact Sheet on Integration and Billing Codes**
- **Coordinated Specialty Care (CSC):** Resources Including Manuals on Outreach, Recruitment, and Implementation
- National Quality Forum and American Hospital Association's **Redesigning Care: A How-To guide for Telebehavioral Health**
- SAMHSA-HRSA Center for Integrated Health Solutions **Billing and Financial Worksheets for Integrated Care**
- SAMHSA-HRSA Center for Integrated Health Solutions **Primary and Behavioral Health Care Integration Sustainability Checklist**
- SAMHSA-HRSA Center for Integrated Health Solutions **Standard Framework for Levels of Integrated Care**

- SAMHSA-HRSA **Center for Integrated Health Solutions Resource Page on Models with Peer Providers**
- **The Business Case for the Integration of Behavioral Health and Primary Care**

National Data on Access and Prevalence

- Mental Health in America **Access to Care Data**
- National Institute of Mental Health **Data and Statistics on SMI**
- SAMHSA **National Survey on Drug Use and Health**

Training Programs

- **BHbusiness** Resources and Training Programs
- The National Council for Behavioral Health **Executive Leadership Program**

Snapshot: Leadership in Action

Henry Ford Health System recognized early the importance of leadership support and buy-in when developing its Perfect Depression Care program, known widely as a Zero Suicide initiative. Clinical leaders and teams understood the impact and cost of suicide on the health system and community, and they set out to redesign care delivery with the goal of achieving perfect depression care so that no patients would die by suicide. Henry Ford Health System realized that they could only achieve this goal through a cultural shift and leadership commitment to achieving this shared goal alongside clinical teams. To make behavioral health a top priority at the organization, leaders focused on the escalating suicide rates across the country and made connections between the new Perfect Depression Care program and related national initiatives that inherently garner widespread support, such as the Institute of Medicine's *Crossing the Quality Chasm* report and more recent sentinel event alerts issued by The Joint Commission.

Henry Ford Health System focused its efforts first on providing compassionate, patient-centered care that improved patient outcomes, and then engaged a wide array of stakeholders (including executive leadership, clinical leadership, frontline staff, IT, and patients) to think creatively about the implementation and funding mechanisms for the program. By obtaining early input from a variety of stakeholders, Henry Ford Health System was able to achieve buy-in for the program at all levels within the organization. Clinical leaders were also able to make the value proposition for investing in behavioral health programs by focusing on the long-term gains, as opposed to focusing on reimbursement for single episodes of care. A critical component of the leadership approach was to develop a just culture that focuses on collective leadership across system leaders and clinical providers. Leaders at Henry Ford Health System knew that to successfully implement an initiative of this scale, clinical teams and system leaders had to work together towards a common goal of delivering care as part of a system rather than by individual providers working in silos. To help reinforce the mutual goals, clinical teams regularly reviewed cases to identify opportunities to improve as a team. Collectively, the leadership team determined that preventing suicide is a primary goal for the organization, and that clinical processes must reflect the evidence-based, high-quality care that Henry Ford Health System's patients expect and deserve.

Fundamental 2: Organizational Policies

Healthcare organizations must develop, follow, enforce, and support organizational policies that enable individuals with serious mental illness (SMI) to access the care they need. Organizations should support partnerships across various service lines to create a care delivery system in which behavioral healthcare is embedded into all care settings. Organizations should have clearly defined protocols that align with evidence-based best practices, and policies should support staff training on SMI. Organizations must also have mechanisms in place to ensure fidelity to evidence-based models. Policies must include opportunities to engage consumers and families in care and treatment and policies should support relentless follow-up to ensure all individuals with SMI are receiving care.

Implementation Strategies

BASIC

- Standardize the terminology used to define and discuss SMI within organizational policies to ensure consistency
- Engage frontline clinicians and staff in the initial development of policies and workflows to increase buy-in and to understand barriers and unintended consequences of policies
- Engage patient and family advisory councils (PFACs) and individuals with lived experience in the development, review, and evaluation of policies
- Use organizational policies to establish and support processes for training staff on best practices and for monitoring fidelity to evidence-based practices
- Create policies that support community collaboration, warm hand-offs, and transitions of care
- Document the concept of, and expectations for, shared decision making in an organization's policies and procedures to ensure a consumer-centered approach to treatment planning
- Ensure organizational policies do not unintentionally penalize consumers, and create policies to promote "person-centered access," including increasing appointment time options (e.g., evening and/or weekend appointments) and modalities of treatment (e.g., video conferencing, in-person, and telephone)
- Identify best practices for follow-up actions when individuals drop out of care or are lost to follow-up (e.g., via text messages, phone calls, peer support networks, and registries)

INTERMEDIATE

- Co-locate behavioral healthcare and other care services by sharing spaces, equipment, and staff[21]
- Develop and embody a "no wrong door" policy by supporting integrated behavioral health and physical healthcare, both clinically and in education
- Require the use of universal screening using evidence-based assessment tools (e.g., depression screening, suicide risk screening)
- Create organizational programs that support the use of peer specialists
- Expand psychiatric evaluation services to reduce the number of individuals with SMI using the emergency department for routine evaluation and care

- Standardize the process for tracking routine appointments and post-discharge follow-up to minimize the number of individuals with SMI who are lost to follow-up after their initial admission or encounter (e.g., assign staff to conduct regular outreach and appointment reminders)
- Identify technology solutions for tracking, following up, and re-engaging individuals who miss appointments and leave the healthcare system

ADVANCED

- Develop policies grounded in whole-person care that includes wrap-around services, such as patient navigators
- Develop shared behavioral health and physical health treatment plans within electronic health records (EHR)
- Create clinical workflows within an EHR, such as decision support and treatment algorithms, to support the use of evidence-based practices and assist with guideline uptake
- Use standardized clinical decision tools to improve evidence-based care
- Require training on SMI for all clinicians at all levels within the organization, and include information on screening, assessment, diagnosis, appropriate care pathways, and stigma
- Invest in innovative solutions to address barriers to accessing care, such as telebehavioral health, crisis care centers, open access clinics, and behavioral health urgent care centers
- Create policies to promote the use of innovative solutions and technologies so that staff are clear on how to use and share information on new care services
- Partner with community organizations to create policies that address the social determinants of health that may prevent individuals from accessing and engaging in care, and that may compromise recovery (e.g., transportation, housing, income support, food security)

Potential Barriers and Suggested Solutions

Lack of resources within the organization dedicated to behavioral health (e.g., physical space, funding, staff)

Suggested Solutions

- Assign leadership responsibility and accountability for behavioral health services
- Identify opportunities to co-locate and/or integrate services or implement models of care that ensure better management of behavioral health conditions
- Identify grant opportunities to support the initial development of co-located services[22]
- Invest in and use telebehavioral health services to reach consumers who may not be able to visit the physical space
- Partner with community organizations and other provider groups to offer services that the organization does not provide internally

Lack of data sharing across the care continuum

Suggested Solutions

- Obtain universal consents, when appropriate, to permit information sharing between behavioral healthcare providers and physical healthcare providers
- Identify a clinician champion for collaboration building across departments[23]
- Create policies that clearly outline how to use the EHR to share information, when appropriate
- Remove unnecessary firewalls that prevent interoperability between physical and mental healthcare documentation, when appropriate, while ensuring consumer privacy

Stigma and misperceptions about SMI make it challenging for clinicians to discharge individuals with SMI

Suggested Solutions

- Develop protocols for appropriate levels of care and services depending on the severity of illness, including clear discharge protocols and criteria
- Identify opportunities to collaborate with community-based organizations to facilitate smooth transitions of care
- Ensure benefit coverage for intermediate levels of post-discharge care
- Perform community outreach and engage in community education initiatives to help overcome community stigma

Lack of clinicians adequately trained in behavioral health

Suggested Solutions

- Allocate resources to training all staff on SMI screening, care pathways, and identification of at-risk populations, instead of only training staff who exclusively focus on behavioral healthcare
- Assign responsibilities to the clinician most appropriate for the task based on their role, and ensure clinician training aligns with the tasks required
- Create policies that support clinicians working at the top of their license
- Incentivize clinicians to work with the SMI population through recruitment and professional development opportunities

Suggested Tools and Resources

Consumer/Patient Engagement

- **Implementing Effective Policy in a National Mental Health Re-engagement Program for Veterans**

Integrated Care

- **Integrated Behavioral Health Implementation Toolkit**
- **Integrating Behavioral Health in Primary Care Using Lean Workflow Analysis: A Case Study**
- SAMHSA-HRSA Center for Integrated Health Solutions **Standard Framework for Levels of Integrated Care**

Suicide Prevention

- The Joint Commission **Suicide Prevention Portal**
- **Zero Suicide Toolkit**
- **Zero Suicide Organizational Self-Study Assessment**
- **Zero Suicide Resource Search**

The Role of Peer Support

- Mental Health America **Center for Peer Support**
- Mental Health America **Peer Support Across Settings: A "No Wrong Door" Approach to Recovery**
- SAMHSA **Resource Page for Using Peer Support in Your Organization**
- SAMHSA **Videos on Peer Support Services**

Snapshot: Organizational Policies in Action

The Veterans Health Administration in the Department of Veterans Affairs (VA) operates one of the largest mental health programs in the nation. Through its mental health program, the VA cares for a large population of Veterans with serious mental illness. Given the medical comorbidities experienced by people with serious mental illness, leaders at the VA recognized the importance of keeping Veterans with serious mental illness engaged in medical as well as mental healthcare. Seeking to improve engagement in care and recognizing the power of organizational policies to drive practice change, in 2012 the VA began implementing its Re-engaging Veterans with Targeted Serious Mental Illness in Treatment (SMI Re-Engage) policy. This policy required all VA sites to implement an outreach program for Veterans with serious mental illness. The policy required: (1) contacting any Veterans with serious mental illness who had been lost to VA healthcare for more than one year, (2) determining the Veteran's need for mental health, medical, and/or psychosocial services, (3) facilitating new appointments for any needed services, and (4) following up to confirm that the Veteran attended the appointment.

Leaders engaged existing staff, known in the VA as Local Recovery Coordinators (LRCs), to carry out the SMI Re-Engage program, which reinforced the value of recovery-oriented care. A specific, multicomponent implementation strategy that included training materials, clinician training sessions, centralized on-demand technical assistance, facilitation guidance for facilities facing implementation challenges, and dedicated resources (e.g., protected time for staff) were instrumental in achieving a full implementation of the policy. Additionally, by mandating the SMI Re-Engage policy, leaders at the VA served as champions for behavioral health and serious mental illness, demonstrating the priority of caring for this important population. An evaluation of SMI Re-Engage found that 88 percent of Veterans contacted through SMI Re-Engage returned to outpatient care, compared to 74 percent of Veterans who were not contacted and returned to care on their own. Conversely, 12 percent of Veterans contacted through SMI Re-Engage returned to inpatient or emergency care services compared to the 26 percent of Veterans who were not contacted and returned to care on their own. These evaluation results suggest proactive outreach programs may increase engagement in outpatient care and decrease the need for emergency or crisis care.

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Fundamental 3:
Healthcare Team Knowledge and Training

In order for a healthcare organization to provide adequate care for individuals with serious mental illness (SMI), the organization must ensure it has a well-educated workforce of clinicians who can provide integrated, team-based, person-centered, feedback-informed care. Clinicians must be equipped to screen, diagnose, treat, and care for individuals with SMI, and clinicians should be trained on evidence-based practices. Clinicians must be able to recognize individuals with SMI and link them to the appropriate care or service area to ensure they do not fall through the cracks in the system. Clinicians must be compassionate and recognize the value in caring for the person as a whole, and should engage in shared decision making to incorporate the goals, values, and preferences of the individual receiving care. Clinicians must recognize the role of families and caregivers, understanding that a large part of healing and recovery may occur in the home. Lastly, clinicians must overcome stigma and ensure that they advocate for individuals with SMI within the healthcare system and broader community.

Implementation Strategies

BASIC

- Promote a care delivery system that addresses the whole person, taking into account what matters most to each individual
- Provide training opportunities to help clinicians build competency in shared decision making to ensure evidence-based decisions align with consumer goals, values, and preferences
- Include consumer stories in clinician education and trainings to overcome clinician stigma
- Educate clinicians to recognize the role that caregivers play in an individual's path to recovery, and support caregiver engagement in treatment decisions, when appropriate
- Educate clinicians on at-risk populations to support screening and early diagnosis (e.g., primary care screening for undiagnosed psychosis)
- Promote the use of standardized screening instruments to identify individuals with behavioral health needs or in need of a referral
- Create a process to demonstrate fidelity to evidence-based models of care and to identified disease-specific models (e.g., care models for schizophrenia and bipolar disorder)

INTERMEDIATE

- Create opportunities for individuals with lived experience with SMI to participate in clinician training and education programs to share their own perspectives and to increase the comfort level of clinicians working with individuals with SMI
- Strive for consistency in the clinician that sees an individual consumer over time to build relationships and trust
- Train all clinicians to recognize SMI and to understand the benefits of early symptom recognition and intervention, ensuring clinicians understand the first steps in connecting individuals to treatment
- Support all clinicians in developing the skills needed to de-escalate situations when individuals with SMI present in crisis[24]

- Educate clinicians on verbal and nonverbal communication techniques to facilitate difficult conversations with consumers and caregivers, and incorporate the use of peers to assist clinicians in these conversations
- Support the development of realistic referral plans for individuals who screen positive by providing clinicians with resources to link consumers to well-matched clinicians who have appointment availability and who the consumer can afford to visit[25]
- Standardize the process of developing a follow-up plan as part of the initial care plan to support continuity of care
- Train all clinicians on approaches to promote healing and recovery, such as trauma-informed care

ADVANCED

- Ensure all staff are able to speak to the available behavioral health resources and, if applicable, the integrated care model supported by the organization
- Use role playing and peer modeling of difficult conversations to train clinicians on sensitive consumer-clinician interactions and the importance of using nonstigmatizing language
- Create opportunities for clinicians to use telebehavioral health tools with consumers (e.g., mobile applications) to assist with self-management, illness management, and skills-training[26]
- Collaborate with community resources and referral networks to facilitate transitions in care
- Train clinicians to incorporate evidence-based best practices to connect individuals with SMI to supportive housing, supported employment, and assertive community treatment

Potential Barriers and Suggested Solutions

Limited clinician knowledge of evidence-based practices/models and inconsistent implementation of evidence-based practices within an organization

Suggested Solutions

- Use professional organizations, guidelines, and new research to provide support for the use of evidence-based practices and models
- Implement training on screening, identification, assessment, and use of evidence-based practices early and often for clinicians, and develop workflows that incorporate training into the standardized clinical processes
- Hold education sessions (e.g., Town Halls) to disseminate information on implementing evidence-based practices, showcasing exemplars and success stories from within the organization
- Develop a process for evaluating fidelity to evidence-based practices, including clear measures of successful demonstration, and incentivize demonstrations of evidence-based practice fidelity

Stigma toward individuals SMI within the healthcare profession

Suggested Solutions

- Increase awareness of SMI and information on the services available within the organization and local community
- Offer multiple opportunities for social contact and enable individuals with lived experience to share their stories with the healthcare team[27,28]
- Promote skills-based training to help clinicians understand that mental illness is treatable and manageable[29,30,31]
- Use role playing and peer modeling of difficult conversations to promote nonstigmatizing language
- Ensure clinicians are aware of resources to handle challenging, disruptive and/or potentially violent encounters in a compassionate manner

Interactions between SMI and chronic co-morbidities are often overlooked

Suggested Solutions

- Apply guidelines to support the use of evidence-based recommendations for the management of physical health conditions and the reduction of risk factors for individuals with SMI
- Educate clinicians on the need for better co-management of physical chronic conditions and SMI, focusing on the role chronic conditions play in the morbidity and mortality of individuals with SMI and the disparities in their care for these conditions [32]
- Educate clinicians on the potential impact on physical health and on drug-drug interactions of psychotropic medications required to manage SMI
- Empower clinicians to counsel and facilitate access to behavioral change programs for tobacco cessation, weight management, and exercise, if needed[33]
- Allocate dedicated time between primary care teams and behavioral health teams to reinforce chronic disease management and prevention[34]
- Track measures related to physical and behavioral health integration, and consider measure sets that assign accountability across both physical and behavioral health conditions to a clinician

Diagnostic overshadowing, or misattributing physical symptoms to mental illness

Suggested Solutions

- Promote team-based care through case discussions at regularly scheduled care management meetings inclusive of representatives from physical health, behavioral health, and care management teams
- Use telebehavioral health to provide clinicians access to consult with SMI experts
- Include psychiatrists and other clinicians with mental health training in conversations about laboratory tests and procedures required for diagnosis[35]
- Train clinicians on communication techniques to help manage behaviors that may inhibit an open dialogue between individuals with SMI and clinicians[36]
- Identify specific cases where diagnostic overshadowing led to misdiagnosis, and assess the contributing factors so that clinicians can improve their diagnostic skills

Clinicians have too many competing demands, or have limited time and resources for continuing education

Suggested Solutions

- Implement training on SMI early in the education of clinicians (e.g., during medical training)
- Provide training in broad-based skills, such as symptom identification, brief talk therapy, and motivational interviewing that can be applied across consumer populations to maximize the appeal and application of the training[37]
- Offer incentives for completing training, and provide paid time off provide paid time off for clinicians to participate in continuing education and external trainings
- Ensure providers have access to a network of clinicians and peer support staff who can help manage individuals with SMI
- Monitor clinician job satisfaction and burnout to identify opportunities to adjust workflows and provide additional support[38]

Suggested Tools and Resources

Clinical Knowledge

- Compilation of **Behavioral Health Screening Tools**
- Information on **Trauma-Informed Approaches and Trauma-Specific Interventions**
- **Practice Guideline for the Treatment of Patients with Bipolar Disorder** and the American Psychological Association (APA) **Treating Bipolar Disorder: A Quick Reference Guide**
- **Practice Guideline for the Treatment of Patients with Major Depressive Disorder** and APA **Treating Major Depressive Disorder: A Quick Reference Guide**
- **Practice Guideline for the Treatment of Patients with Schizophrenia** and APA **Treating Schizophrenia: A Quick Reference Guide**
- **SMI Adviser: A Clinical Support System for Serious Mental Illness**
- **The Schizophrenia Patient Outcomes Research Team (PORT): Updated Treatment Recommendations 2009**
- World Health Organization (WHO) **guidelines in Management of Physical Health Conditions in Adults with Severe Mental Disorders**
- VA/DoD **Mental Health Clinical Practice Guidelines**
- **Zero Suicide Toolkit**
- **Zero Suicide Resource Search**

Combatting Stigma

- NAMI Blog: **9 Ways to Fight Mental Health Stigma**
- **Reducing the Stigma of Mental Illness**

Referral Resources

- Integrated Behavioral Health Partners **Tools on Referrals, Hand-offs, and Good-byes**
- **NAVIGATE,** a Comprehensive Early Treatment Program for Individuals with First Episode Psychosis
- SAMHSA **Behavioral Health Treatment Services Locator**
- SAMHSA **Early Serious Mental Illness Treatment Locator**
- **Screening, Brief Intervention, and Referral to Treatment (SBIRT)**

Shared Decision Making

- **National Quality Partners Playbook™: Shared Decision Making in Healthcare**

Training Programs

- American Psychological Association **Recovery to Practice Curriculum Modules**
- **Motivational Interviewing Training**
- **NAMI Provider Education Program**
- **Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training Program**

Snapshot: Healthcare Team Knowledge and Training in Action

To support the growing need to educate and train the behavioral healthcare workforce, Kaiser Permanente's Northern California Region has made an organizational effort to provide a coordinated behavioral health training program to its more than 2,000 mental health professionals and 150 trainees. This program evolved from an organizational goal to foster joy and meaning in work. According to Kaiser clinicians, a significant part of achieving meaning in work is keeping up to date on best practices and engaging in shared learning with colleagues.

Kaiser Permanente's Northern California Region now has one of the most extensive mental health workforce training programs in the nation and recently developed a psychiatric residency program. To support and sustain the training program, Kaiser Permanente identified and developed a dedicated Regional Mental Health Training Program Director who is responsible for coordinating the training opportunities across the region. To increase participation, the Regional Program Director and Department of Psychiatry Chiefs and Directors solicit input and feedback from staff via questionnaires and open conversations to identify the specific topics of interest on which to focus education initiatives. The Regional Program Director shares a monthly newsletter with all mental health professionals to highlight upcoming behavioral health training sessions, mentorship opportunities, live seminars, and related reading. The education opportunities include free, live monthly seminars for the therapists and bi-annual, mandatory, full-day training sessions for all psychiatrists. Seminars are recorded and housed on a dedicated website to make the trainings easily accessible to staff who may not be able to attend the live sessions. Kaiser Permanente also supports its workforce by providing dedicated paid time off to support staff attending external training opportunities.

One of the most successful training initiatives within the Mental Health Training Program focused on implementing feedback-informed care. Feedback-informed care includes a partnership between clinicians and patients and the use of data and information obtained from patients to inform future care decisions. The Training Program offers multiple training opportunities to educate mental health staff on what feedback-informed care means, why it is important, and how to provide this type of care. Staff were required to attend multiple training sessions, and interns, residents, and staff all attended the same training sessions to foster a culture of learning together. These trainings resulted in increased implementation of feedback-informed care, including improving the administration of outpatient questionnaires assessing distress, anxiety, and depression, utilizing this information to inform care decisions, and ultimately improving positive health outcomes within the patient population. By investing time and resources to prioritize the training and education of its workforce, Kaiser Permanente is supporting the behavioral healthcare workforce to provide effective behavioral healthcare to its 4.3 million members in Northern California.

Fundamental 4: Consumer and Caregiver Education and Engagement

Partnering with consumers, families, and caregivers creates trusting relationships between individuals with serious mental illness (SMI) and clinicians, and it increases the likelihood of consumers staying engaged in care. Healthcare organizations and clinicians must help consumers and caregivers navigate the complex healthcare system and should strive to engage consumers in innovative ways. Healthcare organizations and clinicians should use technology and innovative approaches to overcome common barriers to care, creating an environment that supports keeping individuals engaged in care over time. Clinicians must engage in shared decision making and should strive to prioritize and achieve what individuals in care see as most important. Lastly, organizations should identify opportunities to connect consumers, caregivers, and families to resources and persons with lived experience, enabling them to partner on a journey to recovery together.

Implementation Strategies

BASIC

- Ensure the patient and family advisory council (PFAC) includes individuals with lived experience
- Train staff, including both clinical and administrative staff, to communicate effectively with consumers, caregivers, and families
- Help set realistic expectations for care by educating consumers and caregivers on what to expect when receiving behavioral healthcare services, including sharing information on payment, insurance, appointment availability, and medication management
- Engage in shared decision making to involve consumers and caregivers in care decisions and to identify their unique goals, preferences, and values of treatment
- Emphasize the importance of a follow-up encounter after first-episode psychosis or an initial encounter with the system and the impact that the follow-up visit has on overall outcomes
- Share information with consumers about the path to recovery during the initial encounter to help set a goal of remaining engaged in treatment over time[39]
- Share condition-specific resources to ensure consumers and caregivers understand the available services and treatment options
- Share existing person-centered resources focused on insurance and payment options for behavioral healthcare
- Share existing resources focused on how caregivers can provide the best care for their loved ones, and promote the importance of caregiver self-care

INTERMEDIATE

- Develop treatment plans built around the individual needs of the consumer and obtain continual feedback from the consumer on needed adjustments
- Seek consumer and caregiver input to understand individual preferences on the modality of care received (e.g., in-person, video, telephone)
- Be clear about the services, co-pays, insurance, and typical pathways to care for each consumer based on their condition and circumstances
- Facilitate peer support and link individuals to peer specialists to help consumers become more hopeful regarding their own recovery and goals
- Use peer specialists to engage families and caregivers, especially for families who have little understanding of their loved one's illness
- Share available options with caregivers to help them receive support for their own experiences as caregivers, and to encourage them to focus on their own well-being and health
- Educate caregivers on successful strategies to deliver and follow up on instructions from healthcare professionals

ADVANCED

- Engage consumers and families in conversations about potential barriers to staying engaged in care prior to discharge from the initial appointment, and brainstorm potential solutions together[40]
- Identify opportunities to meet with consumers in comfortable settings within their community, when appropriate (e.g., cafes, faith-based organizations)
- Collaborate with community partners to create a network of information on referrals and treatment providers for consumers and caregivers
- Provide training for caregivers and family members on how best to communicate with and support individuals with SMI
- Perform active outreach to caregivers to offer assistance on care coordination and management[41]
- Develop programs to support caregivers in coordinating care for their loved ones, such as programs that aid in finding clinicians, managing medications and travel, and handling paperwork[42]
- Develop organization-specific resources focused on insurance and payment options for behavioral healthcare services within your organization and community
- Engage consumers and caregivers in the development of resources for consumers and families on insurance, payment options, and caregiver support

Potential Barriers and Suggested Solutions

Consumers and caregivers are not involved in treatment decisions

Suggested Solutions

- Reiterate the important role that caregiver support plays in overall health outcomes and recovery
- Connect consumers and caregivers with coalitions, peer support groups, and caregiver support groups to help facilitate information sharing
- Offer training in shared decision making for clinicians and embed examples of shared decision making with individuals with SMI into the training program
- Provide resources and education to caregivers to develop their skills and help them effectively deliver instructions from healthcare professionals (e.g., provide training in Dialectical Behavioral Therapy)

Social determinants of health may prohibit individuals from engaging in care

Suggested Solutions

- Screen for social determinants of health during intake appointments to identify potential barriers to care and brainstorm solutions early
- Engage PFACs to provide insight and strategies on how best to offer care services and overcome barriers to care
- Partner with transportation companies (e.g., ride sharing services) to support consumers getting to their appointments
- Consider technology options and solutions for those unable to make in-person appointments (e.g., telebehavioral health)
- Create relationships with community organizations to identify opportunities to provide care in nontraditional settings, such as community centers or faith-based organizations
- Identify and invest in electronic platforms that link the healthcare delivery system with referrals for community services that address social determinants of health

Individuals with SMI may feel mistrustful of healthcare professionals and organizations

Suggested Solutions

- Embody empathy and compassion in all consumer encounters
- Convey a sense of hope and reinforce that there are multiple pathways to success and recovery
- Allocate additional time during consumer-clinician encounters to develop relationships and build trust[43]
- Connect consumers to peers who have had positive experiences with healthcare professionals, and promote success stories of individuals with SMI in recovery who have benefited from treatment
- Share information and education on treatment options in a culturally competent manner that respects an individual's values, goals, and preferences

Specific populations may be more difficult to engage in care than others (e.g., young adults with first-episode psychosis, individuals with co-occurring substance use disorder, and those who are homeless)

Suggested Solutions

- Create a strong and trusting relationship with the consumer during the initial encounter to help facilitate long-term engagement in care[44]
- Connect individuals to peers who have had positive experiences and outcomes from care
- Develop incentives for individuals to remain engaged in care
- Use technology to enable individuals to connect easily with clinicians and supportive resources
- Provide nontraditional services that support the consumer's goal (e.g., supported employment and education) and use specialized programs, when appropriate (e.g., first-episode psychosis programs)
- Establish technical systems (e.g., software, EHR integration) that generate alerts for consumers who are due for follow-up care or who are not improving over time to support their continued engagement

Concerns from the healthcare team about how best to engage caregivers while protecting consumer privacy

Suggested Solutions

- Educate clinicians, consumers, and caregivers on privacy laws
- Reiterate the valuable perspective that consumers and caregivers have, and recognize that consumers and caregivers have important historical knowledge
- Train staff in family-centered care and shared decision making
- Encourage clinicians to obtain consent for full family engagement, when appropriate

Ambiguity on reimbursement prohibits individuals from accessing SMI care

Suggested Solutions

- Provide resources in multiple mediums, including written, video, and virtual, that describe how the payment and reimbursement process works
- Connect consumers with care navigators to help consumers understand their options within the complex payment and reimbursement systems
- Engage organizational leadership to advocate for benefit parity and increased reimbursement

Suggested Tools and Resources

Caregiver and Family Resources

- NAMI **Basics,** NAMI **Family-to-Family,** NAMI **Homefront,** and NAMI **Family & Friends Training Programs**
- NAMI **Information for Family Members and Caregivers**
- Thrive NYC Learning Center **Self-care Stress Management Toolkit**

Condition-Specific Resources

- NAMI **Information on Early Psychosis and First-Episode Psychosis**
- **Thrive NYC Learning Center** Resources on Anxiety, Depression, Mental Health, First Aid, Psychosis, Substance Use, and Trauma

Consumer Engagement

- **Implementing EffectivePolicy in a National Mental Health Re-engagement Program for Veterans**
- Integrated Behavioral Health Partners **Client Engagement Information**
- **National Quality Partners Playbook™: Shared Decision Making in Healthcare**

Insurance and Benefit Resources

- **Don't Deny Me** Campaign Resources

Peer Support

- Mental Health America **Peer Support Across Settings: A "No Wrong Door" Approach to Recovery**
- NAMI **Peer-To-Peer** Education Program
- New York **Peer Specialist Certification Program**
- SAMHSA **Resource Page for Using Peer Support**
- **Whole Health Action Management** Training Program

Recovery Resources

- Center for Practice Innovation **first episode psychosis recovery stories**
- Center for Practice Innovation **Wellness and Self Management Workbook**
- **Wellness Recovery Action Plan® (WRAP®)**

Snapshot: Consumer and Caregiver Education and Engagement in Action

The integration of peer specialists at Northwell Health's flagship behavioral health facility, Zucker Hillside Hospital, is an innovative initiative that has improved patient engagement and experience for individuals with serious mental illness. Zucker Hillside Hospital trains peer specialists through developed online training modules as well as practical experiences, including being mentored in an experiential manner in both inpatient and outpatient setting. The peer specialists also participate in a traditional classroom setting to ensure that they feel comfortable working with symptomatic patients. The training emphasizes principles such as recovery, active listening, empathy and promoting engagement in treatment compliance. Once training is complete, the peer specialists engage with patients in multiple ways, including by providing peer counseling to individuals and groups, conducting community outreach and home visits, offering transitional support for outpatient appointments, facilitating vocational rehabilitation, and providing substance use service consultation.

Zucker Hillside Hospital recognizes peer specialists as part of the treatment team that bring a unique point of view through their own lived experience, which enables the peer specialists to connect with and motivate patients to believe that recovery is possible. These interactions make a big difference for the families of and individuals with serious mental illness. By enhancing engagement in care, the use of peer specialists at Zucker Hillside Hospital contributed to a reduction in re-hospitalizations after initial discharge. Peer specialists also contributed to an approximate 37 percent improvement in linkages to substance use treatment, and a 60 percent increase in agreement to utilize home health services when compared to care before the use of peer specialists. Patients, families, and staff have all recognized the positive impact that peer specialists have made on the Zucker Hillside community, and, as a result, Northwell Health has expanded its peer specialist programs to several other parts of its healthcare system.

Fundamental 5: Measuring Progress and Establishing Accountability

Healthcare organizations should establish a culture and expectation for ongoing collection of data and rigorous, data-driven continual quality improvement to drive change. Mechanisms to measure progress and track serious mental illness (SMI) care delivery can help healthcare organizations identify opportunities to improve access to care and health outcomes. Standardized data collection (e.g., through the use of standardized tools) within an organization helps identify opportunities for improvement and change, while collecting data in a systematic way across various organizations helps track improvements in access, care delivery, and outcomes across the nation. Measurement may start small with structure or process measures to identify and track best practices that promote access to care, but ultimately healthcare organizations should strive to measure outcomes that matter most to consumers, caregivers, and clinicians. To establish accountability for the board of directors, C-suite, and department and team leaders, healthcare organizations should articulate clear expectations for promoting access to care, achieving outcomes for individuals with SMI, and measuring progress. Organizations should also share data on a regular basis with leadership, clinicians, consumers, and the public to help promote accountability and achieve measurable improvements.

Implementation Strategies

BASIC

- Identify and incorporate SMI measures into larger organizational metrics and dashboards, and set organizational goals for SMI care
- Ensure measurement efforts do not compromise consumer privacy
- Share results of SMI measures that are collected for external reporting (e.g., for Medicare IPFQR programs, HEDIS) with stakeholders at all levels, including the board of directors, organizational leadership, clinicians, consumers, families, and the public
- Standardize the terminology used across the organization to discuss and measure SMI, and set clear definitions for who is considered in the SMI population that are consistent with federal and state definitions to help track improvements across states
- Use clear definitions for treatment engagement and treatment disengagement that are consistent with expectations of state agencies so that progress can be measured over time[45]
- Consider social determinants of health and barriers to engaging in services that are particularly relevant to individuals with SMI when identifying measures (e.g. self-efficacy, stable housing, food security, employment support, and transportation)
- Identify specific screening tools (e.g., diabetes, substance use, tobacco use screening) that are aligned to your consumer population to collect data consistently for performance measures
- Identify areas to prioritize for measuring fidelity to evidence-based practices

- Engage individuals with SMI and their families in consumer and caregiver experience surveys
- Use the **Measurement Framework** to identify and report progress on two to three NQF-endorsed process measures that align with your organizational priorities and consumer population

INTERMEDIATE

- Report frequently to all internal stakeholders on the progress towards meeting the organizational goals for SMI care
- Identify measures, outside of those required by external reporting programs, to prioritize for external sharing
- Measure the frequency, quality, and quantity of the barriers that prevent individuals from accessing care at your organization (e.g., number of missed appointments due to lack of transportation in a given year compared to the number of met appointments)
- Promote a data-driven approach to care (e.g., feedback-informed care or measurement-based care) to gather data from screening tools to track progress in treatment over time[46]
- Use analytics and measures to identify if changes in the specific treatment plans or clinician-consumer pairings are needed
- Gather stakeholders from various care settings within the health system (e.g., primary care, behavioral health inpatient units, outpatient mental health or substance use clinics, etc.) to commit to shared accountability and use the **Measurement Framework** to institute quality measures in various care settings
- Assess integration of behavioral healthcare, substance use treatment, and physical healthcare through a combination of process and outcome measures
- Establish opportunities to measure care transitions and integration of care to promote accountability across the organization and healthcare team
- Use the **Measurement Framework** to identify and report progress on two to three outcome measures that are meaningful to individuals with SMI, caregivers, and clinicians
- Recognize that care goals will vary broadly across consumers, and use the **Measurement Framework** to identify goal-oriented measures that focus on improvements that matter to individuals with SMI and their families

ADVANCED

- Develop a consistent and ongoing process to publicly report on both the externally required SMI measures and additional measures prioritized by the organization
- Measure the impact of the barriers that prevent individuals with SMI from accessing care at your organization (e.g., poor outcomes due to side effects of antipsychotic medications)
- Select measures that are sensitive to all phases of disease and that complement the maintenance of overall wellness, including both physical and behavioral health, when identifying a set of measures to track
- Establish measure sets inclusive of behavioral health and physical health conditions to promote shared accountability
- Use data to inform organizational decisions and workflow changes to promote access to care (e.g., investments in telebehavioral health, integrated care, and/or community partnerships with housing, employment, and coping skills programs)
- Analyze aggregate data from screening tools, process measures, and outcome measures on a regular basis to advance SMI treatment
- Identify a dedicated individual or consumer/patient experience officer to lead initiatives based on the results of the client and caregiver experience surveys

Potential Barriers and Suggested Solutions

Measurement burden and competing measurement priorities

Suggested Solutions

- Bring together a multistakeholder group from within the organization, including representatives from the PFAC, to prioritize a subset of SMI measures based on the consumer population and outcomes within the health system (e.g., 2-3 process measures and 2-3 outcome measures)
- Adopt measures that clinicians, consumers, and families find useful to inform clinical decision making and promote continued engagement in care, and where there is direct evidence that outcomes are in the clinical team's control
- Leverage technology, including EHR order sets, electronic tablets, patient portals, mobile applications, and other features to help automate tracking and documentation whenever possible
- Use short, pragmatic measures that consumers and/or caregivers can complete at various stages of treatment to monitor progress
- Use peer support staff, medical assistants, or paraprofessionals to assist with data collection
- Stratify existing measures used for other populations to report them separately for individuals with SMI (e.g., examining hypertension rates among SMI population to identify disparities in care relative to the general population)[47]

Denominator challenges with a population that consistently changes based on current levels of access to care

Suggested Solutions

- Use clear definitions for the SMI population and denominator, and strive to use a definition that is consistent with existing quality measures and reporting programs
- Ensure denominators specify time frames and sample strategies (e.g., measure consumers within a facility over a one-year period)

Factors that are perceived to be outside of the clinician's control may influence measure performance

Suggested Solutions

- Select measures that reflect the responsibilities of a given clinician, facility, or organization
- Emphasize the use of measures for quality improvement at the individual clinician level and/or facility level prior to using the same measures for accountability
- Focus on shared accountability for measures that require coordination from various clinicians and settings
- Align incentives across clinicians, facilities, and/or organizations to promote shared accountability

Suggested Tools and Resources

Data Sharing

- Integrated Behavioral Health Partners **Data Sharing Toolkit**

General Behavioral Health Screening Tools

- **Behavioral Health Screening Tools,** Including Screening Tools for Depression, Drug and Alcohol Use, Bipolar Disorder, Suicide Risk, Anxiety Disorders, and Trauma

Quality Measures and Measurement Information

- **2019 Core Set of Behavioral Health Measures for Medicaid and CHIP**
- Measures Required **for the Certified Community Behavioral Health Clinic (CCBHC) Demonstration Program**
- National Quality Forum **Behavioral Health and Substance Use Measure Portfolio**
- **Pragmatic Characteristics of Patient-Reported Outcome Measures are Important for Use in Clinical Practice**

Snapshot: Measuring Progress and Establishing Accountability in Action

Within Atrium Health, Behavioral Health-Charlotte provides a range of inpatient and outpatient services for individuals with behavioral health needs, including those with serious mental illness. Leadership at Atrium Health set an organizational goal for their Behavioral Health Services to focus on reducing readmissions.

In 2015, Behavioral Health-Charlotte readmitted 7.56 percent of inpatient psychiatric patients within 30 days of discharge. To prevent hospital readmissions, Behavioral Health-Charlotte recognized the importance of linking patients discharged from inpatient facilities to accessible outpatient care. To understand what was driving their current readmission rates, leaders at Behavioral Health-Charlotte collected data on patient follow-up after hospitalization. At baseline, only 36 percent of patients who were hospitalized for a mental illness attended their post-discharge follow-up appointment.

Atrium Health leaders of Behavioral Health Services saw an opportunity to utilize this data to build out their programs. In addition, Behavioral Health-Charlotte saw an opportunity to partner with community agencies to expand data collection and work collaboratively to help patients sustain stability in their community. Leaders understood that despite investing resources in their own program, Behavioral Health-Charlotte faced the challenge that outpatient follow-up appointments also relied on providers outside of Atrium Health. They developed a system to track patients being discharged from Behavioral Health-Charlotte's adult inpatient units to outpatient providers both within Atrium Health and the wider community. Appointments were made by the hospital's clinical team to occur within five business days of discharge.

Behavioral Health-Charlotte developed a Peer Bridger Program in collaboration with a local managed care organization and community providers of peer support services to facilitate follow-up care. The Peer Bridger Program was used to provide services between discharge from the hospital and connection to the next care provider, to include transporting patients home from the hospital and to their outpatient appointments. Another community intervention that was implemented through this collaboration was the ability to dispatch a clinician through Mobile Crisis to a patient's home if the individual did not attend their outpatient appointment. By utilizing a collaborative approach and analyzing the data together, Behavioral Health-Charlotte was able to demonstrate that improving attendance to follow-up appointments would help reduce readmission rates at other organizations outside of Behavioral Health-Charlotte and Atrium Health. This facilitated a sense of shared accountability and responsibility between multiple provider organizations, ultimately leading to improvements in patient care and follow-up across various behavioral health service lines.

Using data to support this collaborative effort, as well as the addition of new programs over time, enabled Behavioral Health-Charlotte to increase the percentage of patients who were hospitalized with a mental illness that attended their post-discharge follow-up appointment to approximately 59.4 percent by the end of 2018. By improving follow-up care, Behavioral Health Services subsequently reduced its readmission rate of inpatient psychiatric patients within 30 days of discharge to 5.6 percent in 2018. Behavioral Health-Charlotte shares this data on an ongoing basis with its clinicians and leaders of Behavioral Health Services at Atrium Health to foster continuous improvement and shared accountability for improving patient access and outcomes.

Fundamental 6: Community Collaboration

Communities serve as a powerful resource for healthcare organizations in their efforts to reach, engage, and treat individuals with serious mental illness (SMI). Community organizations, such as community clinics, law enforcement agencies, first responders, and faith-based organizations, may frequently interact with individuals with SMI and oftentimes facilitate consumer- and family-centered opportunities for treatment and recovery. Healthcare organizations should partner with community leaders and organizations when developing their own policies to promote access to care, thus capturing innovative community-based opportunities to reach consumers that are tailored to the community. Healthcare organizations must also create policies that enable warm hand-offs to connect individuals with SMI to community-based resources to set consumers up for success. Individual and community-based social determinants of health often create barriers for individuals with SMI that prevent them from accessing care, and a sound partnership between healthcare organizations and community organizations will promote solutions to help overcome these barriers.

Implementation Strategies

BASIC

- Obtain input from community leaders to inform discussions in patient and family advisory councils (PFACs)
- Develop or identify an existing list of local community resources for consumers and caregivers
- Participate in community efforts and initiatives to overcome stigma (e.g., participate in public health and education campaigns)
- Participate in community learning networks to share experiences and success stories on innovative and integrated approaches to SMI care
- Hold open forums to elicit input and suggestions from staff for how to improve access to care and address social determinants of health within the local community
- Identify community partners who have resources to address social determinants of health
- Support community organizations in making SMI a priority by collaborating with partners to develop community-specific interventions and by advocating for community-based funding[48]

INTERMEDIATE

- Include a behavioral health community liaison on the PFAC and/or in organizational leadership
- Conduct a community health needs assessment to understand the social determinants of health and the behavioral health needs of the community served[49]
- Provide warm hand-offs to treatment centers, referral facilities, and community-based care resources with a face-to-face introduction between the consumer and the clinician or community resource they are being referred to
- Coordinate with outpatient and community care settings that provide alternatives to hospitalization (e.g., peer respite programs, active treatment centers, intensive outpatient therapy, open access clinics)[50]

- Identify opportunities to integrate services for treating co-occurring SMI and substance use disorder (SUD) across the community, and identify navigators to assist consumers with dual diagnoses[51]
- Engage in training opportunities with law enforcement agencies and first responders to assist with the recognition and triaging of SMI in the community
- Collaborate with community partners to implement innovative solutions to social determinants of health that may prevent individuals with SMI from engaging in care (e.g., provide transportation to appointments)

ADVANCED

- Develop coalitions at the local, state, and regional level to offer a transdisciplinary approach to identifying and caring for individuals with SMI
- Identify opportunities for shared funding to support advancements in SMI access, care, measurement, and policy
- Develop relationships to engage legislators and advocate for policy and payment changes
- Partner with community organizations and other healthcare organizations to advocate for improved benefit parity for behavioral healthcare
- Partner with school systems to help educate on recognizing behavioral health needs early and promoting whole-person health
- Collaborate with courts to support the use of assisted outpatient treatment (also known as outpatient commitment), when appropriate, to facilitate keeping individuals engaged in treatment rather than being placed in the criminal justice system
- Partner with local law enforcement, fire, and emergency response teams to identify opportunities to divert individuals with SMI from jails and hospitals and into stabilization units or crisis care centers[52]
- Partner with leaders in the criminal justice system to support access to the behavioral healthcare services that individuals with SMI need, and identify opportunities to link individuals being released from incarceration to community-based behavioral health services[53,54]
- Link consumers to therapeutic housing solutions to ensure a stable housing environment, and link consumers to community vocational services to help promote employment opportunities
- Use electronic platforms and community health aggregators to connect healthcare delivery organizations with community service providers to facilitate easy referrals and establish a community services plan

Potential Barriers and Suggested Solutions

Clinicians have limited knowledge of the available community resources

Suggested Solutions

- Identify an individual within the healthcare organization who is responsible for maintaining an up-to-date list of community resources and contacts
- Integrate the list of community resources into the standard discharge and/or referral workflow
- Develop a person-centered peer support tool that lists the community resources
- Create relationships with community health workers to stay connected to the community needs
- Use technology and electronic platforms to support linkages to community services and to coordinate referrals with community partners

Lack of organizational funding to collaborate with community partners

Suggested Solutions

- Identify grant opportunities focused on comprehensive and collaborative care for behavioral health populations
- Coordinate with local community organizations to partner on grant proposals
- Create relationships with other organizations to offer payers an appealing, comprehensive set of services as a sustainable funding resource

- Establish a culture within the organization that values behavioral health community partnerships and eventually enables the organization to fund the programs itself

System fragmentation prevents collaboration and sharing of information

Suggested Solutions

- Convene or participate in multistakeholder groups to discuss opportunities to collaborate and target issues that are cross-cutting throughout the community
- Use data to demonstrate how individuals with SMI may seek care at multiple facilities and organizations, and demonstrate the impact that improving collaboration and information sharing has on consumers
- Develop and institute data sharing agreements with community partners and other healthcare delivery organizations

Suggested Tools and Resources

Community and Social Support Resources

- CMS **Accountable Health Communities (AHC) Health-Related Social Needs (NRSN) Screening Tool**
- Community Access **Resources and Services**

Community Needs Assessment

- National Consumer Supporter Technical Assistance Center **Community Needs Assessment Tool**

Referrals and Warm Hand-Offs

- Integrated Behavioral Health Partners **Tools on Referrals, Handoffs, and Good-byes**

Training Programs

- **Behavioral Health Training for Community Health Workers**
- **Mental Health First Aid**
- **Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, and Recovery (SOAR)** Training Program

Treatment Resources

- SAMHSA **Behavioral Health Treatment Services Locator**
- SAMHSA **Early Serious Mental Illness Treatment Locator**

Snapshot: Community Collaboration in Action

Leaders in Pima County, Arizona, recognized that individuals experiencing mental health or substance use crisis all too often end up in emergency departments (EDs), or are arrested and taken to jail instead of to treatment. A broad coalition of stakeholders in Arizona identified the need for a better solution and saw an opportunity for community collaboration between diverse groups, including law enforcement, the Regional Behavioral Health Authority, Medicaid, mental health providers, hospitals, consumer groups, and others. Through this collaboration, Pima County successfully built a Crisis Response Center (CRC), which opened in 2011. The purpose of the CRC is to provide 24/7 care to anyone in need of mental health or substance use crisis services. Goals of opening the CRC included: (1) reducing incarceration of people with mental illness by making it easier for law enforcement to bring people to treatment instead of jail, (2) reducing ED boarding by providing a place for patients to receive needed care, and (3) reducing preventable hospitalizations by providing intensive crisis stabilization.

The CRC is part of the Banner-University of Arizona Medical Center South Campus and is managed by Connections Health Solutions (known as ConnectionsAZ in Arizona). The CRC provides 24/7 urgent care clinic services, 23-hour observation, and brief inpatient care to approximately 12,000 adults and 2,400 children each year, and the CRC experiences 500 drop-offs each month from law enforcement. In order to incentivize law enforcement to bring people to treatment instead of to jail, the CRC never turns away an officer and guarantees a turnaround time of less than 10 minutes for a police officer drop-off. To help officers recognize individuals in mental health crisis, the Tucson Police Department and Pima County Sheriff's Department provide basic mental health training to all officers, many of whom also receive more advanced Crisis Intervention Training. This training in de-escalation, crisis intervention, mental health basics, and community resources is essential in enabling law enforcement to respond safely to individuals in mental health crisis and to partner successfully with clinicians.

At the CRC, patients are assessed and cared for by an interdisciplinary team of psychiatrists, social workers, nurses, behavioral health technicians, and peer supports who have lived experience with their own mental health and substance use disorders. The CRC is adjacent to a crisis call center, a mental health court, inpatient psychiatric hospital, and an emergency department. The close proximity of these facilities further enables collaboration and communication, leading to partnerships that support care coordination and care management. Patients admitted to the 23-hour observation unit meet medical necessity criteria for inpatient care (e.g., individuals who are a danger to self/other) but after intensive crisis stabilization, 60-70 percent are discharged to less restrictive and less costly community-based care. When discharging individuals, the CRC taps into its community partnerships to identify the right destination for the individual and ensure there is a smooth care transition. Clinicians coordinate with community providers, families, and caregivers, always supporting the notion that the crisis can be resolved.

After the opening of the CRC, the psychiatric population in the nearby EDs and jails decreased significantly. The partnership between clinicians, law enforcement, and first responders in Pima County demonstrates the power in community collaboration. By co-creating a system that provides an alternative to taking individuals in mental health crisis to jails, emergency departments, or hospitals, Pima County has reduced hospitalizations and arrests, and has created an opportunity for any individual in mental health crisis to receive timely, high-quality care.

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MEASUREMENT

The Current Measurement Landscape

Measuring performance and using data to improve access, efficiency, quality, and outcomes are critical for organizations and clinicians who care for individuals with SMI. This section of the NQP Playbook builds on **Fundamental 5: Measuring Progress and Establishing Accountability** and dives deeper into measurement approaches and opportunities.

NQF currently has approximately 45 NQF-endorsed measures in the **Behavioral Health and Substance Use Measure Portfolio**. Many of these measures are included in federal quality reporting or payment programs, such as the Medicare Shared Savings Program, Home Health Quality Reporting, and Inpatient Psychiatric Hospital Quality Reporting. Most of the measures in the NQF portfolio assess processes, with many of the process measures specifically focusing on adherence to best or evidence-based practices related to behavioral healthcare, such as medication adherence, screening, or management of co-morbid conditions (e.g., diabetes, substance use disorder [SUD]). Given the health disparities that exist between individuals with SMI and those without SMI, it is as important to focus on driving improvements in these chronic physical and substance use conditions as it is to focus on the SMI condition itself. Holistic care advances the quality of healthcare received by individuals with SMI; however, there are few outcome measures to assess the impact of this care since outcomes are often rare (e.g., death or suicide) or complex (e.g., cognitive and emotional functioning indicators).[55] The expansion and development of outcome measures is an area of ongoing work in the measure development and research arenas.

Measure information and full measure specifications for the NQF Behavioral Health and Substance Use Measure Portfolio are available in **NQF's Quality Positioning System™**. Of the approximately 45 measures in NQF Behavioral Health and Substance Use Measure Portfolio:

- 18 measures specifically reference SMI;
- 15 measures have a broad focus on psychiatric care, including five with a specific focus on treatment for SMI;
- 10 measures focus on treating SUD comorbidities, including two specified for the SMI population;
- 12 focus on physical comorbidities, including eleven that are specified for SMI populations; and
- 21 measures are included in federal programs.

Organizations can look to the **NQF Behavioral Health and Substance Use Measure Portfolio** to inform their own measurement efforts and to identify process and outcome measures to prioritize.

Current definitions of SMI vary by state, organization, and purpose. Coalescing around a consensus-based, standard, national definition of SMI would help ensure consistency in defining the SMI population across various organizations for use in SMI measurement, payment, and policy. Many of the current definitions used for quality measurement and reporting are condition-based and rely on claims data, which often do not include information on disease severity and impact on functioning. A consensus-based, standard definition of SMI applied nationally will help organizations more easily measure improvement on a national scale. Opportunities may exist for developing a standard definition of SMI that incorporates the collection of available data and that accurately reflects diagnosis, duration, and disability of SMI to facilitate quality measure implementation.

Measurement Framework

When creating a measurement framework, organizations should identify and prioritize measures that help them maximize performance improvement and accountability within their own organization. Healthcare organizations should develop a measurement strategy that best fits their context, needs, and resources, and should prioritize measures that are meaningful to their specific organization and consumer population while meeting any external reporting requirements. When selecting measures to prioritize, healthcare organizations should use measures that are scientifically reliable and valid, and that address amendable and important aspects of the healthcare system. Measures should be improvable, reflective of meaningful change, feasible to deploy and use broadly, and meaningful to consumers and caregivers.[56] Many existing and emerging measures are applicable across multiple care settings and often assess or are dependent upon integrated care that spans care settings that are traditionally "siloed" from one another.[57] When developing a measurement framework, healthcare organizations may begin with process measures to ensure evidenced-based practices, such as screening, are occurring. Ultimately, organizations should gather data to measure meaningful person-centered outcome measures. In the case of SMI, these measures may include measures of morbidity and mortality, such as reductions in premature deaths from suicide or tobacco use, as well quantifiable reductions in debilitating symptoms (e.g., hallucinations/delusions, depression, or mania episode frequencies).

Process Measures

As discussed in **Fundamental 5: Measuring Progress and Establishing Accountability**, healthcare organizations may begin by tracking process measures to help assess fidelity to evidence-based practices within the organization. Organizations should select process measures that have a scientific evidence-base connecting them to downstream outcomes. Collecting data and measuring improvement of processes is one way to ensure clinicians are adhering to evidence-based practices and that consumers are receiving optimal care. Process measures support the consistent use of screening tools or ensuring timely follow-up. When selecting process measures, organizations should consider the specific consumer population served to identify if there are certain comorbidities on which to focus screening processes. Measuring such processes can help organizations set the stage for measuring outcomes.

Examples of NQF-endorsed process measures that may support increasing access to care and improving the quality of care for individuals with SMI include:

- diabetes screening of people with schizophrenia or bipolar disorder who are using antipsychotic medications (SSD) (**NQF 1932**);
- tobacco use screening and follow-up for people with serious mental illness (**NQF 2600**);
- body mass index screening and follow-up for people with serious mental illness (**NQF 2601**);
- adherence to mood stabilizers for individuals with bipolar I disorder (**NQF 1880**); and
- follow-up after hospitalization for mental illness (**NQF 0576**).

As a healthcare organization becomes more advanced in its ability to collect data on process measures, the organization should also identify opportunities to consider several related mental illnesses together (e.g., bipolar disorder, major depressive disorder, and schizophrenia), rather than using separate measurement tools for each individual illness.[58]

Outcome Measures

Outcome measures can help ensure that clinicians and healthcare organizations are making meaningful progress on their goals to improve outcomes. Outcome measures can also advance measurement beyond the checkbox measures that indicate compliance with a single process and expand to the focal "end points" of most importance to consumers,

caregivers, and clinicians. Healthcare organizations may begin by prioritizing and reporting progress on two to three outcome measures that are especially meaningful to consumers, caregivers, and clinicians.

Examples of NQF-endorsed outcome measures that may be prioritized within an organization include:

- depression remission at twelve months (**NQF 0710e**),
- controlling high blood pressure for people with serious mental illness (**NQF 2602**);
- diabetes care for people with serious mental illness: hemoglobin A1c (HbA1c) control (<8.0%) (**NQF 2608**);
- patient experience of psychiatric care as measured by the inpatient consumer survey (ICS) (**NQF 0726**); and
- all-cause unplanned readmission measure for 30 days post discharge from inpatient rehabilitation facilities (IRFs) (**NQF 2502**).

Identification of outcome measures for individuals with SMI is an area of ongoing work. Developing meaningful outcome measures is important not only for SMI, but for healthcare quality measurement in general.

Measure Development Opportunities

Measurement opportunities exist to improve access to care and outcomes for individuals with SMI. One opportunity is to develop outcome measures, including composite measures and person-reported outcome measures. This may include measures that verify that an intervention yields substantial and persistent recovery from SMI and maintenance of physical health.

When providing care to individuals with SMI, it is essential for healthcare organizations and clinicians to recognize that individual goals of care may change over time and may vary from person to person. Opportunities exist to develop outcome measures that incorporate goal-attainment scaling (e.g., with thresholds or grades) and goal-oriented care to align measures with true changes in health that are meaningful to consumers. Healthcare organizations should consider using measurement and surveys to assess shared decision making and the implementation of goal-orientated care.

In addition to outcome measures on consumer goal-attainment (e.g., employment, symptom reduction), opportunities exist to develop measures focused on the broad areas of recovery. Since recovery varies by individual and the nature of the specific SMI, it is important to assess outcomes focused on achieving recovery across a wide array of behavioral health conditions.

Person-reported experience measures have the potential to provide insights on integrated, coordinated, and person-centered care. However, individuals with SMI are sometimes excluded from consumer/patient satisfaction surveys. To drive improvements in care delivery and access that are truly meaningful to consumers and families, healthcare organizations should consider special strategies to increase participation of individuals with SMI in healthcare satisfaction and experience surveys.

DRIVERS OF CHANGE

Multistakeholder collaboration in several key areas can advance access to high-quality serious mental illness (SMI) care, including changes to current benefit structures, reimbursement, consumer privacy, information technology infrastructure, education processes, and workforce shortages. Healthcare delivery organizations, consumer advocacy organizations, community organizations, policymakers, payers, healthcare professional societies, federal agencies, regulatory bodies, and other partners in quality improvement may want to support action in these domains to continue improving access to high-quality SMI care.

Benefit Parity and Packages

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008, also known as the federal parity law, requires insurance coverage of services for mental health, behavioral health, and substance use disorders (SUD) to be comparable to coverage for physical health services.[59,60] Although more than 10 years have gone by since the MHPAEA became law, benefit parity remains an important issue for individuals seeking behavioral health treatment. MHPAEA does not require coverage for mental health, behavioral health, and SUD. However, if a plan offers these services, MHPAEA requires that the coverage be equivalent to coverage for physical health services. The federal parity law generally applies to employer-sponsored health coverage for companies with 50 or more employees, coverage purchased through health insurance exchanges created under the Affordable Care Act, the Children's Health Insurance Program (CHIP), and most Medicaid programs.[61] The law does not apply to Medicare, and some state government employee plans may opt out of the parity requirements.[62] This results in inconsistent coverage for mental health, behavioral health, and SUD treatment across health plans. The Affordable Care Act (ACA) of 2010 expanded upon the federal parity law by adding mental health and SUD services as an essential health benefit category, meaning that all marketplace plans must include these services.

MHPAEA and the ACA have helped improve parity, including parity for quantitative treatment limits (QTLs), such as day and visit limits.[63] Ongoing work is needed to address other barriers to benefit parity that impede individuals from accessing behavioral healthcare, many of which belong to the category of nonquantitative treatment limits (NQTLs), such as network admission standards, provider payment levels, and step therapy protocols.[64,65] Issues with network access, coverage, and reimbursement oftentimes leave individuals or families dealing with a legal challenge while simultaneously trying to manage a behavioral health crisis in their life, or in the life of a loved one.

More oversight and enforcement would help ensure compliance with the federal parity law, reduce violations of the law, and address accountability of health plans to the parity standards in MHPAEA.[66] Opportunities exist for more national guidance on how to assess parity to help reduce variation in coverage and assessment of benefit parity compliance across different states.[67,68] To help drive change, healthcare providers should also be encouraged to share their stories about the impact of coverage limits and lower reimbursement rates to provide insight on how lack of benefit parity impacts the lives of consumers.[69]

Variations also exist in the benefit packages between Medicaid, Medicare, commercial, and marketplace health plans. Medicaid offers an expanded set of behavioral health benefits for individuals who qualify. These benefits (e.g., peer support specialists) support recovery for individuals with SMI. However, other plans do not always offer these same services as part of their benefit package. This may result in individuals who participate in marketplace plans, commercial insurance, or Medicare being left without the

same supportive benefits found in Medicaid plans. Opportunities exist to expand benefit packages to ensure all individuals with SMI have access to supportive benefits to help achieve recovery.

Reimbursement

A 2017 report found individuals use out-of-network providers for behavioral health services at significantly higher rates than for medical and surgical health services.[70] The increased use of out-of-network behavioral health providers may be due in part to medical and surgical providers being paid at higher rates than behavioral healthcare providers when providing similar services (e.g., for a follow-up appointment).[71] Lower reimbursement rates often lead to lower network participation. Ultimately, this may result in consumers having fewer in-network options for behavioral healthcare providers and fewer consumers accessing the care they need, particularly for individuals who may not have the resources to pay for services that are not covered.[72] Behavioral healthcare is as important as physical healthcare; therefore, the providers should be reimbursed at comparable rates. Health plans should consider evaluating their provider fee schedules to identify if there are discrepancies in payment levels between physical and behavioral healthcare providers, and health plans should also conduct a detailed assessment of payment rates to ensure compliance with the federal parity law.[73] Addressing discrepancies in provider payment will likely lead to more in-network behavioral healthcare providers, thus helping individuals access care when they need it most.[74]

Additionally, peer support services positively contribute to the management and care of individuals with SMI. Peers are often able to engage consumers and families at a different level than clinicians usually can based on their own lived experience. However, different states use different definitions, terminology, and certification processes to describe peer support (e.g., peer specialists, peer support specialists, certified peer support specialists). These differences often correspond to variations in reimbursement. Additionally, peer support services are covered benefits in some state Medicaid plans, but peer support services are not typically covered by marketplace policies, employee-sponsored insurance, or Medicare. Opportunities exist to standardize the definitions of peer support, the type of training peers should undergo, and the reimbursement offered for peers. Benefit expansion should include peer support services to increase their availability and accessibility.

Privacy

Maintaining the confidentiality of any protected health information is essential and contributes to a trusting relationship between a consumer and a clinician. Privacy laws such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) exist to protect consumer information while enabling the sharing of health information for treatment, payment, and public reporting without consumer consent when appropriate. Individuals with SMI often face co-occurring SUD, and individuals with SUD fall within the provisions of Title 42 of the Code of Federal Regulations Part 2: Confidentiality of Substance Use Disorder Patient Records (CFR Part 2). CFR Part 2 includes more stringent regulations for the sharing of health information and data, and under CFR Part 2, a federally assisted SUD program may only release consumer identifying information with the individual's written consent, with few exceptions.[75] The ways in which states and organizations interpret CFR Part 2 often prevent sharing of important treatment information between behavioral healthcare clinicians, physical healthcare clinicians, and SUD treatment programs. Appropriate data sharing between these groups is an important part of care management of individuals with SMI because it enables continuity of care. Although both HIPAA and CFR Part 2 are intended to protect the privacy of consumers, opportunities should be considered to align how organizations interpret the regulations within HIPAA and CFR Part 2.

Information Technology (IT) Infrastructure

Data collection and quality measures are important mechanisms to improve access to care and the quality of care for individuals with SMI. Existing information technology (IT) infrastructures often limit current measurement efforts. However, opportunities exist for electronic health records (EHR) to capture key information more readily—namely, information on demographics and social determinants of health, such as employment status, housing, education level, and functional status. Reliable, consistent data that capture these important aspects of care will help facilitate identifying and improving upon measures that matter most to consumers.

Additionally, many organizations and communities do not have the data sources and/or systems to support the sharing of data and quality measures. Without the necessary infrastructure to support measurement and quality improvement, many healthcare delivery organizations and communities are unable to routinely share data and track individuals at the community level. To see progress in this area, stakeholders, including health systems, primary care providers, electronic health record vendors, community organizations, the criminal justice system, and payers, must come together to develop solutions to improve the existing IT and data infrastructure to support collaboration. Increased resources and support would facilitate data sharing and measurement-based care to help keep individuals engaged in care over time and to improve overall functioning and outcomes for those with SMI.

Education and Training

Expanding medical school curricula and training to include more specific education on stigma, crisis response, and family psychoeducation would improve care delivery and increase clinician confidence in caring for individuals with SMI.[76] Given the integral role that families and caregivers play in the care, treatment, and recovery of individuals with SMI, care providers need more opportunities for collaboration with families of individuals with mental illness during medical education.[77] Medical training should consider including educating clinicians on the necessary skills to partner with consumers, families, and caregivers.[78] Focusing on this training early will help clinicians more effectively engage consumers, families, and caregivers into treatment for individuals with SMI, and doing so has the potential to reduce stigma.[79]

Additionally, residency training programs often lack specialized training in SMI care.[80] Graduate medical education settings present an opportunity to develop innovative approaches to address care delivery for individuals with SMI.[81] Experimental models of care developed in certain residency programs have focused on forming partnerships with local public mental health authorities, private mental health providers, group homes, and adult day programs.[82] Programs that incorporate training and education on SMI enable medical trainees to gain important experience while simultaneously improving care for individuals with SMI.[83]

Workforce Needs

The healthcare workforce is facing a shortage of psychiatrists and behavioral health clinicians, and the existing behavioral health workforce does not suffice to meet the current needs of the country.[84] Without these critical clinicians on staff, healthcare delivery organizations are frequently managing bed shortages, long wait times, and overflowing emergency departments. This often results in individuals with SMI being unable to access the care they need most.

Although long-term efforts are needed to promote and recruit individuals into behavioral health careers, healthcare organizations can also focus on short-term solutions to help improve access to care in the meantime. Healthcare organizations should consider supporting clinicians in practicing at the top of their license and training, thus broadening the scope of practice of psychologists to prescribe some medications.[85] Organizations should also

consider using **telebehavioral health** as a means to address workforce shortages in the short term. To see long-term change, national policy and advocacy efforts are needed to build up the behavioral health workforce by increasing retention, reimbursement rates, and wages. Of note, early results from the **Certified Community Behavioral Health Clinic (CCBHC)** model that is currently being tested has shown that the model not only expands access to care and services, but also helps address workforce challenges. CCBHCs receive an agreed-upon daily or monthly reimbursement rate, and early data have demonstrated that CCBHC locations across all participating states were able to hire new staff to support their activities.[86] These new, qualified staff were hired at regionally competitive compensation, demonstrating a potential reimbursement model to help improve pay for the behavioral health workforce.[87]

MOVING FORWARD

With over 10 million adults in the United States living with a serious mental illness (SMI) each year, and with suicide rates continuing to rise year after year, the nation must focus on delivering high-quality care to individuals with SMI.[88]

Access to behavioral healthcare services has been a challenge for countless years, and individuals with SMI are dying 15 to 30 years before the general population. Moving forward, it is essential for healthcare delivery organizations, consumer advocacy organizations, community organizations, policymakers, payers, healthcare professional societies, federal agencies, and regulatory bodies to partner with each other to remove barriers that currently prohibit individuals with SMI from getting the high-quality care they need. These partnerships must occur not only at the clinical level, but also in education and policy. Only through these collaborations and partnerships will we see advancements and changes that facilitate access to high-quality care for individuals with SMI, and ultimately, an improvement in health outcomes, quality of life, and life expectancy.

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APPENDIX A:
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NQF GRATEFULLY ACKNOWLEDGES SUPPORT FROM THE FOLLOWING ORGANIZATIONS TOWARDS THE NQP WORK ON SERIOUS MENTAL ILLNESS:

Otsuka Pharmaceutical Development & Commercialization, Inc.

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APPENDIX B:
Quick Reference Guide to the Key Fundamentals for Healthcare Organizations to Improve Access to High-Quality Serious Mental Illness Care

Leadership	Healthcare organizations should engage individuals with diverse backgrounds on their leadership teams, both at the C-suite and departmental levels, and should include individuals who have lived experience with serious mental illness (SMI). Leadership must commit to quality and adhere to evidence-based practices, while maintaining the flexibility to welcome innovative approaches to improving access to care for individuals living with SMI. Leadership should support models of care that ensure both physical and behavioral health needs are met and should model a culture of integration by breaking down silos between physical and behavioral healthcare at the leadership level. Leadership must enhance awareness of SMI by prioritizing behavioral health services, supporting organizational and community education on SMI, and championing the elimination of stigma. Leadership must reinforce that SMI may impact the lives of staff, and therefore must create an environment where the mental health of staff is a priority.
Organizational Policies	Healthcare organizations must develop, follow, enforce, and support organizational policies that enable individuals with serious mental illness (SMI) to access the care they need. Organizations should support partnerships across various service lines to create a care delivery system in which behavioral healthcare is embedded into all care settings. Organizations should have clearly defined protocols that align with evidence-based best practices, and policies should support staff training on SMI. Organizations must also have mechanisms in place to ensure fidelity to evidence-based models. Policies must include opportunities to engage consumers and families in care and treatment and policies should support relentless follow-up to ensure all individuals with SMI are receiving care.
Healthcare Team Knowledge and Training	In order for a healthcare organization to provide adequate care for individuals with serious mental illness (SMI), the organization must ensure it has a well-educated workforce of clinicians who can provide integrated, team-based, person-centered, feedback-informed care. Clinicians must be equipped to screen, diagnose, treat, and care for individuals with SMI, and clinicians should be trained on evidence-based practices. Clinicians must be able to recognize individuals with SMI and link them to the appropriate care or service area to ensure they do not fall through cracks in the system. Clinicians must be compassionate and recognize the value in caring for the person as a whole, and should engage in shared decision making to incorporate the goals, values, and preferences of the individual receiving care. Clinicians must recognize the role of families and caregivers, understanding that a large part of healing and recovery may occur in the home. Lastly, clinicians must overcome stigma and ensure that they advocate for individuals with SMI within the healthcare system and broader community.

Consumer and Caregiver Education and Engagement	Partnering with consumers, families, and caregivers creates trusting relationships between individuals with serious mental illness (SMI) and clinicians, and it increases the likelihood of consumers staying engaged in care. Healthcare organizations and clinicians must help consumers and caregivers navigate the complex healthcare system and should strive to engage consumers in innovative ways. Healthcare organizations and clinicians should use technology and innovative approaches to overcome common barriers to care, creating an environment that supports keeping individuals engaged in care over time. Clinicians must engage in shared decision making and should strive to prioritize and achieve what individuals in care see as most important. Lastly, organizations should identify opportunities to connect consumers, caregivers, and families to resources and persons with lived experience, enabling them to partner on a journey to recovery together.
Measuring Progress and Establishing Accountability	Healthcare organizations should establish a culture and expectation for ongoing collection of data and rigorous, data-driven continual quality improvement to drive change. Mechanisms to measure progress and track serious mental illness (SMI) care delivery can help healthcare organizations identify opportunities to improve access to care and health outcomes. Standardized data collection (e.g., through the use of standardized tools) within an organization helps identify opportunities for improvement and change, while collecting data in a systematic way across various organizations helps track improvements in access, care delivery, and outcomes across the nation. Measurement may start small with structure or process measures to identify and track best practices that promote access to care, but ultimately healthcare organizations should strive to measure outcomes that matter most to consumers, caregivers, and clinicians. To establish accountability for the board of directors, C-suite, and department and team leaders, healthcare organizations should articulate clear expectations for promoting access to care, achieving outcomes for individuals with SMI, and measuring progress. Organizations should also share data on a regular basis with leadership, clinicians, consumers, and the public to help promote accountability and achieve measurable improvements.
Community Collaboration	Communities serve as a powerful resource for healthcare organizations in their efforts to reach, engage, and treat individuals with serious mental illness (SMI). Community organizations, such as community clinics, law enforcement agencies, first responders, and faith-based organizations, may frequently interact with individuals with SMI and oftentimes facilitate consumer- and family-centered opportunities for treatment and recovery. Healthcare organizations should partner with community leaders and organizations when developing their own policies to promote access to care, thus capturing innovative community-based opportunities to reach consumers that are tailored to the community. Healthcare organizations must also create policies that enable warm hand-offs to connect individuals with SMI to community-based resources to set consumers up for success. Individual and community-based social determinants of health often create barriers for individuals with SMI that prevent them from accessing care, and a sound partnership between healthcare organizations and community organizations will promote solutions to help overcome these barriers.

APPENDIX C:
URL Links to Resources

Fundamental 1: Leadership

Resource	Address
Facts about Behavioral Health Accreditation	https://www.jointcommission.org/facts_about_behavioral_health_care_accreditation/
National Patient Safety Goals for Behavioral Health Care	https://www.jointcommission.org/bhc_2017_npsgs/
9 Ways to Fight Mental Health Stigma	https://www.nami.org/Blogs/NAMI-Blog/October-2017/9-Ways-to-Fight-Mental-Health-Stigma
Reducing the Stigma of Mental Illness	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5314742/
Certified Community Behavioral Health Clinic (CCBHC)	https://www.thenationalcouncil.org/topics/certified-community-behavioral-health-clinics/
Fact Sheet on Integration and Billing Codes	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/BehavioralHealthIntegrationPrint-Friendly.pdf
Coordinated Specialty Care (CSC)	https://www.nimh.nih.gov/health/topics/schizophrenia/raise/state-health-administrators-and-clinics.shtml
National Quality Forum and American Hospital Association's Redesigning Care: A How-To guide for Telebehavioral Health	https://ams.aha.org/eweb/DynamicPage.aspx?WebCode=ProdDetailAdd&ivd_prc_prd_key=92c11be2-f08b-46fe-bdc3-6009224764f5
Billing and Financial Worksheets for Integrated Care	https://www.integration.samhsa.gov/resource/billing-financial-worksheets
Primary and Behavioral Health Care Integration Sustainability Checklist	https://www.integration.samhsa.gov/pbhci-learning-community/Sustainabilility_Checklist_07.16.pdf
Standard Framework for Levels of Integrated Care	https://www.integration.samhsa.gov/integrated-care-models/CIHS_Framework_Final_charts.pdf
Center for Integrated Health Solutions Resource Page on Models with Peer Providers	https://www.integration.samhsa.gov/workforce/team-members/peer-providers
The Business Case for the Integration of Behavioral Health and Primary Care	https://www.integration.samhsa.gov/resource/the-business-case-for-the-integration-of-behavioral-health-and-primary-care
Access to Care Data	http://www.mentalhealthamerica.net/issues/mental-health-america-access-care-data
Data and Statistics on SMI	https://www.nimh.nih.gov/health/statistics/prevalence/serious-mental-illness-smi-among-us-adults.shtml/index.shtml
National Survey on Drug Use and Health	https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health
BHbusiness	https://bhbusiness.org/about-us/
Executive Leadership Program	https://www.thenationalcouncil.org/training-courses/executive-leadership-program/

Fundamental 2: Organizational Policies

Resource	Address
Implementing Effective Policy in a National Mental Health Re-Engagement Program for Veterans	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5272796/pdf/nihms-803437.pdf
Integrated Behavioral Health Implementation Toolkit	https://www.advisory.com/research/population-health-advisor/resources/2015/integrated-behavioral-health-implementation-toolkit
Integrating Behavioral Health in Primary Care Using Lean Workflow Analysis: A Case Study	https://www.jabfm.org/content/29/3/385.long
Standard Framework for Levels of Integrated Care	https://www.integration.samhsa.gov/integrated-care-models/CIHS_Framework_Final_charts.pdf
Suicide Prevention Portal	https://www.jointcommission.org/topics/suicide_prevention_portal.aspx
Zero Suicide Toolkit	https://zerosuicide.sprc.org/toolkit
Zero Suicide Organizational Self-Study Assessment	https://zerosuicide.sprc.org/sites/zerosuicide.actionallianceforsuicideprevention.org/files/Zero Suicide Organizational Self-Study_0.pdf
Zero Suicide Resource Search	https://zerosuicide.sprc.org/resources/how-resources
Center for Peer Support	http://www.mentalhealthamerica.net/center-peer-support
Peer Support Across Settings: A "No Wrong Door" Approach to Recovery	http://www.mentalhealthamerica.net/sites/default/files/Peer Support Across Settings 7.30.18.pdf
Resource Page for Using Peer Support in your Organization	https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers
Videos on Peer Support Services	https://www.samhsa.gov/brss-tacs/video-trainings#peer-support

Fundamental 3: Healthcare Team Knowledge and Training

Resource	Address
Behavioral Health Screening Tools	https://www.integration.samhsa.gov/clinical-practice/screening-tools
Trauma-Informed Approaches and Trauma-Specific Interventions	https://www.samhsa.gov/nctic/trauma-interventions
Practice Guideline for the Treatment of Patients with Bipolar Disorder	https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/bipolar.pdf
Treating Bipolar Disorder: A Quick Reference Guide	https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/bipolar-guide.pdf
Practice Guideline for the Treatment of Patients with Major Depressive Disorder	https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd.pdf
Treating Major Depressive Disorder: A Quick Reference Guide	https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd-guide.pdf
Practice Guideline for the Treatment of Patients with Schizophrenia	https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/schizophrenia.pdf

Treating Schizophrenia: A Quick Reference Guide	https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/schizophrenia-guide.pdf
SMI Adviser	https://smiadviser.org/clinicians/
The Schizophrenia Patient Outcomes Research Team (PORT): Updated Treatment Recommendations 2009	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2800150/
Guidelines in Management of Physical Health Conditions in Adults with Severe Mental Disorders	https://www.who.int/mental_health/evidence/guidelines_physical_health_and_severe_mental_disorders/en/
Mental Health Clinical Practice Guidelines	https://www.healthquality.va.gov/guidelines/MH/
Zero Suicide Toolkit	https://zerosuicide.sprc.org/toolkit
Zero Suicide Resource Search	https://zerosuicide.sprc.org/resources/how-resources
Recovery to Practice Curriculum Modules	https://www.apa.org/pi/mfp/psychology/recovery-to-practice/training.aspx
Motivational Interviewing Training	https://www.thenationalcouncil.org/training-courses/motivational-interviewing/
NAMI Provider Education Program	https://www.nami.org/Find-Support/NAMI-Programs/NAMI-Provider-Education
Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training Program	https://www.integration.samhsa.gov/clinical-practice/sbirt
SMI Adviser	https://smiadviser.org/clinicians/
Tools on Referrals, Hand-Offs, and Good-Byes	http://www.ibhpartners.org/get-started/client-experience-toolkit/referrals-handoffs-and-good-byes/
NAVIGATE	http://navigateconsultants.org/
Behavioral Health Treatment Services Locator	https://findtreatment.samhsa.gov/
Early Serious Mental Illness Treatment Locator	https://www.samhsa.gov/esmi-treatment-locator
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	https://www.samhsa.gov/sbirt
9 Ways to Fight Mental Health Stigma	https://www.nami.org/Blogs/NAMI-Blog/October-2017/9-Ways-to-Fight-Mental-Health-Stigma
Reducing The Stigma of Mental Illness	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5314742/
National Quality Partners Playbook™: Shared Decision Making in Healthcare	https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-shared-decision-making

Fundamental 4: Consumer and Caregiver Education and Engagement

Resource	Address
Basics	https://www.nami.org/Find-Support/NAMI-Programs/NAMI-Basics
Family-to-Family	https://www.nami.org/Find-Support/NAMI-Programs/NAMI-Family-to-Family
Homefront	https://www.nami.org/Find-Support/NAMI-Programs/NAMI-Homefront
Family & Friends	https://www.nami.org/Find-Support/NAMI-Programs/NAMI-Family-Friends
Information for Family Members and Caregivers	https://www.nami.org/Find-Support/Family-Members-and-Caregivers
Self-Care Stress Management Toolkit	https://www1.nyc.gov/site/thrivelearningcenter/learn/self-care-stress-management-toolkit.page
Videos on Self-Care and Managing Stress	http://www.communityaccess.org/our-story/about
Information on Early Psychosis and First-Episode Psychosis	https://www.nami.org/earlypsychosis
Thrive NYC Knowledge Center Resources	https://www1.nyc.gov/site/thrivelearningcenter/resources/resources.page
Implementing Effective Policy in a National Mental Health Re-Engagement Program for Veterans	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5272796/pdf/nihms-803437.pdf
Client Engagement Information	http://www.ibhpartners.org/get-started/procedures/client-engagement/
National Quality Partners Playbook™: Shared Decision Making in Healthcare	https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-shared-decision-making
Don't Deny Me	http://www.mentalhealthamerica.net/issues/mental-health-america-access-care-data
Peer Support Across Settings: A "No Wrong Door" Approach to Recovery	http://www.mentalhealthamerica.net/sites/default/files/Peer Support Across Settings 7.30.18.pdf
Peer-To-Peer	https://www.nami.org/Find-Support/NAMI-Programs/NAMI-Peer-to-Peer
Peer Specialist Certification Program	http://nypeerspecialist.org/
Resource Page for Using Peer Support	https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers
Whole Health Action Management	https://www.thenationalcouncil.org/training-courses/whole-health-action-management/
First Episode Recovery Stories	http://practiceinnovations.org/CPI-Resources/First-Episode-Psychosis-Recovery-Stories
Wellness and Self Management Workbook	https://www.practiceinnovations.org/Products/Product/wellness-self-management-workbook-english-pdf
Wellness Recovery Action Plan®	http://mentalhealthrecovery.com/wrap-is/

Fundamental 5: Measuring Progress and Establishing Accountability

Resource	Address
Data Sharing Toolkit	http://www.ibhpartners.org/get-started/behavioral-health-data-sharing-toolkit/
Behavioral Health Screening Tools,	https://www.integration.samhsa.gov/clinical-practice/screening-tools
2019 Core Set of Behavioral Health Measures for Medicaid and CHIP	https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2019-bh-core-set.pdf
Measures Required	https://www.samhsa.gov/section-223/quality-measures
Behavioral Health and Substance Use Measure Portfolio	https://www.qualityforum.org/QPS/QPSTool.aspx?p=5204
Pragmatic Characteristics of Patient-Reported Outcome Measures are Important for Use in Clinical Practice	https://www.sciencedirect.com/science/article/pii/S0895435615001730

Fundamental 6: Community Collaboration

Resource	Address
Accountable Health Communities (AHC) Health-Related Social Needs (NRSN) Screening Tool	https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf
Community Access	http://www.communityaccess.org/our-story/about
Community Needs Assessment Tool	http://www.mha-sc.org/resources/Community-Needs-Assessment.pdf
Tools on Referrals, Handoffs, and Good-Byes	http://www.ibhpartners.org/get-started/client-experience-toolkit/referrals-handoffs-and-good-byes/
Behavioral Health Training for Community Health Workers	https://www.thenationalcouncil.org/training-courses/community-health-worker-training/
Mental Health First Aid	https://www.mentalhealthfirstaid.org/
Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, and Recovery (SOAR)	https://soarworks.prainc.com/
Behavioral Health Treatment Services Locator	https://findtreatment.samhsa.gov/
Early Serious Mental Illness Treatment Locator	https://www.samhsa.gov/esmi-treatment-locator

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ISBN 978-1-68248

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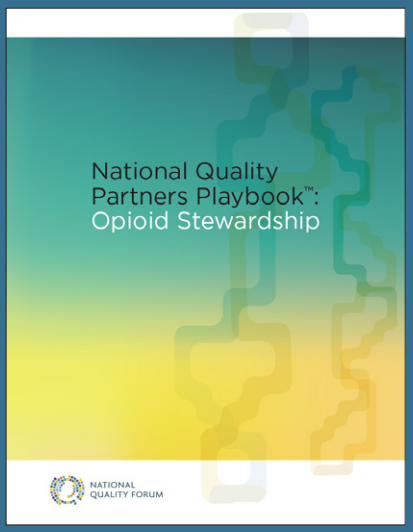

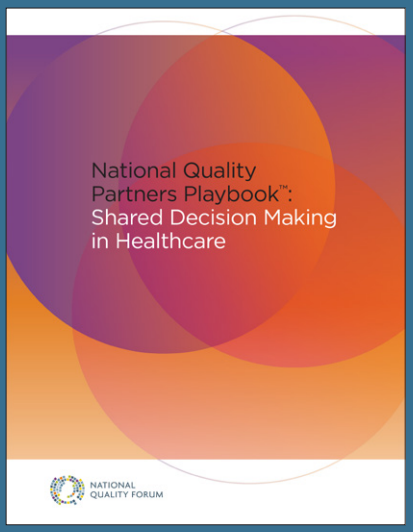

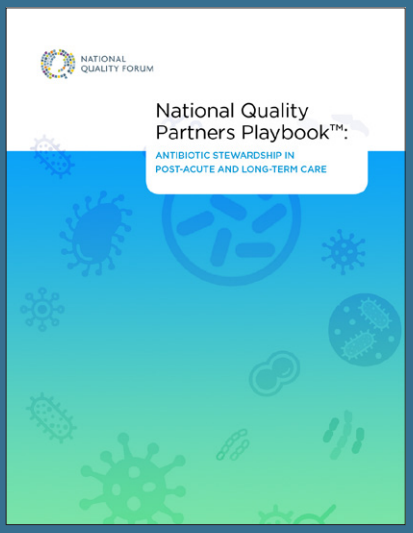

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