

**EXHIBIT E- FUNDING -- 2012 QUALITY AIMS AND PERFORMANCE GOALS
MENTAL HEALTH INTEGRATION PROGRAMS FUNDED BY STATE AND COUNTY**

Aim	Monthly Measurement	Performance Commitment	Measurement for Performance Commitment
1. Maintain the client caseload in integrated mental health services, as specified in Exhibit B.	Number of Level 1 clients active in MHITS caseload at any time during the month, as specified in the accompanying Exhibit.	5% of funds	Monthly measurements averaged for July through December 2011 for both Active Level 1 (DL and/or uninsured) and Active Level 1 DL must be met <ul style="list-style-type: none"> • Includes DL clients and other low income adults, regardless of insurance status • Does <u>not</u> include mothers enrolled in MCH Pilots (funded by Human Services Levy # 4.2) • Does <u>not</u> include military personnel (funded by Veterans Levy #3.1)
2. At least 50% of caseload will be supported by at least two clinical contacts each month.	<u>Numerator:</u> Number of Level 1 clients who were active in MHITS caseload at any time during the month who had two or more documented contacts in current month. <u>Denominator:</u> Number of Level 1 clients who were active in MHITS caseload at any time during the month. Contacts include: <ul style="list-style-type: none"> • Comprehensive clinical assessments (CA is worth two contacts) • Follow-up visits either in person or on phone. <u>At least one of these two contacts must include a symptom scale.</u> • Discharge note 	5% of funds	Proportion of active Level 1 caseload with 2 or more contacts. Monthly measurements averaged for July through December 2011. <ul style="list-style-type: none"> • <u>At least one of the two contacts must include a completed symptom scale.</u> • Contacts can be performed on the phone, in clinic, or in groups. • Contacts that do not contain clinical content should be marked as “no session” and will not count as a contact. • Individuals transferred to L2 are not expected to have 2 contacts at L1 in that month. • Clients with an active continued care plan will not be included in the denominator or numerator unless they have a PHQ9 score greater than 10 in a given month.
3. At least 40% of patients will achieve a 5 point or greater improvement on either the PHQ9 or the GAD7	<u>Numerator:</u> Number of Level 1 clients active in current month with 5 point or more improvement in PHQ or GAD score <u>Denominator:</u> Number of active level 1 clients with 2 or more GAD or PHQ9 scores	5% of funds	Proportion of clients active at any time in current month who achieved a 5 point or greater improvement on PHQ9 or GAD7 between their first and last scores. Monthly measurements averaged for July through December 2011. <ul style="list-style-type: none"> • For clients who have been discharged and then reenrolled, this measure will use the first score after reenrollment as baseline.
4. Care coordinators will receive psychiatric consultation on at least 80% of clients who are not improving.	<u>Numerator:</u> Number of active Level 1 clients who scored ≥ 10 on the PHQ9 or GAD7 at baseline who have been in treatment for >60 days and have not had a 5 point or more improvement and who have a psychiatric consultation note in MHITS within in the last 3 months. <u>Denominator:</u> Number of active Level 1 clients who scored ≥ 10 on the PHQ or GAD at baseline who have been in treatment for >60 days and who have not had a 5 point or more improvement.	5% of funds	Proportion of clients who are not improving who have received psychiatric consultation in the last 3 months. Monthly measurements averaged for July through December 2011. <ul style="list-style-type: none"> • Improvement is defined as a 5 point or greater improvement on PHQ9 or GAD7 between the first and last scores. • For clients who have been discharged and then reenrolled, this measure will use the first score after reenrollment as baseline. • Clients who scored ≥ 10 on the PHQ9 or GAD7 at baseline and do not have a second score within 60 days will be counted as not having improved.
5. Care coordinators will support successful referrals to L2 for at least 75% of referred clients	<u>Numerator:</u> Number of DL clients referred to L2 who have at least 1 in-person contact at L2 within 30 days of referral <u>Denominator:</u> Number of DL clients referred to L2	0% of funds	Proportion of L1 DL clients referred to L2 who have at least one in-person contact at L2 within 30 days of referral <ul style="list-style-type: none"> • In-person contacts include initial in-person intake, case management, prescriber, and care coordination visits. • Phone check-ins do not count as an in-person contact.

