

Supplemental Table 1. Tier 1 Measures

Name	Metric Specifications	Source	Medicaid/ CCBHC	Self- Report	# Items	Implementation and Proposed Modification
Depression Response/Remission at Six Months	The percentage of adolescent patients (12-17 years of age) and adult patients (18 years of age or older) with major depression or dysthymia who reached response (PHQ-9 50% reduction) or remission (PHQ-9 <5) in six months (+/- 60 days) after an index event date.	APA-MBHR (12) (see also NCQA)	Yes	Yes	10	<ul style="list-style-type: none"> Recommended frequency of assessment is monthly. Consider creating a categorical cut point for response instead of percent reduction. Episode-based time interval should be revised to last score in calendar year.
Anxiety Response at Six Months	The percentage of adult patients (18 years of age or older) with an anxiety disorder (e.g., generalized anxiety disorder, social anxiety disorder or panic disorder) who demonstrated a response to treatment (GAD-7 score at least 25% less than score at index event) at six months (+/- 60 days) after an index visit.	APA-MBHR (12)	Yes	Yes	8	<ul style="list-style-type: none"> Recommended frequency of assessment is monthly. Consider creating a categorical cut point for response instead of percent reduction. Episode-based time interval should be revised to last score in calendar year.
Alcohol Use Disorder Outcome Response	The percentage of adult patients (18 years of age or older) who report problems with drinking alcohol (e.g., can be noted through a screening measure such as the AUDIT-C as described in MIPS Clinical Quality Measure Quality ID #431, aka NQF 2152, or other drug/alcohol screeners such as the DAST and TAPS) <i>and</i> demonstrated a response to treatment at three months (+/- 60 days) after the index visit.	APA-MBHR (12)	Yes	Yes	3	<ul style="list-style-type: none"> Create a categorical cut point to indicate alcohol treatment response indicating drinking within NIAAA (or other) safe limits.
Comprehensive Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Members 18-75 years of age with at least one acute inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year <i>and</i> diabetes (type 1 and type 2) and whose HbA1c level was greater than 9.0% or was missing a result, or for whom an HbA1c test was not done.	Medicaid (11, 14)	Yes	No	1	<ul style="list-style-type: none"> HbA1c outcome measure is aligned with NCQA diabetes screening of bipolar and schizophrenia patients receiving atypical antipsychotic medications. Frequency of assessment is at least twice a year when stable at target; frequency is greater at two to three months when HbA1c not at target.
Comprehensive	Members 18-75 years of age with at least one acute	NCQA in SAMHSA	Yes	No	1	<ul style="list-style-type: none"> Cut point could be updated with

Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year <i>and</i> diabetes (type 1 and type 2) and whose most recent blood pressure screening result was <140/90mm Hg.	(4)				new guidance (130/65 mm Hg).
Diabetes Monitoring for People with Diabetes and Schizophrenia "	Assesses adults 18-64 years of age with schizophrenia and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.	NCQA in SAMHSA (4), APA-ADA (3)	Yes	No	2	<ul style="list-style-type: none"> • Modify the screening and monitoring measure to create an outcome measure consistent with the recommendations of the joint consensus APA/ADA statement on antipsychotic medication (17). • Create a cut point to indicate LDL-C treatment response.

Complete reference list for Tier 1 measures is in (10).

Supplemental Table 2. Tier 2 Measures

Concept	Measure Preliminary Draft	Candidate Scale(s)	Candidate Scale Specification	Free of Charge	Self-Report	# Items	Proposed Implementation or Modification
Disease Self-Management	Person reports adequate knowledge, skill, means, and confidence to manage their health care needs.	Gains in Patient Activation (PAM) Scores at 12 Months	The PAM is a 10- or 13-item questionnaire that assesses an individual’s knowledge, skill and confidence for managing their health and health care. The measure assesses individuals on a 0-100 scale. There are four levels of activation, from low (1) to high (4). The performance score would be the change in score from the baseline measurement to follow-up measurement, or the change in activation score over time for the eligible patients associated with the accountable unit.	Free for research but not for other uses	Yes	10 or 13	<ul style="list-style-type: none"> • Increase reassessment frequency to every three months. • Specify target change in score (e.g., move up one level).
Functioning	Person reports ability to complete activities of daily living to their satisfaction.	Daily Living Activities (DLA)-20	The DLA is a brief functional assessment tool for individuals ages 6+ regardless of diagnosis, disability or cultural background. Provides a 30-day snapshot of 20 domains and a summary of strengths and needs at a specific point related to whole-person health.	Fee for required training before use	Yes	20	<ul style="list-style-type: none"> • Create categorical cut point to indicate treatment response. • Reassess every three months. • Shorten scale or prioritize among multiple domains.
		Patient Reported Outcome Measurement Information System (PROMIS) v1.2 – Global Health Physical 2a and PROMIS Scale v1.2 – Global Health Mental 2a	There are two self-report, two-item versions of PROMIS scales to assess general physical and mental health that use the highest discriminating items from longer versions of the scales. Items are rated on five-point Likert scales.	Yes	Yes	4	<ul style="list-style-type: none"> • Create categorical cut point to indicate treatment response. • Reassess every three months.
		Sheehan Disability Scale (SDS)	The SDS evaluates symptom impact and impairment in the domains of work/school, social life/leisure and family life/home responsibility within the past week. These three items are responded to on a visual analogue scale ranging through 0 (no impairment), 1-3 (mild), 4-6 (moderate), 7-9 (marked) and 10 (extreme) disability.	Yes	Yes	3 or 5	<ul style="list-style-type: none"> • Create categorical cut point to indicate treatment response. • Reassess every three months.
		WHODAS 2.0	The adult self-administered version of the WHODAS is a 12-item measure that assesses disability in adults ages 18 years	Yes	Yes	12	<ul style="list-style-type: none"> • Create categorical cut point to indicate treatment response.

			and older. It assesses disability across six domains, including understanding and communicating, getting around, self-care, getting along with people, life activities (e.g., household, work and/or school activities) and participation in society. Individuals rate how much difficulty they have had in specific areas of functioning during the past 30 days.				<ul style="list-style-type: none"> • Reassess every three months. • Limit or prioritize reporting among multiple domains.
Goal Attainment	Person reports making progress toward their top priority goals.	Goal Attainment Scaling (GAS)	To use the GAS, a patient identifies two goals among various areas of interest (see list in “What Matters Most Goal Inventory”) and rates progress along standardized, five-point Likert scale (“-2 = Much less than expected” through “+2 Much more than expected”), reassessed every three months. Anything 0 or above is coded as goal achieved (32).	Yes	Yes	2	<ul style="list-style-type: none"> • Format for unsupported patient self-report with prompts and patient training/education.
Patient Experience of Care	Person reports that their experience of receiving care was positive.	CAHPS Experience of Care and Health Outcomes (ECHO)	Five CAHPS summary measures (composites) were created and tested for their psychometric properties: getting treatment quickly, how well clinicians communicate, perceived improvement, getting treatment information from the plan and information about treatment options. Item-total correlations were also assessed for the 31 single items with their respective composites. All but four of these single items had item-total correlations above 0.50 across sites.	Yes	Yes	31, but users can select individual subscales	<ul style="list-style-type: none"> • Shorten scale or limit to particular subscales/items.
Quality of Life	Person reports that they have a life that is worth living.	Medical Outcomes Study Item Short Form (SF)-12	The SF-12 is a widely used, generic, patient-report measure created to assess health-related quality of life in the general population. Items describe difficulties with a range of activities and functions and are rated on a five-point scale from “None” to “Extreme or cannot do.”	Yes	Yes	12	<ul style="list-style-type: none"> • Create categorical cut point to indicate treatment response. • Reassess every three months.
Recovery	Person reports that their health and wellness enable them to live a self-directed life and	Herth Hope Index (HHI)	The HHI, originally published in 1991, was designed to evaluate hope in young people with chronic illnesses. It consists of 12 items. Responses are on a four-point Likert-type scale, from 1 (completely disagree) to	Yes	Yes	12	<ul style="list-style-type: none"> • Resolve psychometric inconsistencies toward a more stable factor solution.

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	strive to reach their full potential.		4 (completely agree). Although it is widely used, the factor solutions are inconsistent across studies.				
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Complete reference list for Tier 2 measures is in (10).