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QUALITY SERVICE REVIEW
2016
ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

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MARSH & McLENNAN COMPANIES

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1

Executive Summary

The Arizona Department of Health Services (ADHS)/Division of Behavioral Health Services (DBHS) contracted with Mercer Government Human Services Consulting (Mercer) to implement a quality service review (QSR) for persons determined to have a serious mental illness (SMI). This report represents the fourth in a series of QSRs, the first to be conducted by Mercer. The purpose of the review is to identify strengths, service capacity gaps, and areas for improvement at the system-wide level for SMI members receiving services via the public behavioral health delivery system in Maricopa County, Arizona.

The QSR included an evaluation of nine targeted behavioral health services: Case Management, Peer Support, Family Support, Supported Housing, Living Skills Training, Supported Employment, Crisis Services, Medication and Medication Services and Assertive Community Treatment (ACT) services. Mercer conducted the quality service review of the targeted services using the following methods:

- *Peer reviewers.* Mercer contracted with two consumer operated organizations to assist with completing project activities; namely scheduling and conducting interviews and completing medical record review tools for a sample of SMI members.
- *Training.* Mercer developed a two week training curriculum to orient and educate peer support reviewers regarding relevant aspects of the project. The training included inter-rater reliability (IRR) testing to ensure consistent application of the review tools.
- *Ongoing support for peer reviewers.* Mercer facilitated weekly meetings with the peer reviewer team leads to answer questions, follow up with concerns, and track the number of interviews and medical record reviews completed.
- *Member interviews.* Peer reviewers contacted and interviewed a random sample of members to evaluate service needs and access to, timeliness and satisfaction with the targeted services.
- *Medical Record Reviews.* Peer reviewers conducted record reviews of the sample of members in order to assess individual assessments, individual service plans (ISPs), and progress notes utilizing a standard review tool.
- *Data Analysis.* Mercer conducted an analysis of data from the interviews and the medical record review as well as service utilization data and other member demographics queried from the ADHS/DBHS Client Information System (CIS).

Overview of Key Findings

A summary of key findings related to the 2016 QSR are presented in this section. Information is aligned with the review activity study questions.

Are the needs of SMI members being identified?

The QSR analysis revealed that case management services and medication and medication management services are the most frequently identified service needs, which is the same finding as last year. Noted changes between 2015 and 2016 include reductions with identified service needs for supported employment, living skills training, supported housing and crisis services. 22 members or 16% of the sample did not include a current ISP. In the absence of an ISP, none of the targeted services can be identified as a need on the ISP, which contributed to fewer service needs being identified.

The most common identified needs are those that can be addressed by services that are directly provided by the clinics. While attempts have been made to enhance communication between direct care clinic teams and community based providers (e.g., joint meetings, summary of progress), member care and services do not consistently appear to be integrated and direct care clinic progress notes rarely make references to other services that a member may need or may be receiving.

Non-Title XIX eligible members typically do not have as many service needs identified when compared to Title XIX eligible members, even though both eligibility groups have access to the same targeted behavioral health services that are the focus of the QSR. Peer reviewers noted that some non-Title XIX members have abbreviated assessments and brief, single page treatment plans that do not appear to be individualized or recovery focused.

In summary, the QSR found that ISPs are not identifying a full array of needed services. Barriers to effective identification of needed services include incomplete documentation, a tendency of clinical teams to over emphasize clinic based services and an apparent lack of knowledge concerning the availability and purpose of a broader range of community based behavioral health services.

When identified as a need, are SMI members receiving each of the targeted behavioral health services?

The QSR medical record review tool evaluates whether the ISP contains services that address the individual's needs identified in the ISP. 80% of Title XIX member records met this standard; compared to 62% for non-Title XIX medical record documentation. This observed difference is primarily attributed to differences between ISP documentation templates that are used for Title XIX and non-Title XIX eligible members. In addition, the review found evidence that some case managers and clinical teams may not fully understand the appropriate application of some of the targeted behavioral health services. For example, psychoeducational services (pre-job training and development) were identified as an ISP intervention to address a member's need to improve concentration and socialization skills. In one ISP, a member's identified need to lose weight with an objective to exercise, cook healthy meals and cut out sugars included a corresponding service of family support to meet the identified need. In another example, self-help/peer services was the identified service to assist a member with housing needs and a stated objective to have stable income to be able to find appropriate housing.

For case management and medication and medication management services, peer reviewers found evidence in the progress notes that the services were provided regardless of identification of need. For most of the remaining targeted behavioral health services, the rate of identified need surpasses the extent that services were documented as provided in the direct care clinic progress notes. This finding is consistent with the previously noted observation that direct care clinic progress notes infrequently make references to other services that a member may be receiving. In some cases, peer reviewers pointed out that service needs identified on the ISP were not consistently delivered to the member. Direct care clinic progress notes are rarely oriented to the individual service plan objectives and goals. The individual service planning and development process occurs one time per year and is typically not revisited until the next annual update is due. Progress notes often reflected activities related to symptom management as opposed to proactive steps to support recovery and assess and monitor progress with the member's individualized service plan goals.

Unlike findings derived from the direct care clinic progress notes, all of the targeted services were provided at rates higher than the identified need based on responses from members during face-to-face interviews. Conclusions based on this analysis point to the under identification of member needs as documented on the ISP and gaps between documentation in the clinical record progress notes and the services that the member may actually be receiving. In addition, member interview responses found that more than one third of the sample who, reportedly did not receive the selected targeted services, perceived the need for many of those same services. Similar to findings derived from the member interviews, the CIS data demonstrates rates of service in excess of identified needs on the ISP.

Are the targeted behavioral health services available?

ACT team services, living skills training, case management and peer support services were the most accessible services within 15 days; while supported employment and housing support services were perceived to be the most difficult to access within 15 days. Over half of the respondents felt that supported housing services would take longer than 30 days to access. Consistent with the results of the 2015 QSR, the longest wait times were for supported housing, supported employment and family support services.

Although the stated purpose of the QSR is, in part, to identify service capacity gaps, the current QSR medical record review tool and interview tool can only yield inferences that service capacity gaps may exist. For example, potential network gaps may be present when service needs are identified without documentation in the clinical record that the service was provided. However, there are a number of other plausible explanations why a service may not be provided when identified as a need such as the clinical team not initiating or following up with a service referral.

Are supports and services that SMI members receive meeting identified needs?

ACT teams, medication and medication management services, living skills training and peer support services are the top services in terms of helping members with their recovery. Case management and supported employment services were perceived as least effective in helping members advance their recovery. High turnover with case managers and a perceived need for improved training may be contributing to the perception that case management is less helpful when offering support to members.

Case management also was reported to have the highest percentage of problems of all the targeted behavioral health services. Supported employment, medication and medication management and supported housing had similar rates of perceived problems. There were not any reported problems for persons receiving family support services. Services rated the highest in terms of satisfaction were family support, crisis services and medication and medication management. Case management, supported employment and supported housing were rated the lowest. Title XIX eligible persons consistently rated services higher than non-Title XIX eligible members.

All but one of 135 (99%) members in the sample was determined to have housing. Rates of employment were higher in 2016 than 2015 (33% compared to 25%), yet substantially less members were found to be engaged in a meaningful day activity.

Are supports and services designed around SMI members' strengths and goals?

It was determined that strengths were most commonly identified in the ISP, particularly for the Title XIX eligible members in the sample. This finding is likely due to ISP templates that prompt clinical teams to list the member's strengths and then links those strengths to corresponding ISP objectives. ISP templates utilized for non-Title XIX eligible members are sometimes brief and limited to a single page. The ISP form does not prompt the clinical team to identify or document the member's strengths and therefore the presence of ISP strengths for the non-Title eligible member portion of the sample was less prevalent.

Strengths were least often to appear in the progress notes. In particular, BHMP progress notes tended to be less recovery focused and typically did not identify member strengths. Overall, 70% of members felt that services were based on their strengths and needs.

Additional findings can be found in Section 5, Findings.

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Overview

The Arizona Department of Health Services (ADHS)/Division of Behavioral Health Services (DBHS) contracted with Mercer Government Human Services Consulting (Mercer) to implement a quality service review (QSR) for persons determined to have a serious mental illness (SMI). [1] The QSR evaluation approach includes interviews and medical record reviews of a sample of SMI members by persons with lived experience in order to determine need and availability of the following targeted behavioral health services:

- Case Management
- Peer Support
- Family Support
- Supported Housing
- Living Skills Training
- Supported Employment
- Crisis Services
- Medication and Medication Services
- Assertive Community Treatment (ACT) services

Goals and Objectives of Analyses

The primary objective of the QSRs is to answer the following questions for the targeted services. To the extent possible, results are compared to findings from the prior year QSR.

1. Are the needs of SMI members being identified?
2. Do SMI members need and are they receiving each of the targeted behavioral health services?
3. Are the targeted behavioral health services available?
4. Are supports and services that SMI members receive meeting identified needs?

[1] The determination of SMI requires both a qualifying SMI diagnosis and functional impairment as a result of the qualifying diagnosis.

5. Are supports and services designed around SMI members' strengths and goals?

Limitations and Conditions

Mercer applied best practices in training and testing to foster optimal review findings for both interview and record review results. However, Mercer did not design the interview or record review tools used in the QSR and are unable to attest to the instrument's validity or reliability. The results of this study are contingent on the reliability and validity of the tools.

Additionally, the year-to-year comparative analysis for each of the metrics in the QSR Final Report 2016 may be impacted by variables unrelated to the focus of the study. One possible source of extraneous variability is in the identification of the origin of the data used in a particular unit of analysis. Metrics reported in 2015 had multiple possible sources for metric construction. The source data used in the construction of the 2016 metrics may not be consistent with data queries applied in prior years. Additionally, Mercer is unable to attest to the accuracy or validity of 2015 QSR results compiled under the direction of the prior contracted independent entity.

Given these considerations, the year-to-year analyses may include variance due to a mismatch of the item used to create the metric, tool validity or reliability issues associated with the review instruments and/or variance in prior year QSR review implementations rather than reflect changes in the availability and quality of services over time.

Contributors to Project

The review team consisted of the following personnel.

Daniel Wendt, Principal

Daniel is a Principal at Mercer and performs clinical and behavioral health consulting. Daniel possesses 30 years of experience with Medicaid managed care programs and clinical service delivery systems. Daniel has a clinical background and is experienced in quality performance improvement concepts and approaches.

Stacia Ortega, Associate

Stacia has over 15 years of experience in the human services field. Stacia has subject matter expertise and national presenter experience in the areas of cultural competency, transitioning young adults, substance abuse, autism, children and adult behavioral health systems of care, and project management of federal prevention grants.

Michal Anne Pepper, Ph.D., Senior Associate

Michal Anne brings extensive experience in managed care, university teaching, and experience as a service provider, clinical supervisor and administrator in a variety of treatment and academic settings. As a Senior Associate at Mercer, Michal Anne participates in behavioral health plan reviews and audits, state reviews of behavioral health – managed care organization quality initiatives, organizational development initiatives, program evaluation design and other clinical consulting initiatives.

Additional thanks to the following Mercer colleagues:
Jeanie Aspiras
Laura Henry
Nicholas Petsas
Elisabeth Lim

Consumer - Operated Organizations

Seventeen peer support reviewers from two consumer operated organizations conducted the QSR interviews and completed the medical record reviews. Stand Together and Recover Centers (STAR), Inc. has three locations throughout Maricopa County, including programs in Mesa, Phoenix and Avondale. Each year, STAR serves approximately 950 adults with serious mental illness. Each STAR location provides daily groups and offers two meals per day (six days per week) at no cost to clients. In addition, STAR operates a culinary arts program and a catering business.

The second organization, Recovery Empowerment Network (REN), operates four empowerment centers, including a young adult program. Programs and services available at the empowerment centers include employment services, recovery support training, and Hope's Door; a peer-to-peer crisis diversion service. The centers also include on-site computer labs and learning centers, peer-to-peer support, health and wellness programs and employment coaching services. REN hosted the QSR peer reviewer training sessions at its Central Empowerment Center location.

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Background

During the review period, ADHS/DBHS served as the single State authority to provide coordination, planning, administration, regulation, and monitoring of all facets of the State public behavioral health system. ADHS/DBHS contracts with community-based organizations, known as regional behavioral health authority (RBHA) s, to administer integrated physical health (to select populations) and behavioral health services throughout the State of Arizona. Effective July 1, 2016, the Arizona Health Care Cost Containment System (AHCCCS) and DBHS' administrative structure and personnel will be merged in an effort to eliminate areas of duplication while strengthening the expertise of a single, unified administrative agency. As such, AHCCCS will administer and oversee the full spectrum of services to support integration efforts at the health plan, provider and member levels.

History of Arnold v. Sarn

In 1981, a class action lawsuit was filed alleging that the State, through the Department of Health Services and Maricopa County, did not adequately fund a comprehensive mental health system as required by State statute. The lawsuit, *Arnold v. Sarn*, sought to enforce the community mental health residential treatment system on behalf of persons with SMI in Maricopa County. Furthermore, the severe State budget crisis in recent years resulted in significant funding reductions to class members, a temporary stay in enforcement of the lawsuit, and agreement by the parties to renegotiate exit criteria.

On May 17, 2012, as the State's fiscal situation was improving, former Arizona Governor Jan Brewer, State health officials, and plaintiffs' attorneys announced a two-year agreement that included a return of much of the previously reduced funding for a package of recovery-oriented services including supported employment, living skills training, supported housing, case management, and expansion of organizations run by and for people living with SMI. The two-year agreement included activities aimed to assess the quality of services provided, member outcomes, and overall network sufficiency.

On January 8, 2014, a final agreement was reached in the *Arnold v. Sarn* case. The final settlement provides a variety of community-based services and programs agreed upon by the State and plaintiffs, including crisis services; supported employment and housing services; ACT; family and peer support; life skills training; and respite care services. ADHS/DBHS was required to adopt national quality standards outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA), as well as annual quality service reviews conducted by an

independent contractor and an independent service capacity assessment to ensure the delivery of quality care to the State's SMI population.

SMI Service Delivery System

Beginning October 1, 2015, ADHS/DBHS contracted with RBHAs to deliver integrated physical and behavioral health services to select populations in three geographic service areas (GSAs) across Arizona. Each RBHA must manage a network of providers to deliver all covered physical health and behavioral health services to Medicaid eligible persons determined to have a serious mental illness. RBHAs contract with behavioral health providers to provide the full array of covered physical and behavioral health services, including the nine targeted mental health services that are the focus of the QSR.

For persons determined to have a SMI in Maricopa County, the RBHA has a contract with two adult provider network organizations and six administrative entities that manage ACT teams and/or operate direct care clinics throughout the county. Direct care clinics provide a range of recovery focused services to SMI recipients such as medication services, medical management, case management, transportation, peer support services, family support services, and health and wellness groups. 21 ACT teams are available at different direct care clinics and community provider locations. Access to other covered behavioral health services, including supported employment and supported housing, living skills training and crisis services, are accessible to SMI recipients primarily through RBHA-contracted community-based providers.

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Methodology

The QSR included an evaluation of nine targeted behavioral health services: Case Management, Peer Support, Family Support, Supported Housing, Living Skills Training, Supported Employment, Crisis Services, Medication and Medication Services and Assertive Community Treatment (ACT) services. Mercer conducted the quality service review of the targeted services using the following methods:

- *Peer reviewers.* Mercer contracted with two consumer operated organizations to assist with completing project activities; namely scheduling and conducting interviews and completing medical record review tools for a sample of SMI members.
- *Training.* Mercer developed a two week training curriculum to orient and educate peer support reviewers regarding relevant aspects of the project. The training included IRR testing to ensure consistent application of the review tools.
- *Ongoing support for peer reviewers.* Mercer facilitated weekly meetings with the peer reviewer team leads to answer questions, follow up with concerns, and track the number of interviews and medical record reviews completed.
- *Member interviews.* Peer reviewers contacted and interviewed a random sample of members to evaluate service needs and access to, timeliness and satisfaction with the targeted services.
- *Medical Record Reviews.* Peer reviewers conducted record reviews of the sample of members in order to assess individual assessments, individual service plans (ISPs), and progress notes utilizing a standard review tool.
- *Data Analysis.* Mercer conducted an analysis of data from the interviews and the medical record review as well as service utilization data and other member demographics queried from the ADHS/DBHS Client Information System (CIS).

The methodology used for each QSR component is described below.

Peer Reviewers

Mercer contacted Recovery Empowerment Network (REN) and Stand Together and Recover (STAR) to gauge interest in participating in the QSR review activity. After meeting with the chief executive officer of STAR and the chief recovery and resiliency officer of REN to negotiate details of the contracting and QSR review process, REN volunteered to host the training at the REN Central Empowerment Center, and both REN and STAR agreed to provide space, as needed, to meet and conduct interviews with members. Each consumer operated organization identified a team leader who served as a central contact person and provided ongoing direction to the broader peer

reviewer team. Both REN and STAR attested to Health Insurance Portability and Accountability Act (HIPAA) compliant medical record storage and handling procedures, and each of the peer reviewers had been trained in HIPAA requirements for managing personal health information.

Peer Reviewer Training

A two part training curriculum was developed to educate the peer reviewers with the appropriate application of the member interview and medical record review tools. Part one of the training curriculum introduced the trainees to the overall project, the steps for contacting potential interviewees and solicited input for accomplishing those tasks, and included practice scenarios applying and scoring the interview tool. Training activities included short lectures and PowerPoint presentations, small group discussions, as well as brain-storming sessions to determine the most efficient and effective methods to implement the requirements of the QSR. Throughout the process, Mercer staff and peer reviewers sought to identify “best practices” for the review components of the QSR evaluation.

Part one training curriculum included the following schedule and topics:

Day One

- Introduction to the course and the project.
- Confidentiality and the peer support code of ethics.
- Culture and worldview.
- Engaging members.

Day Two

- Workflows and supporting tools/scripts.
- Targeted services.
- Health delivery system structure.

Day Three

- Successful interviewing skills and safety considerations.
- Overview of interview tool and supporting tools.
- Using the interview tool.

Part two of the training occurred six weeks later, after most of the member interviews had been completed. The second section of the training included a review of the components of a medical record, an introduction to the QSR medical record review tool, and practice using the tool with redacted member medical records. The syllabus for the training curriculum can be found in Appendix C.

Part two training curriculum included the following schedule and topics:

Day One
- Components of a medical record.
- Introduction to the medical record review tool and supports.
- Group scoring of Case #1.

Day Two
- Group debrief of Case #1 scoring.
- Individual scoring of Case #2.
- Group debrief of Case #2.

Day Three
- IRR testing: Case #3.
- IRR testing: Case #4.

IRR testing was determined by correlating the peer reviewer's response with a "gold standard"; the answer deemed to be correct by two experienced clinicians based on the instructions that accompanied the QSR medical record review tool. The individual peer reviewer's responses correlated from .80 to .91 with the "gold standard". Overall, the entire group of peer reviewer responses correlated .86 with the gold standard.

Ongoing Support for Peer Reviewers

Mercer hosted weekly meetings with REN and STAFF team leads to answer questions, follow up with concerns, and track the number of interviews and medical record reviews completed. The meetings were attended by REN's and STAR's team leads and Mercer's project manager and project lead. In addition, clinical consultation support was available to the peer reviewer team through the duration of the project. A post-review meeting was held between representatives of the consumer operated organizations and Mercer's project team members to identify potential efficiencies and improvements with the administration of the QSR process and to identify both strengths and opportunities for improvement within the service delivery system.

Sample Selection

The sampling approach[2] considered the overall SMI population of 24,608[3] and applied a confidence level of 95% with a margin of error slightly above 8% to produce a statistically significant sample size of 135. Based on the documented methodology and analysis conducted in prior QSRs, initial attempts were made to stratify the sample by equal proportions of Title XIX eligible members and Non-Title XIX members. In total, 561 (284 Title XIX eligible; 277 Non-Title XIX eligible) SMI members were identified as an oversample to compensate for individuals who declined to participate or could not be contacted by the peer reviewers after reasonable and sustained attempts. At the conclusion of the interview phase of the project, Mercer determined that approximately three out of four members selected could not be contacted or declined to participate in the QSR review.

The final sample that completed an interview and corresponding medical record review included 74 Title XIX members and 61 Non-Title XIX members. It should be noted that a member's Title XIX eligibility status can change during the review period. To address this observation consistently, Mercer delineated the member's eligibility based on the member's eligibility status during the latest date of service identified in the service utilization data file (dates of service — October 1, 2014–December 31, 2015). By the end of the QSR, REN peer reviewers completed 92 reviews and STAR peer reviewers completed 43 reviews.

[2] Per the *Stipulation for Providing Community Services and Terminating the Litigation* (January 8, 2014), the QSR collects information through the use of a statistically significant sample of total SMI members.

[3] Count of unduplicated SMI members derived from service utilization file spanning dates of service October 1, 2014 through December 31, 2015.

Member Interviews

Face sheets with contact information were created for each of the members identified in the sample and oversample. Peer reviewer team leads assigned the face sheets to peer reviewers, who attempted to contact the individual. The assigned peer reviewer used a standardized member contact protocol that included a HIPAA compliant script for leaving voicemails. The member contact protocol included procedures to outreach the member's assigned case manager for assistance with engaging the member when deemed necessary. When the individual was contacted, the peer reviewer described the purpose of the project and invited them to meet for an interview. Once the interview was completed, the member received a $20 gift card. All 135 of the interviews were conducted face to face in various community-based locations or in member's homes. The member interviews commenced in February 2016 and concluded in May 2016.

Medical Record Reviews

The review period for the medical record review portion of the QSR was identified as October 1, 2014 through September 30, 2015. This review period was established to be consistent with prior QSR annual reviews (e.g., the last QSR conducted utilized the October 1, 2013 through September 30, 2014 time period). However, to ensure that peer reviewers had access to at least three months of progress notes, the review period was extended when a selected member's ISP was completed after June 30, 2015 (e.g., If a member's ISP was dated August 15, 2015, Mercer requested three months of progress notes following the date of the ISP). The adult PNOs, administrative entities and/or direct care clinics were instructed to provide the requested documentation for each assigned member case with a completed QSR interview. Requested documentation included the following:

- The member's initial or annual assessment update.
- The member's annual psychiatric evaluation.
- The member's ISP.
- Clinical team progress notes, including:
  - Case management progress notes;
  - Nursing progress notes; and
  - Behavioral health medical practitioner progress notes.

The member's assessment (and/or annual psychiatric evaluation) and ISP that were completed during the review period were requested by Mercer. Mercer requested that all versions of the assessment and/or ISP completed during the review period be submitted. In addition, the adult PNOs, administrative entities and/or direct care clinics were asked to identify any cases that did not have an assessment and/or ISP

completed during the review period. In these cases, progress notes were requested and the records were scored per the QSR medical record review tool protocol. Mercer requested that, at a minimum, three months of progress notes be provided for each case.

The medical records were housed and reviewed in a secured location at each of the consumer operated organizations. Peer reviewers utilized the QSR medical record review tool (see Appendix E) to audit the records consistent with the review tool protocol and training that Mercer performed prior to the review activity. Throughout the medical record review process, a Mercer licensed Ph.D. and licensed master level social worker were available for clinical consultations and/or clarification in the event questions arose about how to score a particular case.

Data Analysis

The Arizona Department of Health Services (ADHS)/Division of Behavioral Health Services (DBHS) provided Mercer with the following data for the sample period of October 1, 2014 through December 31, 2015.

- Service Utilization Data: Member level file that includes the number of units of all services provided, procedure codes, and date of service for individuals with SMI in Maricopa County.
- Client Information System (CIS) demographic information: Member level file that identifies name, date of birth, gender identity, primary language, race/ethnicity, and dates for the latest assessment and ISP.

This data was integrated with the QSR interview and medical record review data and extracted by Mercer using a statistical analysis system program to determine congruence between the various data sources as well as utilization of the targeted services.

Data Congruence

Prior QSR studies have examined the extent of file matches for the interview, medical record and CIS files. Mercer performed a similar analysis and a summary of results, including a comparison to the 2015 QSR, is presented in the table below.

Congruence Between Interview, Medical Record and CIS File, 2015 - 2016		
	2015 (N=135)	**2016 (N=135)**
Medication and Medication Management	92%	66%
Case Management	90%	88%
Supported Employment	59%	65%
Peer Support	57%	47%
Living Skills Training	56%	74%
Family Support	82%	84%
Supported Housing	73%	81%
Crisis Services	53%	51%
ACT Team Services[4]	93%	88%

Congruence was most often established when null values ("no responses") were consistently identified across the medical record, interview and CIS data. Conversely, discrepancies were most often associated with the medical record data which is likely due, in part, to the fact that direct care clinic progress notes primarily reflect services that are delivered by direct care clinic staff. Other community based services are rarely referenced or otherwise present through a review of direct care clinic progress notes. In these instances, members would report receiving the service and CIS encounter data would support the member's response, but the direct care clinic record would not have references to the service being delivered. This is further supported by the finding that case management was the most congruent targeted service; a service primarily provided through the direct care clinics.

Medication and medication management is also provided directly through the clinics. However, Mercer noted a number of examples in which a medication management service was documented in the medical record and the member reported receiving the service, but there

[4] ACT Team services do not have a distinct billing code and therefore are not represented in the CIS data file. As an alternative, a roster of members assigned to ACT was compared to medical record and interview data to determine congruence.

was no corresponding encounter for the same member and same date of service in the CIS file. This may due to claims processing issues between the provider and RBHA and/or the RBHA and the ADHS/DBHS CIS that interfere with the full adjudication of claims/encounter data.

Finally, there is inherent variability within the QSR methodology that can impact congruence. For example, per the CIS data file, one member in the sample received 123 units of peer support over the review period (second highest utilization of peer support within the sample). However, the same individual reportedly responded "no" when asked *"in the past year, have you received peer support from someone who has personal experience with mental illness?"* (QSR interview tool, Question 8.) These observations may reflect members' lack of understanding of the types of services under review and/or inconsistencies with how the peer reviewers presented targeted service descriptions during the member interviews.

5

Findings

Per the *Stipulation for Providing Community Services and Terminating the Litigation* (January 8, 2014), the Quality Service Reviews (QSR) is used to identify strengths, service capacity gaps and areas for improvement at the system-wide level in Maricopa County. The QSR is intended to objectively evaluate:

- Whether the needs of SMI members are being identified;
- Whether SMI members need and are receiving each of the targeted behavioral health services;
- Whether the targeted behavioral health services are available;
- Whether supports and services that SMI members receive are meeting identified needs; and
- Whether supports and services are designed around SMI members' strengths and goals.

To the extent possible and when applicable, this report will attempt to offer a year-to-year analysis based on 2015 QSR research questions and within the context of the stated intent of the QSR. To meet the objectives of the *Stipulation for Providing Community Services and Terminating the Litigation*, analysis and findings will be presented across the following main topics:

- Sample Demographics and Characteristics.
- Identification of Needs.
- Service Provision to Meet Identified Needs.
- Availability of Services.
- Extent that supports and services are meeting identified needs.
- Supports and services designed around member strengths and goals.
- Service specific findings.
- Conclusions and Recommendations.

Sample Demographics and Characteristics

The information presented below includes a break out of demographic data for the sample population. Overall, the final sample of SMI members is similar to characteristics reported for the 2015 QSR sample. The 2016 QSR sample tended to have more members in the two older age groups (50-55 and 56+) and less representation in the younger age groups (18–37 and 38–49) when compared to 2015.

Table 1 Sample Age Group (Title XIX and Non-Title XIX)
Comparison between QSR 2016 and QSR 2015 Sample

Age Break - Out	Number and percent of members (2016)	Number and percent of members (2015)
18-37	33 (24%)	44 (33%)
38-49	33 (24%)	36 (26%)
50-55	25 (19%)	20 (15%)
56+	44 (33%)	35 (26%)
Total	**135**	**135**

Table 2 Sample Race and Ethnicity (Title XIX and Non-Title XIX)
Comparison between QSR 2016 and QSR 2015 Sample

Race/Ethnicity	Frequency (2016)[5]	Percent (2016)	Frequency (2015)[6]	Percent (2015)
White	105	78%	99	73%
African American	12	9%	13	10%
Hispanic	18	13%	18	13%
American Indian	3	2%	1	1%
Asian	1	1%	2	1%

[5] Frequency counts and percentages do not equal 135 or 100% because some individuals are identified across more than one race/ethnicity.

[6] Frequency counts do not include all reported races/ethnicities reported for the 2015 sample because some races/ethnicities were not present in the 2016 sample.

Identification of Needs

This section of the report presents the extent to which services are identified as a need by the clinical team. The 2016 QSR medical record review tool defines a need as *"an issue or gap that is identified by the individual or the clinical team that requires a service or an intervention".*

The following table demonstrates the percentage of members from the sample that were deemed to need each service by the clinical team and was identified as a need on the member's ISP.

Table 3 Percentage of identified need for each targeted service based on the member's ISP (comparison from 2015 QSR and 2016 QSR)[7]

Targeted Service	Title XIX		Non-Title XIX		Total	
	2015	2016	2015	2016	2015	2016
Case Management	88%	82%	69%	62%	79%	73%
Medication and Medication Management	87%	72%	69%	67%	78%	70%
Supported Employment	46%	23%	27%	10%	37%	17%
Living Skills	37%	3%	13%	3%	25%	3%
Peer Support Services	37%	24%	36%	23%	37%	24%
Supported Housing	34%	9%	7%	2%	21%	6%
Crisis Services	18%	1%	10%	2%	14%	1%
Family Support	9%	11%	6%	7%	8%	9%
ACT Services	7%	0%	3%	0%	5%	0%

Case management services and medication and medication management services are the most frequently identified service needs, which is the same finding as last year. Noted changes between 2015 and 2016 include reductions with identified service needs for living skills training, supported housing, supported employment, and crisis services.

[7] The prior QSR vendor reported 2015 QSR data depicted here as the percentage of services identified as a need on the ISP.

22 members or 16% of the sample did not include a current ISP. In the absence of an ISP, none of the targeted services can be identified as a need on the ISP. For samples cases that included a current ISP, 88% included needs for case management services and 84% included needs for medication and medication management services. Of the sample cases that included a current ISP but did not identify case management as a service need; 71% were associated with members who were non-Title XIX eligible.

As noted, the two most frequently identified service needs are case management and medication and medication management services. For persons with SMI, these services are most often rendered by staff assigned to the direct care clinics. Other covered behavioral health services, including several of the targeted services that are a focus of this review, are available through community – based service providers. Because the QSR medical record review tool limits the review of member progress notes to staff that are assigned to the direct care clinics (i.e., behavioral health medical practitioners, case managers, nursing staff), it is not surprising that the most common identified needs are those that can be addressed by services that are directly provided through the clinics. Even when providers are co – located at a direct care clinic, such as supported employment providers, the provider does not have direct access to the direct care clinic medical record system and must document service needs and service provision in a separate electronic medical record. While attempts have been made to enhance communication between direct care clinic teams and community based providers (e.g., joint meetings, summary of progress), member care and services do not appear integrated and direct care clinic progress notes rarely make references to other services that a member may need or may be receiving.

Non-Title XIX eligible members typically did not have as many service needs identified when compared to Title XIX eligible members, even though both funding sources have access to covered service benefits that include each of the targeted behavioral health services. Peer reviewers noted that some non-Title XIX members have abbreviated assessments and brief, single page treatment plans that do not appear to be individualized or recovery focused. The treatment plans may include an inventory of services, but do not demonstrate how the service(s) will address the presenting issue or need. The treatment plans also do not appear to be aligned with the documented treatment goals, which often include statements such as “control symptoms or behaviors”.

A related issue is if those services deem needed by the clinical team are based on the individual’s needs, and if the individual’s objectives address their needs. The QSR medical record review tool defines an ISP objective as “*a specific action step the recipient or family will take toward meeting a need”.* The tool evaluates if the member’s ISP objectives address the individual’s needs identified in the ISP. These measures are an important indicator of the extent of the individualization of a treatment plan. In other words, is the individual receiving a particular service because it is readily available, or are they receiving a service because of their individualized needs and objectives? Table 4 presents results for 2015 and 2016.

Table 4 Percentage of objectives and services that address individuals' needs

Evaluation Criteria	Title XIX		Non-Title XIX		Total	
	2015	2016	2015	2016	2015	2016
ISP objectives addressed individuals' needs	85%	78%	64%	67%	75%	73%
Services are based on individuals' needs	81%	80%	64%	62%	73%	72%

80% of Title XIX eligible members met this standard; compared to 62% for non-Title XIX eligible members. This observed difference is primarily attributed to differences between ISP documentation templates that are used for Title XIX and non-Title XIX eligible members.

As noted previously, over 15% of the 2016 QSR sample included members that did not have a current ISP available to support the review. Per the QSR scoring guidelines, if a member's ISP is unable to be found or there is one identified need without a corresponding objective on the ISP, then the item is scored as "no". Overall, results are similar between 2015 and 2016.

There is evidence that some case managers and clinical teams may not fully understand the appropriate application of some of the targeted behavioral health services. For example, psychoeducational services (pre-job training and development) were identified as an ISP intervention to address a member's need to improve concentration and socialization skills. In one ISP, a member's identified need to lose weight with an objective to exercise, cook healthy meals and cut out sugars included a corresponding service of family support to meet the identified need. In another example, self-help/peer services was the identified service to assist a member with housing needs and a stated objective to have stable income to be able to find appropriate housing.

Service Provision to Meet Identified Needs

This section of the report describes the extent to which the targeted behavioral health services are received following the identification of need.

Table 5a identifies the percentage of each targeted service that was received after the service was identified as a need on the member's ISP. The analysis includes any case that identified a need for one or more of the targeted services. ISP need was defined as the service being documented on the ISP. Reviewers then reviewed the progress notes to determine if the service was subsequently provided to the member.

Table 5a Percentage of identified service needs (per ISP) and percentage of documented evidence that the service was provided (per progress notes) (2016 QSR, Title XIX and Non-Title XIX)

	Title XIX		Non-Title XIX		Total	
Targeted Service	ISP Need	Services Provided	ISP Need	Services Provided	ISP Need	Services Provided
Case Management	82%	96%	62%	89%	73%	93%
Medication and Medication Management	72%	88%	67%	85%	70%	87%
Supported Employment	23%	12%	10%	7%	17%	10%
Living Skills	3%	3%	3%	3%	3%	3%
Peer Support Services	24%	7%	23%	5%	24%	6%
Supported Housing	9%	5%	2%	2%	6%	4%
Crisis Services	1%	1%	2%	0%	1%	1%
Family Support	11%	5%	7%	0%	9%	3%
ACT Team Services	0%	3%	0%	2%	0%	2%

For case management and medication and medication management services, peer reviewers found evidence in the progress notes that the services were provided irrespective of identification of need. This finding reflects that these services are made available to almost every SMI member assigned to a direct care clinic. The discrepancy with the rate of identified need and the provision of these services may also be due to missing ISPs (<15% of sample) and non-Title ISP templates that don't explicitly reference case management services. For most of the remaining targeted behavioral health services, the rate of identified need surpasses the extent that services were documented as provided in the direct care clinic progress notes. In some cases, peer reviewers noted that service needs identified on the ISP were not consistently delivered to the member. This finding is consistent with the previously noted observation that direct care clinic progress notes rarely make references to other community based services that a member may be receiving. Direct care clinic progress notes are rarely oriented to the individual service plan objectives and goals. The individual service planning and development process appears to be a static event that occurs one time per year and is not revisited until the next annual update is due. Progress notes often reflected activities related to symptom management as opposed to proactive steps to support recovery and assess progress with the member's individualized service plan goals.

Table 5b Percentage of identified service needs (per ISP) and percentage of services received as reported by the member (per interview) (2016 QSR, Title XIX and Non-Title XIX)

Targeted Service	Title XIX		Non-Title XIX		Total	
	ISP Need	Services Received	ISP Need	Services Received	ISP Need	Services Received
Case Management	82%	97%	62%	91%	73%	95%
Medication and Medication Management	72%	92%	67%	85%	70%	89%
Supported Employment	23%	26%	10%	18%	17%	23%
Living Skills	3%	15%	3%	3%	3%	10%
Peer Support Services	24%	33%	23%	40%	24%	36%
Supported Housing	9%	22%	2%	13%	6%	18%
Crisis Services	1%	51%	2%	44%	1%	48%
Family Support	11%	16%	7%	9%	9%	13%
ACT Team Services	0%	15%	0%	10%	0%	13%

Table 5b identifies the percentage of each targeted service that was received after the service was identified as a need on the member's ISP. The analysis includes any case that identified a need for one or more of the targeted services. An ISP need was identified when the service was included on the ISP. Peer reviewers conducted member interviews to determine if the service was provided to the member. Unlike findings derived from the direct care clinic progress notes, all of the targeted services were provided at rates higher than the identified need based on responses from members during face-to-face interviews. Services with the highest rate of discrepancies included case management, medication and medication management services, supported housing and ACT team services. Crisis services were reportedly provided at a significantly higher percentage than the documented need. However, crisis services are not planned events and may not be consistently identified as a need when developing a member's ISP. As an alternative, a member may have a separate crisis plan that outlines interventions and approaches to assist a member during a crisis episode.

It was also noted that 16 members in the sample responded yes when asked *"Do you receive assertive community services?"* (Question 70, QSR interview tool). However, an analysis of an ACT team roster dated December 1, 2015 demonstrated that only 5 of the 135 members in the sample were assigned to an ACT team. It is possible that the members were assigned to an ACT team subsequent to the December 2015 roster (QSR interviews took place between February 2016 and May 2016) or that the member was assigned to an ACT team in the past and was no longer part of an ACT team as of December 2015. While peer reviewers were trained in the appropriate application of the interview guide and prefaced each targeted service with a description from the interview tool, members may have not fully understood what ACT team services were or how it was differentiated from supportive or connective levels of case management.

The QSR interview tool includes additional questions that may indicate an unmet need for a particular targeted service. Related questions and aggregate member responses are presented below.

Q2. Do you have enough contact with your case manager (i.e., telephone and in person meetings with case manager at a frequency that meets your needs)?
- 74% of the sample responded "yes".

Q10. If you do not receive peer support, would you like to receive this kind of support?
- 47% of the sample responded "yes".

Q18. If your family is not receiving family support services, would you and your family like to have these services?
- 36% of the sample responded "yes".

Q24. If you did not receive supportive housing services, have you been at risk for losing housing because you needed financial assistance with rent or utilities?
- 44% of the sample responded "yes".

Q34. If you did not receive living skills training, did you feel you needed it during the past year?
- 34% of the sample responded "yes".

Q44. In the past year, did you feel you needed services to help you get or keep a job?
- 38% of the sample responded "yes".

Q71. If you are not receiving ACT services, would you like to have these services?
- 25% of the sample responded “yes”.

Potential conclusions based on this analysis point to the under identification of member needs as documented on the ISP and gaps between documentation in the clinical record progress notes and the services that the member may actually be receiving via community based providers. In addition, member’s interview responses indicate that more than one third of the sample who reportedly did not receive select targeted services perceived the need for many of those same services.

Table 5c Percentage of identified service needs (per ISP) and percentage of services received as reported by service encounter data (CIS) (2016 QSR, Title XIX and Non-Title XIX)

Targeted Services	Title XIX		Non-Title XIX		Total	
	ISP Need	CIS	ISP Need	CIS	ISP Need	CIS
Case Management	82%	100%	62%	100%	73%	100%
Medication and Medication Management	72%	84%	67%	72%	70%	79%
Supported Employment	23%	22%	10%	21%	17%	22%
Living Skills	3%	22%	3%	20%	3%	21%
Peer Support Services	24%	36%	23%	30%	24%	33%
Supported Housing[8]	9%	5%	2%	0%	6%	3%
Crisis Services	1%	12%	2%	10%	1%	11%
Family Support Services	11%	0%	7%	2%	9%	1%

Table 5c illustrates the percentage of members with an identified need for each targeted service and the corresponding percentage of members who received the service as measured by the presence of service utilization data. The service utilization data is inclusive of all fully adjudicated service encounters with dates of service over a specified time period (October 1, 2014–December 31, 2015). Similar to findings derived from the member interviews, the CIS data shows rates of service in excess of identified needs on the ISP. Exceptions to this finding include supported housing and family support services.

[8] A single supported housing service code is not consistently utilized.

Services in excess of identified needs on the ISP may have several causes. In some cases, services were billed as case management when the service description suggested other targeted services may have been provided, such as peer support services. Some peer reviewers observed that the referral process to access services outside of the direct care clinic was perceived as administratively burdensome and served as a disincentive for clinical team members to follow through with completing the referral packet. Finally, much of the direct care clinic documentation is focused on observations of member behavior, with less description of the provision of ISP services. Emerging clinical crises and immediate social needs of members were often the subject of clinical team progress notes leaving little opportunity to focus on the member's ISP goals.

Availability of Services

As part of the QSR interview, members were asked to identify the duration of time required to access one or more of the targeted services. Aggregated results of the interviews are illustrated in Table 6. To support the analyses, the timeframes were consolidated into three ranges: 1–15 days; within 30 days; and 30 days or more. As Table 6 indicates:

- The services most readily available within 15 days were ACT team services, living skills training, case management and peer support services.
- The services least available within 15 days were supported employment and housing support services.
- Over half of the respondents reported that supported housing services required more than 30 days to access.

Consistent with the results of the 2015 QSR, the longest wait times were for supported housing, supported employment and family support services.

Table 6 Percentage of Individuals Receiving Services within 15, 30 and greater than 30 days (Title XIX and Non-Title XIX, 2016 QSR)

Targeted Services	Title XIX			Non-Title XIX			Total		
	15 days	30 days	>30 days	15 days	30 days	>30 days	15 days	30 days	>30 days
Case Management	79%	10%	11%	78%	11%	11%	79%	10%	11%
Supported Employment	53%	12%	35%	36%	28%	36%	46%	18%	36%
Living Skills Training	80%	10%	10%	50%	0%	50%	75%	8%	17%
Peer Support Services	72%	0%	28%	71%	0%	29%	72%	0%	28%
Supported Housing	40%	20%	40%	13%	13%	74%	31%	17%	52%
Family Support	43%	0%	57%	75%	0%	25%	55%	0%	45%
ACT Team Services	89%	0%	11%	83%	0%	17%	87%	0%	13%

The QSR interview tool includes a set of questions related to access to care. Reviewers are instructed to describe access to care to members as “how easily you are able to get the services you feel you need”. The access to care questions and percent of affirmative (i.e., “yes”) responses are presented below.

- The location of services is convenient (91%);
- Services were available at times that are good for you (89%);
- Do you feel that you need more of a service that you have been receiving (42%); and
- Do you feel that you need less of a service you have been receiving (6%).

This pattern of responses suggests that location and times of services that are offered do not present barriers for members receiving services. However, the theme of not receiving the type and amount of services, as noted in the preceding section, is supported by the member’s responses to this section of the interview guide.

Although the stated purpose of the QSR is, in part, to identify service capacity gaps, the current QSR medical record review tool and interview tool can only yield inferences that service capacity gaps may exist. For example, potential network gaps may be present when service needs are identified without documentation in the clinical record that the service was provided. However, there are a number of other plausible explanations why a service may not be provided when identified as a need, such as:

- Direct care clinical teams may not initiate or follow up with a service referral;
- The member may decline the service or fail to show up for a scheduled appointment;
- Direct care clinical teams may misinterpret the appropriate application of a service when developing an ISP or may not include services provided outside the direct care clinic; and
- The service may be provided by a community based provider and documentation is not present in direct care clinic progress notes.

Extent That Supports and Services are Meeting Identified Needs

This section of the report examines whether supports and services that SMI members receive are meeting identified needs. The QSR interview tool includes a number of questions that assess the efficacy of services and the extent that those services satisfy identified needs.

Mercer examined responses to the following QSR interview questions to assess, by individual targeted service, how individuals perceived the effectiveness of the services.

For selected targeted services, QSR interview questions ask members the extent to which they agree or disagree that the service was helpful and/or supported their recovery. See Table 7 below. Family support services are excluded from the analysis as there are no corresponding questions on the interview tool related to that service. ACT teams, medication and medication management services, living skills training and peer support services are the top services in terms of helping members with their recovery. Case management and supported employment services were perceived as being least effective in helping members advance their recovery. In 2015, ACT team services and case management were rated the lowest with higher rankings for peer support services and supported housing (per the sample of Title XIX eligible members). High turnover with case managers and a perceived need for improved training may be contributing to the perception that case management is less helpful when offering support to members.

Table 7 Percentage of individuals agreeing that services help with their recovery (Title XIX and Non-Title XIX, 2015 and 2016 QSR)

Targeted Service	Title XIX	Non-Title XIX	Total
Case Management	78%	63%	72%
Medication and Medication Management	96%	90%	93%
Supported Employment	76%	73%	75%
Living Skills Training	91%	100%	92%
Peer Support Services	89%	88%	89%
Supported Housing	94%	71%	87%
Crisis Services	91%	80%	86%
ACT Services	89%	100%	94%

Table 8 illustrates the percentage of problems members reported for each of the targeted services. Case management was reported to have the highest percentage of problems. Supported employment, medication and medication management and supported housing had similar rates of perceived problems. There were not any reported problems for persons receiving family support services.

Table 8 Percentage of reported problems with services (Title XIX and Non-Title XIX, 2016 QSR)

Targeted Service	Title XIX	Non-Title XIX	Total
Case Management	38%	43%	41%
Medication and Medication Management	36%	38%	37%
Supported Employment	52%	24%	38%
Living Skills Training	9%	0%	8%
Peer Support Services	17%	35%	26%
Supported Housing	28%	57%	36%
Crisis Services	16%	32%	22%
Family Support Services	0%	0%	0%
ACT Services	30%	17%	25%

The interview tool solicits additional information regarding the nature of the perceived problem when a member identifies that there have been issues when receiving a service. For targeted services with higher rates of reported problems, a summary of the types of reported problems is presented below.

Case management: Lack of communication (not available, do not return telephone calls), no consistency (multiple comments about case manager turnover), unable to access requested services and no follow up with securing services.

Supported employment: Extended wait time to access the services, availability and scheduling challenges with job coach, not enough support or training to successfully perform job.

Medication and medication management: Not informed of potential side effects, challenges with accessing medications, issues with pharmacy when needing refills, doctor turnover, doctors unavailable and challenges to get appointments scheduled, efficacy of medications.

Supported housing: Extended wait times to access supports, issues with property management personnel (discourteous, unprofessional), not getting assistance when needed.

Members are asked to report their satisfaction with specific services on a rating scale from 1 to 10, with 1 being dissatisfied and 10 being completely satisfied. Services that were rated with the highest levels of satisfaction were family support, crisis services and medication and medication management. Supported employment, case management and supported housing were rated the lowest. Title XIX eligible persons consistently rated services higher than non-Title XIX eligible members. In 2015, the highest rated services were supported housing, living skills training, and peer support services. See Table 9.

Table 9 Average service ratings (Rated from 1 [lowest] -10 [highest]) (Title XIX and Non-Title XIX, 2016 QSR)

Targeted Service	Title XIX	Non-Title XIX	Total
Case Management	7.1	6.9	7.0
Medication and Medication Management	8.0	7.1	7.6
Supported Employment	6.7	6.1	6.4
Living Skills Training	7.5	7.0	7.3
Peer Support Services	7.5	7.0	7.3
Supported Housing	7.3	6.8	7.1
Crisis Services	7.8	7.3	7.6
Family Support Services	9.0	6.3	8.2
ACT Services	7.6	7.2	7.4

Table 10 depicts rates of functional outcomes as determined through member interviews, progress notes, assessments and ISPs. All but one of 135 (99%) members in the sample was determined to have housing. This compares to 98% in 2015. Rates of employment were higher in 2016 than 2015 (33% compared to 25%), yet substantially less members were found to be engaged in a meaningful day activity. The QSR medical record review tool offers the following guidance when making a determination if a member is involved in a meaningful day activity: "*Does the activity make the person feel part of the world and does it bring meaning to their life?* And, "*Does it enhance their connection to the community and others?*" If a member was determined to be employed, that person would also be considered to be engaged in a meaningful day activity.

Table 10 Functional outcomes (Title XIX and Non-Title XIX, 2015 and 2016 QSR)

Functional Outcomes	Title XIX		Non-Title XIX		Total	
	2015	2016	2015	2016	2015	2016
Housing	99%	100%	97%	98%	98%	99%
Meaningful Day Activities	93%	82%	94%	81%	93%	82%
Employed	21%	30%	30%	36%	25%	33%

Supports and Services Designed Around Member Strengths and Goals

The following table reports the percentage of the sample in which the services were based on the individual's strengths and goals in the assessment, ISP, progress notes and in all three documents. The final measure indicates the percentage of ISP objectives that were deemed to be based on the individual's strengths.

Table 11 Percentage of individual strengths identified in assessment, ISP, progress notes and ISP objectives (Title XIX and Non-Title XIX, 2016 QSR)

Document Type	Title XIX	Non - Title XIX	Total
Assessment	78%	80%	79%
ISP	94%	77%	87%
Progress notes	38%	38%	38%
All three documents	23%	21%	22%
ISP objectives based on strengths	72%	64%	69%

Based on the medical record review, peer reviewers determined if member strengths were documented in the assessment, ISP and progress notes. A final question inquires if the member's strengths were consistently identified in the assessment, ISP and progress notes (all three documents). The QSR medical record review tool defines strength as *"traits, abilities, resources, and characteristics that are relevant for and/or will assist the recipient with his or her needs and objectives. Strengths can be identified by the recipient or clinical team members.*"

It was determined that strengths were most commonly identified in the ISP, particularly for the Title XIX eligible members in the sample. This finding is largely due to ISP templates that prompt clinical teams to list the member's strengths and then links those strengths to corresponding ISP objectives. ISP templates utilized for non-Title XIX eligible members are sometimes abbreviated and limited to a single page. The ISP form does not prompt the clinical team to identify or document the member's strengths and therefore the presence of ISP strengths for the non-Title eligible member portion of the sample was less prevalent.

Strengths appeared least often in the progress notes. In particular, BHMP progress notes tended to be less recovery focused and typically did not identify member strengths. The all or none scoring methodology applied to the final question regarding consistency across all document types resulted in the lowest scores within the strengths section of the tool.

Table 12 illustrates the percentage of members who felt that the services they received considered their strengths and needs (QSR interview tool, question 82).

Table 12 Percentage of members who feel the services they received considered their strengths and needs (Title XIX and Non-Title XIX, 2015 and 2016 QSR)

Evaluation Criteria	Title XIX		Non-Title XIX		Total	
	2015	2016	2015	2016	2015	2016
Services are based on individuals' strengths and needs	57%	69%	72%	71%	64%	70%

Overall, 70% of members felt that services were based on their strengths and needs. If the member responded "no", then the peer reviewer asked "why not"? A review of member responses was remarkably aligned with many of the themes revealed through the QSR activity. A few unedited member comments are presented below:

- "They have told me that because I don't make waves, I don't need additional services. They told me I'm low needs, but I have needs that I've told them that are not met."
- "There's no help to reach the goals. They just give meds and hope everything is okay. Member feels stuck."
- "Because they did not follow through with services."
- "I feel like I want more but don't know where to look."
- "Services are generic, not customized for individual recovery."
- "Doesn't feel case manager is knowledgeable in getting her the services she needs."
- "They don't ever talk about my strengths and needs. Only once a year they only talk about it when they have to update the service plan."

Not all of the comments found in this section of the tool were critical of the member experience with services. The following comments were also recorded:

- "I had a really good case manager."
- "They make me make my appointment. They give me my information and I like my services."

APPENDIX A

Service Specific Findings

Case Management

Table A1 Individual Report on Case Management (Title XIX and Non-Title XIX)

Interview Questions	Number of Individuals Responding	"Yes" Response Rate	2015 QSR
Do you have enough contact with your case manager?	118	74%	75%
Your case manager helps you find services and resources that you ask for.	118	72%	78%
On a scale of 1 to 10, how satisfied were you with the case management services you received (Average score)?	122	7.0	7.1
Were there problems with the case management services that you received?	116	41%	33%
How long did it take for you to receive case management services? (Percent receiving services within 15 days)	107	79%	67%

Peer reviewers noted that turnover in the case manager position is a common experience with many members reporting that their assigned case manager has changed frequently and/or lacks appropriate training. There were a number of comments regarding the case manager's workload being perceived as overwhelming and case managers were often noted by members to be difficult to reach and failed to return telephone calls.

Peer Support

Table A2 Individual Report on Peer Support Services (Title XIX and Non-Title XIX)

Interview Questions	Number of Individuals Responding	"Yes" Response Rate	2015 QSR
Your peer support/recovery support specialist helps you to better understand and use the services available to you.	35	89%	86%
How long did it take for you to receive peer support services? (Percent receiving services within 15 days)	32	72%	71%
On a scale of 1 to 10, how satisfied were you with the peer support services you received (Average score)?	36	7.3	7.8
Were there problems with the peer support services that you received?	35	26%	14%

As part of the QSR interview activity, many members reported satisfaction with peer support services. Recorded comments included the following:

- "The services are desperately needed and very valuable."
- "It is more relaxing than seeing the case manager."
- "(The peer support worker) Just a really good person. A really understanding person. Very helpful, too."
- Member sees positive progress at clinic because more peers are being hired.

Family Support Services

Table A3 Individual Report on Family Support Services (Title XIX and Non-Title XIX)

Interview Questions	Number of Individuals Responding	"Yes" Response Rate	2015 QSR
How long did it take for you and your family to receive family support services? (Percent receiving services within 15 days)	11	55%	47%
On a scale of 1 to 10, how satisfied were you with the family support services you received (Average score)?	13	8.2	7.6
Were there problems with the family support services that you received?	11	0%	13%

Member comments suggested that some of the direct care clinics may need additional education and awareness regarding the appropriate application and availability of family support services:

- "Be more aware that family support is available, wasn't offered, had to go find support on our time."
- "It's nothing that has ever been brought up before."

Supported Housing

Table A4. Individual Report on Supported Housing Services (Title XIX and Non-Title XIX)

Interview Questions	Number of Individuals Responding	"Yes" Response Rate	2015 QSR
Your supported housing services help you with your recovery.	23	87%	86%
If you did not receive supported housing services, have you been at risk of losing housing because you needed financial assistance with rent or utilities?	110	44%	28%
Do you feel safe in your housing/neighborhood?	29	90%	93%
How long did it take for you to receive supported housing services? (Percent receiving services within 15 days)	23	31%	39%
On a scale of 1 to 10, how satisfied were you with the supported housing services you received (Average score)?	26	7.1	7.9
Were there problems with the supportive housing services that you received?	25	36%	15%

The types of supported housing services were elicited during the member interviews. The most frequent services/assistance received was adhering to consumer choice (letting the member choose where to live); rental subsidies (help getting and keeping housing); and making members feel at home and comfortable (fostering a sense of home).

Information collected during the member interviews indicated that supported housing services were perceived as very helpful when available. However, there were a number of comments regarding the time it took to access community living arrangements and supported housing services.

- (Supported housing provider) "Pretty good at their job. They helped me tremendously. It's a good thing".
- Member and his wife would not have housing without it.
- "Took one year to get housing".
- She asked repeatedly to be put in a housing program. Clinical team discouraged her and said it would take two years.

Living Skills Training

Table A5 Individual Report on Living Skills Training Services (Title XIX and Non-Title XIX)

Interview Questions	Number of Individuals Responding	"Yes " Response Rate	2015 QSR
Living skills services have helped you manage your life and live in your community.	13	92%	81%
How long did it take for you to receive living skills training services? (Percent receiving services within 15 days)	13	69%	67%
On a scale of 1 to 10, how satisfied were you with the skills management training you received (Average score)?	13	7.3	7.8
Were there problems with the skills management training that you received?	13	8%	22%

One member commented that she was afraid to live alone and they helped her to gain the confidence to live independently after receiving independent living skills training services. Other comments were related to the type of training that member's desired, such as assistance with money management.

- "Financial training would be helpful".
- "Would like budgeting."

Supported Employment

Table A6 Individual Report on Supported Employment Services (Title XIX and Non-Title XIX)

Interview Questions	Number of Individuals Responding	"Yes" Response Rate	2015 QSR
You found these job-related services helpful	32	75%	84%
Someone at your clinic told you about job-related services such as resume writing, interview, job group, or vocational rehabilitation.	112	64%	61%
Did you know that there are programs available for people receiving SSI and/or SSDI benefits to help protect them from losing their financial and medical benefits if they were to get a job?	135	41%	44%
How long did it take for you to receive supported employment services? (Percent receiving services within 15 days)	28	46%	47%
On a scale of 1 to 10, how satisfied were you with the employment services you received (Average score)?	37	6.4	7.5
Were there problems with the employment services that you received?	37	38%	18%

The types of supported employment services were collected during the member interviews. The most frequent services received were job coaching (23), resume preparation (20), job interview skills (15) and transportation (13). Comments from members regarding supported employment services included the following:

- Member feels that now the clinic has more employment services available than back in 2009.
- Resume writing and interview skills helped her to get a job.
- "I could not always be there at the same time as the job coach".
- Benefit specialist at clinic told her she would lose her benefits if she worked.

Crisis Services

Table A7 Individual Report on Crisis Services (Title XIX and Non-Title XIX)

Interview Questions	Number of Individuals Responding	"Yes" Response Rate	2015 QSR
Did you receive crisis services from a hospital within the past year?	64	31%	46%
Did you receive any mobile crisis team intervention services within the past year?	135	21%	84%
Did you receive any crisis services from a crisis unit within the past year?	60	23%	25%
Did you receive any crisis hotline services within the past year?	135	26%	91%
Did anyone (i.e., mobile team, clinical team member) come to you to help you in the crisis?	60	48%	52%
Were crisis services available to you right away?	64	88%	91%
On a scale of 1 to 10, did the crisis services you received help you resolve the crisis (Average score)?	64	7.6	7.3
Did you have any problems with the crisis services that you received?	63	22%	21%

The most prevalent crisis services provided per the member interview were crisis hotline services, mobile crisis team intervention services and emergency department visits. Selected comments from members regarding crisis services include:

- "They were there when I needed them."
- "Quicker response from clinical team would make it better."
- Member was handcuffed by police when he feels he didn't need to be.
- A mobile team came out, but no beds were available. They sent another team out in the morning and she had to argue/advocate to be hospitalized for her own safety.

Medication Management Services

Table A8 Individual Report on Medication Management Services (Title XIX and Non-Title XIX)

Interview Questions	Number of Individuals Responding	"Yes" Response Rate	2015 QSR
Were you told about your medications and side effects?	119	78%	85%
Were you told about the importance of taking your medicine as prescribed?	119	92%	91%
Do you feel comfortable talking with your doctor about your medications and how they make you feel?	119	92%	88%
The medication services you received helped you in your recovery.	119	93%	82%
On a scale of 1 to 10, how satisfied were you with the medication services you received (Average score)?	122	7.6	7.5
Were there problems with the medication services that you received?	120	37%	28%

During the interview component of the QSR, members offered comments regarding medication and medication management services. Members shared the following:

- "Doctors and PAs know what they are doing and are effective at prescribing the right medication for me."
- "They are doing the best they can with the resources they have."
- Member would like more notice when his doctor gets changed on him.
- Could not get her prescriptions in a timely manner.
- "Getting medication filled before running out."
- "(Clinic) has an excellent staff that go beyond the call of duty to help me with my medications and doctors."

Assertive Community Treatment (ACT)

Table A9 Individual Report on ACT Services (Title XIX and Non-Title XIX)

Interview Questions	Number of Individuals Responding	"Yes" Response Rate	2015 QSR
Your ACT services help you with your recovery.	15	93%	75%
How long did it take you to receive ACT services? (Percent receiving services within 15 days)	15	87%	63%
On a scale of 1 to 10, how satisfied were you with the ACT services you received (Average score)?	16	7.4	7.4
Were there problems with your ACT services?	16	25%	13%

A few members reported problems with the ACT services that they received. Examples of member comments include:

- "Hard to get through on the phone."
- "Not on the same page, case manager doesn't see that things get done."
- "Coming out unexpected without any contact."

APPENDIX B

QSR Study Conclusions and Recommendations

The following conclusions are presented based on the 2016 QSR analysis, organized by each of the QSR study questions. Rather than provide explicit recommendations, Mercer believes that system stakeholders are better equipped to identify quality improvement initiatives or corrective actions to address the identified findings in this report. Existing initiatives should be leveraged when applicable and Mercer recommends that a thorough root cause analysis be completed for each major finding. A detailed review will confirm suspected systemic deficiencies and ensure that all primary causal factors are identified and addressed.

Performance improvement interventions within the direct care clinics will likely involve an analysis of staffing resources and staff retention strategies, an emphasis on standardized and comprehensive training for clinical team members and enhancements to clinical documentation, supervision and oversight. Efforts should be taken to improve integration and coordination across the spectrum of behavioral health providers. In addition, the process for initiating referrals between the direct care clinical team and community based providers should be examined for opportunities to reduce administrative burden and improve efficiencies.

2016 QSR — Summary of Findings

A. Are the needs of SMI members being identified?

A.1. Service needs for many of the targeted behavioral health services are not being identified at rates that are commensurate with member needs.
A.2. A significant portion of the sample did not have a current assessment and/or ISP available.
A.3. Member care and services do not appear to be integrated or coordinated between the direct care clinics and community based providers.
A.4. Direct care clinic progress notes rarely make references to other services that a member may need or may be receiving.
A.5. Some non-Title XIX members have abbreviated assessments and/or brief, single page ISPs that do not appear to be individualized or recovery focused.
A.6 There is evidence that some case managers and clinical teams may not understand the appropriate application of some of the targeted behavioral health services.
A.7. Direct care clinic notes are infrequently oriented to the individual's service plan objectives and goals.
A.8. The individual service planning and development process appears to be a single event that occurs one time per year and is not revisited until the next annual update is due.
A.9. Progress notes often reflected activities related to symptom management as opposed to proactive steps to support recovery and assess and monitor progress with the member's individualized service plan goals.

B. When identified as a need, are SMI members receiving each of the targeted behavioral health services?

B.1. Case management and medication and medication management services were provided to members irrespective of identification of need. For most of the remaining targeted behavioral health services, the rate of identified need surpasses the extent that services were documented as provided in the direct care clinic progress notes.
B.2. Unlike findings derived from the direct care clinic progress notes, all of the targeted services were provided at rates higher than the identified need based on responses from members during face-to-face interviews.
B.3. Member interviews indicated that more than one third of the sample who reportedly did not receive select targeted services perceived a need for those same services.

B.4. Similar to findings derived from the member interviews, the CIS data shows rates of service in excess of identified needs on the ISP for a majority of the targeted services.

B.5. Peer reviewers noted that service needs identified on the ISP were not consistently delivered to the member.

B.6. Some peer reviewers observed that the referral process to access services outside of the direct care clinic was perceived as administratively burdensome and may serve as a disincentive for clinical team members to follow through with completing the referral packet.

B.7. Much of the direct care clinic documentation is focused on observations of member behavior, with less description of the provision of ISP services. Emerging clinical crises and immediate social needs of members were often the subject of clinical team progress notes leaving little opportunity to focus on member's ISP goals.

C. Are the targeted behavioral health services available?

C.1. 42% of the sample reported that they need more of a service that they have been receiving.

C.2. The pattern of interview responses suggests that location and times of services offered do not present barriers for members receiving services.

C.3. Potential network gaps may be present when service needs are identified without documentation in the clinical record that the service was provided. In addition, there are a number of other explanations why a service may not be provided when identified as a need, including:

- Direct care clinical teams may not initiate or follow up with a service referral;
- Direct care clinical teams may misinterpret the appropriate application of a service when developing an ISP or may not include services provided outside of the direct care clinic;
- The service may be provided by a community based provider and documentation is not present in the direct care clinic progress notes; and
- The member may decline the service or fail to show up for a scheduled appointment.

D. Are supports and services that SMI members receive meeting identified needs?

D.1. High turnover with case managers and a perceived need for improved training may be contributing to the perception that case management is less helpful when offering support to members.

D.2. The QSR interview tool assesses if members perceive problems with their services. Case management was reported to have the highest percentage of problems.

E. Are supports and services designed around SMI members' strengths and goals?

E.1. ISP templates utilized for non-Title XIX eligible members are sometimes abbreviated and limited to single page. The ISP form does not prompt the clinical team to identify or document the member's strengths and therefore the presence of ISP strengths for the non-Title eligible member portion of the sample was less prevalent.

E.2. Strengths appeared less often in the progress notes. In particular, BHMP progress notes tended to be less recovery focused and typically did not identify member strengths.

E.3. Overall, 70% of members felt that services were based on their strengths and needs.

APPENDIX C

Training Syllabus

Quality Service Review Project Syllabus

The Arizona Department of Health Services/Division of Behavioral Health Services ADHS/DBHS asked Mercer to assist with the annual Quality Service Review (QSR) to ensure the delivery of quality care to members with a Serious Mental Illness (SMI) in Maricopa County.

The purpose of the QSR project is to monitor the use of strengths based assessment and treatment planning, and to ensure that members receive the targeted services as needed. The targeted services include case management, peer and family support, supported housing living skills training, supported employment, crisis services, medications and medication management, and assertive community treatment team services.

Two of the components of the QSR project include a) interviews with members and, b) a corresponding medical record review by peer support workers. Mercer contracted with Recovery Empowerment Network (REN) and Stand Together and Recover (STAR) to provide peer support workers to complete these two tasks. This syllabus describes the peer support worker training required to successfully conduct the interviews and medical record reviews.

The training takes place in two sections and coordinates with the two project tasks. The first section provides an overview of the QSR project, topics to support task completion, and how to conduct member interviews. After participating in this training, the student will be able to conduct the member interviews.

The second training section will occur in mid-March and provides IRR training and testing on completing the medical record reviews. This second training section will prepare trainees to use the medical record review tool to score medical records of those members who have been interviewed.

Requirements for the Successful Completion of this Course

Successful completion of the requirements of this course is required in order to assist in conducting interviews and medical record reviews. Course requirements include: a) Arriving on time for each day's training, b) participating in all the modules identified in this syllabus, c)

completing all the assigned tasks, d) passing all quizzes, and e) meeting or exceeding 80% on the IRR testing. Due to the tight timelines involved in of this project, make up sessions will not be offered.

In order to take full advantage of our time together and to respect the work of other trainees and the teachers, we ask the following: Everyone arrive ten minutes early to ensure each day starts on time, everyone turn off all telephones and other electronic devices during the classes and small groups (*phone calls and emails may be returned during breaks and during lunch. If an urgent matter comes up, please quietly leave the room to take care of the matter in a space that does not disrupt other trainees*), and that everyone remain onsite during lunch and breaks (*lunch will be provided each day*).

Section One Schedule

1/25/16	**Introductions and Review of Confidentiality, Ethics and Cultural Competency**
9:00 a.m.–10:30 a.m.	Welcome, orientation, warm up, introduction to the course and the project.
10:30 a.m.–10:45 a.m.	Break
10:45 a.m.–11:30 a.m.	Confidentiality and the peer support code of ethics.
11:30 a.m.–12:15 p.m.	Lunch.
12:15 p.m.–1:15 p.m.	Culture and worldview.
1:15 p.m.–1:30 p.m.	Break.
1:30 p.m.–2:45 p.m.	Engaging members.
2:45 p.m.–3:00 p.m.	Wrap up.

1/27/16	**Project Workflows, Targeted Services and the Health Delivery System**
9:00 a.m.–10:30 a.m.	Workflows and supporting tools/scripts: Presentation and small group task.
10:30 a.m.–10:45 a.m.	Break.
10:45 a.m.–11:45 a.m.	Workflows and supporting tools/scripts: Debrief.
11:15 a.m.–12:30 p.m.	Lunch.
12:30 p.m.–2:00 p.m.	Targeted Services: Presentation and small group task.
2:00 p.m.–2:15 p.m.	Break.
2:15 p.m.–3:00 p.m.	Targeted Services: Debrief.
3:00 p.m.–3:30 p.m.	Health delivery system structure: Presentation and quiz.
3:30 p.m.–3:45 p.m.	Wrap up.

1/29/16	Interviews
9:00 a.m.–10:30 a.m.	Successful interviewing skills and safety considerations: Presentation and small group task.
10:30 a.m.–10:45 a.m.	Break.
10:45 a.m.–11:15 a.m.	Successful interviewing skills and safety considerations: Skits.
11:15 a.m.–12:00 p.m.	Over view of interview tool and supporting tools: Presentation.
12:00 p.m.–12:45 p.m.	Lunch.
12:45 p.m.–1:30 p.m.	Using the interview tool: Role play.
1:30 p.m.–1:45 p.m.	Break.
1:45 p.m.–2:45 p.m.	Using the interview tool: Small group practice.
2:45 p.m.–3:45 p.m.	Using the interview tool: Debrief and wrap up.

Section Two Schedule

3/14/16	Introduction to the Medical Record Tool
9:00 a.m.–9:30 a.m.	Welcome and interview debrief.
9:30 a.m.–10:30 a.m.	Components of a medical record.
10:30 a.m.–10:45 a.m.	Break.
10:45 a.m.–11:45 a.m.	Walk through the medical record tool.
11:45 a.m.–12:30 p.m.	Lunch.
12:30 p.m.–1:45 p.m.	Case #1 in large group.
1:45 p.m.–2:00 p.m.	Break.
2:00 p.m.–4:00 p.m.	Complete Case #1, Follow up Discussion.
4:00 p.m.–4:15 p.m.	Wrap up.

3/16/16	**Medical Record Review Practice and Inter Rater Reliability Practice/Testing**
9:00 a.m.–9:15 a.m.	Describe process that will be used in IRR.
9:15 a.m.–10:30 a.m.	Begin Case #2.
10:30 a.m.–10:45 a.m.	Break.
10:45 a.m.–12:45 p.m.	Continue Case #2.
12:45 p.m.–1:30 p.m.	Lunch.
1:30 p.m.–4:30 p.m.	Complete Case #2 in small groups; collect scores, follow up discussion.

3/18/16	**Medical Record Review Inter-Rater Reliability Practice/Testing**
9:00 a.m.–10:30 a.m.	Begin Case #3.
10:30 a.m.–10:45 a.m.	Break.
10:45 a.m.–11:45 a.m.	Continue Case #3, collect scores, follow up discussion.
11:45 a.m.–12:30 p.m.	Lunch.
12:30 p.m.–2:00 p.m.	Begin Case #4.
2:00 p.m.–2:15 p.m.	Break.
2:15 p.m.–4:45 p.m.	Continue #4, collect scores, follow up discussion.
4:45 p.m.–5:00 p.m.	Wrap up.

Learning Activities, Objectives and Outcome Measures

Review of Confidentiality and Ethics

- Learning activities: Observation, lecture, small group discussion of possible situations that present possibility of violating confidentiality or other peer support ethical code.
- Learning objective: Trainees will be able to identify situations that pose risk of confidentiality and/or ethics violation, and be able to respond to those situations appropriately.
- Outcome measure: A signed attestation that the trainee agrees to comply with HIPAA and Code of Ethics throughout the project, and includes the process on addressing questions if an issue arises.

Review of Cultural Competency

- Learning activities: Lecture and small group reflection.
- Learning objective: Trainees will become aware of their own cultural values and be able to identify how those values could impact interviews.
- Outcome measure: In small group, trainee is able to articulate cultural values and identify possible impacts on how they conduct their interviews.

Engaging Members

- Learning activities: Lecture, protocol, small group practice.
- Learning objective: Trainees will learn engagement techniques and motivational interviewing strategies.
- Outcome measure: In small groups, using caller's protocol and incorporating feedback, trainees will be able to role play a phone call to successfully invite a member to participate in an interview.

Standardized Workflow for Completing Project Tasks

- Learning activities: Lecture, small group task.
- Learning objective — Trainees will learn:
  A. The steps needed to successfully complete each of their assigned tasks,
  B. The importance of complying with the standardized procedures
  C. How to respond to challenges to successfully completing the tasks in the workflow.
- Outcome measure:
  A. In a small group, trainees will develop a list of possible barriers to completing the workflow and propose solutions:
  B. Trainees will then present findings to the larger group.

Targeted Services and the Health Delivery System Structure

- Learning activities: Lecture, small group task.
- Learning objective — Trainees will learn:
  A. The service description, typical tasks of the service, needs and objectives associated with each targeted service,
  B. The role and tasks of the case manager, and
  C. How the RBHA is structured and how that structure impacts medical record documentation.
- Outcome measures:
  A. In a small group, the trainee will successfully match each targeted service with its description, purpose, provider type and location.
  B. Trainees will correctly answer a majority of the items on an 8 question item quiz over the structure and functions of the RBHAs.

Successful Interviewing Skills and Safety Considerations When Using the Interview Tool

- Learning activities: Lectures, small group tasks, interview practice sessions.
- Learning objectives — Trainees will learn successful interviewing and safety practices as well as learning to use the interview tool.
- Outcome measures:
  A. Trainees will demonstrate an understanding of successful interviewing skills and safety practices by developing two skits, in a small group, of situation of that violates/supports the assigned interviewing skill or safety practice and presenting it to the larger group.
  B. Trainees will demonstrate proficiency in using the interview tool by participating in each of the three roles (interviewer, interviewee, observer) using the interview tool and providing feedback to other participants from each of those roles.

Medical Record Review and Using the Record Review Tool

- Learning activities: Lectures, small group tasks, individual practice with feedback.
- Learning objectives:
  A. Trainees will become familiar with the numerous provider medical record layouts and design and how to find the information required for the medical record review tool.
  B. Trainees will acquire expertise in correctly scoring the record review tool on different types of medical records.
  C. Trainee will become proficient in scoring the medical record tool.
- Outcome measures:
  A. Trainees will have scored one medical record and received feedback on scoring relative to other reviewers' scoring and the benchmark scoring.
  B. In small groups, trainees will have scored the medical records and received feedback on scoring relative to reviewers' scoring and the benchmark scoring.

APPENDIX D

Quality Service Review Interview Tool

Interviewer initials: _____

Individual ID: _____

Title XIX ☐ Non Title XIX ☐
g., HG012368FO - located on your assignment sheet)

Case Management. Case managers help make sure that you are achieving your treatment goals and that you are receiving the services that are right for you. Case managers help you develop a treatment plan, call you to see how your treatment is going, help you find resources in the community, help you get services that you need, and call you when you are in crisis or miss an appointment.

1. Do you have a case manager?
   1. ☐ Yes 2. ☐ No 3. ☐ Not sure

(If question 1 is 'No' or 'Not Sure', Skip to question 8)

2. Do you have enough contact with your case manager (i.e. telephone and in person meetings with case manager at a frequency that meets your needs)?
   1. ☐ Yes 2. ☐ No 3. ☐ Not sure

3. *I am going to read you a statement and ask you to respond using this scale (use scale tool)*
   "Your case manager helps you find the services and resources that you ask for."
   1. ☐ Strongly Agree
   2. ☐ Agree
   3. ☐ Disagree
   4. ☐ Strongly Disagree

5. □ No opinion
6. □ N/A

4. Were case management services available to you right away?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

5. How long did it take for you to receive case management services?

1. ☐ 1-7 days 2. ☐ 8-15 days 3. ☐ 15-30 days 4. ☐ 30 days or more 5. ☐ Not sure

6. On a scale of 1 to 10, with 10 being completely satisfied and 1 being dissatisfied, how satisfied were you with the case management you received (use scale tool)?

☐

7. Were there problems with the case management service(s) you received?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

If yes, what were those problems?

Comments/Suggestions:

Peer Support Services. Peer support is getting help from someone who has had a similar mental health condition. Receiving social and emotional support from someone who has been there can help you reach the change you desire. You can receive peer support services for free or for a fee, depending on the type of service.

8. In the past year, have you received peer support from someone who has personal experience with mental illness?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

9. Do you go to peer-run agencies for peer support, such as CHEEERS, S.T.A.R Centers, or REN?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

(If questions 8 AND 9 are 'No' or Not Sure', go to question 10. If question 8 OR 9 are "Yes" skip to question 11)

10. If you do not receive peer support, would you like to receive this kind of support?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure \

(If question 10 is completed, skip to question 16)

11. *I am going to read you a statement and ask you to respond using this scale (use scale tool)* "Your Peer Support/Recovery Support Specialist helps you to better understand and use the services available to you."

1. □ Strongly Agree
2. □ Agree
3. □ Disagree
4. □ Strongly Disagree
5. □ No opinion
6. □ N/A

12. Were peer support services available to you right away?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

13. How long did it take for you to receive peer support services?

1. ☐ 1-7 days 2. ☐ 8-15 days 3. ☐ 15-30 days 4. ☐ 30 days or more 5. ☐ Not sure

14. On a scale of 1 to 10, with 10 being completely satisfied and 1 being dissatisfied, how satisfied were you with the peer support services you received (use scale tool)?

☐

15. Were there problems with your peer support service(s)?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

If yes, what were those problems? Comments/Suggestions:

Family Support. Family support helps increase your family's ability to assist you through your recovery and treatment process. These services include helping you and your family understand your diagnosis, providing training and education, providing information and resources available, providing coaching on how to best support you, assisting in assessing services you may need, and assisting with how to find social supports.

16. Have you and your family received family support from an individual who has personal experience with mental illness?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

17. Does your family attend groups or receive family support from organizations such as NAMI or Family Involvement Center?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

(If questions 16 AND 17 are 'No' or 'Not Sure', go to question 18. If questions 16 OR 17 are "Yes" skip to question 19)

18. If your family is not receiving family support services, would you and your family like to have these services?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

(If question 18 is completed, go to question 23)

19. Were family support services available to you right away?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

20. How long did it take for you and your family to receive family support services?

1. ☐ 1-7 days 2. ☐ 8-15 days 3. ☐ 15-30 days 4. ☐ 30 days or more 5. ☐ Not sure

21. On a scale of 1 to 10, with 10 being completely satisfied and 1 being dissatisfied, how satisfied were you with the family support services you received (use scale tool)?

☐

22. Were there problems with your family support services?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

If yes, what were those problems?

Comments/Suggestions:

Supportive Housing. Supportive housing services help you to obtain and keep housing in the community such as an apartment, your own home, or homes that are rented by your behavioral health provider. Examples of supportive housing include help with paying your rent, help with utility subsidies, and help with moving. It also includes supports to help you maintain your housing and be a successful tenant.

23. Do you receive supportive housing services?

1. □ Yes 2. □ No 3. □ Not sure

(If question 23 is 'No' or 'Not Sure', skip to question 24.)

If yes, please indicate which of the following services you have received.

a. □ Rental subsidies (routine assistance paying for all or part of your rent through a publicly funded program)
b. □ Bridge funding for deposits and household needs (help with furnishings, first and second month's rent, deposits and household items)
c. □ Relocation services

d. □ Legal assistance
e. □ Furniture
f. □ Neighborhood orientation
g. □ Help with landlord/neighbor relations
h. □ Help with budgeting, shopping, property management
i. □ Pays no more than 30% of income in rent
j. □ Eliminating barriers to housing access and retention (helping you get into housing and keep your housing)
k. □ Fostering a sense of home (making you feel at home and comfortable)
l. □ Facilitating community integration and minimizing stigma (helping you become a part of your community)
m. □ Utilizing a harm-reduction approach for substance use, if applicable (assisting you in safer use of substances, meeting you where you are at re: substance use)
n. □ Adhering to consumer choice (letting you choose where you want to live)

(After services are checked, skip to question 25)

24. If you did not receive supportive housing services, have you been at risk for losing housing because you needed financial assistance with rent or utilities?

1. □ Yes 2. □ No 3. □ Not sure

(If question 24 is completed, skip to question 31)

25. *I am going to read you a statement and ask you to respond using this scale (use scale tool)*
"Your supportive housing services help you with your recovery."
1. □ Strongly Agree
2. □ Agree
3. □ Disagree
4. □ Strongly Disagree
5. □ No opinion
6. □ N/A

26. Do you feel safe in your housing/neighborhood?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

27. Were supportive housing services available to you right away?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

If yes, please check each service that was available right away.

a. ☐ Rental subsidies (routine assistance paying for all or part of your rent through a publicly funded program)
b. ☐ Bridge funding for deposits and household needs (help with furnishings, first and second month's rent, deposits and household items)
c. ☐ Relocation services
d. ☐ Legal assistance
e. ☐ Furniture
f. ☐ Neighborhood orientation
g. ☐ Help with landlord/neighbor relations
h. ☐ Help with budgeting, shopping, property management
i. ☐ Pays no more than 30% of income in rent
j. ☐ Eliminating barriers to housing access and retention (helping you get into housing and keep your housing)
k. ☐ Fostering a sense of home (making you feel at home and comfortable)
l. ☐ Facilitating community integration and minimizing stigma (helping you become a part of your community)
m. ☐ Utilizing a harm-reduction approach for substance use, if applicable (assisting you in safer use of substances, meeting you where you are at re: substance use)
n. ☐ Adhering to consumer choice (letting you choose where you want to live)

28. How long did it take for you to receive supportive housing services?

1. ☐ 1-7 days 2. ☐ 8-15 days 3. ☐ 15-30 days 4. ☐ 30 days or more 5. ☐ Not sure

29. On a scale of 1 to 10, with 10 being completely satisfied and 1 being dissatisfied, how satisfied were you with the supportive housing services you received (use scale tool)?

☐

30. Were there problems with the supportive housing service(s) you received?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

If yes, what were those problems? Comments/Suggestions:

Living Skills Training. Living skills training teaches you how to live independently, socialize, and communicate with people in the community so that you are able to function within your community. Examples of services include managing your household, taking care of yourself, grooming, and how to behave in public situations.

31. In the past year, have you received living skills support that helps you live independently (such as managing your household or budgeting)?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

32. In the past year, have you received living skills support that helps you maintain meaningful relationships and find people with common interests?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

33. In the past year, have you received living skills support that helps you use community resources, such as the library, YMCA, food banks, to help you live more independently?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

(If questions 31 through 33 are all 'No' or 'Not Sure', go to question 34. If one or more of questions 31-33 are "Yes" skip to question 35)

34. If you did not receive living skills training, did you feel you needed it during the past year?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

(If question 34 is completed, skip to question 40)

35. *I am going to read you a statement and ask you to respond using this scale (use scale tool)*
"Living skills services have helped you manage your life and live in your community."
1. □ Strongly Agree
2. □ Agree
3. □ Disagree
4. □ Strongly Disagree
5. □ No opinion
6. □ N/A

36. Were living skills training services available to you right away?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

37. How long did it take for you to receive living skills training services?

1. ☐ 1-7 days 2. ☐ 8-15 days 3. ☐ 15-30 days 4. ☐ 30 days or more 5. ☐ Not sure

38. On a scale of 1 to 10, with 10 being completely satisfied and 1 being dissatisfied, how satisfied were you with the living skills services you received (use scale tool)?

☐

39. Were their problems with the living skills training service(s) you received?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

If yes, what were those problems? Comments/Suggestions:

Supported Employment. Supported Employment services help you get a job. These services include career counseling, shadowing someone at work, help with preparing a resume, help with preparing for an interview, training on how to dress for work and on the job coaching so you can keep your job.

40. Did you receive assistance in preparing for, identifying, attaining, and maintaining competitive employment?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

(If question 40 is 'No' or 'Not Sure', please skip to question 41)

If yes, which of the following services have you received? Please check all services received.

1. ☐ Job coaching
2. ☐ Transportation
3. ☐ Assistive technology (technology that assists you i.e.: talk to text software, electric wheelchair, audio players, specialized desks and equipment, etc.)
4. ☐ Specialized job training
5. ☐ Career counseling
6. ☐ Job shadowing
7. ☐ Resume preparation
8. ☐ Job interview skills
9. ☐ Study skills
10. ☐ Time management skills
11. ☐ Individually tailored supervision

41. Did you know that your clinical team can help you get a job?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

42. Are you working now?

1. ☐ Yes 2. ☐ No

If no, what are your daily activities?_____

43. Did you know that there are programs available for people receiving SSI and/or SSDI benefits to help protect them from losing their financial and medical benefits if they were to get a job?

1. ☐ Yes 2. ☐ No

44. In the past year, did you feel you needed services to help you get or keep a job?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

45. Did you tell anyone about this?

1. ☐ Yes 2. ☐ No

46. *I am going to read you a statement and ask you to respond using this scale (use scale tool)* "Someone at your clinic told you about job-related services such as resume writing, interview, job group, or vocational rehabilitation."

1. □ Strongly Agree
2. □ Agree
3. □ Disagree
4. □ Strongly Disagree
5. □ No opinion
6. □ N/A

47. *I am going to read you a statement and ask you to respond using this scale (use scale tool)* "You have been told about job related services available in your community, such as volunteering, education/training, computer skills or other services that will help you to get a job."

1. □ Strongly Agree
2. □ Agree
3. □ Disagree
4. □ Strongly Disagree
5. □ No opinion
6. □ N/A

(If no services were received, skip to question 54)

48. *I am going to read you a statement and ask you to respond using this scale (use scale tool)* "You have received job related services such as resume writing, interview skills, job group, or vocational rehabilitation through your clinic."

1. □ Strongly Agree
2. □ Agree
3. □ Disagree
4. □ Strongly Disagree
5. □ No opinion
6. □ N/A

49. *I am going to read you a statement and ask you to respond using this scale (use scale tool)*

"You found these job related services helpful."

1. □ Strongly Agree
2. □ Agree
3. □ Disagree
4. □ Strongly Disagree
5. □ No opinion
6. □ N/A

50. Were supported employment services available to you right away?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

51. How long did it take for you to receive supported employment services?

1. ☐ 1-7 days 2. ☐ 8-15 days 3. ☐ 15-30 days 4. ☐ 30 days or more 5. ☐ Not sure

52. On a scale of 1 to 10, with 10 being completely satisfied and 1 being dissatisfied, how satisfied were you with the supported employment services you received (use scale tool)?

☐

53. Were there problems with the supported employment services you received?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

If yes, what were those problems?

Crisis Services. Crisis services are provided when a person needs to be supported to prevent a situation from getting worse, or to stop them from going into a crisis. Examples of behavioral crisis services include services that come to you, known as mobile teams, inpatient services at an urgent psychiatric center, or psychiatric rehabilitation center, or hospitals.

54. Have you received crisis services?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

(If question 54 is 'No' or 'Not Sure', please skip to question 62)

If yes, which of the following crisis services did you receive?

1. □ Crisis Hotline services
2. □ Mobile Crisis Team intervention services
3. □ Emergency Department visit
4. □ Counseling
5. □ Other (Please specify_____)

55. Did you receive any crisis services from a hospital within the past year?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

56. Did you receive any crisis services from a crisis unit within the past year (Urgent Psychiatric Care Center, Recovery Response Center, ETC.)?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

57. Did anyone (i.e. mobile team, clinical team member) come to you to help you in the crisis?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

58. *I am going to read you a statement and ask you to respond using this scale (use scale tool)*
"The crisis services you received helped you resolve the crisis."

1. □ Strongly Agree
2. □ Agree
3. □ Disagree
4. □ Strongly Disagree
5. □ No opinion
6. □ N/A

59. Were crisis services available to you right away?

1. ☐ Yes 2. ☐ No

60. On a scale of 1 to 10, with 10 being completely satisfied and 1 being dissatisfied, how satisfied were you with the crisis services you received (use scale tool)?

61. Did you have any problems with the crisis service you received?

1. ☐ Yes 2. ☐ No

If yes, what were those problems?

Medications and Medication Management Services. The next few questions are about your medications. Medication management services involve training and educating you about your medications and when you are supposed to take them.

62. Do you receive medications from your behavioral health provider?
1. □ Yes 2. □ No

(If question 62 is 'No', please skip to question 70)

63. *I am going to read you a statement and ask you to respond using this scale (use scale tool)*
"Were you told about your medications and side effects?"
1. □ Strongly Agree
2. □ Agree
3. □ Disagree
4. □ Strongly Disagree
5. □ No opinion
6. □ N/A

64. *I am going to read you a statement and ask you to respond using this scale (use scale tool)*
"Were you told about the importance of taking your medicine as prescribed?"
1. □ Strongly Agree
2. □ Agree
3. □ Disagree
4. □ Strongly Disagree
5. □ No opinion
6. □ N/A

65. *I am going to read you a statement and ask you to respond using this scale (use scale tool)*
"Do you feel comfortable talking with your doctor about your medications and how they make you feel?"
1. □ Strongly Agree
2. □ Agree

3. □ Disagree
4. □ Strongly Disagree
5. □ No opinion
6. □ N/A

66. *I am going to read you a statement and ask you to respond using this scale (use scale tool)*
"The medication services you received helped you in your recovery."
1. □ Strongly Agree
2. □ Agree
3. □ Disagree
4. □ Strongly Disagree
5. □ No opinion
6. □ N/A

67. Were medication services available to you right away?
1. □ Yes 2. □ No

68. On a scale of 1 to 10, with 10 being completely satisfied and 1 being dissatisfied, how satisfied were you with the medication services you received (use scale tool)?

□

69. Did you have any problems with the medication service you received?
1. □ Yes 2. □ No

Assertive Community Services (ACT). ACT is a way of delivering all the services you need in a more unified way when the traditional services you have received have not gone well. ACT includes a group of people working as a team of 10 to 12 practitioners to provide the services you need.

70. Do you receive Assertive Community Services (ACT)?
1. □ Yes 2. □ No 3. □ Not sure

(If question 70 is 'No' or 'Not Sure', please skip to question 71)

If yes, please indicate which of the following services you have received. a. □ crisis assessment and intervention
b. □ comprehensive assessment
c. □ illness management and recovery skills d. □ individual supportive therapy
e. □ substance-abuse treatment

f. □ employment-support services
g. □ side-by-side assistance with activities of daily living
h. □ intervention with support networks (family, friends, landlords, neighbors, etc.)
i. □ support services, such as medical care, housing, benefits, transportation j. □ case management; and
k. □ medication prescription, administration, and monitoring.

(After services are checked, skip to question 72)

71. If you are not receiving ACT services, would you like to have these services?
1. □ Yes 2. □ No 3. □ Not sure

(If question 71 is completed please skip to question 77)

72. *I am going to read you a statement and ask you to respond using this scale (use scale tool)*
"Your ACT services help you with your recovery."
1. □ Strongly Agree
2. □ Agree
3. □ Disagree
4. □ Strongly Disagree
5. □ No opinion
6. □ N/A

73. Were ACT services available to you right away?
1. □ Yes 2. □ No 3. □ Not sure

74. How long did it take for you to receive ACT services?

1. ☐ 1-7 days 2. ☐ 8-15 days 3. ☐ 15-30 days 4. ☐ 30 days or more 5. ☐ Not sure

75. On a scale of 1 to 10, with 10 being completely satisfied and 1 being dissatisfied, how satisfied were you with the ACT services you received (use scale tool)?

☐

76. Were there problems with your ACT services?
1. □ Yes 2. □ No 3. □ Not sure

Access to Care. The next few questions are about access to care. Access to care refers to how easily you are able to get the services you feel you need.

77. *I am going to read you a statement and ask you to respond using this scale (use scale tool)*
"Is the location of your services convenient for you?"
1. □ Strongly Agree
2. □ Agree
3. □ Disagree
4. □ Strongly Disagree
5. □ No opinion
6. □ N/A

78. *I am going to read you a statement and ask you to respond using this scale (use scale tool)*
"Were services available at times that are good for you?"
1. □ Strongly Agree
2. □ Agree
3. □ Disagree
4. □ Strongly Disagree
5. □ No opinion
6. □ N/A

79. Do you feel you need more of a service you have been receiving?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

80. Do you feel you need less of a service you have been receiving?

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

Comments/Suggestions:

81. What other services, if any, do you feel would be helpful in addressing your needs?

82. Do you feel that the services you receive consider your strengths and needs?

1. ☐ Yes 2. ☐ No

If not, why not?

83. Do you have anything you'd like to add?

1. ☐ Yes 2. ☐ No

If yes, write comments here.

84. Have you brought this issue to anyone's attention?

1. ☐ Yes 2. ☐ No

If yes, write the name or position of the person here (Example: Case manager)

APPENDIX E

Quality Service Review Medical Record Review Tool

Reviewer initials: _____ Individual ID: ____

Title XIX ☐ Non Title XIX ☐

SECTION 1: IDENTIFICATION OF NEEDS

***To score Q1-3**, use the following guidelines:*

*Based on a review of the assessment, ISP and at least **three months** of progress notes (case manager, nursing, and BHMP), determine if the clinical team has identified needs for the individual. These may include requests for services, instances where the individual may identify an issue or concern that needs to be addressed.*

***"Need":** is defined as an issue or gap that is identified by the individual or the clinical team that requires a service or an intervention.*

***Scoring: If needs were identified,** enter each category of need in table and enter page numbers where each need was found in the assessment, ISP, or progress notes.*

Notes Guidelines:

- *Justify all responses for Questions 1 to 4 in each table as indicated.*
- *For yes responses, provide the category of need and the supporting documentation reference*

- *For the assessment (Question 1) and ISP (Question 2), provide the date of the document for supporting documentation reference and page numbers.*
- *For the progress notes (Question 3), provide the type of progress note (i.e., BHMP, CM, RN) and the date, and page numbers.*
- *Example of need categories and supporting documentation for Question 3.*

EXAMPLE ONLY

Progress note Type	**Dates**	**Category of need**	**Page nos.**
BHMP	11/15/13	Need 1: Anxiety	20
	3/14/14	Need 2: Stress	12
	2/13/14	Need 3: Panic	14

1. Were the individual's needs identified in the most recent assessment?

1. ☐ Yes 2. ☐ No 3. ☐ Cannot determine

Assessment Type	**Dates**	**Category of need**	**Page nos.**
Part E		Need 1:	

Part E		Need 2:	
Part E		Need 3:	
Part E		Need 4:	
Part E		Need 5:	
Part E		Additional needs:	
		The assessment was not found ☐	

2. Were the individual's needs identified in the Individual Service Plan (ISP)?

1. ☐ **Yes** **2.** ☐ **No** **3.** ☐ **Cannot determine**

ISP/ISRP	Dates	Category of need	Page nos.
Part D		Need 1:	
Part D		Need 2:	
Part D		Need 3:	
Part D		Need 4:	

Part D		Need 5:	
Part D		Additional needs:	
		The ISP was not found ☐	

3. Were the individual's needs identified in the progress notes?

1. ☐ **Yes** **2.** ☐ **No** **3.** ☐ **Cannot determine**

Progress note Type	**Dates**	**Category of need**	**Page nos.**
BHMP		Need 1:	
		Need 2:	
		Need 3:	
		Need 4:	
		Need 5:	
		Additional needs:	
CM		Need 1:	

		Need 2:	
		Need 3:	
		Need 4:	
		Need 5:	
		Additional needs:	
RN		Need 1:	
		Need 2:	
		Need 3:	
		Need 4:	
		Need 5:	
		Additional needs:	
		The progress notes were not found ☐	

To score Q4*, use the following guidelines:*
Review the needs identified for questions 1 to 3 and compare the needs across document sources. Based on this comparison, determine if the needs are consistent between the assessment, ISP and progress notes.

"Consistent" *means that the needs identified in the assessment, ISP and progress notes relate to each other. For example, if the assessment addresses the need to maintain sobriety, and the progress notes indicate the need for substance abuse services (halfway house, AA, etc.…), these needs would be considered consistent.*

Scoring:
YES*: If <u>both</u> of the following are true:*

- *Questions 1 – 3 are ALL "yes".*
- *The needs identified in assessment, ISP and the progress notes are consistent.*

Note: There may be more needs identified in the assessment than in the ISP and progress notes.
NO*: If <u>any</u> of the following are true:*

- *Question 1, 2 OR 3 is "no".*
- *The needs identified in the assessment, ISP, or progress notes were not consistent.*
- *The Assessment was not found.*

4. Are the individual's needs consistently identified in the most recent assessment, ISP, and progress notes?

1. ☐ Yes 2. ☐ No 3. ☐ Cannot determine

SECTION 2: IDENTIFICATION OF STRENGTHS

Identification of Strengths: "Strengths" are traits, abilities, resources, and characteristics that are relevant for and/or will assist the recipient with his or her needs and objectives. Strengths can be identified by the recipient or clinical team members.

**** Reviewer Notes: For Scoring Questions 5 – 7, if there is one or more strengths identified in the relevant document, score "yes".*

**** Reviewer Notes: For "Notes regarding questions 5 to 8" below, use the following guidelines. ****

Guidelines:

- *Justify all responses for Questions 5 to 8 in the tables provided*
- *For yes responses, provide the category of strength and the supporting documentation reference.*
  - *For the assessment (Question 1) and ISP (Question 2), provide the date of the document for supporting documentation reference.*
  - *For the progress notes (Question 3), provide the type of progress note (i.e., BHMP, CM, RN) and the date.*

5. Are the individual's strengths identified in the most recent assessment?

1. ☐ Yes 2. ☐ No 3. ☐ Cannot determine

Assessment Type	Dates	Category of strength in Assessment	Page nos.
Part E		Strength 1:	
Part E		Strength 2:	
Part E		Strength 3:	
Part E		Strength 4:	

Part E		Strength 5:	
Part E		Additional strengths:	
		Assessment was not found ☐	

6. Are the individual's strengths identified in the most recent ISP?

1. ☐ **Yes** **2.** ☐ **No** **3.** ☐ **Cannot determine**

ISP/ISRP	Dates	Category of strength in ISP	Page nos.
Part D		Strength 1:	
Part D		Strength 2:	
Part D		Strength 3:	
Part D		Strength 4:	
Part D		Strength 5:	
Part D		Additional strengths:	
		The ISP was not found ☐	

7. Are the individual's strengths identified in the most recent progress notes?

1. ☐ Yes 2. ☐ No 3. ☐ Cannot determine

Progress note Type	Dates	Category of strength in Progress Notes	Page nos.
BHMP		Strength 1:	
		Strength 2:	
		Strength 3:	
		Strength 4:	
		Strength 5:	
		Additional strengths:	
CM		Strength 1:	
		Strength 2:	
		Strength 3:	
		Strength 4:	
		Strength 5:	
		Additional strengths:	

RN		Strength 1:	
		Strength 2:	
		Strength 3:	
		Strength 4:	
		Strength 5:	
		Additional strengths:	
		BHMP notes not found ☐ **CM notes not found** ☐ **RN notes not found** ☐	

**** Reviewer Notes: For Question 8 to be marked "yes", Questions 5-7 must all be "yes". Additionally, in the context of this question, "consistently" refers to the presence of relevant strengths in each type of documentation as opposed to an "exact match". ****

8. Are the individual's strengths consistently identified in the most recent assessment, ISP, and progress notes?

1. ☐ Yes 2. ☐ No 3. ☐ Cannot determine

SECTION 3: INDIVIDUAL SERVICE PLAN (ISP)

Individual Service Plan (ISP): (An "Individual Service Plan" is a written plan that summarizes the goals an individual is working towards and how he or she is going to achieve those goals.)

The following are definitions of terms found in the questions below:

"Objective" is a specific action step the recipient or family will take toward meeting a need. "**Need**" is an issue or gap identified by the individual or clinical team that requires a service or intervention.

"**Strengths**" are traits, abilities, resources, and characteristics that are relevant for and/or will assist the recipient with his or her needs and objectives. Strengths can be identified by the recipient or clinical team members.

****Reviewer Notes: Use the most recent ISP to answer the questions below. If an ISP is not available, mark cannot determine.****

Section 3.1: ISP Objectives – Needs

***To score Q 9-11**, use the following guidelines:*

***YES**: If either of the following are true:*

- *If the ISP contains objectives related to the individual's needs.*
- *For needs not addressed by objectives, documentation (in progress notes, assessment or ISP) showed that individual did not want to address them.*

***NO**: If <u>any</u> of the following are true:*

- *The ISP did not contain objectives that relate to the individual's needs.*
- *The ISP was not found.*
- *If there is one identified need without a corresponding objective on the ISP, the response is no.*

Reviewer Guidelines:

- *Justify "No" and "Cannot determine" responses to Questions 9 to 12 below.*
- *For "No" responses, note specific needs not addressed for the relevant question.*

9. Do the ISP objectives address the individual's needs identified in the assessment?

1. ☐ Yes 2. ☐ No 3. ☐ Cannot determine

Assessment	Dates	Category of need addressed by ISP objectives	Page nos.
Part E Part D		Need 1: ISP Objective:	
Part E Part D		Need 2: ISP Objective:	
Part E Part D		Need 3: ISP Objective:	

Part E Part D		Need 4: ISP Objective:	
Part E Part D		Need 5: ISP Objective:	
		Assessment not found ☐ **Needs not specified** ☐ **List needs not addressed:**	

10. Do the ISP objectives address the individual's needs identified in the ISP?

1. ☐ **Yes** **2.** ☐ **No** **3.** ☐ **Cannot determine**

ISP	Dates	Category of need addressed by ISP objectives	Page nos.
Part D		Need 1: ISP Objective:	
Part D		Need 2: ISP Objective:	

Part D		Need 3: ISP Objective:	
Part D		Need 4: ISP Objective:	
Part D		Need 5: ISP Objective:	
		ISP not found ☐ **Needs not specified** ☐ **List needs not addressed:**	

11. Do the ISP objectives address the individual's needs identified in the progress notes?

1. ☐ **Yes** **2.** ☐ **No** **3.** ☐ **Cannot determine**

Progress note Type	**Dates**	**Category of needs addressed by ISP objectives**	**Page nos.**
BHMP		Need 1: ISP Objective:	

		Need 2: ISP Objective:	
		Need 3: ISP Objective:	
		Need 4: ISP Objective:	
		Need 5: ISP Objective:	
		Additional needs:	
CM		Need 1: ISP Objective:	
		Need 2: ISP Objective:	
		Need 3: ISP Objective:	
		Need 4: ISP Objective:	

		Need 5: ISP Objective:	
		Additional needs:	

RN		Need 1: ISP Objective:	
		Need 2: ISP Objective:	
		Need 3: ISP Objective:	
		Need 4: ISP Objective:	
		Need 5: ISP Objective:	
		Additional needs:	

		Progress notes not found ☐ **Needs not specified** ☐ **List needs not addressed:**	

12. Do the ISP objectives address the individual's needs identified in the assessment, ISP, and progress notes?

1. ☐ Yes 2. ☐ No 3. ☐ Cannot determine

Section 3.2: ISP Objectives – Strengths

To score Q13*, use the following guidelines:*

YES*: If strengths are documented for objectives.*
For a "yes", there needs to be a corresponding strength for each objective. Please note a single strength may be related to one of more objectives.

NO: *If any of the following are true:*

- *If the ISP did not document strengths for objectives.*
- *The ISP was not found.*

**** Reviewer Guidelines:*

- *Justify "No" and "Cannot determine" responses to Question 13 below.*
- *For "No" responses, note specific strengths not addressed.*

13. Were the individual's objectives in the ISP based on the individual's strengths? (Strengths are often identified in the strengths field on the ISP)

1. ☐ Yes 2. ☐ No 3. ☐ Cannot determine

ISP	Dates	Objectives in ISP based on strengths	Page nos.
Part D		Strength 1: ISP Objective:	
Part D		Strength 2: ISP Objective:	
Part D		Strength 3: ISP Objective:	
Part D		Strength 4: ISP Objective:	
Part D		Strength 5: ISP Objective:	

		ISP not found ☐ **Strengths not specified** ☐ **List strengths not addressed:**	

Section 3.3: ISP Objectives – Services

To score Q14-16*, use the following guidelines:*

YES*: If services are documented for needs. For a "yes" there must be a service for each identified need (as documented in the assessment, ISP and progress notes).*

NO*: If any of the following are true:*

- *If services are not documented for needs.*
- *The ISP was not found.*

If one identified need does not have a corresponding service, score "no".
**** Reviewer Guidelines:*

- *Justify "No" and "Cannot determine" responses to Question 14 - 16 below.*
- *For "No" responses, note specific needs not addressed.*

14. Does the ISP contain services that address the individual's needs that are identified in the assessment?

1. ☐ Yes 2. ☐ No 3. ☐ Cannot determine

ISP	Dates	Category of services that address needs: Assessment	Page nos.

Part D Part E		Service 1: Need 1:	
Part D Part E		Service 2: Need 2:	
Part D Part E		Service 3: Need 3	
Part D Part E		Service 4: Need 4:	
Part D Part E		Service 5: Need 5:	
		Assessment not found ☐ **Services not specified** ☐ **List services not addressed:**	

15. Does the ISP contain services that address the individual's needs that are identified in the ISP?

1. ☐ Yes 2. ☐ No 3. ☐ Cannot determine

ISP	**Dates**	**Category of services that address needs: ISP**	**Page nos.**

Part D		Service 1: Need 1:	
Part D		Service 2: Need 2:	
Part D		Service 3: Need 3	
Part D		Service 4: Need 4:	
Part D		Service 5: Need 5:	
		ISP not found ☐ **Services not specified** ☐ **List services not addressed:**	

16. Does the ISP contain services that address the individual's needs that are identified in the progress notes?

1. ☐ Yes 2. ☐ No 3. ☐ Cannot determine

ISP/ Progress Note Type	Dates	Category of services that address needs: Progress Notes	Page nos.
Part D BHMP		Service 1: Need 1:	
Part D BHMP		Service 2: Need 2:	
Part D BHMP		Service 3: Need 3	
Part D BHMP		Service 4: Need 4:	
Part D BHMP		Service 5: Need 5:	
Part D CM		Service 1: Need 1:	
Part D CM		Service 2: Need 2:	

Part D CM		Service 3: Need 3	
Part D CM		Service 4: Need 4:	
Part D CM		Service 5: Need 5:	

Part D RN		Service 1: Need 1:	
Part D RN		Service 2: Need 2:	
Part D RN		Service 3: Need 3	
Part D RN		Service 4: Need 4:	
Part D RN		Service 5: Need 5:	

		Progress notes not found □ **Needs not specified** □ **List needs not addressed:**	

SECTION 4: SERVICES

To score Q17-19*, use the following guidelines:*

The services indicated on the ISP were provided and whether specific services (Q18) were identified or provided.

"Services" means any medical or behavioral health treatment or care provided, both paid and unpaid, for the purpose of preventing or treating an illness or disease.

To score Q17, use the following guidelines:

Look at the services listed in the Services area of the ISP and then review the progress notes to determine if each listed service was provided (as noted on ISP). Additionally, if the progress notes indicate that a service is to be provided, you will also want to review subsequent progress notes, within the review period, to determine if the service is provided. You may need to review the service definitions to determine which services should be provided as the Service Type listed in the ISP does not always correspond to an actual service. For example, the Service Type may list Prevention Services, but the Use of Service states that the individual will attend appoints with the psychiatrist, which would be a Medication service.

Note, the service needs to be provided as described on the ISP; for example, if the ISP indicates the Case Manager will have monthly face to face contact for the BHR, you would be looking in the progress notes to determine if monthly

contact occurred. If the progress notes demonstrate that the case manager attempted the visits or there was a brief lag with phone follow up, this should be scored as "yes".

***YES**: If <u>either</u> of the following are true:*

- *Progress notes indicate the individual received the services listed on the ISP.*
- *There was documentation indicating the individual did not wish to receive the identified service(s) at that time.*

If the progress notes indicate that the individual has refused either the service or a specific service provider, mark "yes".

**** Reviewer Notes: For table under question 17, please:*

- *Justify "No" and "Cannot determine" responses to Question 17 below.*
- *For "No" responses, note specific services not provided.*

17. Were the services documented in the most recent ISP and progress notes actually provided?

1. ☐ Yes 2. ☐ No 3. ☐ Cannot determine

ISP/ Progress Note Type	Dates	Category of services	Services provided?		Page nos.
			Yes	No	

Part D		Service 1:			
Part D		Service 2:			
Part D		Service 3:			
Part D		Service 4:			
Part D		Service 5:			
Part D		Service 6:			
		Services not addressed in ISP ☐			
		Services not addressed in Progress Notes ☐ **Services not specified** ☐ **List services not addressed:**			

***To complete Q18, columns B and C**, review the most recent ISP (column B) and/or progress notes (column C) to determine whether the record identified the need for any of the following services. Score 'Y' for each of the services that were identified on the ISP (column B) and/or progress notes (column C).. Score 'N' if the service was not identified on the ISP (column B) or progress notes (column C).*

Note: You may need to review the service definitions to determine which services are identified, as the Service Type listed in the ISP or referred to in the progress notes does not always correspond to an actual service. For example, the Service Type may list Prevention Services, but the Use of Service states that the individual will attend appoints with the psychiatrist, which would be a Medication service. Reminder: the services listed in question 18 are not inclusive of all services provided in Maricopa County.

***To complete Q18, column D**, indicate 'Y' if there is documented evidence in the progress notes that the service has been provided. Indicate 'N' if there is no evidence that the service was provided.*

***To complete Q18, column E**, for each 'Y' in columns B and/or C that has a corresponding 'Y' in column D, score 'Y'. For each 'Y' in columns B and/or C that has a corresponding 'N' in column D, indicate 'N'.*

18. Needs and Services to be provided – Please complete the table, indicating "yes" or "no" for each cell.

A **Services**	**B** **ISP Needs**	**C** **Progress Note Needs**	**D** **Service Provision**	**E** **Needs compared to service provision**
	Does the recent ISP identify need for the services in column A	Do progress notes identify needs for the services in column A	Were column A services provided?	Did the most recent ISP and progress notes identify *AND* provide any of the following services?
1. Case Management				
2. Peer Support				

3. Family Support				
4. Supportive Housing				
5. Living Skills Training				
6. Supported Employment				
7. Crisis Services				
8. Medication and Medication Services				
9. ACT services				

To Score Q19, *, answer question 19 if applicable (i.e., service identified but not provided). If no, services were identified on the ISP and/or progress notes and NOT provided, indicate such in the "notes" section for Q19 and proceed to Q20. If there are varying reasons for services not being provided, indicate this in the notes section, supplying the specifics.*

You should select all of the reasons that apply as there may be multiple reasons as to why different services were not provided.

19. Why were services identified on the ISP and/or progress notes *NOT* provided?

1. □ Service was unavailable.

2. □ **There was a wait list for services.**
3. □ **The individual refused services.**
4. □ **Unable to determine.**
5. □ **Other (Please provide reasons that services were not provided)**

Notes regarding Question 19:

SECTION 5: OUTCOMES

To Score Q20-22, *use the following guidelines:*

These are overall outcome questions that take into account information you obtain from the interview and record review. In instances where the interview information differs from the record documentation, use the interview information to score the questions and indicate this in the notes.

The following are definitions of terms found in the questions below:

"Outcomes" An "Outcome" is a change or effect on an individual's quality of life.

"Employment" is consistent, paid work at the current minimum wage rate.

"**Meaningful Day Activities**" is any goal or activities related to learning, working, living, or socializing. Goals/activities may include, but are not limited to, going to school or completing some form of training, building social networks, physical exercise, finding a new place to live or changing something about one's living environment,

skill development, finding a job or exploring the possibility of returning to work, volunteering, etc. Meaningful goals/activities are focused on community engagement and DO NOT include goals related to symptom reduction, adherence to a medication regimen, or regular visits with a case manager/psychiatrist.

"**Housing**" is considered to be a permanent and safe place where an individual lives. An individual would NOT be considered to have "housing" if he or she is residing in a shelter, staying with friends or relatives on a non-permanent basis, or is homeless. Also, if an individual is residing in a licensed Supervisory Care Facility or Board and Care Home, this would also NOT be considered permanent housing.

To score Q20*, review the completed interview, assessment, ISP and progress notes to determine if there is documentation that the individual is employed.*

YES: *Documentation indicates the individual is employed.*

If the documentation is unclear as to whether or not the individual is employed, and the individual indicates in the interview that they are employed, score "Yes", note the discrepancy in documentation in the comments and document that the individual reported being employed during the interview.

NO: *Documentation indicates the individual is not employed.*

Cannot Determine: *Reviewer cannot determine whether or not the individual is employed.*

20. Based on the interview, progress notes, assessment, and ISP, is the individual employed?

1. ☐ Yes 2. ☐ No 3. ☐ Cannot determine

Notes regarding Question 20:

To score Q21*, review the completed interview, assessment, ISP and progress notes to determine if there is documentation that the individual is engaged in meaningful day activity.*

YES: *Documentation indicates the individual is involved in a meaningful daily activity.*

If the documentation is unclear as to whether or not the individual is engaged in meaningful day activity, and the individual indicates in the interview that they are participating in a consistent activity that meets the definition of a meaningful day activity, score Yes and note the discrepancy in documentation in the comments and document the individual's response during the interview.

Does the activity make the person feel part of the world and does it bring meaning to their life? Does it enhance their connection to the community and others?

NO: *Documentation indicates the individual is not involved in a meaningful daily activity.*

Cannot Determine: *Reviewer cannot determine whether or not the individual is involved in a meaningful daily activity.*

21. Based on the interview, progress notes, assessment, and ISP, is the individual involved in a meaningful day activity?

1. ☐ Yes 2. ☐ No 3. ☐ Cannot determine

If "Yes" what were these meaningful day activities?

_____

_____

_____

_____

Notes regarding Question 21:

To score 22, *review the completed interview, assessment, ISP and progress notes to determine if the individual has housing – they are not homeless, residing in a shelter or staying with friends/relatives on a non-permanent basis.*

YES: *Documentation indicates the individual has housing.*

If the documentation is unclear as to whether or not the individual has housing and it is clear during the interview that the person has permanent housing, score "yes" and note the discrepancy in the comments and document the individual's response during the interview.

NO: *Documentation indicates the individual does not have housing.*

If the individual is residing in a licensed Supervisory Care Facility or Board and Care Home, score "no". Please note that the individual is residing in one of these facilities in the "notes" section.

Cannot Determine: *Reviewer cannot determine whether or not the individual has housing.*

22. Based on the interview, progress notes, assessment, and ISP, does the individual have housing?

1. ☐ Yes 2. ☐ No 3. ☐ Cannot determine

Notes regarding Question 22:

SECTION 6: ISSUES DURING INTERVIEW*

The following questions will be answered after the interview is completed. The purpose of these questions is to identify any issues raised by the interviews and any follow up steps taken.

To score Q23*, review the individual's interview and determine if the individual identified an issue or concern, such as having side effects, wanting to receive additional services, requesting a change in case manager. If the individual identified an issue during the interview, mark "yes". If the individual did not identify an issue or concern during the interview, mark "no".*

23. Were any issues identified during the individual's interview?

1. ☐ Yes 2. ☐ No

To score Q24*, if the response to Q23 is "yes", write down the issue as described by the individual. As appropriate, use their own words and note if the individual reported this issue to a member of their clinical team.*

24. If "Yes" what were the issues identified in the interview?

To complete Q25*, if the response to Q23 is "yes", review the progress notes to determine if the individual reported the issue to a member of the clinical team. If the response to Q23 is "no", or the individual did not report the issue to a member of the clinical team, mark "N/A".*

Indicate "yes" if the individual reported the issue to a member of the clinical team and there is documentation that the clinical team took action (e.g., made referrals, scheduled an appointment, held a team meeting, revised the ISP) to address the individual's concern.

Indicate "no" if the individual reported the issue to a member of the clinical team and there is no documentation that the concern or issue was addressed in any way.

25. Did the documentation in the records indicate any follow up on these issues?

1. ☐ Yes 2. ☐ No 3. ☐ N/A

To complete Q26*, if the response to Q23 is "yes", review the progress notes to determine if the individual reported the issue to a member of the clinical team. If the response to Q23 is "no", or the individual did not report the issue to a member of the clinical team, mark "N/A".*

Indicate "yes" if the individual reported the issue to a member of the clinical team and there is documentation that the clinical team offered a service or made a referral for a service in response to the concern or issue.

If the clinical team offered a service and the individual refused the service, indicate "yes" as well.

Indicate "no" if the individual reported the issue to a member of the clinical team and there is no documentation that a service was offered or that referrals for a service were made.

26. Was a service was offered to address these issues?

1. ☐ Yes 2. ☐ No 3. ☐ N/A

* *Follow protocol related to urgent/emergent issues, if indicated.*

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