HEALTH WEALTH CAREER

QUALITY SERVICE REVIEW 2018

JULY 20, 2018

Arizona Health Care Cost Containment System

CONTENTS

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EXECUTIVE SUMMARY

The Arizona Health Care Cost Containment System (AHCCCS) 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 sixth in an annual series of QSRs and the third to be administered 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 QSR of the targeted services using the following methods:

- **Peer Reviewers.** Mercer contracted with two consumer operated organizations to assist with completing project activities; primarily scheduling and conducting interviews and completing medical record review (MRR) 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 MRRs 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.
- **MRRs.** 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 MRR as well as service utilization data and other member demographics queried from the AHCCCS Client Information System (CIS).

OVERVIEW OF KEY FINDINGS

A summary of key findings related to the 2018 QSR are presented in this section. Information is aligned with the review activity study questions. Incremental improvements were noted for most analyses included in the report when compared to results from the 2017 QSR.

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. In general, fewer service needs were identified than were identified last year. Twenty-nine members, or 21% 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. Issues related to missing and/or outdated assessments and ISPs have been a consistent finding when performing the QSR. Systemic attempts to improve performance in this area have been largely unsuccessful to date.

The QSR medical record 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. Fifty-four percent of the cases included ISP objectives that addressed members' needs, a substantial reduction from prior years (79% in 2017 and 72% in 2016). In many cases, the review team noted that objectives were presented as actions that the clinical team planned to complete as opposed to an activity that the member and/or family would initiate. Seventy-seven percent of the cases included ISP services that were based on the member's needs. In a few cases, reviewers observed that targeted services were recommended by the clinical team in the absence or counter to the member's preferences and identified needs.

Similar to the 2017 QSR, there is evidence that some case managers and clinical teams may not fully understand the appropriate application of the targeted behavioral health services. For example, one ISP in the sample included supported employment services to address a member's need to continue to reside in her current independent community living arrangement.

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

The QSR examines the extent to which the targeted behavioral health services are received by members following the identification of need. ISP need was defined as the service being documented in the ISP. Reviewers then evaluated the progress notes, interview responses and service utilization data to determine if the service was subsequently provided to the member.

Case management (99%), family support (100%), crisis services (100%), medication and medication management (98%) and ACT team services (100%) were consistently provided per the progress notes following the identification of need for these services. Living skills training was documented as having been provided after identification of need in less than half of the applicable cases. Of all the targeted services,

living skills training is the least likely to be directly provided by direct care clinic staff. Therefore, documentation that the service was provided is typically not included within the direct care clinic medical record. The need for the targeted services could not be established in 21% of the records that did not include a valid ISP. Discrepancies between identified needs and service provision may also result from a misunderstanding of the intent and purpose of the services. Peer reviewers observed a pattern of individuals receiving some of the targeted services regardless of the identified needs documented in the assessment or ISP (e.g., peer support).

The QSR process also assesses the percentage of identified service needs (per the ISP) and the percentage of services received as reported by the member during a face-to-face interview with a peer reviewer. With the exception of living skills training and ACT services, members reported that all of the targeted services were provided at rates higher than the identified need in the ISP.

The QSR includes an analysis of 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 claims based service utilization data. CIS data shows rates of service in excess of some identified services on the ISP (case management, peer support services, living skills, crisis services and medication and medication management).

Are the targeted behavioral health services available?

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. To support the analyses, the timeframes were consolidated into three ranges: 1–15 days; within 30 days; and 30 days or more.

- The services most readily available within 15 days were ACT services, family support, case management and peer support.
- The services least available within 15 days were supported housing and supported employment.
- Sixty-one percent of the respondents reported that supported housing services required more than 30 days to access.

The QSR interview tool also 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 (88%); (88% for 2017 QSR),
- Services were available at times that are good for you (88%); (87% for 2017 QSR),
- Do you feel that you need more of a service that you have been receiving (38%); (43% for 2017 QSR), and
- Do you feel that you need less of a service you have been receiving (7%); (5% for 2017 QSR).

The responses demonstrate that location and times of services that are offered do not appear to present barriers for members receiving services, although a significant percentage of members reported that they would like more of a service that they have been receiving.

Are supports and services that SMI members receive 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. Peer support, supported employment and medication and medication management services are the services perceived by members to be most helpful with their recovery. Case management was perceived as being least effective in helping members advance their recovery. In 2017, case management and crisis services were rated the lowest.

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. ACT team services were reported to have the highest percentage of problems, followed by case management. The lowest percent of problems were reported for persons receiving family support services and living skills training.

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

The QSR MRR tool defines a 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.*" Similar to the 2017 QSR, peer reviewers noted that strengths were most commonly identified in the ISP. However, ISP objectives were not consistently based on the member's identified strengths (50%). Peer reviewers noted a significant improvement in the identification of strengths in progress notes (79% in 2018 compared to 53% in 2017).

Overall, 76% of members felt that services were based on their strengths and needs per the results of the member interviews.

More detailed and additional findings can be found in Section 5, Findings.

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OVERVIEW

AHCCCS contracted with Mercer to implement a QSR for persons determined to have a SMI.[1] The QSR evaluation approach includes interviews and MRRs 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
- ACT services

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

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?
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. As such, the results of this study are contingent on the reliability and validity of the tools.

The 2015 and 2016 QSR samples were comprised of 50% Title XIX eligible and 50% Non-Title XIX eligible members. Beginning with the 2017 QSR, the study sample was stratified to approximate proportions found in the overall SMI population (2017 — 81% Title XIX eligible, 19% Non-Title XIX eligible and 2018 — 84% Title XIX eligible, 16% Non-Title XIX eligible).

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

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BACKGROUND

AHCCCS serves as the single State authority to provide coordination, planning, administration, regulation, and monitoring of all facets of the State of Arizona (Arizona or State) public behavioral health system. AHCCCS contracts with community-based organizations, known as Regional Behavioral Health Authorities (RBHAs), to administer integrated physical health (to select populations) and behavioral health services throughout the State of Arizona. Effective July 1, 2016, AHCCCS began to 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 Arizona 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. The Arizona Department of Health Services Division of Behavioral Health Services was required to adopt national quality standards outlined by the Substance Abuse and Mental Health Services Administration, as well as annual QSRs 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

AHCCCS contracts with RBHAs to deliver integrated physical and behavioral health services to select populations in three geographic service areas across Arizona. Each RBHA must manage a network of providers to deliver all covered physical health and behavioral health services to Medicaid and non-Medicaid eligible persons determined to have a SMI. 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 multiple 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. Twenty-four 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 ACT services. Mercer con*ducted the QSR of the targeted services using the following methods:*

- **Peer Reviewers.** Mercer contracted with two consumer operated organizations to assist with completing project activities; primarily scheduling and conducting interviews and completing MRR 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 MRRs 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.
- **MRRs.** Peer reviewers conducted record reviews of the sample of members in order to assess individual assessments, ISPs, and progress notes utilizing a standard review tool.
- **Data Analysis.** Mercer conducted an analysis of data from the interviews and the MRR as well as service utilization data and other member demographics queried from the AHCCCS CIS.

The methodology used for each QSR component is described below.

PEER REVIEWERS

Mercer contracted with Recovery Empowerment Network (REN) and Stand Together and Recover Centers, Inc. (S.T.A.R.) to participate in the QSR review activity. REN and S.T.A.R. volunteered to host reviewer trainings at their respective locations and both 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 S.T.A.R. attested to Health Insurance Portability and Accountability Act (HIPAA) compliant medical record storage and handling procedures and that 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 train the peer reviewers on the appropriate application of the member interview and MRR tools. Part one of the training occurred prior to the member interviews and occurred over two days in one week. Trainees were provided an overview of the project, as well as interview standards and practice with feedback on using the interview tool. An important component of the training included brainstorming about how to most effectively engage members. 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.
- Interview standards.
- Workflows for completing the interviews.
- Overview of target services.

Day Two

- Scripts and brainstorming to engage members in the interview.
- Overview of interview tool and supporting tools.
- Practice using the interview tool, with feedback.

Part two of the training occurred a few months later, after most of the member interviews had been completed and prior to the MRR phase of the project. The second section of the training included a review of the components of a medical record, an introduction to the QSR MRR tool, and practice using the tool with redacted member medical records. The training concluded with IRR testing of reviewers. 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 MRR 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 MRR tool. The individual peer reviewer's responses correlated from .77 to .90 with the "gold standard". Overall, the entire group of peer reviewer responses correlated .83 with the gold standard.

ONGOING SUPPORT FOR PEER REVIEWERS

Mercer hosted weekly meetings with REN and S.T.A.R. team leads to answer questions, follow-up with concerns, and track the number of interviews and MRRs completed. The meetings were attended by REN's and S.T.A.R.'s team leads as well as 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.

SAMPLE SELECTION

A sample size of 135 was selected to achieve a confidence level of 95% with an 8.42% confidence interval for the SMI population of 31,712[2]. The sample was stratified proportionally based on the total population of Title XIX eligible members (81%) and Non-Title XIX members (19%). In total, 803 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 four out of five members selected could not be contacted or declined to participate in the QSR review.

The final sample of members included 114 Title XIX members (84%) and 21 Non-Title XIX members (16%). It should be noted that a member's Title XIX eligibility status can change during the review period. To address this phenomenon 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, 2016–December 31, 2017). By the end of the QSR, S.T.A.R. peer reviewers completed 68 reviews and REN peer reviewers completed 67 reviews.

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 2018 and concluded in April 2018.

MEDICAL RECORD REVIEWS

The review period for the MRR portion of the QSR was identified as October 1, 2016 through September 30, 2017. This review period was established to be consistent with prior QSR annual reviews. 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, 2017 (e.g., If a member's ISP was dated August 15, 2017, Mercer requested three months of progress notes following the date of the ISP). The adult Provider Network

[2] Count of unduplicated SMI members derived from service utilization file spanning dates of service October 1, 2016 through December 31, 2017.

Organizations (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.

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 MRR 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 MRR 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 MRR 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

AHCCCS provided Mercer with the following data for the sample period of October 1, 2016 through December 31, 2017.

- **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.
- **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 MRR 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, 2016, 2017 and 2018 QSR, which is presented in the table below.

Table A — Data Congruence

CONGRUENCE BETWEEN INTERVIEW, MEDICAL RECORD AND CIS FILE (2015, 2016, 2017 AND 2018)				
	2015 (N=135)	2016 (N=135)	2017 (N=135)	2018 (N=135)
Case Management	90%	88%	100%	**89%**
Peer Support	57%	47%	51%	**53%**
Family Support	82%	84%	70%	**85%**
Supported Housing	73%	81%	80%	**58%**
Living Skills Training	56%	74%	44%	**62%**
Supported Employment	59%	65%	47%	**57%**
Crisis Services	53%	51%	68%	**76%**
Medication and Medication Management	92%	66%	87%	**84%**
ACT Team Services[3]	93%	88%	91%	**89%**

Congruence was most often established when null values (“no responses”) were consistently identified across the medical record, interview and CIS data. 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 directly by direct care clinic staff. Other community-based behavioral health services are rarely referenced or otherwise present through a review of direct care clinic progress notes. In these instances, members would

[3] ACT Team services do not have a distinct billing code and therefore are not represented in the CIS data file. As an alternative, congruence for ACT team members was limited to members’ interview responses and medical record documentation.

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.

Consistent with findings during the 2017 QSR, there is variability within the QSR assessment tools and clinical documentation that can impact congruence. For example, per the CIS data file, one member in the sample received 1,221 units of supported housing over the review period (the highest utilization of supported housing services within the sample). However, the same individual reportedly responded "No" when asked *"Did you receive supportive housing services?"* (QSR interview tool, Question 23.) This example may illustrate members' lack of understanding of the purpose and/or intent of some of the targeted services.

5
FINDINGS

Per the *Stipulation for Providing Community Services and Terminating the Litigation* (January 8, 2014), the 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 offers a year-to-year analysis based on 2017 QSR findings, and for some units of analysis, 2016 and 2015 QSR findings. To meet the objectives of the *Stipulation for Providing Community Services and Terminating the Litigation*, analysis and findings will be presented for 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. In general, the final sample of SMI members is similar to characteristics reported for prior QSR samples.

Table 1 — Sample Age Group (Title XIX and Non-Title XIX)

COMPARISON BETWEEN QSR 2016, 2017 AND 2018 SAMPLES			
AGE BREAK-OUT	NUMBER AND PERCENT OF MEMBERS (2016)	NUMBER AND PERCENT OF MEMBERS (2017)	NUMBER AND PERCENT OF MEMBERS (2018)
18–37	33 (24%)	40 (30%)	**22 (16%)**
38–49	33 (24%)	36 (27%)	**45 (33%)**
50–55	25 (19%)	27 (20%)	**22 (16%)**
56+	44 (33%)	32 (23%)	**46 (35%)**
Total	**135**	**135**	**135**

Table 2 — Sample Race and Ethnicity (Title XIX and Non-Title XIX)

COMPARISON BETWEEN QSR 2016, 2017 AND 2018 SAMPLES						
RACE/ETHNICITY	FREQUENCY (2016)	PERCENT (2016)	FREQUENCY (2017)[4]	PERCENT (2017)	FREQUENCY (2018)[4]	PERCENT (2018)
White	105	78%	102	76%	**116**	**86%**
African American	12	9%	20	15%	**17**	**13%**
Hispanic	18	13%	16	12%	**18**	**13%**
American Indian	3	2%	3	2%	**0**	**0%**
Asian	1	1%	2	1%	**1**	**1%**

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

COMPARISON BETWEEN QSR 2016, 2017 AND 2018 SAMPLES						
RACE/ETHNICITY	FREQUENCY (2016)	PERCENT (2016)	FREQUENCY (2017)[4]	PERCENT (2017)	FREQUENCY (2018)[4]	PERCENT (2018)
Native Hawaiian	N/A	N/A	2	1%	**0**	**0%**

IDENTIFICATION OF NEEDS

This section of the report presents the extent to which services are identified as a need by the clinical team. The 2018 QSR MRR 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[5][6]

COMPARISON FROM 2015 QSR, 2016 QSR, 2017 QSR AND 2018 QSR												
TARGETED SERVICE	TITLE XIX				NON-TITLE XIX				TOTAL			
	2015	2016	2017	2018	2015	2016	2017	2018	2015	2016	2017	2018
Case Management	88%	82%	95%	**79%**	69%	62%	86%	**81%**	79%	73%	94%	**79%**
Peer Support Services	37%	24%	21%	**26%**	36%	23%	29%	**43%**	37%	24%	23%	**29%**
Family Support Services	9%	11%	6%	**8%**	6%	7%	0%	**0%**	8%	9%	5%	**7%**
Supported Housing	34%	9%	6%	**20%**	7%	2%	7%	**0%**	21%	6%	6%	**17%**
Living Skills Training	37%	3%	12%	**13%**	13%	3%	17%	**24%**	25%	3%	12%	**13%**

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

[6] The QSR MRR tool requires a "Yes" or "No" response to question 18, column B (*"Does the recent ISP identify need for the services in column A?"*). Twenty-nine cases or 21% of the sample did not include a current ISP.

COMPARISON FROM 2015 QSR, 2016 QSR, 2017 QSR AND 2018 QSR												
TARGETED SERVICE	TITLE XIX				NON-TITLE XIX				TOTAL			
	2015	2016	2017	2018	2015	2016	2017	2018	2015	2016	2017	2018
Supported Employment	46%	23%	17%	**32%**	27%	10%	7%	**19%**	37%	17%	16%	**30%**
Crisis Services	18%	1%	2%	**3%**	10%	2%	5%	**5%**	14%	1%	2%	**3%**
Medication and Medication Management	87%	72%	88%	**74%**	69%	67%	79%	**71%**	78%	70%	87%	**73%**
ACT Services	7%	0%	1%	**1%**	3%	0%	14%	**0%**	5%	0%	3%	**1%**

Case management services and medication and medication management services are the most frequently identified service needs, which is the same finding as last year.

Twenty-nine members or 21% 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. Last year, 21 members or 16% of the QSR sample did not include a current ISP.

The QSR MRR tool defines an ISP objective as "*a specific action step the recipient or family will take toward meeting a need".* The QSR MRR tool assesses if the ISP objectives address the individual's needs identified in the ISP and if the ISP contains services that address the individual's needs. These indicators measure the extent of the individualization of a treatment plan and help determine if the individual is receiving a particular service because it is readily available or if the person is receiving a service based on their individualized needs and objectives.

Table 4 presents results for 2015, 2016, 2017 and 2018.

Table 4 — Percentage of Objectives and Services that Address Individuals' Needs

EVALUATION CRITERIA	TITLE XIX				NON-TITLE XIX				TOTAL			
	2015	2016	2017	2018	2015	2016	2017	2018	2015	2016	2017	2018
ISP objectives addressed individuals' needs.	85%	78%	81%	**56%**	64%	67%	64%	**41%**	75%	73%	79%	**54%***
Services are based on individuals' needs.	81%	80%	89%	**79%**	64%	62%	73%	**71%**	73%	72%	87%	**77%***

**29 cases were scored "cannot be determined" due to missing ISPs.*

Fifty-four percent of the cases included ISP objectives that addressed members' needs. In many cases, the review team noted that objectives were presented as actions that the clinical team planned to complete as opposed to an activity that the member and/or family would initiate.

Seventy-seven percent of the cases included ISP services that were based on the member's needs. In a few cases, the review team noted that services were prescribed by the clinical team in the absence, or counter to the member's preferences and identified needs.

Similar to the 2017 QSR, there is evidence that some case managers and clinical teams may not fully understand the appropriate application of the targeted behavioral health services. For example, one ISP in the sample included supported employment services to address a member's need to continue to reside in her current independent community living arrangement.

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)

2018 QSR — TITLE XIX AND NON-TITLE XIX						
TARGETED SERVICE	TITLE XIX		NON-TITLE XIX		TOTAL	
	ISP Need	Services Provided	ISP Need	Services Provided	ISP Need	Services Provided
Case Management	79%	99%	81%	100%	79%	99%
Peer Support Services	26%	56%	43%	78%	29%	66%
Family Support Services	8%	100%	0%	N/A	7%	100%
Supported Housing	20%	73%	0%	N/A	17%	73%
Living Skills Training	13%	47%	24%	0%	13%	40%
Supported Employment	32%	54%	19%	50%	30%	54%
Crisis Services	3%	100%	5%	100%	3%	100%
Medication and Medication Management	74%	99%	71%	93%	73%	98%
ACT Services	1%	100%	0%	N/A	1%	100%

Case management (99%), family support (100%), crisis services (100%), medication and medication management (98%) and ACT team services (100%) were consistently provided following the identification of need for these services. Documentation that living skills training was provided after identification of need was found in less than half of the applicable cases. Of all the targeted services, living skills training is the least likely to be directly provided by direct care clinic staff and therefore documentation that the service was provided is typically not included in the direct care clinic's medical record.

Table 5b — Percentage of Identified Service Needs (per ISP) and Percentage of Services Received as Reported by the Member (per interview)

2018 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	79%	93%	81%	88%	79%	92%
Peer Support Services	26%	41%	43%	22%	29%	39%
Family Support Services	8%	30%	0%	0%	7%	30%
Supported Housing	20%	54%	0%	0%	17%	54%
Living Skills Training	13%	13%	24%	0%	13%	10%
Supported Employment	32%	35%	19%	25%	30%	34%
Crisis Services	3%	75%	5%	100%	3%	80%
Medication and Medication Management	74%	98%	71%	87%	73%	96%
ACT Services	1%	0%	0%	N/A	1%	0%

Table 5b identifies the percentage of each targeted service that was received per the member interview responses. 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. With the exception of living skills training and ACT services, all of the targeted services were provided at rates higher than the identified need based on responses from members during face-to-face interviews.

The QSR interview tool includes questions that may indicate an unmet need for a particular targeted service. Related questions and aggregate member responses are presented below. (🡅 Indicates improvement when compared to 2017 QSR results)

- 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)?
  - 🡅 81% of the sample responded “Yes” (67% for 2017 QSR).
- Q10. If you do not receive peer support, would you like to receive this kind of support?
  - 🡅 34% of the sample responded “Yes” (48% for 2017 QSR).
- Q18. If your family is not receiving family support services, would you and your family like to have these services?
  - 🡅 21% of the sample responded “Yes” (29% for 2017 QSR).
- 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?
  - 🡅 36% of the sample responded “Yes” (39% for 2017 QSR).
- Q34. If you did not receive living skills training, did you feel you needed it during the past year?
  - 🡅 26% of the sample responded “Yes” (27% for 2017 QSR).
- Q44. In the past year, did you feel you needed services to help you get or keep a job?
  - 30% of the sample responded “Yes” (34% for 2017 QSR).
- Q71. If you are not receiving ACT services, would you like to have these services?
  - 🡅 20% of the sample responded “Yes” (23% for 2017 QSR).

Table 5c — Percentage of Identified Service Needs (per ISP) and percentage of services received as reported by Service Encounter Data (CIS)

2018 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	79%	98%	81%	95%	79%	98%
Peer Support Services	26%	39%	43%	19%	29%	36%
Family Support Services	8%	2%	0%	5%	7%	2%
Supported Housing	20%	11%	0%	0%	17%	9%
Living Skills Training	13%	32%	24%	24%	13%	30%
Supported Employment	32%	32%	19%	10%	30%	28%
Crisis Services	3%	14%	5%	5%	3%	13%
Medication and Medication Management	74%	91%	71%	86%	73%	90%

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, 2016–December 31, 2017). CIS data shows rates of service in excess of some identified needs on the ISP (case management, peer support services, living skills, crisis services and medication and medication management).

Twenty-one percent of the sample did not include a valid ISP and a need for the targeted services cannot be established in these cases. Discrepancies between identified needs and service provision may also result from a misunderstanding of the intent and purpose of the services. Peer reviewers also observed a pattern of individuals receiving some of the targeted services regardless of any identified needs documented in the assessment or ISP (e.g., peer support).

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 services, family support, case management and peer support.
- The services least available within 15 days were supported housing and supported employment.
- Sixty-one percent of the respondents reported that supported housing services required more than 30 days to access.

Table 6 — Percentage of Individuals Receiving Services within 15, 30 and greater than 30 days

2018 QSR — TITLE XIX AND NON-TITLE XIX									
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	80%	10%	10%	88%	6%	6%	82%	9%	9%
Peer Support Services	77%	14%	9%	75%	0%	25%	77%	12%	12%
Family Support Services	86%	0%	14%	100%	0%	0%	89%	0%	11%
Supported Housing	28%	13%	59%	0%	0%	100%	27%	12%	61%
Living Skills Training	64%	4%	32%	50%	50%	0%	63%	7%	30%
Supported Employment	56%	22%	22%	0%	0%	100%	53%	21%	26%
Medication and Medication Management	100%	0%	0%	100%	0%	0%	100%	0%	0%
ACT Team Services	100%	0%	0%	100%	0%	0%	100%	0%	0%

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 (88%); (88% for 2017 QSR).
- Services were available at times that are good for you (88%); (87% for 2017 QSR).
- Do you feel that you need more of a service that you have been receiving (38%); (43% for 2017 QSR).
- Do you feel that you need less of a service you have been receiving (7%); (5% for 2017 QSR).

The responses demonstrate that location and times of services that are offered do not appear to present barriers for members receiving services, although a significant percentage of members reported that they would like more of a service that they have been receiving.

The QSR is designed to identify service capacity gaps and potential network gaps may be present when service needs are identified without documentation in the clinical record that the service was provided. However, the review team identified other reasons for why a service was not provided when identified as a need, including:

- Direct care clinical teams did not initiate or follow up with a service referral,
- A member’s symptoms interfered with their ability to follow-up on a service referral,
- Inadequate or incomplete clinical documentation,
- Members 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 for findings. Family support services are excluded from the analysis as there are no corresponding questions on the interview tool related to that service. Peer support, supported employment and medication and medication management services are the services perceived by members to be most helpful with their recovery. Case management was perceived as being least effective in helping members advance their recovery. In 2017, case management and crisis services were rated the lowest.

Table 7 — Percentage of Individuals Agreeing that Services Help with their Recovery

2016, 2017 AND 2018 QSR — TITLE XIX AND NON-TITLE XIX									
TARGETED SERVICE	TITLE XIX			NON-TITLE XIX			TOTAL		
	2016	2017	2018	2016	2017	2018	2016	2017	2018
Case Management	78%	71%	72%	63%	80%	89%	72%	72%	75%
Peer Support Services	89%	90%	96%	88%	80%	100%	89%	88%	96%
Supported Housing	94%	88%	80%	71%	100%	100%	87%	89%	81%
Living Skills Training	91%	82%	83%	100%	67%	100%	92%	81%	84%
Supported Employment	82%	76%	89%	73%	100%	100%	75%	84%	89%
Crisis Services	91%	75%	87%	80%	100%	100%	86%	78%	88%
Medication and Medication Management	96%	85%	87%	90%	94%	100%	93%	87%	89%
ACT Services	89%	100%	86%	100%	50%	N/A	94%	90%	86%

Table 8 illustrates the percentage of members who reported a problem with one or more of the targeted services. ACT team services were reported to have the highest percentage of problems, followed by case management. The lowest percent of problems were reported for persons receiving family support services and living skills training.

Table 8 — Percentage of Reported Problems with Services

2016 AND 2017 QSR — TITLE XIX AND NON-TITLE XIX									
TARGETED SERVICE	TITLE XIX			NON-TITLE XIX			TOTAL		
	2016	2017	2018	2016	2017	2018	2016	2017	2018
Case Management	38%	36%	36%	43%	35%	21%	41%	36%	34%
Peer Support Services	17%	7%	14%	35%	14%	0%	26%	8%	12%
Family Support Services	0%	13%	0%	0%	0%	0%	0%	12%	0%
Supported Housing	28%	31%	23%	57%	50%	0%	36%	33%	22%
Living Skills Training	9%	3%	3%	0%	0%	11%	8%	5%	2%
Supported Employment	52%	32%	16%	24%	50%	0%	38%	35%	15%
Crisis Services	16%	20%	23%	32%	25%	50%	22%	21%	25%
Medication and Medication Management	36%	23%	28%	38%	20%	11%	37%	22%	25%
ACT Services	30%	0%	38%	17%	100%	N/A	25%	22%	38%

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

- **ACT Services:** Perceived communication issues and feelings that some clinical team members are not very supportive.
- **Case Management:** Lack of communication (not available, do not return telephone calls) gaps in assignment of case managers, a lack of consistency (multiple comments about case manager turnover), unable to access requested services and inconsistent follow-up with securing services.
- **Medication and Medication Management:** No consistency (multiple comments about prescriber turnover), lack of communication (multiple comments about feeling like the prescriber doesn't listen to concerns and/or needs) and challenges getting medications refilled on a timely basis.
- **Crisis Services:** Lag times to obtain crisis services (reaching crisis services by telephone and lengthy wait times to be admitted).

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 services, supported housing, peer support service, supported employment, and medication and medication management. ACT services and case management were rated the lowest. In 2017, case management, crisis services and supported employment were rated the lowest. See Table 9 below.

Table 9 — Average Service Ratings (Rated from 1 [lowest]–10 [highest])

2016, 2017 AND 2018 QSR — TITLE XIX AND NON-TITLE XIX									
TARGETED SERVICE	TITLE XIX			NON-TITLE XIX			TOTAL		
	2016	2017	2018	2016	2017	2018	2016	2017	2018
Case Management	7.1	6.8	**7.3**	6.9	7.1	**8.6**	7.0	6.8	**7.5**
Peer Support Services	7.5	8.8	**8.0**	7.0	8.9	**8.0**	7.3	8.8	**8.0**
Family Support Services	9.0	7.9	**7.6**	6.3	10.0	**10.0**	8.2	8.0	**8.1**
Supported Housing	7.3	8.2	**8.0**	6.8	6.3	**10.0**	7.1	8.1	**8.1**
Living Skills Training	7.5	8.2	**7.7**	7.0	7.0	**7.0**	7.3	7.9	**7.6**
Supported Employment	6.7	7.6	**8.0**	6.1	5.3	**8.5**	6.4	7.2	**8.0**
Crisis Services	7.8	7.0	**7.8**	7.3	5.3	**9.0**	7.6	6.8	**7.9**
Medication and Medication Management	8.0	7.8	**7.8**	7.1	8.4	**9.1**	7.6	7.9	**8.0**
ACT Services	7.6	9.4	**7.0**	7.2	6.5	**N/A**	7.4	8.8	**7.0**

Table 10 depicts rates of functional outcomes as determined through member interviews, progress notes, assessments and ISPs. Rates of employment for members included in the sample were lower in 2018 than 2017 (19% compared to 21%). In 2018, a higher percentage of members included in the sample were engaged in a meaningful day activity than in 2017 (91% in 2018 versus 86% in 2017). Ninety-four percent of members in the sample were determined to have housing. This compares to 99% in 2016 and 97% in 2017. The QSR MRR 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

2015, 2016, 2017 and 2018 QSR — Title XIX and Non-Title XIX												
Functional Outcomes	Title XIX				Non-Title XIX				Total			
	2015	2016	2017	2018	2015	2016	2017	2018	2015	2016	2017	2018
Employed	21%	30%	19%	**19%**	30%	36%	26%	**24%**	25%	33%	21%	**19%**
Meaningful Day Activities	93%	82%	85%	**90%**	94%	81%	88%	**95%**	93%	82%	86%	**91%**
Housing	99%	100%	97%	**93%**	97%	98%	100%	**100%**	98%	99%	97%	**94%**

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. The QSR MRR 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.*"

Table 11 — Percentage of Individual Strengths Identified in Assessment, ISP, Progress Notes and ISP Objectives

2016, 2017 AND 2018 QSR — TITLE XIX AND NON-TITLE XIX									
DOCUMENT TYPE	TITLE XIX			NON-TITLE XIX			TOTAL		
	2016	2017	2018	2016	2017	2018	2016	2017	2018
Assessment	78%	62%	**82%**	80%	87%	**89%**	79%	66%	**84%**
ISP	94%	95%	**99%**	77%	100%	**100%**	87%	96%	**99%**
Progress notes	38%	53%	**78%**	38%	56%	**85%**	38%	53%	**79%**
All three documents	23%	38%	**43%**	21%	50%	**53%**	22%	39%	**45%**
ISP objectives based on strengths	72%	69%	**52%**	64%	79%	**35%**	69%	70%	**50%**

Based on the MRR, peer reviewers determined if member strengths were documented in the assessment, ISP and progress notes. A final MRR item assesses if the member's strengths were consistently identified in the assessment, ISP and progress notes (all three documents).

Similar to the 2017 QSR, peer reviewers noted that strengths were most commonly identified in the ISP. However, ISP objectives were not consistently based on members' identified strengths (50%). Peer reviewers noted a significant improvement in the identification of strengths in progress notes (79% in 2018 compared to 53% in 2017). The all or none scoring methodology applied to the final item 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

2015, 2016, 2017 AND 2018 QSR — TITLE XIX AND NON-TITLE XIX												
EVALUATION CRITERIA	TITLE XIX				NON-TITLE XIX				TOTAL			
	2015	2016	2017	2018	2015	2016	2017	2018	2015	2016	2017	2018
Services are based on individuals' strengths and needs	57%	69%	67%	**75%**	72%	71%	74%	**83%**	64%	70%	68%	**76%**

Overall, 76% 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 few unedited member comments are presented below:

- "Because half the time they were not listening to you, just sending me through."
- "Because case manager didn't set up services as requested."
- "Because they really don't do anything for me, I don't even know my case manager. Hasn't had a visit in years."
- "Nobody at the clinic takes the time to understand her struggles and then make a plan to work through them and follow through."

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	2017 QSR
Do you have enough contact with your case manager?	129	81%	67%
Your case manager helps you find services and resources that you ask for.	114	75%	72%
On a scale of 1 to 10, how satisfied were you with the case management services you received? (Average score)	128	7.5	6.8
Were there problems with the case management services that you received?	127	34%	36%
How long did it take for you to receive case management services? (Percent receiving services within 15 days)	127	82%	82%

Consistent with previous years, 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. Case managers were often noted by members to be difficult to reach and some failed to return telephone calls. A few members expressed satisfaction and appreciation for the role that the case manager assumed in supporting their recovery — below are examples of member comments extracted from the interview tools:

- "It's easy to contact my case manager through the phone. If she is not available someone will answer or the team case manager is very nice."
- "I think they're doing a really good job."

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	2017 QSR
Your peer support/recovery support specialist helps you to better understand and use the services available to you.	28	96%	88%
How long did it take for you to receive peer support services? (Percent receiving services within 15 days)	26	77%	77%
On a scale of 1 to 10, how satisfied were you with the peer support services you received? (Average score)	34	8.0	8.8
Were there problems with the peer support services that you received?	33	12%	8%

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

- "There was a lot of turnover."
- "Calling and not following through."
- "No, they never offered them."

Other respondents expressed positive experiences, including:

- "It was very good"
- "I meet with friends from my clinic at Village Inn every Wednesday for coffee. We organized this ourselves."

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	2017 QSR
How long did it take for you and your family to receive family support services? (Percent receiving services within 15 days)	12	89%	80%
On a scale of 1 to 10, how satisfied were you with the family support services you received? (Average score)	10	8.1	8.0
Were there problems with the family support services that you received?	12	0%	12%

Member comments suggested that that members were satisfied with the family support services they received:

- "It was very good."
- "It's crucial."

While at least one member requested additional information about the purpose and intent of family support services:

- "I would be interested in finding out more about this service and if it is applicable to my life".

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	2017 QSR
Your supported housing services help you with your recovery.	36	81%	89%
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?	97	36%	39%
Do you feel safe in your housing/neighborhood?	48	85%	82%

INTERVIEW QUESTIONS	NUMBER OF INDIVIDUALS RESPONDING	"YES" RESPONSE RATE	2017 QSR
How long did it take for you to receive supported housing services? (Percent receiving services within 15 days)	45	27%	46%
On a scale of 1 to 10, how satisfied were you with the supported housing services you received? (Average score)	41	8.1	8.1
Were there problems with the supportive housing services that you received?	45	22%	33%

The types of supported housing services that individuals received were collected during the member interviews. Similar to the 2017 QSR, the most frequent services/assistance received was rental subsidies (routine assistance paying for all or part of the rent through a publicly funded program), pays no more than 30% of income for rent, and adhering to consumer choice (letting the member choose where to live).

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 wasn't offered. They want me to be homeless first. I am staying with a relative right now but I think I am on a section 8 list. But it's been 9 months or better."
- "Never returned messages. Not enough information was given to help me understand the process. Problems with the apartment area. Did not feel safe and had bed bugs right away. Have voucher with Home Inc. but didn't feel like my voice was heard."
- "In a waiting list to get help for supportive housing. Would like more input from case manager on these services".
- "They never helped me and I needed it."
- "Still waiting to get help with rent and I can't stay where I am. I will have to move."

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	2017 QSR
Living skills services have helped you manage your life and live in your community.	37	84%	81%
How long did it take for you to receive living skills training services? (Percent receiving services within 15 days)	30	63%	67%
On a scale of 1 to 10, how satisfied were you with the skills management training you received? (Average score)	39	7.6	7.9
Were there problems with the skills management training that you received?	42	2%	5%

Living skills training services were perceived to be more helpful and were reported to have fewer problems this year compared to 2017 QSR results. However, the services slightly more difficult to access when compared to 2016 QSR findings.

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	2017 QSR
You found these job-related services helpful.	37	89%	84%
Someone at your clinic told you about job-related services such as resume writing, interview, job group, or vocational rehabilitation.	109	63%	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?	132	52%	52%

INTERVIEW QUESTIONS	NUMBER OF INDIVIDUALS RESPONDING	"YES" RESPONSE RATE	2017 QSR
How long did it take for you to receive supported employment services? (Percent receiving services within 15 days)	30	53%	69%
On a scale of 1 to 10, how satisfied were you with the employment services you received? (Average score)	39	8.0	7.2
Were there problems with the employment services that you received?	42	15%	35%

The types of supported employment services were collected during the member interviews. The most frequent services received were job coaching (20), resume preparation (20), job interview skills (19), career counseling (18), transportation (14) and individually tailored supervision (14). Comments from members regarding supported employment services included the following:

- "I did not know I could work and keep my benefits."
- "It was very good"
- "They should check back with you to see how you are doing."
- "Clinic helped to connect to ABIL 360."
- "Helped devise a plan that best fit my needs. They just don't give up."
- "Job coach was wonderful. I was not told about job services. I initiated the services and met with the job coach at my clinic on my own."

CRISIS SERVICES

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

INTERVIEW QUESTIONS*	NUMBER OF INDIVIDUALS RESPONDING	"YES" RESPONSE RATE	2018 QSR
Did you receive crisis services from a hospital within the past year?	25	80%	71%
Did you receive any mobile crisis team intervention services within the past year?	25	72%	36%
Did you receive any crisis services from a crisis unit within the past year?	24	46%	66%
Did you receive any crisis hotline services within the past year?	25	52%	52%
Did anyone (i.e., mobile team, clinical team member) come to you to help you in the crisis?	25	72%	53%
Were crisis services available to you right away?	25	92%	88%
On a scale of 1 to 10, did the crisis services you received help you resolve the crisis? (Average score)	25	7.9	6.8
Did you have any problems with the crisis services that you received?	24	25%	22%

* These questions are posed to a subset of the sample that responds "Yes" to having received crisis services in the past year (QSR Interview Tool Q.54).

Selected comments from members regarding crisis services include:

- "Been in the system for 14 years. In that time, I've had incredible people help me in my journey. Including crisis teams and services. Without them I would not be where I am today in my life."
- "All of them were good."
- "They don't follow through"
- "Be more lenient on time schedules for appointments."
- "I was put on hold for a half an hour to an hour with the crisis hotline."

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	2017 QSR
Were you told about your medications and side effects?	122	73%	73%
Were you told about the importance of taking your medicine as prescribed?	121	92%	90%
Do you feel comfortable talking with your doctor about your medications and how they make you feel?	123	93%	89%
The medication services you received helped you in your recovery.	122	89%	87%
On a scale of 1 to 10, how satisfied were you with the medication services you received? (Average score)	127	8.0	7.9
Were there problems with the medication services that you received?	126	25%	22%

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

- "I am happy with my med services."
- "The person prescribing is easy to talk to."
- "Needed medication assistance for anxiety and doctor wouldn't listen/help and was mean."
- "Kept changing doctors. Can't make next appointment until 3 months later, you have to remember to call them 3 days prior."
- "Change doctors too much."
- "My doctor is supposed to prescribe my meds for 3 months and he is only doing 30 days. I only see him every 3 months, so for the other 2 months I have to fight with my clinic to get my meds so I had to go to urgent care to get my meds."

ASSERTIVE COMMUNITY TREATMENT

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

INTERVIEW QUESTIONS	NUMBER OF INDIVIDUALS RESPONDING	"YES" RESPONSE RATE	2017 QSR
Your ACT services help you with your recovery.	7	86%	90%
How long did it take you to receive ACT services? (Percent receiving services within 15 days)	7	100%	78%
On a scale of 1 to 10, how satisfied were you with the ACT services you received? (Average score)	8	7.0	8.8
Were there problems with your ACT services?	8	38%	22%

Examples of member comments regarding ACT team services include:

- "The ACT team accuses me of lying. The head of the ACT team is rude. The team is confrontational and unsupportive except for case manager".
- "I am happy to have services".

APPENDIX B

QSR STUDY CONCLUSIONS AND RECOMMENDATIONS

The following conclusions are presented based on the 2018 QSR analysis, organized by each of the QSR study questions. As recommended by Mercer following prior QSRs, existing initiatives should be leveraged when applicable and a thorough root cause analysis be completed for each major finding. A detailed review may confirm suspected systemic deficiencies and help ensure that primary causal factors are identified and addressed.

2018 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 match member needs as measured by responses to QSR interview questions.

A.2. A significant percentage of the sample did not have a current assessment (16%) or ISP (21%) available.

A.3. Some assessments included contradictory information regarding the need for one or more of the targeted services. In one example, the clinical team documented that the member was “not currently employed, expresses not [*sic*] interested in employment at this time”. However, within the same assessment, the following statement is attributed to the member: “I want to get a job where I work alone”. While the member’s corresponding ISP included an identified need for the member to meet with the “rehab specialist to identify working interest”, the ISP did not include supported employment services.

A.4. ISP objectives were presented as actions that the clinical team planned to complete as opposed to an activity that the member and/or family would initiate.

A.5. In some cases, ISP objectives did not appear individualized to the person’s unique needs. The review team noted that several ISPs repeated the same objective to support a member’s identified recovery goals/needs.

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. For example, one ISP in the sample included family support services as an intervention to address an objective of “social/community integration” and the member’s need to “continue to visit with family and friends”. In another case, the clinical team recommended pre-job training and development services to address the member’s living goal (“I want to continue to live where I currently live”).

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

B.1. For most of the 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. 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.2. Similar to findings derived from the member interviews, the CIS data shows rates of service in excess of identified needs on the ISP.

B.3. In some cases, peer reviewers noted that services to address needs identified on the ISP were not consistently delivered to the member. It was noted that medical record documentation did not always include evidence that referrals for identified service needs were initiated. In other cases, an assessed need was not conveyed to the member's ISP. In one poignant example, the clinical team documented "(member) needs housing ASAP". However, the same member's ISP, dated the same day of the assessment, did not include a reference or intervention to address the member's need for housing.

B.4. Peer reviewers noted trends of individuals receiving targeted behavioral health services regardless of any identified needs documented in the assessment or ISP. In these cases, reviewers observed that targeted services were recommended by the clinical team in the absence or contrary to the member's preferences and identified needs. For example, one member reported not being interested in furthering her education or finding employment; choosing to continue treatment for her behavioral health conditions. However, the same member's ISP included a need for an assessment of employment goals and ongoing support to maintain employment services. In another example, the clinical team concluded in the assessment that the "(member) is unable to work". However, the member's corresponding ISP included supported employment services, including pre-job training and development and ongoing support to maintain employment.

B.5. A significant percentage of member interview responses indicate that members who reportedly did not receive select targeted services perceived the need for many of those same services.

C. Are the targeted behavioral health services available?

C.1. A significant percentage of members reported that they would like more of a service than what they have been receiving.

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

C.3. Consistent with prior year results, the services least available within 15 days were supported housing and supported employment.

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

D.1. Case management services were reported to have the highest percentage of problems, including a lack of communication (not available, do not return telephone calls) a lack of consistency (multiple comments about case manager turnover), unable to access requested services and inconsistent follow up with securing services.

D.2. Members were asked to report their satisfaction with specific services. Services that were rated with the highest levels of satisfaction were family support services, supported housing, peer support service, supported employment, and medication and medication management. ACT services and case management were rated the lowest.

D.3. Rates of employment for the QSR member sample were comparable to rates recorded during the 2017 QSR (19% compared to 21%).

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

E.1. Peer reviewers noted that strengths were most commonly identified in the ISP. However, ISP objectives were not consistently based on members' identified strengths (50%).

E.2. Assessments inconsistently identified member strengths that could be leveraged as part of the member's ISP.

E.3. Overall, 76% of members felt that services were based on their strengths and needs.

APPENDIX C

TRAINING SYLLABUS

QUALITY SERVICE REVIEW PROJECT SYLLABUS

AHCCCS asked Mercer to assist with the annual QSR to ensure the delivery of quality care to members with a 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 target services as needed. The target services include case management, peer and family support, supportive housing living skills training, supported employment, crisis services, medications and medication management, and ACT team services.

Two of the components of the QSR project include: a) interviews with consumers and, b) a corresponding MRR by peer support workers. Mercer contracted with REN and S.T.A.R. 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 MRRs.

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 participant will be able to conduct the member interviews. It is anticipated that most of the interviews will be completed by the end of March.

The second training section (Part Two) will occur in late February/early March and provides IRR training and testing on completing the MRRs. A three-day training, Part Two will prepare trainees to use the MRR tool to score medical records of those members who have been interviewed. The schedule for Part Two will be provided in January.

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 MRRs. 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, and d) meeting or exceeding 80% on the IRR testing. Due to the tight timelines involved with 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 on site during lunch and breaks (*lunch will be provided each day*).

Part One Schedule

JANUARY 8, 2018	INTRODUCTION TO THE PROJECT
9:00 am–9:30 am	Welcome and Participant Introductions
9:30 am–10:30 am	Overview: Training and Project
10:30 am–10:45 am	Break
10:45 am–11:45 am	Important Interview Standards and Introduction to Workflow
11:45 am–12:30 pm	Lunch
12:30 pm–1:30 pm	Workflow Barriers and Solutions
1:30 pm–1:45 pm	Break
1:45 pm–3:30 pm	Target Services

JANUARY 9, 2018	ENGAGING AND INTERVIEWING SURVEY PARTICIPANTS
9:00 am–10:30 am	Engaging Participants
10:30 am–10:45 am	Break
10:45 am–11:30 am	Engaging Participants
11:30 am–12:15 pm	Lunch
12:15 pm–1:15 pm	Interview Tool and Large Group Role Play
1:15 pm–1:30 pm	Break

JANUARY 9, 2018	ENGAGING AND INTERVIEWING SURVEY PARTICIPANTS
1:30 pm–3:00 pm	Interview Tool: Small Group Practice and Plenary
3:00 pm–3:15 pm	Next steps, Wrap-Up, Certificates

LEARNING ACTIVITIES, OBJECTIVES AND OUTCOME MEASURES

REVIEW OF INTERVIEW STANDARDS: CONFIDENTIALITY AND ETHICS, HEALTH AND SAFETY, BOUNDARIES	
Learning Activity:	Lecture
Learning Objective:	Trainees will be able to identify situations that pose risk of confidentiality and/or ethics violation, identify health and safety concerns; possible boundary violations, 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.

STANDARDIZED WORKFLOW FOR COMPLETING PROJECT TASKS	
Learning Activities:	Lecture and small group task.
Learning Objectives:	Trainees will learn: • The steps needed to successfully complete each of their assigned tasks, • The importance of complying with the standardized procedures, and • How to respond to challenges to successfully completing the tasks in the workflow.
Outcome Measure:	In a small group, trainees will develop a list of possible barriers to completing the workflow and propose solutions. Trainees will then present findings to the larger group.

TARGET SERVICES	
Learning Activity:	Lecture and small group task.
Learning Objective:	Trainees will learn the service description, typical tasks of the service, needs and objectives associated with each target service.

TARGET SERVICES	
Outcome Measures:	• In a small group, the trainee will successfully match each target service with its description, purpose, provider type and location. • Trainees will correctly answer a majority of the items on an eight question item quiz over the structure and functions of the RBHAs.

ENGAGING MEMBERS	
Learning Activities:	Overview of issues, lessons learned from prior year, role play and small group practice.
Learning Objectives:	Trainees will share best practices, role play engagement techniques and motivational interviewing strategies.
Outcome Measures:	• 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. • Group will generate a list of best practices.

SUCCESSFUL USE OF THE INTERVIEW TOOL	
Learning Activities:	Lectures, small group tasks and interview practice sessions.
Learning Objectives:	Trainees will become familiar with the interview tool and learn to conduct a standardized interview.
Outcome Measures:	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.

QSR PROJECT SYLLABUS: SCORING THE MEDICAL RECORD

AHCCCS asked Mercer to assist with the annual QSR to ensure the delivery of quality care to members with a 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 target services as needed. The target services include case management, peer and family support, supportive housing living skills training, supported employment, crisis services, medications and medication management, and ACT team services.

Two of the components of the QSR project include: a) interviews with consumers and, b) a corresponding MRR by peer support workers. Mercer contracted with REN and S.T.A.R. 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 MRRs.

The MRR provides IRR training and testing on completing the MRRs. This second training section will prepare trainees to use the MRR 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 completing the MRRs. Course requirements include:

- Arriving on time for each day's training,
- Participating in all the modules identified in this syllabus,
- Completing all the assigned tasks, and
- Meeting or exceeding 80% on the IRR testing. Due to the tight timelines involved with 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 on site during lunch and breaks (*lunch will be provided each day*).

Medical Record Review Schedule

MARCH 5, 2018	INTRODUCTION TO THE MRR TOOL
9:00 am–9:15 am	Welcome and Orientation to Part Two
9:15 am–9:45 am	MRR Introduction
9:45 am–10:30 am	MRR Tool and Supports
10:30 am–10:45 am	Break
10:45 am–11:45 am	Case #1: Stage One
11:45 am–12:30 pm	Lunch
12:30 pm–1:30 pm	Case #1: Stage Two
1:30 pm–1:45 pm	Break

MARCH 5, 2018	INTRODUCTION TO THE MRR TOOL
1:45 pm–2:30 pm	Case #1: Stage Three
2:30 pm–4:00 pm	Case #2: Overview of IRR Process and Small Group Break-out
4:00 pm–4:15 pm	Questions, Collect Records, Wrap-Up
MARCH 7, 2018	**MRR PRACTICE**
9:00 am–10:30 am	Case #2
10:30 am–10:45 am	Break
10:45 am–12:00 pm	Case #2
12:00 pm–12:45 pm	Lunch
12:45 pm–4:15 pm	Case #3 with Break at 3:00
4:15 pm–4:30 pm	Wrap-Up and Debrief

MARCH 9, 2018	MRR IRR PRACTICE/TESTING
9:00 am–12:00 pm	Case #4 with Break at 10:30
12:00 pm–12:45 pm	Lunch
12:45 pm–4:30 pm	Case #4 with Break at 2:45
4:30 pm–5:00 pm	Next Steps, Wrap-Up

LEARNING ACTIVITIES, OBJECTIVES AND OUTCOME MEASURES

MRR AND USING THE RECORD REVIEW TOOL	
Learning Activities:	Lectures, small group tasks, individual practice with feedback.
Learning Objectives:	• Trainees will become familiar with the numerous provider medical record layouts and design and how to find the information required for the MRR tool. • Trainees will acquire expertise in correctly scoring the record review tool on different types of medical records. • Trainee will become proficient in scoring the medical record tool.
Outcome Measures:	• Trainees will have scored one scenario and one medical record and received feedback on scoring relative to other reviewers' scoring and the benchmark scoring. • In small groups, trainees will have scored two medical records and received feedback on scoring relative to reviewers' scoring and the benchmark scoring. • Trainees will have achieved a score of 80% IRR testing on two medical records.

APPENDIX D

QUALITY SERVICE REVIEW INTERVIEW TOOL

Interviewer Initials: _____

Review Number: _____ (Located on the face sheet)

Title XIX ☐ Non-Title XIX ☐

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. In the past year, did 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).*
   "In the past year, 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)*.
    "In the past year, did 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. In the past year, 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. In the past year, did 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) Relocation services
c. ☐ Legal assistance
d. ☐ Furniture
e. ☐ Neighborhood orientation
f. ☐ Help with landlord/neighbor relations
g. ☐ Help with budgeting, shopping, property management
h. ☐ Pays no more than 30% of income in rent

i. ☐ Eliminating barriers to housing access and retention (helping you get into housing and keep your housing)
j. ☐ Fostering a sense of home (making you feel at home and comfortable)
k. ☐ Facilitating community integration and minimizing stigma (helping you become a part of your community)
l. ☐ 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)
m. ☐ 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).*
"In the past year, 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) Relocation services
c. ☐ Legal assistance
d. ☐ Furniture
e. ☐ Neighborhood orientation
f. ☐ Help with landlord/neighbor relations
g. ☐ Help with budgeting, shopping, property management
h. ☐ Pays no more than 30% of income in rent
i. ☐ Eliminating barriers to housing access and retention (helping you get into housing and keep your housing)
j. ☐ Fostering a sense of home (making you feel at home and comfortable)
k. ☐ Facilitating community integration and minimizing stigma (helping you become a part of your community)
l. ☐ 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)
m. ☐ 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).*
"In the past year, 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. In the past year, 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).*
    "In the past year, 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).*
"In the past year, 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? Comments/Suggestions:

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. In the past year, 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).*
    "In the past year, 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? Comments/Suggestions:

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. In the past year, did 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. In the past year, did you receive ACT services?
    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
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).*
"In the past year, 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 would 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 Q1–2**, 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, 2 and 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.*

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 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?**

RESERVED — DO NOT SCORE THIS ITEM

***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 both of the following are true:*

- *Questions 1–2 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 any of the following are true:*

- *Question 1 OR 2 is "No".*
- *The needs identified in the assessment and ISP were not consistent.*

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

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 5–8" below, use the following guidelines.*

Guidelines:

- Justify all responses for Questions 5–8 in the tables provided.
- For "Yes" responses, provide the category of strength and the supporting documentation reference.
  - For the assessment and ISP, provide the date of the document for supporting documentation reference.
  - For the progress notes, 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 was not found ☐

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:	

Progress note Type	Dates	Category of strength in Progress Notes	Page nos.
		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

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 Q9–10**, 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 any of the following are true:*

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

**** Reviewer Notes:*

- *Justify "No" and "Cannot determine" responses to Questions 9, 10 and 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:	

ISP	Dates	Category of need addressed by ISP objectives	Page nos.
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?**

RESERVED — DO NOT SCORE THIS ITEM

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.*

*** *Reviewer Notes:*

- *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 Q14–15**, 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.*
- *If one identified need does not have a corresponding service, score "No".*

**** Reviewer Notes:*

- *Justify "No" and "Cannot determine" responses to Question 14–15 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:	

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

RESERVED — DO NOT SCORE THIS ITEM

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 either 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, column B*, review the most recent ISP (column B) 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). Score 'N' if the service was not identified on the ISP (column B).*

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 column B that has a corresponding 'Y' in column D, score 'Y'. For each 'Y' in column B that has a corresponding 'N' in column D, indicate 'N'. For each "N" in column B that has a corresponding "Y" in column D, score "N". Leave column E blank if column B and column D are both scored "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** **DO NOT SCORE**	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? **DO NOT SCORE**	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?**
    - A. ☐ Service was unavailable.
    - B. ☐ There was a wait list for services.
    - C. ☐ The individual refused services.
    - D. ☐ Unable to determine.
    - E. ☐ 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[7]

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?**

[7] Follow protocol related to urgent/emergent issues, if indicated.

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

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