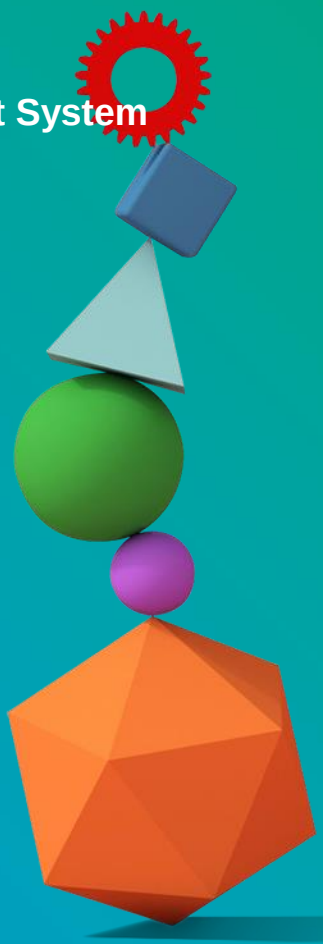
Mercer

Government Human Services Consulting

2022 Quality Service Review

Arizona Health Care Cost Containment System

October 28, 2022



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Section 1

Executive Summary

The Arizona Health Care Cost Containment System (AHCCCS) engaged 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 ninth in an annual series of QSRs and the sixth to be facilitated by Mercer. The purpose of the review is to identify strengths, service capacity gaps, and areas for improvement at the system-wide level for members with SMI who are 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, including scheduling and conducting interviews and completing medical record reviews (MRRs) for a sample of members with SMI.
- **Training** — Mercer developed a two-week training curriculum to orient and train peer reviewers on 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 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 135 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, the MRR, 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 2022 QSR are presented in this section. Information is aligned with the review activity study questions. It should be noted that the information in this report spans a timeframe that includes disruptions stemming from the ongoing COVID-19 pandemic. In light of the unprecedented disruptions the pandemic caused to the behavioral health delivery system, ongoing consideration should be given when reviewing the utilization and member satisfaction findings included in this report.

Last, as this is the ninth year the QSR study has been conducted, Mercer elected to add a five-year average to certain data points, alongside the year-over-year analyses. Each year, the data shifts across the targeted services and these shifts are often inconsistent from year to year. This can make it challenging to extrapolate yearly data to form long-term conclusions about the status of Maricopa County's behavioral health system. The addition of this five-year average takes into a consideration the variations in data year-over-year and may allow for clearer interpretation of the data.

Are the needs of members with SMI being identified?

The QSR analysis found that case management services and medication management services continue to be the most frequently identified service needs. This is the same finding as the last two years and correlates with trends over the last five years.

Seventy-one percent (71%) of cases included ISP objectives that addressed members' needs (compared to 55% in 2021). A five-year average shows that ISP objectives address members' needs 62% of the time. Similar to past years and in many cases, the review team did note 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. Eighty-six percent (86%) of the cases reviewed included ISP services that were based on the member's needs. Although this represents a small decrease from 2021 (90%), the number represents a continued improvement since the 2020 review (70%). The five-year average is 84%.

Five-Year Average 2018–2022

- **ISP objectives addressed members' needs** = 62%
- **ISP services were based on members' needs** = 84%

*Over the last five years, an average of **19.6** members, or **15%** of the sample, did not include a current ISP.*

It is important to note that 22 members, or 16% of the sample, did not include a current ISP. Service needs are unable to be identified when ISPs are missing or are outdated. When appropriate, these 22 members were excluded from analyses.

When identified as a need, are members with SMI 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 is defined as the service being documented in the ISP. Reviewers evaluated progress notes, interview responses, and service utilization data to determine if the service was subsequently provided to the member.

Case management, family support, medication management, and ACT team services were the services most consistently provided following the identification of the need for these services. These results are similar to the 2021 QSR results. Peer support, supportive housing, living skills training, and supported employment were not found to be as consistently provided once the need was identified on the ISP.

As mentioned above, the need for the targeted services could not be established in 16% 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 also noted that some individuals received one or more of the targeted services regardless of an identified need documented in the assessment or ISP.

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.

Since 2017, on average, case management was available to 87% of members within 15 days. This year's data represents a 46% reduction in the availability in case management within 15 days.

- The services most readily available within 15 days were medication management (91%), case management (54%), and supported employment (48%).
- Similar to last year, the services least available within 15 days were family support (25%), living skills training (25%) and supportive housing (20%). Notably, the time to access peer support and ACT services increased. In 2021, members reported they received peer support services within 15 days 80% of the time (36% in 2022) and ACT services were initiated within 15 days 100% of the time (33% in 2022).
- Similar to the last two years, almost half of the respondents receiving supportive housing services reported that it took more than 30 days to access the service.

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 (68%); (88% for 2021 QSR).
- Services were available at times that are good for you (78%); (87% for 2021 QSR).
- Do you feel that you need more of a service that you have been receiving? (24%); (25% for 2021 QSR).
- Do you feel that you need less of a service you have been receiving? (1%); (1% for 2021 QSR).

The responses demonstrate that times when services are offered do not appear to present as barriers for members receiving services. However, fewer members reported that the location of services was convenient for them. This may be reflective of the pandemic when more services were offered virtually or by phone. As clinics have returned to clinic-based services, some members may feel that this is no longer convenient for them.

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

The QSR interview tool includes a number of questions that assess the efficacy of services and the extent that these services satisfy identified needs.

This year, across all services except for living skills training, there was a reduction in the perception of the impact of the services on a member's recovery. Historically, medication and medication management services was the service perceived to be the most helpful with a members' recovery (93% in 2021). However, living skills training was considered the most beneficial to 92% of members receiving. Also, typically case management has been perceived as being least effective in helping members advance their recovery, but in 2022 peer support services were perceived as the least effective.

In comparison to 2021, family support, supportive housing, and living skills training were reported to have less problems. Other services, specifically case management, peer support, supported employment, crisis, and ACT were reported to have a higher percentage of problems. Notably, similar to last year, case management services were reported to have the highest percentage of problems. The five-year average for problems reported for case management services is 37% which is the highest rate of reported problems compared to all other services, followed by ACT services (27%)[1] and crisis services (23%). The services with the lowest percentage of reported problems on a five-year average are family support services and living skills training.

Case management services continue to have the highest rate of reported problems of all services — Five-year average of 37%.

Are supports and services designed around members with SMI 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 2020 and 2021 QSRs, peer reviewers noted that strengths were most commonly identified in the ISP and the assessment. The rate at which ISP objectives are based on members' identified strengths has continued to improve slightly (53%) since 2019 (43%). Peer reviewers noted a continued downward trend in the identification of strengths in progress notes along with a similar reduction in consistency across all document types (27%).

Overall, 76% of members felt that services were based on their strengths and needs. Although this is a slight decrease compared to 2020 and 2021, this trend does align with the five-year average of 76%.

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

[1] This year, only three recipients within the sample reported to be receiving ACT services. This low volume should be noted when ACT services are referenced in the report. ACT members comprise only 6% of the entire SMI populations. These three members represented 2% of the sample interviewed.

Section 2
Overview

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).[2] The QSR evaluation approach includes interviews and medical record reviews (MRRs) of a sample of members with SMI by persons with lived experience and determines need and availability of the following targeted behavioral health services:

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

Goals and Objectives of Analyses

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

1. Are the needs of members with SMI being identified?
2. Do members with SMI 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 members with SMI receive meeting identified needs?
5. Are supports and services designed around members' with SMI 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. Mercer did not design the interview or record review tools

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

used in the QSR and are unable to attest to the instrument's validity or reliability. The applicability and integrity of the results of the review 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 frame was stratified to approximate proportions found in the overall SMI population (79% Title XIX eligible, 21% 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 sample stratification methodologies rather than reflect changes in the availability and quality of services over time.

Section 3
Background

AHCCCS serves as the single State of Arizona authority to provide coordination, planning, administration, regulation, and monitoring of all facets of the State public behavioral health system. AHCCCS contracts with community-based organizations, known as Regional Behavioral Health Authority[3] (RBHAs), to administer integrated physical health (to select populations) and behavioral health services throughout the State. 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, supportive 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 Maricopa County's population experiencing SMI.

Serious Mental Illness 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

[3] As of October 22, Regional Behavioral Health Authority changed to Regional Behavioral Health Agreement.

behavioral health providers to provide the full array of covered physical and behavioral health services, including the nine targeted behavioral health services that are the focus of the QSR. RBHA-contracted community-based contractors and crisis providers are also responsible for providing crisis services.

For persons determined to have a SMI in Maricopa County, the RBHA has a contract with multiple adult administrative entities that manage ACT teams and/or operate health homes throughout the county. Health homes provide a range of recovery focused services to recipients with SMI 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 health homes and community provider locations. Access to other covered behavioral health services, including supported employment and supportive housing, living skills training, and crisis services, are accessible to recipients with SMI primarily through RBHA-contracted community-based providers.

Section 4
Methodology

The QSR included an evaluation of nine targeted behavioral health services: Case Management, Peer Support, Family Support, Supportive 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, including scheduling and conducting interviews and completing medical record reviews (MRRs) for a sample of members with SMI.
- **Training** — Mercer developed a two-week training curriculum to orient and train peer reviewers on 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).

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 activities. REN and S.T.A.R. 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 was held 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 to ascertain interest in participating in the QSR. Throughout the process, Mercer staff and peer reviewers sought to identify “best practices” for the review components of the QSR evaluation.

Part one training curriculum included the following schedule and topics:

Day One

- Introduction to the course and the project
- Interview standards
- Workflows for completing the interviews
- Overview of target services

Day Two

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

Part two of the training occurred a month 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
- Group debrief of Case #1 and initial review of Case #2

Day Two

- Individual scoring of Case #2
- Group debrief of Case #2
- IRR testing of Case #3

Day Three

- Complete IRR testing of Case #3
- IRR testing of Case #4

IRR testing was determined by correlating the peer reviewer's response with a "gold standard"; the answer was deemed to be correct by two experienced clinicians based on the instructions that accompanied the QSR MRR tool. The overall concordance rate was found to be consistent with the "gold standard" in 85% of the IRR cases.

Ongoing Support for Peer Reviewers

Mercer provided ongoing consultation to and with REN and S.T.A.R. team leads to address questions, follow-up with concerns, and track the number of interviews and MRRs completed. 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% confidence interval for the SMI population of 36,718.[4] The sample was stratified proportionally based on the total population of Title XIX eligible members (76%) and Non-Title XIX members (24%). In total, 1,230 members with SMI 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.

The final sample of members included 107 Title XIX members (79%) and 28 Non-Title XIX members (21%). 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, 2020–December 31, 2021). 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 contact 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 $25 gift card. Members who agreed to be interviewed were offered the choice to meet face-to-face or over the telephone. This was done in order to be sensitive to safety and social distancing measures

[4] Count of unduplicated SMI members derived from service utilization file spanning dates of service October 1, 2020 through December 31, 2021.

related to the COVID-19 pandemic. All 135 member interviews were completed between April 2022 and July 2022.

Note — Invitations to voluntarily participate in the interviews were extended to a defined list of members and 135 participants does not represent a statistically significant sample. As such, interview results should not be interpreted to be representative of the total population.

Medical Record Reviews

The review period for the MRR portion of the QSR was identified as October 1, 2020 through September 30, 2021. 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, 2021 (e.g., If a member's ISP was dated August 15, 2021, Mercer requested three months of progress notes following the date of the ISP). The adult administrative entities and/or health homes 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
  - 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 administrative entities and/or health homes 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.

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 PhD and licensed master 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, 2020 through December 31, 2021.

- **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 2018, 2019, 2020, 2021, and 2022 QSR, which is presented in the table below.

Table A — Data Congruence

Congruence Between Interview, Medical Record, and CIS File (2018–2022)						
	2018 (N=135)	2019 (N=135)	2020 (N=135)	2021 (N=135)	2022 (N=135)	5-Year Average
Case Management	89%	82%	78%	87%	70%	81%
Peer Support	53%	53%	39%	39%	44%	46%
Family Support	85%	81%	72%	77%	84%	80%
Supportive Housing	58%	57%	50%	52%	65%	56%
Living Skills Training	62%	76%	48%	53%	64%	61%
Supported Employment	57%	54%	35%	41%	33%	44%
Crisis Services	76%	66%	57%	65%	78%	68%
Medication and Medication Management	84%	64%	61%	67%	68%	68%
ACT Team Services[5]	89%	93%	93%	93%	99%	93%

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 health home progress notes primarily reflect services that are delivered directly by health home staff. Other community-based behavioral health services are rarely referenced or otherwise present through a review of health home progress notes. In these instances, members would report receiving

[5] 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.

the service and CIS encounter data would support the member's response, but the health home record would not have documented references of the service being delivered.

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

To the extent possible and when applicable, this report offers a year-to-year analysis based on 2022 QSR findings, a five-year analysis when appropriate, and for some units of analysis, 2018, 2019, 2020, and 2021 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 breakout of demographic data for the sample population. The 2022 QSR final sample of members with SMI is relatively similar to characteristics reported in prior QSR samples.

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

Age Break-Out	Number and Percent of Members (2022)
18–37	42 (31%)
38–49	23 (17%)
50–55	21 (16%)
56+	49 (36%)
Total	135

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

Race/Ethnicity	Frequency (2022)[6]	Percent(2022)
White	57	42%
African American	20	15%
Hispanic	5	4%
American Indian	2	1%
Asian	0	0%
Native Hawaiian	1	1%
Not Reported	50	37%

Identification of Needs

This section of the report presents the extent to which services are identified as a need by the clinical team. The 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.

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

Table 3 — Percentage of identified need for each targeted service based on the member's ISP [7]

Comparison of Data From 2018 to 2022																
Targeted Service	Title XIX					Non-Title XIX					Total					Total
	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022	5-Year Average
Case Management	79%	87%	86%	90%	80%	81%	68%	79%	82%	82%	79%	84%	84%	87%	80%	83%
Peer Support Services	26%	36%	47%	43%	25%	43%	20%	46%	28%	29%	29%	33%	47%	39%	26%	35%
Family Support Services	8%	12%	9%	3%	1%	0%	4%	11%	0%	0%	7%	10%	10%	2%	1%	6%
Supportive Housing	20%	19%	20%	16%	17%	0%	8%	4%	8%	7%	17%	17%	16%	13%	15%	16%
Living Skills Training	13%	24%	32%	17%	12%	24%	20%	14%	15%	10%	13%	23%	28%	16%	12%	18%
Supported Employment	32%	29%	50%	44%	32%	19%	20%	43%	31%	54%	30%	27%	49%	40%	36%	36%
Crisis Services	3%	0%	0%	4%	1%	5%	0%	0%	0%	0%	3%	0%	0%	3%	1%	1%
Medication and Medication Management	74%	82%	80%	88%	79%	71%	68%	75%	82%	82%	73%	79%	79%	86%	79%	79%
ACT Services	1%	1%	5%	7%	3%	0%	0%	0%	0%	4%	1%	1%	4%	5%	3%	3%

[7] 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?"*). Thirteen cases or 10% of the sample did not include a current ISP.

Overall, case management services and medication and medication management services are the most frequently identified service needs. The five-year calculated average demonstrates that this has been a consistent trend for the last five years.

Twenty-two members or 16% of the sample did not include a current ISP. None of the targeted services can be identified as a need on the ISP when the ISP is missing or is outdated. This is an increase compared to the last two years when 13% or 10% of the QSR sample did not include a current ISP. However, over the last five years, this number has varied and resulted in an average of 19.6 or 15% of the sample not including a current ISP.

The data in Table 4 below reflects 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 if the person is receiving a service based on their individualized needs and objectives. The QSR MRR tool defines an ISP objective as "*a specific action step the recipient or family will take toward meeting a need."*

Table 4 presents results for 2018, 2019, 2020, 2021, and 2022 and a five-year average.

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

Evaluation Criteria	Title XIX					Non-Title XIX					Total					
	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022	5-Year Average
ISP objectives addressed individuals' needs.	56%	58%	59%	60%	74%	41%	61%	48%	64%	82%	54%*	59%	57%	61%	71%	**62%**
Services are based on individuals' needs.	79%	91%	72%	90%	89%	71%	89%	60%	91%	100%	77%*	91%	70%	90%	86%	**84%**

**22 cases were scored "cannot be determined" due to missing ISPs and were eliminated from the analysis in this table.*

Seventy-one percent (71%) of cases included ISP objectives that addressed members' needs (compared to 55% in 2021). A five-year average shows that ISP objectives address members' needs 62% of the time. Similar to past years and in many cases, the review team did note 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.

Eighty-six percent (86%) of the cases reviewed included ISP services that were based on the member's needs. Although this represents a small decrease from 2021 (90%), the number represents a continued improvement since the 2020 review (70%). The five-year average is 84%.

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)

2022 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	80%	77%	82%	79%	80%	77%
Peer Support Services	25%	12%	29%	11%	26%	12%
Family Support Services	1%	1%	0%	0%	1%	1%
Supportive Housing	17%	7%	7%	7%	15%	7%
Living Skills Training	12%	4%	10%	4%	12%	4%
Supported Employment	32%	18%	54%	25%	36%	19%
Crisis Services	1%	0%	0%	0%	1%	0%
Medication and Medication Management	79%	73%	82%	71%	79%	73%
ACT Services	3%	3%	4%	0%	3%	2%

Case management, family support, medication management, and ACT team services were the services most consistently provided following the identification of the need for these services. These results are similar to the 2021 QSR results, however; peer support, supportive housing, living skills training, and supported employment were not found to be as consistently provided once the need was identified on the ISP.

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

2022 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	80%	78%	82%	82%	80%	79%
Peer Support Services	25%	12%	29%	11%	26%	12%
Family Support Services	1%	2%	0%	0%	1%	1%
Supportive Housing	17%	7%	7%	7%	15%	7%
Living Skills Training	12%	5%	10%	7%	12%	5%
Supported Employment	32%	19%	54%	25%	36%	20%
Crisis Services	1%	0%	0%	0%	1%	0%
Medication and Medication Management	79%	75%	82%	75%	79%	75%
ACT Services	3%	3%	4%	4%	3%	3%

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. Just as with the 2020 and 2021 QSR studies, peer support, supported employment, and living skills training services were provided at a lower rate than the identified need based on responses from members during face-to-face interviews. In 2022, supportive housing was added to this list.

The QSR interview tool also 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 2021 QSR results; ➲indicates no change from prior year results; 🡇 indicates a decrease from the previous year's measure).

Question #	Question	2022 Response — Yes	2021 Response — Yes
Q2	Do you have enough contact with your case manager (i.e., telephone and in person meetings with the case manager at a frequency that meets your needs)?	62% 🡇	76%
Q10	If you do not receive peer support, would you like to receive this kind of support?	33% 🡅	30%
Q18	If your family is not receiving family support services, would you and your family like to have these services?	26% 🡅	17%
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?	13% 🡇	21%
Q34	If you did not receive living skills training, did you feel you needed it during the past year?	24% 🡅	22%

Question #	Question	2022 Response — Yes	2021 Response — Yes
Q44	In the past year, did you feel you needed services to help you get or keep a job?	26% ↓	32%
Q71	If you are not receiving ACT services, would you like to have these services?	10% ↓	14%

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

2022 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%	100%	82%	100%	80%	100%
Peer Support Services	25%	45%	29%	43%	26%	44%
Family Support Services	1%	6%	0%	0%	1%	4%
Supportive Housing	17%	29%	7%	7%	15%	24%
Living Skills Training	12%	27%	11%	30%	12%	27%
Supported Employment	32%	57%	54%	50%	36%	56%
Crisis Services	1%	17%	0%	0%	1%	13%
Medication and Medication Management	79%	99%	82%	67%	79%	92%

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, 2020–December 31, 2021).

During the MRR, peer reviewers noted that some individuals received one or more of the targeted services regardless of an identified need documented in the assessment or ISP. Discrepancies between identified needs and service provision may also result from a misunderstanding of the intent and purpose of the services.

Last, as indicated earlier in the report, 16% of the sample did not include a valid ISP and a need for the targeted services cannot be established in these cases.

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 medication management (91%), case management (54%), and supported employment (48%). Since 2017, on average, case management was available to 87% of members within 15 days. This year's data represents a 46% reduction in the availability in case management within 15 days.
- Similar to last year, the services least available within 15 days were family support (25%), living skills training (25%), and supportive housing (20%). Notably, the time to access peer support and ACT services increased. In 2021, members reported they received peer support services within 15 days 80% of the time (36% in 2022) and ACT services were initiated within 15 days 100% of the time (50% in 2022).
- Similar to the last two years, almost half of the respondents receiving supportive housing services reported that it took more than 30 days to access the service.

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

2022 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	51%	4%	12%	60%	0%	0%	54%	3%	9%
Peer Support Services	35%	0%	15%	40%	0%	0%	36%	0%	12%
Family Support Services	27%	0%	9%	20%	0%	0%	25%	6%	6%
Supportive Housing	21%	11%	47%	0%	100%	0%	20%	15%	45%
Living Skills Training	20%	20%	10%	50%	50%	0%	25%	25%	8%
Supported Employment	43%	10%	5%	100%	0%	0%	48%	9%	4%
Medication and Medication Management	91%	0%	0%	91%	0%	0%	91%	0%	0%
ACT Team Services	33%	0%	33%	N/A[8]	N/A	N/A	33%	0%	33%

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:

[8] N/A indicates that there were zero Non-Title XIX members receiving ACT services and therefore, no responses were available.

- The location of services is convenient (68%); (88% for 2021 QSR).
- Services were available at times that are good for you (78%); (87% for 2021 QSR).
- Do you feel that you need more of a service that you have been receiving (24%); (25% for 2021 QSR)? *See call-out box for examples of services that members would like to receive more of.*
- Do you feel that you need less of a service you have been receiving (1%); (1% for 2021 QSR).

Examples of Additional Services Requested

- Counseling (including family counseling)
- Peer support
- Vocational rehabilitation services
- Help with budgeting and managing finances
- Accessing housing
- Accessing with a benefits specialist

The responses demonstrate that times of services offered do not appear to present as barriers for members receiving services. However, this year, fewer members reported that the location of services was convenient for them. This may be reflective of the pandemic when more services were offered virtually or by phone. As clinics have returned to more clinic-based services, some members may feel that this is no longer convenient for them. Regarding needing more or less of a service, members reported similar needs in 2022 compared to 2021.

Extent that Supports and Services are Meeting Identified Needs

This section of the report examines whether supports and services that members with SMI receive are meeting identified needs. The QSR interview tool includes 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.

This year, across all services except for living skills training, there was a reduction in the perception of the impact of the services on a member's recovery. Historically, medication and medication management services was the service perceived to be the most helpful with a members' recovery (93% in 2021). However, in 2022, living skills training was considered the most beneficial to 92% of members. Also, typically case management has been perceived as being least effective in helping members advance their recovery, but in 2022 peer support services were perceived as the least effective.

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

2018 – 2022 QSR — Title XIX and Non-Title XIX															
Targeted Service	Title XIX					Non-Title XIX					Total				
	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022
Case Management	72%	78%	77%	76%	**68%**	89%	87%	85%	81%	**72%**	75%	80%	78%	78%	**69%**
Peer Support Services	96%	93%	92%	88%	**45%**	100%	100%	89%	90%	**40%**	96%	94%	92%	89%	**44%**
Supportive Housing	80%	88%	84%	78%	**84%**	100%	100%	100%	100%	**100%**	81%	89%	86%	82%	**78%**
Living Skills Training	83%	86%	90%	86%	**90%**	100%	100%	100%	100%	**100%**	84%	88%	91%	89%	**92%**
Supported Employment	89%	89%	96%	93%	**62%**	100%	100%	100%	80%	**100%**	89%	90%	97%	89%	**65%**
Crisis Services	87%	88%	93%	89%	**75%**	100%	80%	100%	100%	**100%**	88%	87%	94%	92%	**78%**
Medication and Medication Management	87%	88%	100%	90%	**82%**	100%	91%	96%	100%	**93%**	89%	89%	99%	93%	**84%**
ACT Services	86%	100%	75%	89%	**67%**	N/A[9]	N/A	N/A	N/A	**N/A**	86%	100%	80%	89%	**67%**

Table 8 illustrates the percentage of members who reported a problem with one or more of the targeted services. In comparison to 2021, family support, supportive housing, and living skills training were reported to have less problems. Other services, specifically case management, peer support, supported employment, crisis, and ACT were reported to have a higher percentage of problems. Notably, similar to last year, case management services were reported to have the highest percentage of problems. The five-year average for problems reported for case management services is 37% which is the highest rate of reported problems compared to all other services, followed by ACT services (27%) and crisis services (23%). The services with the lowest percentage of reported problems on a five-year average are family support services and living skills training.

[9] N/A indicates that there were zero Non-Title XIX members receiving ACT services and therefore, no responses were available.

Table 8 — Percentage of Reported Problems with Services

2018–2022 QSR — Title XIX and Non-Title XIX																
Targeted Service	Title XIX					Non-Title XIX					Total					
	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022	5-Year Average
Case Management	36%	47%	40%	29%	41%	21%	26%	31%	27%	28%	34%	43%	38%	29%	41%	37%
Peer Support Services	14%	24%	18%	9%	20%	0%	20%	11%	10%	0%	12%	24%	17%	9%	17%	16%
Family Support Services	0%	9%	27%	9%	0%	0%	0%	0%	25%	0%	0%	8%	23%	13%	0%	9%
Supportive Housing	23%	21%	32%	16%	11%	0%	0%	25%	33%	0%	22%	19%	31%	18%	11%	20%
Living Skills Training	3%	7%	20%	14%	0%	11%	0%	67%	0%	0%	2%	6%	26%	11%	0%	9%
Supported Employment	16%	28%	19%	21%	5%	0%	0%	0%	20%	50%	15%	24%	17%	21%	9%	17%
Crisis Services	23%	15%	33%	21%	20%	50%	20%	50%	0%	33%	25%	15%	35%	17%	22%	23%
Medication and Medication Management	28%	24%	23%	16%	17%	11%	22%	19%	20%	19%	25%	23%	22%	17%	17%	21%
ACT Services	38%	29%	25%	22%	33%	N/A[10]	N/A	N/A	N/A	N/A	38%	29%	20%	17%	33%	27%

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 case management, which has the highest rate of reported problems, the types of reported problems included: high case manager turnover, lack of communication regarding case manager changes, lack of follow-up on member requests,

[10] N/A indicates that there were zero Non-Title XIX members receiving ACT services and therefore, no responses were available.

failure to return calls, and limited or no contact with case managers. These comments are consistent with problems reported during the 2020 and 2021 QSR.

In Table 9 below, 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. In 2022, services rated with the highest levels of satisfaction were supportive housing, family support services, living skills training, medication management, and crisis services. When considering a five-year average in satisfaction ratings, family support (8.1), peer support (8.0), supportive housing (8.0), and medication management (8.0) have scored the highest ratings. Notably, case management and ACT services have scored the lowest averages over a five-year period.

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

2018–2022 QSR — Title XIX and Non-Title XIX																
Targeted Service	Title XIX					Non-Title XIX					Total					
	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022	5-Year Average
Case Management	7.3	7.0	7.3	7.6	7.3	8.6	7.5	7.1	7.7	7.3	7.5	7.1	7.2	7.7	7.3	7.4
Peer Support Services	8.0	8.3	8.0	8.4	7.3	8.0	7.6	9.0	8.2	8.3	8.0	8.2	8.2	8.4	7.5	8.0
Family Support Services	7.6	6.9	7.8	8.4	8.4	10	10	8.9	9.0	8	8.1	7.4	8.2	8.5	8.3	8.1
Supportive Housing	8.0	6.6	8.0	7.3	8.8	10	10	6.8	8.4	8	8.1	7.9	7.8	7.5	8.7	8.0
Living Skills Training	7.7	7.0	7.8	8.0	8.1	7.0	10.0	8.0	6.7	9.3	7.6	7.6	7.8	7.7	8.3	7.8
Supported Employment	8.0	7.0	8.0	7.4	7.7	8.5	6.8	9.0	8.6	7.8	8.0	7.0	8.2	7.7	7.7	7.7
Crisis Services	7.8	6.4	7.7	8.7	7.9	9.0	7.2	6.5	9.0	8.7	7.9	6.5	7.5	8.8	8.0	7.7
Medication and Medication Management	7.8	9.1	8.6	8.8	8.1	9.1	7.6	8.5	8.8	8.5	8.0	6.6	8.6	8.8	8.1	8.0
ACT Services	7.0	4.1	7.8	7.4	7	N/A[11]	N/A	9.0	3.3	N/A	7.0	4.1	8.1	6.4	7	6.5

[11] N/A indicates that there were zero Non-Title XIX members receiving ACT services and therefore, no responses were available.

Table 10 below depicts rates of functional outcomes as determined through member interviews, progress notes, assessments, and ISPs. Rates for employment improved to its highest level since 2017. The five-year average for employment among members surveyed is 22%.

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. In 2022, the percentage of members who reported being engaged in a meaningful activity reduced to 64%. The five-year average is 79%. The percent of members in the sample determined to have housing reduced to 86%, which may be a reflection of housing affordability and/or availability challenges in Maricopa County. The five-year average for members with housing is 91%.

Table 10 — Functional Outcomes

2018–2022 QSR — Title XIX and Non-Title XIX																
Functional Outcomes	Title XIX					Non-Title XIX					Total					
	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022	5-Year Average
Employed	19%	17%	20%	27%	27%	24%	17%	12%	24%	36%	19%	17%	18%	26%	29%	22%
Meaningful Day Activities	90%	84%	78%	78%	64%	95%	89%	80%	70%	57%	91%	84%	79%	76%	64%	79%
Housing	93%	89%	93%	91%	85%	100%	100%	96%	97%	89%	94%	91%	93%	93%	86%	91%

Supports and Services Designed Around Member Strengths and Goals

Table 11 depicts 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

2018–2022 QSR — Title XIX and Non-Title XIX															
Document Type	Title XIX					Non-Title XIX					Total				
	2018	2019	2020	2021	2022	2018	2019	2020	2022	2021	2018	2019	2020	2021	2022
Assessment	82%	85%	72%	79%	**80%**	89%	76%	79%	82%	**86%**	84%	83%	73%	80%	**80%**
ISP	99%	86%	79%	91%	**81%**	100%	72%	75%	82%	**75%**	99%	84%	78%	88%	**80%**
Progress notes	78%	75%	65%	54%	**43%**	85%	84%	61%	69%	**54%**	79%	77%	64%	59%	**45%**
All three documents	43%	54%	39%	45%	**26%**	53%	48%	36%	56%	**29%**	45%	53%	39%	48%	**27%**
ISP objectives based on strengths	52%	46%	49%	50%	**52%**	35%	28%	46%	49%	**57%**	50%	43%	48%	50%	**53%**

During the MRR process, 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 2020 and 2021 QSRs, peer reviewers noted that strengths were most commonly identified in the ISP and the assessment. The rate at which ISP objectives are based on members' identified strengths has continued to improve slightly (53%)

since 2019 (43%). Peer reviewers noted a continued downward trend in the identification of strengths in progress notes along with a similar reduction in consistency across all document types (27%).

Table 12 illustrates the percentage of members who felt that the services they received considered their strengths and needs.

Table 12 — Percentage of Members Who Feel the Services They Received Considered their Strengths and Needs

2018–2022 QSR — Title XIX and Non-Title XIX																
Evaluation Criteria	Title XIX					Non-Title XIX					Total					
	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022	5-Year Average
Services are based on individuals' strengths and needs	75%	74%	81%	77%	**75%**	83%	72%	61%	79%	**82%**	76%	73%	77%	78%	**76%**	**76%**

Overall, 76% of members felt that services were based on their strengths and needs. Although this is a slight decrease compared to 2020 and 2021, this trend does align with the five-year average of 76%.

If the member responded "No", then the peer reviewer asked "why not"? A few member comments are presented below:

- "Not being informed by the clinical team of everything available to me, to help me."
- "Because I haven't felt like they treat me as a person. They don't check in on me."
- "I didn't receive any services. The case manager never answers the telephone. I feel like they don't care."
- "They don't get to know who you are."
- "They try to give me things I do not need."

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	2022 "Yes" Response Rate	2021 "Yes" Response Rate
Do you have enough contact with your case manager?	118	70%	76%
Your case manager helps you find services and resources that you ask for.	118	67%	76%
On a scale of 1 to 10, how satisfied were you with the case management services you received? (Average score)	118	7.30	7.70
Were there problems with the case management services that you received?	118	41%	30%
How long did it take for you to receive case management services? (Percent receiving services within 15 days)	118	53%	61%

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. One member reported having four case managers in one year and another shared that "unfamiliar/not seasoned case managers became a barrier to meeting me where I am at." Case managers were often noted by members to be difficult to reach and some failed to return telephone calls. Overall, problems with case management services have worsened since 2020 and in particular, access to case management services within 15 days has decreased by 19% since 2020.

A few members expressed satisfaction and appreciation for the role that the case manager assumed in supporting their recovery. While satisfaction with case management services decreased, below are examples of member comments extracted from the interview tools:

- "I love my case manager and the support from my clinic. I am grateful for their support."
- "My services are wonderful."
- "I love my clinic so much. My life is in their hands. I'm grateful."

- "The case managers are very nice and helpful."

Peer Support

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

Interview Questions	Number of Individuals Responding	2022 "Yes" Response Rate	2021 "Yes" Response Rate
Your peer support/recovery support specialist helps you to better understand and use the services available to you.	25	44%	87%
How long did it take for you to receive peer support services? (Percent receiving services within 15 days)	17	53%	65%
On a scale of 1 to 10, how satisfied were you with the peer support services you received? (Average score)	17	7.8	8.4
Were there problems with the peer support services that you received?	17	23%	9%

This year, far fewer members reported receiving peer support services (N = 46 in 2021). This continued the downward trend identified when comparing 2021 to 2020. Notably, 47 members (35%) who were not receiving peer support services indicated a desire to receive this type of support. Additionally, there was an increase in the time it takes to receive peer support services and an increase in the number of members reporting a problem with the services received. Recorded comments included the following:

- "There is low staff and they did not take the time to have telephonic conversations — this is especially important due to living 45 minutes away. They are not meeting me where I am at."
- "They barely knew my name."

Family Support Services

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

Interview Questions	Number of Individuals Responding	2022 "Yes" Response Rate	2021 "Yes" Response Rate
How long did it take for you and your family to receive family support services? (Percent receiving services within 15 days)	16	25%	69%

Interview Questions	Number of Individuals Responding	2022 "Yes" Response Rate	2021 "Yes" Response Rate
On a scale of 1 to 10, how satisfied were you with the family support services you received? (Average score)	16	8.1	8.5
Were there problems with the family support services that you received?	16	0%	16%

This year, there was a slight increase in the number of members receiving family support services, representing 12% of the sample interviewed. Notably, only 25% received the service within 15 days of authorization which may speak to the lack of available family support specialists at the clinics. Despite this, all members reported that they were satisfied with the service and there were no problems shared with peer reviewers.

Supportive Housing

Table A4 — Individual Report on Supportive Housing Services (Title XIX and Non-Title XIX)

Interview Questions	Number of Individuals Responding	2022 "Yes" Response Rate	2021 "Yes" Response Rate
Your supportive housing services help you with your recovery.	20	85%	74%
If you did not receive supportive housing services, have you been at risk of losing housing because you needed financial assistance with rent or utilities?	113	16%	21%
Do you feel safe in your housing/neighborhood?	24	67%	67%
How long did it take for you to receive supportive housing services? (Percent receiving services within 15 days)	20	20%	11%
On a scale of 1 to 10, how satisfied were you with the supportive housing services you received? (Average score)	20	8.7	7.5
Were there problems with the supportive housing services that you received?	20	10%	32%

The types of supportive housing services that individuals received are collected during the member interviews. Similar to the 2021 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) and "pays no more than 30% of income for rent". Peer reviewers found that rental subsidies were available to members immediately 36% of the time and members who

pay no more than 30% of their income for rent received this support immediately 60% of the time.

Notably, housing support services include an array of other services that are not typically provided to members, including services such as bridge funding, legal assistance, furniture, neighborhood orientation, help with landlord/neighbor relations, help with budgeting, etc. Year-over-year, few members receive these services alongside the rental subsidies. Many members stated they are unaware of the full range of services available to them, including supportive housing services, which perhaps contributes to the lower utilization of the full array of supportive housing services. Members also expressed a need for other pathways to obtain stable, permanent housing, including rent-to-own options, financial support to cover moving costs, and help paying for utilities.

Last, this year, members reported fewer problems with supportive housing than in 2021. Of those experiencing problems, they shared the following comments:

- “I am currently homeless and they just started the application process.”
- “They didn’t help look for a place. Just gave me a voucher.”
- “I need help finding a place to live.”

Living Skills Training

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

Interview Questions	Number of Individuals Responding	2022 “Yes” Response Rate	2021 “Yes” Response Rate
Living skills services have helped you manage your life and live in your community.	12	92%	69%
How long did it take for you to receive living skills training services? (Percent receiving services within 15 days)	12	50%	50%
On a scale of 1 to 10, how satisfied were you with the skills management training you received? (Average score)	12	8.2	7.7
Were there problems with the skills management training that you received?	12	17%	19%

Living skills training metrics have continued a downward trend year-over-year. In 2021, 34 members reported receiving living skills training services compared to 12 in 2022. The percentage of members reporting problems with living skills training remained similar to last year.

Those members offered the following comments:

- "Services were postponed. When rescheduled, I could not attend due to other engagements."
- "There was a lack of communication regarding what is needed."

Supported Employment

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

Interview Questions	Number of Individuals Responding	2022 "Yes" Response Rate	2021 "Yes" Response Rate
You found these job-related services helpful.	23	78%	65%
How long did it take for you to receive supported employment services? (Percent receiving services within 15 days)	23	65%	25%
On a scale of 1 to 10, how satisfied were you with the employment services you received? (Average score)	23	8.2	7.7
Were there problems with the employment services that you received?	23	9%	20%
Someone at your clinic told you about job-related services such as resume writing, interview, job group, or vocational rehabilitation.	130[12]	42%	50%
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?	133	55%	51%

Of the members interviewed, 30% (N=40) reported they are working either part-time or full-time.[13] Of the members who were not working at the time of their interviews, many reported that they engage in meaningful activities during the day. These activities included things such as socializing with friends, reading, writing, gardening, attending groups on

[12] Note: The last two questions in this table are asked of the entire sample and results in a significantly higher "N" than the preceding questions. The preceding questions pertain only to members who report having received Supported Employment services.

[13] Note: While the percentage of members who reported employment was higher in the interviews compared to the percentage of members with documented employment in their medical records (27%), interviews are conducted at a point in time and employment status may change over time.

Zoom, babysitting children or grandchildren, and exercising. A number of members reported they were retired and were enjoying this stage of their lives.

The types of supported employment services were collected during the member interviews. The most frequent services received by individuals receiving supported employment included: Job coaching (15), resume preparation (15), transportation (12), and job interview skills (11). This array of services is similar to the 2020 results, with the addition of transportation. Comments from members regarding supported employment services were limited and included the following:

- "Two out of three were not good, but the last person was great."
- "I could never get a hold of them."
- "There were communication issues."
- "I need a benefits specialist."

Crisis Services

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

Interview Questions*	Number of Individuals Responding	2022 "Yes" Response Rate	2021 "Yes" Response Rate
Did you receive crisis services from a hospital within the past year?	23	70%	75%
Did you receive any mobile crisis team intervention services within the past year?	23	64%	47%
Did you receive any crisis services from a crisis unit within the past year?	23	68%	58%
Did you receive any crisis hotline services within the past year?	23	39%	41%
Did anyone (i.e., mobile team, clinical team member) come to you to help you in the crisis?	23	35%	63%
Were crisis services available to you right away?	23	91%	92%
On a scale of 1 to 10, did the crisis services you received help you resolve the crisis? (Average score)	23	8.0	8.8
Did you have any problems with the crisis services that you received?	23	22%	17%

*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).

Overall, members reported that crisis services helped them to resolve the crisis; however, five members (22%) indicated some problems with the services received. Interviewers captured the following comments:

- “They refused to admit me to hospital due to not experiencing enough suicidal symptoms.”
- “They were not there for me.”
- “Counselors said negative things during treatment and were very mean to patients.”
- “When I explain the situation to the team, I feel like I'm completely ignored. It’s counter-productive.”
- “The team didn’t believe in me.”

Medication Management Services

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

Interview Questions	Number of Individuals Responding	2022 “Yes” Response Rate	2021 “Yes” Response Rate
Were you told about your medications and side effects?	121	75%	84%
Were you told about the importance of taking your medicine as prescribed?	121	86%	95%
Do you feel comfortable talking with your doctor about your medications and how they make you feel?	121	91%	89%
The medication services you received helped you in your recovery.	121	84%	90%
On a scale of 1 to 10, how satisfied were you with the medication services you received? (Average score)	119	8.1	8.8
Were there problems with the medication services that you received?	121	17%	17%

This year, there was a decrease in the number of members who reported if they were told about their medications and side effects and there were mixed statements regarding the ability to communicate with prescribers regarding medications. One member stated they “were never told about the side effects.” Another member shared that “most medications do not work well on my body and the team won’t listen,” and another asked for “more thorough feedback and in depth discussion regarding medication and overall health.” Similar to last year, 17% of members reported that there were problems with their medication services. This included the following reports:

- "I needed a med change and they called and set an appointment time during my work day. I am unhappy with their scheduling methods."
- "There is turnover and I couldn't get an appointment to be seen. There are circumstances when I am off medications for several weeks at a time. This has happened more than once."
- "I need gluten-free medications and they were hard to get. Always need prior authorization from the doctor and this is very time consuming."
- "Prescriptions are not always ready when they are supposed to be."
- "In the past, my medication was stolen and I could not get it replaced because of a Mercy Care limitation. I had to go days without medication."

On a positive note, a member shared:

- "My doctor is excellent at prescribing the right medication at the right time in the right amount."

Assertive Community Treatment

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

Interview Questions	Number of Individuals Responding	2022 "Yes" Response Rate	2021 "Yes" Response Rate
Your ACT services help you with your recovery.	3	67%	67%
How long did it take you to receive ACT services? (Percent receiving services within 15 days)	2	50%	45%
On a scale of 1 to 10, how satisfied were you with the ACT services you received? (Average score)	2	7	6.4
Were there problems with your ACT services?	2	50%	17%

Historically, the number of individuals who complete the QSR interview and who are also receiving ACT services has been quite low. This year, only three recipients reported to be receiving ACT services. This low volume should be accounted for in the "Yes" response to "Were there problems with your ACT services?" Only one of the two respondents indicated problems accounting for the 50% response rate, compared to 17% in 2021. This member did report the following:

- "Team does not listen or try to fix things. Just locked me up inpatient."

Appendix B
QSR Study Conclusions and Recommendations

The following conclusions are presented based on the 2022 QSR analysis, organized by each of the QSR study questions. As recommended by Mercer following prior QSRs, existing performance improvement initiatives should be leveraged when applicable and a thorough root-cause analysis be completed for each finding to help ensure that primary causal factors are identified and addressed.

2022 QSR — Summary of Findings

A. Are the needs of members with SMI being identified?

A.1. 16% of the sample did not have a current ISP and 13% did not have a current assessment available. A need for targeted services cannot be established in these cases.

A.2. 71% of the cases included ISP objectives that addressed members' needs. An increase from 61% in 2021. It was noted that some 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.3 86% of the cases included ISP services that were based on the member's needs. Although this represents a small decrease from 2021 (90%), the number represents a continued improvement over the 2020 review of 70%.

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

B.1. Overall, there is inconsistency across progress notes, QSR interviews, and encounter data that services assessed as needs in the ISP are provided.

B.2. Peer support, supportive housing, living skills training, and supported employment were not found to be as consistently provided once the need was identified on the ISP. In particular, supported employment was not found to be provided in 53% of the cases after the need was identified and supported employment 47% of the time after the need was identified on the ISP. Reviewers found that clinical teams indicated the need on the ISP but did not subsequently initiate a referral for the services.

B.3. Similar to past years**,** CIS data demonstrates that members received one or more of the targeted services regardless of an identified need documented in the ISP or assessment. This pattern was found in all nine targeted services.

B.4. 38% of members reported they do not feel they have enough contact with their case manager. This is an increase from the 2021 QSR when 25% of members reported this concern. Consistent with prior years, there were many comments

from members expressing frustration over inconsistent communication, access, and follow-up with regard to case management.

B.5. Similar to last year's QSR, 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. 24% of members in the sample reported that they would like more of a service than what they have been receiving.

C.2. Member responses recorded during the QSR interviews demonstrate that the times services are offered do not appear to present barriers for members receiving services. However, fewer members reported that the location of services was convenient for them (2022 QSR — 68%; 2021 QSR — 88%).

C.3. Similar to last year, the services least available within 15 days were family support (25%), living skills training (25%), and supportive housing (20%).

C.4. As has been the case during the last several years, approximately half of respondents reported that it took more than 30 days to receive supportive housing services.

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

D.1. Case management services continue to have the highest percentage of problems, including high case manager turnover, lack of communication regarding case manager changes, lack of follow-up on member requests, failure to return calls, and limited or no contact with case managers.

D.2. Members were asked to report their satisfaction with specific services. Services that were rated with the highest levels of satisfaction were supportive housing, family support services, living skills training, medication management, and crisis services. When considering a five-year average in satisfaction ratings, family support (8.1), peer support (8.0), supportive housing (8.0), and medication management (8.0) have scored the highest ratings. Notably, case management and ACT services have scored the lowest averages over a five-year period.

D.3. As reported during member interviews, almost a third of members are employed. Rates for employment improved to its highest level since 2017. The five-year average for employment among members surveyed is 22%.

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

E.1. Peer reviewers noted that strengths were most commonly identified in the ISP and assessment. Strength-based ISP objectives were found in 53% of cases reviewed. The rate at which ISP objectives are based on members' identified strengths has continued to improve slightly since 2019 (43%).

E.2. Overall, 76% of members felt that services were based on their strengths and needs. Although this is a slight decrease compared to 2020 and 2021, this trend does align with a five-year average of 76%.

Appendix C
Training Syllabus

QUALITY SERVICE REVIEW (QSR) PROJECT SYLLABUS

The Arizona Heath Care Cost Containment System (AHCCCS) asked Mercer to assist with the annual Quality Service Review (QSR) to ensure the delivery of quality care to members with a Serious Mental Illness (SMI) in Maricopa County.

The purpose of the QSR project is to monitor the use of strengths based assessment and treatment planning, and to ensure that members receive the 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 assertive community treatment team services.

Two of the components of the QSR project include a) interviews with consumers and, b) a corresponding medical record review by peer support workers. Mercer contracted with Recovery Empowerment Network (REN) and Stand Together and Recover (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 medical record reviews.

The training takes place in two sections and coordinates with the two project tasks. The first section provides an overview of the QSR project, topics to support task completion, and how to conduct member interviews. After participating in this training, the 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 April 2022 and provides Inter-Rater Reliability (IRR) training and testing on completing the medical record reviews. A three-day training, Part Two will prepare trainees to use the medical record review tool to score medical records of those members who have been interviewed.

Requirements for the successful completion of this course

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

- Arrive ten minutes early to ensure each day starts on time.
- 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).

- Remain onsite during lunch and breaks (lunch will be provided each day).

Part One Schedule

March 21, 2022: Introduction to the Project

9:00 a.m.–9:30 a.m.	Welcome and participant introductions.
9:30 a.m.–10:15 a.m.	Overview: Training and Project
10:15 – 10:45 a.m.	Break
10:45 a.m.–11:30 a.m.	Interview Standards and Introduction to Workflow
11:30 a.m.–12:30 p.m.	Lunch
12:15 p.m.–1:15 p.m.	Workflow barriers and solutions
1:15 p.m.–1:45 p.m.	Introduction to Target Services
1:45 p.m.—2:10 p.m.	Break
2:10 p.m.–-2:55 p.m.	Target Services
2:55 p.m.---3:00 p.m.	Wrap Up

March 23, 2022: Engaging and Interviewing Survey Participants

9:00 a.m.–10:45 a.m.	Engaging Participants
10:45 a.m.–11:05 a.m.	Break
11:05 a.m.–12:00 a.m.	Introduction to the Interview Tool
12:00 a.m.–12:55 p.m.	Lunch
12:55 p.m.–2:00 p.m.	Interview Tool and Role Play
2:00 p.m.–2:15 p.m.	Break
2:15 p.m.–3:00 p.m.	Interview Tool Debrief
2:45 p.m.–3:15 p.m.	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, small group task.

Learning objective: Trainees will learn a) the steps needed to successfully complete each of their assigned tasks, b) the importance of complying with the standardized procedures, and c) 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 activities: Lecture, small group task.

Learning objective: Trainees will learn a) the service description, typical tasks of the service, needs and objectives associated with each target service.

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, small group practice.

Learning objective: Trainees will share best practices, role play engagement techniques, and motivational interviewing strategies.

Outcome measure: In small groups, using caller's protocol and incorporating feedback, trainees will be able to role play a phone call to successfully invite a member to participate in an interview. Group will generate a list of best practices.

Successful Use of the Interview Tool

Learning activities: Lectures, small group tasks, 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.

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

(After services are checked, skip to question 25)

24. If you did not receive supportive housing services, have you been at risk for losing housing because you needed financial assistance with rent or utilities?
    1. ☐ Yes 2. ☐ No 3. ☐ Not sure

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

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

28. How long did it take for you to receive supportive housing services?
    1. ☐ 1–7 days
    2. ☐ 8–15 days
    3. ☐ 15–30 days
    4. ☐ 30 days or more
    5. ☐ Not sure

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

    _____

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

1. ☐ Yes 2. ☐ No 3. ☐ Not sure

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

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

31. In the past year, have you received living skills support that helps you live independently (such as managing your household or budgeting)?
    1. ☐ Yes 2. ☐ No 3. ☐ Not sure

32. In the past year, have you received living skills support that helps you maintain meaningful relationships and find people with common interests?
    1. ☐ Yes 2. ☐ No 3. ☐ Not sure

33. In the past year, have you received living skills support that helps you use community resources, such as the library, YMCA, food banks, to help you live more independently?
    1. ☐ Yes 2. ☐ No 3. ☐ Not sure

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

34. If you did not receive living skills training, did you feel you needed it during the past year?
    1. ☐ Yes 2. ☐ No 3. ☐ Not sure

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

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

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

A Services	B ISP Needs	C Progress Note Needs DO NOT SCORE	D Service Provision	E Needs compared to service provision
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[14]

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*

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

interview, mark "Yes". If the individual did not identify an issue or concern during the interview, mark "No".

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

1. ☐ Yes 2. ☐ No

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

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

***To complete Q25**, if the response to Q23 is "Yes", review the progress notes to determine if the individual reported the issue to a member of the clinical team. If the response to Q23 is "No", or the individual did not report the issue to a member of the clinical team, mark "N/A". Indicate "Yes" if the individual reported the issue to a member of the clinical team and there is documentation that the clinical team took action (e.g., made referrals, scheduled an appointment, held a team meeting, revised the ISP) to address the individual's concern.*

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

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

1. ☐ Yes 2. ☐ No 3. ☐ N/A

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

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

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

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

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

1. ☐ Yes 2. ☐ No 3. ☐ N/A

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