2024 Quality Service Review

Arizona Heath Care Cost Containment System

July 31, 2024

Contents

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 with a serious mental illness (SMI) designation. This report represents the eleventh in an annual series of QSRs and the eighth to be facilitated by Mercer. The purpose of the review is to identify strengths, service capacity gaps, and areas for improvement at a system-wide level for members with SMI receiving services from the public behavioral health delivery system in Maricopa County, Arizona.

The QSR includes an evaluation of 10 targeted behavioral health services: case management, peer support, family support, supportive housing, living skills training, supported employment, crisis services, medication and medication services, and assertive community treatment (ACT) services. The tenth service, respite care, was added in 2024 per a request from AHCCCS. Mercer conducted the QSR of the targeted services using the following methods:

- **Peer Reviewers** — Mercer contracted with a consumer-operated organization to assist with scheduling and conducting of interviews for a sample of members with SMI.

- **Training** — Mercer facilitated a two-day training with peer reviewers to help ensure an understanding of the targeted behavioral health services and consistent application of the interview tool. A separate training was provided to Mercer behavioral health professionals regarding medical record review scoring guidelines. Training participants scored QSR medical records and discussed findings to improve concordance across the review team.

- **Ongoing Support for Peer Reviewers** — Mercer met with the consumer-operated organization weekly and provided ongoing monitoring and feedback to the lead peer reviewer regarding the quality and quantity of completed interviews.

- **Member Interviews** — Peer reviewers contacted and interviewed a random sample of 150 members to evaluate service needs, access to, timeliness, and satisfaction with the targeted services. Per a request from AHCCCS, the sample size was increased to 150 for the 2024 QSR study. In prior years, the sample size was 135.

- **Medical Record Reviews** — Mercer licensed clinicians conducted record reviews of the sample of members to assess individual assessments, individual service plans (ISPs), and progress notes using a standard medical record review tool.

- **Data Analysis** — Mercer conducted an analysis of data from the interviews, the medical record reviews, service utilization data, and other member demographics queried from the AHCCCS Client Information System.

Overview of Key Findings

A summary of key findings related to the 2024 QSR is presented in this section. Information is presented in the context of the QSR study questions and covers the timeframe of October 1, 2022 to September 30, 2023. Additionally, as this is the eleventh year the QSR study has been conducted, Mercer included a five-year average to certain data points, alongside the year-over-year analyses. Each year, 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 regarding the status of Maricopa County's behavioral health system. The addition of this five-year average takes into 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?

In keeping with previous QSRs, case management services, and medication and medication management services were the most frequently identified service needs. The five-year average demonstrates that this has been a consistent trend for the last five years.

Eighty-nine percent (89%) of cases included ISP objectives that addressed members' needs (compared to 79% in 2023). A five-year average demonstrates that ISP objectives address members' needs 71% of the time.

Ninety-seven percent (97%) of the cases reviewed included ISP services that were based on the member's needs. This represents an improvement from 2023 (89%). A five-year average shows that services are based on a member's needs 86% of the time.

It is important to note that 33 members, or 22% of the sample, did not include a current ISP. Service needs are unable to be identified when ISPs are missing or are outdated. When applicable, these 33 members were excluded from some units of analyses.

> **Five-Year Average 2020–2024**
>
> - **ISP objectives addressed members' needs = 71%**
>
> - **ISP services were based on members' needs = 86%**

*Over the last five years, an average of **22.4** members, or **15%** of the sample, did not include a current ISP.*

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 member receives the targeted behavioral health services following the identification of need. ISP need is defined as the service being documented in the ISP. Reviewers aggregated service needs per the ISP and then evaluated interview responses and utilization data to determine rates of services received for the total sample population.

Based on the progress notes, case management, medication management, and ACT team services were the services most consistently provided following the identification of the need for these services. 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.

Based on responses from members during interviews, peer support and supported employment were provided at the lowest rates following the identification of these needs. In prior QSRs, case management, and medication and medication management were typically provided at a higher rate than reflected on ISPs, but in 2024, both were provided at a lower rate per member interviews. Family support services, ACT, and crisis services were all provided at higher rates compared to needs identified on ISPs, although, crisis services are not typically identified as a need on ISPs. This is a consistent pattern found in prior QSRs.

Based on service encounter data, in 2024, almost every targeted service was provided at a lower level compared to ISP-identified needs. This is the inverse compared to prior QSRs, when service encounter data demonstrated higher service utilization compared to ISP identified needs.

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 day–15 days; 15 days–30 days, and 30 days or more.

- The services most readily available within 15 days were medication management (95%) and ACT services (88%), followed by living skills training (71%), peer support services (70%), and family support services (70%). For ACT services, this represents an improvement compared to 2023 (61%) and 2022 (50%) but remains low compared to 100% access within 15 days in 2019, 2020, and 2021. For peer and family support services, the data demonstrates an ongoing improvement from prior years. However, access to peer services has not returned to the levels documented in 2019, 2020, and 2021 (84%, 77%, and 80% within 15 days, respectively).

- Notably, access to case management within 15 days improved to 65%, compared to 48% in 2023. This still represents a significant difference when compared to an average of 88% access within 15 days between 2019 to 2021.

- Similar to last year, the services least available within 15 days were supported employment (43%) and supportive housing (20%).[1]

- More than half (63%) of the respondents receiving supportive housing services (excluding the receipt of rental subsidies or housing vouchers) reported that it took more than 30 days to access the service. For these members who received a rental subsidy or housing voucher, 61% reported it took more than 30 days to receive this supportive housing 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 (83%) — compared to 79% in 2023.

- Services were available at times that are good for you (85%) — compared to 87% in 2023.

- Do you feel that you need more of a service that you have been receiving? (31%) — compared to 31% in 2023.

- Do you feel that you need less of a service you have been receiving? (3%) — compared to 3% in 2023.

The responses to these questions demonstrate members do not perceive location and time of services as barriers to receiving services. Member approval of location of services improved, and time preferences remained relatively the same compared to 2023. Regarding needing more or less of a service, members reported the same needs in 2024 compared to 2023.

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

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

This year, medication and medication management, and ACT services were perceived to be the most helpful to a members' recovery. Living skills training, peer support, and supported employment followed closely behind these services. Over a five-year period, on average, medication and medication management remained the service with the highest percentage of individuals agreeing the service helps with their recovery (90%). The perception of peer support services as beneficial to a member's recovery reduced to 80% (compared to 96% in 2023), as did crisis services, which reduced to 59% in 2024 (compared to 76% in 2023). Similar to last year, case management was perceived as being one of the least effective in helping members advance their recovery (72%).

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[1] In the 2024 QSR Review, a question was added to delineate between the time it took to receive a housing voucher or rental subsidy compared to other supportive housing services. This data represents members who received supportive housing services and excludes (or reduced the "N") respondents who only received a housing voucher or rental subsidy.

In comparison to 2023, case management, peer support, supportive housing, supported employment, and medication and medication management were reported to have more problems. Other services, such as family support and living skills training, were reported to have less problems. The percentage of members receiving crisis and ACT services reported a similar volume of problems as 2023. Case management continues to have the highest year-over-year rates of reported problems (five-year average of 38%). The most commonly reported problems included the high turnover rate of case management staff, a lack of follow through with referrals, and difficulty reaching or receiving calls back from the case managers. The services with the lowest percentage of reported problems over a five-year average are peer support, family support, living skills training, and supported employment services.

Case management services continue to have the highest rate of reported problems of all services — 38% over a five-year average.

Are supports and services designed around the strengths and goals of members with SMI?

The QSR MRR tool defines strengths 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 2021, 2022, and 2023 QSRs, Mercer reviewers noted that strengths were most commonly identified in the assessment (82% of the time).

However, this year, strengths were found more commonly in progress notes (76% of the time) than in ISPs (65% of the time). This continued the upward trend from prior years when with the identification of strengths in progress notes, along with a similar improvement in consistency across all document types (61%).

Notably, in prior years, the rate at which ISP objectives were based on members' identified strengths had shown continued improvement since 2019, but in 2024, there was reduction to 46% (compared to 61% in 2023). Although, the five-year average for this data point is 52%.

In contrast, and based on member interviews in 2024, 82% of members felt that services were based on their strengths and needs. This outcome is slightly higher than the five-year average of 78%.

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

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 with a SMI designation. (SMI).[2] The QSR evaluation approach includes interviews and medical record reviews (MRRs) of a sample of members living 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[3]

- Living skills training

- Supported employment

- Crisis services

- Medication and medication services

- Assertive Community Treatment (ACT) services

- Respite care (added in 2024)

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

[3] The design of the QSR is derived from the Stipulation for Provider Community Services and Terminating the Litigation (January 8, 2014). The stipulation includes the following description: Supported Housing is permanent housing with tenancy rights and support services that enable people to attain and maintain integrated affordable housing. It enables Class Members to have the choice to live in their own homes and with whom they wish to live. Supported Housing also includes rental subsidies or vouchers and bridge funding to cover deposits and other household necessities, although these items alone do not constitute Supported Housing. The QSR is distinct and separate from the SAMHSA fidelity evaluations (also described in the "Stipulation" court filing). . Mercer's evaluation reviews the continuum of supported housing services and resources available to members living with SMI in Maricopa County and does not restrict the analysis to PSH.

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 the strengths and goals of members with SMI?

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 used in the QSR and is 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 (76% Title XIX eligible, 24% 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 health plans, known as Regional Behavioral Health Agreements (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 a SMI designation 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 at assessing 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 with a SMI designation. RBHAs contract with behavioral health providers to provide the full array of covered physical and behavioral health services, including the ten 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 with a SMI designation 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-three 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 ten targeted behavioral health services: Case management, peer support, family support, supportive housing, living skills training, supported employment, crisis services, medication and medication services, ACT, and respite care services. Mercer conducted the QSR of the targeted services using the following methods:

- **Peer Reviewers** — Mercer contracted with a consumer-operated organization to assist with scheduling and conducting of interviews for a sample of members with SMI.

- **Training** — Mercer facilitated a two-day training with peer reviewers to help ensure an understanding of the targeted behavioral health services and consistent application of the interview tool. A separate training was provided to Mercer behavioral health professionals regarding medical record review scoring guidelines. Training participants scored QSR medical records and discussed findings to improve concordance across the review team.

- **Ongoing Support for Peer Reviewers** — Mercer met with the consumer-operated organization weekly and provided ongoing monitoring and feedback to the lead peer reviewer regarding the quality and quantity of completed interviews.

- **Member Interviews** — Peer reviewers contacted and interviewed a random sample of 150 members to evaluate service needs, access to, timeliness, and satisfaction with the targeted services. Per a request from AHCCCS, the sample size was increased to 150 for the 2024 QSR study. In prior years, the sample size was 135.

- **Medical Record Reviews** — Mercer licensed clinicians conducted record reviews of the sample of members to assess individual assessments, individual service plans (ISPs), and progress notes utilizing a standard medical record review tool.

- **Data Analysis** — Mercer conducted an analysis of data from the interviews, the MRRs, 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 selected a new contractor this year, the Copeland Center for Wellness and Recovery (Copeland), to complete the interview component of QSR review activities. Copeland is a nationally based organization that employs peers residing all over the country.

Copeland identified a team leader who served as the central contact person and provided ongoing direction to the broader peer reviewer team. Copeland attested to Health Insurance Portability and Accountability Act (HIPAA) compliance 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 and Mercer licensed clinicians 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 received an overview of the project, orientation to the targeted behavioral health services, as well as interview standards and practices, with feedback on using the interview tool. An important component of the training included brainstorming 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

Medical Record Review Training

This year, MRRs were completed by Mercer licensed behavioral health professionals. The reviewers were trained after most of the member interviews had been completed and prior to the MRR phase of the project. 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 member medical records. The syllabus for the training curriculum can be found in Appendix C.

Part Two training curriculum included the following schedule and topics:

Day One

- Components of a medical record

- Introduction to the 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

- Concordance review of Case #3

Day Three

- Complete Case #3

Concordance testing was determined by correlating the reviewer's response with a "gold standard" response. The overall concordance rate across all reviewers was 90%.

Ongoing Support for Peer Reviewers

Mercer provided ongoing consultation to and with the Copeland team lead to address questions, follow up with concerns, and track the number of interviews completed. In addition, clinical consultation support was available to the peer reviewer team throughout the duration of the project.

Sample Selection

A sample size of 150 was selected to achieve a confidence level of 95%, with an 8% confidence interval for the SMI population of 39,047.[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, 2,592 members living 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 122 Title XIX members (81%) and 28 Non-Title XIX members (19%). 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, 2022 through December 31, 2023).

Member Interviews

The peer reviewer team lead was provided a list of members generated from the sample and oversample containing contact information for the members and their assigned case managers. The team lead assigned cases to peer reviewers, who attempted to contact the individuals. 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. All 150 member interviews were completed between March 2024 and May 2024.

Medical Record Reviews

The review period for the MRR portion of the QSR was identified as October 1, 2022 through September 30, 2023. This review period was established to be consistent with prior QSR annual reviews. However, to ensure that 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, 2023 (e.g., If a member's ISP was dated August 15, 2023, Mercer requested three months of progress notes following the date of the ISP). The integrated health homes were instructed to provide the requested documentation for each assigned member with a completed QSR interview. Requested documentation included the following:

• The member's initial or annual assessment update

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[4] Count of unduplicated SMI members derived from service utilization file spanning dates of service October 1, 2022 through December 31, 2023.

- 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 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 electronically on Mercer's secure personal health information portal. Mercer 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.

Data Analysis

AHCCCS provided Mercer with the following data for the sample period of October 1, 2022 through December 31, 2023:

- **Service Utilization Data** — Member-level file that includes the number of units of all services provided, procedure codes, and dates of service for individuals living with SMI in Maricopa County.

- **CIS Demographic Information** — Member-level file that identifies name, date of birth, 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 to determine congruence between the various data sources and utilization of the targeted services.

Data Congruence

Prior QSR studies have examined the extent of file matches for the interview, medical record, and service utilization data. Mercer performed a similar analysis and a summary of results, including a comparison to the 2020–2024 QSRs, which is presented in the table below.

Table 1 — Data Congruence

Congruence Between Interview, Medical Record, and Service Utilization Data (2020–2024)						
Type of Service	2020 (N=135)	2021 (N=135)	2022 (N=135)	2023 (N=135)	2024 (N=150)	5-Year Average
Case Management	78%	87%	70%	82%	73%	78%
Peer Support	39%	39%	44%	51%	42%	43%
Family Support	72%	77%	84%	87%	93%	83%
Supportive Housing	50%	52%	65%	54%	53%	55%
Living Skills Training	48%	53%	64%	69%	75%	62%
Supported Employment	35%	41%	33%	48%	45%	40%
Crisis Services	57%	65%	78%	73%	73%	69%
Medication and Medication Management	61%	67%	68%	86%	86%	74%
ACT Team Services[5]	93%	93%	99%	89%	100%	95%
Respite Care Services	N/A[6]	N/A	N/A	N/A	97%	97%

Congruence was most often established when null values ("no responses") were consistently identified across the medical record, interview, and service utilization 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 the service, and service utilization data would support the member's response, but the health home record would not have documented references of the service being delivered.

The services with the highest levels of congruence were ACT team services, family support, medication and medication management and respite care services. ACT and family support services also have the highest rates of congruence over a five-year period. Peer

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

[6] Respite care services was added to the QSR study for the first time in the 2024. As such, there is no data to report in prior years.

support, supportive housing, and supported employment had the lowest rates of congruence in 2024, which aligns with the five-year averages for these services.

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 the strengths and goals of members with SMI.

To the extent possible, and when applicable, this report offers a year-to-year analysis based on 2024 QSR findings and a five-year average analysis. 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 2024 QSR final sample of members with SMI is relatively similar to characteristics reported in prior QSR samples.

Table 2 — Sample Age Group (Title XIX and Non-Title XIX)

Age Breakout	Number and Percent of Members (2024)
18 years–37 years	28 (19%)
38 years–49 years	57 (38%)
50 years–55 years	20 (13%)
56+ years	45 (30%)
Total	**150 (100%)**

Table 3 — Sample Race and Ethnicity (Title XIX and Non-Title XIX)

Race/Ethnicity	Frequency (2024)	Percent (2024)
White	82	54%
African American	19	13%
Hispanic	2	1%
American Indian	3	2%
Asian	0	0%
Native Hawaiian	1	1%
Not reported	43	29%
Total	**150**	**100%**

Identification of Needs

This next section of the report shows 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 the need was identified on the member's ISP.

Table 4 — Percentage of Identified Need for Each Targeted Service Based on the Member's ISP[7]

| | Comparison of Data From 2020 to 2024 | | | | | | | | | | | | | | | Total |
| | Title XIX[8] | | | | | Non-Title XIX | | | | | Total | | | | | Total |
Targeted Service	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024	5-Year Average
Case Management	86%	90%	80%	75%	100%	79%	82%	82%	85%	94%	84%	87%	80%	77%	99%	**85%**
Peer Support Services	47%	43%	25%	32%	38%	46%	28%	29%	27%	33%	47%	39%	26%	31%	38%	**36%**
Family Support Services	9%	3%	1%	12%	0%	11%	0%	0%	0%	0%	10%	2%	1%	2%	0%	**3%**
Supportive Housing	20%	16%	17%	17%	33%	4%	8%	7%	0%	17%	16%	13%	15%	13%	31%	**18%**
Living Skills Training	32%	17%	12%	17%	18%	14%	15%	10%	12%	6%	28%	16%	12%	16%	16%	**18%**
Supported Employment	50%	44%	32%	43%	48%	43%	31%	54%	31%	39%	49%	40%	36%	41%	47%	**43%**
Crisis Services	0%	4%	1%	0%	0%	0%	0%	0%	0%	0%	0%	3%	1%	0%	0%	**1%**
Medication and Medication Management	80%	88%	79%	75%	96%	75%	82%	82%	81%	100%	79%	86%	79%	76%	97%	**83%**
ACT Services	5%	7%	3%	12%	5%	0%	0%	0%	0%	6%	4%	5%	3%	10%	5%	**5%**
Respite Services	N/A[9]	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	6%	N/A	N/A	N/A	N/A	0%	**0%**

[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?"*). Thirty-three cases, or 22% of the sample, did not include a current ISP, and these cases were excluded from this analysis.

[8] Calculations for Title XIX and Non-Title XIX members are based on a reduced sample size, which correlates to the number of Title XIX and non-Title XIX members in the final sample. Calculations will not total 100% across the table due to the reduced sample sizes used in the individual calculations.

[9] Respite care services was added to the QSR study for the first time in the 2024. As such, there is no data to report in prior years.

In keeping with previous QSRs, case management services, and medication and medication management services were the most frequently identified service needs. The five-year average demonstrates that this has been a consistent trend for the last five years.

In 2024, thirty-three members, or 22% 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 and, when appropriate, these cases are omitted from the calculations. This outcome is the same as the 2023 QSR and continues an upward trend compared to 16% in 2022 and 13% in 2021. However, over the last five years, this number has varied and resulted in an average of 22.4 or 15% of the sample not including a current ISP.

The data in Table 5 below reflects whether the ISP objectives address the individual's needs identified in the ISP and whether the ISP contains services that address the individual's needs. These indicators measure the extent of the individualization of a treatment plan and whether 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 5 presents results for 2020–2024, as well as a five-year average.

Table 5 — Percentage of Objectives and Services that Address Individuals' Needs

Evaluation Criteria	Title XIX					Non-Title XIX					Total					5-Year Average
	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024	
ISP objectives addressed individuals' needs	59%	60%	74%	80%	**92%**	48%	64%	82%	77%	**72%**	57%	61%	71%	79%	**89%**	71%
Services are based on individuals' needs	72%	90%	89%	88%	**99%**	60%	91%	100%	95%	**83%**	70%	90%	86%	89%	**97%**	86%

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

Eighty-nine percent (89%) of cases included ISP objectives that addressed members' needs (compared to 79% in 2023). A five-year average shows that ISP objectives address members' needs 71% of the time.

Ninety-seven percent (97%) of the cases reviewed included ISP services that were based on the member's needs. This represents an improvement from 2023 (89%). A five-year average shows that services are based on a member's needs 86% of the time.

Service Provision to Meet Identified Needs

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

Table 6a 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 whether the service was subsequently provided to the member.

Table 6a — Percentage of Identified Service Needs (per ISP) and Percentage of Documented Evidence that the Service Was Provided (per progress notes)

Targeted Service	2024 QSR — Title XIX and Non-Title XIX					
	Title XIX		Non-Title XIX		Total	
	ISP Need	Services Provided	ISP Need	Services Provided	ISP Need	Services Provided
Case Management	100%	97%	94%	94%	99%	97%
Peer Support Services	38%	17%	33%	6%	38%	15%
Family Support Services	0%	0%	0%	0%	0%	0%
Supportive Housing	33%	20%	17%	11%	31%	19%
Living Skills Training	18%	4%	6%	0%	16%	3%
Supported Employment	48%	21%	39%	33%	47%	23%
Crisis Services	0%	0%	0%	0%	0%	0%
Medication and Medication Management	96%	94%	100%	89%	97%	93%
ACT Services	5%	5%	6%	6%	5%	5%
Respite Services	0%	0%	6%	0%	0%	0%

Similar to the QSR results in 2022 and 2023, based on the progress notes, case management, medication management, and ACT team services were the services most consistently provided following the identification of the need for these services. 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 6b identifies the percentage of each targeted service that was received per the member interview responses compared to needs reflected on the ISP. An ISP need was identified when the service was included on the ISP. Consistent with the 2021, 2022, and 2023 QSR studies, *based on interview responses*, peer support and supported employment were provided at the lowest rates following the identification of these needs. In prior QSRs, case management and medication and medication management were typically provided at a higher rate than reflected on ISPs, but in 2024, both were provided at a lower rate per the member interviews. Family support services, ACT, and crisis services were provided at a higher rate compared to needs identified on ISPs; although, crisis services are not typically identified as a need on ISPs. This is a consistent pattern found in prior QSRs.

Table 6b — Percentage of Identified Service Needs (per ISP) and Percentage of Services Received as Reported by the Member (per interview)

2024 QSR — Title XIX and Non-Title XIX						
	Title XIX		Non-Title XIX		Total	
Targeted Service	**ISP Need**	**Services Received**	**ISP Need**	**Services Received**	**ISP Need**	**Services Received**
Case Management	100%	96%	94%	86%	99%	94%
Peer Support Services	38%	32%	33%	18%	38%	29%
Family Support Services	0%	6%	0%	11%	0%	7%
Supportive Housing	33%	34%	17%	11%	31%	30%
Living Skills Training	18%	15%	6%	11%	16%	14%
Supported Employment	48%	20%	39%	18%	47%	20%
Crisis Services	0%	18%	0%	18%	0%	18%
Medication and Medication Management	96%	90%	100%	93%	97%	91%
ACT Services	5%	12%	6%	4%	5%	11%
Respite Services	0%	1%	6%	7%	0%	2%

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 in Table 6c below:

Table 6c – Related Interview Tool Questions and Aggregate Member Responses

Question #	Question	2020 Response — Yes	2021 Response — Yes	2022 Response — Yes	2023 Response — Yes	2024 Response — Yes	5-Year Average
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)?	75%	76%	70%	70%	72%	**73%**
Q10	If you do not receive peer support, would you like to receive this kind of support?	36%	30%	33%	36%	39%	**35%**
Q18	If your family is not receiving family support services, would you and your family like to have these services?	23%	17%	26%	23%	24%	**23%**
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?	28%	21%	13%	25%	42%	**22%**
Q35	If you did not receive living skills training, did you feel you needed it during the past year?	24%	22%	24%	27%	25%	**24%**
Q45	In the past year, did you feel you needed services to help you get or keep a job?	29%	32%	26%	21%	26%	**27%**
Q72	If you are not receiving ACT services, would you like to have these services?	8%	14%	10%	19%	28%	**16%**

Question #	Question	2020 Response — Yes	2021 Response — Yes	2022 Response — Yes	2023 Response — Yes	2024 Response — Yes	5-Year Average
Q79	If your family or caregiver is not receiving respite care services, would you like to have these services?	N/A[10]	N/A	N/A	N/A	15%	15%

Table 6d – Percentage of Identified Service Needs (per ISP) and Percentage of Services Received as Reported by Service Utilization Data (CIS)

2024 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	100%	99%	94%	57%	99%	91%
Peer Support Services	38%	34%	33%	25%	38%	32%
Family Support Services	0%	1%	0%	0%	0%	1%
Supportive Housing	33%	20%	17%	11%	31%	18%
Living Skills Training	18%	14%	6%	14%	16%	14%
Supported Employment	48%	44%	39%	43%	47%	44%
Crisis Services	0%	19%	0%	11%	0%	17%
Medication and Medication Management	96%	98%	100%	71%	97%	93%
Respite Care services	0%	2%	6%	0%	0%	1%

Table 6d 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 period (October 1, 2022–December 31, 2023).

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[10] Respite care services was added to the QSR study for the first time in the 2024. As such, there is no data to report in prior years.

In 2024, almost every targeted service was provided at lower rates when compared to aggregated identified needs on ISPs. This is the inverse compared to prior QSRs when service encounter data demonstrated higher service utilization compared to ISP identified needs.

Availability of Services

As part of the QSR interview, members were asked to identify their perception of the duration of time required to access one or more of the targeted services. Aggregated results of the interviews are illustrated in Table 6a. To support the analyses, the timeframes were consolidated into three ranges: 1 day–15 days, 15 days–30 days, and 30 days or more. Table 6b shows the aggregated results over a five-year period for access to services within 15 days.

Table 7a indicates:

- The services most readily available within 15 days were medication management (95%) and ACT services (88%), followed by living skills training (71%), peer support services (70%), and family support services (70%). For ACT services, this represents an improvement compared to 2023 (61%) and 2022 (50%) but remains low compared to 100% access within 15 days in 2019, 2020, and 2021. For peer and family support services, the data demonstrates an ongoing improvement from prior years. However, access to peer services has not returned to the levels documented in 2019, 2020, and 2021 (84%, 77%, and 80% within 15 days, respectively).

- Notably, access to case management within 15 days improved to 65%, compared to 48% in 2023. This still represents a significant difference when compared to an average of 88% access within 15 days between 2019 to 2021.

- Similar to last year, the services least available within 15 days were supported employment (43%) and supportive housing (20%)[11].

More than half (63%) of the respondents receiving supportive housing services (excluding the receipt of rental subsidies or housing vouchers) reported that it took more than 30 days to access the service. For these members who received a rental subsidy or housing voucher, 61% reported it took more than 30 days to receive this supportive housing service.

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[11] In the 2024 QSR Review, a question was added to delineate between the time it took to receive a housing voucher or rental subsidy compared to other supportive housing services. This data represents members who received supportive housing services and excludes (or reduced the "N") respondents who only received a housing voucher or rental subsidy.

Table 7a — Percentage of Individuals Receiving Services Between 1 Day–15 Days, 15 Days–30 Days, and Greater Than 30 Days

	2024 QSR — Title XIX and Non-Title XIX[12]								
	Title XIX			Non-Title XIX			Total		
Targeted Services	1 day–15 days	Within 30 days	>30 days	1 day–15 days	15 days–30 days	>30 days	1 day–15 days	15 days–30 days	>30 days
Case Management	66%	5%	16%	58%	25%	8%	65%	5%	9%
Peer Support Services	74%	10%	8%	40%	20%	40%	70%	11%	11%
Family Support Services	71%	0%	86%	66%	0%	33%	70%	0%	20%
Supportive Housing services[13]	21%	8%	65%	0%	0%	33%	20%	7%	63%
Supportive Housing – Experiences with Vouchers or Rental Subsidies *only*[14]	5%	5%	8%	0%	0%	33%	18%	18%	61%
Living Skills Training	72%	11%	11%	66%	0%	0%	71%	9%	9%
Supported Employment	28%	8%	40%	60%	20%	20%	43%	10%	27%
Medication and Medication Management	95%	0%	0%	96%	0%	0%	95%	0%	0%
ACT Team Services	87%	0%	0%	100%	0%	0%	88%	0%	0%
Respite Care Services	33%	0%	0%	33%	0%	33%	67%	0%	33%

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[12] When percentages total less than 100% across the responses presented in the table, the "n" has been reduced to eliminate members who indicated they did not receive the services and/or responded, "Not sure."

[13] In the 2024 QSR Review, a question was added to delineate between the time it took to receive a housing voucher or rental subsidy compared to other supportive housing services. This data represents members who received supportive housing services and excludes (or reduced the "N") respondents who only received a housing voucher or rental subsidy.

[14] This analysis represents a reduced "N" to reflect members' experiences with housing vouchers and rental subsidies only.

Table 7b — Percentage of Individuals Receiving Services Between 1 Day–15 Days Over a Five-Year Period

2020–2024 QSR — Title XIX and Non-Title XIX					
Targeted Services	**2020**	**2021**	**2022**	**2023**	**2024**
Case Management	91%	90%	54%	48%	65%
Peer Support Services	77%	80%	36%	67%	70%
Family Support Services	93%	69%	25%	60%	70%
Supportive Housing	25%	31%	20%	16%	20%
Supportive Housing – Experiences with Vouchers or Rental Subsidies *only*[15]	N/A	N/A	N/A	N/A	18%
Living Skills Training	84%	89%	25%	45%	71%
Supported Employment	65%	36%	48%	43%	43%
Medication and Medication Management	100%	100%	91%	95%	95%
ACT Team Services	100%	100%	50%	61%	88%
Respite Care Services	N/A[16]	N/A	N/A	N/A	67%

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

• The location of services is convenient (83%) — compared to 79% in 2023.

• Services were available at times that are good for you (85%) — compared to 87% in 2023.

• Do you feel that you need more of a service that you have been receiving? (31%) — compared to 31% in 2023.

• Do you feel that you need less of a service you have been receiving? (3%) — compared to 3% in 2023.

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[15] This is a new calculation for the 2024 QSR Review. As such, there is no data to report in prior years.

[16] Respite care services was added to the QSR review for the first time in the 2024. As such, there is no data to report in prior years.

The responses to these questions demonstrate members do not perceive location and time of services as barriers to receiving services. Member approval of location of services improved and time preferences remained relatively the same compared to 2023. Regarding needing more or less of a service, members reported the same needs in 2024 compared to 2023.

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 their identified needs. The QSR interview tool includes questions that assess the efficacy of services and the extent to which 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 8 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, medication and medication management and ACT services were perceived to be the most helpful to a members' recovery. Living skills training, peer support, and supported employment followed closely behind these services. Over a five-year period, on average, medication and medication management remained the service with the highest percentage of individuals agreeing the service helps with their recovery (90%). The perception of peer support services as beneficial to a member's recovery reduced to 80% (compared to 96% in 2023), as did crisis services which reduced to 59% in 2024 (compared to 76% in 2023). Similar to last year, case management was perceived as being one of the least effective in helping members advance their recovery (72%).

Table 8 — Percentage of Individuals Agreeing That Services Help With Their Recovery

	2020–2024 QSR — Title XIX and Non-Title XIX															
	Title XIX					Non-Title XIX					Total					
Targeted Service	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024	5-Year Average
Case Management	77%	76%	68%	73%	**74%**	85%	81%	72%	73%	**58%**	78%	78%	69%	73%	**72%**	**74%**

2020–2024 QSR — Title XIX and Non-Title XIX															
Targeted Service	**Title XIX**					**Non-Title XIX**					**Total**					**5-Year Average**
	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024	
Peer Support Services	92%	88%	45%	96%	**79%**	89%	90%	40%	100%	**80%**	92%	89%	44%	96%	**80%**	**80%**
Supportive Housing	84%	78%	84%	75%	**76%**	100%	100%	100%	100%	**33%**	86%	82%	78%	76%	**73%**	**79%**
Living Skills Training	90%	86%	90%	80%	**94%**	100%	100%	100%	100%	**33%**	91%	89%	92%	81%	**86%**	**88%**
Supported Employment	96%	93%	62%	80%	**76%**	100%	80%	100%	67%	**100%**	97%	89%	65%	78%	**80%**	**82%**
Crisis Services	93%	89%	75%	72%	**59%**	100%	100%	100%	100%	**60%**	94%	92%	78%	76%	**59%**	**80%**
Medication and Medication Management	100%	90%	82%	86%	**90%**	96%	100%	93%	97%	**81%**	99%	93%	84%	88%	**88%**	**90%**
ACT Services	75%	89%	67%	100%	**87%**	100%	100%	N/A[17]	100%	**100%**	80%	89%	67%	100%	**88%**	**85%**

Table 9 illustrates the percentage of members who reported a problem with one or more of the targeted services. In comparison to 2023, case management, peer support, supportive housing, supported employment, and medication and medication management were reported to have more problems. Other services, such as family support and living skills training, were reported to have less problems. The percentage of members receiving crisis and ACT services reported a similar volume of problems as 2023. Case management continues to have the highest year-over-year rates of reported problems (five-year average of 38%). The services with the lowest percentage of reported problems over a five-year average are peer support, family support, living skills training, and

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

supported employment services. No members reported problems with respite care services, although it is important to note the "n" for this service represented only 2% of total respondents.

Table 9 — Percentage of Reported Problems with Services

	2020–2024 QSR — Title XIX and Non-Title XIX															
Targeted Service	**Title XIX**					**Non-Title XIX**					**Total**					**5-Year Average**
	2020	**2021**	**2022**	**2023**	**2024**	**2020**	**2021**	**2022**	**2023**	**2024**	**2020**	**2021**	**2022**	**2023**	**2024**	
Case Management	40%	29%	41%	37%	**36%**	31%	27%	28%	41%	**88%**	38%	29%	41%	38%	**45%**	38%
Peer Support Services	18%	9%	20%	9%	**23%**	11%	10%	0%	0%	**60%**	17%	9%	17%	7%	**27%**	15%
Family Support Services	27%	9%	0%	25%	**14%**	0%	25%	0%	0%	**0%**	23%	13%	0%	20%	**10%**	13%
Supportive Housing	32%	16%	11%	0%	**38%**	25%	33%	0%	10%	**66%**	31%	18%	11%	24%	**40%**	25%
Living Skills Training	20%	14%	0%	13%	**6%**	67%	0%	0%	0%	**33%**	26%	11%	0%	13%	**10%**	12%
Supported Employment	19%	21%	5%	10%	**32%**	0%	20%	50%	0%	**40%**	17%	21%	9%	9%	**33%**	18%
Crisis Services	33%	21%	20%	44%	**45%**	50%	0%	33%	0%	**0%**	35%	17%	22%	38%	**37%**	30%
Medication and Medication Management	23%	16%	17%	20%	**25%**	19%	20%	19%	21%	**58%**	22%	17%	17%	20%	**31%**	21%
ACT Services	25%	22%	33%	19%	**20%**	0%	0%	N/A[18]	0%	**0%**	20%	17%	33%	17%	**19%**	21%
Respite Care Services	N/A[19]	N/A	N/A	N/A	**0%**	N/A	N/A	N/A	N/A	**0%**	N/A	N/A	N/A	N/A	**0%**	0%

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

[19] Respite care services was added to the QSR study for the first time in the 2024. As such, there is no data to report in prior years.

The interview tool solicits additional information regarding the nature of the perceived problem when a member identifies that there were issues with a service. For case management, which has one of the highest rates of reported problems, the types of reported problems continue to be 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. These comments are consistent with problems reported during the 2020, 2021, 2022, and 2023 QSRs.

In Table 10 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 2024, services rated with the highest levels of satisfaction were peer support services, supportive housing, living skills training, medication and medication management, ACT, and respite care services. When considering a five-year average in satisfaction ratings, peer support services (8.4), family support services (8.1), supportive housing (8.2), supported employment (8.0), and medication management (8.4) have scored the highest ratings. Notably, case management, living skills training, crisis, and ACT services have scored the lowest averages over a five-year period.

Table 10 — Average Service Ratings (rated from 1 [lowest] to 10 [highest])

2020–2024 QSR — Title XIX and Non-Title XIX																
	Title XIX					Non-Title XIX					Total					
Targeted Service	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024	5-Year Average
Case Management	7.3	7.6	7.3	7.1	**7.4**	7.1	7.7	7.3	6.7	**6.2**	7.2	7.7	7.3	7.0	**7.3**	7.3
Peer Support Services	8.0	8.4	7.3	9.5	**8.7**	9.0	8.2	8.3	7.8	**7.6**	8.2	8.4	7.5	9.2	**8.6**	8.4
Family Support Services	7.8	8.4	8.4	8.0	**7.7**	8.9	9.0	8	8.0	**7.7**	8.2	8.5	8.3	8.0	**7.7**	8.1
Supportive Housing	8.0	7.3	8.8	8.6	**8.3**	6.8	8.4	8	9	**8**	7.8	7.5	8.7	8.6	**8.2**	8.2
Living Skills Training	7.8	8.0	8.1	6.9	**9.2**	8.0	6.7	9.3	8	**6.3**	7.8	7.7	8.3	7.0	**8.8**	7.9
Supported Employment	8.0	7.4	7.7	8.7	**7.6**	9.0	8.6	7.8	8.3	**8.8**	8.2	7.7	7.7	8.4	**7.8**	8.0
Crisis Services	7.7	8.7	7.9	7.1	**6.5**	6.5	9.0	8.7	7.7	**7.2**	7.5	8.8	8.0	7.2	**6.6**	7.6

2020–2024 QSR — Title XIX and Non-Title XIX																
Targeted Service	Title XIX					Non-Title XIX					Total					5-Year Average
	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024	
Medication and Medication Management	8.6	8.8	8.1	8.1	8.6	8.5	8.8	8.5	7.8	7.9	8.6	8.8	8.1	8.1	8.4	8.4
ACT Services	7.8	7.4	7	8.3	9.5	9.0	3.3	N/A[20]	8.5	9.0	8.1	6.4	7	8.3	9.4	7.8
Respite Care Services	N/A[21]	N/A	N/A	N/A	7	N/A	N/A	N/A	N/A	10.0	N/A	N/A	N/A	N/A	9.0	9.0

Table 11 below depicts rates of functional outcomes as determined through member interviews, progress notes, assessments, and ISPs. In 2024, rates of employment among members rose to 27%, which brought the five-year average for employment among members surveyed to 24%.

The QSR MRR tool offers the following guidance when determining whether 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 2024, the percentage of members who reported being engaged in a meaningful activity improved to 77%. The five-year average is 74%. The percent of members in the sample determined to have housing dropped to 83%. The five-year average for members in the sample with housing is 89%.

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

[21] Respite care services was added to the QSR study for the first time in the 2024. As such, there is no data to report in prior years.

Table 11 — Functional Outcomes

Functional Outcomes	2020–2024 QSR — Title XIX and Non-Title XIX															
	Title XIX					Non-Title XIX					Total					
	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024	5-Year Average
Employed	20%	27%	27%	22%	**30%**	12%	24%	36%	19%	**18%**	18%	26%	29%	22%	**27%**	**24%**
Meaningful Day Activities	78%	78%	64%	70%	**83%**	80%	70%	57%	81%	**50%**	79%	76%	64%	72%	**77%**	**74%**
Housing	93%	91%	85%	89%	**87%**	96%	97%	89%	96%	**68%**	93%	93%	86%	90%	**83%**	**89%**

Supports and Services Designed Around Member Strengths and Goals

Table 12 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 identifies 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 12 — Percentage of Individual Strengths Identified in Assessment, ISP, Progress Notes, and ISP Objectives

Document Type	Title XIX					Non-Title XIX					Total					5-Year Average
	2020	2021	2022	2023	2024	2020	2021	2022	2023	2043	2020	2021	2022	2023	2024	
Assessment	72%	79%	80%	71%	**83%**	79%	82%	86%	81%	**79%**	73%	80%	80%	73%	**82%**	78%
ISP	79%	91%	81%	73%	**67%**	75%	82%	75%	81%	**57%**	78%	88%	80%	75%	**65%**	77%
Progress Notes	65%	54%	43%	69%	**77%**	61%	69%	54%	69%	**71%**	64%	59%	45%	69%	**76%**	63%
All Three Documents	39%	45%	26%	42%	**65%**	36%	56%	29%	42%	**46%**	39%	48%	27%	42%	**61%**	43%
ISP Objectives Based on Strengths	49%	50%	52%	60%	**47%**	46%	49%	57%	65%	**43%**	48%	50%	53%	61%	**46%**	52%

Similar to the 2021, 2022, and 2023 QSRs, Mercer reviewers noted that strengths were most commonly identified in the assessment (82% of the time). However, this year, strengths were found more commonly in progress notes (76% of the time) than in ISPs (65% of the time). This continued the upward trend in the identification of strengths in progress notes, along with a similar improvement in consistency across all document types (61%). Notably, in prior years, the rate at which ISP objectives were based on members' identified strengths continued to improve since 2019, but there was reduction in 2024 to 46% (compared to 61% in 2023). Although, the 5-year average for this data point is 52%.

Table 13 illustrates the percentage of members who felt that the services they received considered their strengths and needs. This information was captured through member interviews.

Table 13 — Percentage of Members Who Feel the Services They Received Considered Their Strengths and Needs

	2020–2024 QSR — Title XIX and Non-Title XIX															
Evaluation Criteria	Title XIX					Non-Title XIX					Total					5-Year Average
	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024	
Services are based on individuals' strengths and needs	81%	77%	75%	76%	**85%**	61%	79%	82%	77%	**68%**	77%	78%	76%	77%	**82%**	**78%**

In contrast and based on member interviews in 2024, 82% of members felt that services were based on their strengths and needs. This outcome is slightly higher than the five-year average of 78%.

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

- "There are things I want to accomplish, but I don't get help with that. They send me links, but they don't know if they are viable. They do the minimal. They are impersonal. They could use more compassion."

- "They don't understand who I am — I was on court-ordered treatment, and they treated me like cattle."

- "They are disrespectful, and they don't listen."

- "They don't know me, and they judge me."

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[22]	2023 "Yes" Response Rate	2024 "Yes" Response Rate
Do you have enough contact with your case manager?	141	70%	72%
Your case manager helps you find services and resources that you ask for.	141	73%	72%
On a scale of 1 to 10, how satisfied were you with the case management services you received? (Average score)	141	7.0	7.3
Were there problems with the case management services that you received?	141	38%	45%
How long did it take for you to receive case management services? (percent receiving services within 15 days)	141	48%	65%

Consistent with previous years, reviewers noted that turnover in the case manager position remains the most prevalent concern among members. Many members reported frequent changes in their assigned case manager and that they can go for periods of time without a case manager. One member stated, "There were a lot of times I was without a case manager this year." A few members also noted frequent changing of teams, which resulted in a change in case manager as well. For one member, he shared, "I've been switched from five different teams. I've been scheduled for appointments and not notified."

Members continued to report they were not informed of changes in case managers, often did not know who they were assigned to, and requested to be notified of case manager changes in a timely manner. One member stated, "They would disappear and quit, and

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[22] These questions are posed to a subset of the sample that responds "Yes" to having received this service in the past year.

no one told me." Others shared that case managers do not always follow up on requested referrals. For one member, this meant missing the deadline to apply for a program because he could not get a response from the case manager or health home.

Similar to last year, case managers were often noted by members to be difficult to reach, and some failed to return telephone calls. A number of members also expressed a desire for more frequent "check-in" phone calls and home visits from their case managers. In 2024, members reported a slight improvement (72%) in the sufficiency of contact with their case managers compared to 2023 (70%). This aligns with the five-year average of 73% of members stating they had enough contact with their case manager through means such as telephone and in-person meetings.

Members reported a similar level of helpfulness (72%) from case managers compared to 2023 QSR results (73%) and general satisfaction with case management services improved to 7.3 (compared to 7.0 in 2023). Reported problems with case management services did increase to 45% in 2024, compared to 38% in 2023, and there was an increase in the time it took to deliver case management services within 15 days (65% in 2024 compared to 48% in 2023).

A number of members expressed satisfaction and appreciation for the role that the case manager assumed in supporting their recovery. Below are examples of member comments extracted from the interview tools:

- "For the past year, my case manager has been pretty consistent and persistent, even when my mental health meant I didn't want to engage. My case manager doesn't give up."

- "My case manager has been great! Five stars! He always follows up. Very thorough! It's the reason I stay with this clinic that's otherwise overloaded."

- "My case manager has been real good to me. He's helped me with my GED and benefits."

- "My current case manager has been excellent. I've been receiving case management for over seven years, and she's the best so far."

- "They call me back. They don't let me down. My case manager has been really supportive. They know I am working on my recovery."

Peer Support

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

Interview Questions	Number of Individuals Responding[23]	2023 "Yes" Response Rate	2024 "Yes" Response Rate
Your peer support/recovery support specialist helps you to better understand and use the services available to you.	44	96%	80%
How long did it take for you to receive peer support services? (Percent receiving services within 15 days)	44	67%	70%
On a scale of 1 to 10, how satisfied were you with the peer support services you received? (Average score)	44	9.2	8.6
Were there problems with the peer support services that you received?	44	7%	27%
If you do not receive peer support, would you like to receive this kind of support?	106	36%	39%

Compared to prior years, there was an increase in the number of members who reported receiving peer support services (N = 44), which was similar to the number of members in 2021 (N = 46). In prior years, there had been a continual decline in this number. Notably, 41 members (39%) who were not receiving peer support services indicated a desire to receive this type of support. For those members receiving the service, there was an improvement in the time it took for the service to start (within 15 days). However, there was a decrease in the level of satisfaction of the peer support services received, and more members had problems with the service.

Comments regarding peer support varied and included the following:

- "For me, peer support should be the first service available opportunity. I'm a PSS and service user. I've been hospitalized and want to make sure people have as much access to peer support as clinical services."

- "I don't have them now. I miss her. I liked her."

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[23] With the exception of the last question, all other questions are posed to a subset of the sample that responds "Yes" to having received this service in the past year

- "There is currently no one in this role. The one I saw left, and I'd like to receive peer support."

- "I've been going to see a PSS every month and attending groups. But she's not there anymore, and the groups aren't scheduled."

- "I'm completely satisfied with the peer support services I've received!"

- "PSS are 'the shot in the arm' that I need. They understand what's going on. PSS don't get recognition. PSS really strongly believe in what they do."

- "I wish my case manager was as professional and diligent as my PSS. Peers are good at using tools available and think outside of the box."

Family Support Services

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

Interview Questions	Number of Individuals Responding[24]	2023 "Yes" Response Rate	2024 "Yes" Response Rate
How long did it take for you and your family to receive family support services? (Percent receiving services within 15 days)	10	60%	70%
On a scale of 1 to 10, how satisfied were you with the family support services you received? (Average score)	10	8.0	7.7
Were there problems with the family support services that you received?	10	20%	10%
If your family is not receiving family support services, would you and your family like to have these services?	140	23%	24%

Similar to last year, there was a decrease in the number of members receiving family support services, representing 6% of the sample interviewed (compared to 7% in 2024). This small sample size should be considered when interpreting results pertaining to family support services. Notably, 24% of respondents not receiving family support services indicated they or their family would like to receive these services. Overall, there was an improvement in the time it took for the service to be provided (70% in 2024 versus 60% in 2023), an improvement with the number of members reporting a problem with the family support service they received (10% in 2024

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[24] With the exception of the last question, all other questions are posed to a subset of the sample that responds "Yes" to having received this service in the past year

compared to 20% in 2023), but a decrease in the satisfaction with the service (7.7 in 2024 versus 8.0 in 2023). The five-year average satisfaction rating for family support services is 8.1. There were no comments to report for this service.

Supportive Housing

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

Interview Questions	Number of Individuals Responding[25]	2023 "Yes" Response Rate	2024 "Yes" Response Rate
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?	44	25%	42%
Your supportive housing services help you with your recovery.	45	76%	73%
Do you feel safe in your housing/neighborhood?	45	92%	73%
How long did it take for you to receive supportive housing services (other than a housing voucher or rental subsidy)? (Percent receiving services within 15 days)[26]	41	16%	20%
How long did it take for you to receive a housing voucher or rental subsidy? (Percent receiving services within 15 days)[27]	36	N/A	18%
On a scale of 1 to 10, how satisfied were you with the supportive housing services you received? (Average score)	25	8.6	8.2
Were there problems with the supportive housing services that you received?	25	24%	40%

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[25] With the exception of the first question, these questions are posed to a subset of the sample that responds "Yes" to having received this service in the past year.

[26] In the 2024 QSR Review, a question was added to delineate between the time it took to receive a housing voucher or rental subsidy compared to other supportive housing services. This data represents members who received supportive housing services and excludes (or reduced the "N") respondents who only received a housing voucher or rental subsidy.

[27] This analysis represents a reduced "N" to reflect members who *only* received a rental subsidy or voucher and no other supportive housing services.

The types of supportive housing services that individuals received are collected during the member interviews. Similar to the 2021, 2022, and 2023 QSRs, the most frequent services/assistance received were rental subsidies (routine assistance paying for all or part of the rent through a publicly funded program), "pays no more than 30% of income for rent" and relocation services. When considering the full array of supportive housing services, such as bridge funding, legal assistance, furniture, neighborhood orientation, help with landlord/neighbor relations, help with budgeting, etc., QSR analyses demonstrate that year over year, few members receive these services alongside the rental subsidies.

In 2024, the percent of members who did not receive supportive housing services *and* who felt at risk of losing housing because they needed financial assistance with rent or utilities increased to 42% (compared to 25% in 2023). There was also an almost 20% reduction in the percent of members who feel safe in their housing or neighborhood (73% in 2024 compared to 92% in 2023).

The percent of members receiving supportive housing services within 15 days improved to 20% (compared to 16% in 2023). This excludes members whose sole supportive housing service was a voucher or subsidy. In an upward trend, in 2024, members reported a higher percentage of problems (40%) with supportive housing compared to 2022 (10%) and 2023 (24%). Of those experiencing problems, they shared the following comments:

- "There were delays in getting services."

- "Finding a stable place in the beginning was very difficult."

- "There were major problems with the housing itself — so many roaches. There was no communication with housing staff at my new place. I have no idea how much I'm supposed to pay in rent, so I haven't paid in four months."

- "I was told there was no funding to help with moving. That was very stressful. Getting services for me was really quick from what others have told me, but it still took four months. Some of my friends have been waiting for years."

- "Not having the choice in where I want to live."

- "I have an apartment now, but I was homeless before I could get subsidies, which took almost a year on a waiting list. I would like to have access to help with landlord/neighbor relations."

- "Since I got into my apartment, my supportive housing contact won't return my calls about my portion of the rent that needs to be paid."

Living Skills Training

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

Interview Questions	Number of Individuals Responding[28]	2023 "Yes" Response Rate	2024 "Yes" Response Rate
Living skills services have helped you manage your life and live in your community.	20	81%	86%
How long did it take for you to receive living skills training services? (Percent receiving services within 15 days)	20	44%	71%
On a scale of 1 to 10, how satisfied were you with the skills management training you received? (Average score)	20	7.0	8.8
Were there problems with the skills management training that you received?	20	13%	10%
If you did not receive living skills training, did you feel you needed it during the past year?	129	27%	25%

In prior QSR studies, living skills training metrics had largely continued to trend downward year over year. In 2024, there was improvement across most metrics, including a reduction in the percentage of members experiencing problems with the living skills training they received. Notably, of the 16 individuals who reported receiving living skills training, 25% reported also receiving ACT services. Of those members who did not receive living skills training, 25% indicated they felt they needed the service in the last year.

For members receiving living skills training, comments included the following.

- "I have a recovery coach who's great! They've showed me how to use the library."

- "They have been helpful and gotten me out of my shell."

- "I got the services from my case management team. They were helpful, especially on basic nutrition. I would have loved to get services on maintaining meaningful relationships and finding people with common interests."

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[28] With the exception of the last question, all other questions are posed to a subset of the sample that responds "Yes" to having received this service in the past year.

- "They have been supportive, but the training isn't always what I need."

Supported Employment

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

Interview Questions	Number of Individuals Responding[29]	2023 "Yes" Response Rate	2024 "Yes" Response Rate
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?	81	55%	54%
Someone at your clinic told you about job-related services such as resume writing, interview, job group, or vocational rehabilitation.	76[30]	50%	51%
You found these job-related services helpful.	30	78%	80%
How long did it take for you to receive supported employment services? (Percent receiving services within 15 days)	30	43%	43%
On a scale of 1 to 10, how satisfied were you with the employment services you received? (Average score)	30	8.4	7.8
Were there problems with the employment services that you received?	30	9%	33%
In the past year, did you feel you needed services to help you get or keep a job?	120	21%	26%

Based on the member interviews, 29% (N=44) reported they are working either part-time or full-time (compared to 23% in 2023).[31] Of the members who were not working at the time of their interviews, most reported that they engage in meaningful activities during the day. These activities included child rearing, socializing with friends and/or family, walking their dogs, reading, going the library,

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[29] With the exception of the last question, all other questions are posed to a subset of the sample that responds "Yes" to having received this service in the past year

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

[31] Note: The percentage of members who reported employment in the interviews was slightly higher (29%) 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.

listening to music, attending groups at peer-run organizations, babysitting children or grandchildren, and exercising. Similar to last year, a number of members reported they were retired and were enjoying this stage of their lives while others shared they are actively seeking employment.

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 (22), resume preparation (18), job interview skills (16), career counseling (14), and transportation (11). This array of services is similar to the 2023 results, with the addition of career counseling in 2024. Comments from members regarding supported employment services were limited and included the following:

- "The services have been very flexible, the location is near my house. I just need updates about jobs."

- "I'm grateful for all their help. I'd love to do volunteering."

- "The employment specialist was really helpful. She gave me job listings and helped me apply."

- "The current vocational rehabilitation counselor can be very rude, sometimes. He comes across as condescending to me. The other specialists were great. Waited several months for vocational rehab to open up. There was a waiting list."

- "In passing conversation with CM, they'd say I need to talk to someone about employment services, but no one was available."

- "I need more resources. I have degrees, but I have felonies. No one was able to work with me on that. I don't understand why it is still being brought up. I wasn't able to get the right services. I'm almost 50, but I still struggle. It's frustrating and disappointing, so I give up a little."

Crisis Services

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

Interview Questions	Number of Individuals Responding[32]	2023 "Yes" Response Rate	2024 "Yes" Response Rate
Did you receive any crisis hotline services within the past year?	27	33%	**52%**

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[32] These questions are posed to a subset of the sample that responds "Yes" to having received this service in the past year.

Interview Questions	Number of Individuals Responding[32]	2023 "Yes" Response Rate	2024 "Yes" Response Rate
Did you receive any mobile crisis team intervention services within the past year?	27	52%	52%
Did you receive any crisis services from a crisis stabilization center within the past year?	27	33%	33%
On a scale of 1 to 10, how satisfied were you with the crisis services you received? (Average score)	27	7.2	6.6
Were crisis services available to you right away?	27	91%	96%
Did you have any problems with the crisis services that you received?	27	38%	37%

In 2024, members utilizing crisis services appeared to receive a higher percentage of these services from the crisis hotline and through mobile crisis teams. Overall, members reported a lower satisfaction level with crisis services received (6.6 in 2024 compared to 7.2 in 2023), and 37% of members who received crisis services indicated some problems with the services received (similar to 2023). Interviewers captured the following comments:

- "They used inappropriate restraints. It was bad. Restraint policies in this state need to change. It was inhumane."

- "Services were quite overwhelming and over-stimulating, and it created a lot more anxiety."

- "The screening process was too extensive. I didn't understand it at the time."

- "I called 988, and I can do that anytime. It helped me feel better but did not resolve my crisis."

Some members expressed positive experiences with crisis services that included:

- "They helped me with my problem. They helped me with coping skills. If I needed help, they would help me through suicidal thinking."

- "I didn't want to go, but once I got there, it helped."

Medication Management Services

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

Interview Questions	Number of Individuals Responding[33]	2023 "Yes" Response Rate	2024 "Yes" Response Rate
Were you told about your medications and side effects?	136	77%	79%
Were you told about the importance of taking your medicine as prescribed?	136	92%	87%
Do you feel comfortable talking with your doctor about your medications and how they make you feel?	136	91%	93%
The medication services you received helped you in your recovery.	136	88%	88%
On a scale of 1 to 10, how satisfied were you with the medication services you received? (Average score)	136	8.1	8.4
Were there problems with the medication services that you received?	136	20%	31%

This year, there was slight improvement in the number of members who report being told about their medications and side effects and a slight reduction in the importance of taking medications as prescribed. A high percentage of members continue to report they are comfortable talking to their doctor about their medications. Overall, members continue to express satisfaction with the medication services received, but there is an upward trend in the number of members experiencing problems with these services (17% in 2022, 20% in 2023, and 31% in 2024). This included the following reports:

- "The doctor doesn't listen. I've been asking for a medication change. I don't feel anything; I feel empty. She added one but hasn't changed the dose of the main medication."

- "The pharmacy cut one of my medications in half and did not tell me about it. I noticed it myself. My behavioral health provider did not call in a medication refill to the pharmacy, and it created so much anxiety. Things were taken care of because I noticed and said something about it. Took about a week for the pharmacy and provider to fix it."

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[33] These questions are posed to a subset of the sample that responds "Yes" to having received this service in the past year.

- "One of the doctor's recommended a medicine that had side effects I didn't know about that has given me nightmares and PTSD."

- "Sometimes the medications are not a perfect fix so it takes time to find the right one that will work."

- "I met with a psychiatrist for the first time, and he did explain the side effects, but that was the first time in all my time at this health home. I don't have a doctor; I have a nurse practitioner. They never call me back."

- "I have to go through hoops to get my meds. Medical appointments change and are cancelled. I never know when I can get them filled. Some things are different every month."

- "The doctors don't review their notes or prep for appointments; it's very frustrating. I was also not told about the side effects to my medications."

Other members shared positive feedback regarding their medication and medication management services, which included the following:

- "The nurse practitioner, is perfect — she's real good at her job."

- "The doctor is really great. He listens to me."

- "My psychiatrist helps me so much."

- "The one- to four-week supply of bubble packets have been a life saver on time — I know what to take, and I don't need to go into the clinic as often."

- "They have been quick to act when I need them."

- "I was on injections for five years, and now, I'm on oral medications. My doctor listened to me about getting off of injections and having more control over my med, and now I take them every day."

- "They have helped me manage my anxiety, depression, and helped me stay focused."

Assertive Community Treatment

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

Interview Questions	Number of Individuals Responding[34]	2023 "Yes" Response Rate	2024 "Yes" Response Rate
Your ACT services help you with your recovery.	16	100%	88%
How long did it take you to receive ACT services? (Percent receiving services within 15 days)	16	61%	88%
On a scale of 1 to 10, how satisfied were you with the ACT services you received? (Average score)	16	8.3	9.4
Were there problems with your ACT services?	16	17%	19%
If you are not receiving ACT services, would you like to have these services?	134	19%	28%

Historically, the number of individuals who complete the QSR interview and who are also receiving ACT services has been quite low. This year, 16 members (11%) interviewed reported receiving ACT services (compared to 18 members in 2023). Overall, members receiving ACT continue to be satisfied with the service (9.4), and only 19% reported an issue with their ACT services. Comments were limited, with several members sharing the following:

- "When I call, someone always picks up because I have like 10 people on my team."

- "They help me with all my problems. They tell me, "Hi!" and "Have a nice day!""

- "It's been great."

- "I need a step down from the group home. My case manager did not believe I was ready to step down. I had to talk to her supervisor and the supervisor helped with the application process."

- "There's only one person that I was satisfied with. I don't have any good things to say."

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[34] With the exception of the last question, all other questions are posed to a subset of the sample that responds "Yes" to having received this service in the past year.

Respite Care Services

Table A10 — Individual Report on Respite Care Services (Title XIX and Non-Title XIX)

Interview Questions	Number of Individuals Responding[35]	2023 "Yes" Response Rate	2024 "Yes" Response Rate
How long did it take for your family member or caregiver to receive respite care services? (Percent receiving services within 15 days)	3	N/A[36]	67%
On a scale of 1 to 10, how satisfied were you with the respite care services you received? (Average score)	3	N/A	9.0
Were there problems with your respite care services?	3	N/A	0%
If your family or caregiver is not receiving respite care services, would you like to have these services?	147	N/A	15%

Respite care services were added to the 2024 QSR for the first time, and therefore, there is no former data to compare to. Only three respondents indicated they received this service, and this small sample size should be considered when interpreting response rates. Overall, respondents indicated a high satisfaction rate (9.0) with respite care services, and none reported any problems. Sixty-seven percent (67%) of respondents indicated they received the services within 15 days. Comments pertaining to respite care services were limited, with one respondent sharing, "My mother had to push to get the services — she heard a lot of 'I'm looking into it.'"

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[35] With the exception of the last question, all other questions are posed to a subset of the sample that responds "Yes" to having received this service in the past year.

[36] Respite care services was added to the QSR study for the first time in the 2024. As such, there is no data to report in prior years.

QSR Study Conclusions and Recommendations

The following conclusions are presented based on the 2024 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.

2024 QSR — Summary of Findings

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

A.1.   In 2024, 33 members, or 22% of the sample, did not include a current ISP. A need for targeted services cannot be established in these cases.

A.2.   Eighty-nine percent (89%) of cases included ISP objectives that addressed members' needs; an increase from 79% in 2023.

A.3.   Ninety-seven percent (97%) of the cases reviewed included ISP services that were based on the member's needs; an increase from 89% in 2023.

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

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

B.2.   Similar to last year, based on the evaluation of progress notes, 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. Reviewers found that clinical teams indicated the need on the ISP but did not subsequently initiate a referral for the services.

B.3.   In 2024, almost every targeted service was provided at lower rates when compared to aggregated identified needs on ISPs. This is the inverse compared to prior QSRs when service encounter data demonstrated higher service utilization compared to ISP identified needs.

B.4. Twenty-eight percent (28%) of members reported they do not feel they have enough contact with their case manager. Consistent with prior years, there were many comments from members expressing frustration over inconsistent communication among case management team members, timely access, and follow-up by case managers.

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. Similar to 2023, 31% of members in the sample reported that they would like more of a service than what they have been receiving.

C.2. Access to case management within 15 days improved to 65%, compared to 48% in 2023. This still represents a significant difference when compared to access within 15 days between 2019 to 2021 (average of 88%).

C.3. Access to peer support services within 15 days has continued to improve (70% in 2024 compared to 67% in 2023 and 36% in 2022); however, access has not returned to the levels documented in 2019, 2020, and 2021 (84%, 77%, and 80%, within 15 days, respectively).

C.4. More than half (54%) of the respondents receiving supportive housing services reported that it took more than 30 days to access the service. This calculation excludes respondents who received a subsidy or housing voucher as their sole supportive housing service.

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. In 2024, services rated with the highest levels of satisfaction were peer support services, supportive housing, living skills training, medication and medication management, ACT, and respite care services. When considering a five-year average in satisfaction ratings, peer support services (8.4), family support services (8.1), supportive housing (8.2), supported employment (8.0), and medication management (8.4) have scored the highest ratings. Notably, case management, living skills training, crisis, and ACT services have scored the lowest averages over a five-year period.

D.3. Based on the interviews, 29% of members reported they are working either part-time or full-time (compared to 23% in 2023 and 29% in 2024). The MRR supports this with 27% of the records showing members are employed.

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

E.1. Reviewers noted that strengths were most commonly identified in the assessment (82% of the time). However, this year, strengths were found more commonly in progress notes (76% of the time) than in ISPs (65% of the time). This continued the upward trend in the identification of strengths in progress notes, along with a similar improvement in consistency across all document types (61%).

E.2. Overall, 82% of members felt that services were based on their strengths and needs. This outcome is slightly higher than the five-year average of 78%.

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 persons with a Serious Mental Illness (SMI) designation 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, respite care, 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. Mercer contracted with the Copeland Center to complete the interviews. This syllabus describes the peer support worker training required to successfully conduct the interviews.

The training takes place over two days and 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.

Requirements For the Successful Completion of This Course
Successful completion of the requirements of this course is required to conduct interviews. Course requirements include a) logging in on time for each day's training, b) participating in all the modules identified in this syllabus, and c) completing all the assigned tasks. Due to the tight timelines involved with this project, make-up sessions will not be offered.

To take full advantage of our time together and to respect the work of other trainees and the facilitators, we ask the following of all participants:

• Log in about 10 minutes early to ensure each day starts on time.

- Turn off all telephones and other electronic devices during the classes and small groups (telephone calls and emails may be returned during breaks and during lunch. If an urgent matter comes up, please turn off your screen and turn on mute to take care of the matter in a space that does not disrupt other trainees).

Schedule
February 7, 2024: Introduction to the Project

8:00 a.m.–8:30 a.m.	Welcome and participant introductions.
8:30 a.m.–9:15 a.m.	Overview: Training and Project
9:15 – 9:30 a.m.	Break
9:30 a.m.–10:15 a.m.	Interview Standards and Introduction to Workflow
10:15 a.m.–11:15 a.m.	Workflow barriers and solutions
11:15 a.m.–12:15 p.m.	Lunch
12:15 p.m.–12:45 p.m.	Introduction to Target Services
12:45 p.m.–1:00 p.m.	Break
1:00 p.m.–1:45 p.m.	Target Services
1:45 p.m.–2:00 p.m.	Wrap Up

February 8, 2024: Engaging and Interviewing Survey Participants

8:00 a.m.–9:45 a.m.	Engaging Participants
9:45 a.m.–10:05 a.m.	Break
10:05 a.m.–11:15 a.m.	Introduction to the Interview Tool
11:15 a.m.–12:15 p.m.	Lunch
12:15 p.m.–1:15 p.m.	Interview Tool and Role Play
1:15 p.m.–1:30 p.m.	Break
1:30 p.m.–2:15 p.m.	Interview Tool Debrief
2:15 p.m.–2:45 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 violations, 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 the 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 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 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 and 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: _____

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 *(other than rental subsidies)*?

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

29. How long did it take for you to receive a rental subsidy?

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

30. 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)?

31. 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.

32. 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

33. 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

34. 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 32 through 34 are all "No" or "Not Sure", go to question 34. If one or more of questions 32-34 are "Yes", skip to question 35)

35. 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 35 is completed, skip to question 41)

36. *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

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

     1. ☐ Yes   2. ☐ No   3. ☐ Not sure

38. 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

39. 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)?

40. 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.

41. 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 41 is "No" or "Not Sure", please skip to question 42)

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

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

1. ☐ Yes   2. ☐ No   3. ☐ Not sure

43. Are you working now?

1. ☐ Yes   2. ☐ No

If no, what are your daily activities?_____

44. 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

45. 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

46. Did you tell anyone about this?

1. ☐ Yes   2. ☐ No

47. *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

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 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 55)

49. *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

50. *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

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

1. ☐ Yes   2. ☐ No   3. ☐ Not sure

52. 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

53. 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)?

54. 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.

55. In the past year, have you received crisis services?

1. ☐ Yes   2. ☐ No   3. ☐ Not sure

(If question 55 is "No" or "Not Sure", please skip to question 63)

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 _____)

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

    1. ☐ Yes   2. ☐ No   3. ☐ Not sure

57. 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

58. 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

59. *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

60. Were crisis services available to you right away?

    1. ☐ Yes   2. ☐ No

61. 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)?

62. 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.

63. In the past year, did you receive medications from your behavioral health provider?

    1. ☐ Yes 2. ☐ No

(If question 63 is "No", please skip to question 71)

64. *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

65. *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

66. *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

67. *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

68. Were medication services available to you right away?

1. ☐ Yes   2. ☐ No

69. 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)?

70. Did you have any problems with the medication service you received?

1. ☐ Yes   2. ☐ No

If yes, what were those problems?

Comments/Suggestions:

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.

71. In the past year, did you receive ACT services?

1. ☐ Yes   2. ☐ No   3. ☐ Not sure

(If question 71 is "No" or "Not Sure", please skip to question 72)

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 73)

72. If you are not receiving ACT services, would you like to have these services?

1. ☐ Yes   2. ☐ No   3. ☐ Not sure

(If question 72 is completed, please skip to question 78)

73. *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

74. Were ACT services available to you right away?

1. ☐ Yes   2. ☐ No   3. ☐ Not sure

75. 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

76. 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)?

77. Were there problems with your ACT services?

1. ☐ Yes   2. ☐ No   3. ☐ Not sure

If yes, what were those problems?

Comments/Suggestions:

Respite Care. "Respite" means short term behavioral health services or general supervision that provides rest or relief to a family member or other individual caring for the behavioral health recipient. Respite services are designed to provide an interval of rest and/or relief to the family and/or primary care givers and may include a range of activities to meet the social, emotional, and physical needs of the behavioral health recipient during the respite period. These services may be provided on a short-term basis (i.e., few hours during the day) or for longer periods of time involving overnight stays.

78. In the past year, did your family member or caregiver receive Respite Care services?

1. ☐ Yes   2. ☐ No   3. ☐ Not sure

(If question 78 is 'No' or 'Not Sure', please skip to question 79)

79. If you are not receiving Respite Care services, would you like to have these services?

1. ☐ Yes   2. ☐ No   3. ☐ Not sure

(If question 79 is completed please skip to question 85)

80. I am going to read you a statement and ask you to respond using this scale (use scale tool). "In the past year, your Respite Care services help you with your recovery."

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

81. Were Respite Care services available to you right away?

1. ☐ Yes   2. ☐ No   3. ☐ Not sure

82. How long did it take for you to receive Respite services?

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

83. On a scale of 1 to 10, with 10 being completely satisfied and 1 being dissatisfied, how satisfied were your family member or caregiver with the Respite Care services you received (use scale tool)?

84. Were there problems with your Respite Care services?

    1. ☐ Yes   2. ☐ No   3. ☐ Not sure

    If yes, what were those problems?

    Comments/Suggestions:

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.

85. *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

86. *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

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

    1. ☐ Yes 2. ☐ No   3. ☐ Not sure

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

    1. ☐ Yes 2. ☐ No   3. ☐ Not sure

Comments/Suggestions:

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

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

    1. ☐ Yes 2. ☐ No

    If not, why not?

91. Do you have anything you would like to add?

    1. ☐ Yes 2. ☐ No

    If yes, write comments here.

92. 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 ☐	

__To score Q3__, 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.*

3. **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 4–6, 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 4–7 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.

4. **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 ☐	

5. **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:	

ISP/ISRP	Dates	Category of strength in ISP	Page nos.
Part D		Additional strengths:	
		The ISP was not found ☐	

6. **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:	

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

7. **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 Q8–9, use the following guidelines:

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

- *If the ISP contains objectives related to the individual's needs.*

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

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

- *The ISP did not contain objectives that relate to the individual's needs.*

- *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 8, 9, and 10 below.*

- *For "No" responses, note specific needs not addressed for the relevant question.*

8. **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:**	

9. **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:**	

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

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

Section 3.2: ISP Objectives — Strengths

To score Q11, *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* <u>any</u> *of the following are true:*

• *If the ISP did not document strengths for objectives.*

*** Reviewer Notes:

• *Justify "No" and "Cannot determine" responses to Question 11 below.*

• *For "No" responses, note specific strengths not addressed.*

11. **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	Dates	Objectives in ISP based on strengths	Page nos.
		ISP not found ☐ **Strengths not specified** ☐ **List strengths not addressed:**	

Section 3.3: ISP Objectives — Services
***To score Q12–13**, 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 12–13 below.*
- *For "No" responses, note specific needs not addressed.*

12. **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:	

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

13. **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:**	

SECTION 4: SERVICES

To score Q14–16, *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 Q14, ***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* underline*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 14, please:

- *Justify "No" and "Cannot determine" responses to Question 14 below.*

- *For "No" responses, note specific services not provided.*

14. **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 #
			Yes	**No**	
Part D		Service 1:			
Part D		Service 2:			
Part D		Service 3:			
Part D		Service 4:			
Part D		Service 5:			
Part D		Service 6:			
		Services not addressed in ISP ☐			
		Services not addressed In Progress Notes ☐ **Services not specified** ☐ **List services not addressed:**			

To complete Q15, 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 Q15, 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 Q15, 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."*

15. Needs and Services to be provided — Please complete the table, indicating "Yes" or "No" for each cell.

A Services	B ISP Needs	C Progress Note Needs DO NOT SCORE	D Service Provision	E Needs compared to service provision
	Does the recent ISP identify need for the services in column A?	Do progress notes identify needs for the services in column A? DO NOT SCORE	Were column A services provided?	Did the most recent ISP and progress notes identify *AND* provide any of the following services?
1. Case Management				
2. Peer Support				
3. Family Support				
4. Supportive Housing				
5. Living Skills Training				
6. Supported Employment				
7. Crisis Services				
8. Medication and Medication Services				
9. ACT services				
10. Respite Care Services				

To Score Q16, 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.

16. **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 16:

SECTION 5: OUTCOMES

To Score Q17–19, *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 Q17__, 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.

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

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

Notes regarding Question 17:

__To score Q18__, 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.*

18. **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 18:

To score Q19, *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.*

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

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

Notes regarding Question 19:

SECTION 6: ISSUES DURING INTERVIEW[37]

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 Q20, review the individual's interview and determine if the individual identified an issue or concern, such as having side effects, wanting to receive additional services, requesting a change in case manager. If the individual identified an issue during the interview, mark "Yes." If the individual did not identify an issue or concern during the interview, mark "No."

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

    1. ☐ Yes 2. ☐ No

To score Q21, if the response to Q20 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.

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

To complete Q22, if the response to Q20 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 Q20 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.

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

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.

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

    1. ☐ Yes 2. ☐ No   3. ☐ N/A

*<u>**To complete Q23**</u>, if the response to Q20 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 Q20 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.

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

1. ☐ Yes 2. ☐ No   3. ☐ N/A

Mercer Health & Benefits LLC
2325 East Camelback Road, Suite 600
Phoenix, AZ 85016
www.mercer-government.mercer.com

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