Mercer

Government Human Services Consulting

2025 Quality Service Review

Arizona Heath Care Cost Containment System

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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 living with a serious mental illness (SMI) designation. This report represents the twelfth in an annual series of QSRs and the ninth 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 living with a SMI and 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. 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 living with a SMI.
- **Training** — Mercer facilitated a two-day training with peer reviewers to ensure an understanding of the targeted behavioral health services and consistent application of the interview tool. A separate training was provided to Mercer licensed 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 biweekly 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 in the 2024 QSR study. In prior years, the sample size was 135.

- **Medical Record Reviews** — Mercer licensed behavioral health professionals 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 2025 QSR is presented in this section. For more detailed and additional findings, see "Section 5, Findings." Information is presented in the context of the QSR study questions and covers the timeframe of October 1, 2023 to September 30, 2024. As in year's past, Mercer added 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 may be inconsistent from year to year. 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 living with a SMI being identified?

In keeping with previous QSRs, case management services and medication and medication management services were the most frequently identified service needs. Five-year averages for case management (87%) and medication and medication management services (86%) demonstrate that this has been a consistent trend for the last five years.

Ninety-one percent (91%) of cases included ISP objectives that addressed members' needs (compared to 89% in 2024). A five-year average shows that ISP objectives address members' needs 78% of the time.

Ninety-four percent (94%) of the cases reviewed included ISP services based on members' needs (compared to 97% in 2024). A five-year average shows that services are based on members' needs 91% of the time.

It is important to note that 23 members, or 15% of the sample, did not include a current ISP. Service needs are unable to be identified when ISPs are missing or are

Five-Year Average: 2021–2025

- **ISP objectives addressed members' needs = 78%**
- **ISP services were based on members' needs = 91%**

Current ISPs

Over the last five years, an average of **22.5** members, or **15%** of the sample, did not include a current ISP.

outdated. When applicable, these 23 members were excluded from some units of analyses.

When identified as a need, are members living with a 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, most services were not consistently provided once the need was identified on the ISP. The exception was family support, which was provided consistently following the identification of the service. The rates of inconsistency varied, with peer support and supported employment at the highest rates of inconsistency.

Based on responses from members during interviews, supported employment was provided at the lowest rate following the identification of the need. Case management, family support services, supportive housing, medication and medication management, 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.[1] This is a consistent pattern found in prior QSRs.

Based on service utilization data, in 2025, almost every targeted service was provided at higher rates compared to ISP-identified needs. The exception was peer support, which was provided at the same rate when 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 (100%) and ACT services (89%), followed by peer support services (83%), living skills training (82%), and family support services (80%). For ACT services, this represents continued improvement compared to 2024 (88%), 2023 (61%), and 2022 (50%). Access to peer support services within 1–15 days improved again (83% in 2025) compared to 70% in 2024. Respite services were available within 15 days 100% of the time, but it is important to note that only one member in the sample reported receiving this service.

[1] Note: In keeping with national best practice, crisis services are not required to be identified on an ISP, and individuals are able to access services as needed as part of the "no wrong door" policy.

- Similar to last year, the services least available within 15 days were case management (66%), supported employment (61%), and supportive housing (60%).[2]
- For members who received a rental subsidy or housing voucher only, 11% reported it took 1–15 days. The majority of these members reported they were “not sure” of the length of time it took to receive the service.

Based on a five-year average, medication and medication management (96%) and ACT services (78%) are the services provided most frequently within 15 days. The services provided least frequently within 15 days include supportive housing (29%) (excluding members who only received a housing voucher), supportive employment (46%), family support (61%), living skills training (62%), case management (65%), and peer support (67%).

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 (86%) — compared to 83% in 2024.
- Services were available at times that are good for you (92%) — compared to 85% in 2024.
- Do you feel that you need more of a service that you have been receiving? (25%) — compared to 31% in 2024.
- Do you feel that you need less of a service you have been receiving? (1%) — 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 time preferences improved in 2025, and approval of the location of services remained relatively the same compared to 2024. Regarding needing more or less of a service, members reported relatively the same needs in 2025 compared to 2024.

[2] 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.

Are the supports and services received by members living with a SMI meeting their identified needs?

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

Similar to the 2024 QSR, medication and medication management was perceived to be the most helpful to a members' recovery. Living skills training, crisis services, ACT, and supportive housing followed closely behind. 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 (89%). Similar to last year, case management was perceived as being one of the least effective in helping members advance their recovery (71%), and case management is the service with the lowest five-year average of 73%.

In 2025, case management (36%), crisis services (24%), medication and medication management (21%), supportive housing (18%), and peer support (15%) were reported to have more problems. Other services, such as ACT, supported employment, and family support, were reported to have less problems. No members in the sample reported problems with either living skills training or respite services, although it is important to note the "n" for respite services represented less than 1% of total respondents. Case management continues to have the highest year-over-year rates of reported problems (five-year average of 38%). 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. The services with the lowest percentage of reported problems over a five-year average are living skills training (7%), family support (10%), peer support (15%), and supported employment services (16%).

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 living with a SMI?

The QSR medical record review (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."

Member strengths were most commonly identified in progress notes (88% 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 (68%). In prior years, strengths were most commonly identified in assessments. The rate of ISP objectives based on members' identified strengths improved from 46% in 2024 to 55% in 2025.

Based on member interviews, 79% of members felt that services were based on their strengths and needs. This outcome is slightly higher than the five-year average of 78%.

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 living with a serious mental illness (SMI)[3]. The QSR evaluation approach includes interviews and medical record reviews (MRRs) of a sample of members living with a SMI, by persons with lived experience, and determines the need and availability of the following targeted behavioral health services:

- Case management
- Peer support
- Family support
- Supportive housing[4]
- Living skills training
- Supported employment
- Crisis services
- Medication and medication services
- Assertive Community Treatment (ACT) services
- Respite care (added in 2024)

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

[4] 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 Substance Abuse and Mental Health Services Administration 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 permanent supportive housing services.

Goals and Objectives of Analyses

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

1. Are the needs of members living with a SMI being identified?
2. Do members living with a SMI need each of the targeted behavioral health services, and are they receiving each of the targeted behavioral health services?
3. Are the targeted behavioral health services available?
4. Are the supports and services received by members living with a SMI meeting their identified needs?
5. Are the supports and services designed around the strengths and goals of members living with a 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 partially 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 (73% Title XIX eligible, 27% 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 a 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 living 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 living 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 living with a SMI such as medication services, medical management, case management, transportation, peer support services, family support services, and health and wellness groups. Twenty-four ACT teams are available at different health homes and community provider locations. Access to other covered behavioral health services, including supported employment and supportive housing, living skills training, and crisis services, are accessible to recipients living with a SMI, primarily through contracted community-based providers.

Section 4

Methodology

The QSR includes 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 living with a SMI.
- **Training** — Mercer facilitated a two-day training with peer reviewers to ensure an understanding of the targeted behavioral health services and consistent application of the interview tool. A separate training was provided to Mercer licensed 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 biweekly 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 in the 2024 QSR study. In prior years, the sample size was 135.
- **Medical Record Reviews** — Mercer licensed behavioral health professionals 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

For a second year, Mercer selected 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.

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. Syllabi for the training curricula can be found in Appendix C (“Peer Reviewer Training”) and Appendix D (“Medical Record Review Training”).

Part One: Peer Reviewer Training

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 (See Appendix E for the “QSR 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

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.

Part Two: Medical Record Review Training

MRRs were completed by four 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.

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

Concordance testing was determined by correlating the reviewer's response with a "gold standard" response. The overall concordance rate across all reviewers was 88%.

Member Interviews

The peer reviewer team lead was provided with 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 January 2025 and March 2025.

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 40,425.[5] The sample was stratified proportionally based on the total population of Title XIX eligible members (73%) and non-Title XIX members (27%). This year, Mercer utilized the prior calendar year's (CY 2023) administrative claims file to pull the sample for the QSR member engagement and outreach. The CY 2023 claims file was validated by the contracted managed care organization to confirm that each member was still open and actively receiving services. Inactive members were excluded from the sample.[6] In total, 2,534 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.

[5] Count of unduplicated members living with a SMI is derived from service utilization file spanning dates of service October 1, 2023 through December 31, 2024.

[6] Inactive members are defined as members who are closed or assigned to a navigator level of case management.

The final sample of members included 110 Title XIX members (73%) and 40 Non-Title XIX members (27%). It should be noted that a member's Title XIX eligibility status can change during the review period. To address these changes, 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, 2023 through December 31, 2024).

Medical Record Reviews

The review period for the MRR portion of the QSR was identified as October 1, 2023 through September 30, 2024. 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, 2024 (e.g., If a member's ISP was dated August 15, 2024, 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
- 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 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 F) 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, 2023 through December 31, 2024:

- **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 a SMI in Maricopa County
- **CIS Demographic Information** — Member-level file that identifies name, date of birth, and race/ethnicity

This data was integrated with the QSR interview and MRR data and extracted by Mercer to determine congruence between the 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 2021–2025 QSRs, which is presented in the table below.

Table 1 — Data Congruence

Congruence Between Interview, Medical Record, and Service Utilization Data (2021–2025)						
Type of Service	2021 (N=135)	2022 (N=135)	2023 (N=135)	2024 (N=150)	2025 (N=150)	5-Year Average
Case Management	87%	70%	82%	73%	78%	**78%**
Peer Support	39%	44%	51%	42%	43%	**44%**
Family Support	77%	84%	87%	93%	87%	**86%**
Supportive Housing	52%	65%	54%	53%	50%	**55%**
Living Skills Training	53%	64%	69%	75%	58%	**64%**
Supported Employment	41%	33%	48%	45%	45%	**42%**
Crisis Services	65%	78%	73%	73%	63%	**70%**
Medication and Medication Management	67%	68%	86%	86%	75%	**76%**

Congruence Between Interview, Medical Record, and Service Utilization Data (2021–2025)						
Type of Service	2021 (N=135)	2022 (N=135)	2023 (N=135)	2024 (N=150)	2025 (N=150)	5-Year Average
ACT Team Services[7]	93%	99%	89%	100%	85%	**93%**
Respite Care Services	N/A[8]	N/A	N/A	97%	99%	**98%[9]**

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 respite care services (99%), family support (87%), ACT team services (85%), case management (78%), and medication and medication management (75%). ACT (93%) and family support services (86%) also have the highest rates of congruence over a five-year period. Peer support (43%), supported employment (45%), supportive housing (50%), and living skills training (58%) had the lowest rates of congruence in 2025, which aligns with the five-year averages for these services.

[7] ACT team services do not have a distinct billing code; therefore, they 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.

[8] 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.

[9] Based on a two-year average.

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

To the extent possible, and when applicable, this report offers a year-to-year analysis based on 2025 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 support 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 2025 QSR final sample of members living with a SMI varied somewhat for age compared to the 2024 QSR samples. This year, a higher percentage of individuals ages 18–37 years were included in the sample (29% in 2025, compared to 19% in 2024), and there was a smaller percentage of individuals ages 38–49 years represented (24% in 2025, compared to 38% in 2024). Race and ethnicity representation was 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 (2025)
18 years–37 years	43 (29%)
38 years–49 years	36 (24%)
50 years–55 years	23 (15%)
56+ years	48 (32%)
Total	**150 (100%)**

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

Race/Ethnicity	Frequency (2025)	Percent (2025)
White	62	41%
African American	26	18%
Hispanic	5	3%
American Indian	4	3%
Asian	3	2%
Native Hawaiian	0	0%
Not reported	50	33%
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[10]

Comparison of Data From 2021 to 2025																
Targeted Service	Title XIX[11]					Non-Title XIX					Total					
	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	5-Year Average
Case Management	90%	80%	75%	100%	**94%**	82%	82%	85%	94%	**97%**	87%	80%	77%	99%	**94%**	**87%**
Peer Support Services	43%	25%	32%	38%	**39%**	28%	29%	27%	33%	**30%**	39%	26%	31%	38%	**37%**	**34%**
Family Support Services	3%	1%	12%	0%	**1%**	0%	0%	0%	0%	**0%**	2%	1%	2%	0%	**1%**	**1%**
Supportive Housing	16%	17%	17%	33%	**11%**	8%	7%	0%	17%	**7%**	13%	15%	13%	31%	**10%**	**16%**
Living Skills Training	17%	12%	17%	18%	**18%**	15%	10%	12%	6%	**20%**	16%	12%	16%	16%	**18%**	**16%**
Supported Employment	44%	32%	43%	48%	**48%**	31%	54%	31%	39%	**33%**	40%	36%	41%	47%	**45%**	**42%**
Crisis Services	4%	1%	0%	0%	**0%**	0%	0%	0%	0%	**0%**	3%	1%	0%	0%	**5%**	**2%**

[10] 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.
[11] 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.

Comparison of Data From 2021 to 2025																
Targeted Service	Title XIX[11]					Non-Title XIX					Total					
	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	5-Year Average
Medication and Medication Management	88%	79%	75%	96%	**92%**	82%	82%	81%	100%	**93%**	86%	79%	76%	97%	**92%**	**86%**
ACT Services	7%	3%	12%	5%	**7%**	0%	0%	0%	6%	**13%**	5%	3%	10%	5%	**9%**	**6%**
Respite Services[12]	N/A	N/A	N/A	0%	**0%**	N/A	N/A	N/A	6%	**0%**	N/A	N/A	N/A	0%	**0%**	**0%**

In keeping with previous QSRs, case management services, and medication and medication management services were the most frequently identified service needs. Five-year averages for case management (87%) and medication and medication management services (86%) demonstrate that this has been a consistent trend for the last five years.

In 2025, 23 members, or 15% 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. Over the last five years, the number of members without a current ISP has varied and resulted in an average of 22.5, 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."

[12] 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 5 — Percentage of Objectives and Services that Address Individuals' Needs

Evaluation Criteria	Title XIX					Non-Title XIX					Total					
	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	5-Year Average
ISP objectives addressed individuals' needs	60%	74%	80%	92%	**90%**	64%	82%	77%	72%	**97%**	61%	71%	79%	89%	**91%**	**78%**
Services are based on individuals' needs	90%	89%	88%	99%	**93%**	91%	100%	95%	83%	**100%**	90%	86%	89%	97%	**94%**	**91%**

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

Ninety-one percent (91%) of cases included ISP objectives that addressed members' needs (compared to 89% in 2024). A five-year average shows that ISP objectives address members' needs 78% of the time.

Ninety-four percent (94%) of the cases reviewed included ISP services that were based on members' needs (compared to 97% in 2024). A five-year average shows that services are based on members' needs 91% 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)

2025 QSR — Title XIX and Non-Title XIX						
Targeted Service	Title XIX		Non-Title XIX		Total	
	ISP Need	Services Provided	ISP Need	Services Provided	ISP Need	Services Provided
Case Management	94%	93%	97%	93%	94%	93%
Peer Support Services	39%	15%	30%	13%	37%	15%
Family Support Services	1%	1%	0%	0%	1%	1%
Supportive Housing	11%	9%	7%	3%	10%	8%
Living Skills Training	18%	12%	20%	10%	18%	12%
Supported Employment	48%	26%	33%	20%	45%	24%
Crisis Services	0%	0%	0%	0%	5%	0%
Medication and Medication Management	92%	88%	93%	87%	92%	87%
ACT Services	7%	6%	13%	13%	9%	8%
Respite Services	0%	0%	0%	0%	0%	0%

Based on the progress notes, most services were not consistently provided once the need was identified on the ISP. The exception was family support, which was provided consistently following the identification of the service. The rates of inconsistency varied, with peer support and supported employment at the highest rates of inconsistency.

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, 2023, and 2024 QSR studies, *based on interview responses*, supported employment was provided at the lowest rate following the identification of the need. Case management, family support services, supportive housing, medication and medication management,

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.[13] 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)

2025 QSR — Title XIX and Non-Title XIX						
Targeted Service	Title XIX		Non-Title XIX		Total	
	ISP Need	Services Received	ISP Need	Services Received	ISP Need	Services Received
Case Management	94%	96%	97%	100%	94%	97%
Peer Support Services	39%	31%	30%	28%	37%	32%
Family Support Services	1%	9%	0%	13%	1%	10%
Supportive Housing	11%	45%	7%	15%	10%	37%
Living Skills Training	18%	16%	20%	10%	18%	15%
Supported Employment	48%	22%	33%	10%	45%	19%
Crisis Services	0%	35%	0%	30%	5%	33%
Medication and Medication Management	92%	93%	93%	95%	92%	93%
ACT Services	7%	19%	13%	15%	9%	18%
Respite Services	0%	1%	0%	0%	0%	1%

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:

[13] Note: In keeping with national best practice, crisis services are not required to be identified on an ISP, and individuals are able to access services as needed as part of the "no wrong door" policy.

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

Question #	Question	2021 Response — Yes	2022 Response — Yes	2023 Response — Yes	2024 Response — Yes	2025 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)?	76%	70%	70%	72%	66%	**71%**
Q10	If you do not receive peer support, would you like to receive this kind of support?	30%	33%	36%	39%	35%	**35%**
Q18	If your family is not receiving family support services, would you and your family like to have these services?	17%	26%	23%	24%	24%	**23%**
Q24	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?	21%	13%	25%	42%	23%	**25%**
Q35	If you did not receive living skills training, did you feel you needed it during the past year?	22%	24%	27%	25%	38%	**27%**
Q45	In the past year, did you feel you needed services to help you get or keep a job?	32%	26%	21%	26%	29%	**27%**
Q72	If you are not receiving ACT services, would you like to have these services?	14%	10%	19%	28%	28%	**20%**
Q79	If your family or caregiver is not receiving respite care services, would you like to have these services?	N/A	N/A	N/A[14]	15%	13%	**14%**

[14] 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 6d – Percentage of Identified Service Needs (per ISP) and Percentage of Services Received as Reported by Service Utilization Data

2025 QSR — Title XIX and Non-Title XIX						
Targeted Services	Title XIX		Non-Title XIX		Total	
	ISP Need	Utilization	ISP Need	Utilization	ISP Need	Utilization
Case Management	94%	99%	97%	95%	94%	98%
Peer Support Services	39%	41%	30%	28%	37%	37%
Family Support Services	1%	4%	0%	0%	1%	3%
Supportive Housing	11%	24%	7%	15%	10%	21%
Living Skills Training	18%	28%	20%	25%	18%	27%
Supported Employment	48%	51%	33%	35%	45%	47%
Crisis Services	0%	12%	0%	10%	5%	11%
Medication and Medication Management	92%	98%	93%	83%	92%	94%
Respite Care services	0%	0%	0%	0%	0%	0%

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, 2023–December 31, 2024).

In 2024, *based on service utilization data*, almost every targeted service was provided at lower rates when compared to aggregated identified needs on ISPs. This was the inverse compared to prior QSRs when service utilization data demonstrated higher service utilization compared to ISP-identified needs. In 2025, this trend reversed to those of prior QSRs and demonstrated that services were utilized at higher rates compared to ISP-identified needs. The exception was peer support, which was provided at the same rate when 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 7a. 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 7a indicates:

- The services most readily available within 15 days were medication management (100%) and ACT services (89%), followed by peer support services (83%), living skills training (82%), and family support services (80%). For ACT services, this represents continued improvement compared to 2024 (88%), 2023 (61%), and 2022 (50%). Access to peer support services within 1–15 days improved again (83% in 2025) compared to 70% in 2024. Respite services were available within 15 days 100% of the time, but it is important to note that only one member in the sample reported receiving this service.
- Similar to last year, the services least available within 15 days were case management (66%), supported employment (61%), and supportive housing (60%).[15]
- For members who received a rental subsidy or housing voucher only, 11% reported it took 1–15 days. The majority of these members reported they were "not sure" of the length of time it took to receive the service.

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

2025 QSR — Title XIX and Non-Title XIX[16]									
Targeted Services	Title XIX			Non-Title XIX			Total		
	1 day–15 days	15 days–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	69%	7%	14%	60%	5%	20%	66%	6%	16%
Peer Support Services	94%	0%	6%	73%	0%	27%	83%	0%	10%

[15] 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.

[16] 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."

2025 QSR — Title XIX and Non-Title XIX[16]									
Targeted Services	Title XIX			Non-Title XIX			Total		
	1 day–15 days	15 days–30 days	>30 days	1 day–15 days	15 days–30 days	>30 days	1 day–15 days	15 days–30 days	>30 days
Family Support Services	80%	20%	0%	80%	0%	20%	80%	13%	7%
Supportive Housing Services[17]	56%	5%	26%	100%	0%	0%	60%	6%	22%
Supportive Housing – Experiences with Vouchers or Rental Subsidies *only*[18]	11%	0%	0%	N/A[19]	N/A	N/A	11%	0%	0%
Living Skills Training	89%	0%	11%	50%	50%	0%	82%	9%	9%
Supported Employment	54%	29%	8%	100%	0%	0%	61%	29%	4%
Medication and Medication Management	100%	0%	0%	100%	0%	0%	100%	0%	0%
ACT Team Services	86%	5%	5%	100%	0%	0%	89%	4%	4%
Respite Care Services	100%	0%	0%	N/A[20]	N/A	N/A	100%	0%	0%

Table 7b below shows the aggregated results over a five-year period for access to services within 15 days. Based on a five-year average, medication and medication management (96%) and ACT services (78%) are the services provided most frequently within 15 days. The services provided least frequently within 15 days include supportive housing (29%) (excluding members who only received a housing voucher), supportive employment (46%), family support (61%), living skills training (62%), case management (65%), and peer support (67%).

[17] 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.

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

[19] N/A indicates there were zero non-Title XIX members who reported only receiving a housing voucher or rental subsidy. Therefore, no responses were available.

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

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

2021–2025 QSR — Title XIX and Non-Title XIX						
Targeted Services	**2021**	**2022**	**2023**	**2024**	**2025**	**5 Year Average**
Case Management	90%	54%	48%	65%	66%	**65%**
Peer Support Services	80%	36%	67%	70%	83%	**67%**
Family Support Services	69%	25%	60%	70%	80%	**61%**
Supportive Housing	31%	20%	16%	20%	60%	**29%**
Supportive Housing – Experiences with Vouchers or Rental Subsidies *only*[21]	N/A	N/A	N/A	18%	11%	**15%**[22]
Living Skills Training	89%	25%	45%	71%	82%	**62%**
Supported Employment	36%	48%	43%	43%	61%	**46%**
Medication and Medication Management	100%	91%	95%	95%	100%	**96%**
ACT Team Services	100%	50%	61%	88%	89%	**78%**
Respite Care Services[23]	N/A	N/A	N/A	67%	100%	**84%**[24]

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:

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

[22] Based on a two-year average.

[23] 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.

[24] Based on a two-year average.

- The location of services is convenient (86%) — compared to 83% in 2024.
- Services were available at times that are good for you (92%) — compared to 85% in 2024.
- Do you feel that you need more of a service that you have been receiving? (25%) — compared to 31% in 2024.
- Do you feel that you need less of a service you have been receiving? (1%) — compared to 3% in 2023.

The responses to these questions demonstrate that most members do not perceive location and time of services as barriers to receiving services. Member time preferences improved in 2025 and approval of the location of services remained relatively the same compared to 2024. Regarding needing more or less of a service, members reported relatively the same needs in 2025 compared to 2024.

Extent that Supports and Services Are Meeting Identified Needs

This section of the report examines whether supports and services that members living with a 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.

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.

Similar to the 2024 QSR, medication and medication management was perceived to be the most helpful to a members' recovery. Living skills training, crisis services, ACT, and supportive housing followed closely behind. 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 (89%). Similar to last year, case management was perceived as being one of the least effective in helping members advance their recovery (71%), and case management is the service with the lowest five-year average of 73%.

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

2021–2025 QSR — Title XIX and Non-Title XIX																
Targeted Service	Title XIX					Non-Title XIX					Total					
	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	5-Year Average
Case Management	76%	68%	73%	74%	**76%**	81%	72%	73%	58%	**58%**	78%	69%	73%	72%	**71%**	**73%**
Peer Support Services	88%	45%	96%	79%	**91%**	90%	40%	100%	80%	**82%**	89%	44%	96%	80%	**83%**	**78%**
Supportive Housing	78%	84%	75%	76%	**90%**	100%	100%	100%	33%	**67%**	82%	78%	76%	73%	**88%**	**79%**
Living Skills Training	86%	90%	80%	94%	**94%**	100%	100%	100%	33%	**75%**	89%	92%	81%	86%	**91%**	**88%**
Supported Employment	93%	62%	80%	76%	**80%**	80%	100%	67%	100%	**100%**	89%	65%	78%	80%	**82%**	**79%**
Crisis Services	89%	75%	72%	59%	**89%**	100%	100%	100%	60%	**92%**	92%	78%	76%	59%	**90%**	**79%**
Medication and Medication Management	90%	82%	86%	90%	**95%**	100%	93%	97%	81%	**92%**	93%	84%	88%	88%	**94%**	**89%**
ACT Services	89%	67%	100%	87%	**90%**	100%	N/A[25]	100%	100%	**83%**	89%	67%	100%	88%	**89%**	**87%**

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

Table 9 illustrates the percentage of members who reported a problem with one or more of the targeted services. In 2025, case management (36%), crisis services (24%), medication and medication management (21%), supportive housing (18%), and peer support (15%) were reported to have more problems. Other services, such as ACT, supported employment, and family support, were reported to have less problems. No members in the sample reported problems with either living skills training or respite services, although it is important to note the "n" for respite services represented less than 1% of total respondents. 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 living skills training (7%), family support (10%), peer support (15%), and supported employment services (16%).

Table 9 — Percentage of Reported Problems with Services

2021–2025 QSR — Title XIX and Non-Title XIX																
Targeted Service	Title XIX					Non-Title XIX					Total					
	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	5-Year Average
Case Management	29%	41%	37%	36%	**34%**	27%	28%	41%	88%	**43%**	29%	41%	38%	45%	**36%**	**38%**
Peer Support Services	9%	20%	9%	23%	**12%**	10%	0%	0%	60%	**27%**	9%	17%	7%	27%	**15%**	**15%**
Family Support Services	9%	0%	25%	14%	**10%**	25%	0%	0%	0%	**0%**	13%	0%	20%	10%	**7%**	**10%**
Supportive Housing	16%	11%	0%	38%	**16%**	33%	0%	10%	66%	**33%**	18%	11%	24%	40%	**18%**	**22%**
Living Skills Training	14%	0%	13%	6%	**0%**	0%	0%	0%	33%	**0%**	11%	0%	13%	10%	**0%**	**7%**
Supported Employment	21%	5%	10%	32%	**8%**	20%	50%	0%	40%	**0%**	21%	9%	9%	33%	**7%**	**16%**
Crisis Services	21%	20%	44%	45%	**21%**	0%	33%	0%	0%	**33%**	17%	22%	38%	37%	**24%**	**28%**
Medication and Medication Management	16%	17%	20%	25%	**23%**	20%	19%	21%	58%	**16%**	17%	17%	20%	31%	**21%**	**21%**

2021–2025 QSR — Title XIX and Non-Title XIX																
Targeted Service	Title XIX					Non-Title XIX					Total					
	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	5-Year Average
ACT Services	22%	33%	19%	20%	**20%**	0%	N/A[26]	0%	0%	**17%**	17%	33%	17%	19%	**11%**	**19%**
Respite Care Services[27]	N/A	N/A	N/A	0%	**0%**	N/A	N/A	N/A	0%	**0%**	N/A	N/A	N/A	0%	**0%**	**0%**[28]

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, 2023, and 2024 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 2025, services rated with the highest levels of satisfaction were living skills training (8.9), peer support services (8.8), family support services (8.8), ACT (8.7), supportive housing (8.6), medication and medication management (8.6), and supported employment (8.5). Respite care services received a satisfaction level of 10.0, although it is important to note that only one member in the sample reported receiving this service. When considering a five-year average in satisfaction ratings, peer support services (8.5), medication and medication management (8.4), family support services (8.3), supportive housing (8.3), living skills training (8.1), and supportive employment (8.0) have scored the highest ratings. Notably, case management (7.3) and crisis (7.7) have scored the lowest averages over a five-year period.

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

[27] 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.

[28] Based on a two-year average.

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

2021–2025 QSR — Title XIX and Non-Title XIX																
Targeted Service	Title XIX					Non-Title XIX					Total					
	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	5-Year Average
Case Management	7.6	7.3	7.1	7.4	**7.2**	7.7	7.3	6.7	6.2	**6.4**	7.7	7.3	7.0	7.3	**7.0**	**7.3**
Peer Support Services	8.4	7.3	9.5	8.7	**8.9**	8.2	8.3	7.8	7.6	**8.1**	8.4	7.5	9.2	8.6	**8.8**	**8.5**
Family Support Services	8.4	8.4	8.0	7.7	**9.0**	9.0	8.0	8.0	7.7	**8.4**	8.5	8.3	8.0	7.7	**8.8**	**8.3**
Supportive Housing	7.3	8.8	8.6	8.3	**8.7**	8.4	8.0	9.0	8	**7.7**	7.5	8.7	8.6	8.2	**8.6**	**8.3**
Living Skills Training	8.0	8.1	6.9	9.2	**8.9**	6.7	9.3	8.0	6.3	**8.8**	7.7	8.3	7.0	8.8	**8.9**	**8.1**
Supported Employment	7.4	7.7	8.7	7.6	**8.3**	8.6	7.8	8.3	8.8	**10.0**	7.7	7.7	8.4	7.8	**8.5**	**8.0**
Crisis Services	8.7	7.9	7.1	6.5	**7.9**	9.0	8.7	7.7	7.2	**7.3**	8.8	8.0	7.2	6.6	**7.8**	**7.7**
Medication and Medication Management	8.8	8.1	8.1	8.6	**8.5**	8.8	8.5	7.8	7.9	**8.8**	8.8	8.1	8.1	8.4	**8.6**	**8.4**
ACT Services	7.4	7.0	8.3	9.5	**8.7**	3.3	N/A[29]	8.5	9.0	**8.7**	6.4	7.0	8.3	9.4	**8.7**	**8.0**
Respite Care Services[30]	N/A	N/A	N/A	7.0	**10.0**	N/A	N/A	N/A	10.0	**N/A[31]**	N/A	N/A	N/A	9.0	**10.0**	**9.5[32]**

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

[30] 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.

[31] N/A indicates there were zero non-Title XIX members receiving respite services; therefore, no responses were available.

[32] Based on a two-year average.

Table 11 below depicts rates of functional outcomes as determined through member interviews, progress notes, assessments, and ISPs. In 2025, rates of employment among members reduced to 24%, which brought the five-year average for employment among members surveyed to 26%.

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 2025, the percentage of members who reported being engaged in a meaningful activity reduced to 67%. The five-year average is 71%. The percentage of members in the sample determined to have housing increased to 92%. The five-year average for members in the sample with housing is 89%.

Table 11 — Functional Outcomes

2021–2025 QSR — Title XIX and Non-Title XIX																
Functional Outcomes	Title XIX					Non-Title XIX					Total					
	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	5-Year Average
Employed	27%	27%	22%	30%	**21%**	24%	36%	19%	18%	**33%**	26%	29%	22%	27%	**24%**	**26%**
Meaningful Day Activities	78%	64%	70%	83%	**65%**	70%	57%	81%	50%	**70%**	76%	64%	72%	77%	**67%**	**71%**
Housing	91%	85%	89%	87%	**94%**	97%	89%	96%	68%	**88%**	93%	86%	90%	83%	**92%**	**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 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

2021–2025 QSR — Title XIX and Non-Title XIX																
Document Type	Title XIX					Non-Title XIX					Total					
	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	5-Year Average
Assessment	79%	80%	71%	83%	**85%**	82%	86%	81%	79%	**75%**	80%	80%	73%	82%	**83%**	**80%**
ISP	91%	81%	73%	67%	**88%**	82%	75%	81%	57%	**75%**	88%	80%	75%	65%	**85%**	**79%**
Progress Notes	54%	43%	69%	77%	**90%**	69%	54%	69%	71%	**85%**	59%	45%	69%	76%	**88%**	**67%**
All Three Documents	45%	26%	42%	65%	**70%**	56%	29%	42%	46%	**63%**	48%	27%	42%	61%	**68%**	**49%**
ISP Objectives Based on Strengths	50%	52%	60%	47%	**58%**	49%	57%	65%	43%	**48%**	50%	53%	61%	46%	**55%**	**53%**

Member strengths were most commonly identified in progress notes (88% of the time), followed by the ISP and assessment. This continued the upward trend in the identification of strengths in progress notes, along with a similar improvement in consistency across all document types (68%). In prior years, strengths were most commonly identified in assessments. The rate of ISP objectives based on members' identified strengths improved from 46% in 2024 to 55% in 2025.

Table 13 below illustrates the percentage of members who felt 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

2021–2025 QSR — Title XIX and Non-Title XIX																
Evaluation Criteria	Title XIX					Non-Title XIX					Total					
	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	5-Year Average
Services are based on individuals' strengths and needs	77%	75%	76%	85%	**81%**	79%	82%	77%	68%	**75%**	78%	76%	77%	82%	**79%**	**78%**

In the 2025 QSR study, and based on member interviews, 79% 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," the peer reviewer asked, "Why not"? A sample of member comments are presented below:

- "They're so bombarded with people in crisis, they don't have the time to help us with our strengths."
- "Because I never see the same person, they don't follow through."
- "It's all based on my mental, my SMI, not my strengths. They don't know my strengths. No one's asked me about my strengths."
- "They may consider my strengths sometimes, but it's not consistent."

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[33]	2024 "Yes" Response Rate	2025 "Yes" Response Rate
Do you have enough contact with your case manager?	146	72%	**66%**
Your case manager helps you find services and resources that you ask for.	146	72%	**71%**
On a scale of 1 to 10, how satisfied were you with the case management services you received? (Average score)	146	7.3	**7.0**
Were there problems with the case management services that you received?	146	45%	**36%**
How long did it take for you to receive case management services? (percent receiving services within 15 days)	146	65%	**66%**

In the 2025 QSR, members reported a similar level of helpfulness (71%) from case managers compared to 2024 QSR results (72%) and general satisfaction with case management services (7.0 in 2025 compared to 7.3 in 2024). Reported problems with case management services reduced to 36% in 2025, compared to 45% in 2024, and there was a slight increase in the time it took to deliver case management services within 15 days (66% in 2025 compared to 65% in 2024).

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

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 may go for periods of time without a case manager. Members shared the following comment related to case manager turnover:

- “I had a fabulous case manager for many years, and when she left [over a year ago], it was devastating. It took almost a year to get a new case manager. I do have one now. During that time, the case manager’s boss was technically my case manager, but she didn’t really have time to help me. Other staff stepped in a bit, but I felt really alone that whole time. And it shouldn’t take a crisis for someone to get help. I mean, isn’t that what we’re trying to prevent? To help people before it gets that bad?”
- “I can’t keep up with how many case managers I’ve had. There’s always a new one. Or there won’t be one for a while. They’re always quitting.”
- “They have such a high turnover rate — case managers keep quitting or they move to a different position — so it makes it hard to build a relationship.”
- “I don’t have a case manager right now. This keeps happening. I’ll have a case manager, and then I don’t. So, I talk with different members of my team, and they help me.”
- “You get a case manager, and just when you feel like you’re getting somewhere, they quit, or you get assigned to someone else. It’s a big problem. You get comfortable and they just disappear, and you have to start all over again with someone new. I know they’re overworked, and they see so many people, but when it’s your turn, they should listen to you.”

Members continued to report they were not informed of changes in case managers and often did not know who they were assigned to. Related comments included:

- “They’re always moving case managers around — they like to switch them up all the time. You get used to your case manager, and then they put you with someone else, and they don’t tell you. You never know when it’s going to happen.”
- “I feel like I have a different case manager every third time I go there. At one point, even the staff didn’t know who my case manager was — they said I hadn’t been assigned to anyone.”

Similar to last year, case managers were often noted as difficult to reach, and some failed to return telephone calls. This often correlated with a lack of follow-through by case managers. In 2025, there was a reduction in the sufficiency of contact with case managers (66% in 2025 compared to 72% in 2024). This aligns with the five-year average of 71% of members stating if they felt they had enough contact with their case manager through means such as telephone and in-person meetings. Related comments included:

- “They do not answer or get back to you.”
- “I have to do a lot of my own leg work to get things done. They never get back to me. So, when I go to my psychiatrist appointment, I try to track them down [in person]. But I still can’t get answers. The office says, “Oh, they’re not here.” So, I try to talk to my old case manager, but she says, “I can’t talk to you. You have to talk to your new case manager.”
- “She’d tell me that she’d call me once she had the answers, but she never did call.”
- “My case manager was not available — I’m calling and calling, and she’s not getting back to me.”
- “They’re overworked and understaffed. So, things get lost in the shuffle. It varies — if it’s urgent, they’ll help you right away, but if not, it can take much longer. I’ve been trying to switch to [another] clinic for over a year; it shouldn’t take that long.”
- “They give me a lot of runaround. They say they’re going to do something, and then they don’t. Or I call, and they say they can’t do something, but I know they can, because someone else who goes to the clinic [got that service].”
- “I’ve had four case managers in the last year that I know of. So, the case manager doesn’t really know my case, and I end up being just lost in the system. I ask for assistance, and it either is forgotten about or not followed through on.”

A number of members also expressed a desire for more frequent “check-in” phone calls and home visits from their case managers. Related comments included:

- “I don’t see or speak to my case manager enough.”
- “The past two years have been really rough. They have me in “Connective Care” now, so they don’t reach out to me as much. I need more care, not less.”
- “It’s important for people to have a case manager available, to help advocate for you and get services. I was homeless a couple years ago and didn’t have a case manager who would help me. I haven’t really asked for much services lately. It’s kind of up to me to do things rather than get services through the clinic.”

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:

- "I have an awesome case manager!"
- "My case manager is great. She helps me with everything."
- "They're really wonderful there."
- "I receive such good care, they're such good people, it's allowed me to be almost normal. They're always very professional. When I'm going to have a new case manager, they always let me know and give me the name of the next person, so I don't have any surprises."
- "They check up on me, and even come to my house to see how I am."
- "I know some case managers don't return calls, but mine is good; she calls twice a month to check on me. I know they're there for me if I need something."

Peer Support

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

Interview Questions	Number of Individuals Responding[34]	2024 "Yes" Response Rate	2025 "Yes" Response Rate
Your peer support/recovery support specialist helps you to better understand and use the services available to you.	48	80%	**83%**
How long did it take for you to receive peer support services? (Percent receiving services within 15 days)	48	70%	**83%**
On a scale of 1 to 10, how satisfied were you with the peer support services you received? (Average score)	48	8.6	**8.8**
Were there problems with the peer support services that you received?	48	27%	**15%**

[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

Interview Questions	Number of Individuals Responding[34]	2024 "Yes" Response Rate	2025 "Yes" Response Rate
If you do not receive peer support, would you like to receive this kind of support?	96	39%	**35%**

In 2025, there was a continued increase in the number of members who reported receiving peer support services (N = 48), which was higher than the number of members in 2024 (N = 44). In prior years, there had been a continual decline in this number. Notably, 35 members (35%) not receiving peer support services indicated a desire to receive this type of support. Based on members' comments, a number of these members also indicated they were not aware of the availability of peer support services prior to their QSR interview. For those members receiving the service, there was an improvement in the time it took for the service to start (within 15 days) (83% in 2025 compared to 70% in 2024). There was also an improvement in the level of satisfaction of the peer support services received (8.8 in 2025 compared to 8.6 in 2024), and less members had problems with the service (15% in 2025 compared to 27% in 2024).

Comments regarding peer support varied and included the following:

- "Someone suggested I would be good as a peer specialist, and at first, I was like, what? But I did. I got certified, and it made me see everything in a new way. I didn't know I could be successful like that and be that person for someone else. It just deepened my understanding of myself, the world, of everything."
- "It took three years for me to get a peer specialist. Just in the last three months now, I have [PS name], she's my peer specialist. She is absolutely wonderful and needs to be commended. She does like five people's jobs. She helped me get my GED so I can get training to be a peer specialist. And she's getting me set up with the equipment I need because of my visual impairment."
- "My peer specialist is a lovely lady — she takes me out for walks in nature, we talk, we go to the library. She's wonderful."
- "I think they are really good at helping you and supporting in whatever way they can."
- "I went to peer groups three times — my case manager told me about it because the other groups weren't right for me — but I couldn't keep going because I was in too much pain. It's a wonderful place. I loved it. The women there, they were awakening to their creativity, to the creative source. It's a magnificent place. So healing. They did karaoke, and some of them were so good. They were able to take the microphone, regardless of their abilities. I don't sing, but I really enjoyed that. I hope I can go back when I get better."

- "I got one service. I tried it twice, and it was not a good fit. It was a weird situation. I was with the clinic for a year and a half before I even knew they had this service. I was asking about services — just in general — and then, they told me about peer support. I've never heard of those [peer run centers] centers."
- "It's the same thing as with the case managers — you get to know someone [a peer support specialist] and you start to open up, and then, they're gone."
- "I just got a peer specialist three months ago after not having one for 10 years. My old peer specialist was really helpful — she had her own struggles with addiction, so she could relate. This new one just calls occasionally and asks how my day is and tells me when my next appointment is, and that's it. There's no real back and forth [in the conversation]."

Family Support Services

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

Interview Questions	Number of Individuals Responding[35]	2024 "Yes" Response Rate	2025 "Yes" Response Rate
How long did it take for you and your family to receive family support services? (Percent receiving services within 15 days)	15	70%	**80%**
On a scale of 1 to 10, how satisfied were you with the family support services you received? (Average score)	15	7.7	**8.8**
Were there problems with the family support services that you received?	15	10%	**7%**
If your family is not receiving family support services, would you and your family like to have these services?	129	24%	**24%**

Similar to prior years, there is a small percentage (10%) of members receiving family support services in the QSR sample. 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. A number of members commented that they do not receive this service because their family lives out of state, or they choose not to have their family members involved

[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

in their care. Overall, there was an improvement in the time it took for the service to be provided (80% in 2025 versus 70% in 2024), an improvement with the number of members reporting a problem with the family support service they received (7% in 2025 compared to 10% in 2024), and an improvement in the satisfaction with the service (8.8 in 2025 versus 7.7 in 2024). The five-year average satisfaction rating for family support services is 8.3. Members shared varying comments regarding family support services, including:

- A guardian shared, “They teach me how to help him be more independent. Like, instead of putting his medication out for him to take, letting him take the medication on his own.”
- “I don’t think my husband would go, but I would like to understand my diagnosis more.”
- “My family is not interested in this; I have groups, so I’m okay with that.”
- “All my family, they have busy lives — they’re working all the time, so I don’t want them to feel obligated to help me with my care.”
- “I didn’t know they had this. It’s hard to ask for services if you don’t know what they have.”
- “I had no idea there was something like this [at the clinic]. My family definitely needs this.”
- “I’ve never been offered these services. It would be great to have a parent’s support group or something like that.”

Supportive Housing

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

Interview Questions	Number of Individuals Responding[36]	2024 “Yes” Response Rate	2025 “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?	91	42%	**23%**
Your supportive housing services help you with your recovery.	56	73%	**88%**

[36] 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.

Interview Questions	Number of Individuals Responding[36]	2024 "Yes" Response Rate	2025 "Yes" Response Rate
Do you feel safe in your housing/neighborhood?	56	73%	**79%**
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)[37]	47	20%	**60%**
How long did it take for you to receive a housing voucher or rental subsidy? (Percent receiving services within 15 days)[38]	9	18%	**11%**
On a scale of 1 to 10, how satisfied were you with the supportive housing services you received? (Average score)	56	8.2	**8.6**
Were there problems with the supportive housing services that you received?	56	40%	**18%**

The types of supportive housing services individuals received are collected during the member interviews. Similar to the 2022, 2023, and 2024 QSRs, the most frequent assistance types received were rental subsidies (routine assistance paying for all or part of the rent through a publicly funded program) and "pays no more than 30% of income for rent" (84% of members in the sample). This year, higher percentages of members reported receiving assistance with eliminating barriers to housing access, adhering to consumer choice, fostering a sense of home, and relocation services. Notably, approximately 30% of the members receiving these services are on ACT teams. Members receiving ACT services were also the largest recipients of other supportive housing services such as help with landlord/neighbor relations (50%), help with budgeting, shopping, and property management (60%), and facilitating community integration (71%).

In 2025, the percentage 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 decreased to 23% (compared to 42% in 2024). There was also an improvement in the percentage of members who feel safe in their housing or neighborhood (79% in 2025 compared to 73% in 2024).

[37] 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.

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

The percentage of members receiving supportive housing services within 15 days improved to 60% (compared to 20% in 2024). This excludes members whose sole supportive housing service was a voucher or subsidy. In 2025, members reported a lower percentage of problems (18%) with supportive housing. The five-year average of reported problems with this service is 22%. Of those receiving supportive housing services, they shared the following comments:

- “I’ve been here three years. I get a housing voucher, Section 8. They take care of everything for me. Last year, the landlord was trying to evict me, and the housing specialist came over and talked to the property manager. I don’t know what he said, but after that, everything was fine; they didn’t bother me anymore.”
- When I first got my place, a couple people on my team would come out a few times a week and check on me, cause it’s the first time I’ve had my own place, and they were like, you know, it’s a big transition, so they helped me get set up and make it a home.”
- I’ve been in my apartment for four years. I have a voucher, so the only thing I have to do is renew the lease every year, and they take care of everything else.”
- “Lifesaving — I give it high praise.”
- “I’m not safe in my home now. I need a better location. I have problems with my neighbors.”
- “I was trying to get housing from them, but they only have one housing specialist for two clinics, so you can’t get anything done. I finally got HUD housing on my own.”
- I love where we are now. We’ve been here almost two years. Before this, my son and I were in shelters — when we could actually get in one — because of the waiting lists [for shelters]. I get a voucher, but I had to do most of this myself — the [health home] is supposed to help, but I had to tell them about [the housing administrator]. And then they showed up late to the meeting [to sign paperwork for housing], and it all had to be rescheduled for the next week, so it slowed everything down for us to get into a place.”
- “They didn’t help at all. I did everything myself, until the shelter helped me. We were in shelters for two years. The shelter enrolled me in HOMinc. Once I got the voucher, I found a place within a month. It’s small, but it’s nice. And it’s in a safe neighborhood. My son can play outside, and we don’t have to worry. We had bridge funding for the first four months, and now, I pay the rent since last June. It’s hard, but I make sure the rent gets paid. It hasn’t had the impact that I had hoped. It’s been a struggle to communicate and express myself. It’s really hard for me to talk with the manager. If there’s a problem, I can’t communicate it.”
- “I’ve been here [in this apartment building] for fifteen years. I get a housing voucher. They helped me move into the apartment next door in December. But now, they don’t answer the phone; they don’t return my calls. I want to know if everything they checked on, in the inspection is okay, if it’s all done or not.”

Living Skills Training

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

Interview Questions	Number of Individuals Responding[39]	2024 "Yes" Response Rate	2025 "Yes" Response Rate
Living skills services have helped you manage your life and live in your community.	22	86%	**91%**
How long did it take for you to receive living skills training services? (Percent receiving services within 15 days)	22	71%	**82%**
On a scale of 1 to 10, how satisfied were you with the skills management training you received? (Average score)	22	8.8	**8.9**
Were there problems with the skills management training that you received?	22	10%	**0%**
If you did not receive living skills training, did you feel you needed it during the past year?	127	25%	**38%**

In prior QSR studies, living skills training metrics had largely continued to trend downward year over year. In 2024 and 2025, there was improvement across most metrics, including an improvement in the time it took to access living skill training services and a reduction in the percentage of members experiencing problems with the living skills training they received (0% in 2025). Notably, of the 22 individuals who reported receiving living skills training, 18% also reported receiving ACT services. Of those members who did not receive living skills training, 38% indicated they felt they needed the service in the last year. Comments about living skills training were limited and included the following:

- "I'm happy with the services I receive. I have a good case manager right now, who helps me with living skills."
- "That's a good service they do at my clinic."

[39] 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.

- "Nobody told me about this service."
- "If the clinic was working right, then yes, I'd like the support, but it's so dysfunctional there, I don't even want to ask for help."
- "I don't want it from them [the health home]. I never knew they had this at [my health home]."
- "I need this! They say I'm high functioning, so I don't need it, but I do. I've got all these certifications to do different jobs, but how come I can't remember how to do them? How come sometimes I wake up in the morning, and I don't remember my name? That's why I need help."

Supported Employment

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

Interview Questions	Number of Individuals Responding[40]	2024 "Yes" Response Rate	2025 "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?	150	54%	**75%**
Someone at your clinic told you about job-related services such as resume writing, interview, job group, or vocational rehabilitation.	150[41]	51%	**63%**
You found these job-related services helpful.	28	80%	**82%**
How long did it take for you to receive supported employment services? (Percent receiving services within 15 days)	28	43%	**61%**
On a scale of 1 to 10, how satisfied were you with the employment services you received? (Average score)	28	7.8	**8.5**
Were there problems with the employment services that you received?	28	33%	**7%**

[40] 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

[41] 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. The following questions pertain only to members who reported they received Supported Employment services.

Interview Questions	Number of Individuals Responding[40]	2024 "Yes" Response Rate	2025 "Yes" Response Rate
In the past year, did you feel you needed services to help you get or keep a job?	121	26%	**29%**

In 2025, there was improvement across most metrics pertaining to supported employment. Seventy-five percent of members reported their clinics made them aware of programs available to people receiving SSI and/or SSDI benefits that protect people from losing their benefits if they get a job (compared to 54% in 2024), 63% of members share that their health home has told them about job-related services (compared to 51% in 2024), 82% found job-related services to be helpful, and there was an improvement in the percent of members receiving the service within 15 days (61% in 2025 compared to 43% in 2024). Overall, members reported they are satisfied with their supported employment services (8.5 rating in 2025), and there were less problems with the services (7% in 2025 compared to 33% in 2024).

Based on the MRRs, 24% of members reported they are working either part-time or full-time (compared to 27% in 2024). Of the members who were not working, most reported they engage in meaningful activities during the day. These activities included child rearing, socializing with friends and/or family, caring for and walking their dogs, reading, listening to music, creating artwork, meditating, completing housework and chores, attending groups at peer-run organizations, babysitting grandchildren, and exercising (particularly walking). 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 resume preparation, job coaching, job interview skills, career counseling, transportation, and specialized training. This array of services is similar to the 2024 results, with the addition of specialized training in 2025. Of those members who did not receive supported employment services, 29% indicated they felt they needed services to help get or keep a job. Comments from members regarding supported employment services were limited and included the following:

- "I have 25 years' experience as a sous chef, but I haven't been able to find anything, so they've been trying to help me move in a different direction. But then, a month or so ago, they said there was a job at St. Mary's Food Bank. I was just about to start there when the fire happened. So once things are settled, I hope that can still work out. I never would have known about that job without the clinic."
- "My job coach helped me fill out applications online, at Indeed.com — I don't have any computer skills."

- "Everyone needs this service — it's very helpful."
- "I got some job coaching there [at the clinic], but I got Voc Rehab through another place. They helped me send out resumes, sent me to job fairs, set up interviews for me, but the woman there didn't listen to me. I was going there for months, and she kept having me apply to jobs I didn't want, or the pay was below my threshold. I'm a chef, but they made me go through a program and get certified as a custodian. They got me a janitor position at a high school near me, and they just threw me in there — no training; it was too much."
- "I'm starting Voc Rehab — I had a meeting with a job counselor, and she had all kinds of ideas for me, but then, I never heard back from her. And when I called, they said she left, so they're getting me a new job counselor to work with."
- "They had me applying for positions that require a fingerprint card. I was in prison, so I will not be hired for those jobs. I tried to tell them it was pointless [to apply], but they made me apply anyway — otherwise, it looks like I'm not trying. I ended up getting a job on my own. I'm a traffic flagger."
- "The services took a long time to receive. By that time, I had found my own job. I need help with getting my GED, but I didn't get it. They don't get back to you."

Crisis Services

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

Interview Questions	Number of Individuals Responding[42]	2024 "Yes" Response Rate	2025 "Yes" Response Rate
Did you receive any crisis hotline services within the past year?	50	52%	**64%**
Did you receive any mobile crisis team intervention services within the past year?	50	52%	**42%**
Did you receive any crisis services from a crisis stabilization center within the past year?	50	33%	**36%**

[42] 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[42]	2024 "Yes" Response Rate	2025 "Yes" Response Rate
On a scale of 1 to 10, how satisfied were you with the crisis services you received? (Average score)	50	6.6	**7.8**
Were crisis services available to you right away?	50	96%	**88%**
Did you have any problems with the crisis services that you received?	50	37%	**24%**

Similar to the 2024 QSR, members using crisis services in the 2025 QSR period reported receiving more crisis services from the crisis hotline and through mobile crisis teams, compared to crisis stabilization centers. Overall, members reported a higher satisfaction level with crisis services received (7.8 in 2025 compared to 6.6 in 2024), and 24% of members who received crisis services indicated some problems with the services received (compared to 37% in 2024). Interviewers captured the following comments:

- "There was a lack of help and communication."
- "The process was time consuming and not always helpful."
- "I called the emergency line at the clinic, and then, I was picked up by the police. They literally dragged me out of my house and took me to an emergency psych hold place. It was supposed to be for a 72-hour hold, but the doctor said, 'You did the right thing, calling your clinic." There are no grounds to have you held. I'm releasing you.' So, I was only there for two hours, but the place was so dirty, it was disgusting. There was water all over the floor — a toilet was leaking water all over the place, and everyone was in these broken-down reclining chairs. It was horrible. I felt worse after the so-called "crisis services."
- "When I checked myself in [at the crisis stabilization unit], they take your vitals and tell you to wait. Once you're behind those doors, you're not allowed to leave — you have to get an eval from a doctor or a nurse. I waited six hours to get an eval. I was there until nine at night. And there is nothing to do there. So finally, I said to them, 'Can I just go?' And I was thinking, 'Oh, they're not gonna let me leave — they know I have a clinic, so they're gonna make me stay.' And then, they said I could leave. I couldn't believe it. And I just left."
- "When I went to the 24-hour UPC, I wanted to talk with someone, but the nurse just wanted to give me medicine to help me sleep. So, it wasn't that helpful. I wish they had something like a "pre-crisis" place you could go for like six or eight hours, where you could get to freak out for a while, and then go back home. I live alone, and I need support when I'm feeling bad, but I don't always need a full 24 hours."

- “I called a crisis hotline, and they only talked to me for ten minutes. They said they were only allowed to talk for ten minutes per call, and then they hung up. What is that? How are you going to help someone who’s in crisis in ten minutes?”

Some members expressed positive experiences with crisis services that included:

- “This is the one area that they have been good about keeping in touch with me, because I had crisis issues in the past.”
- “They were so compassionate.”
- “They’re amazing. They meet me at the CVS up the street. I don’t like anyone coming to my house because I have nosy neighbors. But they come and talk to me and help deal with the situation, help me put in perspective.”
- “I called the crisis hotline, and a mobile unit was going to come out to me. While I was waiting, I called my AA sponsor, and he said, ‘Do you want to go to a meeting right now? I can meet you there.’ So I went to the meeting, and I called the mobile unit to let them know. We talked about it and made the decision together that it was okay if they didn’t come out — that I was safe in that moment, at the meeting. They said, ‘We can come out if you need us later, just call.’ They called back later too, to make sure I was okay.”
- “They talk to me. Sometimes I need somebody I can talk to.”
- “I called the police on myself, and they knew to put me through to the crisis hotline. They stayed on the phone with me until the mobile team got here. They’ve been out here multiple times, either for me or my granddaughters, so they know what to do.”

Medication Management Services

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

Interview Questions	Number of Individuals Responding[43]	2024 "Yes" Response Rate	2025 "Yes" Response Rate
Were you told about your medications and side effects?	140	79%	**79%**
Were you told about the importance of taking your medicine as prescribed?	140	87%	**96%**
Do you feel comfortable talking with your doctor about your medications and how they make you feel?	140	93%	**90%**
The medication services you received helped you in your recovery.	140	88%	**94%**
On a scale of 1 to 10, how satisfied were you with the medication services you received? (Average score)	140	8.4	**8.6**
Were there problems with the medication services that you received?	140	31%	**21%**

In the 2025 QSR, there was no difference in the percentage of members who reported being told about their medications and side effects compared to 2024, and there was an increase in the percentage of members who were told the importance of taking medications as prescribed (96% in 2025 compared to 87% in 2024). A high percentage (90%) 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, and there was a reduction in the number of members experiencing problems with these services (21% in 2025 compared to 31% in 2024). This included the following reports:

- "Sometimes the pharmacy sends my meds late — like one to two weeks late. So, I run out, and I'm out of medication until they send it."
- "They wouldn't refill my meds on time. I was supposed to see a prescriber every three months, and they said I was a no-show [for my appointment], which was not true. So, I'd be without my meds, sometimes up to six weeks."

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

- “When I went to pick up my medication, the pharmacy said it wasn’t ready yet. I came back the next day, and then they said I’d have to go back to the clinic and get a new prescription. I was supposed to see the doctor today to get the new one, but they called and said they had to cancel the appointment. This happens every single time. They cancel on me and say, ‘We’ll call you back to reschedule.’ So, I don’t know when I’ll get my medication.”
- “They were sending my meds to the wrong address. This went on for a month, and when my peer specialist found out, she said, ‘Okay, we are going to fix this right now,’ and she changed my address in the system right then. Also, my insurance was expiring around that time, so I went without meds for a month or two. That’s when the crisis happened because I didn’t have my meds.”
- “I was allergic to my meds, but they wouldn’t change them. I had to go to a different doctor, outside the clinic, to find meds that I can take.”
- “They give me my medicine every day, but they don’t tell you how much you have left, so you don’t know when you’re close to running out. When I’m out, I call to get more, but it takes a couple days.”
- “I get my psych meds through my PCP now [not at the clinic]. Because of all that with the transportation issues — the driver never showed up, and I missed the appointments to get my meds. And then, there was no psychiatrist available at the clinic, so my PCP said, ‘I’ll prescribe them to you’.”

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

- “I was having bad side effects with a new medication, and they were very responsive. They put me back on the one I was on previously.”
- “I self-medicated in the past and wasn’t able to get into a program for months. Then I was put on mood stabilizers, and it helps.”
- “My doctor — she’s so proficient. Not just prescribing, she did a thyroid test and hormone test. She’s very good.”
- “The meds for my sleep disorder are not working. But the nurse practitioner is doing a good job. It’s not her fault that they’re not working.”
- “I have an amazing psych doctor, who is the only one I’ve ever had who doesn’t give me a hassle about not being on medication. I like doing things the natural way, through diet and exercise, sleep, meditation, and being in nature.”
- “I have a new nurse practitioner, who I feel comfortable talking to. He talks to me like I know my head from a hole in the ground. He’s helped me so much to try different meds when a med I was taking for a long time stopped working. I gained 15 pounds with

one of the other meds. Now I'm on something else. He doesn't talk down to me, and he even gave me his email. I don't know if he does that for everyone."

- "This is where they shine the most. They're pretty spot on with the medications they have me on. It's been really stable for some time."

Assertive Community Treatment

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

Interview Questions	Number of Individuals Responding[44]	2024 "Yes" Response Rate	2025 "Yes" Response Rate
Your ACT services help you with your recovery.	27	88%	**89%**
How long did it take you to receive ACT services? (Percent receiving services within 15 days)	27	88%	**89%**
On a scale of 1 to 10, how satisfied were you with the ACT services you received? (Average score)	27	9.4	**8.7**
Were there problems with your ACT services?	27	19%	**11%**
If you are not receiving ACT services, would you like to have these services?	98	28%	**28%**

Historically, the number of individuals who complete the QSR interview and are also receiving ACT services has been quite low. This year, 27 members (18%) reported receiving ACT services (compared to 16 members in 2024). Overall, members receiving ACT continue to be satisfied with the service (8.7), and only 11% reported an issue with their ACT services. Comments were limited, with several members sharing the following:

[44] 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’re pretty much on top of everything I need help with.”
- “They're great!”
- “I was on an ACT team like eight years ago when I was really messed up. But I don’t need it anymore. I sort of graduated from the program. But I know it’s there if I need it again.”
- “I was supposed to be referred to get on an ACT team, but my clinic doesn’t have ACT teams. I’ve been waiting over six months.”
- “I wish they were more available for impromptu meetings, but they’re so booked up, you can’t do that.”
- “It depends on the person on the ACT team. Most of them are okay, but if there’s someone new, they ask the same questions all over again that I just answered last week with someone else.”

Respite Care Services

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

Interview Questions	Number of Individuals Responding[45]	2024 “Yes” Response Rate	2025 “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)	1	67%	**100%**
On a scale of 1 to 10, how satisfied were you with the respite care services you received? (Average score)	1	9.0	**10.0**
Were there problems with your respite care services?	1	0%	**0%**
If your family or caregiver is not receiving respite care services, would you like to have these services?	144	15%	**13%**

[45] 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 were added to the 2024 QSR for the first time; therefore, there is no former data for comparison prior to 2024. Only one respondent indicated they received this service, and this small sample size should be considered when interpreting response rates. Overall, the respondent indicated a high satisfaction rate (10.0) with respite care services and reported no problems with the service. This respondent also indicated they received the services within 15 days and did not share any comments pertaining to respite care services. However, individuals who are not receiving the service shared the following:

- From a guardian: “I’m actually glad they’re thinking of this and going to offer it. I could really use a break now and then.”
- “I’m going to be needing more care in the future, so the caregivers are going to need this.”
- “My family would greatly benefit from these services.”
- “This would be enormous for [the guardian].”

Appendix B
QSR Study Findings

The following findings are based on the 2025 QSR analysis, organized by each of the QSR study questions. Following this QSR, and to address each finding requiring action, Mercer recommends leveraging existing performance improvement initiatives, when applicable, and completing a thorough root-cause analysis for each finding to help ensure that primary causal factors are identified and addressed.

2025 QSR — Summary of Findings

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

A.1. In 2025, 23 members, or 15% of the sample, did not include a current ISP. A need for targeted services cannot be established in these cases.

A.2. A high percentage (91%) of cases included ISP objectives that addressed members' needs; an increase from 89% in 2024. The five-year average for this metric is 78%.

A.3. A high percentage (94%) of the cases reviewed included ISP services that were based on the members' needs; a slight reduction from 97% in 2024. The five-year average for this metric is 91%.

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

B.1. Overall, there continues to be inconsistency across progress notes, QSR interviews, and utilization data that services assessed as needs in the ISP that are provided. Based on service utilization data, almost every targeted service was provided at higher rates compared to ISP-identified needs. This largely correlates with member responses to interview questions, which also shows that most services are provided at a higher rate compared to needs identified on ISPs. This continues the trend found in the last four QSR studies.

B.2. Based on the evaluation of progress notes, most services are not provided consistently once the need was identified on the ISP. The exception is family support, which was provided consistently following the identification of the service. The rates of inconsistency varied across services. The services with the highest rates of inconsistency are peer support and supported employment.

B.3. Thirty-four percent (34%) 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.4. 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. Access to a number of services within 15 days continued to improve in 2025. This included:

C.1.A. Case management: 66% in 2025, compared to 65% in 2024, 48% in 2023, and 54% in 2022. However, timely access in 2025 is still far behind 90% access in 2021, and the five-year average for access to case management within 15 days is 65%. Given that case managers play the primary role in coordinating and ensuring access to services, the inability to access case management services promptly is a concern.

C.1.B. Peer support services: 83% in 2025, compared to 70% in 2024, 67% in 2023, and 36% in 2022. Access to peer support services within 15 days is returning to levels prior to 2022.

C.1.C. ACT: 89% in 2025, compared to 88% in 2024, 61% in 2023, and 50% in 2022. Access within 15 days is getting closer to 2021 when 100% of ACT recipients reported receiving ACT within 15 days.

C.2. Medication management remains the most frequently provided service within 15 days and has the highest five-year average of 96%.

C.3 For peer and family support services, a number of members indicated they were not aware these services were available to them.

C.4 Members largely perceive the location and time of services as convenient and do not feel either create barriers to accessing care.

D. Are the supports and services received by members with living a SMI meeting their identified needs?

D.1. Case management services continue to have the highest percentage of problems (36%), including reports of 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. Also, similar to last year, case management was perceived as

being one of the least effective in helping members advance their recovery (71%), and it maintains this perception over a five-year period compared to all other services.

D.2. Members were asked to report on their satisfaction with specific services. In 2025, services rated with the highest levels of satisfaction were living skills training, peer support services, family support, supportive housing, medication and medication management, ACT, respite, and supported employment. When considering a five-year average in satisfaction ratings, peer support services (8.5), medication management (8.4), family support services (8.3), supportive housing (832), supported employment (8.0), living skills training (8.1), and supported employment (8.0) have scored the highest ratings. Notably, case management (7.3) and crisis services (7.7) have scored the lowest averages over a five-year period.

D.3. Twenty-four percent (24%) of members are working either part-time or full-time. Of those who are not working, 67% participate in a meaningful day activity.

E. Are supports and services designed around the strengths and goals of members living with a SMI?

E.1. Reviewers noted that strengths were most commonly identified in the progress notes (88%), which differs from previous years when strengths were most commonly found in assessments (83% in 2025). There was an improvement in the rate of ISP objectives based on members' identified strengths (55% in 2025 compared to 46% in 2024).

E.2. Overall, 79% 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
Syllabus – Peer Reviewer Training

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

January 9, 2025: Introduction to the Project

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

January 10, 2025: Engaging and Interviewing Survey Participants

8:00 am–9:45 am	Engaging Participants
9:45 am–10:05 am	Break
10:05 am–11:15 am	Introduction to the Interview Tool
11:15 am–12:15 pm	Lunch
12:15 pm–1:15 pm	Interview Tool and Role Play
1:15 pm–2:00 pm	Interview Tool Debrief
2:00 pm–2:45 pm	Next steps, Wrap Up, Certificates

Learning Activities, Objectives, and Outcome Measures

Review of Interview Standards: Confidentiality and Ethics, Health and Safety, Boundaries

Learning activity: Lecture

Learning objective: Trainees will be able to identify situations that pose risk of confidentiality and/or ethics 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 of 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 their 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. The 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

Syllabus: Medical Record Review Training

Quality Service Review (QSR) Project Syllabus

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

The purpose of the QSR project is to monitor the use of strengths-based assessment and treatment planning, and to ensure that members receive the target services as needed. The target services include case management, peer support, 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 provide peer support workers to complete the member interviews. This syllabus describes the training required to successfully score medical record reviews (MRRs).

The MRR training provides inter-rater reliability (IRR) training and testing on scoring the MRRs. This training will prepare trainees to use the MRR tool to score medical records of those members who have been interviewed.

The medical records used in the MRR training should be treated as Protected Health Information (PHI). When taking breaks or lunch, please ensure that your record and notes are in a safe place that complies with the “double lock” rule. Do not allow non-trainees into your room if the records are visible.

Requirements For the Successful Completion of This Course

Successful completion of the requirements of this course is required to assist in completing the MRRs. Course requirements include:

1. Arrive on time for each day’s training.
2. Participate in all the modules identified in this syllabus.

3. Complete all the assigned tasks.
4. Meet or exceed 80% on the IRR testing. 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 instructors, we ask the following:

- Everyone will arrive a few minutes early to ensure each day starts on time.
- Everyone will turn off all telephones and other electronic devices during the classes and in small groups (*phone calls and emails may be returned during breaks and during lunch*).

Medical Record Review Schedule

February 13, 2025 Introduction to the Medical Record Tool

9:00 am–9:10 am	Welcome and Orientation.
9:10 am–9:25 am	MRR Introduction.
9:25 am–10:00 am	MRR Tool and Supports.
10:00 am–10:10 am	Break.
10:10 am–11:00 am	Case #1: Stage One.
11:00 am–11:45 am	Case #1: Stage Two.
11:45 am–12:20 pm	Lunch.
12:20 pm–1:00 pm	Case #1: Stage Three.
1:00 pm–1:50 pm	Case #2: Stage One.
1:50 pm–2:00 pm	Questions and wrap up.

February 14, 2025 Medical Record Review Practice

9:00 am–9:45 am	Case #2: Stage Two.
9:45 am–10:30 am	Case #2: Stage Three.
10:30 am–10:40 am	Break

10:40 am–11:30 am	Case #3: Stage One.
11:30 am–12:10 pm	Case #3: Stage Two.
12:10 pm–12:40 pm	Break
12:40 pm–1:10 pm	Case #3: Stage Three.
1:10 pm–1:30 pm	Wrap up and debrief.
1:10 pm–1:30 pm	Wrap up and debrief.

Learning Activities, Objectives, and Outcome Measures

Medical Record Review and Using the Record Review Tool

Learning Activities

1. Lectures, small group tasks, individual practice with feedback.

Learning Objectives

1. Trainees will become familiar with the numerous provider medical record layouts and design, and how to find the information required for the MRR tool.
2. Trainees will acquire expertise in correctly scoring the MRR tool on different types of medical records.
3. Trainee will become proficient in scoring the MRR tool.

Outcome Measures

1. Trainees will have scored one scenario and one medical record, and will have received feedback on scoring relative to other reviewers' scoring and the benchmark scoring.
2. In small groups, trainees will have scored two medical records and have received feedback on scoring relative to reviewers' scoring and the benchmark scoring.
3. Trainees will have achieved a score of 80% IRR testing on two medical records.

Appendix E

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 helped you find the services and resources that you asked 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 help 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 or your own home. Examples of supportive housing include help with paying your rent, help with utility subsidies, and help with moving. It also includes support service to help you maintain your housing and be a successful tenant. Examples include budgeting, dispute resolution, and living skills to maintain a safe environment.

23. In the past year, did you receive supportive housing services?
1. □ Yes 2. □ No 3. □ Not sure

(If question 23 is 'Yes,' 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

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

    1. □Yes 2. □No 3. □ Not sure

(If question 23 is 'No' or 'Not Sure', skip to question 32)

If you did receive supportive housing services, 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
c. □ second month's rent, deposits, and household
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 substance use)
n. □ Adhering to consumer choice (letting you choose where you want to live)

26. 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
c. □ second month's rent, deposits, and household
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 substance use)
n. □ Adhering to consumer choice (letting you choose where you want to live)

27. 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

28. 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 6. □ N/A

29. *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 were helpful with your recovery."
1. □ Strongly Agree
2. □ Agree
3. □ Disagree
4. □ Strongly Disagree
5. □ No opinion
6. □ N/A

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 35. If one or more of questions 32-34 are "Yes" skip to question 36)

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 □ N/A

47. *I am going to read you a statement and ask you to respond using this scale (use scale tool)* "In the past year, 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. □ Crisis Stabilization Unit
6. □ 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 Assertive Community Services (ACT)?
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; and
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 helped 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* who is providing care to a member. Respite services are designed to provide an interval of rest and/or relief to the family and/or primary caregivers and may include a range of activities to meet the social, emotional, and physical needs of the member 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 for you?
1. □ Yes 2. □ No 3. □ Not sure

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

79. If your family or caregiver is 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 helped 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 your family member or caretaker right away?
1. □ Yes 2. □ No 3. □ Not sure

82. How long did it take for your family member or caretaker to receive Respite Care 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 caretaker with the Respite Care services they 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'd 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 2. □N/A

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

Appendix F

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:	

Progress note Type	Dates	Category of strength in Progress Notes	Page nos.
		Strength 4:	
		Strength 5:	
		Additional strengths:	
		BHMP notes not found ☐ **CM notes not found** ☐ **RN notes not found** ☐	

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

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 either of the following are true:

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

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

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

**** Reviewer Notes:*

- *Justify "No" and "Cannot determine" responses to Questions 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 any of the following are true:*

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

**** Reviewer Notes:*

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

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

ISP	Dates	Category of services that address needs: Assessment	Page nos.
Part D Part E		Service 2: Need 2:	
Part D Part E		Service 3: Need 3:	
Part D Part E		Service 4: Need 4:	
Part D Part E		Service 5: Need 5:	
		Assessment not found ☐ **Services not specified** ☐ **List services not addressed:**	

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	Dates	Category of services that address needs: ISP	Page nos.
		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 appointments with the psychiatrist, which would be a Medication service.

Note: the service needs to be provided as described on the ISP; for example, if the ISP indicates the Case Manager will have monthly face-to-face contact for the BHR, you would be looking in the progress notes to determine if monthly contact occurred. If the progress notes demonstrate that the case manager attempted the visits or there was a brief lag with phone follow up, this should be scored as "Yes."

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

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

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

**** Reviewer Notes: For table under question 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 appointments 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				

A Services	B ISP Needs	C Progress Note Needs DO NOT SCORE	D Service Provision	E Needs compared to service provision
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?**

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

Notes regarding Question 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[46]

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".*

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

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

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

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

1. ☐ Yes 2. ☐ No 3. ☐ N/A

***To complete Q23**, 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