Quality Service Review (QSR)

Final Report

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Division of Behavioral Health Services

By:

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Quality Service Review Report

Acknowledgements

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Executive Summary

The Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) has contracted with Inter-Growth to assess strengths and weaknesses of the current mental health system in its services to members designated with Serious Mental Illness (SMI). As part of this arrangement, Inter-Growth hired and trained peer and family members who served as reviewers to conduct the interviews and medical record reviews. The first year of the Quality Service Review (QSR), which covered fiscal year 2012, was piloted to include only Medicaid-eligible individuals with SMI. For the second year, the QSR included separate random, statistically significant samples of both Medicaid-eligible (Title XIX) and non-eligible (Non-Title XIX) individuals with SMI. The QSR intended to answer the following research questions:

1. Which services are needed by individuals?
2. Which of these services are available to individuals?
3. What network service gaps exist?
4. Were specific supports and services designed around the strengths and goals of individuals?

Review Findings

The following findings were based on the Year Two evaluation.

Services needed as identified by the ISP. Reviewers evaluated Individual Service Plans (ISPs) for Title XIX individuals with SMI (Title XIX individuals) to determine whether their needs were identified and addressed by the clinical team. This revealed that, for a majority of Title XIX individuals, case management (93%, n=63) and medications (93%, n=63) were identified as needs on their ISPs. The need for other priority services was identified at the following rates for Title XIX individuals:

- Living Skills (56%, n=38)
- Peer Support (40%, n=27)
- Family Support (43%, n=29)
- Supported Employment (41%, n=28)
- Supportive Housing (40%, n=27)
- Crisis Services (25%, n=17)
- Assertive Community Treatment (ACT) Services (7%, n=5)

For Non-Title XIX individuals with SMI (Non-Title XIX individuals), their ISPs identified the need for case management (67%, n=45) and medications (70%, n=47). Other priority services were identified as needs for Non-Title XIX individuals at the following rates:

- Living Skills (13%, n=9)
- Peer Support (40%, n=27)
- Family Support (25%, n=17)
- Supportive Housing (6%, n=4)
- Supported Employment (18%, n=12)
- Crisis Services (25%, n=17)
- ACT (2%, n=1)
Services available to individuals. While all services are available to some extent, Title XIX individuals needing peer support, supported employment, and supportive housing reported waiting longer for these services than others. For Non-Title XIX individuals, the wait time was longer for family support, living skills training, and supportive housing services. Individual interviews indicate that the wait time for Title XIX individuals with SMI decreased for peer support, supportive housing, case management and supported employment services from 2013 to 2014:

- The percentage of individuals receiving peer support services within 30 days decreased from 85.7% to 69.6%.
- For supportive housing, the percentage of individuals receiving services within 30 days decreased from 45.5% to 38.1%.
- The percentage of individuals who reported accessing supported employment within 30 days decreased from 93.5% to 73.3%.
- The percentage of individuals receiving case management within 30 days decreased from 89.2% to 84.8%.

For crisis services, Title XIX individuals reported that these services were provided more quickly than what was reported in 2013. The percentage of individuals receiving crisis services right away increased from 73.9% to 85%.

Network service gaps. For purposes of this review, potential network gaps were defined by the identification of a service need without documentation in the clinical record that the service was provided according to the ISP. For Title XIX individuals, the following services were not provided in accordance with the needs identified on the ISP: living skills training, family support, supported employment, and supportive housing.

For Non-Title XIX individuals, the following services were not provided in accordance with the needs identified on the ISP: living skills training, supported employment, and crisis services. For each of these services, not all individuals with an identified need received the service.

Supports and services designed around individual strengths and goals. A review of the clinical record for Title XIX individuals demonstrated that strengths were frequently identified in 94.1% of assessments, 91.2% of ISPs, and 88.0% of progress notes. Further analysis shows that strengths were identified in all three sources 76.5% of the time. In 82.4% of records reviewed, identified strengths were used to form the objectives in the ISP.

For Non-Title XIX individuals, the record review indicated that 56.7% of assessments, 53.7% of ISPs, and 77.6% of progress notes identified individuals’ strengths. Further analysis shows that strengths were identified in all three sources 44.8% of the time. In 52.2% of records reviewed, identified strengths were used to form the objectives in the ISP.
Project Overview

Background

More than 30 years ago, in an effort to address the needs of individuals with serious mental illness, the Arizona State Legislature passed a series of statutes that required the development of a comprehensive community-based mental health system. The right of individuals with serious mental illness to receive these services was the basis for Arnold v. Sarn, a historic case filed in 1981 that alleged the State and Maricopa County had not met its obligation to provide community mental health services.

In 1989, the Arizona Supreme Court issued a landmark decision that required the State of Arizona and Maricopa County to develop a comprehensive array of community-based mental health services so that individuals with serious mental illness could thrive in their homes and communities. Through the 1990s, the Arnold Parties negotiated various orders to establish a system that would meet these requirements. A supplemental agreement was established in 1998 to prioritize services based on individuals’ needs within the mental health system.

On the national level, two pivotal reports were published: Mental Health: A Report of the Surgeon General (1999) and Achieving the Promise: Transforming Mental Healthcare in America (2003). Both reports stimulated national dialogue on the extent to which the public mental health system needed to improve its approach and resulted in a push for the identification and implementation of evidence-based practices for individuals with serious mental illness.

In 2010, the Arnold Parties agreed to stay the litigation due to the budget crisis. In 2012 the Parties agreed that ADHS/DBHS would use a Quality Service Review (QSR) approach to assess the strengths and weaknesses of the current mental health system and to help the system identify where additional service development was needed.

In October 2012, ADHS/DBHS issued a Request for Proposal for an independent contractor to conduct Maricopa County’s Quality Service Review to assess the current mental health system. The QSR protocol included selecting a statistically significant sample of Title XIX persons with serious mental illness in Maricopa County and completing a combination of clinical record reviews, interviews with individuals receiving services, and an analysis of the Client Information System (CIS) records.

ADHS awarded its 2012 QSR procurement to Inter-Growth, a health and human services consulting firm based in Phoenix. Inter-Growth completed the Year One QSR in 2013, and the final report¹ with Year One findings and recommendations was released on August 21, 2013. As part of the Arnold v. Sarn settlement agreement between The Arizona Center for Law in the Public Interest, Governor Janice Brewer, and ADHS; a final resolution was issued in January 2014 that mandates the completion of ongoing annual QSRs by an independent contractor.

Quality Service Review Report

Quality Service Review Approach

The QSR process involves detailed review methods (medical record reviews and interviews), data analysis, and evaluation to determine how well the needs of individuals with SMI are being met and how much these individuals are benefitting from the services they receive.

The process includes collecting and analyzing information obtained from a representative sample of individuals with SMI, who must meet the following criteria:

- Live in Maricopa County
- Be classified as indigent
- Have a serious mental illness, and
- Reasonably benefit from appropriate behavior health treatment due to their mental illness

The Year One QSR pilot in 2013 included only individuals with SMI who were Medicaid eligible. The Year Two sample included separate, representative samples of individuals with SMI who were Medicaid eligible (Title XIX) and those who were not eligible for Medicaid (Non-Title XIX). The review period for Year Two spanned October 1, 2012 through September 30, 2013.

The services evaluated in the Year Two QSR included:

- Case Management
- Peer Support
- Family Support
- Supportive Housing
- Living Skills Training
- Supported Employment
- Crisis Services
- Medication and Medication Management Services
- ACT Services

For Year Two, health promotion, personal assistance, and respite care were removed to align with the priorities identified by the Parties in the Arnold Stipulation.

Additionally, Inter-Growth conducted a literature review to inform evaluation methodology and reporting (citations are included in the reference list at the end of the report).

2 Effective July 1, 2012, T/RBHAs and T/RBHA providers must apply the Special Assistance requirements under Policy and Procedures Manual GA 3.4 and Provider Manual Section 5.4 to both Title XIX/XXI and non-Title XIX/XXI persons determined to have a SMI with respect to the subsections noted above that address 1) assessing for need for Special Assistance, and 2) ensuring involvement of the individual providing Special Assistance. http://www.azdhs.gov/bhs/policy/documents/memorandums/Special-Assistance-for-Persons-with-SMI.pdf
Reviewer recruitment. Inter-Growth recruited reviewers to conduct interviews and medical record reviews through a convenience sample of peers and family members. The use of peer reviewers is supported by research (Riessman, 1965), which concluded that members of [a peer] group understand each other as no one else can; thus peers serve as the best researchers for this study.

Reviewers who successfully completed Year One reviews were invited to return and new reviewers were also hired. All reviewers – whether new or returning – completed mandatory 40-hour training and met the requirements of a behavioral health professional or behavioral health technician, as defined by A.R.S. Chapter 93.

Inter-Growth recruited 17 peer and family reviewers for Year Two. Nine of these reviewers returned from Year One. Of the 17 reviewers who participated in the QSR, three identified as a family member, four identified as peers, and the remaining 10 identified as both peers and family members. There was zero attrition among the reviewers for the length of the 2014 reviews.

Reviewer training and support. Based on reviewer performance and input from Year One, the training content was revised to incorporate more relevant content, such as interviewing skills and additional experiential learning. Using an adult-learning methodology, all reviewers completed 40 hours of training, consisting of:

- Course work (methodological and lectures/presentations)
- Small-group and class discussions
- Role-playing
- Practice interviews and practice medical record reviews

All reviewers were given the opportunity to apply the record review tool, score test cases, and discuss cases with the support of the Clinical Coordinator. Reviewers also practiced conducting interviews using the interview tool while learning practical interviewing techniques. Trainers worked alongside reviewers to field questions and provide technical assistance throughout the training and review process. For more information about Inter-Growth’s training program, please see Attachment A: Training Curriculum Overview.

3 At the time of recruitment, requirements were in A.R.S. Chapter 9. As of October 1, 2013 they are now found in A.R.S. Chapter 10.
The training curriculum included modules on:

- The organization and administration of the behavioral health system in Maricopa County
- Covered behavioral health services and procedure codes
- CIS claims and encounter data
- Interview skills
- Medical record review processes
- Cross-cultural interview practices and cultural competency
- Ethics, including confidentiality and privacy with a focus on Health Insurance Portability and Accountability Act (HIPAA) regulations
- Data entry and storage
- Safety guidelines
- Techniques for success (based on lessons learned from Year One)

Following training, Inter-Growth continued to provide direct support to reviewers throughout the project. Project team members sat in on each reviewer’s first interview. During the data collection period, the project team contacted reviewers to debrief and provide support in addition to scheduling technical support meetings.

**The interview process.** Using demographic information (gender, age, primary language), Inter-Growth employed a person-centered approach with consideration for cultural and personal preferences to match interviewers and respondents. To the greatest extent possible, any cultural and personal preferences of the individual, such as requesting a family member or peer be present, were accommodated. Individuals received a $20 Walmart gift card in exchange for participating in the interview.

**Contacting individuals.** Reviewers contacted selected individuals via phone to schedule an interview within three days of receiving their assigned review sample. These individuals were contacted no less than three times on separate days during daytime and evening hours to increase the likelihood of making contact. Reviewers were also provided with a script for introducing themselves and explaining the review purpose and process.

In the event that the individual was unsure about the process, or the reviewer was unable to reach the individual, reviewers contacted the individual’s case manager for assistance. The case manager assisted with providing contact information, arranging for the reviewer to meet the individual at the clinic, or contacting the individual to encourage him or her to participate in the interview process. Reviewers documented any incorrect contact information and instances where individuals declined to participate, and then notified the project coordinator, who in turn worked with the Project Manager to identify replacement cases, as needed.

**Conducting interviews.** Wherever possible, face-to-face interviews were conducted. However, reviewers were allowed to conduct interviews in-person or via telephone, based on the preference of the interviewee. Face-to-face interviews were conducted in mutually agreeable locations and included clinic sites, coffee shops, individuals’ homes, and treatment facilities. 45 of the 135 interviews were carried out telephonically (33%) and 90 interviews were carried out face-to-face (66.7%).
Methodology

To conduct the QSR, Inter-Growth used the methodology provided by ADHS/DBHS. This methodology was established via a committee made up of individuals experienced in clinical areas, audits, surveys, medical record reviews, and management. Two instruments were developed: one to conduct medical reviews and one to conduct interviews with individuals. A copy of the interview tool is provided as Attachment B and a copy of the medical record review tool is provided as Attachment C.

To store confidential information from survey interviews, medical record reviews, and CIS claims and encounter data; Inter-Growth developed and maintained a secure database. Reviewers were provided with paper copies of the tools, which were used to conduct the interview and medical record review.

Key Modifications for Year Two

Both the medical record review tool and the interview tool used in 2013 were revised for Year Two to incorporate feedback from Arnold Parties and to improve clarity. Below are summaries of key modifications made to each tool as well as changes made to the review process. All modifications to the interview and medical record review tools were approved by ADHS/DBHS prior to implementation of the review process.

Interview tool modifications. An expert independent evaluator assisted in and approved revisions to the questionnaire. As a result, the interview tool was reformatted to make all questions clearer and more precise. For ease of response, check boxes were also added. To assure that reviewers could easily navigate the sections of the tool, clear skip pattern instructions were included. Additionally, the following changes were made to specific sections of the interview tool:

- Questions were reformatted on how long it took to receive services and an item was added so respondents could answer “not sure”.
- A list of services for supportive housing and supported employment were added so individuals could indicate the services they received.
- The terms “neutral” and “no opinion” were replaced with “no opinion” or “not applicable” on Likert-scale questions to provide a clearer measurement of agreement.
- The question on whether there were “issues” with services was revised to more directly ask if there were “problems” with services received.

Medical record review modifications. The medical record tool was revised to make it easier for reviewers to follow and respond. Smaller sections were created to include “Identification of Needs, “Strengths”, and “Individualized Service Plan Objectives, Needs, and Strengths”. The instructions to reviewers were rewritten to consider both the interview and the medical record review in answering outcome questions.
Process modifications. To be sure that all reviewers are completing the interview and medical record reviews accurately, new monitoring efforts were established. When reviewers turned in their interview and record review documents, the Project Manager and Project Coordinator sat down with them to review all items for clarity and completeness. Reviewers scheduled appointments with the Project Manager and Project Coordinator for about an hour for this quality control check. These sessions served as mini teaching events to maintain consistent communication between our staff and the reviewers. In addition, the Project Manager and the Project Coordinator sat in on the first face-to-face interviews or telephone interviews to provide feedback to the reviewers in the moment.

Sampling

Inter-Growth employed a random sampling technique to select a statistically representative sample using a confidence interval of 90% with a confidence level of +/- 10% and an oversample of 10%. Using the Raosoft sampling calculator and these parameters, Inter-Growth determined that the sample size should be 68 for Title XIX cases and 67 for Non-Title XIX cases. This sample size (135 total) was based on the number of Title XIX and Non-Title XIX individuals with an SMI in Maricopa County as of July 2013, as reported in ADHS/DBHS’ Client Information System.

For Title XIX persons, the sampling frame was 16,666. For the Non-Title XIX sample, the sampling frame was 6,402. In order to account for individuals who may choose not to participate, Inter-Growth increased the oversample for a total sample size of 163. Because the margin of sampling error is related to the size of the sample, increasing the sample size for SMI subgroups through the use of oversampling allows for estimates to be made with a smaller margin of error. Midway through the QSR process, an additional oversample of 100 was generated due to the number of individuals who chose not to participate in the interviews, interviewers who were unable to contact individuals to complete the interviews, and individuals who no longer received behavioral health services.

As with the original sample, not all of these individuals elected to participate in the interview and three of these individuals were no longer receiving services. The final number of completed reviews was 68 Title XIX and 67 Non-Title XIX individuals with SMI, which met the requirements of the original sample size calculations.

Data Collection, Analysis, and Reporting

Upon completion of the interview process, Inter-Growth provided ADHS/DBHS with identifying information on individuals interviewed so that CIS data could be pulled and medical records collected. Upon receipt of the CIS data, Inter-Growth’s Project Manager imported the information into SPSS statistical analysis software, and linked individuals’ interview and medical record data to the CIS data using a unique identifier. Linking the data in this manner allowed Inter-Growth to track discrepancies and congruence between the three data sources. An analysis of congruence is included in Attachment D: Congruence of Data Sets. Medical record, interview, and CIS data was transferred to SPSS for analysis via descriptive statistical techniques. The Project Manager verified data integrity, applied statistical tests, and developed report findings.
Analytical Procedures. The SPSS statistical package was used to store and analyze data for this report. The analyses run included frequencies, chi-squares, and case summaries. Inter-Growth's Senior Analyst, W. Douglas Evans, Ph.D., provided consultation on the validation of analysis procedures.

Inter-Rater Reliability: Medical Record Review. Assessing methodology quality or risk of bias in a systematic review is a key step that serves to investigate and potentially explain problematic heterogeneity in ratings across different reviewers. Inter-Growth used two techniques to assess inter-rater reliability: trial reviews and statistical analysis to measure consensus among reviews.

Before reviewers could be officially assigned to conduct reviews, they completed a trial review on a test file. The test file contained correct responses, as determined by a subject matter expert, in a separate document. Inter-Growth submitted the test file to ADHS/DBHS and plaintiff’s counsel for review prior to implementation, as required. All reviewers reviewed and scored the test file to assure that at least 80% (Mokkink et al, 2010) agreement was achieved. Any reviewers who did not achieve this standard were required to review their training and complete the process a second time.

To assure ongoing inter-rater reliability, Inter-Growth used statistical analysis to measure consensus among reviewers. The Project Manager calculated the mean score and evaluated each reviewer’s responses against the mean to identify any scoring outliers, as determined by reviewer scores that fell outside two standard deviations from the mean. Using this industry standard, all reviewer scores fell within expected standards.
Overall Findings

Inter-Growth used mixed methods qualitative and quantitative data analysis to identify statistically significant responses to the following research questions:

1. Which services are needed by individuals determined to have an SMI?
2. Which of these services are available?
3. What network service gaps exist?
4. Were specific supports and services designed around strengths and goals of individuals?

Summary of key findings are broken out by Title XIX and Non-Title XIX, and a comparison between the two populations is provided.

Findings for Title XIX Persons

The 2014 sample of Title XIX persons was comprised of 36.8% (n=25) males and 63.2% (n=43) females. The average age was 46.5 years. The breakdown of age groups is shown in Table 1.

Table 1. Title XIX: Age Group Breakdown

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<th>Age category</th>
<th>Frequency</th>
<th>Percent</th>
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</thead>
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<tr>
<td>21-37</td>
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<tr>
<td>38-49</td>
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</tr>
<tr>
<td>Total</td>
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<td>100.0%</td>
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Of the 68 Title XIX individuals interviewed, 92.6% (n=63) had completed ISPs, 94.1% (n=64) had a completed assessment, and 100% (n=68) had completed progress notes. The combination of these clinical record documents with interviews informed each of the four research questions, as noted above.

1. Services needed by Title XIX Individuals with SMI based on the ISP

Title XIX individuals’ service needs were identified through a review of ISPs. For a majority of Title XIX individuals, the following services were identified as needs in the ISP: case management (93%) and medication services (93%). Other services were identified as needs at lower rates, including: living skills training (56%), peer support (40%), family support (43%), supportive housing (40%), and supported employment (41%). Crisis services were identified as a need in 25% and ACT services in 7% of the ISPs reviewed. The percentage of Title XIX individuals whose ISP identified the need for specific services is shown in Figure 1.
2. Services available to Title XIX Individuals with SMI

The availability of services to meet the needs of Title XIX individuals with SMI was determined by reviewing clinical record documentation and analyzing interview data. Findings include:

- An average of 70.7% of all services were provided within 30 days.
- For Title XIX individuals with SMI, 85.3% of crisis services and 87.7% of medication services were provided within 15 days.
- The longest wait times were for supportive housing (14% reported receiving services within 15 days), peer support (52% within 15 days), and supported employment services (55% within 15 days).

3. Network service gaps

Potential network gaps were defined by the identification of a service need without documentation in the clinical record that the service was provided. For Title XIX individuals, the following services were not always provided in accordance with the needs identified on the ISP: living skills training, family support, supported employment, and supportive housing. For each of these services, in one or more instances, a need was identified on the individual’s ISP, and the service was not always provided. The difference between the need identification and service provision was less than 4% for living skills and family support. The differences were larger for supported employment (7%) and supportive housing (9%). See Figure 2.
Additional information on potential network service gaps was gleaned from the interview process. Based on the individuals’ self-reports, there were differences between documented needs in the ISP (Figures 1 and 2) and self-reports of receiving services (Figure 3) for medication, living skills, family support, peer support, supported employment, and supportive housing services.

Individuals also reported receiving services that were not identified as needs on the ISP: 50% of the individuals reported accessing crisis services, although this service was identified as a need on 25% of the ISPs reviewed.
4. **Supports and services designed around individuals’ strengths and goals**

Reviewers analyzed clinical records for evidence that supports and services considered the strengths and goals of the individual. Additionally, during the interview, individuals were asked if they felt their services reflected their strengths and needs. Based on the clinical record review (Figure 4) the individuals’ strengths were identified in 94% of assessments, 91% of ISPs, and 88.2% of progress notes. Further analysis shows that strengths are identified in all three sources 76.5% of the time. The individuals’ strengths were used to develop the objectives in their ISP in 82.4% of the clinical records reviewed. 82.4% of Title XIX individuals reported during the interview that the services they received considered their strengths and needs.
5. Functional Outcomes

During the interview, individuals were asked about their employment status, housing, and daily activities. Based on this inquiry, 13% of individuals reported being employed, 75% were involved in meaningful daily activities, and 94% had housing.

Figure 5. Title XIX (N=68): Percentage reflecting functional outcomes
Findings for Non-Title XIX Individuals with SMI

The 2014 sample of Non-Title XIX individuals consisted of 37.3% (25) males and 62.7% (42) females. Of the 67 Non-Title XIX individuals interviewed, 73.1% (n=49) had completed ISPs, 64.2% (n=43) had completed assessments, and 95.5% (n=64) had completed progress notes. The average age was 51.5. The breakdown of age groups is shown in Table 2.

Table 2. Non-Title XIX: Age Group Breakdown

<table>
<thead>
<tr>
<th>Age category</th>
<th>Frequency</th>
<th>Percent</th>
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</thead>
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<tr>
<td>21-37</td>
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<tr>
<td>38-49</td>
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<td>50-55</td>
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<td>16.4%</td>
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<tr>
<td>56+</td>
<td>27</td>
<td>40.3%</td>
</tr>
<tr>
<td>Total</td>
<td>67</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

1. Services needed by non-Title XIX individuals with SMI based on the ISP

As shown in Figure 6, the ISPs for Non-Title XIX individuals frequently identified case management (67%) and medications (70%) as needs. The following service needs were also identified: living skills training, peer support, family support, crisis services, supportive housing, and supported employment. ACT was the least frequently identified need in the ISPs reviewed.

Figure 6. Non-Title XIX (N=67): Percentage of services identified as a need on the ISP
2. Services available

The availability of services to meet the needs of Non-Title XIX individuals was determined by reviewing clinical record documentation and by analyzing interview data. Findings include:

- 89.6% of individuals interviewed agreed that the location of services was convenient.
- 91.0% of persons interviewed indicated that services were available at times that were convenient for them.
- 46.9% of case management were provided within 15 days.
- 89% of medication services were provided within 15 days.

![Figure 7. Non-Title XIX (N=67): Percentage of services documented as provided in the clinical record](image)

3. Network Gaps

For purposes of this review, potential network gaps were defined by the identification of a service need without documentation in the clinical record that the service was provided. For Non-Title XIX individuals, the following services were not provided in accordance with the needs identified on the ISP: living skills training, supported employment, and crisis services. However, medication, case management, peer support, family support, and supportive housing were provided to more individuals than had the need identified in their ISP.
Additional information on potential network service gaps was gleaned from the interview process. For example, Non-Title XIX individuals reported receiving case management, family support, peer support, and supportive housing at a lower frequency than what was documented in their clinical record. The percentage of Non-Title XIX individuals reporting that they received a service compared to documentation in the clinical record is shown in Figure 9.
4. Supports and services designed around individuals’ strengths and goals

Reviewers evaluated clinical records for evidence that strengths were identified and that supports and services were designed in accordance with the individuals’ strengths and goals. As shown in Figure 10, the findings revealed that strengths were identified in 56.7% of assessments, 53.7% of ISPs, and 77.6% of progress notes. Further analysis shows that strengths are identified in all three sources 44.8% of the time.

ISP objectives were based on individuals’ strengths in 52.2% of records. 82.1% of Non-Title XIX individuals reported during the interview that the services they received considered their strengths and needs.
5. Functional Outcomes

During the interview, individuals were asked about their employment status, housing, and daily activities. Based on this inquiry, 22% of individuals reported being employed, 79% were involved in meaningful daily activities, and 96% have housing. See Figure 11.

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4 Figure 10 statistics are from medical record reviews.
Figure 11. Non-Title XIX (N=67): Percentage reflecting functional outcomes
Differences between Title XIX and Non-Title XIX Individuals

1. Services needed by Individuals with SMI based on the ISP

As shown in Figures 12 and 13, a comparative analysis of service needs identified for Title XIX and Non-Title XIX individuals revealed differences in service delivery between these populations. For both Title XIX and Non-Title XIX individuals, case management and medication services were most frequently identified as needs. However, living skills training, supported employment, supportive housing, and family support services were far less likely to be identified as needs for Non-Title XIX individuals.

Figure 12. Title XIX (N=68): Percentage of services identified as a need on the ISP

Figure 13. Non-Title XIX (N=67): Percentage of services identified as a need on the ISP
Quality Service Review Report

There were several larger and significant differences in services identified on the ISP for Title XIX and Non-Title XIX persons. Using chi-square tests, a statistically significant variation was found between the needs of Title XIX and Non-Title XIX individuals with SMI related to case management (p-value=0.0593), supported employment (p-value=0.0027), supportive housing (p-value = 0.0001), and family support (p-value=0.029). These services were more frequently documented as needs on the ISP for Title XIX as compared to Non-Title XIX individuals.

When analyzing whether or not individuals’ needs were documented in the clinical record, variance was found in the percentage of Non-Title XIX and Title XIX individuals with SMI whose progress notes and assessments documented needs. As shown in Figure 14, Title XIX individuals were more likely to have their needs identified in the assessment and progress notes than Non-Title XIX individuals. In 24 Non-Title XIX cases, there was no assessment indicated in the individuals’ clinical record, which contributed to this variance.

**Figure 14. Percentage of needs identified in the clinical record**

2. **Objectives and services based on individuals’ needs**

Figure 15 compares the ISP records reviewed for Title XIX and Non-Title XIX that contained objectives addressing the individuals’ needs.

**Title XIX.** Of the ISPs reviewed, (n=62), 91% contained objectives that addressed the individuals’ needs. In the remaining 9% (n=6), the ISP did not contain objectives related to the individuals’ needs, or the file did not contain both the ISP and the assessment. 85% (n=58) of the ISPs reviewed included services based on the individuals’ identified needs. The primary reason this did not occur: services were not documented for the individuals’ needs.

**Non-Title XIX.** Of the ISP records reviewed, 67% (n=45) contained objectives that addressed the individuals’ needs. In remaining cases, the ISPs did not contain objectives related to the individuals’ needs, or the file did not contain both the ISP and the assessment. 63% (n=42) of the ISPs reviewed included services based on individuals’ identified needs. The primary reason this did not occur: services were not documented for the individuals’ needs or the ISP was not found.

Prepared by Inter-Growth
3. Services available to Individuals with SMI

In measuring availability of services and access to care, the QSR focused on the following:

- Services provided as documented in the medical record, reported in the interview, and identified in CIS
- Timeliness of service provision (within 15 and 30 days of identification of need)
- Individual self-report on the convenience of service location, time, and hours
- The reasons why individuals did not receive services as identified on the ISP

As shown in Figure 16, medication services, crisis services, family support, and case management services were provided to both Non-Title XIX and Title XIX individuals with SMI within similar timeframes. The average percentage of services received in 8-15 days among the groups was 89% for medications, 92% for crisis services, 70% for living skills services, and 52% for family support. A detailed breakdown by Title XIX and Non-Title XIX status is in Figure 16.
Using chi-square tests, a statistically significant difference was found between Title XIX and Non-Title XIX Individuals with SMI who received ACT services (p-value=0.0090) and who received supportive housing (p-value=.0007). This indicates that Title XIX individuals were more likely to receive family support, case management, ACT, and peer support services within 15 days than Non-Title XIX individuals.

4. Network service gaps

Network gaps were identified when a service was documented in the ISP as a need, but there was no evidence that the service was provided. For both Title XIX and Non-Title XIX individuals with SMI, the following services were not provided in accordance with the needs identified on the ISP: living skills training and supported employment. Additionally, not all Title XIX individuals received peer support, family support, and supportive housing when a need was identified on the ISP.

5. Services provided according to the ISP

Figure 17 shows case management, medication management, and living skills services are the top three services provided to Title XIX individuals with SMI. Figure 18 shows that case management, medication management, and peer support are the top three services provided to Non-Title XIX individuals with SMI.
For Title XIX individuals, when services were identified on the ISP, but not provided, the most frequently cited reason was that the individual refused services (20.6%, n=14). Other reasons for the service not provided included:

- The reviewer could not determine whether service was unavailable (13.2%, n=9)
- There was a wait list for services (4.4%, n=3)

For Non-Title XIX individuals, when services were identified on the ISP, but not provided, the most frequently cited reason was that services were offered, but not needed (16.2%, n=11). In these cases, the individual decided that they did not need the service. The second most cited reason for this was that the reviewer could not determine whether the services were provided (14.7%, n=10).
Using chi-square tests, a statistically significant variation was found between Title XIX and Non-Title XIX Individuals with SMI related to living skills (p-value = 0.0001), supported employment (p-value = 0.0003), and supportive housing (p-value = 0.0066). This indicates that Title XIX individuals were more likely to receive these services when the need was identified on their ISP, when compared to Non-Title XIX individuals.

6. Supports and services designed based on the individuals' strengths and goals.

Of the 68 medical records reviewed for Title XIX individuals, 76.5% of the ISPs, assessments, and progress notes identified the strengths of individuals (Figure 19). For Non-Title XIX individuals, the rate was 44.8%. These strengths were consistent across all three documents. In the cases where strengths were not identified; either the ISP, assessment, or progress notes did not identify the individual’s strengths or the strengths identified in the assessment, ISP, or progress notes were not consistent.

According to the medical record review data for Title XIX individuals, the objectives on the ISP are based on the strengths of individuals in 82.4% (n=62) cases. For Non-Title XIX individuals, the objectives on the ISP are based on the strengths of individuals in just 52.2% (n=37) cases. In 31.3% of these cases, the objectives in the ISP were not based on strengths, or the reviewer was unable to determine whether they were based on strengths.

Further, interview data indicates that 82.5% of individuals believe that the services they receive take their strengths into account. Interview data shows that in the other cases, individuals indicate that their strengths were not taken into consideration because of a lack of follow-up on requests by the case manager or care delivery team.

Figure 19. Percentage of individuals for whom strengths were found in the assessment, ISP, and progress notes and percent for whom objectives were based on strengths
7. Service Ratings

Individuals were asked to rate the services they receive on a scale of one to 10 (one being the least satisfied and 10 being the most satisfied). As shown in Figure 20, the highest average ratings among the services were 9.0 for family support, 8.2 for peer support, 8.2 for medications services, and 7.8 for both crisis services and supported employment services. No service ratings were found to have a statistically significant variation.

Figure 20. Average service ratings (Rated from 1-10)

Individuals were also asked if they have ever experienced a problem with the services they receive. Those who answered “yes” were given the option to comment on their experience. The services with the largest average proportion of problems reported regardless of Title XIX status were supportive housing (43%), case management (27%), medication management (21%), and supported employment (21%).

Individuals reported that most problems related to the lack of available services, especially for housing services. Another complaint related to problems with case managers. 60% of the 34 persons who had problems with case management said that the case manager was changed frequently, there were problems communicating with the case manager, or that the case manager was "not professional." The number of problems identified for each service by Title XIX and Non-Title XIX individuals are provided in Figure 21.
NOTE: In Figure 21, Percentages relate to the percentage of persons of those who received each type of service

**Individuals who agree that services help with their recovery.** Figure 22 shows the average percentage for both Title XIX and Non-Title XIX individuals who believed that medication services, supportive housing, peer support, and crisis services were the most helpful. There is statistical significance between the two groups regarding whether living skills is helpful to their recovery (chi-square test, p-value=0.0003). In this case, about half of the Non-Title XIX individuals reported that living skills did not help with their recovery.
Housing, meaningful day activities, and employment. On average 95% of the individuals participating in the QSR process have stable housing, 77% participate in meaningful day activities, and 18% are employed; a detailed breakdown by Title XIX and Non-Title XIX status is included in Figure 23.
Comparing 2013 to 2014

Inter-Growth analyzed Title XIX data for 2013 and 2014 to identify trends in need identification and service provision.

1. Needs Identified

As shown in Figure 24 the percentage of ISPs that identified the need for specific services changed from 2013 to 2014. The largest difference was noted for supportive housing, which demonstrated a decrease of 18% in the percentage of individuals for whom this was identified as a need between 2013 and 2014.

Figure 24. Percentage of services identified as needs on the ISP: 2013-2014

In terms of needs being identified in the individuals’ progress notes and assessment, Figure 25 shows a gain in both needs identified in progress notes as well as needs in the assessment that are consistent with progress notes. The percentage of clinical records with needs identified in progress notes increased from 78% in 2013 to 100% in 2014. The percentage of needs in the assessment that were consistent with progress notes increased from 59% in 2013 to 94% in 2014.
2. Objectives, services and individual needs

Figure 26 shows a gain in both the proportion of individuals in which ISP objectives address their needs and the frequency at which services were based on individuals’ needs. The percentage of clinical records with ISP objectives that addressed individuals’ needs increased from 78% in 2013 to 91% in 2014. The percentage of clinical records with documentation that services were based on the individuals’ needs increased from 75% in 2013 to 85% in 2014.
3. Services received according to the ISP

As demonstrated in Figure 27, the review revealed an increase in the percentage of clinical records with documentation that services were provided in accordance with the ISP and progress notes for all services except supportive housing and ACT services. The largest decrease occurred in supportive housing services, which dropped 10%.

**Figure 27. Percentage of services identified and provided according to the ISP and progress notes: 2013-2014**

4. Services provided based on CIS data

As shown in Figure 28, case management services were reflected in the CIS data 100% of the time in 2013 and 99% of the time in 2014. Peer support, living skills training, family support, and supported employment all demonstrated an increase in the percentage of individuals who received this service, as reported in CIS in 2014. Supportive housing and medication management both showed a decline in service delivery based on CIS data. Crisis services were not reported in CIS for Year 2013. ACT services were not reported in CIS for either year.
Figure 28. Percentage of services provided – CIS: 2013-2014

[Bar chart showing percentage of services provided for Title XIX 2013 (N=59) and Title XIX 2014 (N=68).]
Findings by Service Type

The interview data collected through the QSR provided additional information related to the specific types of services individuals received within each category as well as their perception of the quality of those services. This information is presented below by service area.

Case Management

Case management services are typically provided through a case manager. Case managers help ensure individuals achieve their treatment goals and that the services they receive are effective. Case managers help individuals by developing treatment plans, contacting individuals to see how treatment is going, locating community resources, assisting individuals in accessing needed services, and calling individuals who are in crisis situations or who have missed an appointment. As shown in Table 3, individuals reported information related to case management services.

Table 3: Individual Reports on Case Management

<table>
<thead>
<tr>
<th>Interview Question</th>
<th>Sample Size</th>
<th>Title XIX</th>
<th>Sample Size</th>
<th>Non-Title XIX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have enough contact with your case manager?</td>
<td>66</td>
<td>73%</td>
<td>55</td>
<td>84%</td>
</tr>
<tr>
<td>Your case manager helps you find services and resources that you ask for.</td>
<td>68</td>
<td>77%</td>
<td>55</td>
<td>78%</td>
</tr>
<tr>
<td>On a scale of 1 to 10, how satisfied were you with the case management services you received?</td>
<td>65</td>
<td>7.7</td>
<td>55</td>
<td>8.0</td>
</tr>
<tr>
<td>Were there problems with the case management services you received?</td>
<td>65</td>
<td>32%</td>
<td>54</td>
<td>20%</td>
</tr>
<tr>
<td>How long did it take for you to receive case management services? (Percent receiving services in 8-15 days)</td>
<td>66</td>
<td>64%</td>
<td>55</td>
<td>46%</td>
</tr>
</tbody>
</table>

Overall, these findings indicate that the majority of individuals are satisfied with the case management services they received. Individuals that were less satisfied reported concerns, such as their case manager was difficult to reach or lack of follow-up on requests.
Living Skills Training

Living skills training services teach individuals to live independently, socialize, and communicate with people to increase their ability to function within the community. During the interview, individuals reported information related to the living skills training services they received. Please refer to Table 4.

Table 4: Individual Report on Living Skills Training Services

<table>
<thead>
<tr>
<th>Interview Question</th>
<th>Sample Size</th>
<th>Affirmative Response Rate</th>
<th>Sample Size</th>
<th>Affirmative Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living skills services have helped you manage your life and live in your community.</td>
<td>30</td>
<td>93%</td>
<td>13</td>
<td>54%</td>
</tr>
<tr>
<td>How long did it take for you to receive living skills training services? (Percent receiving services in 8-15 days)</td>
<td>29</td>
<td>59%</td>
<td>12</td>
<td>83%</td>
</tr>
<tr>
<td>On a scale of 1 to 10, how satisfied were you with the skills management training you received?</td>
<td>29</td>
<td>7.9</td>
<td>12</td>
<td>7.3</td>
</tr>
<tr>
<td>Were there problems with the skills management training you received?</td>
<td>29</td>
<td>7%</td>
<td>12</td>
<td>17%</td>
</tr>
</tbody>
</table>

As indicated above, 93% of the total Title XIX sample of individuals with SMI felt that living skills have helped them, while only 54% of the total Non-Title XIX sample of individuals with SMI thought living skills were helpful.
Supported Employment

Supported employment services are designed to assist individuals to choose, acquire, and maintain a job or other meaningful community activity (e.g., volunteer work). Research demonstrates that about 70% of adults with SMI desire work and that finding work is a top priority (Mueser et al, 2001). Evidence further shows these services are effective in assisting individuals in living independently in the community for roughly 60% of individuals with SMI (Bond, G., et al, 2001). Inter-Growth’s findings related to supported employment services are provided in Table 5.

Table 5: Individual Report on Supported Employment Services

<table>
<thead>
<tr>
<th>Interview Question</th>
<th>Sample Size</th>
<th>Affirmative Response Rate</th>
<th>Sample Size</th>
<th>Affirmative Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>You found these job-related services helpful.</td>
<td>32</td>
<td>69%</td>
<td>12</td>
<td>67%</td>
</tr>
<tr>
<td>Someone at your clinic told you about job-related services such as resume writing, interview, job group, or vocational rehabilitation.</td>
<td>67</td>
<td>64%</td>
<td>66</td>
<td>66%</td>
</tr>
<tr>
<td>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?</td>
<td>66</td>
<td>59%</td>
<td>66</td>
<td>64%</td>
</tr>
<tr>
<td>How long did it take for you to receive supported employment services? (Percent receiving services in 8-15 days)</td>
<td>30</td>
<td>53%</td>
<td>11</td>
<td>55%</td>
</tr>
<tr>
<td>On a scale of 1 to 10, how satisfied were you with the employment services you received?</td>
<td>31</td>
<td>7.7</td>
<td>10</td>
<td>7.8</td>
</tr>
<tr>
<td>Were there problems with the employment services you received?</td>
<td>30</td>
<td>23%</td>
<td>11</td>
<td>18%</td>
</tr>
</tbody>
</table>

As indicated above, on average 68% of individuals accessing job-related services found them helpful. In 2014, 13% of Title XIX individuals with SMI and 22% of Non-Title XIX individuals with SMI were employed. The Title XIX rate of employment for 2013 was 8.5%, which is an increase in employment of 4.5% in the 2013-2014 time period.
Supportive Housing

Supportive housing services are provided to assist individuals or families to obtain and maintain housing in an independent community setting, including the person’s own home or apartments and homes owned or leased by a subcontracted provider. Housing is integrated in the community, allowing individuals to interact with neighbors who do not have an SMI (SAMHSA, 2010). Research demonstrates that individuals with SMI who are provided supportive housing reported symptom relief, personal safety, more services accessed, role functioning, self-development, equal opportunities, assurance of personal survival, and empowerment (Anthony, 1993). Findings related to supportive housing are provided in Table 6.

Table 6: Individual Report on Supportive Housing Services

<table>
<thead>
<tr>
<th>Interview Question</th>
<th>Title XIX</th>
<th>Non-Title XIX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your supportive housing services help you with your recovery.</td>
<td>22 82%</td>
<td>4 100%</td>
</tr>
<tr>
<td>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?</td>
<td>48 33%</td>
<td>63 30%</td>
</tr>
<tr>
<td>Do you feel safe in your housing/neighborhood?</td>
<td>21 90%</td>
<td>4 75%</td>
</tr>
<tr>
<td>How long did it take for you to receive supportive housing services? (Percent receiving services in 8-15 days)</td>
<td>21 19%</td>
<td>3 67%</td>
</tr>
<tr>
<td>On a scale of 1 to 10, how satisfied were you with the supportive housing services you received?</td>
<td>20 8.5</td>
<td>3 3.7</td>
</tr>
<tr>
<td>Were there problems with the supportive housing services you received?</td>
<td>21 19%</td>
<td>3 67%</td>
</tr>
</tbody>
</table>

Individuals reported that housing supports them in achieving their recovery goals. Additionally, the majority of individuals reported feeling safe in their neighborhood.
Family Support

Family support services involve face-to-face interaction with family member(s) directed toward restoration, enhancement, or maintenance of the family functioning to increase the family’s ability to effectively interact and care for the person in the home and community. Literature indicates that individuals who receive family support achieve greater levels of independence, empowerment and self-esteem (SAMHSA, 1992). Further, these services provide participants with opportunities to develop new social and interpersonal network, enabling them to become full members of an inclusive and accepting community (Hardiman & Segal, 2003; Hardiman, 2004; Yano, Primavera & Knight, 2001). In addition to the 39% of individuals who reported receiving family support, 8.6% reported that their family members receive support from organizations such as the National Alliance on Mental Illness and The Family Involvement Center. Findings related to family support are provided in Table 7.

Table 7: Individual Report on Family Support Services

<table>
<thead>
<tr>
<th>Interview Question</th>
<th>Title XIX</th>
<th>Sample Size</th>
<th>Non-Title XIX</th>
</tr>
</thead>
<tbody>
<tr>
<td>How long did it take for you and your family to receive family support services?</td>
<td>57%</td>
<td>14</td>
<td>44%</td>
</tr>
<tr>
<td>(Percent receiving services in 8-15 days)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On a scale of 1 to 10, how satisfied were you with the family support services you</td>
<td>8.9</td>
<td>14</td>
<td>0%</td>
</tr>
<tr>
<td>received?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were their problems with your family support services?</td>
<td>0%</td>
<td>14</td>
<td>0%</td>
</tr>
</tbody>
</table>

About half of those who accessed family support services received them in 8-15 days. These individuals were very satisfied with their services, and reported no complaints about them. The results for both groups were very similar to each other.
Peer Support

Peer support services involve providing individuals with assistance to more effectively use the service delivery system. These programs facilitate personal empowerment and recovery principles as well as the concept of choice and self-determination (Mowharay, et al, 2005; Segal, Hardiman & Hodges, 2002; Clay, 2005; Zinman, 1987; Harp & Zinman, 1994; Chamberlin, 1997; Riessman, F., 1965). For example, peer support services can include assistance in developing plans of care, identifying needs, accessing supports, partnering with professionals, or overcoming service barriers. Table 8 shows the information reported by individuals on peer support services.

Table 8: Individual Report on Peer Support Services

<table>
<thead>
<tr>
<th>Interview Question</th>
<th>Sample Size</th>
<th>Title XIX</th>
<th>Sample Size</th>
<th>Non-Title XIX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Peer Support/Recovery Support Specialist helps you to better understand and use the services available to you.</td>
<td>23</td>
<td>83%</td>
<td>22</td>
<td>86%</td>
</tr>
<tr>
<td>How long did it take you to receive peers support services? (Percent receiving peer support services within 8-15 days)</td>
<td>23</td>
<td>52%</td>
<td>21</td>
<td>43%</td>
</tr>
<tr>
<td>On a scale of 1 to 10, how satisfied were you with the peer support services you received?</td>
<td>23</td>
<td>8.4</td>
<td>21</td>
<td>8.2</td>
</tr>
<tr>
<td>Were there problems with your per support services?</td>
<td>22</td>
<td>14%</td>
<td>21</td>
<td>19%</td>
</tr>
</tbody>
</table>

The majority (83% and 86%) of individuals reported that peer support services assist them in using available services. About 50% of individuals received peer support in 8-15 days. More Non-Title XIX individuals with SMI reported problems with peer services (19%) than did Title XIX individuals with SMI (14%).
Crisis Services

Crisis intervention services are provided for the purpose of stabilizing or preventing a sudden, unanticipated, or potentially dangerous behavioral health condition, episode, or behavior. Crisis intervention services are provided in a variety of settings or over the telephone. These intensive and time-limited services may include screening and triage, counseling to stabilize the situation, medication stabilization and monitoring, observation and/or follow-up to ensure stabilization, and/or other therapeutic and supportive services to prevent, reduce, or eliminate a crisis situation. Individuals’ feedback related to crisis services is shown in Table 9 below.

Table 9: Individual Report on Crisis Services

<table>
<thead>
<tr>
<th>Interview Question</th>
<th>Sample Size</th>
<th>Affirmative Response Rate</th>
<th>Sample Size</th>
<th>Affirmative Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you receive any crisis services from a hospital within the past year?</td>
<td>34</td>
<td>38%</td>
<td>34</td>
<td>50%</td>
</tr>
<tr>
<td>Did you receive any mobile crisis team intervention services within the past year?</td>
<td>26</td>
<td>58%</td>
<td>28</td>
<td>36%</td>
</tr>
<tr>
<td>Did you receive any crisis services from a crisis unit within the past year?</td>
<td>34</td>
<td>35%</td>
<td>34</td>
<td>29%</td>
</tr>
<tr>
<td>Did you receive any crisis hotline services within the past year?</td>
<td>28</td>
<td>75%</td>
<td>27</td>
<td>63%</td>
</tr>
<tr>
<td>Did anyone (i.e. mobile team, clinical team member) come to you to help you in the crisis?</td>
<td>34</td>
<td>68%</td>
<td>32</td>
<td>47%</td>
</tr>
<tr>
<td>Were crisis services available to you right away?</td>
<td>34</td>
<td>85%</td>
<td>32</td>
<td>100%</td>
</tr>
<tr>
<td>On a scale of 1 to 10, did the crisis services you received help you resolve the crisis?</td>
<td>34</td>
<td>8.2</td>
<td>32</td>
<td>7.6</td>
</tr>
<tr>
<td>Did you have any problems with the crisis services you received?</td>
<td>34</td>
<td>12%</td>
<td>32</td>
<td>13%</td>
</tr>
</tbody>
</table>

As shown in the data above, individuals are accessing a continuum of crisis services. Of those who access crisis services, 85% of Title XIX and 100% of Non-Title XIX individuals reported that crisis services were timely.
Medication Management Services

Medication management services involve the review of the effects and side effects of medications and the adjustment of the type and dosage of prescribed medications. Based on individuals’ self-report, medication management services were provided more frequently than any other services, with 96.4% of individuals receiving this service. During the interview, individuals reported information related to the medication management services they received, as detailed in Table 10.

Table 10: Individual Report on Medication Management Services

<table>
<thead>
<tr>
<th>Interview Question</th>
<th>Sample Size</th>
<th>Affirmative Response Rate</th>
<th>Sample Size</th>
<th>Affirmative Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were you told about your medications and side effects?</td>
<td>64</td>
<td>91%</td>
<td>65</td>
<td>89%</td>
</tr>
<tr>
<td>Were you told about the importance of taking your medicine as prescribed?</td>
<td>64</td>
<td>94%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you feel comfortable talking with your doctor about your medications and how they make you feel?</td>
<td>64</td>
<td>91%</td>
<td>65</td>
<td>92%</td>
</tr>
<tr>
<td>The medication services you received helped you in your recovery.</td>
<td>64</td>
<td>91%</td>
<td>65</td>
<td>92%</td>
</tr>
<tr>
<td>On a scale of 1 to 10, how satisfied were you with the medication services you received?</td>
<td>34</td>
<td>8.3</td>
<td>64</td>
<td>8.2</td>
</tr>
<tr>
<td>Were there problems with the medication service you received?</td>
<td>63</td>
<td>22%</td>
<td>65</td>
<td>20%</td>
</tr>
</tbody>
</table>

Overall, medication management services were one of the most frequently provided services as evidenced by the medical record, interview, and CIS data. Individuals also reported the highest levels of satisfaction with these services, indicating that this is a strength of the current system.
ACT Services

Assertive Community Treatment (ACT) is an evidence-based practice model designed to provide treatment, rehabilitation, and support services to individuals who are diagnosed with a severe mental illness and whose needs have not been well met by more traditional mental health services. The ACT model has been proven to reduce hospitalization and to increase quality of life (Phillipes et al, 2001; SAMHSA, 2008). The ACT team provides direct services tailored to meet an individual’s specific needs. ACT teams are multi-disciplinary and include members from the fields of psychiatry, nursing, psychology, social work, substance abuse, and vocational rehabilitation (SAMHSA, 2008). Based on their respective areas of expertise, the team members collaborate to deliver integrated services of the individual’s choice, assist in making progress towards goals, and adjust services over time to meet an individual’s changing needs and goals. Inter-Growth’s findings related to ACT services are provided in Table 11.

Table 11: Individual report on ACT Services

<table>
<thead>
<tr>
<th>Interview Question</th>
<th>Sample Size</th>
<th>Title XIX</th>
<th>Sample Size</th>
<th>Non-Title XIX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your ACT services help you with your recovery.</td>
<td>10</td>
<td>80%</td>
<td>5</td>
<td>60%</td>
</tr>
<tr>
<td>How long did it take you to receive ACT services? (Percent receiving services in 8-15 days)</td>
<td>9</td>
<td>67%</td>
<td>5</td>
<td>40%</td>
</tr>
<tr>
<td>On a scale of 1 to 10, how satisfied were you with the ACT services you received?</td>
<td>9</td>
<td>9.4</td>
<td>5</td>
<td>6.4</td>
</tr>
<tr>
<td>Were there problems with your ACT services?</td>
<td>9</td>
<td>22%</td>
<td>5</td>
<td>0%</td>
</tr>
</tbody>
</table>

For individuals with SMI who received ACT services, there is a high level of satisfaction among Title XIX (9.4/10) individuals and a moderate level of satisfaction with ACT services for Non-Title XIX individuals (6.4/10).
Conclusion

The QSR indicated both positive trends in the current system of care as well as opportunities to enhance the system. Using the three data sources as described in this report, there were a number of positive trends identified:

- Average of provided service rates matched the individuals’ needs identified on the ISP 91% of the time.
- An average of 90.6% of individuals agreed that the service location was convenient.
- An average of 91.8% of individuals agreed that service times were convenient.
- Overall, individuals reported on average that 68.5% of services were provided within 30 days once a need was identified.

The trends that will require further monitoring due to lower rates of effectiveness included:

- Outcomes related to employment, meaningful daily activities, and housing varied greatly.
- An average of 18% individuals were employed, 77% were involved in meaningful daily activities, and 95% have housing.
- Individuals reported the need for several services including supportive housing, supported employment, living skills, family support, and peer support.

Additionally, concerns related to completeness and accuracy of the documentation were identified. Specifically, many of the records lacked complete documentation related to case management progress notes and services provided by other providers. The incompleteness of the medical records directly impacted the results of the medical record reviews.

The data extracted from CIS improved substantially from Year One, although ACT services were still not found in the database. This appears to relate to billing codes not identifying ACT specifically.

The data collected through the interview process provided a comprehensive data set, including information on the services individuals felt they needed, the services they received, the timeliness of the service provision, and insight into their perception of the quality. The information gleaned through the interview process indicates that individuals generally find the services they receive helpful. Individuals also identified the most need for supportive housing and supported employment services.
Recommendations

Based on the findings indicated in Year Two of the QSR, Inter-Growth and its team of reviewers developed the following recommendations for the Arnold Parties to consider for subsequent reviews:

System Recommendations

- Reinforce expectations related to assessments, ISPs, and documentation for Non-Title XIX individuals with SMI, including crisis planning.
- Increase awareness of the supported employment and supportive housing services.
- Provide training and technical assistance on what family and peer support entails to help individuals better understand these services.
- Develop a method for individuals to track their referrals since services are often requested, but individuals do not know if a referral was made or where the referral is in the process.
- Continue and enhance training for case managers through e-learning, in-person, and live-webinars related to the 12 Guiding Principles, engagement, member rights, and use of peers and family members in treatment since there are consistently identified issues with case management services (staff talking down to individuals, not following through, not enough contact, and changing repeatedly).

QSR Process Recommendations for Following Years

- Request all information at the time the sample is pulled to reduce the time associated with gathering medical records and CIS data.
- Notify providers of the review and expectations related to their roles and provide contact information if they have any questions. Also work closely with them to get updates of telephone numbers and addresses of individuals.
- Inform individuals receiving services that they may be selected to participate in the reviews in an effort to encourage participation.

In addition to identifying opportunities to improve the QSR process, Inter-Growth developed the following recommendations for improving the quality of the data:

- Offer technical assistance to assist providers with correct billing codes in order to facilitate the reporting of complete and accurate CIS data.
- Consider developing consistent processes for documenting needs and services across all clinic sites to facilitate complete and accurate medical record documentation.
- Consider implementing mechanisms for tracking ACT services to better identify the need for these services as well as the network capacity for delivering ACT services.
References


Summary of Attachments

Attachment A: Training Curriculum Overview
Attachment B: Quality Service Review Interview Tool
Attachment C: Quality Service Review Medical Record Review Tool
Attachment D: Congruence Between Data Sets
Overview

Inter-Growth will provide 40 hours of training for all reviewers, including those returning from Year One. Only those who attend all training sessions and successfully complete all components will be eligible to continue as reviewers. Inter-Growth will use training sign-in and sign-out sheets to record and assure proper attendance.

Inter-Growth’s project team has taken the feedback and lessons learned from Year One to build on and update the Year Two curriculum. We have revised the curriculum to include two additional components – Safety and Techniques for Success – as well as adjusted the training schedules, activities, and time for each training area to maximize effectiveness and ensure reviewers’ success.

Inter-Growth’s training module will consist of course work (methodological and empirical readings and small-group and class discussions), role playing, practice interviews and practice medical record reviews. A critical element of our training will be to practice implementing the record review tool to score test cases, allowing the reviewers adequate time to ask questions, discuss cases and apply the tool with the support of the clinical reviewer. Reviewers will also have the opportunity to practice conducting interviews utilizing the interview tool while learning practical interviewing techniques.

A significant component of Inter-Growth’s training program will be the preparation of training materials for reviewers, which will include:

- Organization and administration of the behavioral health system in Maricopa County
- Covered behavioral health services and procedure codes
- CIS claims and encounter data
- Interview skills
- Medical record review processes
- Cross-cultural interview practices and cultural competency
- Ethics, including confidentiality and privacy with a focus on HIPAA regulations
- Reporting practices
- Data entry and storage
- Discussion of techniques for success that worked for reviewers in Year One
- Safety practices for conducting face-to-face interviews

Statement of Teaching Philosophy

We see the educational encounter as a journey through which both trainers and attendees teach and learn. It is a process that changes, or at least contains the potential to change, all that are involved in it. Teaching and learning are collaborations, in which individuals develop critical thinking skills, hone the art of applying abstract ideas to actual events in the world and to real people’s lives, and which make connections between what we study and how we live. This training provides reviewers with the critical knowledge and skills they need to successfully complete interviews with Class Members and medical record reviews.
Since conveying information about sensitive topics that relate to Class Members’ everyday experiences can be challenging, we use a variety of learning approaches and materials, including:

- Discussions
- Lectures
- Audio-visual material
- Case studies
- Role plays
- Presentations

In addition, recognizing that knowledge, decision-making, performance, attitudes, and skills are all evaluated differently, we will employ a range of assessment methods to demonstrate the success of our training curriculum, including written and oral exams, key features cases, narrative reports by the training staff, standardized simulations, and a portfolio.

**QSR Training Agenda**

The following table outlines the major component of our training curriculum, including objectives, a summary of goals, time, activities involved, and the Inter-Growth team member responsible. Of the required 40 hours of training, 32 hours will be on-site. The remaining eight hours will be designated for self-study and practice reviews. All off-site work will be reviewed by trainers and feedback will be discussed with the reviewers.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Objective</th>
<th>Goals</th>
<th>Time</th>
<th>Activities</th>
<th>Leader(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introductions and Ice Breakers</td>
<td>Trainees and training staff will introduce themselves and get to know each other</td>
<td>To assure a collegial atmosphere</td>
<td>2 hours</td>
<td>Not applicable</td>
<td>All Staff</td>
</tr>
<tr>
<td>QSR Purpose and Structure</td>
<td>Behavioral Health (BH) service delivery structure, QSR purpose and process overview</td>
<td>To familiarize reviewers with the BH delivery system, the intent of the QSR and the process</td>
<td>2 hours</td>
<td>Classroom training / in-person lecture</td>
<td>Hayley Winterberg, Zohreh Yamin</td>
</tr>
<tr>
<td>QSR Tools</td>
<td>Detailed instruction on how to evaluate QSR standards and interpret questions</td>
<td>To ensure reviewers understand the questions in the QSR tools and can interpret them correctly</td>
<td>6 hours</td>
<td>Classroom training, discussion, scenarios, practice reviews</td>
<td>Tom Pynn Zohreh Yamin</td>
</tr>
<tr>
<td>Interview Skills</td>
<td>Reviewer instruction on interview techniques</td>
<td>To teach reviewers to conduct interviews in a respectful, culturally competent manner</td>
<td>6 hours</td>
<td>Classroom instruction, role playing, practice interviews</td>
<td>Hayley Winterberg Tom Pynn</td>
</tr>
<tr>
<td>Ethics and HIPAA</td>
<td>Discussion of the role of the evaluator and how to manage situations that may occur during the process</td>
<td>To prepare reviewers to manage situations that may arise during the evaluation and explain how to report potential Quality of Care concerns</td>
<td>1 hour</td>
<td>Role playing, scenarios, classroom instruction</td>
<td>Tom Pynn</td>
</tr>
<tr>
<td>Topic</td>
<td>Objective</td>
<td>Goals</td>
<td>Time</td>
<td>Activities</td>
<td>Leader(s)</td>
</tr>
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<td>-------------------------------------------</td>
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</tr>
<tr>
<td>Data Management</td>
<td>Instruction on CIS data, encounters, data management processes, including confidentiality, data entry, data analysis, and reporting</td>
<td>To provide reviewers with clear expectations about managing data in a confidential manner and to provide a general understanding of the data analysis and reporting processes</td>
<td>1 hour</td>
<td>Classroom training</td>
<td>Tom Pynn</td>
</tr>
<tr>
<td>Medical Record Test and Review</td>
<td>Trainees will complete a sample medical review using the State QSR tool</td>
<td>To assure inter-rater reliability</td>
<td>10 hours</td>
<td>Graded Sample Medical Record Review</td>
<td>Tom Pynn, and Zohreh Yamin</td>
</tr>
<tr>
<td>Cultural Competency</td>
<td>Discussion of effectively operating in different cultural contexts, teaching a set of congruent behaviors, attitudes, policies and procedures that come together to enable positive research relationships</td>
<td>To promote reviewers’ ability to employ cultural competency and cultural sensitivity in the interview process</td>
<td>2 hours</td>
<td>Classroom training, discussion, scenarios,</td>
<td>Hayley Winterberg</td>
</tr>
<tr>
<td>Techniques for Success</td>
<td>Group discussion about what worked for reviewers in the first year</td>
<td>To assure that reviewers know the best approaches to interviews and medical records reviews</td>
<td>1 hour</td>
<td>Classroom training</td>
<td>Hayley Winterberg</td>
</tr>
<tr>
<td>Safety</td>
<td>Group discussion about safety issues when conducting face-to-face interviews</td>
<td>Provide basic requirements to ensure the safety of reviewers and Class Members</td>
<td>1 hour</td>
<td>Classroom training</td>
<td>Hayley Winterberg</td>
</tr>
<tr>
<td>Off-site interview and medical records homework</td>
<td>Reviewers will be given homework tasks to complete and discuss the next day</td>
<td>To provide Inter-Growth staff with evidence of reviewer knowledge of subject matter</td>
<td>8 hours</td>
<td>Complete interviews and medical record reviews</td>
<td>All staff</td>
</tr>
</tbody>
</table>
QSR Training Syllabus

The following training syllabus documents specific learning outcomes for each component of the training curriculum as well as learning activities involved and assessment methods we will use to assure success in preparing reviewers to conduct interviews and complete medical record reviews.

QSR Purpose and Structure

Learning Outcomes

Upon completion of this module, you will be able to:

- Describe the three major components of the health care industry: treatment, payment, and operations
- Understand the relationship between ADHS, the Regional Behavioral Health Authority, Geographic Service Areas, Community Service Agencies, and providers
- Understand Title 19 SMI benefits and benefits for non-Title 19 SMI
- Understand the expectations for service delivery for individuals with SMI
- Understand the rights afforded to individuals with SMI
- Understand what a managed care approach is and how it is implemented in Arizona
- Explain what constitutes a QSR and the process that goes into this
- Understand the goals of the QSR as articulated by ADHS
- Explain the primary research objective and specific research questions of the QSR process

Learning Activities

Learning Activity I: Lecture on the Arizona BH System and Overview of the QSR Process

Organizing Questions:

- What services are offered by agencies in the Arizona BH System?
- What are the important organizations to know about?
- What is the history of the QSR system?

Learning Activity II: Video on Behavioral Health

Learning Activity III: Knowledge Game

Assessment Method/s

- Trainer narrative report on participants’ performance in the Knowledge Game activity
- Portfolio: individual will reflect in a journal on his or her experiences with the Arizona BH system
**QSR Tools**

**Learning Outcomes**

Upon completion of this module, you will be able to:

- Discuss the procedures for using the QSR Medical Record Review tool
- Understand how to review progress notes and service plans
- Know when to select “Yes,” “No,” or “Cannot determine” for assessing individuals’ needs
- Know when to select “Yes,” “No,” or “Cannot determine” for assessing services provided to that address individuals’ needs
- Understand the tasks provided by case managers
- Discuss peer and family support
- Describe supportive housing services
- Provide examples of living skills
- Describe types of employment services
- Discuss the types of crisis services available to Class Members
- Explain medication services
- Define ACT services
- Define "access to care," “strengths,” and “needs,” and any other technical terms employed
- Understand when a referral for follow-up care may be required

**Learning Activities**

Learning Activity I: Lecture on the Interview and Medical Record Review Tool

Organizing Questions:

- What are the overall goals of each tool?
- How should the tool be used?
- What are the appropriate definitions being employed?

Learning Activity II: Small Group Discussion:
Reviewers will peruse the QSR tools in small groups, discuss potential areas of confusion or difficulty, and report back to the group.

Learning Activity III: Practice Reviews

**Assessment Method/s**

- Exercises in the form of practice test reviews
- Graded Medical Record Review Exam
Interview Skills

Learning Outcomes

Upon completion of this module, you will be able to:

- Describe the research partnership
- Discuss appropriate delivery of the Initial Contact Sheet
- Explain best interview practices for soliciting the information needed to complete the QSR interview
- Understand how to actively listen
- Understand why third persons may be present and how to manage this situation
- Discuss the importance of selecting an appropriate place and time for conducting an interview

Learning Activities

Learning Activity I: Lecture on the Research Partnership

Organizing Questions:

- Explain the research (or interview) partnership. What are the edicts underlying it?
- What are you going to do to establish a good interviewing partnership?
- What are the primary ways of “managing” interviews?

Learning Activity II: Brainstorming

Topic: What are the skills that make a good listener?

Learning Activity III: Interview role play and debrief

Reviewers will interview each other and report back to the group about their experiences and difficulties.

Learning Activity IV: Group Discussion, Common Interview Difficulties

- What can you do to guarantee that you neither over-identify with your respondent, or develop too callous of a shell?
- What are the dangers of giving advice in an interview when dealing with difficult experiences or memories?
- What should you do if you sense that the respondent really needs help?
- How do you deal with respondents who are vague, unresponsive, or determined to present a particular picture?
- How do you deal with others present in the room?
- What are the dangers of desirable response bias? How can we avoid this?

Assessment Method/s:

Assessment methods include a trainer narrative report based on observation of interview role play and reviewer contribution to discussion.
Ethics and HIPAA

Learning Outcomes:
Upon completion of this module, you will be able to:

- Discuss the role of the evaluator and how to manage situations that may occur during the process
- Understand the importance of confidentiality
- Identify the moral issues that may arise in the interview and medical record review process
- Explain the uses and limitations of professional codes of ethics
- Discuss common ethical issues currently facing professionals working in social services
- Discuss the purpose of HIPAA (Health Insurance Portability and Accountability Act)
- Discuss HIPAA requirements that data content and format for electronic transactions be standardized
- Explain how HIPAA keeps personal health care information confidential while allowing for physical access to records
- Explain the basic Privacy Rule and Protected Health Information (PHI), and the Security Rule in relation to Electronic Protected Health Information (EPHI)

Learning Activities
Learning Activity I: Lecture on Ethics and HIPAA

Organizing Questions:

- What are the major tenets of ethical research?
- How will these concerns be taken into consider for the QSRs?

Learning Activity II: Group Discussion

- What language will you use to describe the purpose of your study to your respondents?
- How will you explain the risks and benefits to them?

Learning Activity III: Role Play

Role play possible situations that may arise and strategies for to handling them.

Assessment Method/s:

Assessment methods will include a trainer narrative report based on observation of reviewer role play and discussion.
Data Management

Learning Outcomes

Upon completion of this module, you will be able to:

- Discuss the coding and entry of data into SPSS format
- Understand the protection of health information as required under HIPAA
- Understand data storage and analysis
- Understand how to maintain an accurate data set
- Describe the importance of neatness and consistency in completing the QSR instruments
- Understand your role in collecting accurate data for the project
- Know how to add variables and other information required for data input

Learning Activities

Learning Activity I: Lecture, Database Management

Organizing Questions:
What system are we using and how does it work?
How do we enter and maintain data properly?
How do we maintain the confidentiality of data?

Learning Activity II: Database Practice

A database page will be provided for reviewers to fill in data values based on interview and medical record review test cases.

Assessment Method/s

Assessment methods will include a written exam on data coding, data privacy, and database management.
Cultural Competency

Learning Outcomes

Upon completion of this module, you will be able to:

- Define “culture,” “cultural competency,” “cultural relativism,” and “ethnocentrism”
- Identify a variety of elements that comprise culture
- Discuss the importance of conducting interviews in a culturally competent manner
- Discuss the various cultures in Arizona (Native American, African American, Hispanic, Caucasian, Asian, and LGBTQ)
- Discuss the different cultures of the providers and Tribal and Regional Behavioral Health Authorities (T/RBHAs); how services are managed, provider atmosphere, etc.
- Discuss cultural self-assessment and overcoming personal biases

Learning Activities

Learning Activity I: Lecture on Culture

Organizing Questions:
What is culture?
What are the elements of culture? (Language, Norms and Values, Sanctions)
Why is cultural competency important?
How is cultural competency related to behavioral health?

Learning Activity III: Group Discussion, Personal Reflection
Reviewers reflect and share how their own cultural values have affected them, and how they may influence the review process

Assessment Method/s:

- Portfolio: individual will reflect on the role of culture in his/her personal experience
- Pre-Test/Post-Test Multiple Choice Exam; Oral Exam


Safety

Learning Outcomes

Upon completion of this module, you will be able to:

- Describe the safety procedures and policies
- Discuss appropriate safety techniques
- Understand how to recognize warning signs
- Understand why third persons may be present and how to manage this situation
- Discuss the importance of keeping records safe in an appropriate location
- Discuss the importance of selecting an appropriate place and time for conducting an interview

Learning Activities

Learning Activity I: Lecture on techniques for safety

Learning Activity II: Scenarios and debrief

Reviewers will be given unsafe scenarios in groups and report back to the group about their solutions.

Assessment Method/s:

Assessment methods include a trainer narrative report based on observation of interview role play and reviewer contribution to discussion.
Techniques for Success

Learning Outcomes

Upon completion of this module, you will be able to:

- Describe the process to complete an interview and medical record review
- Discuss appropriate strategies to scheduling an interview
- Understand how to manage challenging situations as they arise
- Discuss methods used to complete reviews in year prior

Learning Activities

Learning Activity I: Lecture on how to complete the process successfully

Learning Activity II: Discussion on techniques for success

Learning Activity III: Scenarios and debrief
Reviewers will be given scenarios in groups and report back to the group about their solutions.

Assessment Method/s:
Assessment methods include a trainer narrative report based on observation of interview role play and reviewer contribution to discussion.
### D. Training Schedule

The following represents the 2014 Year Two training schedule.

<table>
<thead>
<tr>
<th>Time/Day</th>
<th>Saturday February 1st</th>
<th>Sunday February 2nd</th>
<th>Monday February 3rd</th>
<th>Tuesday February 4th</th>
<th>Wednesday February 5th</th>
<th>Thursday February 6th</th>
<th>Friday February 7th</th>
<th>Saturday February 8th</th>
</tr>
</thead>
<tbody>
<tr>
<td>9am</td>
<td>Introduction and Ice Breakers (1hr)</td>
<td>Ethics and HIPAA (.5hr)</td>
<td>Data management (.5hr)</td>
<td>Offsite interview and medical records homework (6hrs)</td>
<td></td>
<td></td>
<td></td>
<td>Medical Record Review Test (8hrs)</td>
</tr>
<tr>
<td>10</td>
<td>QSR Purpose/Structure (1hr)</td>
<td>Cultural Competency (1hr)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>QSR tools intro (1hr)</td>
<td>Success Techniques (1hr)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Interview tool practice #1 (2hrs)</td>
<td>Safety (1hr)</td>
<td>Interview tool practice #2 (2hrs)</td>
<td></td>
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<tr>
<td>1pm</td>
<td>Medical Record Review Intro (2hrs)</td>
<td>Medical Record Review Practice #2 (2hrs)</td>
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<tr>
<td>2pm</td>
<td>Medical Record Review Practice #1 (1hr)</td>
<td></td>
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<tr>
<td>3pm</td>
<td></td>
<td></td>
<td></td>
<td>Interview skills (2hrs)</td>
<td>Medical Record Review (2hrs)</td>
<td></td>
<td>Offsite Work (2hrs)</td>
<td></td>
</tr>
<tr>
<td>4pm</td>
<td></td>
<td></td>
<td></td>
<td>QSR tools (2hrs)</td>
<td>Review (2hrs)</td>
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<td></td>
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<tr>
<td>5pm</td>
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<td>6pm</td>
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<td>8pm</td>
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</tr>
</tbody>
</table>
Attachment B
Quality Service Review
Interview Tool
Interviewer initials: ______________
Individual ID: ____________________ (e.g., HG012368FO - located on your assignment sheet)

Title XIX □  Non Title XIX □

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

1. Do you have a case manager?
   1. □ Yes  2. □ No  3. □ Not sure  *(If question 1 is 'No' or 'Not Sure', Skip to question 8)*

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

3. *I am going to read you a statement and ask you to respond using this scale (use scale tool)*
   “Your case manager helps you find the services and resources that you ask for.”
   1. □ Strongly Agree
   2. □ Agree
   3. □ Disagree
   4. □ Strongly Disagree
   5. □ No opinion
   6. □ N/A

4. Were case management services available to you right away?
   1. □ Yes  2. □ No  3. □ Not sure

5. How long did it take for you to receive case management services?
   1. □ 8-15 days  2. □ 15-30 days  3. □ 30 days or more  4. □ 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, Visions of Hope, S.T.A.R Centers, REN, Viva La Esperanza?
   1. ☐ Yes   2. ☐ No   3. ☐ Not sure
   (If questions 8 AND 9 are 'No' or 'Not Sure', go to question 10. If question 8 OR 9 are "Yes" skip to question 11)

10. If you do not receive peer support, would you like to receive this kind of support?
    1. ☐ Yes   2. ☐ No   3. ☐ Not sure
    (If question 10 is completed, skip to question 16)

11. I am going to read you a statement and ask you to respond using this scale (use scale tool)
    “Your Peer Support/Recovery Support Specialist helps you to better understand and use the services available to you.”
    1. ☐ Strongly Agree
    2. ☐ Agree
    3. ☐ Disagree
    4. ☐ Strongly Disagree
    5. ☐ No opinion
    6. ☐ N/A

12. Were peer support services available to you right away?
    1. ☐ Yes   2. ☐ No   3. ☐ Not sure

13. How long did it take for you to receive peer support services?
    1. ☐ 8-15 days   2. ☐ 15-30 days   3. ☐ 30 days or more   4. ☐ Not sure

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

15. Were there problems with your peer support service(s)?
    1. ☐ Yes   2. ☐ No   3. ☐ Not sure

If yes, what were those problems?

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

16. Have you and your family received family support from an individual who has personal experience with mental illness?
   1. Yes  2. No  3. Not sure

17. Does your family attend groups or receive family support from organizations such as NAMI, Family Involvement Center, ETC.?
   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. 8-15 days  2. 15-30 days  3. 30 days or more  4. Not sure

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

22. Were there problems with your family support services?
   1. Yes  2. No  3. Not sure
   If yes, what were those problems?

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

23. Do you receive supportive housing services?
   1. ☐ Yes  2. ☐ No  3. ☐ Not sure

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

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

   (After services are checked, skip to question 25)

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

   1. ☐ Yes  2. ☐ No  3. ☐ Not sure  

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

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

   “Your supportive housing services help you with your recovery.”

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

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

   1. ☐ Yes  2. ☐ No  3. ☐ Not sure

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

   1. ☐ Yes  2. ☐ No  3. ☐ Not sure
If yes, please check each service that was available right away.

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

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

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

30. Were there problems with the supportive housing service(s) you received?
   1. □ Yes  2. □ No  3. □ Not sure

If yes, what were those problems?

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

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

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

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

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

34. If you did not receive living skills training, did you feel you needed it during the past year?
   1. □ Yes  2. □ No  3. □ Not sure  (If question 34 is completed, skip to question 40)

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

36. Were living skills training services available to you right away?
   1. □ Yes  2. □ No  3. □ Not sure

37. How long did it take for you to receive living skills training services?
   1. □ 8-15 days  2. □ 15-30 days  3. □ 30 days or more  4. □ Not sure

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

39. Were their problems with the living skills training service(s) you received?
   1. □ Yes  2. □ No  3. □ Not sure

If yes, what were those problems?

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

40. Did you receive assistance in preparing for, identifying, attaining, and maintaining competitive employment?
   1. ☐ Yes  2. ☐ No  3. ☐ Not sure
   (If question 40 is ‘No’ or ‘Not Sure’, please skip to question 41)

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

41. Did you know that your clinical team can help you get a job?
   1. ☐ Yes  2. ☐ No  3. ☐ Not sure

42. Are you working now?
   1. ☐ Yes  2. ☐ No

If no, what are your daily activities? ________________________________

43. Did you know that there are programs available for people receiving SSI and/or SSDI benefits to help protect them from losing their financial and medical benefits if they were to get a job?
   1. ☐ Yes  2. ☐ No

44. In the past year, did you feel you needed services to help you get or keep a job?
   1. ☐ Yes  2. ☐ No  3. ☐ Not sure

45. Did you tell anyone about this?
   1. ☐ Yes  2. ☐ No

46. *I am going to read you a statement and ask you to respond using this scale (use scale tool)*
   “Someone at your clinic told you about job-related services such as resume writing, interview, job group, or vocational rehabilitation.”
   1. ☐ Strongly Agree
   2. ☐ Agree
   3. ☐ Disagree
   4. ☐ Strongly Disagree
   5. ☐ No opinion
   6. ☐ N/A
47. I am going to read you a statement and ask you to respond using this scale (use scale tool)
“You have been told about job related services available in your community, such as
volunteering, education/training, computer skills or other services that will help you to get a job.”
1. □ Strongly Agree
2. □ Agree
3. □ Disagree
4. □ Strongly Disagree
5. □ No opinion
6. □ N/A
(If no services were received, skip to question 54)

48. I am going to read you a statement and ask you to respond using this scale (use scale tool)
“You have received job related services such as resume writing, interview skills, job group, or
vocational rehabilitation through your clinic.”
1. □ Strongly Agree
2. □ Agree
3. □ Disagree
4. □ Strongly Disagree
5. □ No opinion
6. □ N/A

49. I am going to read you a statement and ask you to respond using this scale (use scale tool)
“You found these job related services helpful.”
1. □ Strongly Agree
2. □ Agree
3. □ Disagree
4. □ Strongly Disagree
5. □ No opinion
6. □ N/A

50. Were supported employment services available to you right away?
1. □ Yes  2. □ No  3. □ Not sure

51. How long did it take for you to receive supported employment services?
1. □ 8-15 days  2. □ 15-30 days  3. □ 30 days or more  4. □ Not sure

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

53. Were there problems with the supported employment services you received?
1. □ Yes  2. □ No  3. □ Not sure

If yes, what were those problems?

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

54. Have you received crisis services?
   1. Yes  2. No  3. Not sure  

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

If yes, which of the following crisis services did you receive?
   1. Crisis Hotline services
   2. Mobile Crisis Team intervention services
   3. Emergency Department visit
   4. Counseling
   5. Other (Please specify_______________________________________________)

55. Did you receive any crisis services from a hospital within the past year?
   1. Yes  2. No  3. Not sure

56. Did you receive any crisis services from a crisis unit within the past year (Urgent Psychiatric Care Center, Recovery Response Center, ETC.)?
   1. Yes  2. No  3. Not sure

57. Did anyone (i.e. mobile team, clinical team member) come to you to help you in the crisis?
   1. Yes  2. No  3. Not sure

58. I am going to read you a statement and ask you to respond using this scale (use scale tool) “The crisis services you received helped you resolve the crisis.”
   1. Strongly Agree
   2. Agree
   3. Disagree
   4. Strongly Disagree
   5. No opinion
   6. N/A

59. Were crisis services available to you right away?
   1. Yes  2. No

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

   

61. Did you have any problems with the crisis service you received?
   1. Yes  2. No

If yes, what were those problems?

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

62. Do you receive medications from your behavioral health provider?
   1. □ Yes  2. □ No  
   (If question 62 is ‘No’, please skip to question 70)

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

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

65. I am going to read you a statement and ask you to respond using this scale (use scale tool)
   “Do you feel comfortable talking with your doctor about your medications and how they make you feel?”
   1. □ Strongly Agree
   2. □ Agree
   3. □ Disagree
   4. □ Strongly Disagree
   5. □ No opinion
   6. □ N/A

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

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

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

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

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.

70. Do you receive Assertive Community Services (ACT)?
   1. ☐ Yes  2. ☐ No  3. ☐ Not sure  
   (If question 70 is 'No' or 'Not Sure', please skip to question 71)

If yes, please indicate which of the following services you have received.
   a. ☐ crisis assessment and intervention
   b. ☐ comprehensive assessment
   c. ☐ illness management and recovery skills
   d. ☐ individual supportive therapy
   e. ☐ substance-abuse treatment
   f. ☐ employment-support services
   g. ☐ side-by-side assistance with activities of daily living
   h. ☐ intervention with support networks (family, friends, landlords, neighbors, etc)
   i. ☐ support services, such as medical care, housing, benefits, transportation
   j. ☐ case management; and
   k. ☐ medication prescription, administration, and monitoring.
   (After services are checked, skip to question 72)

71. If you are not receiving ACT services, would you like to have these services?
   1. ☐ Yes  2. ☐ No  3. ☐ Not sure  
   (If question 71 is completed please skip to question 77)

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

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

74. How long did it take for you to receive ACT services?
   1. ☐ 8-15 days  2. ☐ 15-30 days  3. ☐ 30 days or more  4. ☐ Not sure

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

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

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.

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

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

79. Do you feel you need more of a service you have been receiving?
   1. □ Yes  2. □ No  3. □ Not sure

80. Do you feel you need less of a service you have been receiving?
   1. □ Yes  2. □ No  3. □ Not sure

Comments/Suggestions:

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

82. Do you feel that the services you receive consider your strengths and needs?
   1. □ Yes  2. □ No
   If not, why not?

83. Do you have anything you’d like to add?
   1. □ Yes  2. □ No
   If yes, write comments here.

84. Have you brought this issue to anyone’s attention?
   1. □ Yes  2. □ No
   If yes, write the name or position of the person here (Example: Case manager)
Attachment C
Quality Service Review
Medical Record Review Tool
SECTION 1: IDENTIFICATION OF NEEDS

To score Q1-3, use the following guidelines:

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

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

Scoring:

YES: If needs were identified.
If there is one or more need identified, score “yes”.

NO: If needs were NOT identified.
If no needs are identified, score “no”.

1. Were the individual’s needs identified in the most recent assessment?
   1. □ Yes  2. □ No  3. □ Cannot determine

   If "no" or "cannot determine", select the reason
   a. □ The assessment did not identify the individual’s needs.
   b. □ The assessment was not found.

2. Were the individual’s needs identified in the Individual Service Plan (ISP)?
   1. □ Yes  2. □ No  3. □ Cannot determine

   If "no" or "cannot determine", select the reason
   a. □ The ISP did not identify the individual’s needs.
   b. □ The ISP was not found.
3. Were the individual’s needs identified in the progress notes?
   1. ☐ Yes  2. ☐ No  3. ☐ Cannot determine

   If "no" or "cannot determine", select the reason
   a. ☐ The progress notes did not identify the individual’s needs.
   b. ☐ The progress notes were not found.

_To score Q4_, with 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 – 3 are ALL “yes”.
- The needs identified in assessment, ISP and the progress notes are consistent.

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

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

4. Are the individual’s needs consistently identified in the most recent assessment, ISP, and progress notes?
   1. ☐ Yes  2. ☐ No  3. ☐ Cannot determine
*** Reviewer Notes: For “Notes regarding questions 1 to 4” below, use the following guidelines. ***

Guidelines:

- Justify all responses for Questions 1 to 4 below.
- 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.
  - For the progress notes (Question 3), provide the type of progress note (i.e., BHMP, CM, RN) and the date.
  - Example of one need category and supporting documentation for Question 3:
    Anxiety/Stress/Panic: BHMP 8/15/12; BHMP 3/14/12 increased symptoms, UPC visit; BHMP 2/13/12 more anxious.

Notes regarding questions 1 to 4:
SECTION 2: IDENTIFICATION OF STRENGTHS

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

*** Reviewer Notes: For Scoring Questions 5 – 7, if there is one or more strengths identified in the relevant document, score “yes”. See below for additional instructions regarding “notes section”. ***

5. Are the individual’s strengths identified in the most recent assessment?
   1. ☐ Yes  2. ☐ No  3. ☐ Cannot determine

   If "no" or "cannot determine", select the reason
   a. ☐ The assessment did not identify the individual’s strengths.
   b. ☐ The assessment was not found.

6. Are the individual’s strengths identified in the most recent ISP?
   1. ☐ Yes  2. ☐ No  3. ☐ Cannot determine

   If "no" or "cannot determine", select the reason
   a. ☐ The ISP did not identify the individual’s strengths.
   b. ☐ The ISP was not found.

7. Are the individual’s strengths identified in the most recent progress notes?
   1. ☐ Yes  2. ☐ No  3. ☐ Cannot determine

   If "no" or "cannot determine", select the reason
   a. ☐ The progress notes did not identify the individual’s strengths.
   b. ☐ The progress notes were not found.
8. Are the individual’s strengths consistently identified in the most recent assessment, ISP, and progress notes?

1. [ ] Yes  
2. [ ] No  
3. [ ] Cannot determine

*** Reviewer Notes: For Questions 5 to 8 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”. ***

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

Notes regarding questions 5 to 8:
SECTION 3: INDIVIDUAL SERVICE PLAN (ISP)

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

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

“Objective” is a specific action step the recipient or family will take toward meeting a need.

“Need” is an issue or gap identified by the individual or clinical team that requires a service or intervention.

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

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

Section 3.1: ISP Objectives – Needs

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

YES: If either of the following are true:
- If the ISP contains objectives related to the individual’s needs.
- For needs not addressed by objectives, documentation (in progress notes, assessment or ISP) showed that individual did not want to address them.

NO: If any of the following are true:
- The ISP did not contain objectives that relate to the individual’s needs.
- The ISP was not found.
- If there is one identified need without a corresponding objective on the ISP, the response is no.

9. Do the ISP objectives address the individual’s needs identified in the assessment?
   1. ☐ Yes  2. ☐ No  3. ☐ Cannot determine

10. Do the ISP objectives address the individual’s needs identified in the ISP?
    1. ☐ Yes  2. ☐ No  3. ☐ Cannot determine

11. Do the ISP objectives address the individual’s needs identified in the progress notes?
    1. ☐ Yes  2. ☐ No  3. ☐ Cannot determine
12. Do the ISP objectives address the individual’s needs identified in the assessment, ISP, and progress notes?
   1. □ Yes  
   2. □ No  
   3. □ Cannot determine

*** Reviewer Notes: For “Notes regarding questions 9 to 12” below, use the following guidelines. ***

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

Notes regarding questions 9 to 12:
Section 3.2: ISP Objectives – Strengths

To score Q13, use the following guidelines:

YES: If strengths are documented for objectives.

For a “yes”, there needs to be a corresponding strength for each objective. Please note a single strength may be related to one of more objectives.

NO: If any of the following are true:
   • If the ISP did not document strengths for objectives.
   • The ISP was not found.

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

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

If "no" or "cannot determine", select the reason
   a. ☐ The ISP did not document strengths for the objectives.
   b. ☐ The ISP was not found.

*** Reviewer Notes: For “Notes regarding question 13” below, use the following guidelines. ***

Guidelines:
   • Justify “No” and “Cannot determine” responses to Question 13 below.
   • For “No” responses, note specific strengths not addressed.

Notes regarding question 13:
Section 3.3: ISP Objectives – Services

To score Q14-16, use the following guidelines:

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

NO: If any of the following are true:
- If services are not documented for needs.
- The ISP was not found.

If one identified need does not have a corresponding service, score “no”.

14. Does the ISP contain services that address the individual’s needs that are identified in the assessment?
   1. ☐ Yes   2. ☐ No   3. ☐ Cannot determine

15. Does the ISP contain services that address the individual's needs that are identified in the ISP?
   1. ☐ Yes   2. ☐ No   3. ☐ Cannot determine

16. Do the ISP contain services that address the individual's needs that are identified in the progress notes?
   1. ☐ Yes   2. ☐ No   3. ☐ Cannot determine

*** Reviewer Notes: For “Notes regarding questions 14 - 16” below, use the following guidelines. ***

Guidelines:
- Justify “No” and “Cannot determine” responses to Question 14 - 16 below.
- For “No” responses, note specific needs not addressed.

Notes regarding questions 14 to 16:
SECTION 4: SERVICES

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

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

“Services” means any medical or behavioral health treatment or care provided, both paid and unpaid, for the purpose of preventing or treating an illness or disease.
To score Q17, use the following guidelines:

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

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

YES: If either of the following are true:

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

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

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

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

If No, please name the services that were not provided ________________________________
______________________________________________________________________________

*** Reviewer Notes: For “Notes regarding question 17” below, use the following guidelines. ***

Guidelines:
- Justify “No” and “Cannot determine” responses to Question 17 below.
- For “No” responses, note specific services not provided.

Notes regarding question 17:
To score Q18(Table),

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

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

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

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

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

<table>
<thead>
<tr>
<th>A Services</th>
<th>B ISP Needs</th>
<th>C Progress Note Needs</th>
<th>D Service Provision</th>
<th>E Needs compared to service provision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Does the recent ISP identify need for the services in column A</td>
<td>Do progress notes identify needs for the services in column A</td>
<td>Were column A services provided?</td>
<td>Did the most recent ISP and progress notes identify AND provide any of the following services?</td>
</tr>
<tr>
<td>1. Case Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Peer Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Family Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Supportive Housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Living Skills Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Supported Employment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Crisis Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Medication and Medication Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. ACT services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
To Score Q19, answer question 19 if applicable (i.e., service identified but not provided). If no, services were identified on the ISP and/or progress notes and NOT provided, indicate such in the “notes” section for Q19 and proceed to Q20. If there are varying reasons for services not being provided, indicate this in the notes section, supplying the specifics.

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

19. Why were services identified on the ISP and/or progress notes NOT provided?
   1. □ Service was unavailable.
   2. □ There was a wait list for services.
   3. □ The individual refused services.
   4. □ Unable to determine.
   5. □ Other (Please provide reasons that services were not provided)__________________________
      ________________________________________________________________________________

Notes regarding Question 19:
SECTION 5: OUTCOMES

To Score Q20-22, use the following guidelines:

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

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

“Outcomes” An “Outcome” is a change or effect on an individual’s quality of life.

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

“Meaningful Day Activities” is any goal or activities related to learning, working, living, or socializing. Goals/activities may include, but are not limited to, going to school or completing some form of training, building social networks, physical exercise, finding a new place to live or changing something about one’s living environment, skill development, finding a job or exploring the possibility of returning to work, volunteering, etc. Meaningful goals/activities are focused on community engagement and DO NOT include goals related to symptom reduction, adherence to a medication regimen, or regular visits with a case manager/psychiatrist.

“Housing” is considered to be a permanent and safe place where an individual lives. An individual would NOT be considered to have “housing” if he or she is residing in a shelter, staying with friends or relatives on a non-permanent basis, or is homeless. Also, if an individual is residing in a licensed Supervisory Care Facility or Board and Care Home, this would also NOT be considered permanent housing.
To score Q20, review the completed interview, assessment, ISP and progress notes to determine if there is documentation that the individual is employed.

**YES:** Documentation indicates the individual is employed.

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

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

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

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

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

Notes regarding Question 20:
To score Q21, review the completed interview, assessment, ISP and progress notes to determine if there is documentation that the individual is engaged in meaningful day activity.

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

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

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

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

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

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

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

If "Yes" what were these meaningful day activities?

________________________________________________________________________________________

________________________________________________________________________________________

Notes regarding Question 21:
To score 22, review the completed interview, assessment, ISP and progress notes to determine if the individual has housing – they are not homeless, residing in a shelter or staying with friends/relatives on a non-permanent basis.

**YES:** Documentation indicates the individual has housing.

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

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

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

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

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

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

Notes regarding Question 22:
SECTION 6: ISSUES DURING INTERVIEW*

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

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

23. Were any issues identified during the individual’s interview?
   1. □ Yes  2. □ No

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

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

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

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

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

25. Did the documentation in the records indicate any follow up on these issues?
   1. □ Yes  2. □ No
**To complete Q26.** if the response to Q23 is “yes”, review the progress notes to determine if the individual reported the issue to a member of the clinical team. If the response to Q23 is “no”, or the individual did not report the issue to a member of the clinical team, mark “N/A”.

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

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

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

**26. Was a service was offered to address these issues?**
   1. □ Yes  
   2. □ No

*Follow protocol related to urgent/emergent issues, if indicated.*
Attachment D
Congruence between Data Sets
To determine the extent the medical records, CIS files and Case Member interviews matched, Inter-Growth compared the data in several ways.

The first comparison was the extent to which the interview and the medical record matched. If both the interviewee and the medical record reported the same services were provided – or conversely, not provided – the record was scored as “true.” Table 1 details the extent to which interviewees and the medical record were congruent in reporting the services provided:

**Table 1: Congruence – Interview and Medical Record**

<table>
<thead>
<tr>
<th>Service</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management</td>
<td>89.6%</td>
<td></td>
</tr>
<tr>
<td>Peer support</td>
<td>68.9%</td>
<td></td>
</tr>
<tr>
<td>Family support</td>
<td>77.8%</td>
<td></td>
</tr>
<tr>
<td>Supportive housing</td>
<td>88.9%</td>
<td></td>
</tr>
<tr>
<td>Living skills</td>
<td>75.6%</td>
<td></td>
</tr>
<tr>
<td>Supported employment</td>
<td>84.4%</td>
<td></td>
</tr>
<tr>
<td>Crisis services</td>
<td>63.0%</td>
<td></td>
</tr>
<tr>
<td>Medication services</td>
<td>93.3%</td>
<td></td>
</tr>
<tr>
<td>ACT services</td>
<td>94.8%</td>
<td></td>
</tr>
<tr>
<td><strong>Average percent</strong></td>
<td><strong>81.8%</strong></td>
<td></td>
</tr>
</tbody>
</table>

Table 2 compares the rates for Title XIX for 2013 and 2014. The average rate of agreement increased from 62.2% to 90.0% between 2013 and 2014.

**Table 2: Congruence – Interview and Medical Record, 2013 and 2014**

<table>
<thead>
<tr>
<th>Service</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management</td>
<td>80.0%</td>
<td>97.1%</td>
</tr>
<tr>
<td>Peer support</td>
<td>64.4%</td>
<td>72.1%</td>
</tr>
<tr>
<td>Family support</td>
<td>57.6%</td>
<td>76.5%</td>
</tr>
<tr>
<td>Supportive housing</td>
<td>52.5%</td>
<td>86.8%</td>
</tr>
<tr>
<td>Living skills</td>
<td>56.9%</td>
<td>64.7%</td>
</tr>
<tr>
<td>Supported employment</td>
<td>46.5%</td>
<td>82.4%</td>
</tr>
<tr>
<td>Crisis services</td>
<td>NA</td>
<td>66.2%</td>
</tr>
<tr>
<td>Medication services</td>
<td>77.4%</td>
<td>94.1%</td>
</tr>
<tr>
<td>ACT services</td>
<td>NA</td>
<td>94.1%</td>
</tr>
<tr>
<td><strong>Average percent</strong></td>
<td><strong>62.2</strong></td>
<td><strong>90.0</strong></td>
</tr>
</tbody>
</table>

Note: NA means that there was no comparable data for 2013.
Table 3 shows a similar pattern of congruence/discrepancy between the interview and CIS file similar to that between the interview and medical record. But the average percent decreased from 81.8% to 75.1%.

Table 3: Congruence – Interview and CIS File  
All Records (N=135)

<table>
<thead>
<tr>
<th>Congruence Between Interview and CIS File</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management</td>
<td>91.1%</td>
</tr>
<tr>
<td>Medication Management</td>
<td>71.1%</td>
</tr>
<tr>
<td>Supported Employment</td>
<td>70.3%</td>
</tr>
<tr>
<td>Peer Support</td>
<td>61.5%</td>
</tr>
<tr>
<td>Crisis services</td>
<td>55.6%</td>
</tr>
<tr>
<td>Family Support</td>
<td>80.0%</td>
</tr>
<tr>
<td>Living Skills</td>
<td>74.8%</td>
</tr>
<tr>
<td>Supported Housing</td>
<td>82.2%</td>
</tr>
<tr>
<td>ACT services</td>
<td>89.6%</td>
</tr>
<tr>
<td><strong>Average percent</strong></td>
<td><strong>75.1%</strong></td>
</tr>
</tbody>
</table>

Table 4 compares the rates for Title XIX for 2013 and 2014. The average rate of agreement remained the same (73.1%) for 2013 and 2014.

Table 4: Congruence – Interview and CIS File,  
Title XIX, 2013 and 2014

<table>
<thead>
<tr>
<th>Congruence Between Interview and CIS File</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management</td>
<td>96.6%</td>
<td>98.5%</td>
</tr>
<tr>
<td>Peer support</td>
<td>67.8%</td>
<td>63.2%</td>
</tr>
<tr>
<td>Family support</td>
<td>62.7%</td>
<td>79.4%</td>
</tr>
<tr>
<td>Supportive housing</td>
<td>54.2%</td>
<td>69.1%</td>
</tr>
<tr>
<td>Living skills</td>
<td>60.3%</td>
<td>75.0%</td>
</tr>
<tr>
<td>Supported employment</td>
<td>77.1%</td>
<td>63.2%</td>
</tr>
<tr>
<td>Crisis services</td>
<td>NA</td>
<td>55.9%</td>
</tr>
<tr>
<td>Medication services</td>
<td>92.9%</td>
<td>63.2%</td>
</tr>
<tr>
<td>ACT services</td>
<td>NA</td>
<td>86.8%</td>
</tr>
<tr>
<td><strong>Average percent</strong></td>
<td><strong>73.1</strong></td>
<td><strong>73.1</strong></td>
</tr>
</tbody>
</table>

Note: NA means that there was no comparable data for 2013
Congruence Between Data Sets

Table 5 below shows the extent of file matches for the medical record and CIS files. This analysis indicates there is general agreement between these files to the same extent as previous tables (Interview and Medical Record and Interview and CIS Files).

Table 5: Congruence – Medical Record and CIS File
All Records (N=135)

<table>
<thead>
<tr>
<th>Congruence Between Medical Record and CIS File</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Management</td>
<td>71.9%</td>
</tr>
<tr>
<td>Case Management</td>
<td>93.3%</td>
</tr>
<tr>
<td>Crisis Services</td>
<td>68.9%</td>
</tr>
<tr>
<td>Living Skills</td>
<td>69.6%</td>
</tr>
<tr>
<td>Peer Support</td>
<td>70.0%</td>
</tr>
<tr>
<td>Supported Employment</td>
<td>75.6%</td>
</tr>
<tr>
<td>Supported Housing</td>
<td>80.7%</td>
</tr>
<tr>
<td>Family Support</td>
<td>65.2%</td>
</tr>
<tr>
<td>ACT Services</td>
<td>95.6%</td>
</tr>
<tr>
<td><strong>Average percent</strong></td>
<td><strong>76.8%</strong></td>
</tr>
</tbody>
</table>

Table 6 compares the rates for Title XIX for 2013 and 2014. The average rate of agreement increased from 37.3% to 72.9% between 2013 and 2014.

Table 6: Congruence – Medical Record and CIS File,
Title XIX 2013 and 2014

<table>
<thead>
<tr>
<th>Congruence Between Medical Record and CIS File, Title XIX, 2013-2014</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management</td>
<td>76.3%</td>
<td>98.5%</td>
</tr>
<tr>
<td>Peer support</td>
<td>27.8%</td>
<td>63.2%</td>
</tr>
<tr>
<td>Family support</td>
<td>4.3%</td>
<td>82.4%</td>
</tr>
<tr>
<td>Supportive housing</td>
<td>12.5%</td>
<td>70.6%</td>
</tr>
<tr>
<td>Living skills</td>
<td>32.3%</td>
<td>63.2%</td>
</tr>
<tr>
<td>Supported employment</td>
<td>23.5%</td>
<td>66.2%</td>
</tr>
<tr>
<td>Crisis services</td>
<td>NA</td>
<td>60.3%</td>
</tr>
<tr>
<td>Medication services</td>
<td>84.2%</td>
<td>66.2%</td>
</tr>
<tr>
<td>ACT services</td>
<td>NA</td>
<td>92.6%</td>
</tr>
<tr>
<td><strong>Average percent</strong></td>
<td><strong>37.3%</strong></td>
<td><strong>72.9%</strong></td>
</tr>
</tbody>
</table>

Note: NA means that there was no comparable data for 2013
Table 7 below shows the extent of file matches for the interview, medical record, and CIS files. This analysis indicates there is general agreement between these files to the same extent as previous tables (Tables 1, 3 and 5).

Table 7: Congruence – Interview, Medical Record and CIS File
All Records (N=135)

<table>
<thead>
<tr>
<th>Congruence Between Interview, Medical Record and CIS File</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Management</td>
<td>68.9%</td>
<td></td>
</tr>
<tr>
<td>Case Management</td>
<td>89.6%</td>
<td></td>
</tr>
<tr>
<td>Personal Assistance</td>
<td>54.5%</td>
<td></td>
</tr>
<tr>
<td>Supported Employment</td>
<td>65.2%</td>
<td></td>
</tr>
<tr>
<td>Peer Support</td>
<td>49.6%</td>
<td></td>
</tr>
<tr>
<td>Living Skills</td>
<td>58.5%</td>
<td></td>
</tr>
<tr>
<td>Family Support</td>
<td>61.5%</td>
<td></td>
</tr>
<tr>
<td>Supported Housing</td>
<td>74.8%</td>
<td></td>
</tr>
<tr>
<td>Crisis services</td>
<td>42.2%</td>
<td></td>
</tr>
<tr>
<td>ACT Services</td>
<td>91.1%</td>
<td></td>
</tr>
<tr>
<td><strong>Average percent</strong></td>
<td><strong>72.9%</strong></td>
<td></td>
</tr>
</tbody>
</table>

Table 8 compares the rates for Title XIX for 2013 and 2014. The average rate of agreement increased from 51.7% to 63.0% between 2013 and 2014.

Table 8: Congruence – Interview, Medical Record and CIS File,
Title XIX, 2013-2014

<table>
<thead>
<tr>
<th>Congruence Between Interview, Medical Record and CIS File, Title XIX, 2013-2014</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management</td>
<td>76.3%</td>
<td>98.5%</td>
</tr>
<tr>
<td>Peer support</td>
<td>42.4%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Family support</td>
<td>37.3%</td>
<td>58.8%</td>
</tr>
<tr>
<td>Supportive housing</td>
<td>35.6%</td>
<td>63.2%</td>
</tr>
<tr>
<td>Living skills</td>
<td>41.4%</td>
<td>54.4%</td>
</tr>
<tr>
<td>Supported employment</td>
<td>47.3%</td>
<td>54.4%</td>
</tr>
<tr>
<td>Crisis services</td>
<td>NA</td>
<td>41.2%</td>
</tr>
<tr>
<td>Medication services</td>
<td>81.4%</td>
<td>61.8%</td>
</tr>
<tr>
<td>ACT services</td>
<td>NA</td>
<td>86.8%</td>
</tr>
<tr>
<td><strong>Average percent</strong></td>
<td><strong>51.7%</strong></td>
<td><strong>63.0%</strong></td>
</tr>
</tbody>
</table>

Note: NA means that there was no comparable data for 2013

All sources of Title XIX data were more congruent in 2014 than for 2013. We think that part of the reason for this is that the CIS appeared to be more complete than the file that was used in 2013. It was also evident that the medical records had improved over the 2013-2014 period.