DHS/DMH Community Support Team Fidelity Review Interpretive Guidelines FY12

This tool summarizes Community Support Team (CST) Fidelity Review items. The purpose of this tool is to assess the degree to which a Community Support Team is performing in a manner consistent with the desires of DHS/DMH for best practice that incorporates evidence-based interventions and practices while operating within Illinois Rules and contracts.

Sampling

During FY12, all Illinois providers certified to provide CST will receive a fidelity review. Each fidelity review is expected to look at a random selection of 10 records. Providers with more than one team will have up to three teams reviewed. Each team will have ten records reviewed and will be treated as separate reviews, with an aggregate score for the provider overall.

For teams having multiple teams reviewed, during the provider notification call made by the Collaborative Training Coordinator a week prior to the review, the provider will be notified that they need to provide the Collaborative Training Coordinator with rosters of each CST team so that random sampling can be conducted in order to select the ten records. These rosters must be supplied to the Collaborative via fax (217-801-9189) or encrypted email (amy.fricke@valueoptions.com) within 3 business days of the notification. The Collaborative will then send the list of records to be reviewed to the provider

Reviewers

For the majority of CST reviews, one Collaborative Regional Liaison and one DHS/DMH Contract Manager will conduct the review. For CST providers with multiple teams, up to two additional DMH and Collaborative staff will attend the review. Collaborative Liaisons are licensed clinicians. Reviewers have received training on the use of the CST review tool, interviewing and data collection procedures (including chart reviews). In addition, reviewers will have an understanding of the nature and critical ingredients of CST. Fidelity assessments will be conducted by at least two reviewers in order to increase reliability of the findings.

Overview of the Scale

The CST fidelity scale has 21 program items for review in FY12. Seventeen tool items are scored as a "yes" or "no" depending on if there is evidence of the criterion in the individual record. Likewise, four items are scored as a "1", "3" or ""5". The scores on each individual record review will be entered into an Access database. The database is programmed to calculate the percentage of individual reviews that met the fidelity standards on a scale of one to five (1-5).

Methods Used to Ascertain Measurement of Current Practice

CST Fidelity monitoring will use a variety of methods to ascertain a measurement of the Team's current practice: clinical records reviews and semi-structured staff and consumer interviews (and sometimes interviews with family members are primary methods. Some items may require reports from billing records, staff records and/or administrative records.

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Concurrent Documentation

This is an emerging practice where staff and consumers together document progress made during treatment. Include these in any review of progress notes, as this should be considered evidence of consumer-driven treatment. Note in the comments section when you see this practice occurring in an agency.

Plans of Improvements

Plans of Improvement (POI) will be required for any item that scores below the threshold of 4.0 for each of the CST items on the tool. Plans of Improvement are to be submitted to DHS/DMH Regional staff with a courtesy copy to the Collaborative (Illinois Mental Health Collaborative, 400 S. Ninth Street – Suite 201, Springfield, IL 62701, Attn: Clinical Coordinator-Provider Relations). Providers have the option of using their own format for the POI report including all of the specified elements or using the DHS/DMH format (see appendix A). Plans of Improvement need to be submitted within thirty (30) days from the date on the DHS/ DMH CST Review letter that is sent within thirty (30) days of the review. DHS/DMH Regional staff may request a revised plan and will monitor progress.

Definitions

Natural Settings: These sites are not licensed, certified or accredited as a treatment setting nor typically identified as treatment sites. A setting where an individual who has not been identified as mentally ill or been diagnosed with a mental illness typically spends time, including home, school, work, churches, community centers, libraries, parks, recreation centers, etc.

Natural Supports: Person identified by the client who are not paid to provide support, e.g., family, friends, pastor.

Reason Codes:

1. **There is a full-time team leader who is at least a QMHP and serves as the clinical and administrative supervisor of the team and also functions as a practicing clinician on the team.**

The team leader is actively involved in service delivery to consumers, not just as a substitute or extra person when occasionally needed. The team leader does not have to meet a certain percentage of time spent providing direct care, but you must see that his/her time is 100% dedicated to the team through a combination of administrative and clinical services.

Rationale: Research has shown this factor was among the five most strongly related to better consumer outcomes. Team leaders who also have direct clinical contact are better

able to model appropriate clinical interventions and remain in touch with the consumers served by the team.

Sources of Information:

X **Staff and time records**

- *Some agencies require staff to keep track of direct service time. Ask if this applies at this agency and ask to see the information for the last calendar month (or some similar unit of time). Make sure that the chosen period of time is typical; e.g., exclude a week in which the center was undergoing Joint Commission accreditation.*

Item Response Coding: Give more weight to the actual records than the verbal report. If there is a discrepancy, ask team leader to help you understand it.

2. At least one member of the team is a person in recovery and this person is a fully integrated CST member.

Although preferred, this staff person is not required to be a Certified Recovery Support Specialist (CRSS) or Family Resource Developer (FRD) but the team is required to include a person in recovery. Full integration would involve providing direct care, actively being involved during team meetings, treatment planning, etc.

Rationale: Some research has concluded that including consumers as staff on case management teams improves the practice culture, making it more attuned to consumer perspectives. The idea is that this person shares their experiences and provides hope for recovery which is also useful for engagement of consumers in services.

Sources of Information:

X **Team leader interview**

- *"How are persons in recovery involved as members of your team? (e.g., employed, volunteer, not at all, etc.)"*
- *If they are paid employees, are they full time?*
- *Are they considered full -fledged clinicians? (Alternatively, are they considered aides?)*

X **Clinician interview**

- Ask similar questions as for team leader.

X **Consumer interview**

- *"How are persons in recovery involved as members of your team? (e.g., employed, volunteer, not at all, etc.)"*

Item Response Coding: This item refers to disclosed mental health consumers who have received treatment for a psychiatric disorder. If consumers are employed as clinicians with equal status as other case managers, the item is coded as a "5." If they work full time but at reduced responsibility, or part time, but providing clinical activities (e.g., co-lead a group) code as "3."

3. Team services and supports are available 24 hours per day and 7 days per week.

Rationale: An immediate response can help minimize distress when persons with severe mental illness are faced with crisis. When the CST team directly provides crisis intervention, continuity of care is maintained.

Sources of Information:

X **Notes, staff schedules and time cards.**

- *Review progress notes to determine if crisis services being provided by agency staff.*
- *Review staff schedules and time cards to determine if 24 hours coverage being provided by qualified clinicians.*

Item Response Coding: If the program provides 24-hour coverage directly, the item is coded as a "5." This relates to who handles/responds to the crisis, not who answers the phone. Do not count crises for which the CST program staff was not made aware that they occurred.

4. CST services shall occur during times and at locations that reasonably accommodate the client's needs for services in community locations and other natural settings and at hours that do not interfere with the client's work, educational and other community activities.

This is about being flexible according to consumer needs, not necessarily only during normal business hours. The team accommodates the consumer's needs and do not expect the person to work around staff schedules or agency hours. For example, if consumer works in the morning, the consumer is able to have appointments in the afternoon.

Sources of Information:

X **Consumer Interview.**

- *How often do staff meet schedule appointment times that are convenient for you?*
- *Do you meet staff at other places besides the office?*

Item Response Coding: If the program consistently accommodates persons needs and preferences for services, the item is coded as a "5."

5. **A minimum of 60% of all Community Support Team contacts must be delivered in natural settings and out of the provider's offices. This requirement will be monitored in the aggregate for a provider for an identified billing period, but will not be required for each individual client.**

Rationale: Contacts in natural settings (i.e., where consumers live, work, and interact with other people) are thought to be more effective than when they occur in hospital or office settings, as skills may not transfer well to natural settings. Furthermore, more accurate assessment of the consumer can occur in his or her community setting because the clinician can make direct observations rather than relying on self-report. Medication delivery, crisis intervention, and networking are more easily accomplished through home visits.

Sources of Information*:*

X **Data Run.**

- *Review data run to determine frequency of contacts in off site locations.*

Item Response Coding:

In scoring this item, count community contacts with consumers. Do not count phone calls and do not count contacts with collaterals or family members. Use data run as a primary data source. If at least 60% of total service time occurs in the community, the item is coded as a "5." Review service time over 4 weeks.

6. **Documentation shall demonstrate a variety of team members providing a variety of services according to the team member's expertise and based on the individual consumer needs.**

Multiple staff members with differing expertise provide services to each consumer. The intent is not that one staff person provides multiple services. The expectation for needing CST is that the person needs a broader array of services than one person can provide.

Sources of Information:

X **Notes and Assessments.**

- *Remember to use the most complete and up-to-date time period from the chart. Ask the team leader, clinicians, or an administrative person for the most recent, but complete period of documentation. Data should be taken from the last two full calendar weeks prior to the fidelity visit (or the most recent two-week period available in the charts if the records are not current). Count the number of different CST team members who have had a face-to-face contact with the consumer during this time. Determine the percentage of consumers who have seen more than one team member in the two-week period.*

Item Response Coding: Use chart review as the primary data source. Determine the number of different staff who have seen each consumer. For example, if > 90% of consumers see more than one case manager in a two-week period, the item would receive a "5."

7. Do the consumers know how to access staff after normal business hours?

Consumers are able to identify crisis numbers and other sources for staff contact after hours.

Sources of Information:

X **Consumer interview**

- *If you needed help after the agency was closed, how do you contact someone?*
- *Have you ever had to contact staff in the evenings or on the weekend? How did you do that?*

Item Response Coding: If consumer is able to clearly identify how to contact provider after hours, score item 5.

8. Describe how you involve consumers (and family) in assessment, treatment planning and service delivery.

Sources of Information:

Staff interviews, progress notes and ITP signatures

X **Staff interview**

- *"Among consumers with whom you have had at least one contact with their family in the last month, how frequently does the team include them in assessment, treatment planning and service delivery?*
- *How involved are consumers in the assessment and treatment planning process?*

- *Do you often include family members in counseling/therapy, skills building and case management activities?*

Item Response Coding: When consumers and family are consistently shown to have active participation, item is scored a 5. When only occasional quotes are used and sporadic family involvement is demonstrated, score a 3. There is no requirement to involve family if the consumer doesn't want them involved.

9. Describe how staff involves you and your family (if preferred) in assessment, treatment planning and service delivery.
Consumers are able to describe how they and their family are actively involved with services. Consumer is not solely signing treatment plan as involvement.

Sources of Information:
Consumer interviews, progress notes and ITP signatures

X **Consumer interview**

- *Have you or your family helped to develop your treatment plan?*
- *Does staff ask you your opinion on how your services are progressing, what you want to accomplish or how you feel about the services you receive?*
- *Does your family ever have sessions with you?*
- *Does your family ever speak with staff?*

Item Response Coding: Consumers can provide consistent and multiple examples of involvement in services and planning, along with family members (if they prefer) are coded as 5. Consumers who can provide a few examples of participating in assessment, treatment planning and service delivery, along with their family (if they prefer) is coded as a 3. There is no requirement to involve family if the consumer doesn't want them involved.

10. There is evidence that the crisis plan is used and modified as needed.

There is a crisis plan in place and modifications to it are evident as changes occur. Changes may include the development of new skills, change in symptoms, changing consumer's preferences, etc.

Sources of Information:
X Crisis plans and notes.

Item Response Coding: A review of documentation demonstrates crisis plans have been modified as symptoms change, needs evolve or skills have been learned and generalized. Consistent evidence of modification would result in score of 5. In the event that the team is doing a good job and few, or no consumers end up in crisis and crisis plans do not get used due to lack of need, mark a "5".

11. In the past year treatment planning and services were individualized and appropriate to the person's level of need.

Sources of Information:

X Assessments, notes and treatment plans.

Item Response Coding: A review of documentation demonstrates that individual consumer needs that were addressed in the assessment process have been authorized by ITP and involved in service delivery. Individual needs are clearly identified and being addressed.

12. Does the treatment plan include goals/objectives to help the person build and make use of natural supports?

Examples:

Sources of Information:

X Treatment plan and notes.

Item Response Coding: A review of documentation demonstrates consistency in addressing natural supports in ITP/ITP updates and would result in score of 5.

13. The service consists of therapeutic interventions delivered by a team that facilitates:

- **Illness self-management**
- **Skill building**
- **Identification and use of natural supports**
- **Use of community resources**

Sources of Information:

X Notes.

Item Response Coding: A review of documentation demonstrates all four types of therapeutic interventions are provided in service deliver. This would result in score of 5.

14. Does the discharge/transition plan change as symptoms change?

A discharge/transition plan is more than an objective.

Sources of Information:

X Discharge and transition plan, crisis plans, notes.

Item Response Coding: A review of documentation demonstrates revisions to plans as symptoms occur and would result in score of 5. If the records reviewed do not note changing symptoms and therefore there is no need to have changed the discharge plan, score as a "5".

15. Records support the specified LOCUS Score category "Risk of Harm".

While this may most frequently be due to suicidal or homicidal thoughts or intentions, in many cases unintentional harm may result from misinterpretations of reality, from inability to adequately care for oneself, or from altered states of consciousness due to use of intoxicating substances in an uncontrolled manner.

Other factors may be considered in determining the likelihood of such behavior such as; past history of dangerous behaviors, inability to contract for safety (while contracting for safety does not guarantee it, the inability to do so increases concern), and availability of means. When considering historical information, recent patterns of behavior should take precedence over patterns reported from the remote past.

Sources of Information:

X LOCUS tool, notes, assessments and treatment plans.

Item Response Coding: A review of documentation demonstrates consistency across scores, assessments and treatment plans and would result in score of 5.

16. Records support the specified LOCUS Score category "Functional Status".

This dimension of the assessment measures the degree to which a person is able to fulfill social responsibilities, to interact with others, maintain their physical functioning (such as sleep, appetite, energy, etc.), as well as a person's capacity for self-care**.**

Sources of Information:

X LOCUS tool, notes, assessments and treatment plans.

Item Response Coding: A review of documentation demonstrates consistency across scores, assessments and treatment plans and would result in score of 5.

17. Records support the specified LOCUS Score category "Co-Morbidity".

This dimension measures potential complications in the course of illness related to co-existing medical illness, substance use disorder, or psychiatric disorder in addition to the condition first identified or most readily apparent.

Sources of Information:

X LOCUS tool, notes, assessments and treatment plans.

Item Response Coding: A review of documentation demonstrates consistency across scores, assessments and treatment plans and would result in score of 5.

18. Records support the specified LOCUS Score category "Recovery Environment – Stress".

This dimension considers factors in the environment that might be a factor in the onset of or impact the recovery of mental illness. Multiple stressors may be seen and could include such things as relationship difficulties, loss of work, loss of health, death of a loved one, financial difficulties, inability to find work, and could also include "happy" stressors such as marriage, obtaining a job, getting a pet, receiving financial resources, moving into a new home, etc.

Sources of Information:

X LOCUS tool, notes, assessments and treatment plans.

Item Response Coding: A review of documentation demonstrates consistency across scores, assessments and treatment plans and would result in score of 5.

19. Records support the specified LOCUS Score category "Recovery Environment – Support".

This dimension considers factors in the environment that may support a person's efforts to achieve or maintain mental health and role functioning despite potential stressful situations that may be occurring. Types of supports can include such things as having positive relationships with family, community members, friends, etc. and can also include having resources to basic needs.

Sources of Information:

X LOCUS tool, notes, assessments and treatment plans.

Item Response Coding: A review of documentation demonstrates consistency across scores, assessments and treatment plans and would result in score of 5.

20. Records support the specified LOCUS Score category "Treatment and Recovery History".

This dimension of the assessment recognizes that a person's past experience provides some indication of how that person is likely to respond to similar circumstances in the future. While it is not possible to codify or predict how an individual person may respond to any given situation, this scale uses past trends in responsiveness to treatment exposure and past experience in managing recovery as its primary indicators.

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Sources of Information:

X LOCUS tool, notes, assessments and treatment plans.

Item Response Coding: A review of documentation demonstrates consistency across scores, assessments and treatment plans and would result in score of 5.

21. Records support the specified LOCUS Score category "Engagement and Recovery Status."

This dimension of the assessment considers a person's understanding of illness and treatment and ability or willingness to engage in the treatment and recovery process. Factors such as acceptance of illness, stage in the change process, ability to trust others and accept assistance, interaction with treatment opportunities, and ability to take responsibility for recovery should be considered in defining the measures for this dimension.

Sources of Information:

X LOCUS tool, notes, assessments and treatment plans.

Item Response Coding: A review of documentation demonstrates consistency across scores, assessments and treatment plans and would result in score of 5.