	Criterion					
#		1	3	5	DATA SOURCE	
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.	There is not a qualified, full- time team leader serving as a practicing clinician on a consistent basis.		There is a qualified, full- time team leader serving as a practicing clinician on a consistent basis.	Staff and time records	
2	At least one member of the team is a person in recovery and this person is a fully integrated CST member.	The CST team does not include a person in recovery.	Person in recovery on staff but they are not a fully integrated team member.	Person in recovery is a fully integrated team member.	Staff and consumer interviews, notes	
3	Team services and supports are available 24 hours per day and 7 days per week.	There is no evidence that team services and supports are available 24 hours per day and 7 days per week.		There is evidence that team services and supports are available 24 hours per day and 7 days per week.	Notes, staff schedules and time cards.	
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	There is little to no evidence that provider is accommodating persons needs and preferences for services.		There is consistent evidence that provider is accommodating persons needs and preferences for services.	Client interviews and chart review	

	Criterion				
#		1	3	5	DATA SOURCE
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.	The requirement that 60% of all CST contacts be delivered in natural settings and out of provider offices was not met.		The requirement that 60% of all CST contacts be delivered in natural settings and out of provider offices was met.	Data run done in advance
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.	There is minimal or no evidence that services are being provided by a variety of staff with a variety of expertise.		There is consistent evidence that services are being provided by a variety of staff with a variety of expertise.	Notes, Assessments
7	Do the consumers know how to access staff after normal business hours?	Consumer has no idea what to do if he/she needs staff after normal business hours.		Consumer can clearly identify who he/she would call, the process and how to use it.	Consumer interviews
8	Staff involves consumers (and family) in assessment, treatment planning and service delivery.	Staff involve consumers (and family) in one or none of the following areas: • Assessment • Treatment Planning • Service delivery.	Staff involve consumers (and family) in two of the following areas: • Assessment • Treatment Planning • Service delivery.	Staff involve consumers (and family) in all three of the following areas: • Assessment • Treatment Planning • Service delivery.	Staff interviews, progress notes and ITP signatures

	Criterion					
#		1	3	5	DATA SOURCE	
9	Consumers (and family) feel they are involved in assessment, treatment planning and service delivery	Consumers feel they are involved in one or none of the following areas: • Assessment • Treatment Planning • Service delivery.	Consumers feel they are involved in two of the following areas: • Assessment • Treatment Planning • Service delivery.	Consumers feel they are involved in all three of the following areas: • Assessment • Treatment Planning • Service delivery.	Consumer interviews, progress notes and ITP signatures	
10	There is evidence that the crisis plan is used and modified as needed.	There is none or minimal evidence that crisis plans have been used or modified, if needed.		There is consistent evidence that crisis plans have been used and modified, if needed.	Crisis plans and notes	
11	In the past year treatment planning and services were individualized and appropriate to the persons level of need.	There is none or minimal evidence that treatment planning and services were individualized and based on consumer's needs.		There is consistent evidence that treatment planning and services were individualized and based on consumer's needs.	Assessments, notes, treatment plans.	
12	Does the treatment plan include goals/objectives to help the person build and make use of natural supports?	The ITP/ITP Updates do not incorporate goals, objectives, interventions, etc that address identification of natural supports, engagement or use of natural supports and the barriers to natural supports, etc.		The ITP/ITP Update incorporates goals, objectives, interventions, etc that address identification of natural supports, engagement or use of natural supports and the barriers to natural supports, etc.	Treatment plan, notes.	

#	Criterion	1	3	5	DATA SOURCE	
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	One (1) or none of the required therapeutic interventions are being delivered by the CST.	There is evidence and documentation that 2-3 types of the required therapeutic interventions are being delivered by the CST.	There is evidence and documentation that all four types of the required therapeutic interventions are being delivered by the CST.	Notes	
14	Does the discharge/transition plan change as symptoms change?	There is no evidence that the discharge/transition plan changes as symptoms change, if needed.		There is documented evidence that the discharge/transition plan changes as symptoms change, if needed.	Discharge and transition plan, crisis plans, notes.	
	Records support the specified LOCU	S Score:				
15	Risk of Harm	Records never or usually do not support specified LOCUS scores for this item.		Records always or usually support specified LOCUS scores for this item.	LOCUS tool, notes, assessments, treatment plans	
16	Functional Status	Records never or usually do not support specified LOCUS scores for this item.		Records always or usually support specified LOCUS scores for this item.	LOCUS tool, notes, assessments, treatment plans	
17	Co-Morbidity	Records never or usually do not support specified LOCUS scores for this item.		Records always or usually support specified LOCUS scores for this item.	LOCUS tool, notes, assessments, treatment plans	

#	Criterion	1	3	5	DATA SOURCE	
18	Recovery Environment "Stress"	Records never or usually do not support specified LOCUS scores for this item.		Records always or usually support specified LOCUS scores for this item.	LOCUS tool, notes, assessments, treatment plans	
19	Recovery Environment "Support"	Records never or usually do not support specified LOCUS scores for this item.		Records always or usually support specified LOCUS scores for this item.	LOCUS tool, notes, assessments, treatment plans	
20	Treatment and Recovery History	Records never or usually do not support specified LOCUS scores for this item.		Records always or usually support specified LOCUS scores for this item.	LOCUS tool, notes, assessments, treatment plans	
21	Engagement	Records never or usually do not support specified LOCUS scores for this item.		Records always or usually support specified LOCUS scores for this item.	LOCUS tool, notes, assessments, treatment plans	

General Descriptors

- Review the last 6 months of the clinical record (progress notes, ITP, MHA, etc) in which the consumer was enrolled in CST.