

CST Review Tool

#	Criterion	Ratings/Anchors				
		1	2	3	4	5
A	Rule Criteria:					
A1	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 (Use client interviews, staff schedules/time cards, and clinical records.)	Less than 60% of all records, interviews and time sheets reflect services at hours, days and locations that meet consumer preferences.	Between 60% and 69% of all records, interviews and time sheets reflect services at hours, days and locations that meet consumer preferences.	Between 70% and 79% of all records, interviews and time sheets reflect services at hours, days and locations that meet consumer preferences.	Between 80% and 89% of all records, interviews and time sheets reflect services at hours, days and locations that meet consumer preferences.	At least 90% of all records, interviews and time sheets reflect services at hours, days and locations that meet consumer preferences.
A2	CST shall maintain a client-to-staff ratio of no more than 18 clients per full time equivalent staff. (Staffing and client records throughout review period.)	The staff to consumer ratio exceeded 1:18 more than 30% of the review period.	The staff to consumer ratio exceeded 1:18 between 21 and 30% of the review period.	The staff to consumer ratio exceeded 1:18 between 11 and 20% of the review period.	No more than 10% of the review period did the staff to consumer ratio exceed 1:18.	At no time during the review period did the staff to consumer ratio exceed 1:18.
A3	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. (Take the average time spent in the natural setting based on the number of charts that are reviewed.)	During the review period less than 40% of the CST services were delivered in natural settings and out of the provider's offices.	During the review period between 40 and 45% of the CST services were delivered in natural settings and out of the provider's offices.	During the review period between 45% and 49% of the CST services were delivered in natural settings and out of the provider's offices.	During the review period between 50 and 59% of the CST services were delivered in natural settings and out of the provider's offices.	During the review period 60% or more of the CST services were delivered in natural settings and out of the provider's offices.
A4	Documentation shall demonstrate that more than one member of the team is actively engaged in the direct	Less than 60% of all records indicate that multiple staff members are	Between 60% and 69% of all records indicate that multiple staff	Between 70% and 79% of all records indicate that multiple staff	Between 80% and 89% of all records indicate that multiple staff	At least 90% of all records indicate that multiple staff members are

#	Criterion	Ratings/Anchors				
		1	2	3	4	5
	service to the individual. (record reviews and client interviews)	involved with each consumer concurrently.	members are involved with each consumer concurrently.	members are involved with each consumer concurrently.	members are involved with each consumer concurrently.	involved with each consumer concurrently.
A5	<p>Consumers of CST meet eligibility criteria as outlined in Rule 132:</p> <ol style="list-style-type: none"> Those who require team-based outreach and support for their moderate to severe mental health symptoms and who, with such coordinated clinical and rehabilitative support, may access and benefit from a traditional array of psychiatric services. A less intensive service must have been tried and failed or must have been considered and found inappropriate at this time, and The individual must exhibit three (3) or more of the following: <ul style="list-style-type: none"> A) Multiple and frequent psychiatric inpatient readmissions, including long-term hospitalization; B) Excessive use of crisis/emergency services with failed linkages; C) Chronic homelessness; D) Repeat arrest and re-incarceration; E) History of inadequate follow-through with elements of an ITP 	Less than 60% of all records, reflect consumers who meet the eligibility criteria.	Between 60% and 69% of all records, reflect consumers who meet the eligibility criteria.	Between 70% and 79% of all records, reflect consumers who meet the eligibility criteria.	Between 80% and 89% of all records, reflect consumers who meet the eligibility criteria.	At least 90% of all records, reflect consumers who meet the eligibility criteria.

#	Criterion	Ratings/Anchors				
		1	2	3	4	5
	<p>related to risk factors, including lack of follow-through, taking medications, following a crisis plan, or maintaining housing;</p> <p>F) High use of detoxification services (e.g., 2 or more episodes per year);</p> <p>G) Medication resistance due to intolerable side effects or the individual's illness interfering with consistent self-management of medications;</p> <p>H) Child and/or family behavioral health issues that have not shown improvement in traditional outpatient settings and require coordinated clinical and supportive interventions;</p> <p>I) Because of behavioral health issues, the child or adolescent has shown risk of out-of-home placement or is currently in out-of-home placement and reunification is imminent;</p> <p>J) Clinical evidence of suicidal ideation or gesture in the last 3 months;</p> <p>K) Ongoing inappropriate public behavior within the last 3 months, including public intoxication,</p>					

#	Criterion	Ratings/Anchors				
		1	2	3	4	5
	<p>indecentcy, disturbing the peace, etc.;</p> <p>L) Self-harm or threats of harm to others within the last 3 months; or</p> <p>M) Evidence of significant complications such as cognitive impairment, behavioral problems or medical problems. (Clinical records, including current service notes and MHA.)</p>					
A6	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 (Staffing & time records);	There is a qualified, full-time team leader serving as a practicing clinician on the team less than 60% of the review period.	There is a qualified, full-time team leader serving as a practicing clinician on the team between 60% and 69% of the review period.	There is a qualified, full-time team leader serving as a practicing clinician on the team between 70% and 79% of the review period.	There is a qualified, full-time team leader serving as a practicing clinician on the team between 80% and 89% of the review period.	There is a qualified, full-time team leader serving as a practicing clinician on the team at least 90% of the review period.
A7	There are no fewer than 3 full-time equivalent staff meeting the required team components (shall include the team leader, RSA or MHPs). (Staffing & time records);	There are at least 3 full-time equivalent staff serving on the team less than 60% of the review period.	There are at least 3 full-time equivalent staff serving on the team between 60% and 69% of the review period.	There are at least 3 full-time equivalent staff serving on the team between 70% and 79% of the review period.	There are at least 3 full-time equivalent staff serving on the team between 80% and 89% of the review period.	There are at least 3 full-time equivalent staff serving on the team at least 90% of the review period.

#	Criterion	Ratings/Anchors				
		1	2	3	4	5
A8	Team services consist of mental health rehabilitation services and supports to decrease hospitalization and crisis episodes and to increase community functioning in order for the client to achieve and maintain rehabilitative, resiliency and recovery goals. The service consists of therapeutic interventions delivered by a team that facilitates illness self-management, skill building, identification and use of natural supports, and use of community resources. (150.h.1) (Clinical records, consumer interviews, and staff interviews.)	Less than 60% of the persons receiving CST are receiving services that include all of the following: therapeutic interventions that facilitate illness self-management, skill building, identification and use of natural supports, and use of community resources.	Between 60% and 69% of the persons receiving CST are receiving services that include all of the following: therapeutic interventions that facilitate illness self-management, skill building, identification and use of natural supports, and use of community resources.	Between 70% and 79% of the persons receiving CST are receiving services that include all of the following: therapeutic interventions that facilitate illness self-management, skill building, identification and use of natural supports, and use of community resources.	Between 80% and 89% of the persons receiving CST are receiving services that include therapeutic interventions that facilitate illness self-management, skill building, identification and use of natural supports, and use of community resources.	90% or more of the persons receiving CST are receiving services that include all of the following: therapeutic interventions that facilitate illness self-management, skill building, identification and use of natural supports, and use of community resources.
A9	Service Activities and Interventions shall include: A) Coordination and assistance with the identification of individual strengths, resources, preferences and choices; B) Assistance with the identification of existing natural supports for development of a natural support team; C) Assistance with the development of crisis management plans; D) Assisting with the identification of risk factors related to relapse and development of relapse prevention plans and strategies;	The sample contains interventions billed as CST that are not CST.	At least 50% of persons receiving CST (sample) are receiving 2 or fewer intervention types; or of the total sample, 4 or fewer intervention types are used by the team	At least 60% of persons receiving CST (sample) received at least 3 intervention types; and of the total sample at least 5 intervention types are used by the team.	At least 70% of persons receiving CST (sample) received at least 3 intervention types; and of the total sample at least 6 intervention types were used by the team.	80% or more of persons receiving CST (of the sample) are receiving at least 3 intervention types; and of the total sample there is evidence that all 8 intervention types are being used by the team.

#	Criterion	Ratings/Anchors				
		1	2	3	4	5
	<p>E) Support and promotion of client self-advocacy and participation in decision making, treatment and treatment planning;</p> <p>F) Assisting the client to build a natural support team for treatment and recovery;</p> <p>G) Support and consultation to the client or his/her support system that is directed primarily to the well-being and benefit of the client; and</p> <p>H) Skill building in order to assist the client in the development of functional, interpersonal, family, coping and community living skills that are negatively impacted by the client's mental illness.</p>					
A10	<p>Team services and supports are available 24 hours per day and 7 days per week. (150.h.1) (Obtain from staff schedules/time cards.)</p>	<p>Less than 60% of all records and time sheets reflect staff scheduled to cover 24/7 AND services delivered 24/7 as needed (i.e., response to crises.)</p>	<p>Between 60% and 69% of all records and time sheets reflect staff scheduled to cover 24/7 AND services delivered 24/7 as needed (i.e., response to crises.)</p>	<p>Between 70% and 79% of all records and time sheets reflect staff scheduled to cover 24/7 AND services delivered 24/7 as needed (i.e., response to crises.)</p>	<p>Between 80% and 89% of all records and time sheets reflect staff scheduled to cover 24/7 AND services delivered 24/7 as needed (i.e., response to crises.)</p>	<p>At least 90% of all records and time sheets reflect staff scheduled to cover 24/7 AND services delivered 24/7 as needed (i.e., response to crises.)</p>

#	Criterion	Ratings/Anchors				
		1	2	3	4	5
B	Contract Criteria					
B1	There is a crisis plan for each consumer on the CST developed by the consumer with the assistance of the team. (Clinical records and consumer interviews.)	Less than 60% of all records include a crisis plan written in the consumer's own words AND less than 60% of consumers interviewed report that they helped to develop their crisis plan and know what is in it.	Between 60% and 69% of all records include a crisis plan written in the consumer's own words AND between 60% and 69% of consumers interviewed report that they helped to develop their crisis plan and know what is in it.	Between 70% and 79% of all records include a crisis plan written in the consumer's own words AND between 70% and 79% of consumers interviewed report that they helped to develop their crisis plan and know what is in it.	Between 80% and 89% of all records include a crisis plan written in the consumer's own words AND between 80% and 89% of consumers interviewed report that they helped to develop their crisis plan and know what is in it.	At least 90% of all records include a crisis plan written in the consumer's own words AND at least 90% of consumers interviewed report that they helped to develop their crisis plan and know what is in it.
B2	Every consumer receiving CST is assessed by a LOCUS. (Clinical records.)	Less than 60% of all records include a LOCUS completed within the last treatment plan period.	Between 60% and 69% of all records include a LOCUS completed within the last treatment plan period.	Between 70% and 79% of all records include a LOCUS completed within the last treatment plan period.	Between 80% and 89% of all records include a LOCUS completed within the last treatment plan period.	At least 90% of all records include a LOCUS completed within the last treatment plan period.
B3	CST service is prior authorized as defined by Authorization Protocol. (Collaborative data base.)	Less than 60% of all records have been registered and include an authorization date between 3/1/08 and 5/15/08; AND have received prior authorization if needed for the current data span.	Between 60% and 69% of all records have been registered and include an authorization date between 3/1/08 and 5/15/08; AND have received prior authorization if needed for the current data span.	Between 70% and 79% of all records have been registered and include an authorization date between 3/1/08 and 5/15/08; AND have received prior authorization if needed for the current data span.	Between 80% and 89% of all records have been registered and include an authorization date between 3/1/08 and 5/15/08; AND have received prior authorization if needed for the current data span.	At least 90% of all records have been registered and include an authorization date between 3/1/08 and 5/15/08; AND have received prior authorization if needed for the current data span.

#	Criterion	Ratings/Anchors				
		1	2	3	4	5
C	Practice Improvement Criteria					
Consumer/Family Participation:						
C1	Evidence of consumer (and family as applicable) active participation in the assessment process for CST (Mental health assessment/ update, Progress notes, Other agency chart documentation, staff & consumer interviews)	Less than 60% of all indicators show evidence of active consumer participation during the assessment process.	Between 60% and 69% of all indicators show evidence of active Consumer participation during the assessment process.	Between 70% and 79% of all indicators show evidence of active Consumer participation during the assessment process.	Between 80% and 89% of all indicators show evidence of active Consumer participation during the assessment process.	At least 90% of all indicators show evidence of active Consumer participation during the assessment process.
C2	There is evidence of respectful consumer (and family as applicable) active participation in the treatment planning process conducted by the CST. Example of Elements of a Consumer Driven Treatment Planning Process include: <ul style="list-style-type: none">• Attention to Consumer Preference as evidenced by goals stated in the person's own words in the treatment plan or treatment plan update• Person first language in the treatment plan• Treatment plan written as a recovery/resiliency plan that offers hope through use of positive achievable objectives that help	Less than 60% of all indicators show evidence of a Consumer driven treatment planning process conducted by the CST.	Between 60% and 69% of all indicators show evidence of a Consumer driven treatment-planning process conducted by the CST.	Between 70% and 79% of all indicators show evidence of a Consumer driven treatment-planning process conducted by the CST.	Between 80% and 89% of all indicators show evidence of Consumer driven treatment-planning process conducted by the CST.	At least 90% of all indicators show evidence of Consumer driven treatment planning process.

#	Criterion	Ratings/Anchors				
		1	2	3	4	5
	<p>the person reach recovery goals</p> <ul style="list-style-type: none"> Progress note reflect this interactive process <p>(Clinical records, staff and consumer interviews)</p>					
C3	<p>The consumer (and family as applicable) actively contributes to the evaluation of services and outcomes in conjunction with the CST.</p> <p>(This might be shown in such areas as documentation in an assessment update, treatment plan update, progress notes, or interviews that the consumer and family are asked for and give their opinions on how well the interventions from the team are working to assist the consumer in meeting recovery goals; the consumer's perception of how well he/she is doing in meeting goals; or the consumer and family's request for different kinds of assistance or interaction from the team.)</p> <p>(Clinical records, staff interviews, consumer interviews.)</p>	Less than 60% of all indicators show evidence of the consumer's participation in evaluating CST services and outcomes.	Between 60% and 69% of all indicators show evidence of the consumer's participation in evaluating CST services and outcomes.	Between 70% and 79% of all indicators show evidence of the consumer's participation in evaluating CST services and outcomes.	Between 80% and 89% of all indicators show evidence of the consumer's participation in evaluating CST services and outcomes.	At least 90% of all indicators show evidence of the consumer's participation in evaluating CST services and outcomes.
C4	<p>There evidence that staff has <u>provided education</u> regarding voluntary consumer-driven (youth age consumer family-driven) crisis plan, optional Declaration for Mental Health Treatment (referred to as Advance Directives) and</p>	Less than 60% of all records show evidence of consumer input into crisis plan beyond f a signature; may or may not include evidence of	Between 60%&-60% of all records show evidence of consumer input into crisis plan beyond f a signature; may or may not include evidence of	Between 70% and 79% of all records include a Consumer-driven crisis plan plus Evidence of consumer education about	Between 80% and 89% of all records include Consumer-generated crisis plan and evidence of beginning wellness planning and optional	At least 90% of all records show documented evidence of consumer-drive planning in all three areas: a) decision about Advance

#	Criterion	Ratings/Anchors				
		1	2	3	4	5
	<p>Declaration of Power of Attorney for Health Care, and elements of wellness planning (such as Copeland's WRAP or Kansas Univ. Pathways to Recovery) that go beyond the agency role and resources. The nature of this education reflects the current state of the individual's involvement with the CS Team and his/her own recovery/resiliency development.</p> <p>Basic Crisis Planning Elements: Treatment choice options: name of support team including physician; signs/symptoms that individual is not feeling well and may need help; individuals that consumer does not want involved; current medications, allergies, etc.</p> <p>Advance Directives (if desired by individual) Declaration for MH Treatment and Declaration of Power Attorney for Health Care identifies the consumer's preference of medications, hospitals, use of ECT, use of seclusion/restraint, etc. More information available at www.gac.state.il.us/mhttp.html.</p> <p>Elements of Wellness Planning beyond the</p>	consumer education about Advance Directives and wellness planning (such as WRAP planning, Pathways to Recovery, etc)	consumer education about Advance Directives and wellness planning (such as WRAP planning, Pathways to Recovery, etc)	Advance Directives and wellness planning (such as WRAP planning, Pathways to Recovery, etc)	Advance Directives	Directives if desired by the individual, b) personal wellness planning and c) alternatives to emergency planning beyond the resources and role of the Provider.

#	Criterion	Ratings/Anchors				
		1	2	3	4	5
	resources, role, and relationship with the Provider: a plan that includes peer support, respite care/alternative facility plans/alternative accommodations, home needs, mail, pets, bills and finances, job school, children, religious preferences and support, post crisis/discharge planning, notifications of key people, respite care for children. (Clinical records, staff interviews, consumer interviews.)					