Reviewing & Strengthening Our Practice:
Applying Disciplined Inquiry to Case Practice to Improve Results

QSR

© Practice & QSR Overview, Human Systems & Outcomes, Inc. • 2009
The primary purpose of PRACTICE is helping a person in a RECOVERY PROCESS to achieve positive well-being, functioning, and fulfillment of adult roles.

The central organizing principle & action imperative of PRACTICE is FINDING WHAT WORKS.
Practice Supporting Goal Attainment

- Identifying goals that are important to the individual.
- Identifying persons with whom the consumer has significant connections or wants connections.
- Developing plans with the consumer for achieving the goals; e.g., small steps in the right direction toward recovery or giant steps with added support.
- Knowing the aspects of the illness and/or treatment that interfere with goal attainment.
Results are Linked to Practice

**PRACTICE** = person-focused, recovery-oriented problem-solving activities aimed at specific, helpful RESULTS for an adult service consumer.

- Fulfill personal recovery goals for self-management of a more fulfilling life.
- Achieve and maintain adequate safety, income, and personal well-being.
- Build and sustain adequate daily performance of valued social roles.
- Reduce risks of harm, hardship, and poor life outcomes.
- Create a sustainable support network to live safely and successfully without outside intervention or supervision.
Questions to Guide a Service Process

• What hinders this person from a life of independence and positive well-being?

• What on-going, underlying factors and life circumstances have to be addressed in a process to achieve stability, recovery, more independence?

• What things must change in order for the person to live safely and successfully, keeping recovery on course and preventing relapse?

• What strategies will be used to achieve stability, support recovery, prevent relapse, and bring about necessary life changes for this person?

• Which strategies are working/not working now? • What to do next to drive the service process forward to stability, recovery, and independence?

• How will the person and system staff know when necessary conditions have been achieved for treatment to be reduced/modified/intensified and ongoing supports to be maintained or altered?
Comments & Questions
What is QSR?

[The Quality Services Review]

QSR checks performance at the “Practice Points” where a child/family in need interact with those who serve them.

QSR is a way of knowing what is working/not working in practice, for which persons served, and why.

QSR guides actions for practice development and capacity building, leading to more consistent practice and better results.
QSR Shifts the Focus

Compliance
- Policies & procedures
- Documentation
- Organizational structure
- Program requirements
- Funding & expenditures
- Compliance & control

Practice & Results
- Guiding principles
- Daily case-level practice
- System of care perform.
- Frontline conditions
- Flexible resources
- Results & outcomes

Enforcement Focus

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Typical Review Activities

- Interview key people, scan records, make observations to determine the current status of the person in key areas.
- Examine planned supports and services used with the person to determine how well practices are promoting recovery.
- Consider recent results, what’s working/not working now, and the person’s satisfaction with plans, services, and results.
- Based on the present situation, make a six-month prognosis.
- Rate the acceptability of the person’s status and performance of the program in promoting recovery. Critique practice & results.
- Prepare a written summary of finding and recommendations.
Getting the “Case Story”

- Case profile (e.g., homelessness) and the core driving forces in the case (e.g., addiction, chronic mental illness)
- Case circumstances (e.g., unemployed, HIV+)
- Family goals, preferences, strengths, supports, and assets
- Path of case history, trajectory, and prognosis
- Flow of action and events, including choices & consequences
- Treatment interactions and social support interventions
- Unfolding pattern of causes and effects in the case
- Changes in case status over time
- Adequacy of person’s status and service intervention efforts
Spirit of Practice Development

• We are partners in a community of practice
• We are here to help local partners succeed
• We do this through collegial practice development
• We, at each level of organization, will address matters that affect frontline conditions of practice
• We focus on our practice and results
• We bring help and hope to frontline practitioners
Scope of Inquiry in QSR Protocol

Person Status Indicators

- Safety from harm by others
- Behavioral risk to self/others
- Income adequacy/control
- Living arrangement
- Social network
- Health/physical well-being
- Substance use
- Mental health status
- Voice & role in decisions
- Education/career preparation
- Work
- Recovery activities
- OVERALL PERSON STATUS

Progress Indicators

- Reduction in psychiatric symptoms
- Reduction in substance use
- Improved self-management
- Progress toward recovery goals
- Risk reduction
- GENERAL PROGRESS PATTERN
Scope of Inquiry in QSR Protocol

Core Practice Functions

• Engaging
• Teaming & coordinating
• Assessing & understanding
• Setting recovery goals
• Planning intervention strategies
• Resourcing interventions
• Delivering adequate interventions
• Tracking & adjusting

Specialized Practices

• Special cultural accommodations
• Supports for community integration
• Transitions & life adjustments
• Medication management
• Crisis management
• Emergency control procedures
• OVERALL PRACTICE PERFORMANCE

Practice Performance Indicators

Special cultural accommodations
• Supports for community integration
• Transitions & life adjustments
• Medication management
• Crisis management
• Emergency control procedures
• OVERALL PRACTICE PERFORMANCE
What People Have to Say

Learning from Conversations with
Our Service Consumers, Practice Partners
and Community Stakeholders

QSR Sum-Up Session for Las Vegas • July 2009
Focus Group Themes:

Strengths, Challenges, Opportunities
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Focus Group/Stakeholder Interview</th>
<th>Location &amp; Directions</th>
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<tbody>
<tr>
<td>Monday July 13th</td>
<td>10:30 am to 12:00 pm</td>
<td>Women in Detention Focus Group&lt;br&gt;Contact Person: Renee Ciddio (1)&lt;br&gt;San Miguel Detention Center&lt;br&gt;26 NM 283 LV, NM</td>
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<td>3:00 to 5:00 p.m.</td>
<td>QSR Team Assignments&lt;br&gt;Plaza Hotel&lt;br&gt;230 Plaza Street&lt;br&gt;Las Vegas, NM US 87701&lt;br&gt;Toll free: (800) 328-1882&lt;br&gt;Phone: (505) 425-3591 Fax: (505) 425-9659</td>
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<td>6:00 to 7:00 pm</td>
<td>DWI Consumer Class - Transportation Dept. Traffic Safety Bureau&lt;br&gt;Contact Person: Cruz Flores (2)&lt;br&gt;Luna Community College&lt;br&gt;Humanities Building # 102 LVNM&lt;br&gt;(505) 670-1957</td>
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<td>Tuesday July 14</td>
<td>8:30 - 10:00 am</td>
<td>San Miguel Health Council Leadership Chair: Barbara Casey Perea (3)&lt;br&gt;San Miguel Public Health Office&lt;br&gt;18 Gallegos Rd. LVNM 87701&lt;br&gt;505-425-9368</td>
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<td>10:00 am – 11:30 am</td>
<td>San Miguel Public Health Office Staff: (WIC, Health Services, CMS, Disease Prevention &amp; Family FIRST.)&lt;br&gt;Contact Person: Elizabeth Gonzales (4)&lt;br&gt;San Miguel Public Health Office&lt;br&gt;18 Gallegos Rd. LVNM 87701</td>
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<td>Lunch for consumers by Drop In Center</td>
<td>11:30 am – 12:15 pm</td>
<td>Richards Drop In Center a MHAssoc. CONSUMER Focus Group&lt;br&gt;Contact Person: Mickey Dowling (5)&lt;br&gt;128 Bridge St. LVNM 87701&lt;br&gt;505-425-7030</td>
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<td>Lunch provided by MSG LC 4</td>
<td>12:45 – 2:00</td>
<td>Total Community Approach TCA &amp; MSG Providers&lt;br&gt;Contact Person: Kristie Tapia (6)&lt;br&gt;San Miguel Public Health Office SMPHO&lt;br&gt;@ 18 Gallegos Road. LVNM</td>
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<td>Key Stakeholders</td>
<td>3:30 to 4:30</td>
<td>Judges, DWI Coordinator &amp;&lt;br&gt;@Magistrate Courts</td>
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Key Stakeholders: Judges, DWI Coordinator & @Magistrate Courts
USING QSR FINDINGS FOR LEARNING & CHANGE
Findings are used to decide WHAT TO DO NEXT! Not just to say: “good or bad” or “pass/fail.” A key purpose is Learning and Change.
System Development Pattern

Change in System Performance Over Years of Development

Baseline QSR Data

Hawaii System Change Pattern

Slow, early performance improvement

Rapid gains in service system performance

Plateauing near peak performance

Interim QSR Change Data

Sustainability QSR Tracking

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Core Service Agency

New Mexico continues to move forward to transform its behavioral health services to support client-centered, family-focused, and community-delivered care directed toward recovery and resiliency outcomes.

One of the critical components is Core Service Agencies (CSA) for children and for adults. Designation of these multi-services agencies will be one of the most significant infrastructure initiatives proposed to date in New Mexico.

CSA are agencies designated to provide points of entry for children and adults with intensive needs, assuring comprehensive care in system of care fashion with wraparound and recovery approaches. These agencies will help to bridge treatment gaps in the child and adult treatments systems promote the appropriate level of service intensity, ensure that community support services are integrated into treatment, and develop the capacity for consumers to have a single point of accountability for identifying and coordinating their behavioral health, health and other social services.
**CORE SERVICE AGENCY DESIGNATIONS:**

<table>
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<tr>
<th>LOCAL COLLABORATIVES</th>
<th>PHASE 1 CHILDREN'S CSA DESIGNATIONS</th>
<th>PHASE 2 CHILDREN'S DESIGNATIONS</th>
<th>PHASE 1 CSA ADULT DESIGNATIONS</th>
<th>PHASE 2 CSA ADULT DESIGNATIONS</th>
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Designation of CSAs for tribal entities, including IHS and 638 agencies, will not be made in Phase One. These entities may elect to apply for CSA designation at a later date. Taken from the ‘CSA Plan and Implementation Timeframes’ which can be found at:

Core Service Agencies

• Core Service Agencies (CSA) are the cornerstone of the enhanced treatment system in New Mexico, providing a single point of accountability for consumers' recovery. CSAs will comprehensively address the most complicated behavioral health issues and prioritize the most high need populations. Eleven CSAs have been designated (5 adult; 6 youth); ultimately 20 youth-serving and 23 adult-serving agencies will be designated this year.

• Core Service Agencies will function in substantially different ways from traditional approaches to community mental health services. A key element of the new CSAS structure, Comprehensive Community Support Services (CCSS), was developed as a significant tool to assist consumers and families develop their own comprehensive approach to long-term recovery planning and self-care management.
Quality Service Reviews

• Quality Service Review (QSR) is a tool for practice improvement for frontline service providers; and, at the same time, it supports the state’s movement towards building local systems of care for adults and for children.

• During 2009, the QSR protocols and for adults and for children were modified to meet New Mexico’s needs and then were piloted within four Local Collaboratives. QSR connects practice to results and results to front-line working conditions in local sites.
let's Talk!

Discussion