March 14, 2014

Dear Behavioral Health Providers¹,

RE: Implementation of the CSR-2014

The Division of Behavioral Health (DBH) announces the release of the 2014 version update of the Client Status Review of Life Domains (CSR) instrument, which is available for immediate use. Included in this letter is a description of the CSR-2014 changes, the motivating factors influencing those changes, and timelines for transition and implementation of the new instrument.

1. Federal reporting requirements have changed and as a result, modifications to CSR questions have occurred in the following topical areas:
   - “Legal Involvement” - reference CSR questions #11 & #12.
   - “Housing” - reference CSR question #22.
   - “School” - reference CSR question #23.

2. Federal Health Care Reform has initiated systems expansion which includes expectations for increased collaboration between behavioral health and primary care. When behavioral health and medical conditions co-occur, the combination is associated with an elevated symptom burden, compounded functional impairment, decreased length and quality of life, and increased health and treatment costs. The most common comorbid medical conditions for behavioral health clients include diabetes, pulmonary, and cardiovascular disease. Four modifiable health risk behaviors are responsible for much of the high rates of comorbidity, the illness burden, and early deaths associated with chronic diseases.² Changes to the CSR-2014 include questions that target these “four modifiable health risk behaviors”:
   - Tobacco use - reference CSR questions #13 & #14.
   - Excessive alcohol and illicit drug consumption - reference CSR questions #7, #8, & #9.
   - Lack of physical activity - reference CSR question #15.
   - Poor nutrition - reference CSR questions #16 & #17.

3. National Accreditation requirements include expectations of additional sources of client feedback on quality of care. The addition of CSR question #19 will allow providers to fulfill the requirement of a secondary source of client feedback regarding quality of care and outcomes achieved as a result of treatment.

¹ Division Treatment Grantees, BRS Residential, ASAP Providers, DOC Substance Use Disorder Treatment Providers
² Centers for Disease Control and Prevention. Chronic Diseases and Health Promotion, 2010; www.cdc.gov/chronicdisease/overview/.
4. Timeline and Transition:
   - Providers can begin using the CSR-2014 immediately.
   - The AKAIMS has been programmed to accept submission of data from the new CSR.
   - The Division recognizes that BH provider agencies will require a transition period to make internal changes to their business and clinical practices. Therefore, the AKAIMS application is enabled to allow both the old and new versions of the CSR to be entered during this transition.
   - The target date for full implementation of the new CSR-2014 instrument is April 15, 2014.
   - After April 15, 2014, the AKAIMS application will only accept data submitted from the CSR-2014 version.

<table>
<thead>
<tr>
<th>Agencies using an “Electronic Data Interface” (EDI)</th>
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<tbody>
<tr>
<td>For agencies that use an electronic data interface (EDI), it is recognized that the transition will involve additional planning. For each EDI Agency, the following tasks are necessary:</td>
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<tr>
<td>• Coordinate programming with your EHR vendor to accommodate the new CSR.</td>
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<td>• Change data submission transactions to accommodate the new CSR.</td>
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<td>Division AKAIMS programmers have completed modifications to the state repository to accept the new information. To access the updated documentation of the new requirements contact Steve Cocroft (AKAIMS Programmer) at (907) 269-7491.</td>
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</table>

In addition, please note the following:
   - Providers are encouraged to use the “Question & Answer” sessions during the bi-weekly Wednesday teleconferences if questions related to the CSR-2014 emerge.
   - The AST/CSR Clinical Guidance Document, located on the Division’s website, is in process of being updated to accommodate the new version of the CSR-2014.
   - The transition from the CSR-2011 to the CSR-2014 will have no impact on the current performance measures for Grant Quarterly Reviews and Performance Based Funding.
   - The hard-copy version of the CSR-2014 is attached, and is also available through the AKAIMS application, and the Division webpage entitled “Performance Management System”, located at http://dhss.alaska.gov/dbh/Pages/Performance%20Measures/Default.aspx

Your patience during this transition is appreciated. This effort will continue to help the Division refine its Performance Management System in the areas of efficiency, effectiveness, and treatment service outcomes. It will also assist the Division in fulfilling its federal reporting obligations.

Sincerely,

Barbara Henjum
Acting Director

Attachment: CSR – 2014
CLIENT STATUS REVIEW

Type of CSR: Initial | 90-135 Day Follow-Up | Discharge | Administered by:_________________________

Date Completed: __/__/______

Case Number: ________

Name: __________________

Are you completing this survey for? (Please check one)

[ ] I filled this out by myself (age 12 and older)
[ ] I filled this out for a child/youth (Under age 12)
[ ] Someone helped me fill this out

What best describes the reason you came in for services today? Select all that apply...

[ ] I decided on my own
[ ] I was encouraged by others (like family, friends, etc.)
[ ] I was required to come (including court order, Office of Children’s Services, etc.)

Health and Quality of Life

1. How many days during the past 30 days was your physical health (including physical illness and/or injury) not good?

2. How many days during the past 30 days was your mental health (including depression and/or problems with emotions, behavior, or thinking) not good?

3. How many days during the past 30 days did poor physical or mental health keep you from doing your usual activities, such as taking care of yourself, work, or recreation?

4. How many days during the past 30 days have you had thoughts about suicide or hurting yourself?

5. In the past 30 days, how many times have you used emergency medical services such as the hospital, emergency room, or emergency medical technicians/health aides?

6. In the past 30 days, have you had an intimate partner slap, punch, shove, kick, choke, hurt, or threaten you?

| # of Days |
|-----------|-----------|
|          |          |

Substance Use

7. How many days during the past 30 days have you had at least one alcoholic beverage?

8. How many days during the past 30 days have you had 4 or more alcoholic beverages?

9. How many days during the past 30 days have you used marijuana or illegal drugs (including medications not as prescribed or directed)?

| # of Days |
|-----------|-----------|
|          |          |

Legal Involvement

10. In the past 30 days, have you had any legal involvement (legal charges, court appearance, arrest, probation or parole)?

11. In the past 30 days, how many times have you been arrested?

12. In the past 12 months, how many times have you been arrested?

<table>
<thead>
<tr>
<th># of Days</th>
<th># of Times</th>
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Health Behavior

13. How many days during the past 30 days have you smoked cigarettes, pipes, or cigars AND/OR used chewing tobacco, snuff, or snus?

14. How many days during the past 30 days have you smoked 20 or more cigarettes per day?

15. How many days during the past 7 days did you participate in any physical activities or exercise such as running, sports (basketball, baseball etc.), swimming, bicycling or walking for exercise?

16. During the past 7 days, how many times did you drink 100% fruit juice or eat fruit?

17. During the past 7 days, how many times did you eat vegetables?
18. Please answer each question by putting an X in the space that best describes how you feel about each item. Please use only one X for each question.

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<thead>
<tr>
<th>How do you (or your child) feel about:</th>
<th>Temple</th>
<th>Unhappy Dissatisfied</th>
<th>Mixed</th>
<th>Satisfied</th>
<th>Pleased</th>
<th>Delighted</th>
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<tr>
<td>Your housing?</td>
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<td>Your ability to support your basic needs of food, housing, etc.?</td>
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<td>Your safety in your home or where you sleep?</td>
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<td>Your safety outside your home?</td>
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<td>How much people in your life support you?</td>
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<td>Your friendships?</td>
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<td>Your family situation?</td>
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<td>Your sense of spirituality, relationship with a higher power,</td>
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<td>or meaningfulness of life?</td>
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<td>Your life in general?</td>
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Please Answer Questions 19 – 21 if you have received services from this agency.

19. Please answer each question by putting an X in the space that best describes how you feel about each item. Please use only one X for each question.

<table>
<thead>
<tr>
<th>How do you feel about the services you (or your child) received?</th>
<th>Temple</th>
<th>Unhappy Dissatisfied</th>
<th>Mixed</th>
<th>Satisfied</th>
<th>Pleased</th>
<th>Delighted</th>
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<tr>
<td>I was treated with respect.</td>
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<td>I was given information about my rights.</td>
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<td>I helped to choose my treatment goals.</td>
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<td>I felt comfortable asking questions about my treatment.</td>
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<td>I was able to get all the services I needed.</td>
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<td><strong>Because of the services I received:</strong></td>
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<td>I am better able to handle daily life.</td>
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<td>I am getting along better with other people.</td>
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<td>I am better able to cope when things go wrong.</td>
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<td>The quality of my life has improved.</td>
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20. What did you like about the services you received? _______________________

21. What did you dislike about the services you received? _______________________

DHSS/Division of Behavioral Health: CSR – 2014
CLIENT STATUS REVIEW

Please Answer Questions 22 – 25 with the assistance of agency staff.

22. Which one of the following best describes your housing situation/living arrangement? (In the past 30 days, where have you been living most of the time?) (please check one)

☐ Adult in private residence – independent living
   (may live with others, but capable of self-care)
☐ Crisis residence (short term stabilization)

☐ Adult in private residence – dependent living (heavily
   dependent on others for daily living assistance)
☐ Residential care facility (assisted living, halfway house,
   group homes, board & care)

☐ Child living in private residence (not in foster home)
☐ Residential treatment facility for:
   ☐ Mental Health ☐ Substance Abuse ☐ Co-occurring Disorder

☐ Foster home/foster care
☐ Institutional care facility (care provided 24 hours, 7 days/week)
   (hospital, other inpatient psychiatric facility, nursing facility/home)

☐ Homeless or shelter

☐ Jail or correctional facility
☐ Other (please describe) ________________________________

23. Did you attend school at any time in the past three months?  ☐ Yes  ☐ No

If you checked ‘Yes,’ please indicate below the grade/educational level you attended in the past three months.
If you checked ‘No,’ please indicate below the highest grade/educational level you have completed.

☐ Grade Level (Write in Grade Level 1-12 or GED)
☐ No years of schooling
☐ Nursery School/Pre-School (Including Head Start)
☐ Kindergarten
☐ Self-Contained Special Education Class (No equivalent grade level)
☐ Vocational School

☐ College Undergraduate Freshman (1st year)
☐ College Undergraduate Sophomore (2nd year)
☐ College Undergraduate Junior (3rd year)
☐ College Undergraduate Senior (4th year)
☐ Graduate or Professional School
   (Master’s, Doctral, Medical, Law)

24. Which one of the following best describes your employment status during most of the previous week? (please check one)

☐ Employed full time working for money (30 or more hours per week); includes Supported Employment and Armed Forces
☐ Employed part time working for money (less than 30 hours per week); includes Supported Employment and Armed Forces
☐ Unemployed - actively looking for employment or laid off from job (and awaiting to be recalled) in the past 30 days
☐ Not in labor/work force (not employed and not actively looking for employment during the past 30 days); if you checked this box, please check one of the following:

☐ Homemaker
☐ Retired
☐ Disabled
☐ Volunteer
☐ Sheltered/Non-competitive employment

☐ Not Yet School Age
☐ Student
☐ Job training program
☐ Engaged in subsistence activities
☐ In Residential Care Facility

☐ In Residential Treatment Facility
☐ Inpatient of Institutional Care Facility
☐ Inmate of Jail or Correctional Facility
☐ Other (please describe) ________________________________

25. Over the past 7 days, which one of the following best describes the number of hours you engaged in productive activities
   (e.g., school, employment, volunteering in community service, subsistence activities, etc.)? (Please check one of the boxes below)

☐ less than 10 hours  ☐ 10-20 hours  ☐ 21-30 hours  ☐ 31-40 hours  ☐ 41-50 hours  ☐ More than 50 hours