### Peer Review Checklist

Purpose

The purpose of the Health Hope and Recovery process evaluation is to systematically assess client encounters with Care Coordinators. This evaluation will specifically:

* Assess Care Coordinators use of and fidelity to principles of 1) cognitive behavioral therapy (CBT), 2) harm reduction, 3) solution based therapy (SBT), and 4) strengths based case management (SBCM) techniques
* Ensure acuity driven standards of contact
* Ensure appropriate referrals and follow up are provided
* Provide feedback for ongoing program improvement

The findings from this process evaluation will be used to develop recommendations for improvement and to highlight best practices of the Health, Hope and Recovery team. This is not a punitive process and evaluation activities are in no way linked to performance evaluations. The ultimate goal of the evaluation is to improve the quality of service provided to Health, Hope and Recovery clients.

Guidelines

This is a CONFIDENTIAL process evaluation. Findings from your review should not be discussed with other reviewers. At no point should you attempt to access information or materials from another reviewer. You should not disclose which Care Coordinator(s) you are reviewing. Any questions regarding this process evaluation should be directed to the Evaluator.

Once you have completed the review for the assigned cases, all process evaluation materials should be returned to the Evaluator.

Sample Selection

Each Care Coordinator will have 4 clients selected for review by a peer. This selection of 4 will include a variety of acuity levels, and will consist of 3-4 clients receiving services from Prism Health North Texas and 1 client receiving care from an external organization (if available).

You will be randomly assigned a set of 4 client records from your peers to review.

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| Total |  |  Solution Focused Therapy Evaluation  |
| Assess if the following components were addressed: | 1Inade-quate | 2 | 3Adeq-uate | 4 | 5VeryAdeq-uate | N/A  | Comments |
| Goals and Preferred FutureQuestions that concentrate on what life will be like without the problem or challenge. | 1 | 2 | 3 | 4 | 5 | N/A |  |
| ExceptionsExceptions to the problem and current coping strategies used by the client are identified. | 1 | 2 | 3 | 4 | 5 | N/A  |  |
| ScalingA scale of 1-10 is used to identify the client’s current position and the point of sufficient satisfaction. | 1 | 2 | 3 | 4 | 5 | N/A |  |
| Previous SolutionsSolutions that have worked in the past are identified. | 1 | 2 | 3 | 4 | 5 | N/A |  |
| Appropriate use of Solution Focused Therapy | 1 | 2 | 3 | 4 | 5 | N/A |  |
| Total |  | Strengths Based Case Management |
| Assess if the following components were addressed: | 1Inade-quate | 2 | 3Adeq-uate | 4 | 5VeryAdequate | N/A  | Comments |
| AssessmentPositive attribute(s) of client in three life domains (life skill, relationships and health) are identified. | 1 | 2 | 3 | 4 | 5 | N/A |  |
| Goal SettingStatement(s) from client are documented describing their own goals. | 1 | 2 | 3 | 4 | 5 | N/A |  |
| Working RelationshipSuccess of mutually agreed upon goals developed by client and care coordinator is documented. | 1 | 2 | 3 | 4 | 5 | N/A |  |
| Appropriate Use of Strengths Based Case Management | 1 | 2 | 3 | 4 | 5 | N/A |  |

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| Total |  | Cognitive Behavioral Therapy |
| Assess if the following components were addressed: | 1Inade-quate | 2 | 3Adeq-uate | 4 | 5VeryAdeq-uate | N/A  | Comments |
| Identification of Goals and Barriers.Client is assisted with identifying goals as well as perceived barriers to achieving these goals. | 1 | 2 | 3 | 4 | 5 | N/A |  |
| Identifying thoughts and beliefs regarding perceived barriers.Observation of the client’s “self-talk” is reflected. | 1 | 2 | 3 | 4 | 5 | N/A |  |
| Identify Distorted ThoughtsRecognizing patterns of thinking and behavior that may be contributing to the barriers. | 1 | 2 | 3 | 4 | 5 | N/A |  |
| Challenging Distorted ThoughtsClient is educated about distorted thought categories and asked to identify and challenge thought patterns. | 1 | 2 | 3 | 4 | 5 | N/A |  |
| Appropriate Use of Cognitive Behavioral Therapy | 1 | 2 | 3 | 4 | 5 | N/A |  |
| Harm Reduction |  |  |  |  |
| Checklist Items | Yes | No | Not Required | Comments |
| High Risk Sexual Behaviors |  |  |  |  |
| High risk activities identified | [ ]  | [ ]  | [ ]  |       |
| Triggers addressed | [ ]  | [ ]  | [ ]  |       |
| Lower risk alternatives explored | [ ]  | [ ]  | [ ]  |       |
| Risk reduction resources offered | [ ]  | [ ]  | [ ]  |       |

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| Harm Reduction |  |  |  |  |
| Checklist Items | Yes | No | Not Required | Comments |
| High Risk Substance Use |  |  |  |       |
| High risk activities identified | [ ]  | [ ]  | [ ]  |       |
| Triggers addressed | [ ]  | [ ]  | [ ]  |       |
| Lower risk alternatives explored  | [ ]  | [ ]  | [ ]  |       |
| Risk reduction resources offered | [ ]  | [ ]  | [ ]  |       |
| Acuity Driven Standards of Contact |  |  |
| Checklist Items | Yes | No | Not Required | Comments |
| Level of client contact appropriate for client acuity level |  |  |  |  |
| Acuity level re-assessed within suggested guidelines |  |  |  |  |
| If no contact made, appropriate documentation for attempted contact recorded |  |  |  |  |
| Appropriate Referrals and Follow-up |  |  |
| Checklist Items | Yes | No | Not Required | Comments |
| Appropriate referrals made based on client needs |  |  |  |  |
| Provided follow up on referrals |  |  |  |  |
| Gathered feedback on referrals |  |  |  |  |

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| Client Centered Care Plan |  |  |
| Checklist Items | Yes | No | Not Required | Comments |
| Care plan is client centered and reflects client’s stated needs |  |  |  |  |

*This publication is part of a series of manuals that describe models of care that are included in the HRSA SPNS Initiative* Building a Medical Home for HIV Homeless Populations*. Learn more at* <http://cahpp.org/project/medheart/models-of-care>