2009 Report on Adult Service Consumers

Served by the District of Columbia Department of Mental Health

June 2009

Presented to the Dixon Court Monitor

by
Human Systems and Outcomes, Inc.

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Purpose and Scope of the Review

The Final Court-Ordered Plan for Dixon, et al v. Williams [March 28, 2001] required that performance measures be developed and used within a methodology for measuring service system performance. The court-ordered Exit Criteria and Method [September 21, 2001] set forth further detail for measurement requirements attendant to consumers, including:

- Consumer service reviews will be conducted using stratified samples.
- Independent teams will conduct annual reviews.
- Annual data collection on individuals will include consumer interviews, record reviews, staff interviews, caregiver interviews, and analysis of data.
- The independent teams will cover key areas of review for each consumer. For adult service consumers, these key areas include community living, health, meaningful activity, social networks, income, assessment and planning, treatment and support services, specialized services, coordination of care, and emergent/urgent response to needs.

To begin the process of meeting the requirements of these orders, a case review protocol was developed, tested, revised, and then used to create a baseline for subsequent measurement of progress. The baseline review was conducted during the week of May 5-9, 2003, using measurements taken on a sample of 28 adult participants randomly selected for this purpose. The results of the initial review were provided to the Court Monitor in a report dated May 2003. Findings from the initial review were mixed, with 75% of the consumers in the sample considered to have an overall acceptable status rating. The appraisal of the service system for these consumers was considered overall acceptable for 54% of the consumers reviewed.

The second-year adult services Community Services Review (CSR) had a higher number of consumers included in the sample. This was due to concern about whether the baseline sample was fully representative of the actual population of consumers. Subsequently, the target sample size was increased to 54 consumers for the second-year review. Review activities for the second-year review were completed during April 2004. The target sample of 54 consumers was not met in the 2004 review. There were a total of 41 consumers included in the 2004 final review sample. Results for this review had 54% of consumers in the sampling having an overall acceptable status rating and 39% having an overall acceptable system performance rating.

There were a total of 51 consumers reviewed in the 2005 final sample. Results for this review had 67% of consumers in the sample with an overall acceptable status rating and 51% rated as having an overall acceptable system performance.

Fifty-one consumers were reviewed in the 2006 final sample. Sixty-five percent of the consumers in this review had an overall acceptable status rating and 69% had an overall acceptable system performance rating.

The results for the 2007 adult services review were completed in April 2007 and provided an increase in the number of consumers reviewed. Fifty-five (55) consumers were reviewed, with 69% having an acceptable status rating and the highest overall practice performance rating of 80% acceptable practice performance.

The 2008 review included an additional increase in the number of consumers included in the review sample in an effort to further generalize the system findings. A case judging process and direct feedback to providers were also instituted during the 2008 review. Eighty-eight (88) consumers were reviewed with overall findings of 74% acceptable consumer status and 74% acceptable system performance.

2009 Dixon Court Monitoring Adult Services Review

Each year, the design of the sampling process, training of reviewers, supervision of data collection, and analysis of data are conducted by Human Systems and Outcomes, Inc. (HSO), an organization with extensive experience in qualitative service review processes used in monitoring services in class action litigations. HSO was contracted by the Dixon Court Monitor and worked as staff to the monitor in conducting the review. The logistical preparation and set up of the 2009 review was completed primarily by Consumer Action Network (CAN). HSO expresses their gratitude to CAN for completing the significant amount of work necessary to complete a CSR of this magnitude and complexity.

The 2009 review results brought continued evidence of progress in the performance of the adult service system. There is a greater overall awareness and understanding of the recovery model and some increased capacity to provide services and supports within this model. The Department of Mental Health (DMH) has several initiatives this year that illustrate positive improvement in the larger system and in supporting Core Service Agencies (CSAs) to provide more comprehensive services in a recovery model approach. Effective November 1, 2008, DMH significantly increased the Medicaid reimbursement rates for medication/somatic treatment, counseling, and Assertive Community Treatment (ACT). The continued construction of new facilities on the grounds of Saint Elizabeths Hospital, the further development of the mobile crisis outreach unit, an increase in the number of ACT teams, and the development of a mental health clinic located at the courthouse are a few examples of progress. Some challenges still remain, however, and there are still concerns at the CSA level with regard to how to make revenue match the time requirements necessary for effective teaming, transportation, on-site visits, and services delivered by CSWs with sufficient expertise and experience. Turnover of practitioners continues to be an issue at the service delivery level. Additionally, the D.C. Community Services Agency (DCCSA) embarked on the transitioning of all consumers (adult and children) to other CSAs as many of their primary functions are being discontinued. This includes the transitioning of approximately 2,500 adult consumers receiving services there.

Overview of the Adult Review Process

The Court Monitor's review of services for adult consumers is conducted using a qualitative review process. This process yields quantitative data on identified indicators of consumer status and system functioning. The review process is a case-based inquiry of services received by individual consumers. This process is based heavily on the face-to-face interviewing of all service providers and persons involved with an adult consumer. Those interviewed include the person and key team members, such as a case manager, community support worker (CSW), therapist, psychiatrist, representative payee, probation officers, child welfare workers, group home workers, supported employment or vocational rehabilitation workers, etc. Others who are prevalent or who provide support to the person are interviewed, as well. This can include family members, caregivers, spouses or significant others, pastor and church members, and adult children of the person. There were 351 people interviewed as part of the CSR this year, with an average of four interviews per case review.

Reviews were completed over a two-week period of time between May 4 and May 15, 2009. Reviews were completed by reviewers who were trained by HSO. Fifty-three scheduled reviews were conducted by HSO-affiliated personnel as the lead reviewer and 35 scheduled reviews were completed by DMH staff as the lead reviewer. Eighty-six reviews included another person who "shadowed" the trained reviewer. Some of these persons were assigned as part of their training to be lead reviewers and were "mentored" by experienced reviewers from DMH and HSO. Some of the "shadows" were assigned as observers of the CSR process. Shadows included a consumer, the Director of DMH, psychology interns, staff from the Department of Youth Rehabilitation Services (DYRS), several representatives from the Office of the Mayor, staff from several CSAs and Saint Elizabeths Hospital, leadership and top administration from DMH, representatives of the Plaintiff Attorney, and for the first time, the Dixon Court Monitor.

As in the 2008 review, a case judge was used to ensure inter-rater reliability between DMH and HSO reviewers and to provide additional support to reviewers needing to discuss ratings. The case judge met with a majority of the DMH reviewers following their reviews to provide individual mentoring and support and to assure that reviewers had the information and facts to

support their ratings. Reviewers provided a case description and discussed each rating with the case judge. This session was completed for all DMH reviewers and many of the HSO reviewers. Case judging was in addition to the group debriefing sessions with the team leader. Case judging this year was conducted by Dr. Ray Foster of HSO. Group debriefings were conducted by Dr. Ray Foster and Dr. Ivor Groves of HSO.

A process for providing direct feedback to service providers was piloted during the 2008 children and adult reviews. The CSAs requested that feedback and recommendations be given for the cases reviewed shortly after a review is completed. Providing feedback on individual cases requires scheduling and logistical preparation, specific training of reviewers, and preparation of staff and CSAs to receive the input. Feedback sessions are a dialogue about the individual practice issues pertaining specifically to the consumer being reviewed. Feedback includes suggestions for next steps and problem solving around barriers and challenges. Feedback sessions do not serve as employee job performance evaluations or as a directive from the Court Monitor or DMH. Feedback sessions are case-specific and do not include information that is reflective of the Core Service Agency or worker(s) providing service, as a whole. Follow-up from DMH occurs in rare instances that require a mandatory report due to safety or threat of harm or as requested by the team leader. Feedback is generally provided to staff and team members working directly with the consumer, and includes supervisors as deemed appropriate by the CSA. For the 2008 review, the Court Monitor and DMH agreed to give feedback sessions a trial run and received positive input from agency staff and reviewers. During the 2009 review, feedback was scheduled and given, although not tracked, on nearly all of the consumers reviewed. During future reviews, feedback sessions will be captured on the data roll-up and reported.

A new process was added this year after multiple discussions between the Court Monitor, CAN, HSO, and the Department of Mental Health. It was decided that this year, each adult consumer participating in a CSR would receive a $25 gift certificate to a retail store. Reviewers were instructed to present the gift card, with appreciation for participation and sharing of information, to the consumer following the interview. Consumers who were interviewed by phone were mailed a gift card.

Review Sample Characteristics

The 2009 CSR occurred during the first two weeks of May: May 4-15. A stratified random sample of 96 clients was drawn from the enrolled consumers on the DMH eCURA data system. In order to be eligible for inclusion in the review, the consumer must have received at least one form of a billable mental health service from a provider agency between July 1 and December 31, 2008. This strategy was adopted due to the experiences in previous reviews in which a proportion of consumers had had no contact with or were unknown to providers (e.g., the consumer had been referred to the provider from the Access HelpLine, but there was no contact between the provider and the consumer, or the consumer had refused services after referral despite engagement efforts), despite being listed in the eCURA data system. This strategy significantly reduced the number of no contact or unknown consumers (e.g., in the 2004 review, it was estimated that as many as one-third of the initial randomly selected 162 consumers were either closed, had no contact after extended periods of time, or were unknown to the CSAs). The structure of the sample selection was updated this year in an attempt to limit the amount of replacements and a possible dissuasion of consumer participation by CSA staff. There was a strong commitment on the part of the monitor, HSO, and CAN to review the original 96 consumers selected for review. Despite this commitment and the hard work of CAN, 37 of the sample was replaced due to attrition with refusal to participate being the most common reason for not being part of the review sample. Schedules were completed for 89 consumers, with 88 consumers reviewed.

A brief survey instrument was sent out for providers to complete for each of the initially randomly selected consumers in order to gain some background information about the consumers so that the sample could be stratified across provider agency and gender and age of the consumer. These survey forms also provided updated contact information for consumers and for other agencies involved, such as representative payees, probation offices, vocational and employment programs, service providers, and family members.

According to the information that was supplied to HSO by DMH, a total of 5,211 consumers received at least one service between July 1 and December 31, 2008. Services were provided for these consumers from 26 different provider agencies. These provider agencies differ substantially

in the number of consumers they serve. Almost three-quarters (72%) of the consumers are served by three agencies: (1) D.C. Community Services Agency (DCCSA) (30%); (2) Community Connections (25%); and (3) Green Door (17%). With the addition of Anchor Mental Health (7%), nearly 80% of the consumers in the eCURA population are served by 15% of the CSAs. The review sample design is such that the final sample reflects the consumer distribution across agencies. Seventy-nine percent (79%) of the consumers selected for review were chosen from the four agencies listed above, based on the percentage of the total consumer population served by each agency. The remaining 21% of the sample was chosen from the nine other agencies, primarily based on size relative to percentage of the population. A total of 13 CSAs were reviewed for the 2009 CSR. **Display 1** illustrates the review sample distribution by agency.

Display 1
Number of Consumers Who Received a Billed Service
Between July 1 and December 31, 2008, According to eCURA

Provider	Total # of Consumers	% of Population	# in Sample	# in Review	% in Review
1. DCCSA	1545	30%	30	22	29%
2. Community Connections, Inc.	1303	25%	25	24	27%
3. Green Door	904	17%	17	15	17%
4. Anchor Mental Health	364	7%	7	6	7%
5. Washington Hospital Center	281	5%	5	5	5%
6. Life Stride, Inc.	158	3%	2	2	2%
7. Pathways to Housing	101	2%	2	1	1%
8. Universal Health Care	97	2%	2	2	3%
9. Family Preservation	90	2%	2	2	2%
10. Psychiatric Center Chartered	78	1.5%	1	2	2%
11. Woodley House	65	.5%	0	0	0%
12. McClendon Center	57	.5%	1	3	3%
13. First Home Care	54	.5%	1	0	0%
14. Scruples Corporation	35	0%	0	0	0%
15. Deaf REACH	16	.5%	1	2	2%
16. PSI	11	.5%	0	0	0%
17. Volunteers of America	10	0%	0	0	0%
18. Neighbor's Consejo	9	0%	0	0	0%
19. Finhankra	8	0%	0	2	2%
20. Launch, LLC (formerly Kidd International)	7	0%	0	0	0%
21. Mary's Center	5	0%	0	0	0%
22. MD/DC Family Resource	4	0%	0	0	0%
23. Center for Therapeutic Concepts	4	0%	0	0	0%
24. PIW	3	0%	0	0	0%
25. Family and Child Services	1	0%	0	0	0%
26. Unity	1	0%	0	0	0%
Totals	5211	100%	96	88	99%

Stratified Random Sample

The final sample of 96 was chosen from the eCURA population of consumers. The final sample differed from the review sample due to sample attrition (i.e., consumer refusal to participate). When a replacement was required, a consumer from the same agency, age group, and gender was chosen. Selection for inclusion in the review was completed proportionally according to age range and gender (e.g., the 50-69 age range had the largest number of consumers receiving services, and subsequently, these age ranges had the largest number of consumers included in the sampling frame).

Description of the Consumers in the Review

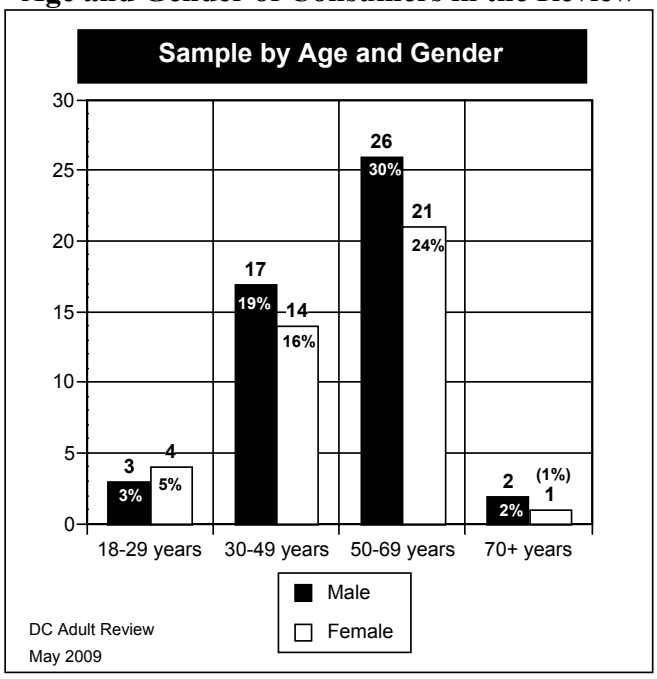
A total of 88 reviews were completed during May 2009. The reviews were completed over a two-week timeframe with 53 completed by external reviewers and 35 completed by trained DMH staff. Presented in this section are displays that detail the characteristics of this year's consumers.

Age and Gender

Consumers receiving a billed-for service between July 1 and December 31, 2008, according to the eCURA data system, were stratified by age-range, with consideration to gender. The review sample consisted of both male and female consumers across the identified age ranges as represented in the larger population. **Display 2** illustrates the age and gender of consumers who were reviewed, or in the final review sample.

There were slightly more females in the population this year (2,681 compared to 2,396 males and 134 persons with an unidentified gender). The review sample yielded 40 females and 48 males. The majority of the case reviews completed were in the 50-69 age range with 54% of the review sample in this age range. This range included the largest number of males (26 or 30% of the review sample), as well.

Display 2
Age and Gender of Consumers in the Review



Display 3 illustrates the distribution of consumers by age for the population and review sample.

Display 3
Distribution of Population and Review Sample by Age Range

Age Range	# in Population	% in Population	# in Review	% in Review
18-29	472	9%	7	8%
30-49	2179	42%	31	35%
50-69	2345	45%	47	54%
70+	215	4%	3	3%
Total	5211	100%	88	100%

Fifty-seven percent of the consumers reviewed were over the age of 50, compared to 49% of the population being over the age of 50 in the 2008 review. There were slightly more consumers in the review sample for the 50-69 age range than in the population due to sampling attrition and replacements. When a consumer declines participation, cannot be located, has moved out of the District, or is no longer receiving services, for example, a replacement is made. The replacement name that is chosen ideally matches in age, gender, and CSA affiliation. Consumers are first matched based on the CSA, then age and gender. Many times, replacement names do not match the gender and age due to prioritizing agency affiliation. There are rare times when reviewers find that the stated age and actual age of the consumer do not match.

Display 4 illustrates the breakdown of gender in the population compared to the review sample.

Display 4
Distribution of Population and Review Sample by Gender

Gender	# in Population	% in Population	# in Review	% in Review
Female	2681	51%	40	45%
Male	2396	46%	48	55%
Unidentified gender	134	3%	0	0%
Total	5211	100%	88	100%

Ethnicity

As stated earlier, the review sample is stratified by CSA and then by age and gender. The sample is not, however, stratified by ethnicity, although data on consumer ethnicity are collected by reviewers. As illustrated in **Display 5** below, African-American consumers made up the largest percentage of consumers reviewed, with 82% of the reviewed sample listed in this category. This

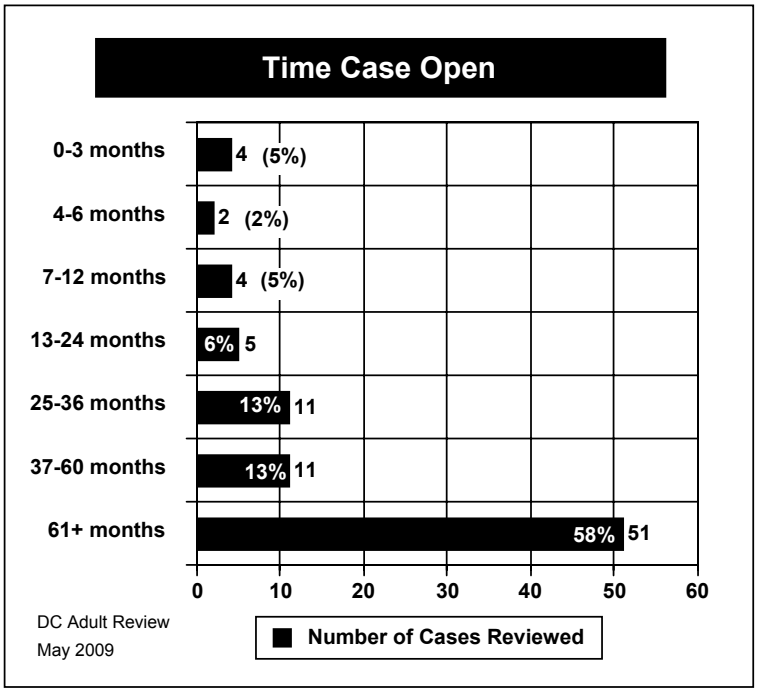
distribution is consistent with previous review samples. There is more diversity in the 2009 review with the presence of consumers of Ethiopian and Indian ethnicity. Seven percent of the consumers reviewed had English as a second language and two were hearing impaired and communicating through American Sign Language.

Display 5
Distribution of Consumers by Ethnicity

Ethnicity	Number	Percentage
Euro-American	9	10%
African-American	72	82%
Latino-American	3	3%
Ethiopian	3	3%
Indian	1	1%

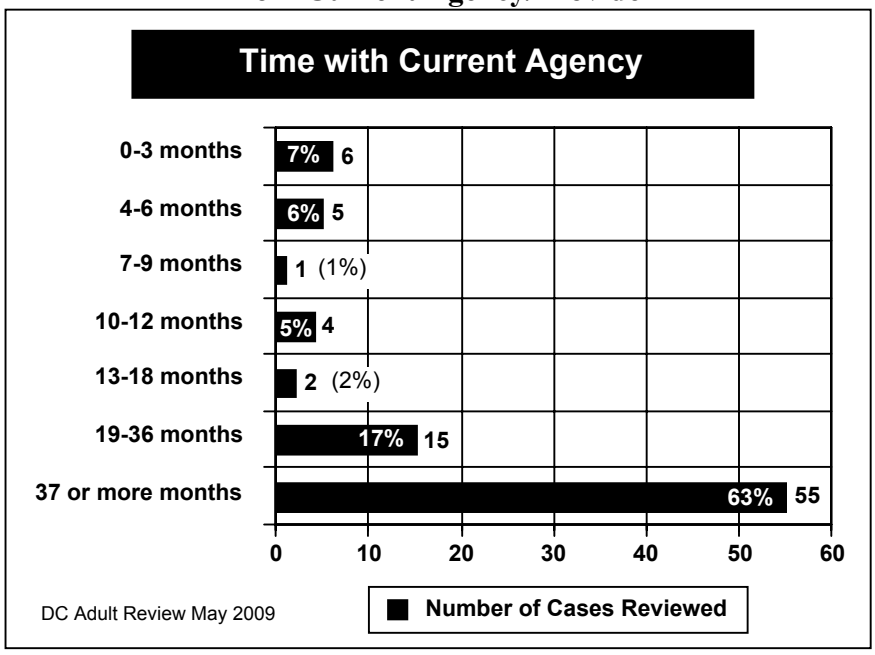
The following display shows the length of time the 88 consumers included in the review have been receiving services since their most recent intake for services. As illustrated in **Display 6**, 58% have been receiving services for longer than 61 months, with 80% having participated in services for longer than two years.

Display 6
Length of Time Consumers in the Review have been Receiving Mental Health Services Since Their Most Recent Admission



For comparative purposes, the display below is included to illustrate the amount of time each consumer had been receiving services from his/her agency at the time of the review. The data show that 63% of the consumers reviewed in 2009 had been with their current CSA for three years or longer. Again, this is a higher percentage when compared to the 2008 data in which 51% of the consumers reviewed had been with their provider for longer than 36 months. With the closing of some DCCSA services and the transitioning of approximately 2,500 adult consumers, over the next two review cycles, the data will likely begin to show more consumers with their current providers for a less amount of time.

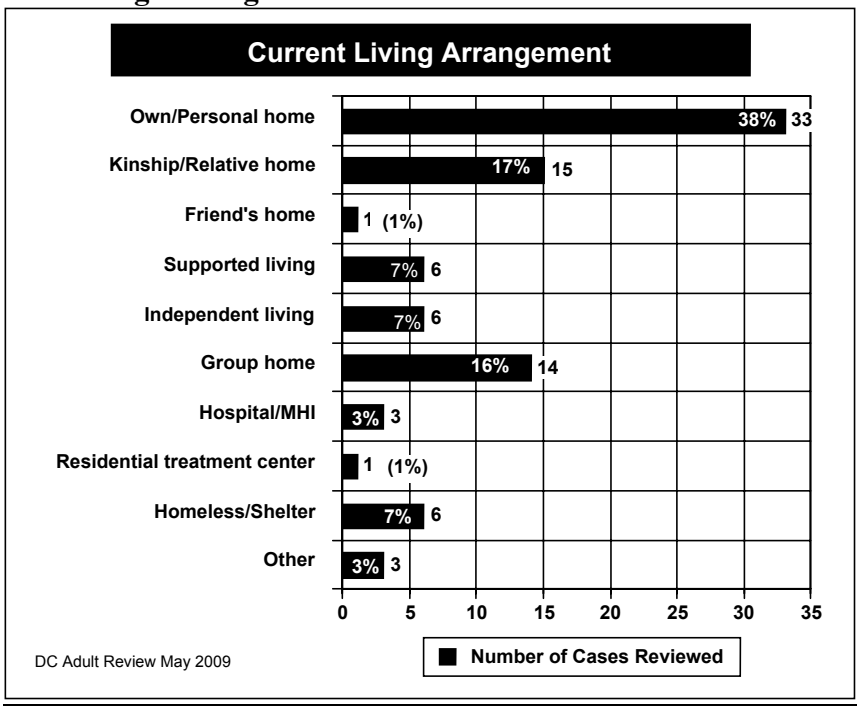
Display 7
Length of Time Consumers in the Review have been Receiving Services From Current Agency/Provider



Living Setting

The following display illustrates where consumers were living at the time of the review. Adult service consumers in the review sample were living in one of 13 settings. Thirty-eight percent of the reviewed consumers were living in their own homes and an additional 18% were living with family members, such as a paramour, friend, adult child, or extended family members. Thirty percent of the consumers were living in group home (16%), independent living (7%) or supported living setting (7%). Three consumers this year were hospitalized on the review date (3%) and one was living in a Residential Treatment Facility. Six consumers (7%) were homeless or living in a shelter. The remaining consumers were living in a foster home (1); nursing home (1); and a rooming facility (1).

Display 8
Type of Living Arrangement for Consumers at the Time of the Review



Level of Care Provided

The **Level of Care Utilization System** (LOCUS) is a widely used tool by clinicians to determine appropriate levels of services and support intensities for persons with mental illness. The LOCUS measures the person's status in six dimensions: (1) Risk of Harm; (2) Functional Status; (3) Medical, Addictive, and Psychiatric Co-Morbidity; (4) Recovery Environment; (5) Treatment and Recovery History; and (6) Engagement and Recovery Status. A five-point scale is used to rate the person's status in each dimension. A scoring methodology is applied to select one of six possible "levels of care" for the person. Each level of care describes a flexible combination of services and resource intensities deemed responsive to the person's support requirements at the time the assessment is made. Because a person's status and life situation is dynamic over time, the LOCUS may be reapplied whenever a major life change occurs to determine a responsive level of care to meet new support requirements.

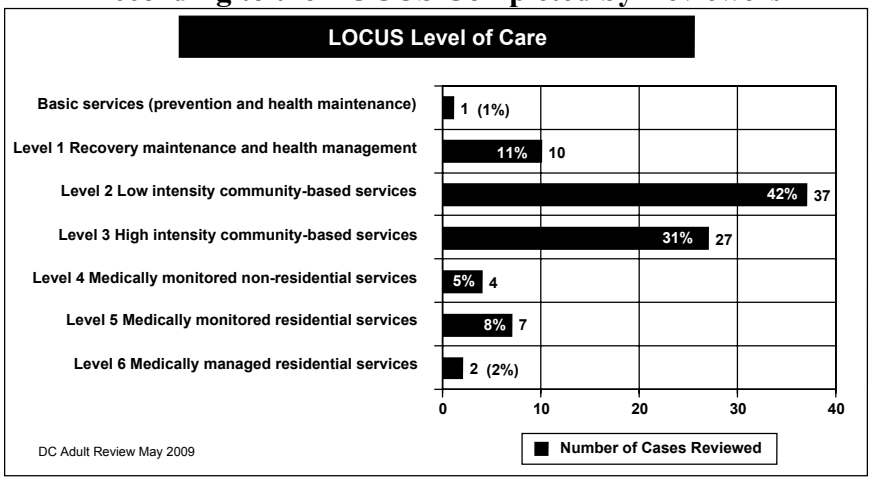
Historically, DMH has required that providers assess consumer functioning using the LOCUS every 90 days for each service consumer or at anytime there was a change requested in level of care (ACT authorization request, crisis bed authorization request, crisis services, hospital admission, etc.). In mid-May 2009, the requirement changed to a minimum of 180 days or at anytime there is a change requested in level of care.

CSR reviewers are required to draw from the current case record the most recent LOCUS-determined level of care for a DMH consumer selected for review. The level of care is recorded on the CSR data form completed by the reviewer (see item #26 on the CSR Profile–Adult Version). The reviewer indicates on the data form that the level of care was determined from the consumer's record. In the event that no recent LOCUS level reflecting the person's current situation can be found in the case record, the CSR reviewer is instructed to estimate a level of care based on the types and intensities of services being delivered to the person at the time of review. The reviewer records in the CSR data form that the level given was the "reviewer's best estimate." The best estimate strategy is used only when a consumer's record either does not provide a LOCUS score or when the consumer's functional status has changed significantly

since the last LOCUS score was recorded and, thus, no longer accurately reflects the consumer's functional status nor level of supports required.

Fifty-four percent of the consumers reviewed were level 2 or lower (prevention, low-intensity community-based services, recovery maintenance, basic services). Thirty-one percent required level 3 (high intensity community-based services) and the remaining 15% required higher levels of care (medically monitored secure/non-secure; medically managed). There is a decrease in the level of intensity of service need for consumers this year, with 11% more consumers in the basic, 1, and 2 levels. **Display 9** illustrates the LOCUS ratings by level of care.

Display 9
Level of Care Consumers were Receiving at the Time of the Review According to the LOCUS Completed by Reviewers



The **Global Assessment of Functioning** (**GAF**) is a numeric scale (0-100 points) used by mental health clinicians and physicians to subjectively rate the social, occupational, and psychological functioning of adults; that is, how well or adaptively a person is meeting various problems in daily living situations. Thus, a GAF reflects a clinician's informed best estimate of a person's level of functioning at a point in time and within a specific daily context at the time the estimate is given.

DMH requires that service providers determine, record, and update each consumer's diagnostic profile (the GAF is Axis V using the DSM-IV-R). This information is to be included in the consumer's current treatment record.

CSR reviewers are required to draw from the current case record the most recent GAF level determined for a DMH consumer selected for review. The GAF level is obtained by the reviewer and then classified within one of three intervals (i.e., GAF ≤60, GAF 61-70, GAF ≥71) on the CSR data form completed (see item #30 on the CSR Profile–Adult Version). In the event that no recent GAF level reflecting the person's current situation can be found in the case record, the CSR reviewer is instructed to estimate the GAF interval based on the person's current situation, setting, and level of daily functioning. The best estimate strategy is used only when a consumer's record either does not provide a GAF score or when the consumer's functional status has changed significantly since the last GAF score was recorded and, thus, no longer accurately reflects the consumer's functional status.

On the General Level of Functioning scale in the protocol, a person with a score greater than 70 has no more than slight impairment in functioning at home, at work/school, or in the community. A person with a score of 61-70 has difficulty in one area of functioning (home, work/school, community), and a person with a score of 60 or less has difficulty functioning in multiple areas and could have moderate to major impairment in his/her level of functioning.

Display 10 shows the consumers' level of functioning according to the scale provided in the protocol. Eight consumers (9% of the review sample) had no more than slight impairment in functioning or a GAF score of 71 or higher. Fifteen consumers (17% of the review sample) had difficulty functioning in one area (GAF 61-70) and 65 consumers (74%) had difficulty functioning in several areas (GAF <60). There was a slight increase in the percentage of consumers having difficulty functioning in several areas, when compared to the 2008 data of 69% with a GAF score of <60.

Display 10
General Level of Functioning for Consumers in the Review

CSR General Level of Functioning	# of Consumers in the Review	Percentage of Review Sample
No more than slight impairment (>71)	8	9%
Difficulty in one area (61-70)	15	17%
Difficulty in multiple areas (<60)	65	74%
Totals	88	100%

For comparative purposes, **Display 11** indicates the general level of functioning separated by the age ranges of the consumers in the review. The 50-69 age range has the most difficulties with 31 consumers having difficulty in multiple areas. In addition, this age range has the highest number of consumers in the review.

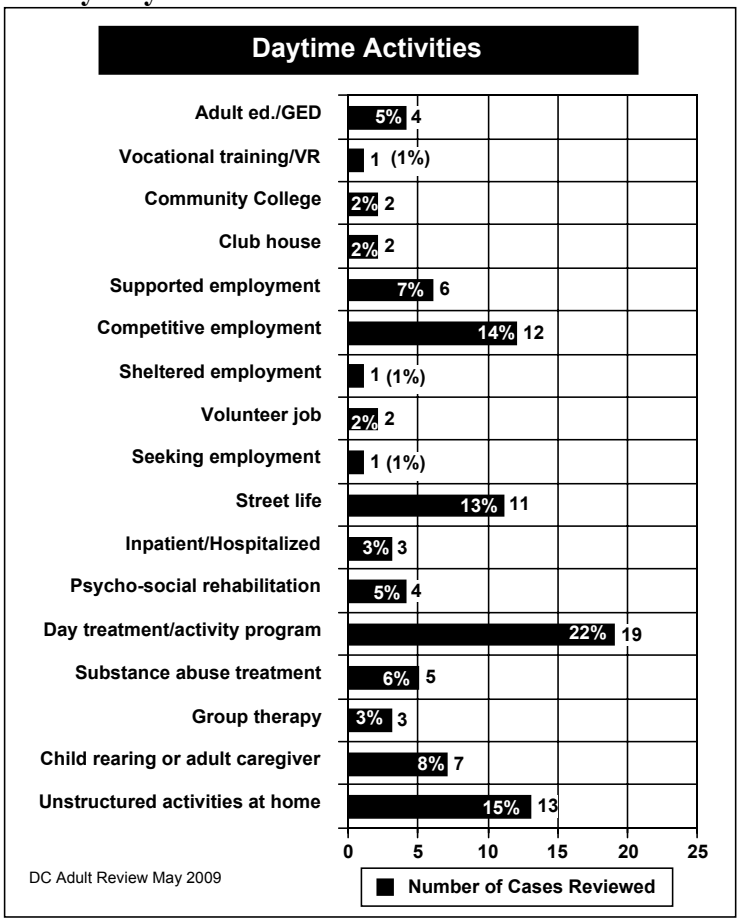
Display 11
General Level of Functioning for Consumers in the Review by Age Range

Age Ranges	No More Than Slight Impairment (≥71)	Difficulty in One Area (61-70)	Difficulty in Multiple Areas (≤60)	Totals
18-29	0	1	6	7
30-49	2	3	26	31
50-69	5	11	31	47
>70	1	0	2	3
Totals	8	15	65	88

Daytime Activities

Display 12 lists the major daytime activities in which sample members were participating at the time of the review as identified by reviewers. As the display indicates, there was a mix of primary daytime activities for review participants. Thirty-four percent were involved in some type of education or vocational activity (GED; vocational training; supported, competitive, sheltered or part-time employment, seeking employment), a nominal difference from the 2008 data where 33% were participating in these activities. Forty-two percent were participating in treatment activities, such as clubhouses, group therapy, day treatment, or psycho-social rehabilitation—a 14% increase from 2008. This includes the 6% who are in substance-abuse-related treatment activities. The remaining consumers spent the day in street life (13%), in child rearing or caregiving activities (9%), or in unstructured activities at home (25%).

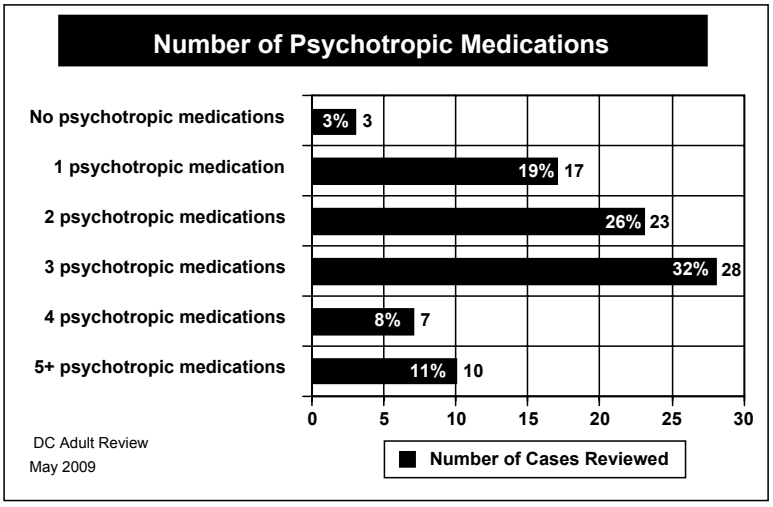
Display 12
Primary Daytime Activities for Consumers in the Review



Psychiatric Medications

Persons with severe and persistent mental illness often are prescribed psychiatric medications to relieve symptoms. The following display illustrates the number of psychiatric medications being taken by or prescribed to members of the review sample. Three consumers were not taking any medications. Just over a third of the consumers taking medications (35%) were prescribed two or less psychiatric medications, compared to 55% in the 2008 CSR. Fifty-one percent of the consumers were prescribed and taking three or more psychiatric medications, compared with 37% in 2008.

Display 13
Number of Psychotropic Medications Taken by Consumers at the Time of the Review

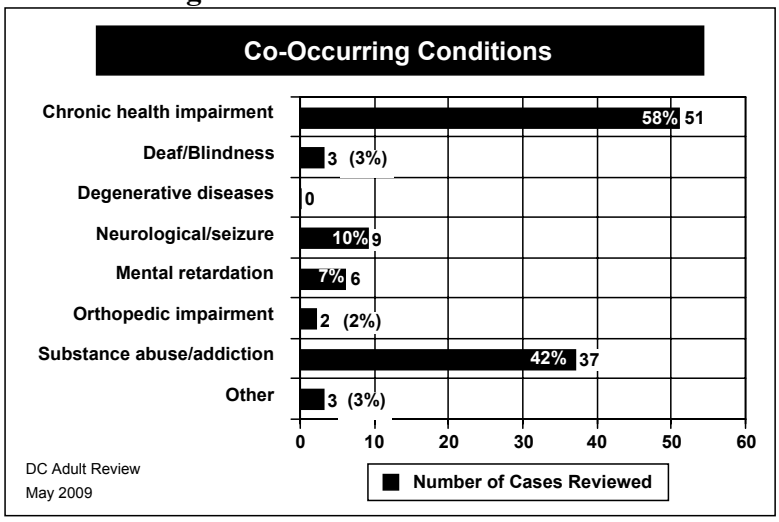


Co-occurring Conditions

Reviewers noted during the consumer reviews the presence of possible co-occurring conditions. Co-occurring conditions were noted either through direct interview of the consumer and his/her service team or through review of the clinical record. **Display 14** lists the prevalence of the co-occurring conditions for consumers in the review sample. The most prevalent co-occurring condition was chronic health issues, which was noted for 58% of the consumers reviewed. Many adult consumers living with mental illness are also living with chronic and severe physical health impairments; many are living with multiple health impairments. The health-related issues are

listed as follows: high blood pressure/hypertension-21; diabetes-17; asthma/COPD-17; obesity-12; high cholesterol-8; Hepatitis (A, B, or C)-7; thyroid-5; HIV-4; and PTSD/complex trauma-3. Substance abuse was listed as the next most frequent co-occurring condition and was so for 42% of the consumers reviewed. Seizures and seizure disorders were occurring in 10% of the sample and mental retardation for 7%. The "other" or miscellaneous category was marked for 3% of the consumers and included, for example, need for vision and eye exam, fibroid tumors, cancer, and dementia. In the 2008 and 2007 reviews, substance abuse was listed as the most frequent co-occurring condition.

Display 14
Co-occurring Conditions for Consumers in the Review



Quantitative Case Review Findings

Overview of the Case Review Process

Reviews completed for all 88 consumers during the May 2009 review used the *Community Services Review Protocol*, a person-based review tool developed for this purpose. This tool was based on a recovery philosophy and a community-based approach to service provision as specified in the practice principles of the Dixon consent decree. The general review questions addressed in the protocol are summarized in **Appendix A**.

Review questions were organized into three major domains. The first domain pertains to questions concerning the current status of the consumer (e.g., safety, economic security, or physical well-being). The second domain pertains to recently experienced progress or changes made (e.g., symptom reduction), as they may relate to achieving treatment goals. The third domain contained questions that focus on the performance of practice functions (e.g., engagement, teamwork, or assessment) for services provided in a recovery-oriented practice model. For each question deemed applicable in a case, the finding was rated on a 6-point scale, with a rating of 5 or 6 in the "maintenance zone," meaning the current status or performance is at a high level and should be maintained; a rating of 3 or 4 in the "refinement zone," meaning the status is at a more cautionary level; and a rating of 1 or 2 in the "improvement zone," meaning the status or performance needs immediate improvement. Oftentimes, this three-tiered rating system is described as having case review findings in the "red, yellow, or green zone." A second interpretive framework can be applied to this 6-point rating scale, in that, ratings of 1-3 are considered "unacceptable" and ratings of 4-6 are considered "acceptable." A more detailed description of each level in the 6-point rating scale can be located in **Appendix B**. It should be noted that the protocol provides item-appropriate details for rating each of the individual status and progress performance indicators, as well. Both the three-tiered action zone and the acceptable versus unacceptable interpretive frameworks will be used for the following presentations of aggregate data.

Interviews

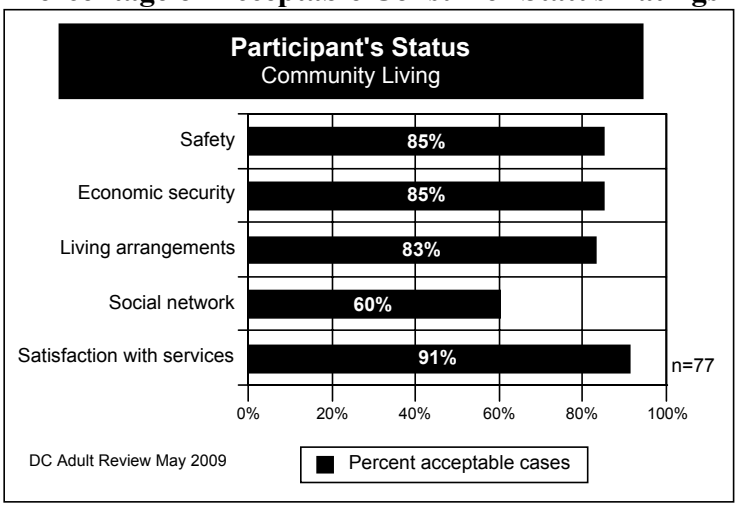
Review activities in each case included a review of plans and records as well as interviews with the consumer, any relevant caregiver, and others involved in providing services and supports. A total of 351 people were interviewed for the 88 consumers in this year's review. The number of interviews ranged from two to eight persons, with an average number of four interviews per consumer reviewed.

Consumer Status Results

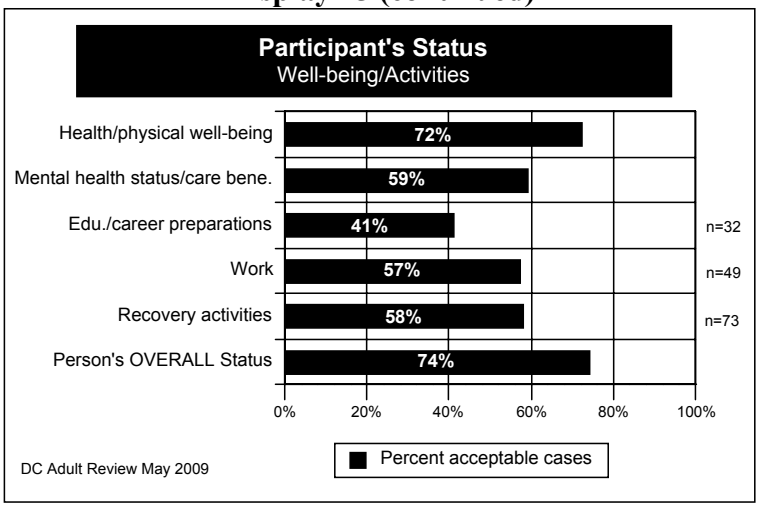
There are ten indicators identified to measure and describe the current status of a consumer. A detailed description of these ten indicators is attached to this report as **Appendix A**. The

following two displays present findings for each of the ten indicators in two different formats. **Display 15** uses a "percent acceptable" format to report the proportion of the sample members for which the item was determined applicable and acceptable. **Display 16** uses the "action zone" framework that divides the 6-point rating scale into three segments corresponding to the maintenance, refinement, and improvement zones.

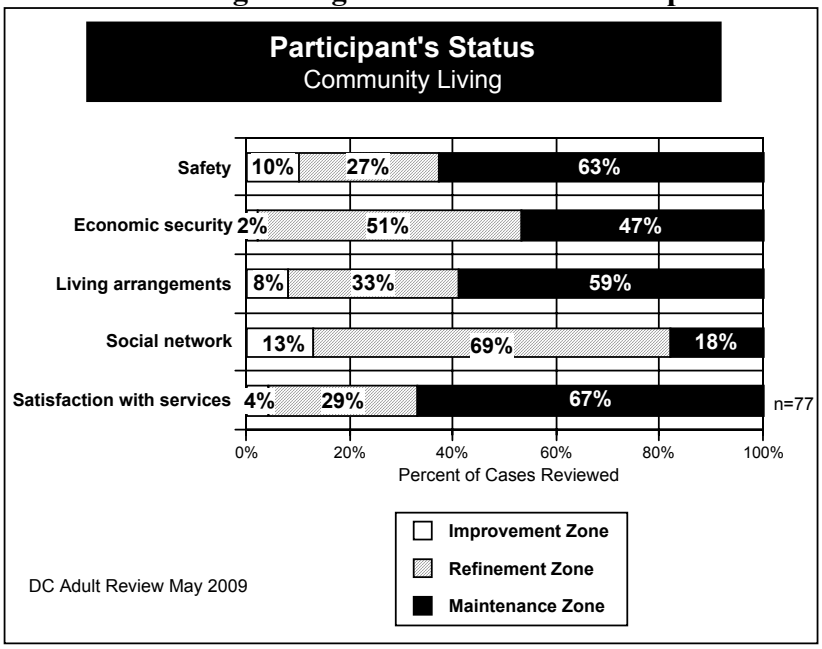
Display 15
Percentage of Acceptable Consumer Status Ratings



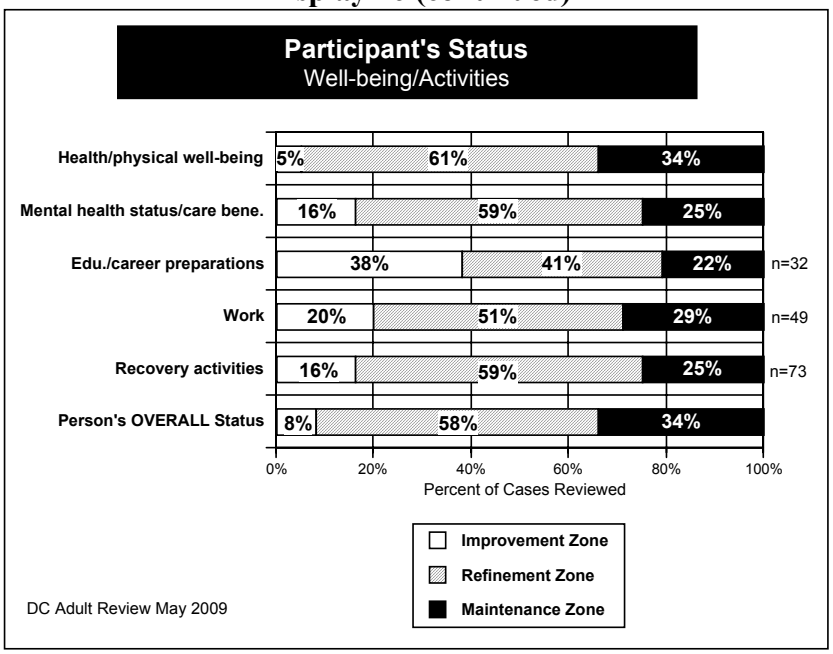
Display 15 (continued)



Display 16
Consumer Status Ratings Using the Three-Tiered Interpretive Framework



Display 16 (continued)



Overall Consumer Status. The protocol provides a scoring rubric for combining rating values across the items deemed applicable to the consumer being reviewed to produce an "overall consumer status rating." Indicators are weighted accordingly, with the safety indicator being a

"trump" indicator (if safety is rated a 3 or lower, in the unacceptable zone, the overall consumer status rating is in the unacceptable zone).

The overall consumer status rating was acceptable for 74% of the adults in the review in May 2009. Three-quarters of the adults reviewed were found to have at least fair or minimally acceptable status, which is consistent with the 2008 findings.

Four indicator areas stand out as strengths for the consumers reviewed this year: safety, economic security, living arrangements, and satisfaction with services.

Safety. Eighty-five percent of the consumers in this year's review were safe from imminent risk of physical harm in their daily environment (85% acceptable), with almost two-thirds (63%) in the maintenance zone and 27% in the refinement zone. Although the percentage of consumers with acceptable safety is similar to the 2008 data of 82% acceptable, there is a higher percentage this year of consumers in the maintenance zone.

Economic Security. The primary areas of focus for the economic security indicator are: (1) whether the person is receiving entitled economic benefits; (2) whether income and economic supports are sufficient to cover basic living requirements; and (3) whether the person's economic security is sufficient for maintaining stability and effective life planning. Economic security was acceptable for 85% of the review sample and comparable to the 2008 data of 85% acceptable status in this area. Half of the review sample (47%) in 2009 was in the maintenance or green zone, 51% in the refinement or yellow zone, and 2% were needing improvement or in the red zone.

Living Arrangements. Eighty-three percent of the consumers this year were found to be living in an appropriate living arrangement. Using the three-tiered interpretive framework, 59% of the review sample was in the maintenance or green zone, 33% in the refinement or yellow zone, and 8% in the improvement or red zone. The acceptable percentages for living arrangements are higher than found in the 2008 review, with an increase of 9% increase in consumers in the refinement/yellow zone and a 7% increase in consumers in the maintenance/green zone.

Satisfaction with Services. Consumers continue to be highly satisfied with the services and supports they are receiving. The satisfaction with services indicator was the strongest consumer status indicator again this year and was found applicable for 77 of the 88 consumers reviewed. Ninety-one percent of the consumers reviewed reported acceptable levels of satisfaction, with 67% falling in the maintenance zone.

There were five status areas this year that stood out as opportunities for improvement for consumers: physical health, mental health status, education preparation, work preparation, and recovery activities.

Physical Health and Well-being. The area of physical health and well-being was closely examined again this year. Reviewers were asked to list the health conditions for each consumer with an unacceptable rating for this indicator. As noted earlier, 17 consumers were noted as having diabetes, 21 as having high blood pressure, 14 with asthma, 7 with hepatitis, and 8 with high cholesterol. Seventy-two percent of the consumers were found to have acceptable health status. This is a small decline from 2008 of 4%. A third of the adults reviewed this year were in the maintenance zone (34%), 61% were in the refinement zone, and 4% required immediate intervention.

Mental Health. Adult consumers of mental health services are living and coping with symptoms every day. Reviewers measure the degree to which symptoms are negatively impacting the quality of a consumer's life. Reviewers found that 59% of the consumers reviewed in 2009 had acceptable mental health status, with 16% in the improvement zone, 59% in the refinement zone, and 25% in the maintenance or green zone.

Education/Work Preparation. Education and work preparation is presented together as they are similar indicators and don't necessarily apply to all consumers. These two indicators apply to persons who have stated that they are interested in educational or work-related activities, such as obtaining a GED, going to college, attending adult education or vocational skill-building courses, and working in any variety of employment settings, including sheltered, supported, and competitive employment and volunteer activities. Thirty-two of the consumers reviewed were

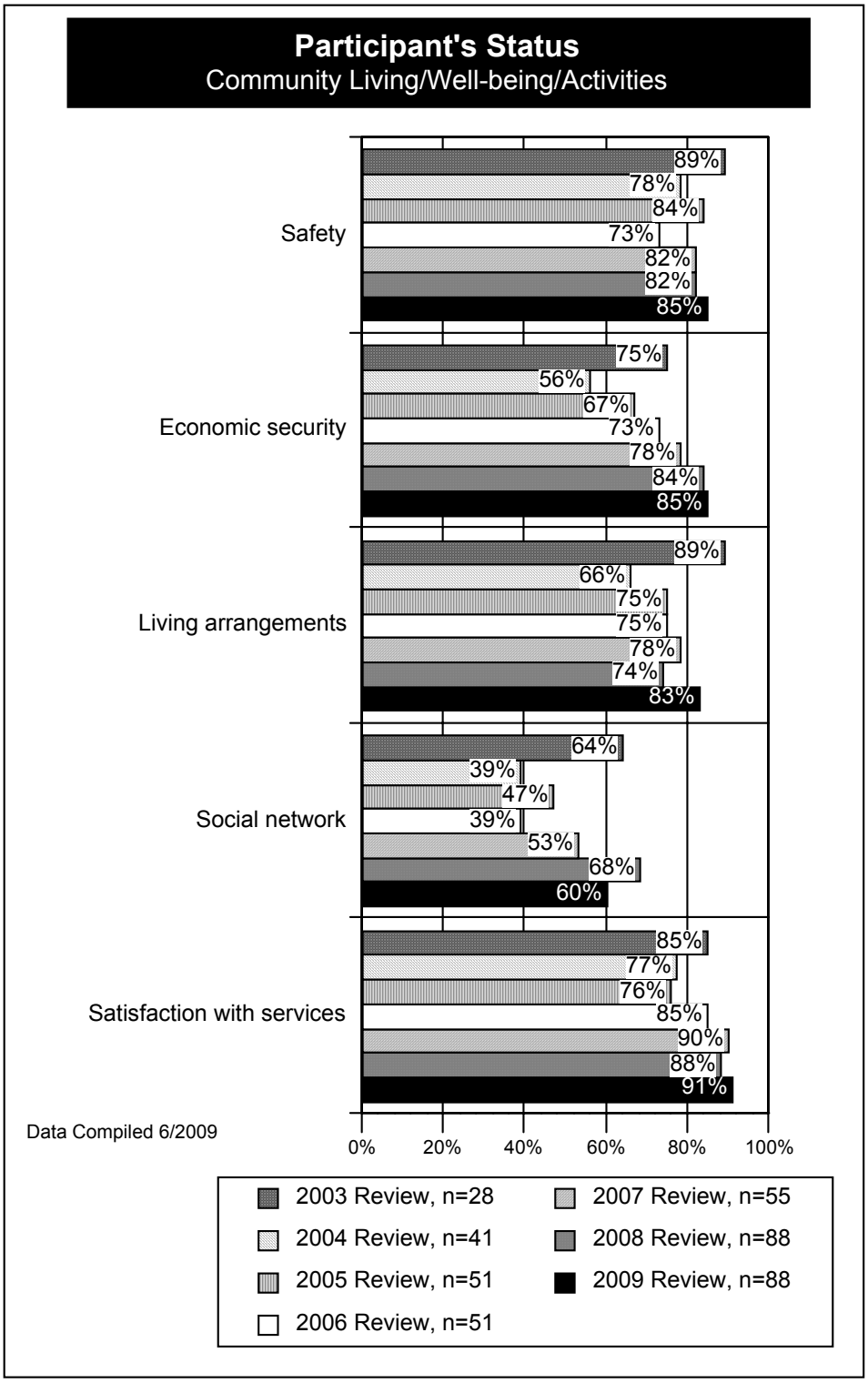
interested in educational activities, of which 41% had acceptable participation. Twenty-two percent were in the green/maintenance zone; 41% in the yellow/refinement zone; and 38% were in the red/improvement zone, indicating a need for immediate action in this area.

Forty-nine consumers reported they were interested in (or already participating in) employment-related activities, with 57% having acceptable access to or participation in these activities. Twenty percent of the consumers were in the improvement zone, half (51%) were in the refinement zone, and 29% were in the maintenance zone.

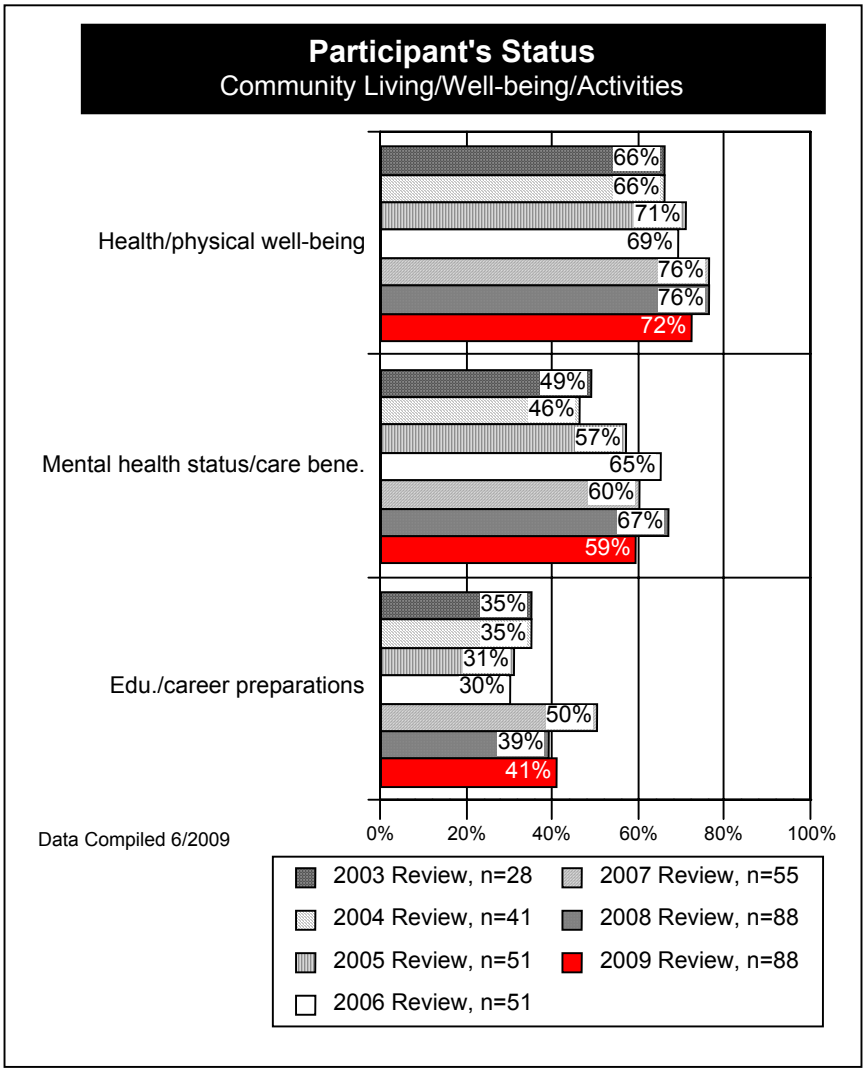
Recovery Activities. Recovery activities are treatment and life-related activities that are identified between the treatment team and the consumer. Recovery activities include acquiring vocational and educational skills, independent living, relationships, meaningful daily activity, navigating public transportation, symptom management, and improving physical health. Seventy-three consumers had identified recovery goals or were participating in recovery-oriented activities. Fifty-eight percent had acceptable status in recovery activities, with 25% in the maintenance zone, 59% in the refinement zone, and 16% in the improvement zone.

The following **Display 17** illustrates the results for each of the consumer status indicators across all of the reviews completed.

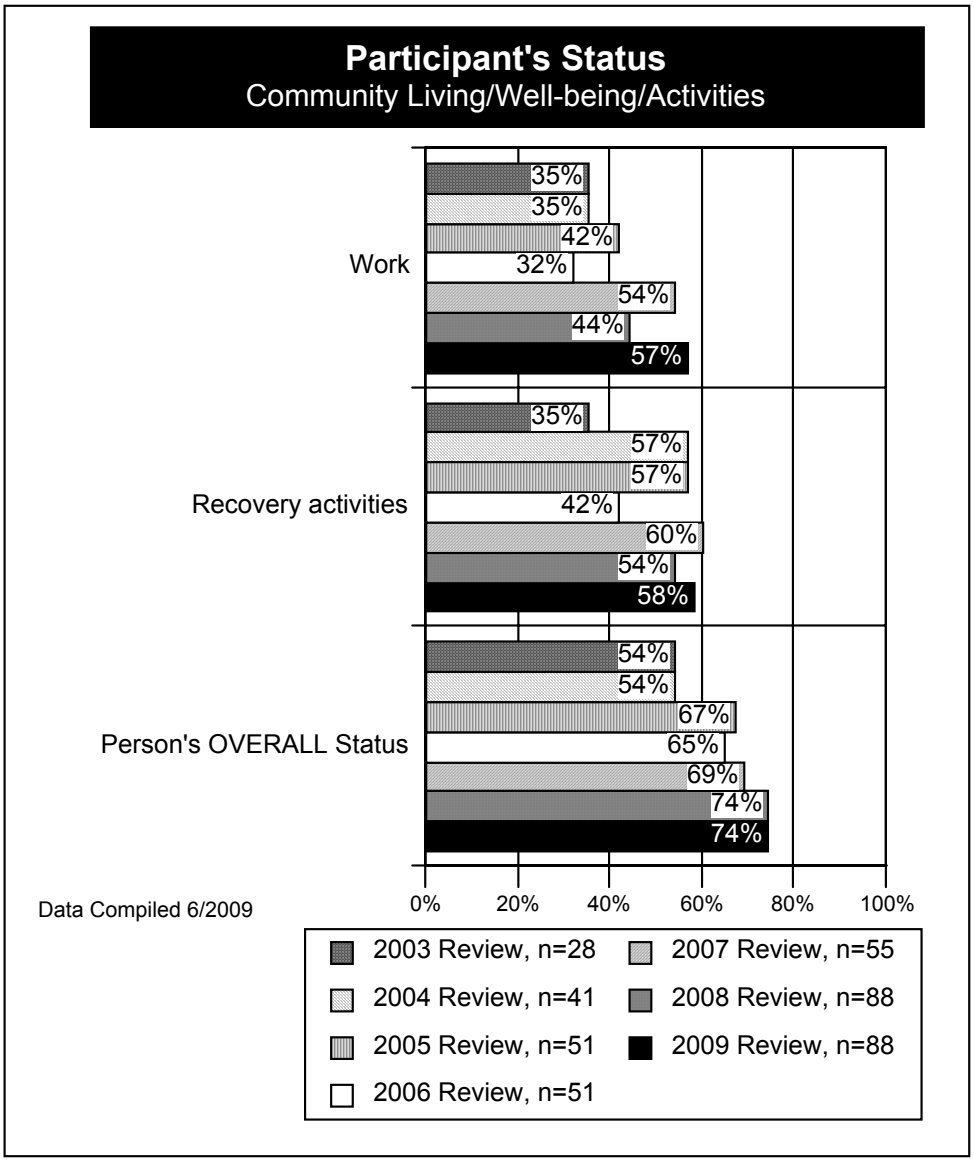
Display 17
Overall Consumer Status Results for All Seven Reviews



Display 17 (continued)
Overall Consumer Status Results for All Seven Reviews



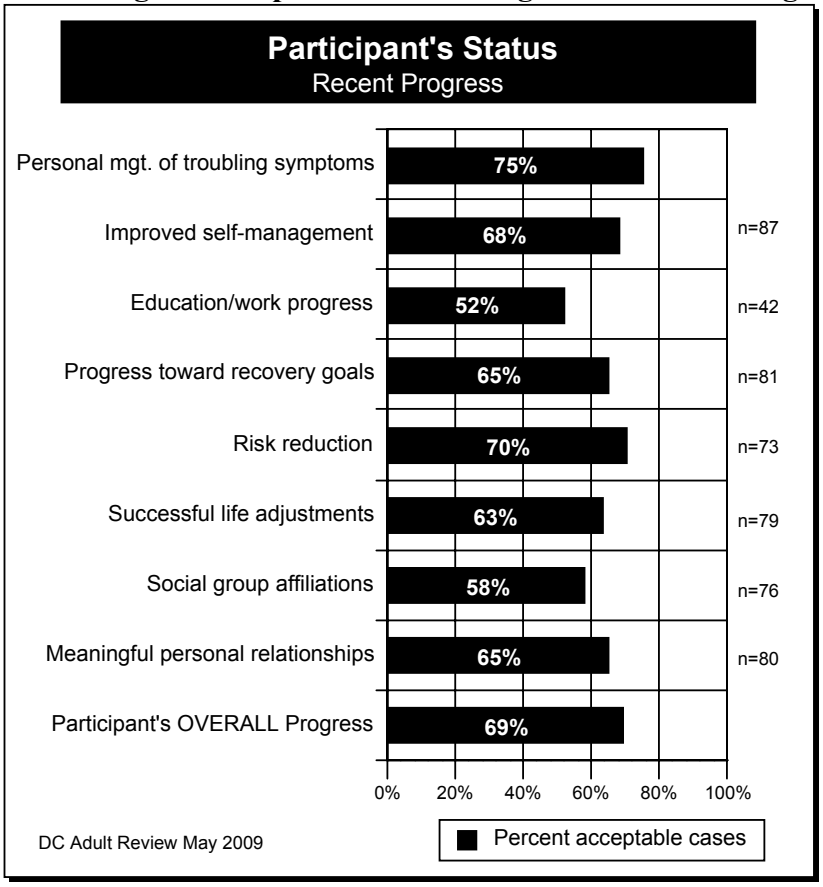
Display 17 (continued)
Overall Consumer Status Results for All Seven Reviews



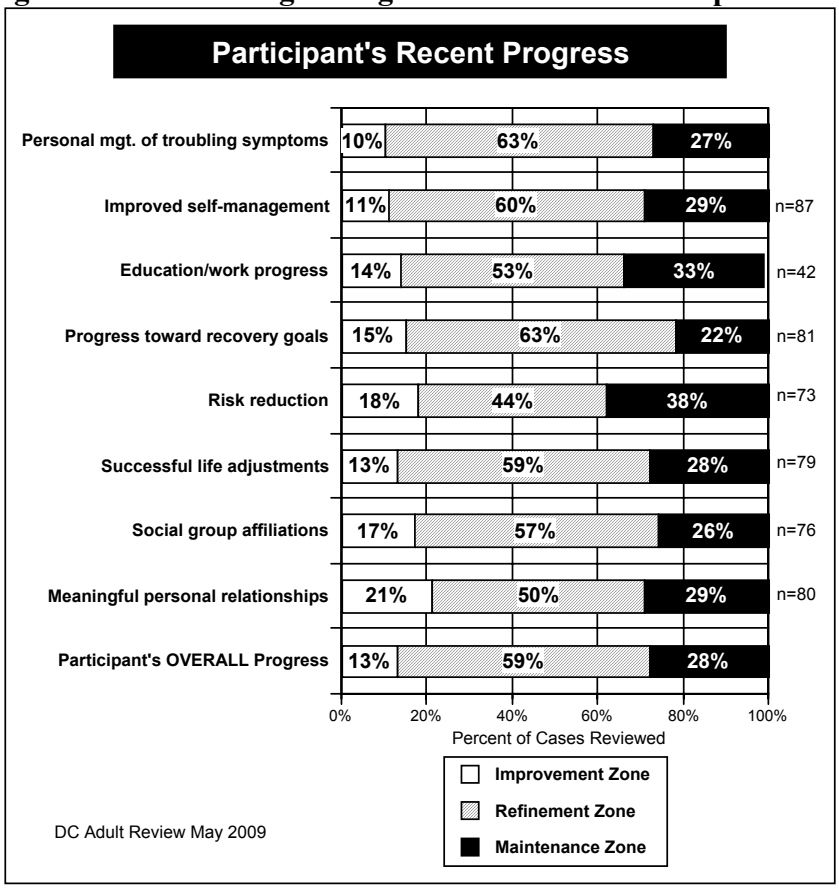
Recent Progress Patterns Showing Change Over Time

The CSR Protocol provided eight indicators that enabled reviewers to examine recent progress for consumers included in the review. Focus is placed on changes occurring over the past six months or since admission if less than six months. Descriptions of these eight indicators can be found in **Appendix A**. **Display 18** uses a "percent acceptable" format to report the proportion of the sample members for which the item was determined applicable and acceptable. **Display 19** uses the "action zone" framework that divides the 6-point rating scale into three segments corresponding to the maintenance, refinement, and improvement zones. While these two different displays are useful in presenting findings, both displays are derived from the same set of case review findings.

Display 18
Percentage of Acceptable Recent Progress Pattern Ratings



Display 19
Recent Progress Pattern Ratings Using the Three-Tiered Interpretive Framework



The two displays present findings for the progress indicators for the review sample. It should be noted that indicators could be deemed not applicable in certain cases, based on specific case circumstances. Progress findings on both displays are summarized concurrently as follows.

Overall Progress Pattern. Reviewers provided a rating of overall progress in each case based on progress indicators deemed applicable for each person. The overall progress pattern was acceptable for 69% of the consumers reviewed this year, an increase of 4% from 2008. Distribution across the zones is slightly different from 2008, with 28% in the maintenance zone (22% in 2008), 59% in the refinement zone (63% in 2008), and 13% in the improvement zone (versus 15% last year). These data indicate a slight positive shift from the improvement and refinement zones into the refinement and maintenance zones, respectively.

Progress in Symptom Reduction and Management. Findings for recent progress in symptom reduction and management of symptoms showed three-quarters (75%) of the sample having acceptable ratings for this indicator, with no significant improvement from the 2008 CSR and no difference in the distribution across the three zones.

Progress Toward Recovery Goals. This indicator was applicable if recovery was an inherent treatment goal for the consumer in his/her individualized recovery plan (IRP) (e.g., adequate maintenance of symptoms, vocational skill development, independent living, substance abstinence, etc) and was found applicable for 81 of the 88 consumers reviewed. Findings for progress toward recovery goals indicate that 65% of the applicable consumers in the review sample had acceptable ratings for this indicator, a slight decline of 3% when compared to the 2008 results. Distribution of these data is similar to the 2008 data: 22% in the maintenance zone (compared to 20% in 2008), 63% in the refinement zone (65% in 2008), and 15% needing improvement (same as 2008).

Risk Reduction. This indicator was applicable for 73 consumers in this year's review of services. Risk reduction is assessed for all consumers and applicable to consumers for which risks of harm were identified and were a component of personal recovery, or needed to have been included as one of the personal recovery goals for the consumer.

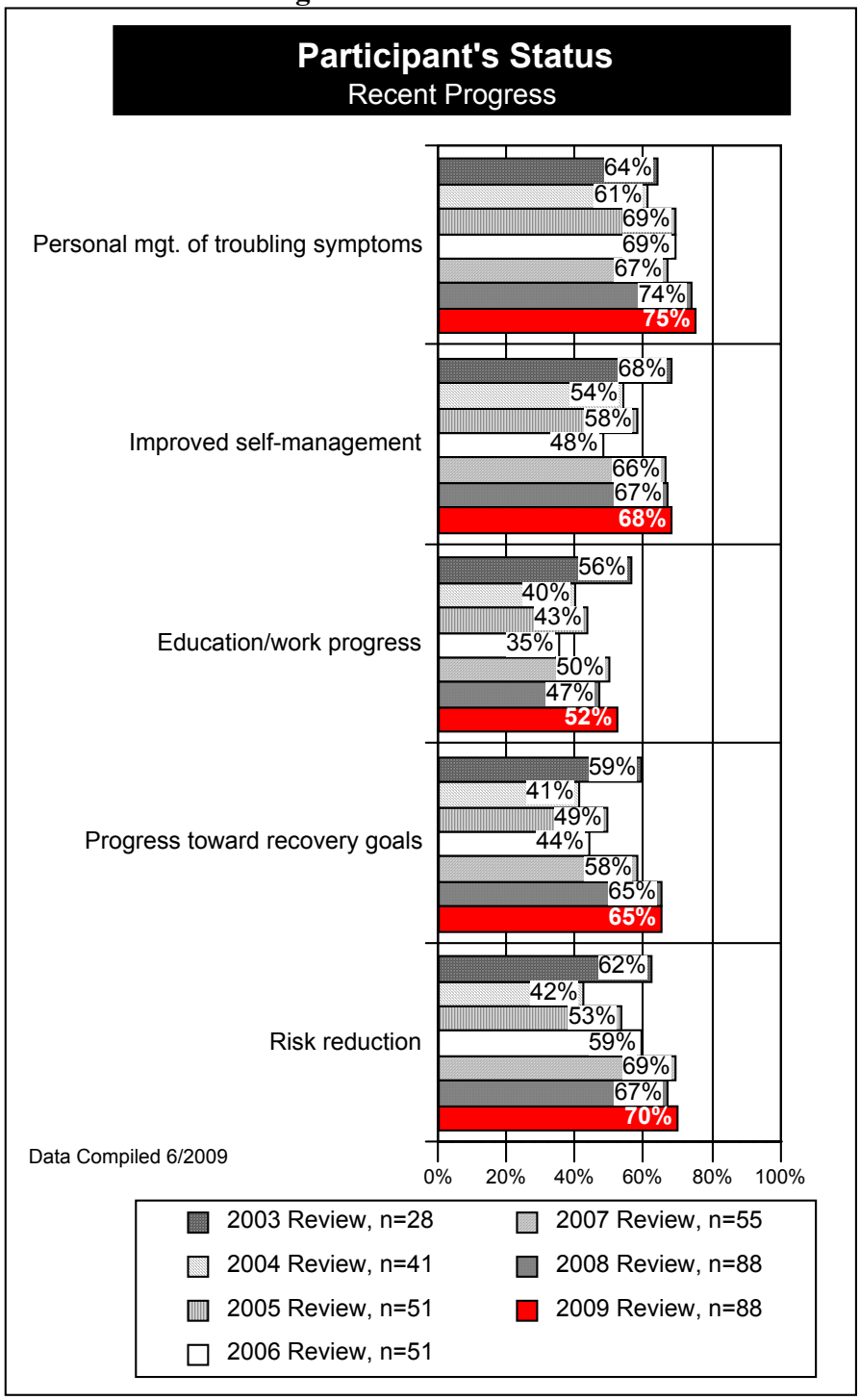
Findings for risk reduction were similar to the 2008 data with progress in this area acceptable for 70% of the applicable consumers, compared with 67% in 2008. There was a similar distribution of scores across the three zones for 2009 when compared to 2008. Thirty-eight percent were in the maintenance zone compared with 36% in this zone in 2008. Forty-four percent were in the refinement zone, which was the same for 2008 and 18% were in the improvement zone, compared to 21% in 2008.

Successful Life Adjustments. Transitions or life adjustments between changes in settings, service providers, levels of care, and from dependency to personal control are factors for the consumers reviewed. This indicator was deemed applicable for 79 of the consumers in this year's review of services. Sixty-three percent of the consumers to which this indicator applied were found to have

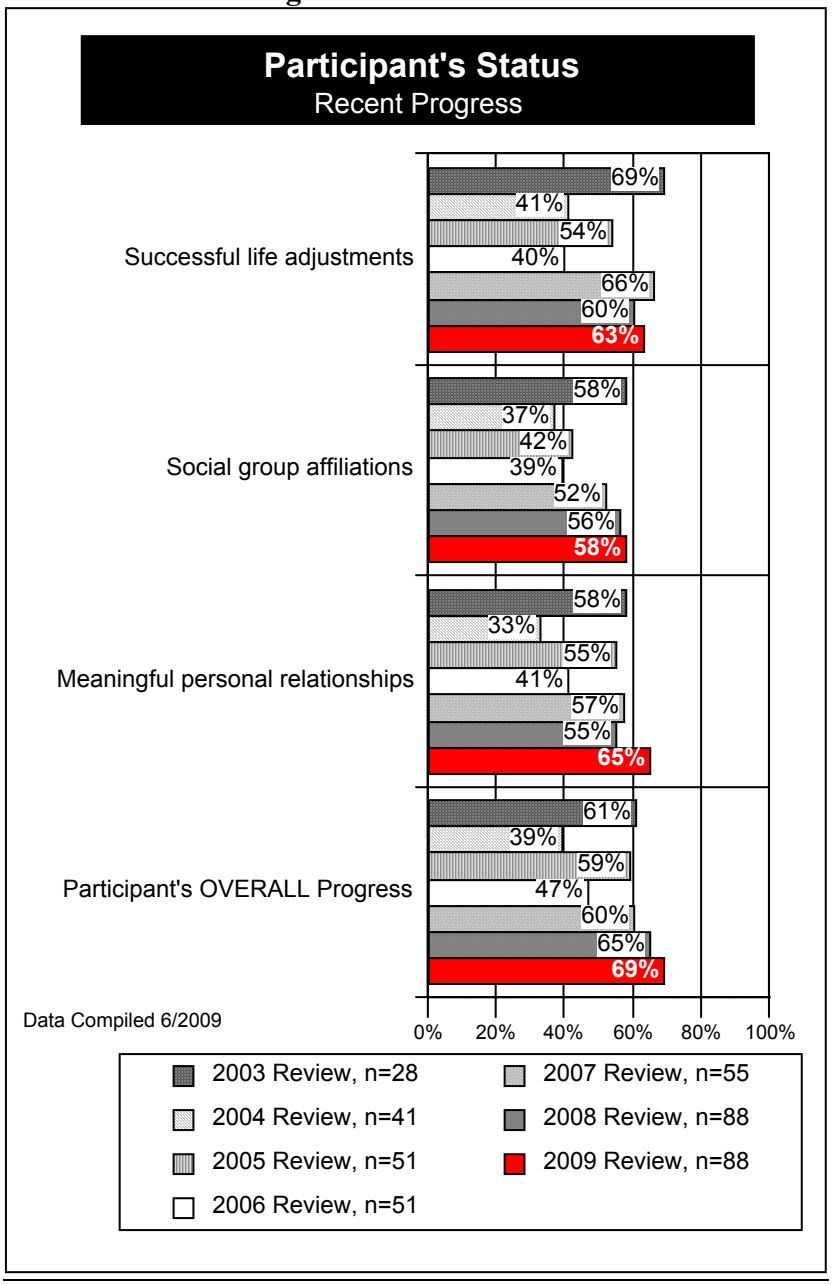
at least minimally adequate progress in this area; an increase of 3% from 2008. Looking at the data from the three-zoned approach, 28% were in the maintenance zone, 59% were in the refinement zone, and 13% fell in the improvement zone.

The following **Display 20** shows the ratings of progress that have resulted from each of the seven reviews. Many indicators this year showed a higher percentage of consumers in the refinement zone when compared with the 2007 results. The overall acceptable progress rating this year of 69% is the highest score to date for overall consumer progress pattern.

Display 20
Overall Consumer Progress Pattern Results for All Seven Reviews



Display 20 (continued)
Overall Consumer Progress Pattern Results for All Five Reviews

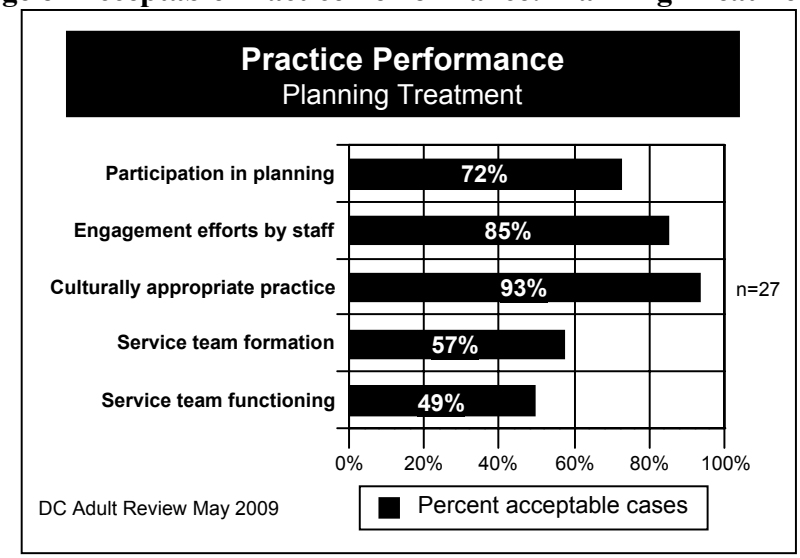


Practice Performance Indicators

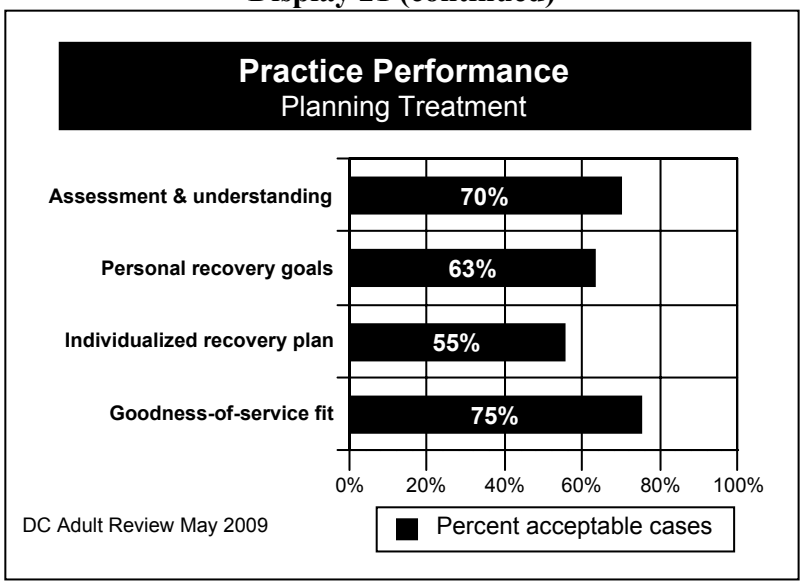
The CSR Protocol contained 17 indicators of practice performance that were applied to the service situations observed for consumers in the review sample. See **Appendix A** for specifics about these indicators. For organizational purposes, the 17 indicators were divided into two sets. The first set—"planning treatment," containing eight indicators—focused on engagement, understanding the situation, setting directions, making plans, and organizing a good mix of services. Findings for these nine indicators are presented in **Displays 21 and 22**. The second set—"providing and managing treatment," consisting of eight indicators—focused on resources, implementation, special procedures and supports, service coordination, and tracking and adjustment. **Displays 23 and 24** present findings for the second set of indicators.

The first set of performance indicators describes important functions and aspects of daily frontline practice. Findings for these indicators are presented in the following two displays and summarized concurrently below.

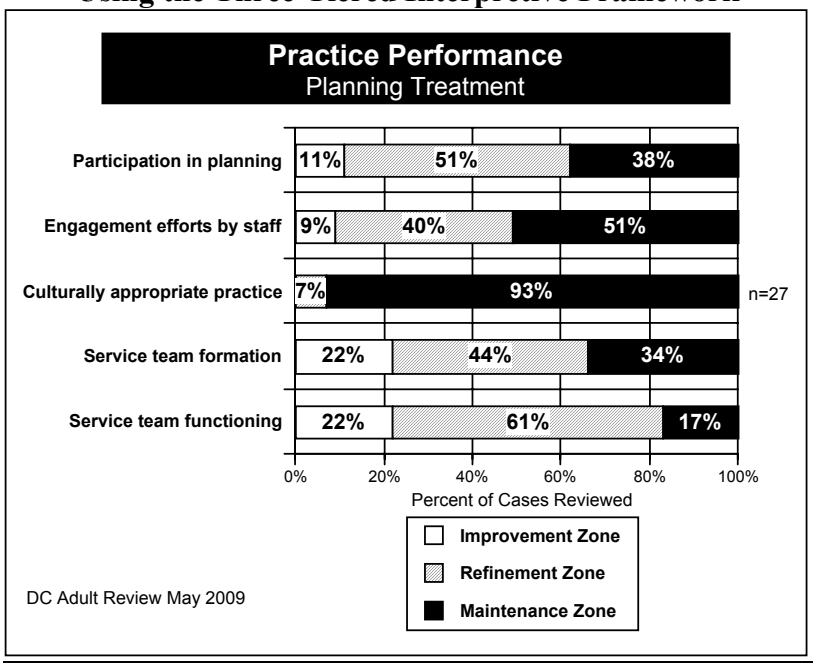
Display 21
Percentage of Acceptable Practice Performance: Planning Treatment Ratings



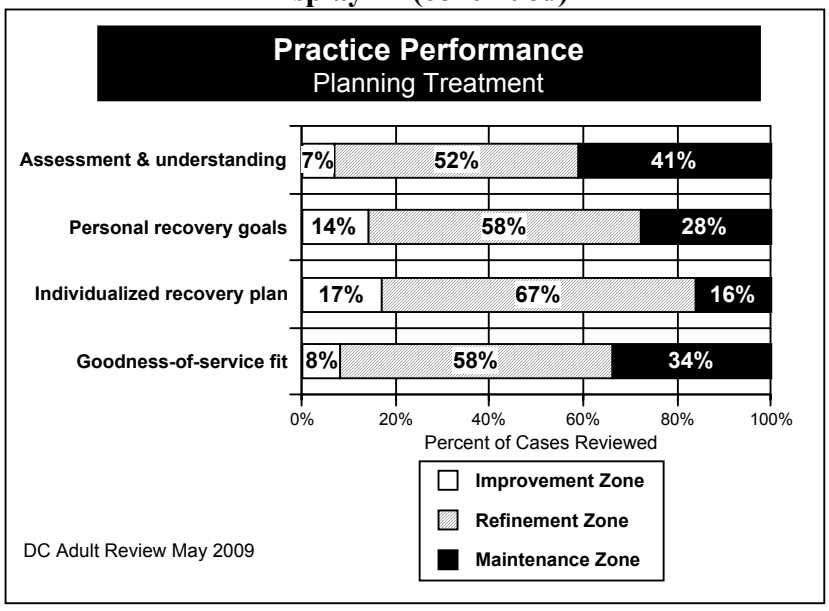
Display 21 (continued)



Display 22
Practice Performance: Planning Treatment Ratings
Using the Three-Tiered Interpretive Framework



Display 22 (continued)



Engagement. Data for engagement of a consumer is collected in two specific areas: participation of the consumer/effectiveness of engagement and engagement efforts of staff. Findings show that CSA workers and staff work diligently to engage consumers to participate in assessment, planning, and treatment activities. Given the severity of symptoms attributed to diagnoses such as schizophrenia, schizo-affective disorder, bipolar disorder, and substance abuse, some consumers can be challenging when motivating participation in aspects of treatment. Regardless, professionals must engage and accommodate a consumer, which often requires tenacity, creativity, patience, and a person-centered approach. Seventy-two percent of the consumers this year were found to have acceptable participation in these processes. This finding is similar to the 2008 review where 69% of the consumers had acceptable participation. Distribution across the zones is the same between the 2008 and 2009 CSRs, with 11% in the improvement/red zone, 51% in the refinement/yellow zone, and 38% in the maintenance/green zone.

The engagement efforts of staff were similar this year: 85% in 2009 versus 83% in 2008. Distribution across the zones for this indicator shows 9% of the consumers needing improvement in engagement efforts (improvement/red zone), 40% needing refinement (refinement/yellow zone), and 51% in the maintenance/green zone. According to these data, it appears that agency workers are making diligent efforts, at largely acceptable levels, to engage consumers (85% acceptable efforts); however, efforts are not matching the outcome or are not necessarily effective (72% consumer participation). There is a slight improvement in this area and is a strength when examining the overall practice of the system.

Teaming. Service teams are expected to involve the consumer, informal supports, and service providers in all aspects of decision making, planning, identification of needs and services, and development of measurable outcomes. There is no fixed formula for team composition, but the team should be the "right people" for the person and include those who are active service providers in the consumer's life and other persons whom the consumer may identify. The service team should function as a unified team in planning, implementing, and monitoring of services. The actions of the service team should reflect a coherent pattern of teamwork and collaborative problem solving that achieves results benefiting the adult service consumer. Teams should

include active participation of service providers and the consumer, and ideally should be "person-centered" and based on a recovery model of practice.

Teaming indicators are broken down into two separate indicators: formation and function, as these aspects impact teaming differently. Findings for service team formation were acceptable for 57% of this year's review sample, an increase of 4% when compared to the 2008 data for this indicator; however, this continues to be a significantly lower acceptable percentage when compared to the 2007 and 2006 reviews where 75% and 69% of the consumers were rated acceptable, respectively. Distribution of ratings among the three zones shows 22% of consumers in the red or improvement zone (compared to 18% in 2008), 44% in the yellow or refinement zone (54% in 2008), and 34% in the green or maintenance zone (28% in 2008). Nineteen consumers were rated 3-unacceptable/refine in team formation with 39 consumers total in the refinement zone.

The functioning of service teams was found to be at least minimally adequate for about half of the consumers reviewed (49%), which is a 2% decrease from the previous year's review. There is similarity in the distribution of the data across the three zones with a negative 5% difference in both the improvement/red and maintenance/green zones (5% more in the red zone and 5% less consumers in the green zone). Twenty-six consumers received a 3-unacceptable/refinement rating for team functioning, with 54 consumers total in the refinement zone.

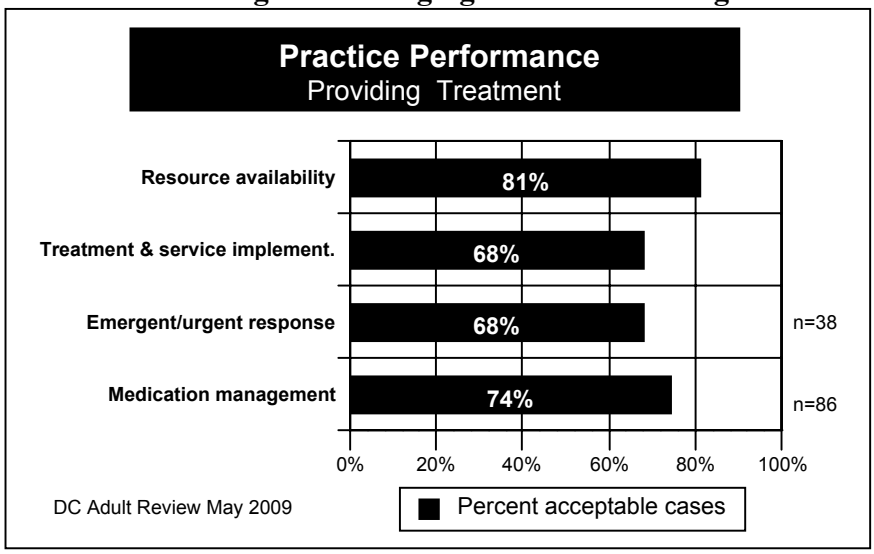
Assessment and Understanding. This indicator is not limited to the presence of psychological, intake, or other types of assessments or assessment tools, and includes the team's overall understanding of the consumer (i.e., history, symptoms, triggers and cycle, preferences, strengths, needs and supports, etc.) and the use of this knowledge to drive planning and interventions. Teams were adequately knowledgeable in 70% of the consumers reviewed and were comparable to the 2008 (74%), 2007 (76%), and 2006 (75%) findings. For this indicator, there is a shift in the distribution of findings across the three zones. There are more consumers this year in the improve (7%) and maintain zones (41%) when compared to last year (1% and 34%, respectively). Fifty-two percent of the persons reviewed in the 2009 CSR were in the refine zone.

Individualized Recovery Plan. Findings for IRPs were acceptable for 55% of the consumers included in the review, an 8% decrease from the 2008 data. Seventeen percent were in the maintenance or green zone (20% in 2008), 67% in the refinement or yellow zone (69% in 2008), and 17% needing improvement or in the red zone (11% in 2008).

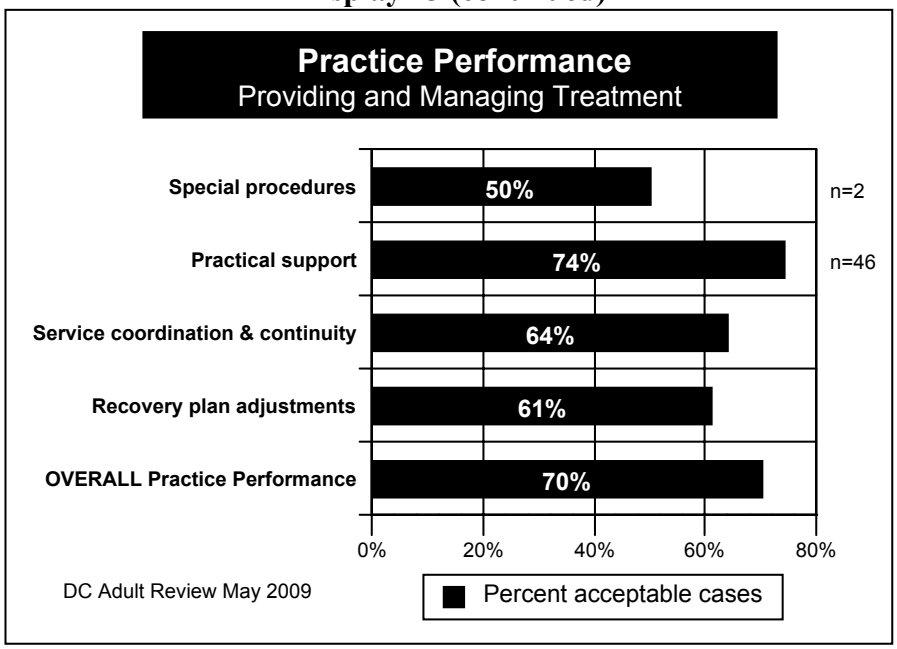
Practice Performance: Providing and Managing Treatment

The second set of performance indicators covers important functions related to the provision and management of treatment and support services for consumers. The findings for this set of indicators are stronger than the planning treatment indicators presented previously. As with the first set of findings, these indicators are presented in **Displays 23 and 24** and summarized concurrently below.

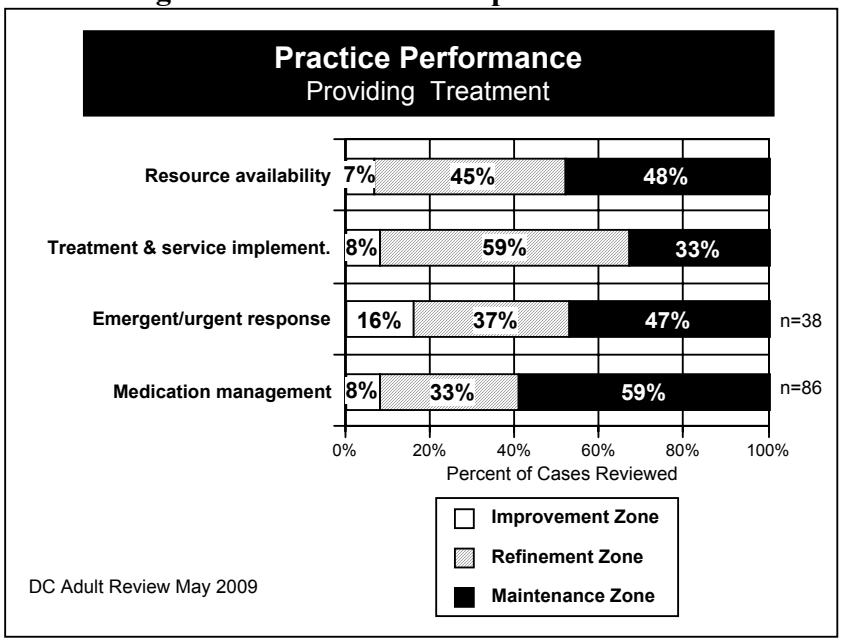
Display 23
Percentage of Acceptable Practice Performance:
Providing and Managing Treatment Ratings



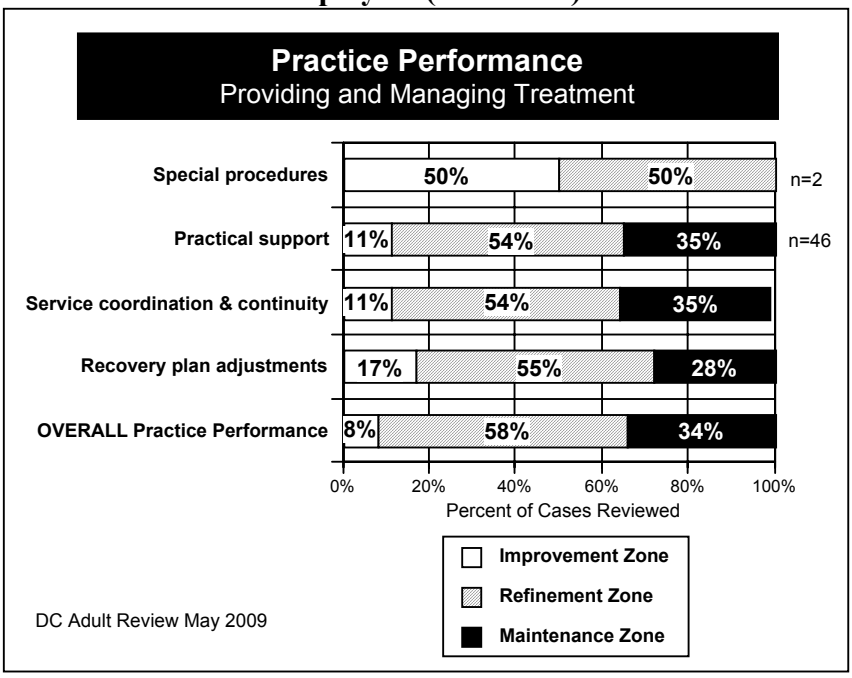
Display 23 (continued)



Display 24
Practice Performance: Providing and Managing Treatment Ratings
Using the Three-Tiered Interpretive Framework



Display 24 (continued)



Treatment Implementation. Findings for treatment implementation were acceptable for 68% of the sample this year. Distribution across the zones for 2008 indicates slightly more consumers in the refinement zone than in 2008 (59% versus 53%) and slightly less in the maintenance zone (33% versus 38% in 2008).

Service Coordination and Continuity. Service coordination is an important function when working with adult consumers of mental health services. Ideally, a coordinator or case manager should be working with all members of the team and facilitating the teaming process. This process includes managing the flow of information between and to team members, linking the consumer with community resources and supports, and coordinating all aspects of care for a consumer. This function was found acceptable for 64% of the consumers reviewed in this year's CSR, of which 35% were in the maintenance or green zone, 54% in the refinement or yellow zone, and 11% in the improvement or red zone. These findings show an 8% decrease in the percentage of acceptable practice in this area, a 6% decrease in consumers in the green zone, an 8% increase in the yellow zone, and a 4% increase in the red zone.

Recovery Plan Adjustments. Findings for recovery plan adjustments improved this year by 6%. Fifty-five percent (55%) had acceptable ratings in 2008 and 61% have acceptable practice in the 2009 CSR. Again, the data distribution across the three zones shows a shift away from the refinement zone and into both the improvement and maintenance zones. In 2009, 15 consumers (17%) fell in the improvement zone, 48 consumers (55%) were in the refinement zone, and 25 consumers (28%) were in the maintenance zone.

Overall Practice Performance. The protocol provides a scoring rubric for combining rating values across the items deemed applicable to the person being reviewed to produce an "overall practice performance rating." Applying this rubric resulted in the determination that overall practice performance was rated as acceptable (rating levels 4, 5, and 6) for 70% of consumers, a 4% decline from the 2008 review and a 10% decline from the 2007 review. Distribution for overall practice performance shows 8% of the consumers reviewed falling in the improvement zone, 58% in the refinement zone, and 34% in the maintenance zone. There is a 1-2% difference in each zone when compared to the 2008 data.

In **Appendix C** of this report are agency-by-agency results for the consumers reviewed. **This agency-by-agency comparison should be interpreted with caution since sample sizes for some of the provider agencies are extremely small**. **Generalizations regarding specific agency practice should not be made based on the individual case review results due to the small sample sizes for the agency-specific findings**, rather the small samples of consumers are illustrative of system performance for each of those randomly selected consumers from participating core service agencies.

ACT Services

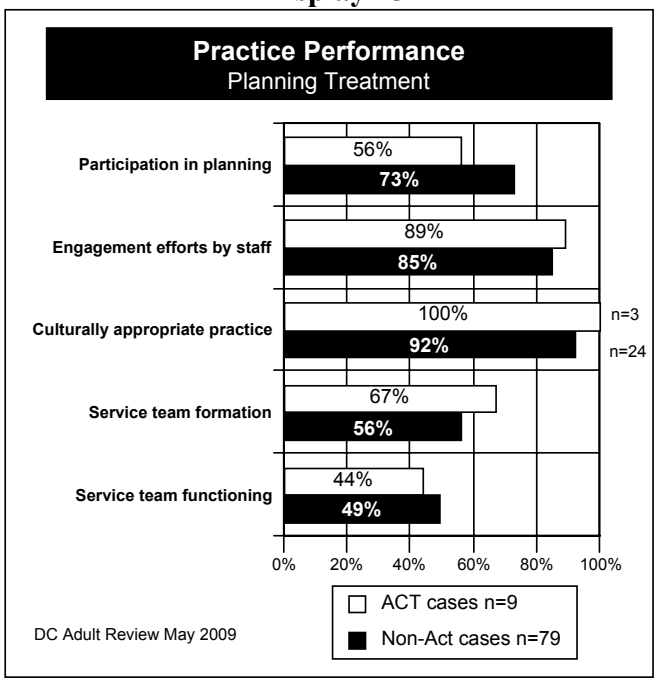
Nine adults receiving ACT services (10% of the total number of cases reviewed) from four CSAs were included in this year's CSR. Data comparing ACT services with consumers receiving non-ACT services are presented below; however, readers should be cautious in generalizing these findings to the larger ACT population due to the low percentage represented in the review. **Display 25** below compares practice functions between ACT and non-ACT consumers. As expected, ACT consumers have higher and more complex needs. All nine of the ACT consumers in the 2009 CSR had GAF scores <60 and co-occurring conditions were either substance abuse/addiction (3 persons) or health impairment (10 persons), with some consumers having both. Overall status for ACT consumers was 56% acceptable versus 76% for non-ACT consumers. The difference in status can also been seen in the distribution across the three zones. Six percent of the non-ACT consumers were in the improvement/red zone compared to 22% of the ACT consumers in this same zone. Fifty-seven percent of the non-ACT consumers and 66% of the ACT consumers were in the refinement zone and 37% of non-ACT and 11% of ACT consumers were in the maintenance zone. There are noticeable differences in other key areas as well. Seventy-two percent (72%) of non-ACT consumers were making adequate or better progress, compared with 44% of the ACT participants. Practice functions were similar in most indicators, with some indicators being stronger for non-ACT consumers. The overall system performance was similar between non-ACT and ACT for 2009, with at least minimally acceptable overall practice occurring for 71% of non-ACT and 67% of ACT consumers in the review. However, there is a 12% difference in overall practice in non-ACT consumers when compared to 2008 where 83% of non-ACT persons were rated at least minimally acceptable. Team functioning was also similar between the two groups with both having

challenges in this area; 49% of non-ACT and 44% of ACT consumers had acceptable functioning teams. Implementation of treatment approaches yielded very little difference, with 68% of non-ACT consumers and 67% of ACT consumers having acceptable performance.

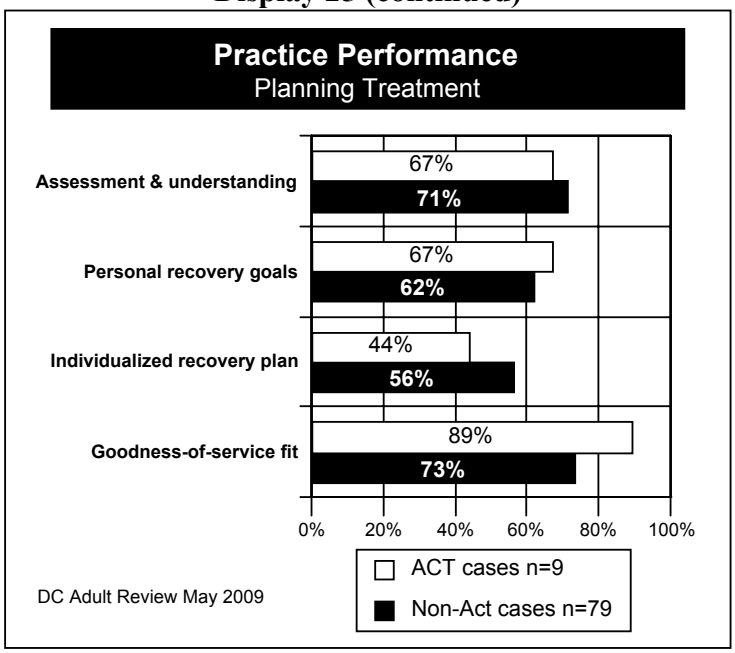
Two areas showing marked differences between the two groups are planning and coordination. Planning functions were stronger for non-ACT consumers, with 56% having acceptable plans and 44% of ACT consumers having acceptable plans. ACT consumers tend to be more complex and require plans that reflect multiple levels of need. Conversely, ACT consumers tended to have stronger service coordination (78% acceptable) than non-ACT consumers (62% acceptable), likely due to teaming and coordination that is inherent in the structure of the ACT model.

Overall practice performance is slightly stronger for non-ACT consumers by a few percentage points, with very little differences in key areas, such as team functioning and treatment implementation. There are more noted differences in service coordination (ACT services stronger) and planning (non-ACT services stronger), however, generalization to the larger ACT population is cautioned as only 10% of the CSR sample consisted of consumers receiving ACT services.

Display 25



Display 25 (continued)



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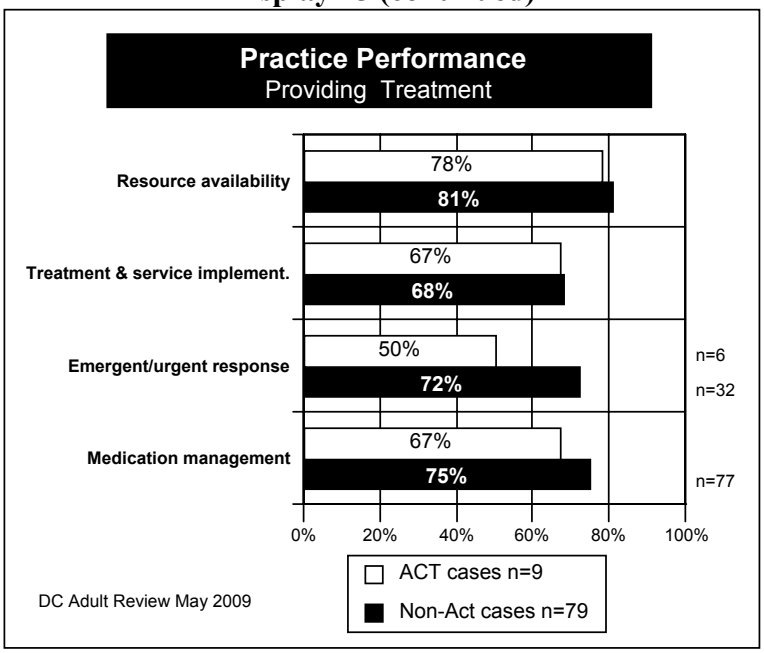

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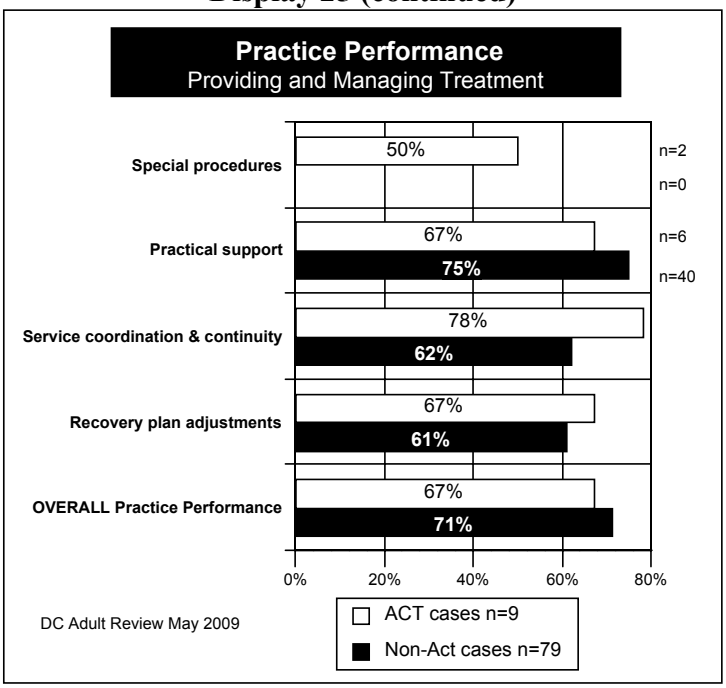
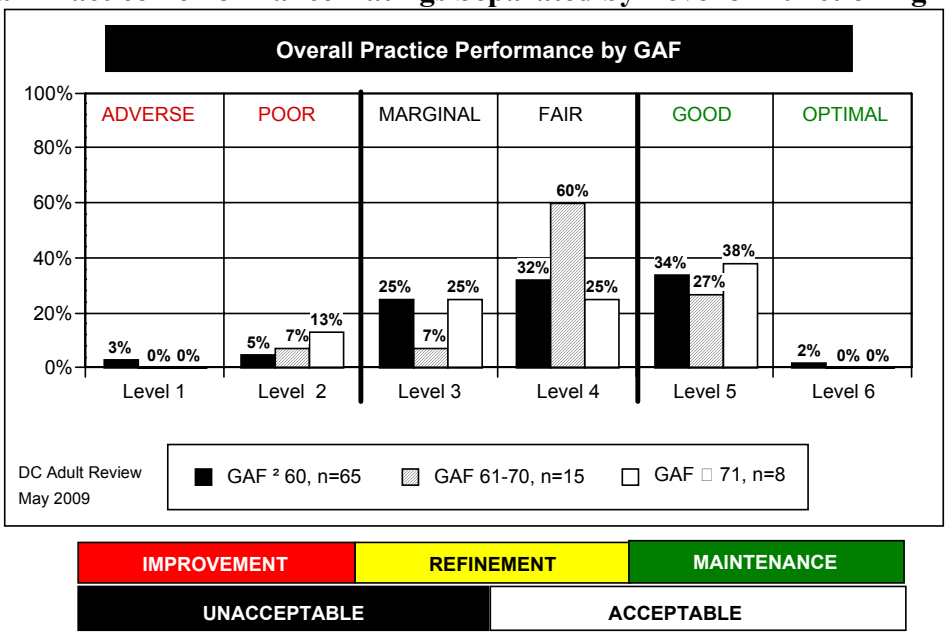
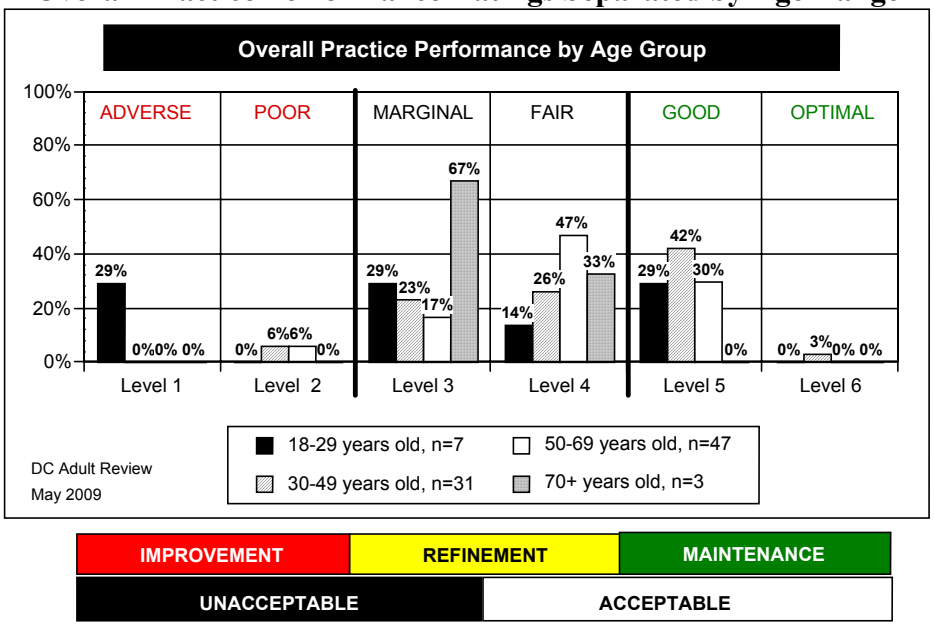


The following two displays provide additional methods of interpreting results from the review. **Display 26** provides the overall practice performance ratings separated by the consumer's general level of functioning. **Display 27** provides the overall practice performance ratings separated by age range. These tables show the percentage of consumers who were rated a 3-unacceptable/refine. These consumers require focused efforts in specific areas to bring practice to an acceptable level. Focused efforts in teaming functions is a good starting point as strong practice in these areas sets the foundation for strong practice in other areas, such as planning and implementation of services. Focused efforts in teaming may have the most impact for consumers rated in the 3-unacceptable/refine range.

Display 26
Overall Practice Performance Ratings Separated by Level of Functioning Range



Display 27
Overall Practice Performance Ratings Separated by Age Range

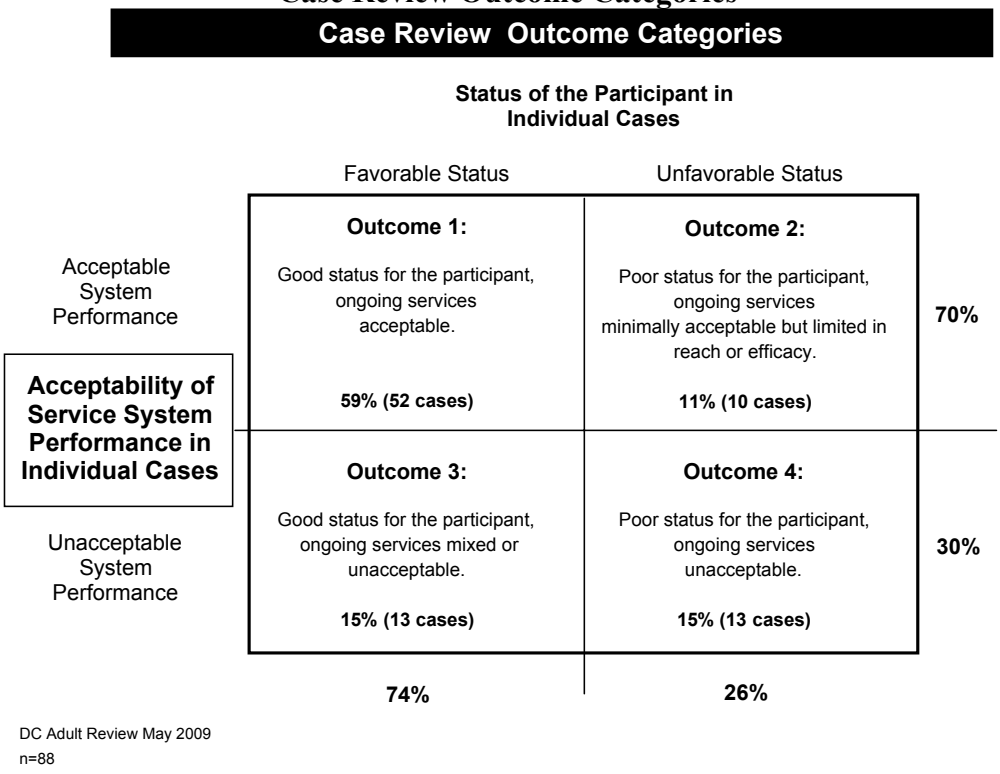


Consumer Review Outcome Categories

Members of the review sample can be classified and assigned to one of four categories that summarize review outcomes. Sample members having overall status ratings in the 4, 5, and 6 levels are considered to have a "favorable status." Likewise, those having overall practice performance ratings of 4, 5, and 6 are considered to have "acceptable system performance" at the time of the review. Those having overall status ratings less than 4 had "unfavorable status" and those having overall practice performance ratings less than 4 had "unacceptable system performance." These categories are used to create the two-fold table shown in the following display.

As noted in **Display 28,** 52 (59%) of the consumers fell into outcome category 1. Outcome 1 is the desired situation for all adults receiving services in which the consumer is doing well and the service system is responding appropriately to his/her needs. This is an 8% decline from last year. Ten consumers or 11% of the sample fell into outcome category 2, a slight increase of 2% when compared to 2008 (9% in 2008). Outcome 2 includes those consumers whose needs are so complex that despite the diligence of appropriate response of the service system, the consumers continue to have poor status. Outcome category 3, which includes those whose status was favorable but experienced less than acceptable service system performance, was found for 13 consumers, or 15%, an increase of 6% from 2008 (9% in 2008). Some adults are resilient and may have excellent supports provided by family, friends, or others whose efforts are contributing to their favorable status; however, current service system performance may be limited, inconsistent, or seriously inadequate at this time. Those in outcome 3 may be progressing or doing well despite the system. Thirteen consumers (15%) also were in review outcome category 4. In outcome 4, the consumer's overall status is unacceptable and overall system performance is also unacceptable; this category is the least desirable of the outcome categories. This is a slight decrease when compared to the 2008 results in which 17% were in this outcome category.

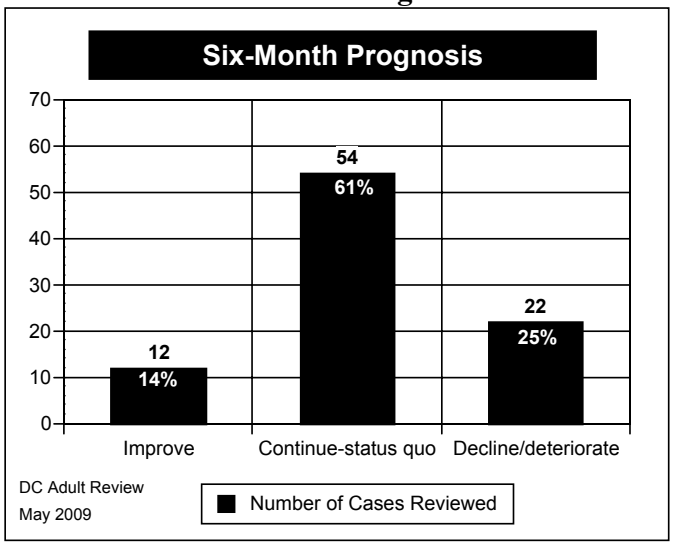
Display 28
Case Review Outcome Categories



Six-Month Prognosis

Reviewers provide a six-month prognosis for each member of the sample based on an overall impression of the current status and trajectory of the consumer, how the system is performing for that individual consumer, and any known upcoming transitions or changes. The following display presents the six-month prognosis offered by reviewers for all consumers in the review. This display indicates that 54 (61%) of the consumers reviewed are expected to remain as they are currently. Twelve consumers (14%) are expected to improve in the next six months and 22 consumers (25%) are expected to decline or experience deterioration of circumstances over the next six months. These data are different than found in 2008 where 65% (57) were expected to remain the same, 20% (18) expected to improve, and 15% (13) expected to decline over the next six months. There are a higher number of consumers expected to decline in the next six months, as compared to the 2008 CSR (25% in 2009 and 15% in 2008).

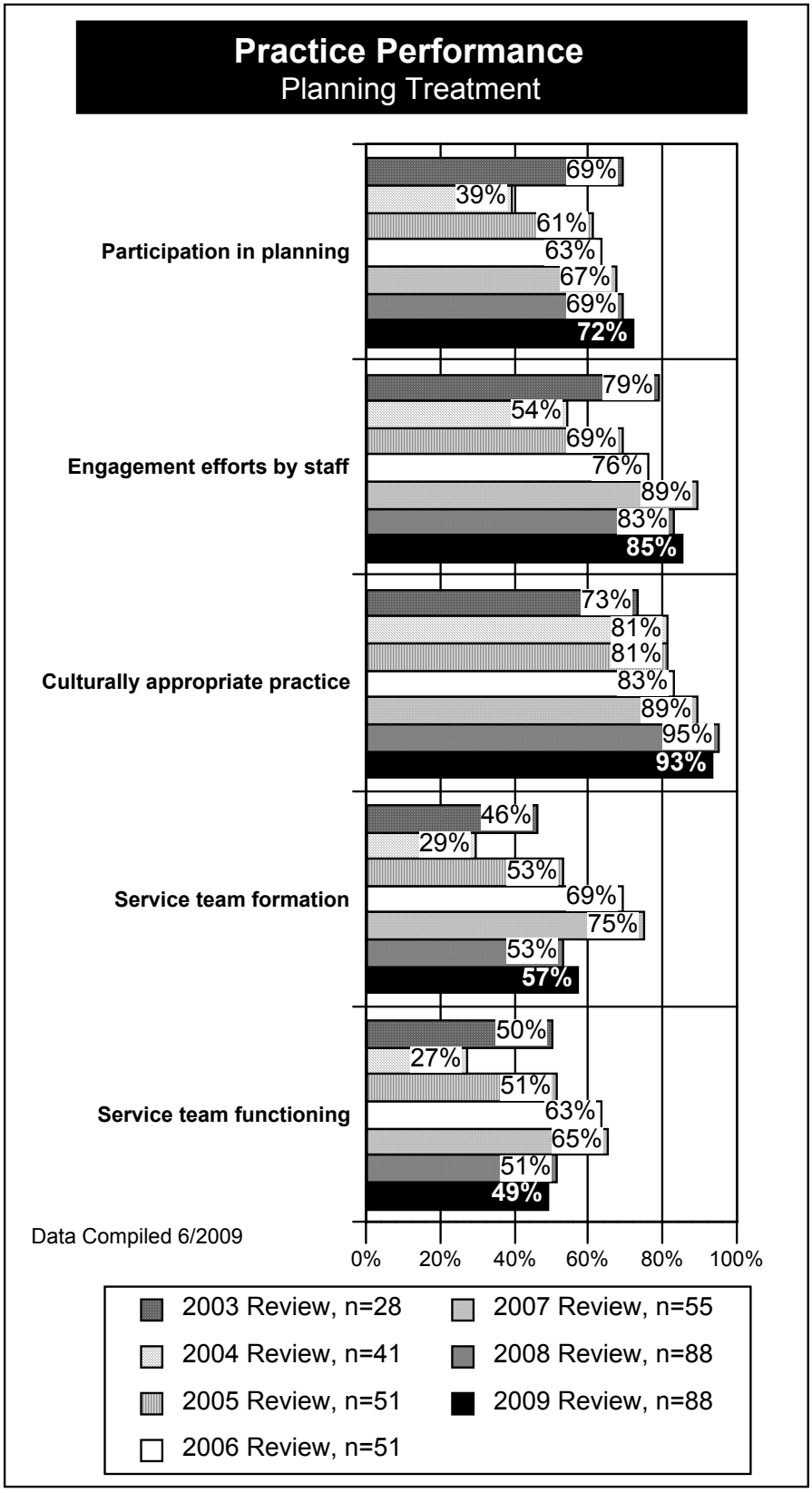
Display 29
Six-Month Prognosis



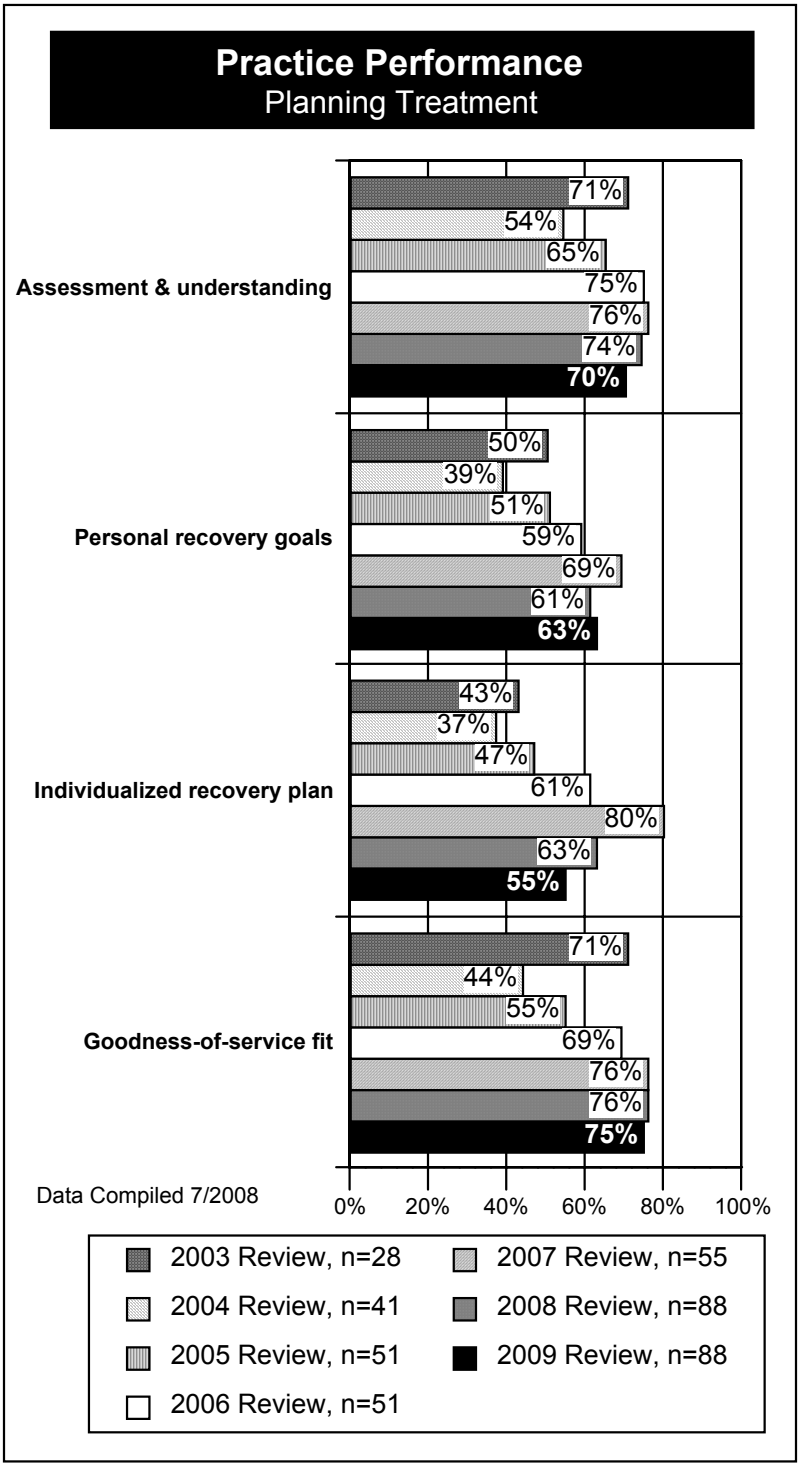
Display 30 presents the rating results for practice performance over all seven years in which reviews have been conducted. Discounting the first-year review because of the lack of a representative sample, the data showed a positive trend, with a peak in 2007 of 80% acceptable system performance. The system appears to be sliding backwards over the past two years; however, there is consistent strength in areas such as engagement efforts (85% acceptable), satisfaction (91%), and availability of resources (81%). The system appears to be continuing to struggle with teaming and aspects of teaming, such as the formation of teams (57% acceptable), functioning of teams (49%), coordination of care (64%), and adjustment of plans (61% acceptable). Based upon the system or practice performance scores, the system appears to be struggling somewhat in the ability to practice consistently in accordance with a recovery model, person-centered approach to practice. It is important for leadership to continue to identify strengths and targeted areas for improvement in order to further develop focused system-wide initiatives and specific support to CSAs.

The following **Display 30** illustrates the system performance indicator ratings across each year of review.

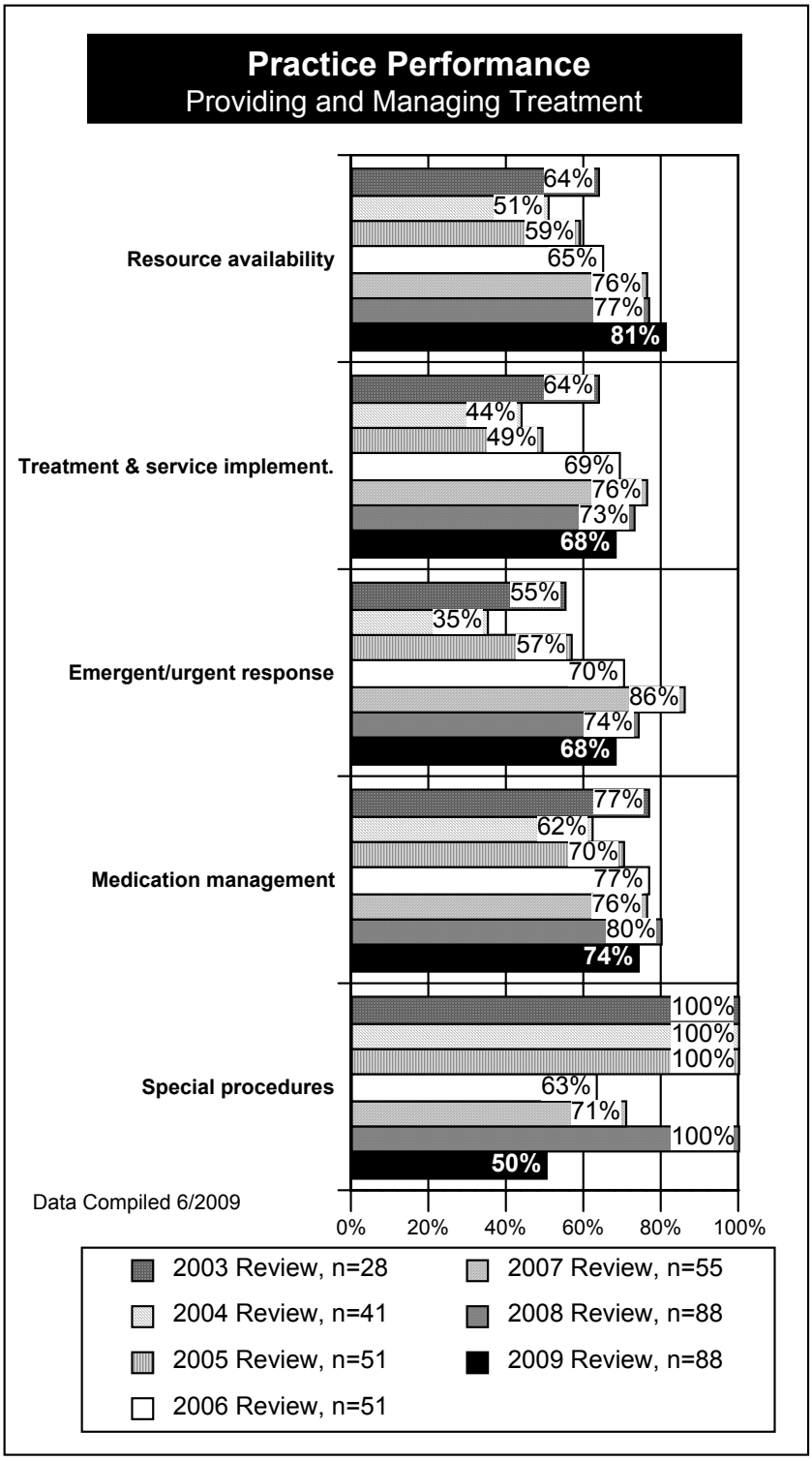
Display 30
Overall Consumer Practice Performance Results for All Seven Reviews



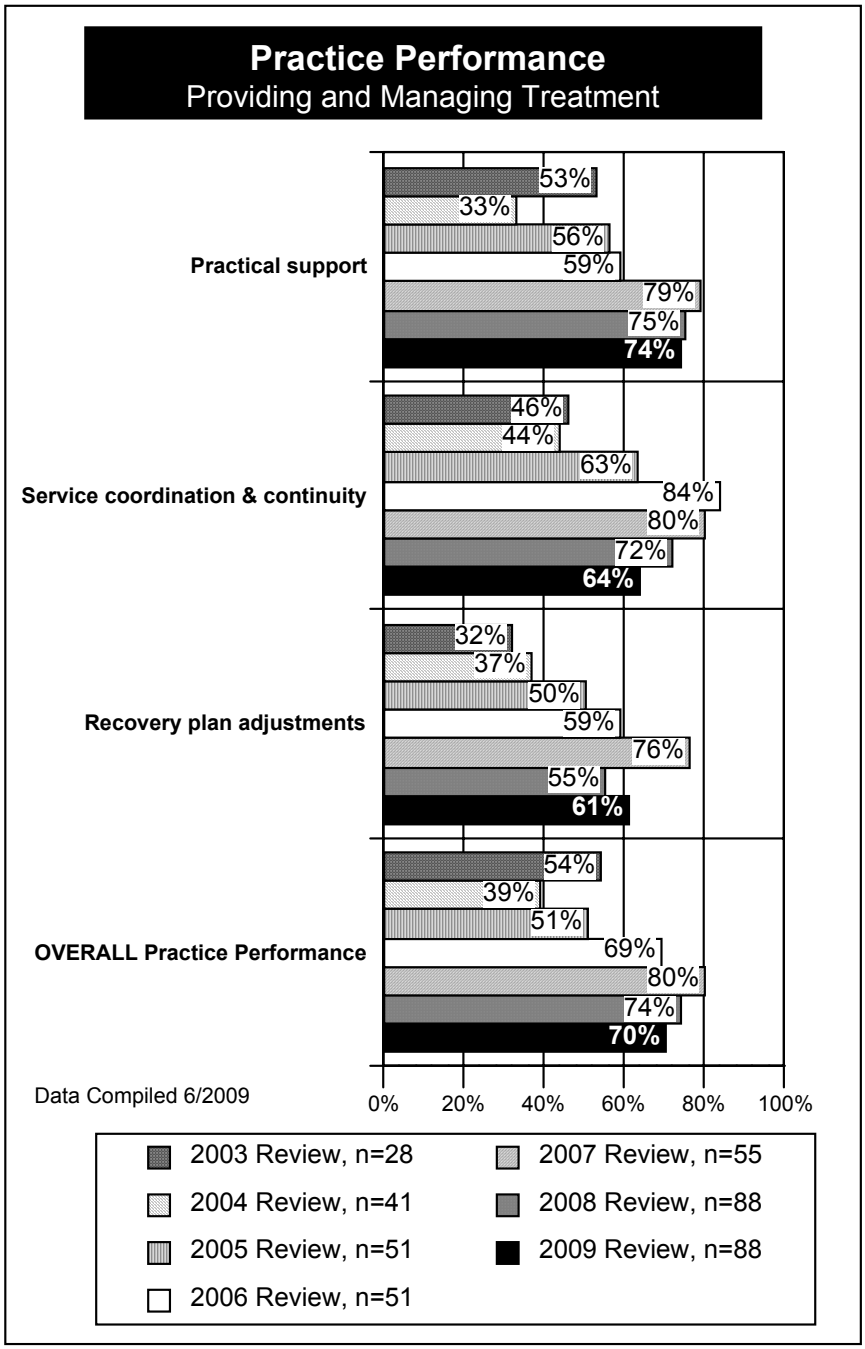
Display 30 (continued)
Overall Consumer Practice Performance Results for All Seven Reviews



Display 30 (continued)
Overall Consumer Practice Performance Results for All Seven Reviews



Display 30 (continued)
Overall Consumer Practice Performance Results for All Seven Reviews



Qualitative and Quantitative Summary of Review Findings: Themes and Patterns Noted in the Individual Consumer Reviews

Overall, the findings from the reviews of 88 adult consumers showed that some (70%) consumers are getting consistent and appropriate services, most of the time. Progress in providing more consistent services in accordance with the practice model and performance expectations is being challenged. One caveat to the data and the overall findings is that the sample reflects consumers who are receiving services currently and who are willing to consent to having their services reviewed. The sample does not include persons who have difficulty with access, people at transition points between hospital and community, or jail and community, or who are resistant to engaging with the system. As such, the findings apply primarily to the relatively typical consumer receiving services. Analysis of the data shows the following regarding the patterns of services shown in this year's reviews.

- There is a shift in the age of the sample as there are more adults in the older age ranges. This also reflects an overall shift in the population towards older age ranges. Practice expectations for the elderly population should be appropriate to life stage. How to structure "retirement" should include peer support specialists, volunteer work, engaging in daily activity, and awareness of health and end-of-life issues.

- Coordination efforts were found at least minimally acceptable for sixty-four percent (64%) of the consumers reviewed. When described across the three zones, sixty-five percent (65%) also were in need of improvement or refinement in this area.

- There continues to be a rich array of resources and supports in the District.

- Physical health was listed as the most frequent co-occurring condition, with 58% of the consumers reviewed having physical health issues. Two-thirds of the consumers reviewed were rated as needing improvement or refinement in their physical health and well-being.

- With the high number of consumers having medical conditions and impairments, there is confusion regarding who is coordinating which aspects of psych-medical care and who is

responsible for making sure that pertinent health care information is exchanged among providers (i.e., medication, side effects, and important issues such as hospitalization).

- There were few differences in core practice functions when comparing ACT and non-ACT consumers. Non-ACT consumers were functioning better in regards to overall status and progress pattern and had better plans. As expected, ACT consumers were more complex and lower functioning and had stronger coordination of services.

- During debriefings and in write-ups, reviewers found and noted that there continue to be diligent efforts by staff to engage consumers in treatment activities (85% of the review had at least minimally acceptable engagement efforts by staff).

- More consumers are taking more medications for symptom management and mental health issues. Fifty-one percent were taking three or more medications in the 2009 review, compared to 37% in 2008.

- Consumers in the CSR are more complex this year, with more consumers having difficulty functioning in multiple areas (74% having a general level of functioning of <60). In 2008, 69% (61 consumers) had a general level of functioning of <60, or difficulties in multiple areas.

- Consumers continue to be satisfied with services. The findings for 2009 yielded a high percentage of satisfied consumers, with 91% reporting at least minimal satisfaction with services received.

- Eighty-three percent of the consumers reviewed were living in an acceptable and appropriate living setting, with 38% living in their own homes.

- Consumers were progressing in the area of life adjustments and transitions, including consumers transitioning from the DCCSA to other CSAs. Reviewers described instances

where consumers who were transitioning from DCCSA to other CSAs were experiencing at least minimally acceptable transitions and life adjustments.

- Teaming continues to be a challenge area for the system. Reviewers noted in debriefing sessions and when discussing practice strengths and challenges that there were instances of strong teaming and well-formed teams. However, there is a general lack of understanding regarding which situations require increased teaming (when to engage in collaborative problems solving, etc). It also continues to be challenging for professionals to participate in teams and meet productivity requirements.

- Just over half (55%) of the consumers reviewed had acceptable treatment plans, either written or informal.

The biggest challenges in the performance domains continue to be team functioning (49% acceptable), identification of personal recovery goals (63% acceptable), and planning activities to address recovery goals (55% acceptable). Reviewers found occurrences of treatment plans being similar from consumer to consumer, with plans not reflecting individualized therapeutic strategies or differential therapeutics and were not adjusted to changing conditions of practice or consumer situation. Reviewers further reported that some consumers had several treatment plans that were essentially the same plan; however, the plans were without updates or adjustments. These are some of the factors attributing to the rating of 61% acceptable practice in the indicator for recovery plan adjustment. In addition, reviewers found a few instances where the provider who was developing or updating the treatment plan was not providing services, not working with the consumer, or did not know the consumer (or their needs, preferences, goals, etc.).

Individual consumer reviews completed during the CSR were debriefed with other review team members in order to identify individual and systemic themes and patterns. The content of the individual narratives for these consumers was studied to identify emerging themes and patterns. Following are a list and general discussion of systemic themes and patterns noted from the cases.

Strengths

- Providers are working hard, want to positively impact the lives of adults living with mental illness, and want to do a good job.

- Reviewers found that many consumers were living in their own homes and many were working or in some type of employment setting (38% were living in their own home; 7% in supported living; 7% in an independent living program; 17% with family members).

- Reviewers found examples of consumers becoming better advocates for themselves.

- There were some good examples of teamwork and communication. This was occurring more often and teams were embarking on different levels of conversation (more person-centered or more in-tune to life stage, etc.)

- There are an increasing number of ACT teams.

- Consumers and stakeholders reported positive experiences with mobile crisis teams.

- There is a new forensic and court diversion program that reportedly is decreasing the number of consumers needing competency hearings.

- Consumers are consistently resilient.

- There were reports of strong medication management with long-term psychiatrist involvement. In some instances, the psychiatrist was the most consistent team member and the person with the most knowledge about the consumer.

- There appeared to be a lot of support and involvement of family members this year.

Opportunities for Improvement

Opportunities for improvement were derived from the numerical ratings data, qualitative data from focus groups and reviewer debriefings and discussions, as well as the written narratives of consumer stories. While improvements have certainly been made, there continue to be challenges to the system to provide recovery-focused services that are timely and responsive to the specific situation presented by each consumer and his/her particular context. Below are opportunities for improvement, based on the information gathered during the review week, including data, interviews with consumers, treatment team members and family members, focus groups, and debriefing sessions with reviewers. There continue to be examples of lack of communication among persons who are essential to the consumer's overall intervention requirements.

- CSW turnover continues to be an issue with supervisors having not much more experience. The District's mental health system is complex. CSWs are not consistently well-informed regarding the system components, resources, accessibility, and options. There continues to be a concern with CSWs' level of experience and support in their roles.

- Clinical oversight and supervision for frontline workers is an area for further development system-wide. Supervision is occurring in groups, as staffing, in regards to consumers in crisis, and in regards to managing productivity versus clinical need of consumers. Many supervisors report being restricted in the scope of their role to reviewing and signing paperwork, with little time for mentoring, coaching, supporting, and "growing" of staff. Many CSWs are new to the field of social work and are working with very complex consumers with multiple levels of need and severity. Supervision, as a component of practice across the system, needs to be more focused on improving the effectiveness and quality of frontline work and less on administrative matters.

- There is a need for collaborative efforts with health care resources and providers. Communication with primary health care providers is becoming increasingly more essential as the population ages and given the multiple, serious co-occurring health issues present in adults living with mental illness.

- Despite acceptable ratings for the indicator for appropriate living arrangements, reviewers found consumers and stakeholders reporting that housing continues to be a major issue for the District. Persons with mental illness and housing needs are competing with greater numbers accessing housing resources; longer waiting lists for resources; unsafe neighborhoods; and a decrease in availability of housing close to public transportation. There were also concerns expressed regarding the adequacy of the preparation and supervision of consumers when they moved to less structured settings.

- Electronic records continue to provide sparse and incomplete information. Many were found to be limited in the information that was provided, not descriptive of services that were being provided, not addressing progress toward goals, and not containing history prior to the consumer coming to the current CSA.

- Treatment plans largely appear to be used for billing purposes, rather than for guiding teams and driving functional and goal focused treatment. There were some strong IRPs; however, this was not found consistently throughout the case reviews. Plans were seen as repetitive and incomplete; frequently not evolving and adjusting to meet the needs of the consumer.

- This year it was again clear that the District is lacking a strong, specific, client-centered treatment team model. Although there is a greater awareness, it is still not clearly and fully understood, by community support workers, therapists and supervisors, what the expectations are with regard to effective communication and teaming.

- Services need to be accessible to meet the person's needs, personal recovery goals, and treatment goals. The data indicate that consumers are of higher need this year (74% GAF score <60), with more consumers receiving less intensive levels of care (54% receiving basic, recovery/maintenance, or low-intensity services).

- While much progress has been made, there is an ongoing need to address trauma-informed care. There is a greater awareness of the impact of trauma on adults with mental health needs.

- Some cases lack a sense of urgency, depth of understanding, situational awareness, true understanding of all aspects of the person, and how to access or retrieve information when needed (68% acceptable urgent response; 70% acceptable assessment and understanding).

- Partnership with agencies and services for consumers with developmental disabilities, substance abuse, probation and adult corrections continue to be a challenge for community support workers and consumers. Collaboration with all community partners and naturally occurring supports is in need of further development.

- Teaming continues to be the most prevalent issue across CSAs and poses the biggest challenge for the system. Services providers continue to lack the full and broader understanding of "teaming": when to convene, how to develop collective goals, how to access and share resources, when to adjust treatment and plans, and how to work from a person-centered, recovery model approach when working with consumers.

Stakeholder Interviews

The team leader and other members of the review team facilitated 12 stakeholder interviews and focus groups. A series of focus groups was held at the larger CSA providers participating in the CSR in which representatives of the management team, program leaders or supervisors, and frontline staff were interviewed. The executive management team for DMH was also interviewed. Focus groups were held with consumer advocates, a judge, social workers, quality assurance, and discharge staff at Saint Elizabeths Hospital. Overall, 12 focus groups were held to receive input regarding system issues and performance from about 90 stakeholders.

The input from the stakeholders was consistent with the results of the individual consumer reviews. The leadership for adult services reported progress in addressing crises services and response, discharge planning from Saint Elizabeths Hospital, and more effective forensic coordination and diversion. However, there are also major challenges in the areas of housing and in obtaining community support services for people where they live. It was reported the CSWs were not going

to the homes with the frequency and intensity necessary. It was also noted that the bulk of the services billed were community support services and that therapists are not being obtained for some persons who really do require therapeutic interventions. It was noted by many stakeholders that trauma informed therapists were in short supply. Stakeholders were concerned about persons in community residential facilities (CRFs) and whether they were getting the necessary supports. There was also concern about the efforts to move people out of CRFs when the CRF was considered by the consumer as their home and the place they wanted to live long term.

Overall, CSAs and other providers were positive that progress was being made in the system and that there is more effort by DMH to involve providers in problem solving. Some CSWs report that providing quality, effective services and staying open for business seems to be in conflict. They find it difficult to meet all the documentation and billing demands and conduct proactive well-informed practice with each consumer. CSAs are still faced with staff turnover and the need to increase training and supervision. The decreasing number of consumers eligible to receive Medicaid was also identified as an issue. CSAs are participating in DMH meetings; however, some reported that these meetings reflect that decisions have already been made and do not feel like true collaborative problem solving in some instances. CSAs also reported that the greatest challenges were effectively engaging and motivating clients and the barriers in obtaining appropriate housing and supported or competitive employment. They reported that the clients they were now receiving and serving appeared to be less functional with more co-occurring conditions and that psychiatric services were limited. Ongoing deficiencies with the eCURA system were reported as well.

Access to adequate housing was reported as a major problem by all providers and the housing specialists. There continues to be a large waiting list for housing. Agencies and CSWs reported that there is not enough access to specialized services, such as ACT or other services (e.g., therapy). There are still significant problems of communication at the consumer level when multiple providers or specialty services are involved. The information regarding clinical issues does not flow like it needs to around individual consumers. Clinical directors reported that the time spent on outreach to harder-to-serve-and-engage clients is hard to get reimbursed.

The judicial input was that the transition of the adult consumers from DCCSA was the major issue that they was currently encountering. Consumers were reported to be very anxious about the transitions

In addition, the judge and the adult advocates reported that hospitals will discharge consumers to their families, which may not be a good situation for the consumer or family, and family members are not being consulted or included in the conversation or planning around this transition.

It should be noted, however, that DMH and Saint Elizabeths Hospital have developed detailed discharge planning procedures with clear expectations for greater participation from CSAs and the CSWs. They report that CSWs frequently have little experience with persons with serious mental illness, such as those frequently entering Saint Elizabeths Hospital. DMH has entered into a contract with the Washington Hospital Center to find placements for and support long-term clients of Saint Elizabeths who require ACT or additional services to successfully live in the community. They are also working with nursing homes to increase placement options for nursing-home-appropriate clients.

Supported employment staff reported that there are major challenges at this time with the economy and the lack of jobs. They reported that consumers were very discouraged. It should be noted that the supported employment work group includes participation from Vocational Rehabilitation. It was also reported that consumers are concerned that if they get a job, they will lose their benefits and that they need a lot of support to get them to take initiative and to follow through.

In general, the input received reflects that progress was being made, despite multiple challenges. There continues to be a commitment from all who work with adult consumers of mental health to provide quality services to the best of their ability, with the tools they have, and given the current context.

Review Implementation

Logistical preparation and scheduling activities improved again this year. CAN has employees who have worked on the CSR for several years in a row and they have a deeper understanding of how to set up strong schedules of interviews. The sample again this year was large and presented numerous challenges with the closing of DCCSA. The DCCSA has a third of the review sample and all of the consumers from this CSA were in some stage of transition to a new CSA. CAN worked effectively to inform and keep consumers and CSWs aware of the review process, secure consent, schedule and confirm appointments, and support reviewers during the two-week review. In general, agencies are more familiar with and more amenable to the review process and consumers and CSA staff are comfortable working with CAN employees.

One of the major changes this year is the inception of a CSR unit at the Department. The Department consists of 2.5 employee designations that assisted with logistics, shadowed and conducted reviews, participated in trainings, and were trained on all aspects of the review processes. The addition of 2.5 employees contributed significantly to the success of the 2009 Consumer Services Review.

There is a strong working relationship among CAN, DMH, the Court Monitor, and HSO. The foundation among these entities facilitates problem solving, adjustment, and the overall streamlining of review operations. Scheduling activities were particularly smooth this year with all of the participating agencies, especially given the larger sample, addition of feedback sessions to schedules, and the larger number of consumers requiring interpreters. This can be attributed in part to joint outreach efforts by CAN and HSO, collaboration with DMH staff, DMH staff and agency participation in pre-review training, and the overall cooperation of the CSAs.

Recommendations and Conclusions

- The system should remain diligent and vigilant in regards to the closure of the DCCSA and the transitioning of approximately 2,500 adults to new providers.

- The greatest weakness in practice is the lack of sufficient teaming and communication. CSWs and therapists are not always sufficiently aware of all the issues that must be addressed to achieve successful outcomes, the critical nature of co-occurring primary health issues, or recent changes in consumer status or context. As a result all necessary services are not provided, communication is inadequate across caregivers/team members, and clients are not making the progress that could be achieved. It is strongly recommended that the DMH and provider leadership make client-centered planning and teaming the top priority for refinement this year. If this is done successfully, it is anticipated that DMH should meet the Dixon exit criteria for CSR reviews in the next review cycle.

- More emphasis should be placed on identifying consumers' strengths and engaging them to use their strengths more frequently.

- The DMH CSR unit should begin implementation of small-scale CSR reviews beginning this fall and CSAs should be encouraged to conduct internal CSRs on a regular schedule, i.e., one or two cases reviewed monthly.

- DMH should engage with providers to examine collaboratively all reporting and documentation requirements to determine whether they are contributing to or detracting from improved high quality practice.

Placing a greater priority on practice continues to be the greatest need to improve quality and consistency. Frontline staff need to be supported, mentored, and coached regarding what quality practice consists of, especially regarding teaming functions and individualized recovery planning. At the consumer level, person-centered planning and intervention, in the context of a recovery model, should become the approach to working with consumers. Team functioning and

communication among and between the persons working with and providing services to consumers needs to be a major program priority.

There is continued growth and progress in the system with DMH leadership and CSA staff working hard to provide services in increasingly challenging times. There is demonstrated commitment by DMH leadership to effective interventions and measurable evidence as seen in the ACT providers' fidelity study, partnership between law enforcement and Homeless Outreach, development of the SURE walk-in program at DCCSA, and the new opening of a mental health clinic at the courthouse.

Beginning this fall, DMH will begin conducting CSR reviews in addition to the Court Monitor's annual review of services and to conduct specific or focused reviews, such as with veterans, elderly adults, or consumers living in group homes. DMH needs to develop the capacity to provide CSR reviewer training and support the full incorporation of CSR as a quality assurance and practice development process across CSAs.

HSO would like to thank the Court Monitor, Denny Jones, for the opportunity to facilitate and provide support to the Community Services Review process. Similarly, HSO would like to thank DMH, CAN, the staff of all participating core service agencies, and the consumers who participated in this year's review for their roles in completing this comprehensive review of practice.

Appendix A

Community Services Review for Adult Mental Health

Questions to be Answered

The Community Services Review is a process for learning how well an adult participant served is doing and how well services are working for the person.

Version 4.0

Produced for Use by the
Dixon Court Monitor

by
Human Systems and Outcomes, Inc.

March 2004

Questions Concerning the Status of the Adult Service Consumer

Presented below is a set of common sense questions used to determine the current status of the person/service consumer. Persons using this list of questions are directed to the **Dixon Community Services Review Protocol** for further explanation of these questions and matters to consider when applying these questions to a person receiving mental health services. Training on review concepts, methods, and protocols is recommended for anyone wishing to apply these questions in actual case review activities.

Community Living

1. **SAFETY:** • Is this person safe from manageable risks of harm caused by him/herself or others in living, learning, working, and recreational environments? • Are others in the person's environments safe from this person and is the person safe from retribution of others? • Is this person free of abuse, neglect, or exploitation in his/her home or current living arrangement? • Is substance use creating harm or significant risk?

2. **ECONOMIC SECURITY:** • Is this person accessing, receiving, and controlling the economic benefits to which he/she is entitled? • Are his/her income and economic supports sufficient to cover basic living requirements (i.e., shelter, food, clothing, transportation, health care/medicine, leisure, child care)? • Does the person have economic security sufficient for maintaining stability and for effective future life planning?

3. **LIVING ARRANGEMENTS:** • Is this person living in a home that he/she chose, with supports that are necessary and sufficient for safe and successful pursuit of recovery? • If not, is this person residing in a community living arrangement that is necessary to meet the person's therapeutic and recovery needs? • Are the person's culture, language, and living and housemate preferences addressed in an appropriate and supportive manner, consistent with his/her recovery goals?

4. **SOCIAL NETWORK:** • Is this adult connected to a natural support network of family, friends, and peers, consistent with his/her choices and preferences? • Is this adult provided access to peer support and community activities? • Does this adult have opportunities to meet people outside of the service provider organization and to spend time with them?

5. **SATISFACTION WITH SERVICES:** To what extent is the person satisfied with the treatment, support services, respect, and recovery progress that he/she is presently experiencing?

Physical/Emotional Status & Access to Care

6. **HEALTH/PHYSICAL WELL-BEING:** • Is this person in the best attainable health? • Are the person's basic physical needs being met? • Does the person have health care services, as needed?

7. **MENTAL HEALTH STATUS/CARE BENEFIT:** • Is the adult's mental health status currently adequate or improving? • If symptoms of mental illness are present, does the adult have access to mental health care, necessary and sufficient, to reduce symptoms and improve daily functioning? • Is the person benefiting from continuity of care provided across mental health and health care providers?

Meaningful Life Activities

8. **EDUCATION/CAREER PREPARATION:** • Is this adult actively engaged in educational activities (e.g., adult basic education, GED course work, or post-secondary education) or vocational training programs? • Is the person receiving information about work benefits, loss of financial benefits, access to work supports, rights, responsibilities, and advocacy? • If not, does this person have access to such opportunities, subject to the person's needs and preferences?

9. **WORK:** • Is this person actively engaged in employment (competitive, supported, transitional) or in an individual placement with support in a productive situation? • If not, does this person have access to productive opportunities (e.g., consumer-operated services, community center, or library)?

10. **RECOVERY ACTIVITIES:** • Is this person actively engaged in activities necessary to improve capabilities, competencies, coping, self-management, social integration, and recovery? • If not, does this person have access to recovery and relapse prevention opportunities, subject to his/her needs, life ambitions, and personal preferences?

11. **OVERALL STATUS OF THE PERSON:** • Based on the review findings determined for Status Reviews 1–10 above, how well is this person presently doing? [Person's overall status is considered acceptable when specified combinations and levels of review findings are present. A special scoring rubric is used to determine Overall Status using a 6-point rating scale.]

Questions Concerning the Person's Progress

Presented below is a set of questions used to determine the progress of a person receiving services. A primary focus is placed on the pattern of changes recently occurring for the participant. Progress should be associated with treatment goals and services provided to the person.

1. **SYMPTOM MANAGEMENT:** To what extent are troublesome symptoms of mental illness being reduced, coped with, and personally managed by this individual?

2. **IMPROVED FUNCTIONING/SELF-MANAGEMENT:** • To what extent is the person making progress in key life areas, including self-management in the community, where appropriate?

3. **EDUCATION/WORK PROGRESS:** To what extent is this person presently making progress toward educational course completion - OR - making progress toward getting and keeping a job?

4. **PROGRESS TOWARD RECOVERY GOALS:** To what degree is the person making progress toward attainment of personally selected recovery goals in the individualized recovery plan (IRP)?

5. **RISK REDUCTION:** To what extent is reduction of risks of harm, use of chemical substances, and/or utilization of coercive techniques being accomplished with and for this person?

6. **SUCCESSFUL LIFE ADJUSTMENTS:** Consistent with this person's needs and goals, to what extent is the person making successful transitions and life adjustments between living settings, service providers, levels of care, and from dependency to personal control and direction?

7. **IMPROVEMENT IN SOCIAL GROUP AFFILIATIONS:** • To what degree is this person increasing his/her social affiliation among a variety of social groups (outside of his/her immediate social group) in the community, consistent with IRP goals? • Does the person access services and participate in social group activities available to all citizens? • Does this person affiliate with community groups, with special accommodations and supports, consistent with the person's desires? • Is the person benefiting from social group affiliation in the community?

8. **IMPROVED MEANINGFUL PERSONAL RELATIONSHIPS:** • To what degree is the person improving meaningful personal relationships with peers, friends, and family members, consistent with the person's preferences?

9. **OVERALL PROGRESS PATTERN:** Taking into account the relative degree of progress observed for the person on the above eight progress indicators, what is the overall pattern of progress made by this person: optimal, good, fair, marginal, poor, or adverse? Overall progress is considered acceptable when the overall pattern is deemed to be fair or better.

Questions Concerning Practice Performance

Presented below is a set of questions used to determine the performance of practice (essential system functions) for the person in a review. These questions focus on treatment and support functions rather than formal service system procedures.

Planning Treatment & Support

1. **PARTICIPATION/ENGAGEMENT:** • Is this person actively engaged in service decisions? • Does participation enable the person to express to the service team: (1) preferences about where and with whom to live and where to work, (2) choice of daily routines, (3) wishes about how to spend his/her time and money, (4) choice of service providers, and (5) satisfaction/dissatisfaction with services? • If the person is resistant to participation, are reasonable efforts being made to engage him/her and to support his/her participation?

2. **CULTURALLY APPROPRIATE PRACTICE:** • Are any significant cultural issues for the person being identified and addressed in practice? • Are the behavioral health services provided being made culturally appropriate via special accommodations in the person's engagement, assessment, planning, and service delivery processes?

3. **SERVICE TEAM FORMATION:** • Do the individuals who compose the service team for this person collectively possess the technical skills, knowledge of the person, authority, and access to the resources necessary to organize effective services for a person of this complexity and cultural background? • Did the person select any members of this team?

4. **SERVICE TEAM FUNCTIONING:** • Do members of the person's service team collectively function as a unified team in planning services and evaluating results? • Do actions of the service team reflect a pattern of effective teamwork and collaborative problem solving that benefits the person in a manner consistent with the person's choices and personal life goals? • Is there a shared philosophy among team members about the importance of recovery to the person?

5. **ASSESSMENT & UNDERSTANDING:** • Are the diagnoses used for the person's treatment consistent with current understandings among providers? • Is the relationship between the diagnosis and the person's bio/psycho/social functioning in daily activities well established? • Does the service team have a working understanding of the person's strengths and needs in the context of the person's recovery goals as well as underlying issues that must change for the person to have a safe and satisfying life and to fulfill desired adult roles? • Are any co-occurring conditions identified, including substance abuse? • Does the team understand the person's aspirations for personal power and control in his/her life?

6. **PERSONAL RECOVERY GOALS (PRGs):** • Are there personal recovery goals used for service planning that reflect the person's life and career aspirations? • If met, will these goals lead to the person managing successfully at home, at work, and in the community, with supports and services as necessary, to achieve ongoing recovery?

7. **INDIVIDUALIZED RECOVERY PLAN:** • Is there an IRP for this person that integrates treatment, support strategies, and services across providers and funders? • Is the IRP designed to meet personal recovery goals? • Does the IRP reflect small steps in the right direction toward recovery? • Is the IRP coherent in the assembly of strategies, supports, and services? • Does the IRP state what the person wants in his/her own words?

8. **GOODNESS-OF-SERVICE FIT:** • Are treatment, rehabilitation, and support services assembled into a holistic and coherent mix of services uniquely matched to the person's particular situation and personal recovery goals? • Does the combination and intensity of supports and services fit the person's situation so as to increase recovery results and benefits while limiting any conflicting strategies and inconveniences?

Providing Treatment & Support

9. **RESOURCE AVAILABILITY:** • Are the supports, services, and resources (both informal and formal) necessary to meet the identified needs in the IRP available for use by the person, family supporter, and service team? • Are any unavailable but necessary resources or supports identified by the person, team, or plan? • Are reasonable efforts being undertaken by the team to secure or develop any needed but unavailable supports, services, or resources?

10. **TREATMENT AND SERVICE IMPLEMENTATION:** • Are the planned therapies, services, and supports being implemented with adequate intensity and consistency to achieve stated goals? • Is implementation timely and competent? • Are recovery strategies assigned to the person and the team being implemented? • Is team problem solving any implementation problems that could lead to a failure of efforts to achieve the person's recovery goals?

11. **EMERGENT/URGENT RESPONSE CAPABILITY:** • Is there timely access to and provision of effective services to stabilize or resolve emergent or episodic problems, as needed by this person? • Are crisis services accessed and delivered in a manner that respects and does not demean the person?

12. **MEDICATION MANAGEMENT:** • Is the use of psychotropic medications for this person necessary, safe, and effective? • Does the person have a voice in medication decisions and management? • Is the person routinely screened for medication side effects and treated when side effects are detected? • Have new atypical/current generation drugs been tried, used, and/or appropriately ruled out? • Is the use of medication coordinated with other treatment modalities and with any treatment for any co-occurring conditions (e.g., seizures, diabetes, asthma, HIV)?

13. **SPECIAL PROCEDURES:** • If emergency seclusion or restraint has been used for this person, was each use: (1) Done only in an emergency? (2) Done after less restrictive alternatives were found insufficient or impractical? (3) Ordered by a trained, authorized person? (4) Accomplished with proper techniques that were safely and respectfully performed by qualified staff? (5) Effective in preventing harm? and (6) Properly supervised during use and evaluated afterwards?

14. **PRACTICAL SUPPORTS:** • Is the array of in-home and community-based supports provided to this person sufficient [in design, intensity, and dependability] to meet the person's preferences and assist him/her to achieve recovery goals? • Are supports effective during life change adjustments and in maintaining the person within the home, job, and community? • Where applicable, is individually assigned staff (job coach, respite/crisis worker, skills trainer) receiving the education and supports necessary to maintain an appropriate relationship and support arrangement for the person?

Managing Treatment & Support

15. **SERVICE COORDINATION & CONTINUITY:** • Is there a single point of coordination, accountability, and continuity in the organization, delivery, and results of treatment, supports, and services for this person? • Are IRP-specified services well coordinated across providers, funding agencies, and service settings for this person, especially when entering and leaving intensive service settings?

16. **RECOVERY PLAN ADJUSTMENT:** • Is the service coordinator using monitoring activities to follow this person's progress, changing conditions, consistency and effectiveness of supports, and results achieved? • Does the service coordinator keep all providers informed and discuss IRP implementation fidelity, barriers encountered, and progress being made? • Are services adjusted in response to problems encountered, progress made, changing needs, and knowledge gained to create a process that supports recovery?

17. **OVERALL PRACTICE PERFORMANCE:** Based on the review findings determined for Service Reviews 1-16, how well is the service system functioning for this person now? [Overall practice performance is considered acceptable when specified combinations and levels of review findings are present. A special scoring rubric is used to determine Overall Practice Performance for a person in this review process.]

Appendix B

CSR Interpretative Guide for Adult Status

Maintenance Zone: 5-6

Status is favorable. Efforts should be made to maintain and build upon a positive situation.

6 = **OPTIMAL STATUS**. The best or most favorable status presently attainable for this person in this area [taking age and ability into account]. The person doing great! Confidence is high that long-term goals or expectations will be met in this area.

5 = **GOOD STATUS**. Substantially and dependably positive status for the person in this area with an ongoing positive pattern. This status level is consistent with attainment of long-term goals in area. Status is "looking good" and likely to continue.

Acceptable Range: 4-6

Refinement Zone: 3-4

Status is minimum or marginal, may be unstable. Further efforts are necessary to refine the situation.

4 = **FAIR STATUS**. Status is minimally or temporarily sufficient for the person to meet short-term objectives in this area. Status is minimally acceptable at this point in time, but may be short-term due to changing circumstance, requiring change soon.

3 = **MARGINAL STATUS**. Status is marginal or mixed and not quite sufficient to meet the person's short-term objectives now in this area. Status now is not quite enough for the person to be satisfactory today or successful in the near-term. Risks are minimal.

Improvement Zone: 1-2

Status is now problematic or risky. Quick action should be taken to improve the situation.

2 = **POOR STATUS**. Status continues to be poor and unacceptable. The person seems to be "stuck" or "lost" and status is not improving. Risks are mild to moderate.

1 = **ADVERSE STATUS**. The person's status in this area is poor and getting worse. Risks of harm, restriction, separation, regression, and/or other poor outcomes are substantial and increasing.

Unacceptable Range: 1-3

CSR Interpretative Guide for Practice Performance

Maintenance Zone: 5-6

Performance is effective. Efforts should be made to maintain and build upon a positive practice situation.

6 = **OPTIMAL PERFORMANCE**. Excellent, consistent, effective practice for this person in this function area. This level of performance is indicative of exemplary practice and results for the person. ["Optimum" does not imply "perfection."]

5 = **GOOD PERFORMANCE**. At this level, the system function is working dependably for this person, under changing conditions and over time. Effectiveness level is consistent with meeting long-term goals for the person. [Keep this going for good results]

Acceptable Range: 4-6

Refinement Zone: 3-4

Performance is minimal or marginal and maybe changing. Further efforts are necessary to refine thepractice situation.

4 = **FAIR PERFORMANCE**. This level of performance is minimally or temporarily sufficient for the person to meet short-term objectives. Performance may be time-limited or require adjustment soon due to changing circumstances.[Some refinement is indicated]

3 = **MARGINAL PERFORMANCE**. Practice at this level may be under-powered, inconsistent, or not well-matched to need. Performance is insufficient for the person to meet short-term objectives. [With refinement, this could become acceptable in the near future.]

Improvement Zone: 1-2

Performance is inadequate. Quick action should be taken to improve practice now.

2 = **POOR PERFORMANCE**. Practice at this level is fragmented, inconsistent, lacking in intensity, or off-target. Elements of practice may be noted, but it is incomplete/not operative on a consistent basis.

1 = **ADVERSE PERFORMANCE**. Practice may be absent or not operative. Performance may be missing (not done). - OR - Practice strategies, if occurring in this area, may be contra-indicated or may be performed inappropriately or harmfully.

Unacceptable Range: 1-3

Appendix C

Appendix C

This agency-by-agency comparison should be interpreted with caution since sample sizes for some of the provider agencies are extremely small. **Generalizations regarding specific agency practice should not be made based on the individual case review results due to the small sample sizes for the agency-specific findings**, rather the small samples of consumers are illustrative of system performance for each of those randomly selected consumers from participating core service agencies.

*Note: Blanks on the following pages denote items that are not applicable.

CSR/Adult Status and Performance

Anchor Mental Health n= 6 DC Adult Review 2009

Status of the Person	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	6	83%	17%	50%	33%
Economic security	6	83%	0%	83%	17%
Living arrangement	6	83%	17%	33%	50%
Social network	6	33%	17%	67%	17%
Satisfaction	5	100%	0%	0%	100%
Health/Phy well-being	6	83%	0%	67%	33%
Mental health status	6	67%	33%	67%	0%
Education/career	2	100%	0%	100%	0%
Work	3	100%	0%	67%	33%
Recovery activities	4	50%	25%	50%	25%
Overall Status	6	67%	17%	67%	17%

Recent Progress	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	6	67%	33%	67%	0%
Improvement self-mgt.	6	50%	33%	67%	0%
Education/wk progress	1	0%	0%	100%	0%
Recovery goals	5	80%	20%	60%	20%
Risk reduction	5	60%	40%	20%	40%
Successful life adj.	5	60%	20%	60%	20%
Social group affilia.	4	25%	25%	50%	25%
Meaningful relationship	4	25%	25%	50%	25%
Overall Pattern	6	50%	33%	50%	17%

CSR/Adult Status and Performance

Anchor Mental Health n= 6 DC Adult Review 2009

Current Practice Performance	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	6	67%	33%	33%	33%
Engagement efforts by staff	6	83%	17%	33%	50%
Culturally appropriate practice	1	100%	0%	0%	100%
Service team formation	6	33%	50%	17%	33%
Service team functioning	6	33%	50%	50%	0%
Assessment & understanding	6	67%	17%	67%	17%
Personal recovery goals	6	33%	50%	17%	33%
IRP	6	50%	0%	100%	0%
Goodness-of-service fit	6	67%	33%	17%	50%
Resource availability	6	67%	0%	50%	50%
Treatment & services implem.	6	67%	33%	17%	50%
Emergent/urgent response	3	33%	33%	33%	33%
Medication management	6	67%	0%	50%	50%
Special procedures					
Practical supports	3	100%	0%	100%	0%
Service coord. & continuity	6	50%	17%	50%	33%
Recovery plan adjustment	6	50%	33%	17%	50%
Overall Practice Performance	6	50%	17%	67%	17%

CSR/Adult Status and Performance

Community Connections n= 24 DC Adult Review 2009

Status of the Person	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	24	79%	8%	33%	58%
Economic security	24	88%	4%	50%	46%
Living arrangement	24	79%	8%	38%	54%
Social network	24	50%	13%	83%	4%
Satisfaction	23	78%	9%	52%	39%
Health/Phy well-being	24	63%	4%	75%	21%
Mental health status	24	50%	21%	63%	17%
Education/career	10	30%	50%	20%	30%
Work	15	53%	27%	60%	13%
Recovery activities	20	50%	15%	75%	10%
Overall Status	24	58%	0%	92%	8%

Recent Progress	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	24	63%	8%	75%	17%
Improvement self-mgt.	24	58%	8%	75%	17%
Education/wk progress	13	46%	23%	54%	23%
Recovery goals	23	52%	13%	78%	9%
Risk reduction	23	57%	13%	61%	26%
Successful life adj.	23	65%	9%	78%	13%
Social group affilia.	21	71%	19%	67%	14%
Meaningful relationship	23	83%	13%	61%	26%
Overall Pattern	24	63%	8%	79%	13%

CSR/Adult Status and Performance

Community Connections n= 24 DC Adult Review 2009

Current Practice Performance	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	24	54%	21%	58%	21%
Engagement efforts by staff	24	83%	13%	46%	42%
Culturally appropriate practice	5	100%	0%	0%	100%
Service team formation	24	29%	29%	54%	17%
Service team functioning	24	33%	21%	71%	8%
Assessment & understanding	24	67%	4%	54%	42%
Personal recovery goals	24	50%	13%	67%	21%
IRP	24	50%	21%	67%	13%
Goodness-of-service fit	24	58%	8%	75%	17%
Resource availability	24	71%	13%	54%	33%
Treatment & services implem.	24	50%	0%	75%	25%
Emergent/urgent response	13	54%	23%	31%	46%
Medication management	24	67%	13%	38%	50%
Special procedures	2	50%	50%	50%	0%
Practical supports	15	60%	20%	47%	33%
Service coord. & continuity	24	42%	8%	67%	25%
Recovery plan adjustment	24	46%	21%	58%	21%
Overall Practice Performance	24	58%	8%	63%	29%

CSR/Adult Status and Performance

DCCSA n= 22 DC Adult Review 2009

Status of the Person	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	22	86%	14%	23%	64%
Economic security	22	77%	0%	64%	36%
Living arrangement	22	86%	9%	23%	68%
Social network	22	59%	14%	55%	32%
Satisfaction	17	100%	0%	6%	94%
Health/Phy well-being	22	82%	5%	59%	36%
Mental health status	22	68%	5%	59%	36%
Education/career	7	71%	14%	43%	43%
Work	10	70%	20%	30%	50%
Recovery activities	18	67%	17%	44%	39%
Overall Status	22	82%	14%	32%	55%

Recent Progress	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	22	86%	9%	45%	45%
Improvement self-mgt.	21	86%	10%	43%	48%
Education/wk progress	9	89%	0%	33%	67%
Recovery goals	20	65%	10%	50%	40%
Risk reduction	17	76%	18%	29%	53%
Successful life adj.	20	60%	10%	60%	30%
Social group affilia.	20	65%	15%	50%	35%
Meaningful relationship	21	62%	24%	43%	33%
Overall Pattern	22	73%	9%	45%	45%

CSR/Adult Status and Performance

DCCSA n= 22 DC Adult Review 2009

Current Practice Performance	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	22	77%	5%	64%	32%
Engagement efforts by staff	22	82%	9%	41%	50%
Culturally appropriate practice	6	100%	0%	0%	100%
Service team formation	22	77%	9%	55%	36%
Service team functioning	22	68%	14%	59%	27%
Assessment & understanding	22	77%	5%	50%	45%
Personal recovery goals	22	64%	14%	64%	23%
IRP	22	59%	14%	64%	23%
Goodness-of-service fit	22	86%	5%	45%	50%
Resource availability	22	91%	5%	32%	64%
Treatment & services implem.	22	82%	9%	36%	55%
Emergent/urgent response	6	83%	0%	50%	50%
Medication management	21	90%	5%	14%	81%
Special procedures					
Practical supports	8	88%	0%	50%	50%
Service coord. & continuity	22	86%	5%	50%	45%
Recovery plan adjustment	22	77%	9%	55%	36%
Overall Practice Performance	22	82%	9%	41%	50%

CSR/Adult Status and Performance

Deaf Reach n= 2 DC Adult Review 2009

Status of the Person	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	2	100%	0%	100%	0%
Economic security	2	100%	0%	0%	100%
Living arrangement	2	100%	0%	50%	50%
Social network	2	100%	0%	50%	50%
Satisfaction	1	100%	0%	0%	100%
Health/Phy well-being	2	100%	0%	0%	100%
Mental health status	2	100%	0%	100%	0%
Education/career					
Work	2	100%	0%	0%	100%
Recovery activities	2	100%	0%	50%	50%
Overall Status	2	100%	0%	0%	100%

Recent Progress	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	2	100%	0%	100%	0%
Improvement self-mgt.	2	100%	0%	0%	100%
Education/wk progress	2	100%	0%	0%	100%
Recovery goals	2	100%	0%	50%	50%
Risk reduction					
Successful life adj.	2	100%	0%	50%	50%
Social group affilia.	2	100%	0%	0%	100%
Meaningful relationship	2	100%	0%	100%	0%
Overall Pattern	2	100%	0%	0%	100%

CSR/Adult Status and Performance

Deaf Reach n= 2 DC Adult Review 2009

Current Practice Performance	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	2	100%	0%	0%	100%
Engagement efforts by staff	2	100%	0%	0%	100%
Culturally appropriate practice	2	100%	0%	0%	100%
Service team formation	2	100%	0%	0%	100%
Service team functioning	2	100%	0%	0%	100%
Assessment & understanding	2	100%	0%	0%	100%
Personal recovery goals	2	100%	0%	50%	50%
IRP	2	100%	0%	50%	50%
Goodness-of-service fit	2	100%	0%	50%	50%
Resource availability	2	100%	0%	0%	100%
Treatment & services implem.	2	100%	0%	50%	50%
Emergent/urgent response					
Medication management	2	50%	0%	50%	50%
Special procedures					
Practical supports	2	50%	0%	50%	50%
Service coord. & continuity	2	100%	0%	50%	50%
Recovery plan adjustment	2	100%	0%	50%	50%
Overall Practice Performance	2	100%	0%	50%	50%

CSR/Adult Status and Performance

Family Preservation n= 2 DC Adult Review 2009

Status of the Person	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	2	100%	0%	50%	50%
Economic security	2	100%	0%	50%	50%
Living arrangement	2	0%	0%	100%	0%
Social network	2	100%	0%	50%	50%
Satisfaction	2	50%	0%	50%	50%
Health/Phy well-being	2	100%	0%	100%	0%
Mental health status	2	50%	50%	0%	50%
Education/career	2	50%	50%	0%	50%
Work	1	100%	0%	0%	100%
Recovery activities	2	50%	0%	50%	50%
Overall Status	2	50%	0%	50%	50%

Recent Progress	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	2	0%	50%	50%	0%
Improvement self-mgt.	2	0%	50%	50%	0%
Education/wk progress	2	50%	50%	50%	0%
Recovery goals	2	50%	50%	50%	0%
Risk reduction	1	0%	100%	0%	0%
Successful life adj.	2	50%	50%	0%	50%
Social group affilia.	1	0%	100%	0%	0%
Meaningful relationship	2	50%	50%	0%	50%
Overall Pattern	2	50%	50%	0%	50%

CSR/Adult Status and Performance

Family Preservation n= 2 DC Adult Review 2009

Current Practice Performance	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	2	100%	0%	50%	50%
Engagement efforts by staff	2	100%	0%	50%	50%
Culturally appropriate practice	1	100%	0%	0%	100%
Service team formation	2	100%	0%	0%	100%
Service team functioning	2	0%	50%	50%	0%
Assessment & understanding	2	100%	0%	100%	0%
Personal recovery goals	2	100%	0%	50%	50%
IRP	2	50%	0%	100%	0%
Goodness-of-service fit	2	100%	0%	100%	0%
Resource availability	2	100%	0%	50%	50%
Treatment & services implem.	2	50%	0%	100%	0%
Emergent/urgent response	1	0%	100%	0%	0%
Medication management	2	50%	50%	0%	50%
Special procedures					
Practical supports	2	100%	0%	100%	0%
Service coord. & continuity	2	50%	50%	50%	0%
Recovery plan adjustment	2	50%	0%	100%	0%
Overall Practice Performance	2	50%	0%	100%	0%

CSR/Adult Status and Performance

Fihankra Place n= 2 DC Adult Review 2009

Status of the Person	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	2	100%	0%	0%	100%
Economic security	2	100%	0%	0%	100%
Living arrangement	2	100%	0%	0%	100%
Social network	2	100%	0%	50%	50%
Satisfaction	2	100%	0%	50%	50%
Health/Phy well-being	2	100%	0%	0%	100%
Mental health status	2	100%	0%	50%	50%
Education/career	1	0%	0%	100%	0%
Work	1	0%	0%	100%	0%
Recovery activities	1	100%	0%	100%	0%
Overall Status	2	100%	0%	0%	100%

Recent Progress	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	2	100%	0%	50%	50%
Improvement self-mgt.	2	100%	0%	50%	50%
Education/wk progress	1	0%	100%	0%	0%
Recovery goals	1	0%	100%	0%	0%
Risk reduction	1	100%	0%	100%	0%
Successful life adj.	2	100%	0%	50%	50%
Social group affilia.	2	50%	0%	50%	50%
Meaningful relationship	2	50%	0%	50%	50%
Overall Pattern	2	100%	0%	50%	50%

CSR/Adult Status and Performance

Fihankra Place n= 2 DC Adult Review 2009

Current Practice Performance	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	2	100%	0%	50%	50%
Engagement efforts by staff	2	100%	0%	0%	100%
Culturally appropriate practice	1	100%	0%	0%	100%
Service team formation	2	0%	100%	0%	0%
Service team functioning	2	0%	100%	0%	0%
Assessment & understanding	2	50%	0%	50%	50%
Personal recovery goals	2	50%	50%	50%	0%
IRP	2	0%	100%	0%	0%
Goodness-of-service fit	2	50%	50%	0%	50%
Resource availability	2	50%	50%	0%	50%
Treatment & services implem.	2	50%	50%	50%	0%
Emergent/urgent response					
Medication management	1	100%	0%	0%	100%
Special procedures					
Practical supports	1	100%	0%	0%	100%
Service coord. & continuity	2	0%	50%	50%	0%
Recovery plan adjustment	2	0%	100%	0%	0%
Overall Practice Performance	2	50%	50%	50%	0%

CSR/Adult Status and Performance

Green Door | n= 15 | DC Adult Review 2009

Status of the Person	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	15	87%	7%	20%	73%
Economic security	15	93%	0%	40%	60%
Living arrangement	15	80%	7%	27%	67%
Social network	15	87%	7%	80%	13%
Satisfaction	15	100%	0%	27%	73%
Health/Phy well-being	15	67%	7%	67%	27%
Mental health status	15	60%	7%	67%	27%
Education/career	6	17%	50%	50%	0%
Work	9	44%	11%	56%	33%
Recovery activities	14	50%	14%	57%	29%
Overall Status	15	87%	7%	47%	47%

Recent Progress	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	15	93%	7%	67%	27%
Improvement self-mgt.	15	80%	7%	60%	33%
Education/wk progress	7	43%	0%	71%	29%
Recovery goals	15	80%	7%	60%	33%
Risk reduction	12	92%	8%	50%	42%
Successful life adj.	12	67%	8%	50%	42%
Social group affilia.	13	54%	0%	85%	15%
Meaningful relationship	13	69%	8%	62%	31%
Overall Pattern	15	93%	7%	73%	20%

CSR/Adult Status and Performance

Green Door n= 15 DC Adult Review 2009

Current Practice Performance	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	15	93%	0%	40%	60%
Engagement efforts by staff	15	100%	0%	27%	73%
Culturally appropriate practice	5	100%	0%	0%	100%
Service team formation	15	67%	20%	40%	40%
Service team functioning	15	53%	13%	73%	13%
Assessment & understanding	15	80%	7%	40%	53%
Personal recovery goals	15	80%	0%	53%	47%
IRP	15	73%	7%	67%	27%
Goodness-of-service fit	15	87%	0%	73%	27%
Resource availability	15	100%	0%	47%	53%
Treatment & services implem.	15	80%	0%	73%	27%
Emergent/urgent response	9	89%	0%	44%	56%
Medication management	15	80%	0%	47%	53%
Special procedures					
Practical supports	6	83%	17%	50%	33%
Service coord. & continuity	15	67%	13%	40%	47%
Recovery plan adjustment	15	60%	13%	80%	7%
Overall Practice Performance	15	87%	0%	60%	40%

CSR/Adult Status and Performance

Life Stride n= 2 DC Adult Review 2009

Status of the Person	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	2	100%	0%	0%	100%
Economic security	2	100%	0%	0%	100%
Living arrangement	2	100%	0%	0%	100%
Social network	2	100%	0%	100%	0%
Satisfaction	1	100%	0%	100%	0%
Health/Phy well-being	2	50%	50%	0%	50%
Mental health status	2	50%	50%	0%	50%
Education/career					
Work					
Recovery activities	1	100%	0%	100%	0%
Overall Status	2	100%	0%	100%	0%

Recent Progress	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	2	100%	0%	50%	50%
Improvement self-mgt.	2	50%	50%	50%	0%
Education/wk progress					
Recovery goals	1	100%	0%	100%	0%
Risk reduction	1	100%	0%	0%	100%
Successful life adj.	1	100%	0%	100%	0%
Social group affilia.	2	50%	0%	50%	50%
Meaningful relationship	2	50%	50%	0%	50%
Overall Pattern	2	50%	0%	50%	50%

CSR/Adult Status and Performance

Life Stride n= 2 DC Adult Review 2009

Current Practice Performance	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	2	0%	50%	50%	0%
Engagement efforts by staff	2	50%	0%	100%	0%
Culturally appropriate practice	1	100%	0%	0%	100%
Service team formation	2	100%	0%	50%	50%
Service team functioning	2	50%	50%	50%	0%
Assessment & understanding	2	100%	0%	50%	50%
Personal recovery goals	2	0%	50%	50%	0%
IRP	2	0%	50%	50%	0%
Goodness-of-service fit	2	100%	0%	50%	50%
Resource availability	2	100%	0%	50%	50%
Treatment & services implem.	2	50%	0%	100%	0%
Emergent/urgent response	2	100%	0%	0%	100%
Medication management	2	100%	0%	0%	100%
Special procedures					
Practical supports	1	100%	0%	0%	100%
Service coord. & continuity	2	100%	0%	100%	0%
Recovery plan adjustment	2	50%	0%	50%	50%
Overall Practice Performance	2	50%	0%	100%	0%

CSR/Adult Status and Performance

McClendon Center n= 3 DC Adult Review 2009

Status of the Person	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	3	67%	33%	0%	67%
Economic security	3	67%	0%	67%	33%
Living arrangement	3	100%	0%	100%	0%
Social network	3	0%	0%	100%	0%
Satisfaction	2	100%	0%	0%	100%
Health/Phy well-being	3	67%	0%	100%	0%
Mental health status	3	33%	33%	67%	0%
Education/career					
Work	1	100%	0%	100%	0%
Recovery activities	3	33%	33%	67%	0%
Overall Status	3	67%	33%	67%	0%

Recent Progress	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	3	67%	33%	67%	0%
Improvement self-mgt.	3	67%	33%	67%	0%
Education/wk progress					
Recovery goals	3	67%	33%	67%	0%
Risk reduction	3	67%	33%	33%	33%
Successful life adj.	3	67%	33%	33%	33%
Social group affilia.	2	0%	0%	100%	0%
Meaningful relationship	3	33%	33%	67%	0%
Overall Pattern	3	67%	33%	67%	0%

CSR/Adult Status and Performance

McClendon Center n= 3 DC Adult Review 2009

Current Practice Performance	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	3	100%	0%	0%	100%
Engagement efforts by staff	3	100%	0%	33%	67%
Culturally appropriate practice	2	50%	0%	50%	50%
Service team formation	3	100%	0%	0%	100%
Service team functioning	3	100%	0%	33%	67%
Assessment & understanding	3	100%	0%	67%	33%
Personal recovery goals	3	100%	0%	33%	67%
IRP	3	100%	0%	67%	33%
Goodness-of-service fit	3	100%	0%	33%	67%
Resource availability	3	100%	0%	67%	33%
Treatment & services implem.	3	100%	0%	67%	33%
Emergent/urgent response	1	100%	0%	0%	100%
Medication management	3	67%	0%	67%	33%
Special procedures					
Practical supports	2	50%	0%	100%	0%
Service coord. & continuity	3	100%	0%	33%	67%
Recovery plan adjustment	3	100%	0%	33%	67%
Overall Practice Performance	3	100%	0%	33%	67%

CSR/Adult Status and Performance

Pathway to Housing n= 1 DC Adult Review 2009

Status of the Person	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	1	100%	0%	100%	0%
Economic security	1	100%	0%	0%	100%
Living arrangement	1	100%	0%	0%	100%
Social network	1	0%	100%	0%	0%
Satisfaction	1	100%	0%	0%	100%
Health/Phy well-being	1	100%	0%	0%	100%
Mental health status	1	0%	0%	100%	0%
Education/career					
Work	1	0%	100%	0%	0%
Recovery activities	1	100%	0%	100%	0%
Overall Status	1	100%	0%	100%	0%

Recent Progress	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	1	100%	0%	100%	0%
Improvement self-mgt.	1	100%	0%	100%	0%
Education/wk progress	1	0%	0%	100%	0%
Recovery goals	1	100%	0%	100%	0%
Risk reduction	1	100%	0%	0%	100%
Successful life adj.	1	100%	0%	100%	0%
Social group affilia.	1	0%	100%	0%	0%
Meaningful relationship	1	0%	100%	0%	0%
Overall Pattern	1	100%	0%	100%	0%

CSR/Adult Status and Performance

Pathway to Housing n= 1 DC Adult Review 2009

Current Practice Performance	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	1	0%	0%	100%	0%
Engagement efforts by staff	1	100%	0%	100%	0%
Culturally appropriate practice					
Service team formation	1	0%	0%	100%	0%
Service team functioning	1	0%	0%	100%	0%
Assessment & understanding	1	0%	100%	0%	0%
Personal recovery goals	1	100%	0%	100%	0%
IRP	1	0%	0%	100%	0%
Goodness-of-service fit	1	100%	0%	0%	100%
Resource availability	1	100%	0%	100%	0%
Treatment & services implem.	1	100%	0%	100%	0%
Emergent/urgent response					
Medication management	1	100%	0%	0%	100%
Special procedures					
Practical supports					
Service coord. & continuity	1	100%	0%	100%	0%
Recovery plan adjustment	1	100%	0%	100%	0%
Overall Practice Performance	1	0%	0%	100%	0%

CSR/Adult Status and Performance

Psychiatric Center n= 2 DC Adult Review 2009

Status of the Person	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	2	100%	0%	50%	50%
Economic security	2	100%	0%	100%	0%
Living arrangement	2	100%	0%	0%	100%
Social network	2	100%	0%	100%	0%
Satisfaction	2	100%	0%	100%	0%
Health/Phy well-being	2	50%	0%	50%	50%
Mental health status	2	100%	0%	100%	0%
Education/career	1	100%	0%	100%	0%
Work	1	0%	0%	100%	0%
Recovery activities	2	100%	0%	100%	0%
Overall Status	2	100%	0%	50%	50%

Recent Progress	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	2	100%	0%	50%	50%
Improvement self-mgt.	2	50%	0%	100%	0%
Education/wk progress	1	0%	0%	100%	0%
Recovery goals	2	50%	0%	100%	0%
Risk reduction	2	50%	0%	100%	0%
Successful life adj.	2	50%	0%	50%	50%
Social group affilia.	2	50%	0%	100%	0%
Meaningful relationship	2	100%	0%	100%	0%
Overall Pattern	2	50%	0%	100%	0%

CSR/Adult Status and Performance

Psychiatric Center n= 2 DC Adult Review 2009

Current Practice Performance	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	2	50%	50%	50%	0%
Engagement efforts by staff	2	50%	50%	50%	0%
Culturally appropriate practice					
Service team formation	2	50%	50%	50%	0%
Service team functioning	2	50%	50%	50%	0%
Assessment & understanding	2	0%	0%	100%	0%
Personal recovery goals	2	50%	0%	100%	0%
IRP	2	0%	50%	50%	0%
Goodness-of-service fit	2	50%	0%	100%	0%
Resource availability	2	0%	0%	100%	0%
Treatment & services implem.	2	50%	0%	100%	0%
Emergent/urgent response					
Medication management	2	50%	0%	50%	50%
Special procedures					
Practical supports	2	100%	0%	100%	0%
Service coord. & continuity	2	50%	0%	100%	0%
Recovery plan adjustment	2	100%	0%	50%	50%
Overall Practice Performance	2	50%	0%	100%	0%

CSR/Adult Status and Performance

Universal Health Care | n= 3 | DC Adult Review 2009

Status of the Person	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	3	100%	0%	0%	100%
Economic security	3	67%	0%	33%	67%
Living arrangement	3	100%	0%	67%	33%
Social network	3	33%	33%	67%	0%
Satisfaction	3	67%	33%	0%	67%
Health/Phy well-being	3	33%	0%	67%	33%
Mental health status	3	33%	67%	0%	33%
Education/career	1	0%	100%	0%	0%
Work	3	33%	33%	67%	0%
Recovery activities	2	0%	50%	50%	0%
Overall Status	3	33%	0%	100%	0%

Recent Progress	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	3	33%	0%	67%	33%
Improvement self-mgt.	3	33%	0%	67%	33%
Education/wk progress	3	33%	0%	67%	33%
Recovery goals	2	50%	50%	50%	0%
Risk reduction	3	67%	33%	67%	0%
Successful life adj.	3	33%	33%	33%	33%
Social group affilia.	2	50%	50%	0%	50%
Meaningful relationship	2	0%	100%	0%	0%
Overall Pattern	3	33%	33%	33%	33%

CSR/Adult Status and Performance

Universal Health Care n= 3 DC Adult Review 2009

Current Practice Performance	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	3	67%	0%	67%	33%
Engagement efforts by staff	3	67%	33%	33%	33%
Culturally appropriate practice	2	50%	0%	50%	50%
Service team formation	3	0%	33%	67%	0%
Service team functioning	3	0%	33%	67%	0%
Assessment & understanding	3	33%	33%	67%	0%
Personal recovery goals	3	67%	33%	33%	33%
IRP	3	33%	67%	33%	0%
Goodness-of-service fit	3	0%	33%	67%	0%
Resource availability	3	33%	33%	33%	33%
Treatment & services implem.	3	33%	67%	33%	0%
Emergent/urgent response	1	0%	100%	0%	0%
Medication management	3	0%	67%	33%	0%
Special procedures					
Practical supports	3	33%	33%	33%	33%
Service coord. & continuity	3	33%	67%	0%	33%
Recovery plan adjustment	3	0%	67%	33%	0%
Overall Practice Performance	3	33%	33%	67%	0%

CSR/Adult Status and Performance

Washington Hospital Center n= 4 DC Adult Review 2009

Status of the Person	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	4	75%	25%	0%	75%
Economic security	4	75%	25%	50%	25%
Living arrangement	4	75%	25%	25%	50%
Social network	4	50%	25%	25%	50%
Satisfaction	3	100%	0%	0%	100%
Health/Phy well-being	4	75%	0%	25%	75%
Mental health status	4	50%	0%	50%	50%
Education/career	2	0%	50%	50%	0%
Work	2	50%	50%	50%	0%
Recovery activities	3	67%	33%	0%	67%
Overall Status	4	75%	25%	25%	50%

Recent Progress	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	4	50%	0%	50%	50%
Improvement self-mgt.	4	50%	0%	50%	50%
Education/wk progress	2	50%	50%	50%	0%
Recovery goals	4	75%	25%	50%	25%
Risk reduction	4	75%	25%	0%	75%
Successful life adj.	3	33%	33%	33%	33%
Social group affilia.	4	50%	50%	0%	50%
Meaningful relationship	3	67%	33%	0%	67%
Overall Pattern	4	50%	25%	25%	50%

CSR/Adult Status and Performance

Washington Hospital Center n= 4 DC Adult Review 2009

Current Practice Performance	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	4	75%	0%	50%	50%
Engagement efforts by staff	4	75%	0%	50%	50%
Culturally appropriate practice	1	100%	0%	0%	100%
Service team formation	4	100%	0%	50%	50%
Service team functioning	4	75%	0%	75%	25%
Assessment & understanding	4	50%	0%	50%	50%
Personal recovery goals	4	75%	0%	75%	25%
IRP	4	50%	0%	100%	0%
Goodness-of-service fit	4	100%	0%	50%	50%
Resource availability	4	75%	0%	50%	50%
Treatment & services implem.	4	75%	0%	50%	50%
Emergent/urgent response	2	100%	0%	100%	0%
Medication management	4	100%	0%	25%	75%
Special procedures					
Practical supports	1	100%	0%	0%	100%
Service coord. & continuity	4	75%	0%	50%	50%
Recovery plan adjustment	4	100%	0%	25%	75%
Overall Practice Performance	4	100%	0%	25%	75%