
Baseline Report on Adult Service Consumers

**Served by the
District of Columbia
Department of Mental Health**

May 2003

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 adult mental health service consumers:

- ◆ Consumer service reviews will be conducted using stratified samples.
- ◆ Annual reviews will be conducted by independent teams.
- ◆ Annual data collection on individuals will include consumer and family 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 was made during the week of May 5-9, 2003, using measurements taken on a sample of 28 adult participants randomly selected for this purpose.

The design of the protocol, sampling process, training of reviewers, supervision of data collection, and analysis of data were conducted by Human Systems and Outcomes, Inc. (HSO), an organization with extensive experience in case-based service review processes used in monitoring services in class action litigation situations. HSO was contracted by the Dixon Court Monitor and worked as staff to the monitor in conducting the baseline data collection efforts.

The Baseline Sample for Adult Service Consumers

A stratified random sample of 36 cases was drawn for establishing a baseline measurement of the quality and consistency of adult mental health services currently being provided by the District of Columbia (D.C.) Department of Mental Health (DMH). The criteria for inclusion in the baseline sample is that the consumer is actively receiving services (i.e., case management, counseling, medication management, etc.) from the D.C. Department of Mental Health or a contract provider agency. Three variables have been identified as differentiating points for a stratified random sample that was drawn on April 18th, 2003. These three variables are listed below.

1. Provider Agency
2. Age of Adult
3. Level of Need

Although the intent of the baseline sample was to include only 36 cases, a triple sample (n=108) was randomly selected in order to create a pool of possible consumers for the sample cells created by the three stratification points in the sample resulting in a proportional draw of consumers according to level of need and sample attrition. The triple sample also was used as a replacement list to provide additional consumers who could participate in the baseline review when one of the originally selected consumers was either unable or unwilling to participate.

Provider Agency

According to the information that was supplied to Human Systems and Outcomes, Inc., by the D.C. Department of Mental Health, there are a total of 5,926 adults receiving services from 13 different provider agencies. These 13 provider agencies differ substantially in the total number of adults that they serve, however, 5,368, or approximately 90%, of consumers receive services from six agencies, with 3,009, or approximately 58%, of consumers receiving services from the Public Core Service Agency. In order to assist with the completion of the logistics necessary to complete the qualitative case review process being utilized to conduct the adult services baseline review, the six largest provider agencies was the group from which 35 of the 36 sample cases were drawn. However, one additional case was randomly selected from the consumers not receiving services from the six largest agencies in order to ensure that all current consumers did have some chance of being included in the baseline review sample.

Age of Adult

According to the information provided to HSO, the age distribution for adult consumers receiving services ranges from 18 to 103. The adult baseline review stratified consumers' ages into three possible ranges. Listed, these ranges are: 18-29, with 607, or approximately 11% of consumers; 30-55, with 3,668, or approximately 68% of consumers; and 55 and greater, with 1,109, or approximately 20% of consumers. If the baseline sample of 36 cases was proportioned by age according to the percentage of consumers within each range, the distribution of cases would include four in the 18-29 range, 28 in the 30-55 range, and eight in the 55 and greater range. When utilizing this review methodology for court monitoring purposes in other locations, a minimum recommended threshold for any sample cell is eight cases. Thus, the sample size was increased for the number of consumers in both the 18-29 and the 55 and greater age ranges to eight cases. The exact sampling distribution is described in Display 1.

Level of Need

The consumer's level of need was separated into three categories (low, medium, high). There was no information available within the original list of consumers provided to HSO that would indicate the consumer's level of need. As such, additional information was obtained by HSO through a survey that was completed by provider sites' case managers/team leaders for each of the 108 consumers selected in the original triple sample. This survey collected information regarding the current type of services being provided to the consumer, his/her current placement type and its level of restrictiveness, and a Global Assessment of Functioning (GAF) score. An equal number of consumers for each level of need was selected from the original triple sample pool of 108 consumers for the baseline review. GAF scores were the primary measure to indicate the consumer's level of need, with a breakdown of score ranges as follows:

Low Need (12 consumers):	GAF \geq 60
Medium Need (12 consumers):	GAF 40-59
High Need (12 consumers):	GAF < 40

Identification of the type of service being provided and current placement was included in this brief survey in case GAF scores were not known at the time of the survey's completion and was used as an additional indicator of the consumer's level of need.

Sample Stratification

Display 1-A indicates the number of consumers who are receiving services from the six largest provider agencies. As the table indicates, more than 90% of the consumers are currently receiving services from these six provider agencies. **Display 1-B** provides the distribution of cases by age and provider agency selected for the random sample. Stratification for level of need was conducted after the provider agencies completed the initial information survey, with 12 consumers selected across the provider agencies for each level of need.

Display 1-A
A Breakdown of Provider Agency and Age of Adults Being Served
by the Six Largest Agencies

	Ages 18-29	Ages 30-55	Ages 55+	Total
Public Core Service Agency	347	2096	656	3009
Community Connections	87	669	216	972
Anchor Mental Health	41	333	68	442
Center for Mental Health, Inc.	91	283	23	397
The Green Door	25	159	97	281
Lutheran Social Services	16	128	49	193
Total	607	3668	656	Σ=5384 (Note: 90% of adult population is 5368)

Display 1-B
Stratified Random Sampling Distribution for D.C. Adult Baseline Review
(parentheses indicate triple sample)

	Ages 18-29	Ages 30-55	Ages 55+	Total
Public Core Service Agency	2 (6)	17 (51)	1 (3)	20 (60)
Community Connections	2 (6)	3 (9)	2 (6)	7 (21)
Anchor Mental Health	2 (6)		1 (3)	3 (9)
Center for Mental Health, Inc.	2 (6)		1 (3)	3 (9)
The Green Door			1 (3)	1 (3)
Lutheran Social Services			1 (3)	1 (3)
Psychiatric Center Chartered			1 (3)	1 (3)
Total	8 (24)	20 (60)	8 (24)	36 (108)

The intent of the proposed sampling methodology was to collect a random sample of consumers that is proportional to the actual age, level of need, and breakdown of adults receiving services in each provider agency. The sample size was determined using a binomial distribution sampling table that yielded an estimated range of the underlying distribution of acceptable or non-acceptable performance at a 95% confidence level. This strategy for determining sample sizes has been determined to be an effective means of establishing an overall service-level baseline in other states that use the Quality Service Review (QSR) case review methodology as a measure for monitoring consent decree compliance. It is anticipated that subsequent monitor's reviews using the QSR will need to include larger sample sizes in order to more precisely measure the adult mental health system level of performance following a period of improvement. Case reviews were actually completed for a total of 28 consumers.

Observations Made During Set-Up Activities for the Baseline Data Collection

A variety of challenges were experienced during the logistical preparation of the adult baseline review, resulting in scheduling difficulties that decreased the total number of cases included in the final baseline study sample.

The set up of the baseline review included two stages. The first stage was the completion of the brief survey for each of the 108 consumers randomly selected in the triple sample. This was completed so that current type of service, level of need, and contact information could be obtained on each possible study candidate. Responses were provided for 99 out of the 108 in the original triple sample. Responses included completion of the one-page survey, discussion with providers regarding individual consumers, and the provision of lists indicating the type of services the consumer was receiving at that time. A breakdown of the response rate for initial information is shown below:

Public Core Service Agency	51 out of 60
Community Connections	21 out of 21
Anchor Mental Health	9 out of 9
Center for Mental Health, Inc.	9 out of 9
The Green Door	3 out of 3
Lutheran Social Services	3 out of 3
Psychiatric Center Chartered (PCC)	3 out of 3

Out of the 99 survey responses, 29 were excluded from the possible sample pool for reasons including that they had not had any contact with a mental health provider in at least the last three months (10); were unknown to the agency (4); refused to participate with any study (4); were homeless and had no known contact information (3); were incarcerated (2); were residing in St. Elizabeth's Hospital (2); had moved out of the D.C. area (2); had been transferred to an unknown provider agency (2); or was deceased (1). As a result, 36 cases were selected out of a possible candidate pool of 70 consumers receiving services.

The second stage of preparation for the adult baseline review included obtaining consent to participate in the baseline study and subsequently having consumers complete signed releases of information, and scheduling the individual qualitative case reviews. Similar difficulties were experienced once providers, and subsequently consumers, were contacted about participation. The two primary barriers encountered during the logistical preparation of the 36 cases, which ultimately led to the completion of only 28 individual case reviews in the baseline sample were:

- ◆ Despite being identified on the list of active cases, the consumer was not receiving services and had not received services for some period of time.
- ◆ When contacted, the consumer was not willing to participate in the baseline review.

During preparation, providers were supplied additional cases from the triple sample replacement list in order to have a sufficient number of cases included in the baseline study. In one instance, a provider site was provided two full triple samples due to the above-referenced difficulties. The number of actual completed cases by provider site are as follows.

Public Core Service Agency	15 out of 20
Community Connections	6 out of 7
Anchor Mental Health	3 out of 3
Center for Mental Health, Inc.	1 out of 3
The Green Door	1 out of 1
Lutheran Social Services	1 out of 1
Psychiatric Center Chartered (PCC)	1 out of 1

(Note: This case was actually receiving basic case management from the Public Core Service Agency, despite being listed on the PCC list of active cases.)

An additional logistical preparation difficulty that compounded problems encountered with the set up for the individual case reviews was either limited or miscommunication between agency administrators and the respective frontline practitioners. Case managers and team leaders were often unaware or unclear about the steps to be completed when setting up a person to be reviewed. This resulted in a flurry of set-up activity just prior to the onset of, and during, the baseline review. This occurred despite regular and ongoing communication with agency administrators, resulting in set-up materials not completed within agreed-upon timeframes. Lastly, consumers were often only contacted about participation during their previously scheduled appointments for services. These meetings may have been just prior, or during, the week of the baseline review.

In summary, the process of setting up and conducting the baseline data collection revealed several organizational issues that will need to be addressed in order to create a more smoothly operating system of care.

- ◆ There are a number of consumers who are listed as actively receiving services on the automated data systems who are, in fact, not currently involved with DMH. Furthermore, stakeholders stated that additional consumers do regularly receive services but are not enrolled in the automated data systems.
- ◆ Site managers, team leaders, and case managers do not understand the practice and performance expectations that would lead to compliance with the consent decree.

- ◆ Site managers, team leaders, and case managers are not sufficiently aware of the monitoring process that is used to measure current system performance and compliance with the consent decree.
- ◆ Consumers not regularly engaged in services were not likely to be participants in the baseline sample.
- ◆ Consumers may not have a single point of case coordination responsible for regular and ongoing contact with the provider agency. Similarly, services are often provided in a drop-by, clinic-base format.

As a result of the difficulties encountered in the identification and inclusion of consumers in the baseline study, the findings should be interpreted with the consideration that this sample may well represent a best possible array of outcomes. In that, the final study sample was comprised of consumers who had regular ongoing contact with a mental health provider and were willing to participate in the study.

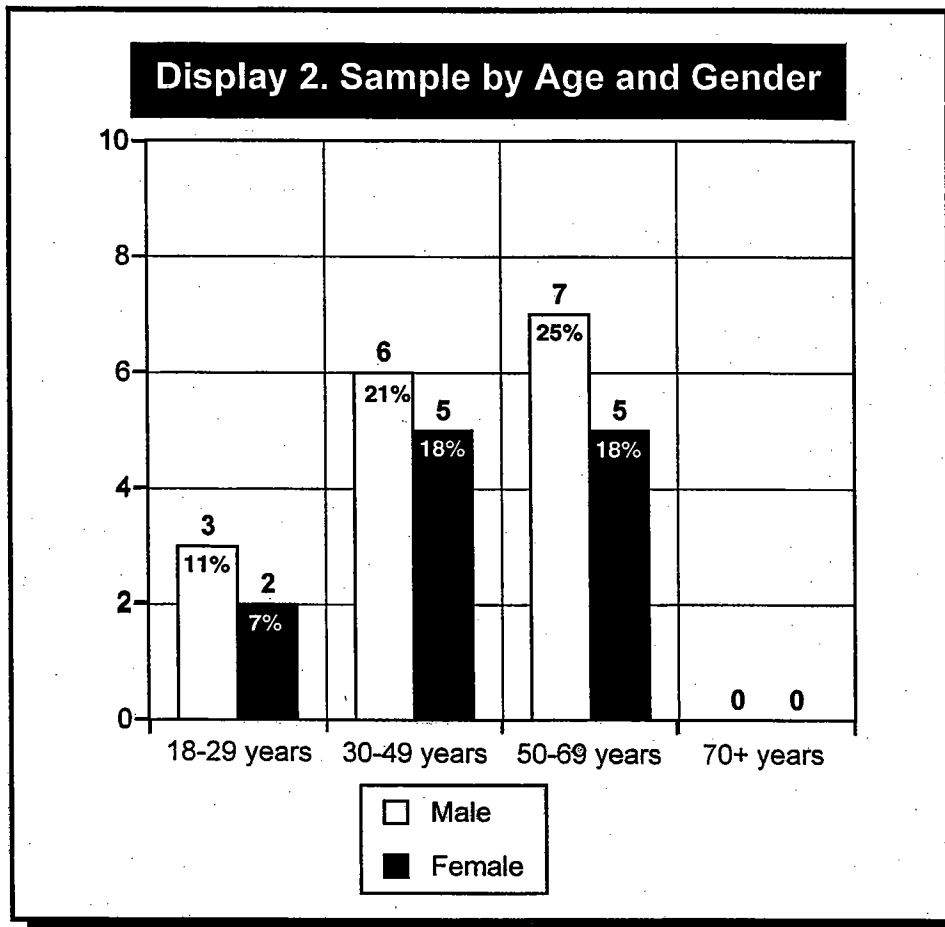
Description of the Adult Consumers in the Baseline Sample

Case reviews were conducted for 28 adult service consumers during the week of May 5-9, 2003. Presented in this section are displays that detail the characteristics of the 28 persons in the baseline sample.

Age and Gender

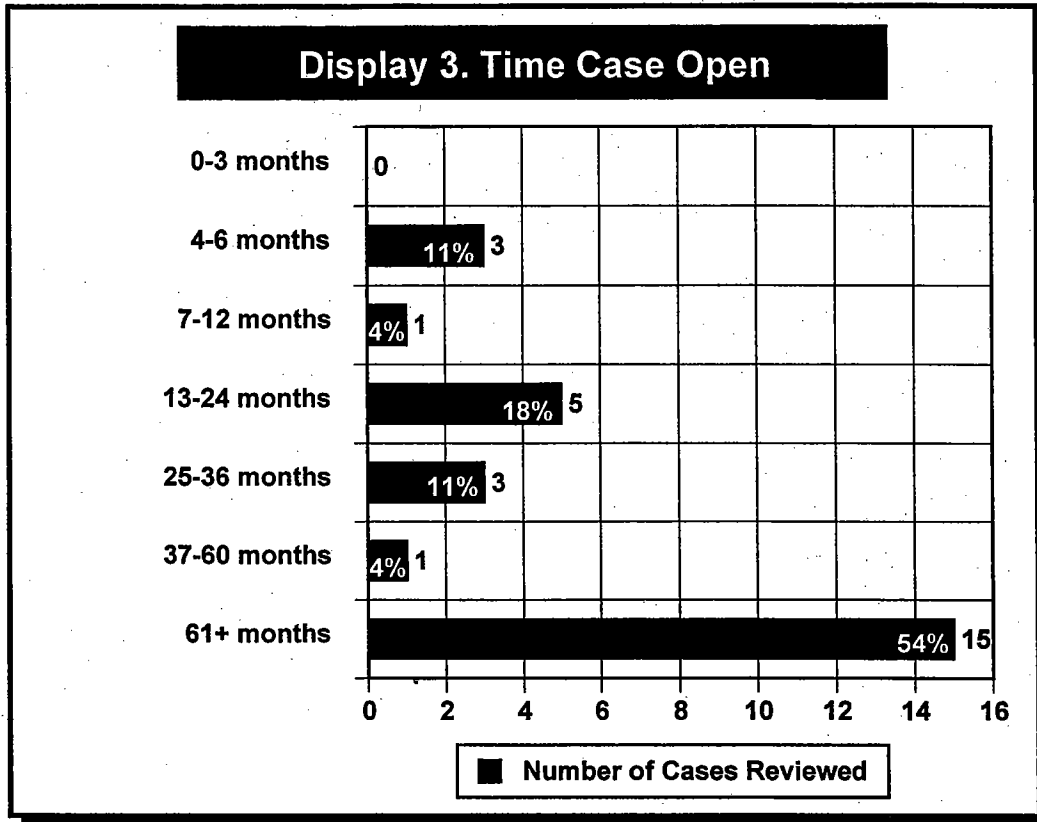
The review sample was composed of adults drawn across the age spectrum served by the Department of Mental Health. **Display 2** presents the sample of 28 adult participants distributed by age and gender. As shown in this display, men comprised 57% of the sample while women comprised 43%. By experience, many service systems report a majority of men within the active service population. Nearly one-fifth (18%) of sample members were young adults in the 18-29 year age group. More than one-third (39%) were in the 30-49 year age group. The largest age

group in the sample (43%) was composed of persons in the 50-69 year age group. None was over age 69 years.



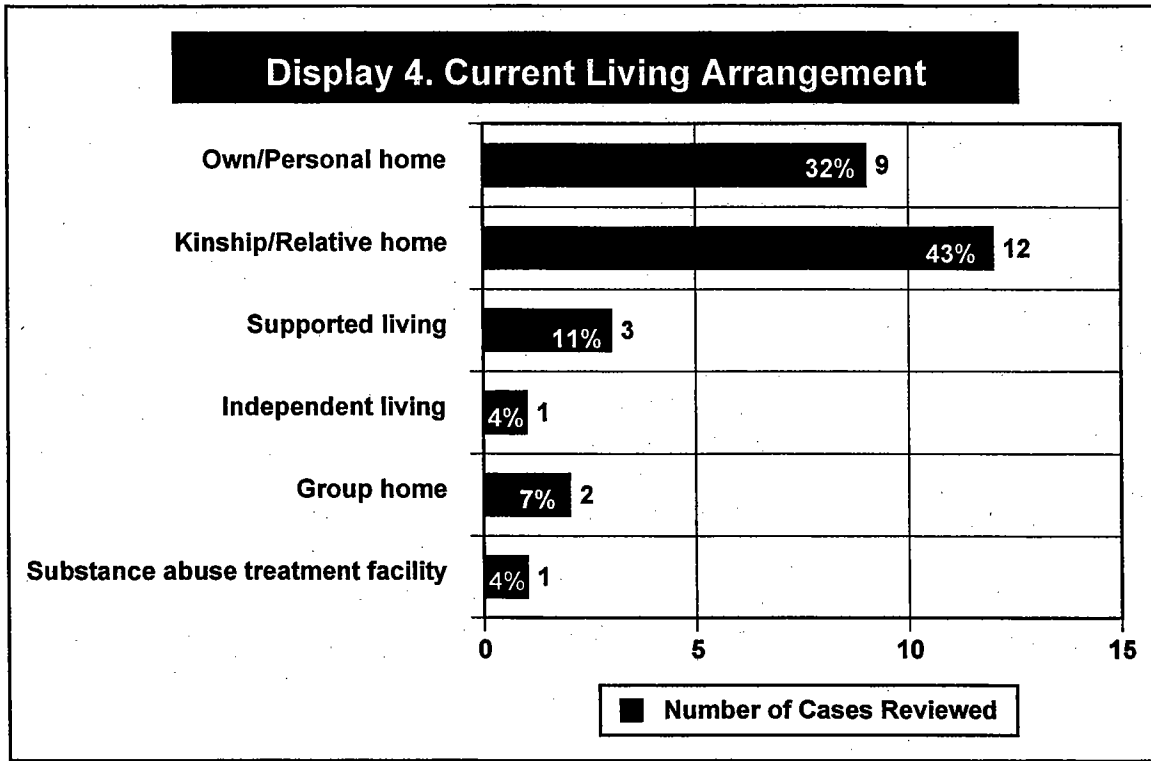
Length of Time Served during Present Admission

All adult service consumers in the review sample were presently receiving services through the Department of Mental Health. **Display 3** presents, for these 28 adults, the length of time their cases had been open with DMH during their current, most recent admission for services. As can be seen in this display, 15% of the sample had cases open for 12 months or less, 29% were open for 13 to 36 months, and 58% were open for more than three years.



Living Settings of Sample Members

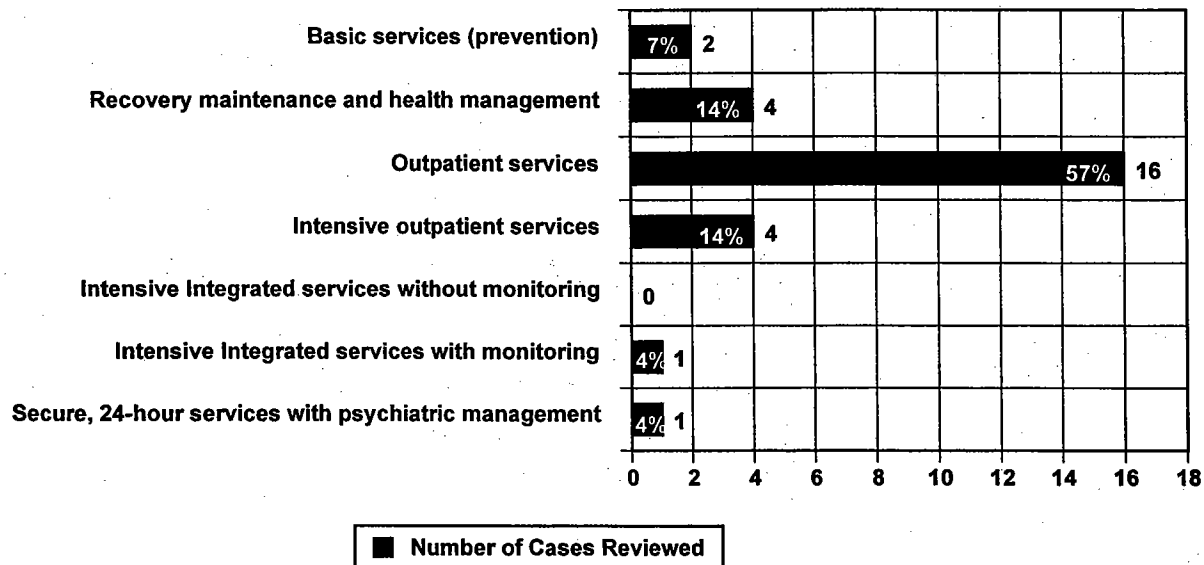
Adult service consumers in the review sample were found to be living in one of six settings. **Display 4** shows the distribution of sample members according to their residences at the time of the review. Almost a third (32%) of sample members were living in their own homes. Another 43% were living in kinship or relative homes. Three persons (11%) were in supported living arrangements. One adult (4%) was residing in an independent living program. Two adults (7%) were living in group homes. And, one person (4%) was residing in a substance abuse treatment facility.



Level of Care Provided

Persons in the sample were classified according to the level of care being received at the time of the review. The descriptive categories used were taken from the LOCUS or Level of Care Utilization System and applied by the reviewers. **Display 5** presents the distribution of the sample according to this classification scheme. Two (7%) of the sample members were determined to be receiving basic services. Another four (14%) members were receiving recovery maintenance and health management services. Sixteen (57%) of the sample members were receiving outpatient services. Another four (14%) persons were receiving intensive outpatient services. None was receiving intensive integrated services without psychiatric monitoring. One (4%) was receiving non-secure, 24-hour services with psychiatric monitoring and one other person (4%) was receiving secure, 24-hour services with psychiatric management.

Display 5. LOCUS Level of Care

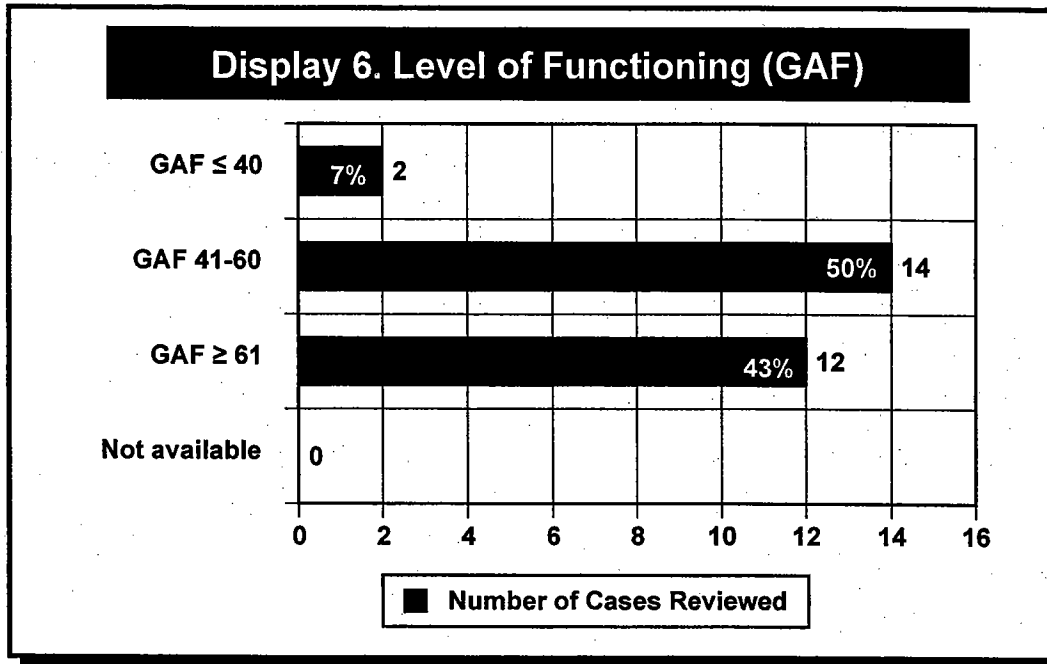


Functional Status of Sample Members

The functional status of adults in the review sample was assessed using the Global Assessment of Functioning Scale (DSM-IV, Axis V), which uses a 100-point scale. On this scale, a person in the low 1-40 range would be considered to be seriously emotionally disturbed, having substantial problems in daily functioning in normal settings, and requiring a high level of support and/or temporary treatment in alternative settings. A person in the mid-range of 41-60 would have some difficulties or symptoms in some areas but could get by with simple or occasional support in most settings. A person in the higher range of 61+ had no more than slight impairments of functioning but could be functioning well in normal daily settings.

Display 6 shows the distribution of the review sample across functioning levels for the 28 members. It should be noted that only two (7%) of those in the sample fell into the low functional range—one was in the 30-49 year age group and the other was in the 50-69 age group. Some 14 members of the sample, half (50%), were in the mid-range of functioning with 14% in the 18-29 year age group, 11% in the 30-49 year age group, and 25% in the 50-69 year age group. The remaining 12 members (43%) of the sample were in the higher functioning range

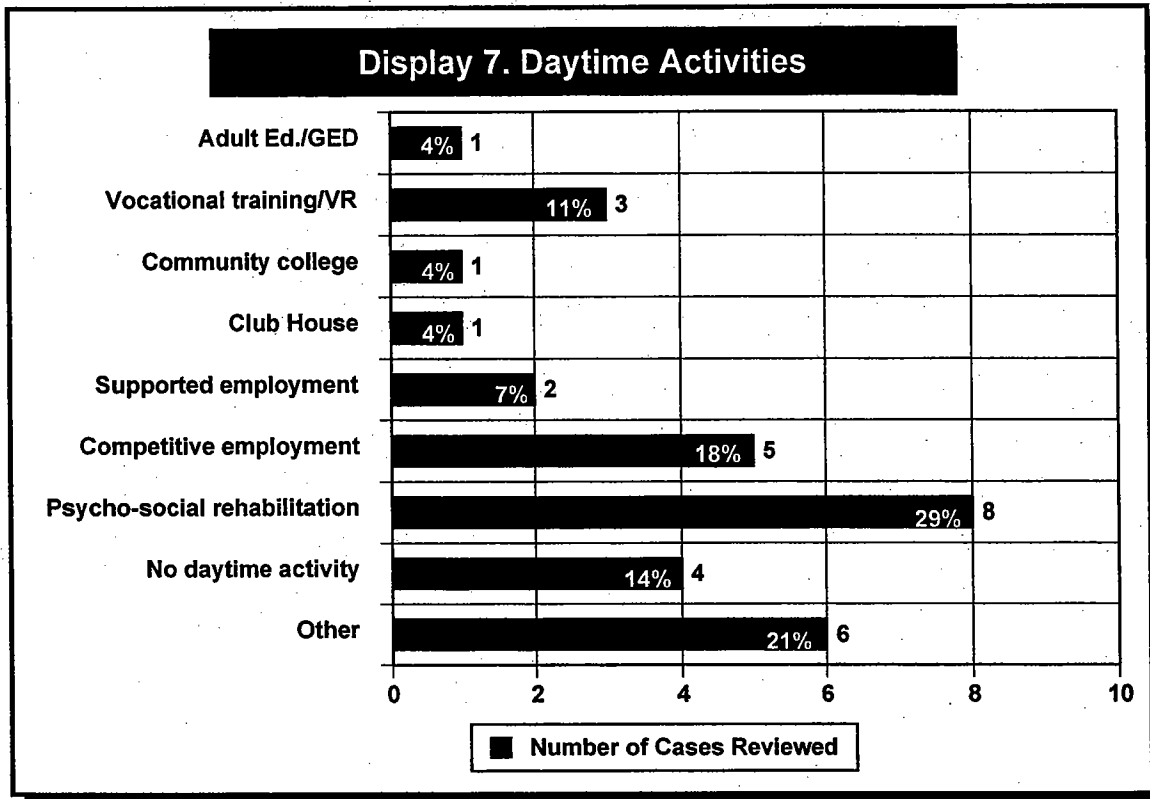
with one person (4%) in the 18-29 age group, seven (25%) in the 30-49 age group, and four (14%) in the 50-69 year age group.



Daytime Activities Reported for Sample Members

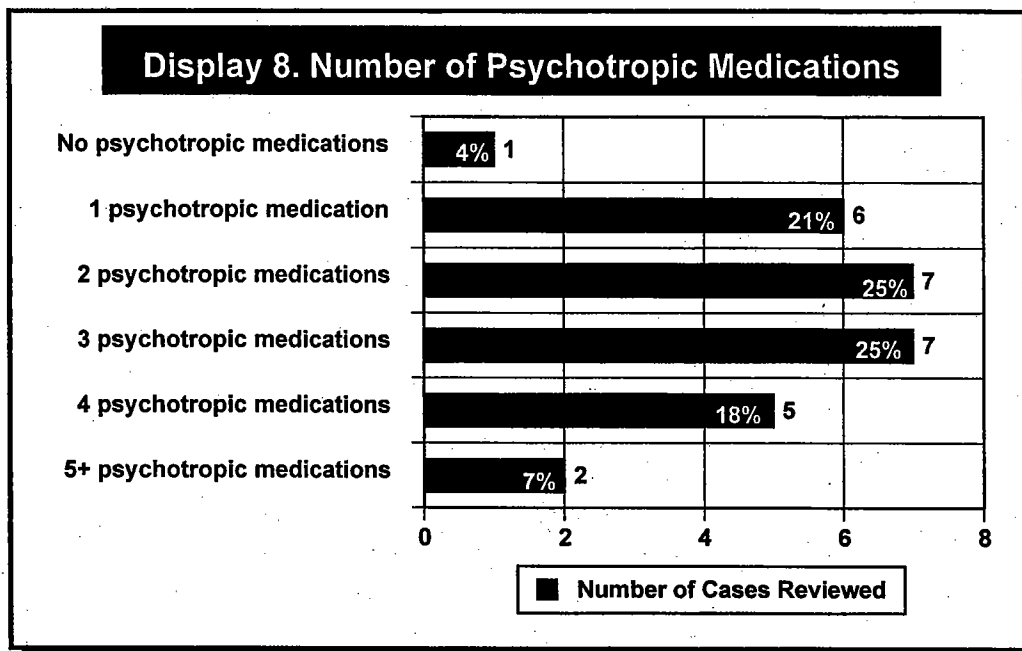
Reviewers identified the major daytime activities in which sample members were participating at the time of the review. **Display 7** presents daytime activities for members of the sample.

One member of the sample (4%) was participating in an adult education program working toward a GED (general education diploma). Three persons (11%) were participating in vocation training programs sponsored through Vocational Rehabilitation Services. Another person (4%) was taking classes at a community college. The main daytime activity for one person (4%) was visiting the Club House. Two persons (7%) were participating in supported employment programs. Five persons (18%) were working in competitive jobs. Eight members (29%) of the sample were participating in psychosocial rehabilitation programs. Two persons (7%) were engaged in job search activities. One person was on home detention. One person was a homemaker and another was taking care of her parents during the day. Four persons (14%) had no identified daytime activities.



Psychiatric Medications Reported for Sample Members

Persons with severe and persistent mental illness often take prescribed psychiatric medications to relieve symptoms. **Display 8** presents the number of psychiatric medications prescribed to members of the review sample. One person (4%) was not prescribed medications. About a fifth of the sample (21%) received one medication. A quarter (25%) received two medications. Another quarter (25%) received three medications. Nearly another fifth (18%) received four medications. Two persons (7%) received five or more medications. Thus, nearly three-quarters (75%) of the sample received three or fewer medications.



Quantitative Case Review Findings

Overview of the Case Review Process

Case reviews were conducted for 28 adult service consumers during the week of May 5-9, 2003, using the *Community Services Review (CSR) Protocol* [Baseline Version for Adults]—a case-based review tool developed for this purpose. This tool was based on a recovery philosophy, a system of care approach to service provision, and the Exit Criteria for Dixon. The general review questions addressed in the protocol are summarized in **Appendix A**.

Review questions were organized into major domains. One domain contained questions concerning the current status of the person (e.g., safety or economic security) and recent changes (e.g., improved self-management, risk reduction) that were related to treatment. The other domain contained questions focused on the performance of practice functions (e.g., engagement, teamwork, or assessment). For each question deemed applicable in a case, the finding was rated on a 6-point scale. **Displays 9A** and **9B** provide an overview of the rating logic used by reviewers in determining specific rating values for an item in a case. Display 9A presents the

rating scale used for adult status, and Display 9B presents the scale used for rating practice performance. The protocol provided item-appropriate details for rating each question.

These two displays show not only the 6-point rating scales but also two different interpretive frameworks for presenting review findings. On the left side of these displays are three "action zones" that provide a suggestive framework for next-step action by case practitioners for items with ratings falling into these zones. Ratings in the 5- and 6-point range fall into the "maintenance zone," indicating that adult status or practice performance is at a high level and should be maintained. Ratings in the 3- or 4-point range are at a more cautionary level, falling into the "refinement zone," indicating that refinements in service strategies or practices are necessary. Ratings in the 1- or 2-point range fall into a seriously problematic level or "improvement zone," indicating that improvements should be undertaken promptly for this person. On the right side of Displays 9A and 9B is a second interpretive framework for the rating scales and findings produced. This framework divides the 6-point scale into two segments. The segment with the upper end of the scale, containing ratings 4, 5, and 6, is deemed to be in the "acceptable range." The segment having the lower end of the scale, containing ratings 1, 2, and 3, is deemed to be in the "unacceptable range." These two interpretative frameworks are used to present quantitative findings from the case review protocol.

Interviews

Review activities in each case included a review of plans and records as well as interviews with the adult service consumer and others involved in providing services and supports to the adult service consumer. A total of 105 persons were interviewed for these 28 adult service consumers. The number of interviews ranged from a low of two persons in one case to a high of six persons in another case, with an average of 3.8 per case. Presented in this section are displays detailing the aggregate quantitative review findings for the 28-member baseline sample.

Display 9A

CSR Interpretative Guide for Adult Status

<p>Maintenance Zone: 5-6</p> <p>Status is favorable. Efforts should be made to maintain and build upon a positive situation.</p>	<p>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.</p> <p>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.</p>	<p>Acceptable Range: 4-6</p>
<p>Refinement Zone: 3-4</p> <p>Status is minimum or marginal, may be unstable. Further efforts are necessary to refine the situation.</p>	<p>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.</p> <p>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.</p>	
<p>Improvement Zone: 1-2</p> <p>Status is now problematic or risky. Quick action should be taken to improve the situation.</p>	<p>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.</p> <p>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.</p>	<p>Unacceptable Range: 1-3</p>

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Display 9B

CSR Interpretative Guide for Practice Performance

<p>Maintenance Zone: 5-6</p> <p>Performance is effective. Efforts should be made to maintain and build upon a positive practice situation.</p>	<p>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."]</p> <p>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]</p>	<p>Acceptable Range: 4-6</p>
<p>Refinement Zone: 3-4</p> <p>Performance is minimal or marginal and may be changing. Further efforts are necessary to refine the practice situation.</p>	<p>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]</p> <p>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.]</p>	
<p>Improvement Zone: 1-2</p> <p>Performance is inadequate. Quick action should be taken to improve practice now.</p>	<p>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.</p> <p>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.</p>	<p>Unacceptable Range: 1-3</p>

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Organization of Quantitative Findings

Quantitative review findings are divided into four broad sections: person status, recent changes and results, practice performance, and six-month prognosis. Findings are summarized in the sections that follow.

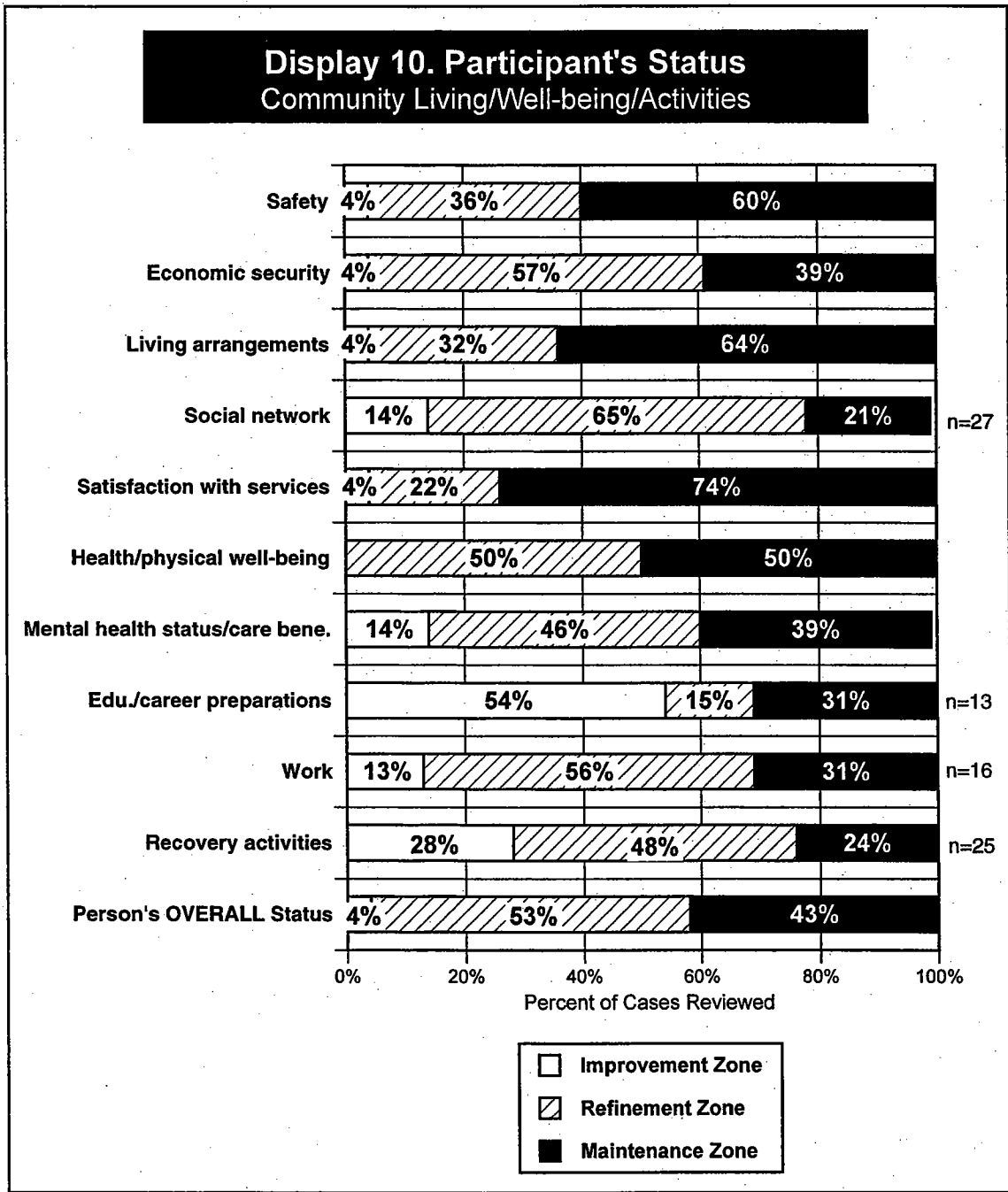
Status of the Adult Service Consumers

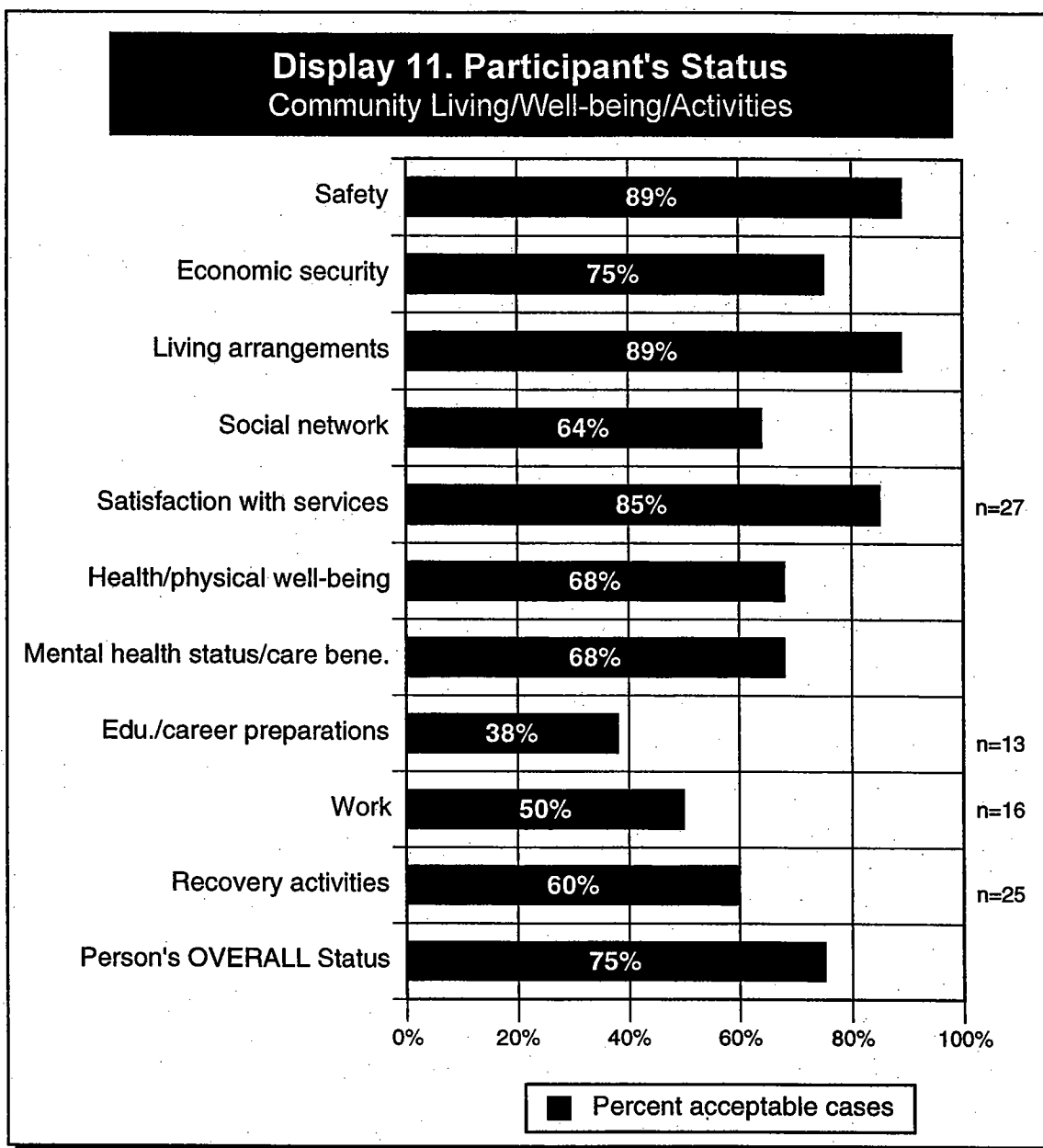
Ten indicators related to the current status of the adult service consumer were contained in the CSR protocol used by reviewers. Readers are directed to **Appendix A** for a detailed description of these ten areas examined by the reviewers. **Displays 10** and **11** present findings for each of the ten indicators. Display 10 uses the “action zone” framework that divides the 6-point rating scale into three segments corresponding to the maintenance, refinement, and improvement zones. Display 11 uses a “percent acceptable” format to report the proportion of the sample members for whom the item was determined applicable and acceptable. Findings on both displays are presented concurrently below. While these two different displays are useful in presenting findings to different audiences, it should be remembered that both displays are derived from the same database of findings.

Safety. Sample members were generally safe from imminent risk of physical harm in their daily environment, with 60% rated in the “maintenance zone” and another 36% in the “refinement zone.” One person (4%) was in the “improvement zone,” indicating that the person was at increased risk of physical harm. Appropriate persons were alerted to take necessary follow-up actions to ensure the safety of this person. Some 89% of the sample members were acceptably safe at the time of the review.

Economic Security. This area of review focused on: (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. Most persons (75%) in the sample had minimally adequate or better economic security. More than a third (39%) of those in the sample were found to have

economic security in the “maintenance zone.” Another 57% were rated in the “refinement zone.” Just one person (4%) was rated in the “improvement zone.”





Living Arrangements. This review area probed whether the person was living in a home of choice with supports necessary and sufficient for safe and successful pursuit of recovery. Some 89% of the sample members were determined to be in living arrangements that were at least minimally appropriate and adequate for recovery or better. More than three-fifths (64%) were determined to be in the “maintenance zone,” about a third (32%) in the “refinement zone,” and one person (4%) in the “improvement zone.”

Social Network. This examination determined whether the adult consumer was connected to a natural support network of family, friends, and peers, consistent with the person's choices. Achieving and maintaining a social network may depend on whether the person is provided peer support and community activities and whether the person has opportunities to meet people outside the service provider organization. Just more than three-fifths (64%) of the sample members were found to have minimally adequate or better social network connections. Just more than a fifth (21%) of the sample members were found to be in the "maintenance zone," about two-thirds (65%) in the "refinement zone," and 14% in the "improvement zone."

Satisfaction with Services. This involved asking the consumer the extent to which the person was satisfied with the treatment, support services, respect, and recovery progress that he/she was presently experiencing. Many (85%) of the consumers expressed minimal satisfaction with services or better. Satisfaction was rated in the "maintenance zone" for 74% of those responding, in the "refinement zone" for 22%, and in the "improvement zone" for one person (4%).

Health/Physical Well-Being. This status indicator asked whether the person was in the best attainable health, had basic physical needs met, and had access to health care services as needed. About two-thirds (68%) of sample members were found to be healthy with physical needs met, including access to health care services. Half (50%) were determined to be in the "maintenance zone," with the other half (50%) determined to be in the "refinement zone."

Mental Health Status. Is the person's mental health status currently adequate or improving? If symptoms are present, does the person have access to mental health services that are sufficient to reduce symptoms and improve the person's daily functioning? Is the person benefiting from mental health care received? These were the questions explored in this area by reviewers. Findings indicate that mental health status among persons reviewed was determined to be minimally adequate or better for two-thirds (68%) of the sample members. Mental health status was found to be in the "maintenance zone" for 39%, in the "refinement zone" for nearly half (46%), and in the "improvement zone" for 14% of the persons reviewed.

