2004 Report on Adult Service Consumers

Served by the District of Columbia Department of Mental Health

August 2004

Presented to the Dixon Court Monitor

by

Human Systems and Outcomes, Inc.

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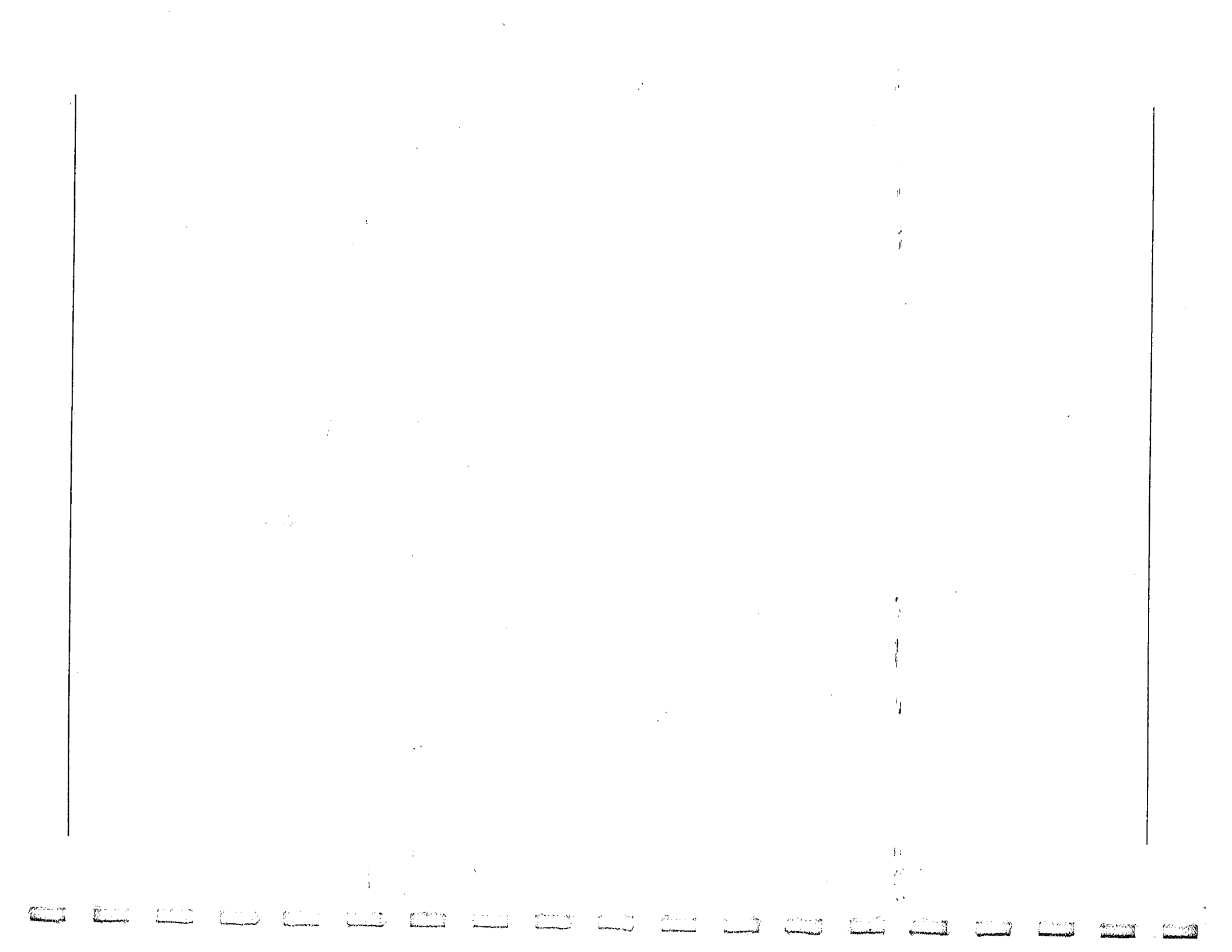

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Purpose and Scope of the Review

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 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 results of the initial review were provided to the Court Monitor in a report dated May 2003. Findings from the initial review were generally mixed, with approximately 75% of the consumers in the sample considered to have an overall acceptable status. The appraisal of the service system for these consumers was considered overall acceptable in 54% of the consumers reviewed. Due to some methodological limitations during the initial sample selection process, there was some concern

on the part of the review team and the Department of Mental Health (DMH) that the actual consumers reviewed might represent only those that were most actively engaged in the system. It was concluded that the review results likely provided a more positive status of consumers receiving mental health services and the overall responsiveness of the service system in addressing their needs than would be reflected in a more fully representative sample of consumers and the range of practices.

A larger sample was drawn for the second-year review and the Dixon Court Monitor's staff facilitated the logistical preparation with support from Human Systems and Outcomes, Inc. (HSO), as well as with major strategic support from DMH staff. A larger sample was drawn to ensure representativeness of the population of consumers and to account for some mismatch between consumers listed as enrolled for services on eCura and those actually receiving services. Review activities for the second-year review were completed during April 2004. This review should be primarily considered an extension of the baseline review using a more refined sampling process. This report contains the results of the individual consumer service reviews completed during the year-two review activities. Findings pertain to the final 41 consumers included in the review.

The design of the 2004 sampling process, training of reviewers, supervision of data collection, and analysis of data were conducted by HSO, an organization with extensive experience in qualitative 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 review.

In reading this report, the reader must recognize that a large systemic change process is occurring in the Department of Mental Health that is going to take multiple years to bring individualized, highly coordinated services to each consumer served to a highly consistent and fully functional level of performance. To date, a tremendous amount of energy and effort has been expended to create the infrastructure and foundational capacities necessary to support a consistently performing, high quality service delivery system. In the stakeholder interviews this year, some

provider agencies were just beginning to reach a stage of development in which practice issues and the barriers to good practice could be discussed. In other agencies, there is still a struggle to just get the foundational infrastructure and basic understanding in place. From HSO's perspective, considerable progress continues to be made and the system is just now beginning to reach the point that more focus and effort can be put into the actual development and implementation of more consistent high quality practice.

Sample Characteristics

A stratified random sample of 162 registered consumers was drawn from those registered on the Department of Mental Health eCura data system. From that number, a stratified sample of 54 consumers was obtained from the larger sample when it was determined that the consumer was or had recently been an active case and the consumer was willing to consent to participate. The criteria for inclusion in the sample were that the case is currently active (as defined by receiving services within three months of the time of the review) and is receiving a minimum of one type of service (i.e., case management, counseling, medication management, etc.). Three variables were identified as differentiating points for a stratified random sample that was drawn the week of March 15, 2004: (1) provider agency, (2) age of the consumer, and (3) consumer's level of need.

In this section, considerable detail is provided about the sampling selection and the logistical issues encountered in setting up the actual sample of consumers that were ultimately reviewed. These are provided because the challenges and issues that were encountered are instructive in regard to both the current status of infrastructure development and the implementation of the practice model specified in the Dixon exit criteria. They also reflect how complex a service delivery system is and how many details and components have to work in sync in order to achieve the best results for consumers.

Provider Agency

The DMH eCura data system shows there are a total of 13,224 consumers enrolled in DMH who either requested referral for services through the Access Help-Line or received services either now or in the past from one or more of 18 different provider agencies. These provider agencies differ substantially in the total number of consumers they serve. Ninety-six percent of the consumers enrolled in a core service agency are receiving services from one of the ten largest agencies. These agencies are: the D.C. Community Services Agency; Community Connections, Inc.; Center for Mental Health, Inc; Green Door; Anchor Mental Health; Washington Hospital; Lutheran Social Services; Woodley House; Psychotherapeutic Outreach Services; and Coates and Lane. **Display 1** provides the number of consumers currently enrolled for the ten largest core service agencies, as well as an additional agency (Psychiatric Center Chartered) that was providing services for an additional consumer randomly selected to participate in the review. The rationale for the random selection of an additional consumer was to ensure that consumers receiving services at the eight smaller provider agencies also had a chance of being included in the review.

Display 1

Total Number of Consumers Listed as Enrolled for Services in eCura by Provider Agency				
Provider	Ages 18-29	Ages 30-55	Ages 56+	Totals
1. D.C. Community Services Agency	1,098	4,983	1,308	7,389
2. Community Connections, Inc.	173	945	223	1,341
3. Center for Mental Health, Inc.	342	821	78	1,241
4. Green Door	83	467	126	676
5. Anchor Mental Health	79	418	106	603
6. Washington Hospital Center	82	322	79	483
7. Lutheran Social Services	40	181	75	296
8. Psychotherapeutic Outreach Services	30	179	51	260
9. Woodley House	34	145	47	220
10. Coates and Lane	19	148	44	211
Note: There are 504 (3.816%) consumers being provided services outside of the ten largest provider agencies. Thus, one "at large" consumer is being sampled from the remaining 504 to allow for an equal chance of being selected for inclusion in the review. This consumer was receiving services from Psychiatric Center Chartered, hence, inclusion in the review.				

Age of Consumer

The number of consumers receiving services at each site varies by the ages of the consumers. Three pre-determined age ranges (18-29; 30-55; 56 and older) were specified as points to stratify the sample. The sampling frame slightly over-sampled young adults (18-29) in order to more accurately assess themes and patterns of practice regarding entry into the mental health system since it is during this age that consumers typically begin accessing adult mental health services.

Consumer's Level of Need

The consumer's level of need was separated into three categories (low, medium, high). There was a brief survey completed by the provider agency for each of the consumers included in the random sample. This survey was used to collect information such as the current level of service (type of service or Global Assessment of Functioning Scale/GAF score). The breakdown for level of need is as follows:[1]

Low Need:	Basic outpatient services: GAF > 70
Medium Need:	Intensive outpatient or wraparound services: GAF 61-70
High Need:	Partial hospitalization or hospitalization placement: GAF < 60

The intent of separating the sample by level of need was to ensure a mix of level of functioning of consumers randomly selected for inclusion in the review. It should be noted that reviewers also noted the GAF level of the consumer during the review. There was some mismatch between the provider-supplied GAF score and the reviewer-noted GAF score.

Sampling Frame

Display 2 provides the final sampling frame for the 2004 adult services review. This table indicates the number of consumers randomly selected from each agency separated by age ranges

[1] GAF scores for consumers were submitted by provider agencies in the initial survey in order to stratify the initial sample according to level of need. It should be noted reviewers also provided a level of functioning rating for consumers included in the review. These findings are provided on page 13.

Due to the large number of consumers lost from the initial sample of 162 from the D.C. Community Services Agency, the actual number of consumers who could be selected for inclusion in the final sample was notably reduced. As a result, of the 108 remaining possible cases from which the final sample could be drawn, there were only 74 eligible consumers for the review, if reasonable proportionality of consumers across smaller core service agencies was to be maintained.

The Dixon Court Monitor's office staff attempted to contact all 74 eligible consumers on multiple occasions using telephone and direct contact strategies. Logistical preparation was coordinated with the 11 participating core service agencies to maximize the likelihood of consumer participation, however, consent to participate was obtained directly by the Dixon Court Monitor's office. Of the 74 targeted consumers, eight refused to participate despite repeated attempts to engage the consumers. Similarly, despite numerous efforts to contact all eligible consumers, no current contact information was known for eight additional consumers, with some purported to have moved out of the D.C. area. Of a possible 58 eligible consumers remaining, the Dixon Court Monitor's office undertook numerous steps to attempt to locate, obtain consent, and coordinate the difficult logistical processes necessary to complete a qualitative case review. A total of 41 case reviews were completed. Despite efforts to set up case reviews for the 58 eligible consumers, difficulties such as not returning messages, no longer living at last known address with no forwarding address known, lack of a telephone, or not being home during the several attempts to locate the consumer were just several of the contributing factors to the smaller-than-originally-designed sample. The 41 case reviews completed are considered the result of an exhaustive effort to maximize the possible number of review participants within the originally specified sampling frame. It is noteworthy that three homeless consumers, randomly selected for inclusion in the review, were located by the Dixon Court Monitor's staff and consented to participate.

Description of the Consumers in the Year-Two Review

A total of 41 case reviews were completed during May 2004. These case reviews were completed over a two-week timeframe with slightly more than half (24) completed by external

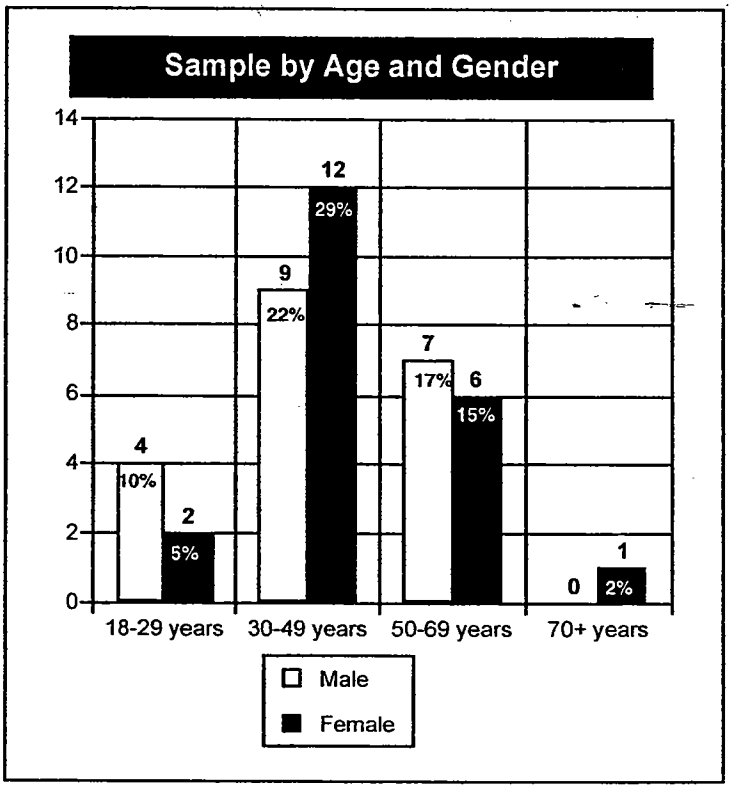
reviewers and the remaining cases completed by DMH staff trained to standard by HSO. Presented in this section are displays that detail the characteristics of the consumers in the second-year sample.

Age and Gender

The review sample was composed of both males and females drawn across the age spectrum served by the Department of Mental Health. **Display 4** presents the sample of 41 consumers distributed by age and gender. As shown in this display, the gender makeup of the sample was evenly distributed, with males comprising 49% of the sample and females comprising 51%.

There were six consumers ages 18-29 (15%) included in the sample. It is important to note that consumers in this age range were most likely to have either been closed, unknown, or not active cases in the original triple sample. The actual breakdown of consumers in the 18-29-year age range across the total mental health population is 15%, thus, due to the initial intent to over-sample this youngest age range, the number included in the final sample was proportional to the actual number receiving services. The majority of the case reviews completed were in the 30-49-year age range with 21 (51%), and an additional 13 (32%) were in the 50-69-year age range. Last, there was one consumer greater than age 70 included in the review.

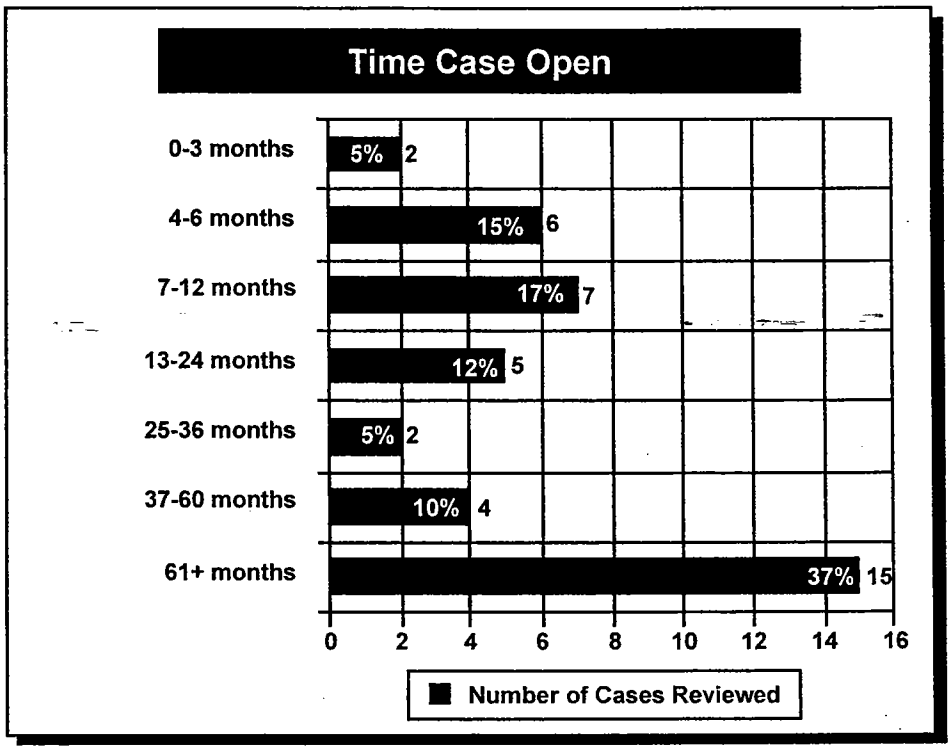
Display 4



Length of Time Served During Present Admission

All adult service consumers in the review sample were presently receiving services through DMH and being provided those services by a core service agency. As defined within the sampling parameters, a case was considered current if the consumer had been receiving any form of mental health service within the previous three months. **Display 5** presents, for these 41 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, 37% (15 consumers) of the sample had cases open for 12 months or less, 17% (seven consumers) were open for 13 to 36 months, and 47% (19 consumers) were open for more than three years.

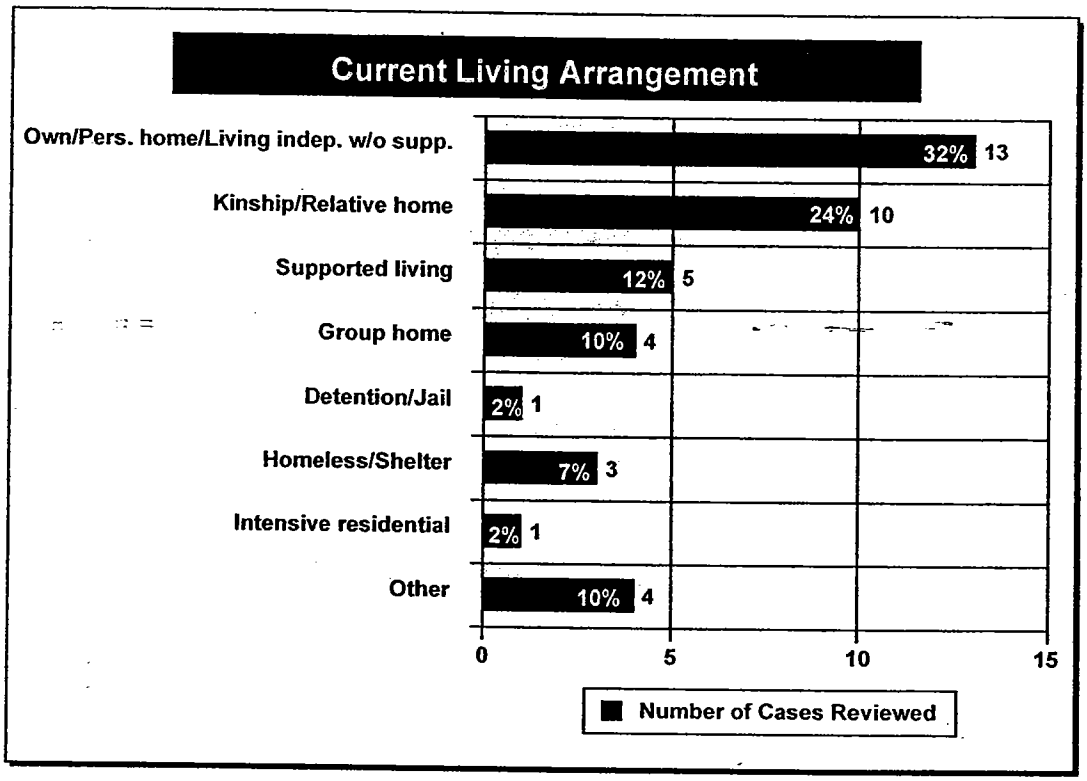
Display 5



Living Settings of Sample Members

Adult service consumers in the review sample were living in one of nine settings. **Display 6** shows the distribution of sample members according to their residences at the time of the review. Reviewers noted the current living arrangements of the consumers during the review. Twenty-three (56%) of the consumers were either living independently without supports or living with family. For consumers living with relatives, the degree of caretaking responsibilities by the relatives varied. Other living arrangements included supported living arrangements (five), supported independent living arrangements (four), adult group homes (four), with formal support providers including mental health programs, substance abuse/veteran's providers, and developmental disabilities programs. Also noteworthy is that one consumer was in the D.C. Metro jail and three consumers were homeless and living either on the street or in a shelter.

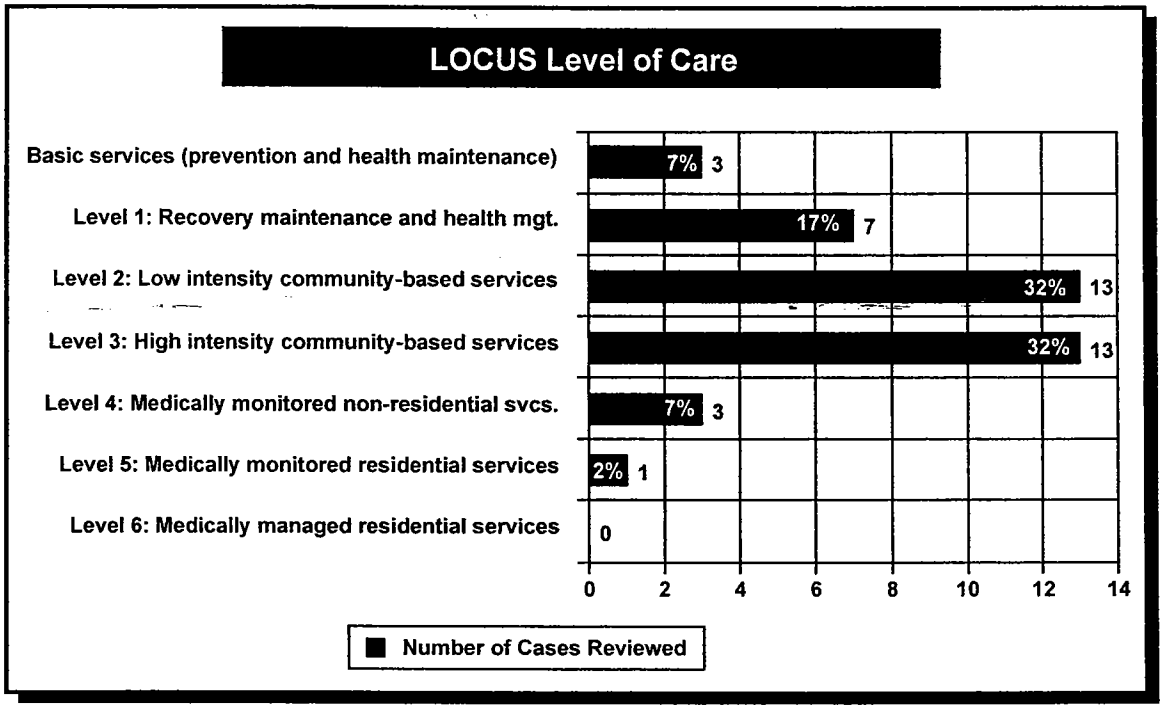
Display 6



Level of Care Provided

Consumers 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 7** presents the distribution of the sample according to this classification scheme. Three (7%) of the sample members were determined to be receiving basic services. Seven (17%) were receiving recovery maintenance and health management services. Thirteen (32%) of the sample members were receiving low intensity community-based services. Another 13 (32%) of the sample members were receiving high intensity community-based services. Three (7%) were receiving medically monitored non-residential services, while one (2%) was receiving medically monitored residential services. No sample members were receiving medically managed residential services. Last, the LOCUS level of one consumer was not noted by the reviewer.

Display 7



Functional Status of Sample Members

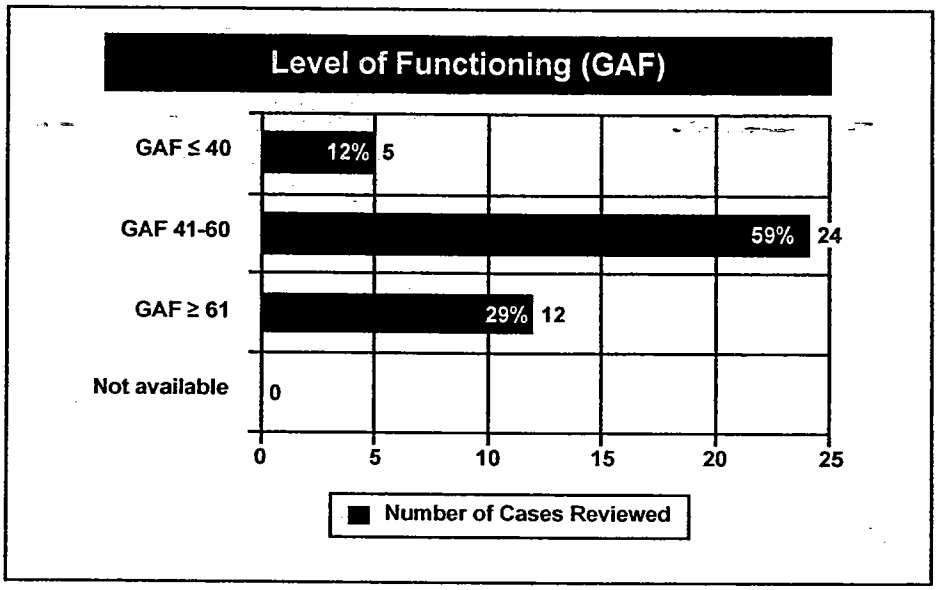
The functional status of adults in the review sample was assessed using the Global Assessment of Functioning Scale (DSM-IV, Axis V), which uses a 100-point scale. On this scale, a person in the low 1-40 range would be considered to be having significant difficulty, having substantial problems in daily 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. The 1-40, 41-60, and 61+ ranges were specified within the Dixon review protocol created by the local design team.[2]

Display 8 shows the distribution of the review sample across functioning levels for the 41 members. Five consumers (12%) were in the low GAF range. Twenty-four (59%) of the

[2] The GAF ranges noted in the Dixon protocol differ slightly than generally accepted GAF ranges for low, middle, or high levels of functioning. Using a more conservative approach for reviewers rating a consumer's level of functioning was determined by the District of Columbia's Dixon protocol design team.

consumers were in the middle GAF range, and 12 (29%) were considered to be in the high GAF range.

Display 8



For comparative purposes, **Display 9** indicates the level of functioning separated by age ranges of the sample. As the display indicates, younger consumers were more likely to have either low or moderate levels of functioning. In contrast, older consumers were more likely to have moderate to high levels of functioning.

Display 9

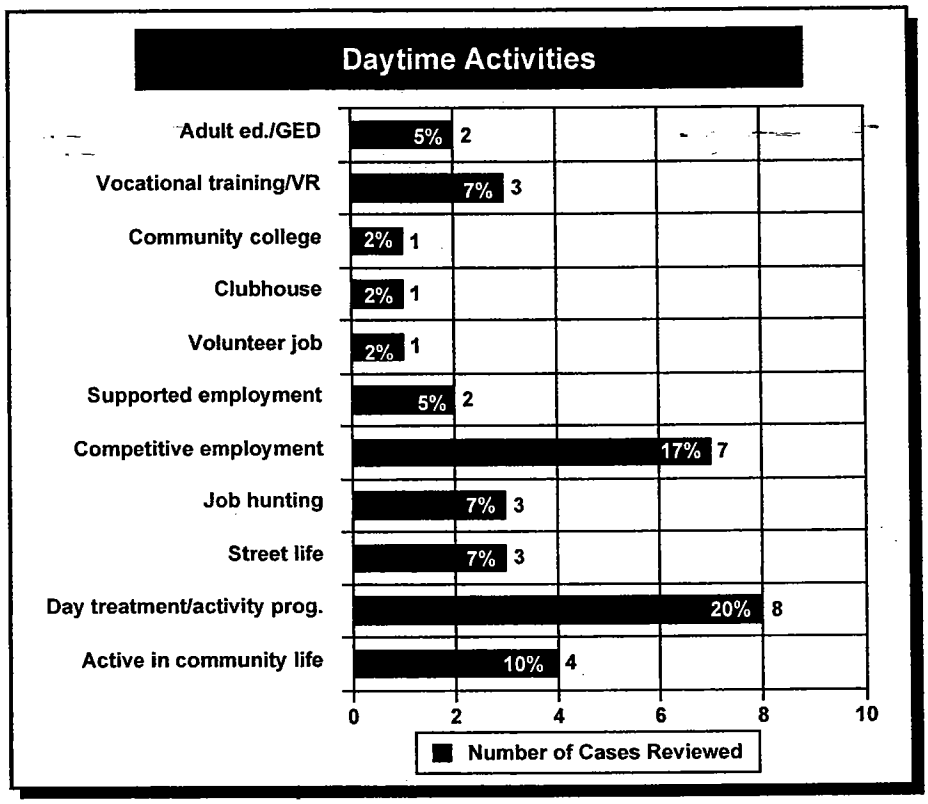
Global Assessment of Functioning by Age Ranges				
Age Ranges	**GAF <40**	**GAF 41-60**	**GAF>60**	**Totals**
18-29	1 (16%)	4 (67%)	1 (16%)	6
30-49	3 (13%)	12 (50%)	6 (25%)	21
50-69	1 (8%)	8 (62%)	4 (31%)	13
>70			1(100%)	1
Totals	5	24	12	41

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 10** presents these daytime activities. The primary daytime activity categories were listed in the protocol and reviewers noted all that applied. Some

consumers had more than one daytime activity noted, while this was also missing data or not applicable ratings for 13 consumers.

Display 10

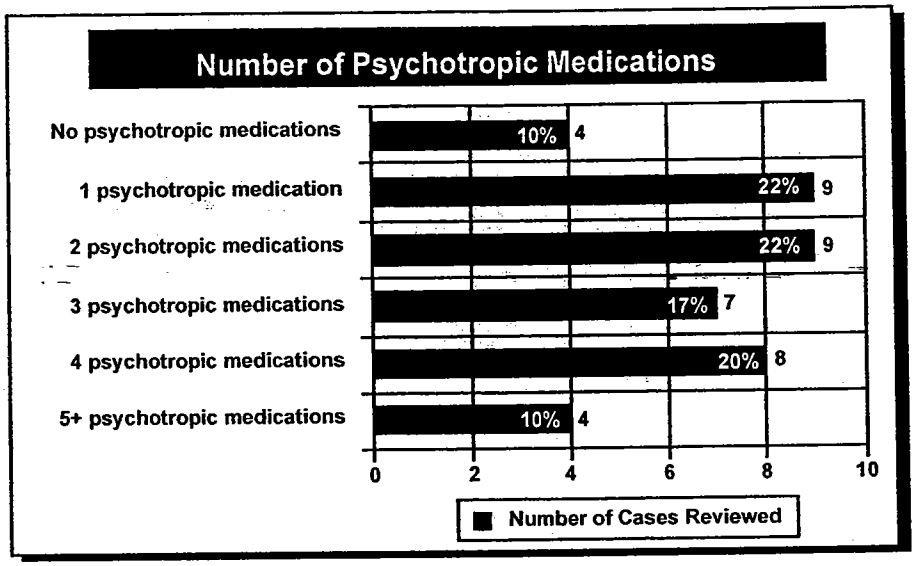


Note: Consumers whose primary daytime activity was visiting with family, friends, or neighbors were listed as active in community life.

Psychiatric Medications Reported for Sample Members

Persons with severe and persistent mental illness often take prescribed psychiatric medications to relieve symptoms. **Display 11** presents the number of psychiatric medications prescribed to members of the review sample. Approximately half (54%) of the sample received two or less psychotropic medications. A breakdown of the actual number of psychotropic medications taken by sample members is as follows: four persons (10%) were not prescribed medications; nine persons (22%) received one medication; nine persons (22%) received two medications; seven persons (17%) received three medications; eight persons (20%) received four medications; and four persons (10%) received five or more medications.

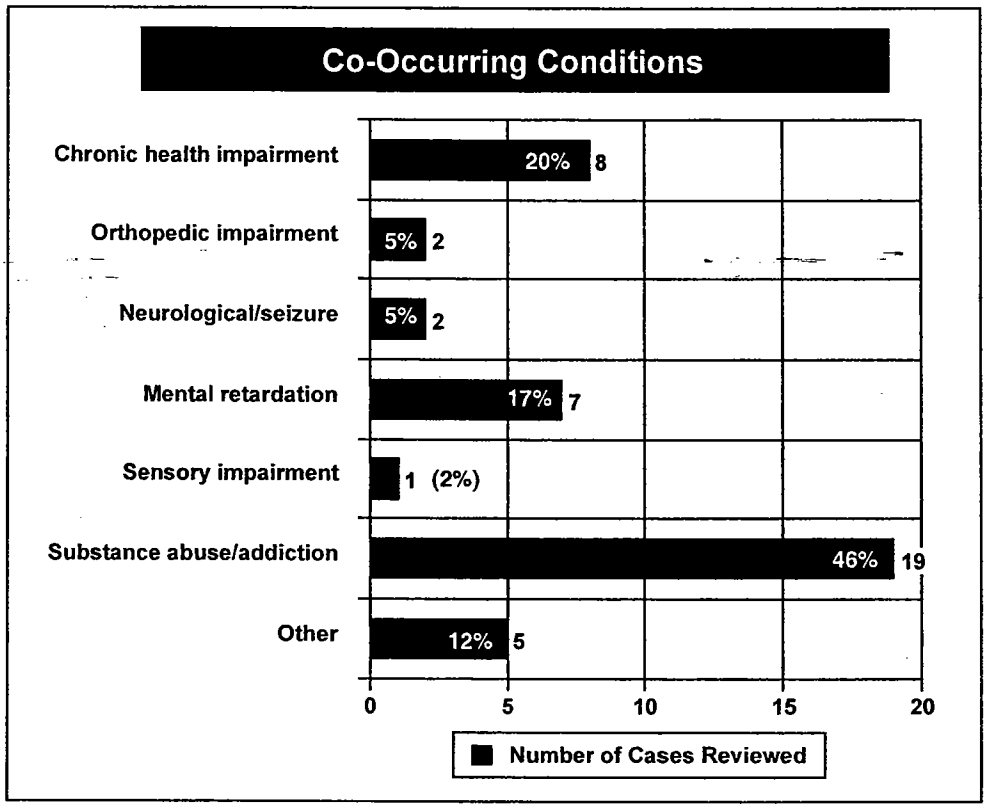
Display 11



Co-Occurring Conditions

The co-occurring conditions of consumers often present unique practice considerations for service providers. These complicate the delivery of services, as practitioners must take into account the additional challenges or complexities faced by the consumer when planning and implementing interventions. Oftentimes, co-occurring factors can be lifelong disabling conditions that require the integration of other service disciplines, such as medical or substance abuse, in the delivery of services. Reviewers indicated in their case review findings the presence of any of the following co-occurring conditions. These findings are noted in **Display 12**. The most prevalent was substance abuse/addiction, which was noted in 19 (46%) consumers. Other co-occurring conditions included mental retardation for seven consumers (17%) and chronic health impairment or medical condition (examples including, but not limited to, HIV and cardiac conditions) for eight consumers (20%). There was also a limited number of co-occurring conditions such as orthopedic or neurological impairments and sensory impairment, noted during the review. Last, it was not uncommon for a consumer to have a combination of co-occurring conditions, with substance abuse and a second factor the most likely combination.

Display 12



Quantitative Case Review Findings

Overview of the Case Review Process

Case reviews were conducted for 41 consumers during the weeks of April 19 and 26, 2004, using the *Community Services Review (CSR) Protocol*, a case-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 exit criteria 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 provided services 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 also. Both the three-tiered action zone and the acceptable vs. 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 159 persons were interviewed for these 41 consumers. The number of interviews ranged from a low of two persons in one case to a high of seven persons in another case, with an average of four per case.

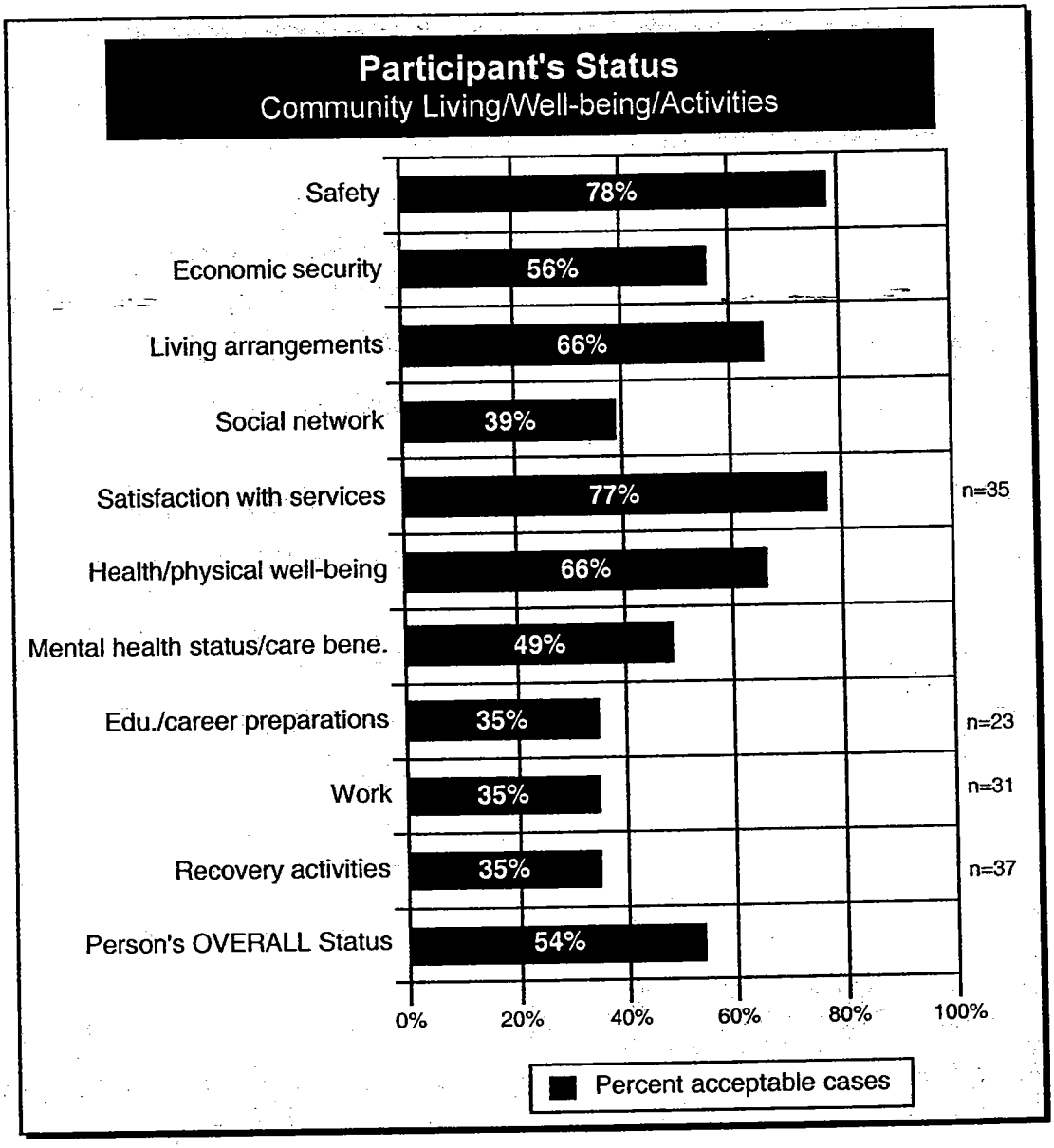
Consumer Status Results

Ten indicators related to the current status of the 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 13 and 14** present findings for each of the ten indicators. Display 13 uses a "percent acceptable" format to report the proportion of the sample members for whom the item was determined applicable and acceptable. Display 14 uses the

"action zone" framework that divides the 6-point rating scale into three segments corresponding to the maintenance, refinement, and improvement zones. Findings on both displays are presented concurrently below. While these two different displays are useful in presenting findings, both displays are derived from the same set of case review findings.

Safety. Sample members were generally safe from imminent risk of physical harm, as 78% of the consumers reviewed were given overall acceptable safety ratings by reviewers. For comparative purposes, 89% of the consumers reviewed in the 2003 review were noted as having at least minimally acceptable safety ratings. As for action zones, 49% of the consumers were rated in the maintenance zone, 32% were rated in the refinement zone, and 20% were rated in the improvement zone. The circumstances of those consumers whose imminent safety was considered needing immediate improvement included: a 22-year-old female whose recent suicide attempt resulted in emergency medical treatment (it was reported during the review that this consumer continued to have suicidal ideations); a 51-year-old male who has been a chronic IV substance user (heroin) whose current HIV status has not been assessed; a 58-year-old female with active psychosis living in a home in which the doors cannot be locked and she reports that neighbors regularly steal from her who is at risk of victimization; an unstable male with bipolar disorder who is not receiving any mental health services and whose mother recently sought court-ordered treatment; a male currently incarcerated and going through the process of detoxification from methadone without appropriate treatment and support; a 47-year-old male with depression and a history of poly-substance abuse who has interacted once with his mental health provider within the previous two years and for whom no other assessment information was available; a 49-year-old female with a history of schizophrenia who is actively abusing alcohol and cocaine and also has other significant health risks; and a 35-year-old female in which both she and her family have a lengthy history of substance abuse and are engaged in illegal drug sales activity.

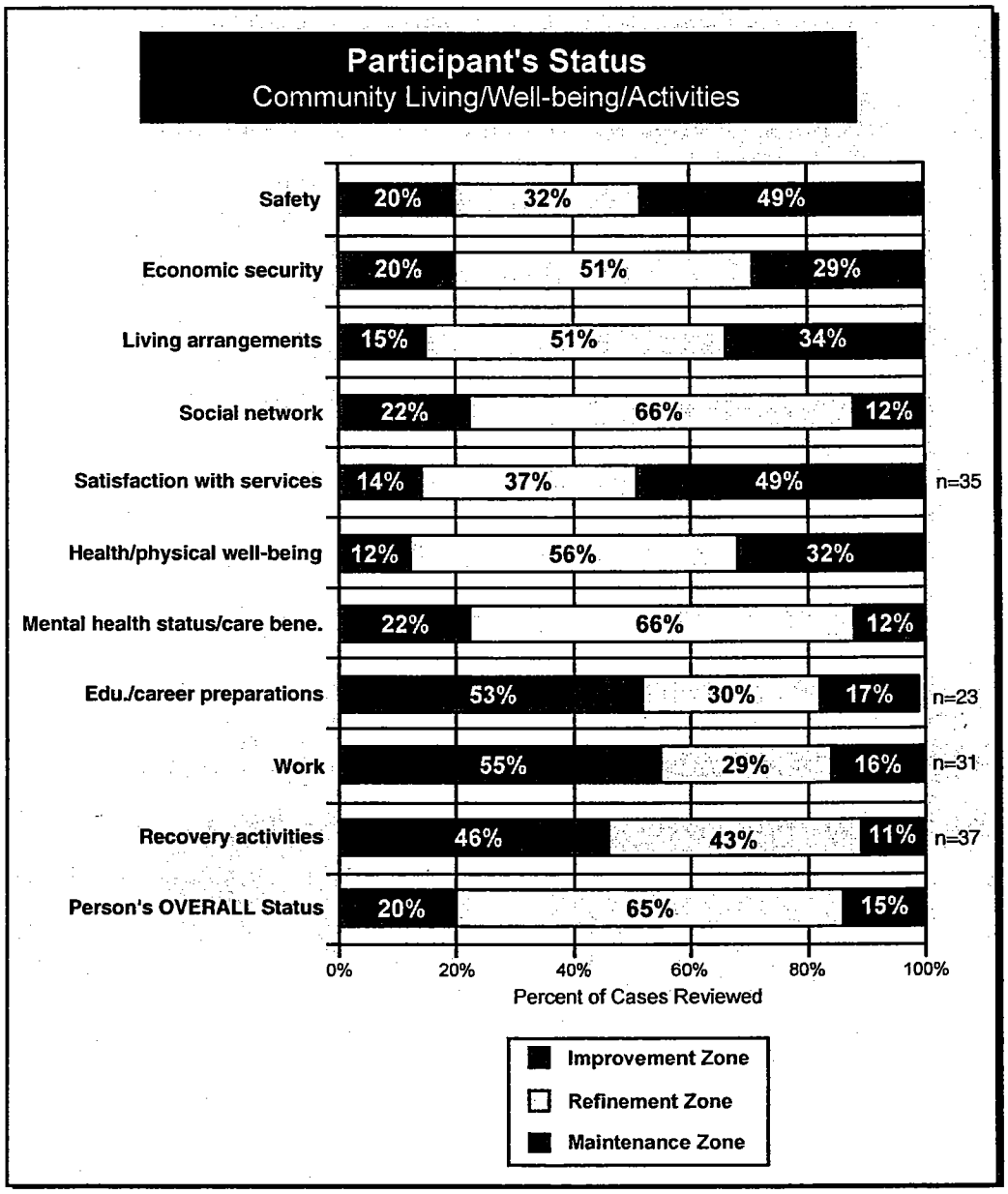
Display 13



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. Slightly more than half (56%) of the consumers included in the review were noted to have at least minimally acceptable economic security. For comparative purposes, 75% of the consumers reviewed in the 2003 review were noted as being at least minimally acceptable. Of those consumers in the year-two review, 29% were in the maintenance zone, 51% were in the refinement zone, and 20% were in the improvement zone. Of the 12

consumers in the green zone, all had moderate (41-60) to high (61+) GAF levels and were likely to be participating in either competitive or supported employment. If the consumers were not working, then they were receiving a sufficient array of benefits and supports through multiple sources (e.g., veteran's benefits, SSI, food stamps, housing assistance). Those consumers noted as needing immediate improvement typically either had no source of income or were not receiving a sufficient array of benefits and supports to meet their day-to-day needs.

Display 14



Living Arrangements. This review area probed whether the consumer was living in a home of choice with supports, if needed, that would allow the consumer to safely and successfully pursue recovery. Two-thirds (66%) of the consumers were noted to have at least minimally adequate living arrangements. Of those reviewed, 34% were in the maintenance zone, 51% were in the refinement zone, and 15% were in the improvement zone.

Social Network. This indicator examined whether a 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 interact outside of the core service agency. Slightly more than a third of the sample (39%) was noted to have at least a minimally acceptable social network. Of those consumers included in the review, 12% were in the maintenance zone, 66% were in the refinement zone, and 22% were in the improvement zone.

Satisfaction with Services. This indicator involved asking the consumer the extent to which he/she was satisfied with the treatment, support services, respect, and recovery progress that was presently being experienced. A majority (77%) of the 35 consumers responding expressed having at least minimally acceptable levels of satisfaction with services. Satisfaction was rated in the maintenance zone for 49% of those responding, in the refinement zone for 37%, and in the improvement zone for 14%.

Health/Physical Well-Being. This status indicator assessed the general physical health of the consumer, in that, the focus of inquiry includes whether the person has basic physical health needs met and if the person has sufficient access to needed health care services. Of those consumers included in the review, two-thirds (66%) of sample members were found to have at least minimally acceptable physical health status. Physical health was noted to be in the maintenance zone for 32% of the consumers, in the refinement zone for 56% of the consumers, and in the improvement zone for 12% of the consumers.

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 approximately half (49%) of the sample members. For comparative purposes, 68% of the consumers were considered to have at least a minimally acceptable mental health status in the first-year review. Mental health status was found to be in the maintenance zone for 12%, in the refinement zone for 66%, and in the improvement zone for 22% of the persons reviewed. Consumers considered needing improvement included: the aforementioned 49-year-old female with schizophrenia and a co-occurring substance abuse disorder arrested within the previous week for substance possession; the aforementioned female with bipolar disorder who was treated within the previous week for attempted suicide; the aforementioned recently incarcerated male with post-traumatic stress disorder who was going through the process of detoxification from chronic substance abuse; the aforementioned male with bipolar disorder who had active psychotic symptoms and was not receiving sufficient mental health services resulting in his biological mother seeking court-ordered treatment; the aforementioned male having major depressive disorder who also had a history of chronic IV substance use; and a 46-year-old male with schizophrenia who had been hospitalized recently after an interruption in his medication. An interesting trend is that five of the nine consumers receiving ratings of needing improvement for mental health status also had a safety rating of needing improvement.

Education/Career Preparation. Based on the person's needs and interests, is this adult actively engaged in educational activities (e.g., adult basic education/GED preparation, post-secondary education) or a vocational training program? This was the central concern in this review area. This review was deemed applicable to 23 (56%) of the 41 sample members. The indicator was deemed not applicable if the consumer was retired and/or did not have aspirations or goals to pursue education or training opportunities. Among those consumers, 35% were found to be receiving an adequate level of education and career preparation. This finding is also consistent with the first-year review ratings. Education and career preparation was rated in the maintenance zone for 17% of the sample, in the refinement zone for 30%, and in the improvement zone for

53%. The status was poor in this area for more than half of those for whom this area was deemed applicable.

Work. Based on the person's needs and interests, is the person actively engaged in employment (e.g., competitive, supported, or transitional)? If not, does the person have access to productive activities? This review area was deemed applicable for 31 (76%) of the 41 persons in the sample. This indicator was deemed not applicable if the consumer was retired and/or lacked aspirations or goals to pursue employment or voluntary opportunities. Work activities and opportunities were found to be minimally acceptable for 35% of the sample members for whom the review area was deemed applicable. This finding is somewhat lower than the 50% considered acceptable in the first-year review. Work was found to be in the maintenance zone for 16%, in the refinement zone for 29%, and in the improvement zone for 55% of the applicable sample members. The education/career preparation and work status indicators had the greatest proportion of sample members receiving ratings of needing immediate improvement, thus, highlighting a specific area of practice needing additional growth.

Recovery Activities. Consistent with the person's needs and preferences, did the person actively engage in activities necessary to improve capabilities, competencies, coping, self-management, social integration, and recovery? This review area was deemed applicable for 37 (90%) of the 41 persons in the sample. This review indicator was deemed not applicable if the consumer chooses not to pursue recovery opportunities at the time of the review. Engagement in recovery activities was found to be minimally adequate or better for 35% of the sample members for whom the review was deemed applicable. This finding is notably lower than the 60% of the first-year sample found to be at least minimally acceptable. Engagement in recovery activities was rated in the maintenance zone for 11%, in the refinement zone for 43%, and in the improvement zone for 46% of the sample members. As with education and work, the rate of acceptable participation and opportunity was found to be substantially inadequate for many persons in the sample. Thus, access to and participation in meaningful recovery activities remains a challenge for many adults.

Overall Status of Adult Consumers. The protocol provides a scoring rubric for combining ratings values across the items deemed applicable to the adult service consumers being reviewed to