
2005 Report on Adult Service Consumers

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

June 2005

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 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 mixed, with 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 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 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 and 39% had acceptable system performance.

The design of the 2005 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 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. The logistical preparation and set up of the 2005 review was completed by Consumer Action Network (CAN). HSO expresses their gratitude to CAN for completing the significant amount of work necessary to complete a CSR review.

Overall, there has been progress in the performance of the system for adult services. There is a broader capacity to provide services within a recovery model. There is much greater awareness of performance and practice expectations. The D.C. Core Services Agency (DCCSA) has worked diligently to improve practice and to demonstrate performance within the principles of practice specified in the Dixon exit criteria and as measured by the CSR. There are still significant issues in the financial area across the Department of Mental Health (DMH) and the core service agencies with regard to billing and reimbursement mechanisms sufficient to support an agency while being accountable and timely. The system is also still changing the allocation of priority and funding across the various components of the service array, such as reduction of use of St. Elizabeth's Hospital and day treatment and increase in assertive community treatment (ACT) teams, more independent housing, and more recovery-focused activities. These issues provide competition of focus between financial well-being of agencies and the development of more consistent practice. To achieve highly consistent practice, the financial issues will need to be

more stable.

Review Sample Characteristics

A stratified random sample of 162 registered clients was drawn from the registered 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 since June 1, 2004. This strategy was taken due to the experiences in previous reviews in which a proportion of consumers had had no contact, or were unknown, to providers (e.g., the consumer had been referred to the provider from the Access Help-Line, 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 core service agencies). DMH had also completed an initiative to reduce the number of closed or unknown consumers on the ECURA system during the previous year.

A stratified sample of 54 consumers was taken from the larger sample of 162. The sample size was determined using a binomial distribution sampling table that would yield 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 similar case review methodologies as a measure for monitoring consent decree compliance.

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 the following points: (1) provider agency, (2) age of the consumer. Previous reviews had attempted to stratify for consumer's level of need, however, based on previous review experience, this was difficult to accurately determine through brief survey instruments, and with the fluid process of setting up the review, which includes replacing

a number of consumers who refuse to participate, it becomes difficult to continue to control for consumer's level of need in the sampling frame.

Provider Agency

According to the information that was supplied to HSO, by the D.C. Department of Mental Health, there are a total of 7,488 consumers who had received at least one service since June 2004. Services were provided for these consumers from 20 different providers. However, these provider agencies differ substantially in the total number of consumers that they serve, yet, approximately 95.5% of all consumers who are receiving mental health services are receiving them from the nine largest providers within D.C. Listed, these agencies are: (1) D.C. Core Services Agency; (2) Community Connections; (3) Green Door; (4) Center for Mental Health; (5) Anchor Mental Health; (6) Washington Hospital Center; (7) Lutheran Social Services; (8) Psychotherapeutic Outreach; (9) Woodley House. As such, the sample of consumers to be included in the review was predominantly selected from these largest provider agencies. **However, in order to ensure that all consumers currently receiving services had the opportunity for inclusion in the review, one additional consumer was selected for the review from the remaining 4.5% of consumers receiving services from the smallest provider agencies.**

Age of Consumer

The list of consumers who had received a billed-for service according to the ECURA data system since June 2004 was stratified by age ranges. The following display provides the breakdown of the number of consumers, separated by age range, receiving billed-for services from the nine largest adult provider core service agencies.

Display 1
Number of Consumers who had Received a Billed Service
Since June 2004 According to ECURA

Provider	18-29	30-55	56+	Totals
1. D.C. Core Services Agency	263	2146	711	3120
2. Community Connections	175	959	197	1331
3. Green Door	102	533	131	766
4. Center for Mental Health	123	395	40	558
5. Anchor Mental Health	41	323	65	429
6. Washington Hospital Center	67	246	71	384
7. Lutheran Social Services	22	146	52	220
8. Psychotherapeutic Outreach	16	130	37	183
9. Woodley House	21	105	33	159
Other providers				338
Totals	830	498	1337	$\Sigma=7150$

Stratified Random Sample Frame

The following display provides the final sampling frame for the 2005 adult consumers Community Services Review. This table indicates the number of consumers randomly selected from each agency separated by age ranges for inclusion in the review activities. Selection for inclusion in the review was also completed proportionally according to age range (e.g., the 30-55 age range had the largest number of consumers receiving services and, subsequently, this age range had the largest number of consumers included in the final sampling frame). There was also a disproportionately higher number of 18-29 year olds included in the review. This age range was over-sampled in order to more accurately assess the issues of young adults when they are typically beginning to access services from the mental health system.

The table also lists the triple sample selected from the agency from which the final participants were identified. The rationale for drawing a triple sample was to allow for participants refusing

to consent to be included in the review activities, to allow for sample attrition, and to ensure that there was an adequate mix of the level of need of participants.

Display 2
Final Sampling Frame by Agency and Age Ranges
(parentheses note triple sample)

Provider	18-29	30-55	56+	Totals
1. D.C. Core Services Agency	5 (15)	14 (42)	3 (9)	22 (66)
2. Community Connections	2 (6)	6 (18)	1 (3)	9 (27)
3. Green Door	1 (3)	4 (12)	1 (3)	6 (18)
4. Center for Mental Health	1 (3)	2 (6)	1 (3)	4 (12)
5. Anchor Mental Health		2 (6)	1 (3)	3 (9)
6. Washington Hospital Center	1 (3)	2 (6)		3 (9)
7. Lutheran Social Services	1 (3)	1 (3)		2 (6)
8. Psychotherapeutic Outreach	1 (3)	1 (3)		2 (6)
9. Woodley House	1 (3)	1 (3)		2 (6)
10. Fihankra Place	1 (3)			1 (3)
Totals	14 (42)	33 (99)	7 (21)	54 (162)
Note - There are 338 (4.5%) consumers being provided services outside of the nine largest provider agencies. Thus, one "at large" consumer was sampled from the remaining consumers to allow for an equal chance of being selected for inclusion in the review. This consumer was receiving services from Fihankra Place, hence, inclusion in the review.				

Consumers Included in the Review

The following display provides the distribution of consumer reviews completed during the year-three review. As this table indicates, a total of 51 consumers were reviewed. Although the originally specified target of reviewing 54 consumers was not met, the review results are reflective of district-wide trends in the adult mental health system and the data make system-wide generalizations regarding the quality and consistency of practice. The difficulties encountered in meeting the intended goal included: (1) consumers refusing to participate in the review activities (participating in a CSR continues to be voluntary); (2) difficulty contacting or locating consumers to gain their consent to participate in the review; and (3) the short timeframe (one month) for setting up the 54 individual cases in the CSR. The short timeframe is necessary to ensure that the findings of the review are representative of the actual status of the consumer and performance of the system since it is not uncommon for the service array to change for a consumer after the consumer has been selected for participation.

Display 3
Breakdown of Final Sample of Consumers Included in the Review
Separated by Provider Agency and Age Range of Consumer

Provider	18-29	30-55	56+	Totals
1. D.C. Core Services Agency	4	10	6	20
2. Community Connections	1	5	3	9
3. Green Door	1	3	2	6
4. Center for Mental Health	1	1	2	4
5. Anchor Mental Health		2	1	3
6. Washington Hospital Center		2	1	3
7. Lutheran Social Services	2			2
8. Psychotherapeutic Outreach	2			2
9. Woodley House		1		1
10. Fihankra Place	1			1
Totals	12	24	15	51

A total of 51 adult reviews were completed during April 2005. The reviews were completed over a two-week timeframe with the reviews completed by reviewers trained to standard by HSO. Reviewers included both staff to DMH, as well as external reviewers brought to D.C. to participate in the review activities. Presented in the following section are displays that detail the characteristics of the third-year sample of consumers.

Description of the Consumers in the Year-Three Review

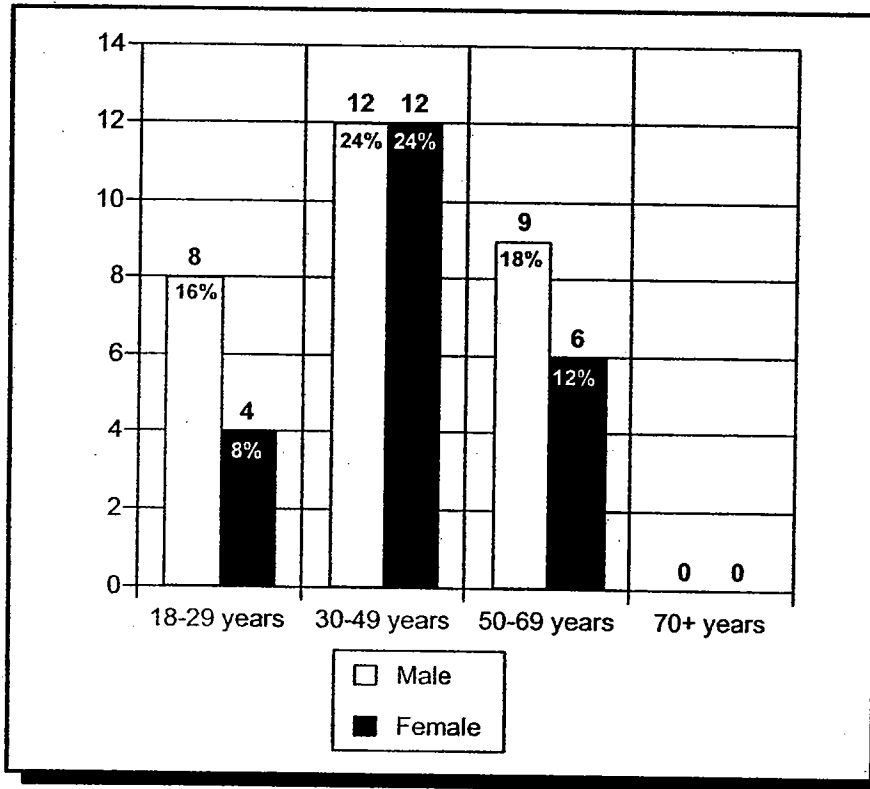
A total of 51 reviews were completed during April 2005. The reviews were completed over a two-week timeframe with slightly more than half completed by external reviewers and the remaining reviews completed by trained DMH staff. Presented in this section are displays that detail the characteristics of the consumers in the third-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. The following display presents the sample of 51 consumers distributed by age and gender. As shown in this display, there were slightly more men (57%) than women (43%) included in the review.

There were 12 consumers ages 18-29 (24%) included in the sample. The actual breakdown of consumers in the 18-29-year age range across the total mental health population is approximately 12%. The higher proportion of 18-29 year olds included in the sample is due to the strategy of over-sampling this age range. The majority of the case reviews completed were in the 30-49-year age range with 24 (48%), and an additional 15 (30%) were in the 50-69-year age range. There were no consumers greater than 69 years of age included in the review.

Display 4
Age and Gender of Consumers Included in the 2005 Adult Services CSR Review

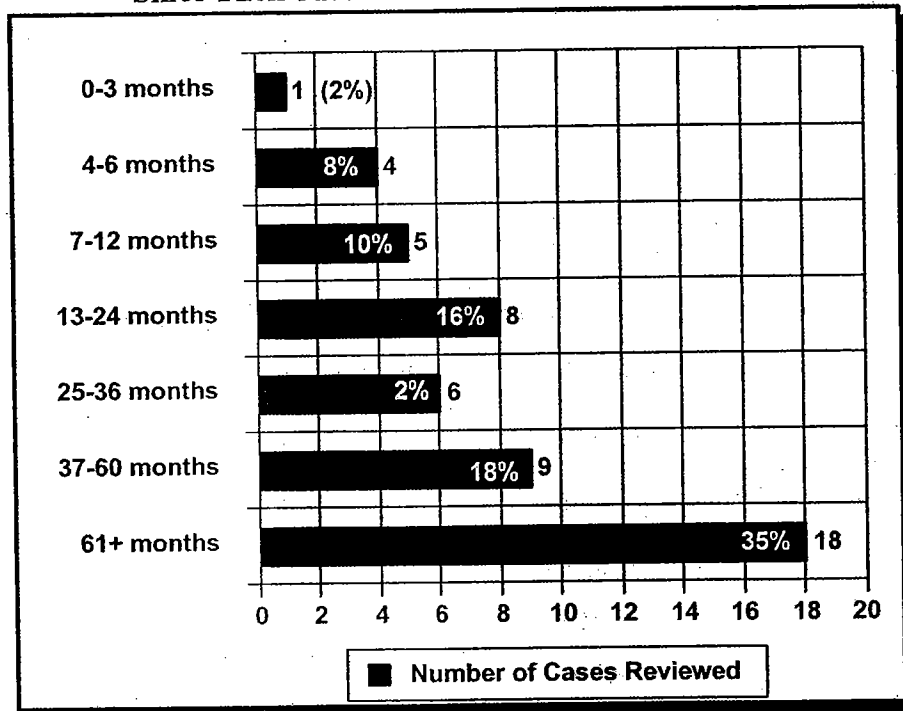


Source: DC Adult Review Updated 6.10.05

Length of Time Served During Present Admission

The following display presents the length of time the 51 consumers included in the review have been receiving services since their most recent admission for services. As can be seen in this display, 20% of the consumers in the review had cases open for 12 months or less, 18% of the consumers in the review have been receiving services for 13 to 36 months, and 53% of the consumers in the review have been receiving services for 37 or more months.

Display 5
Length of Time Consumers in the Review have been Receiving Services
Since Their Most Recent Admission for Services



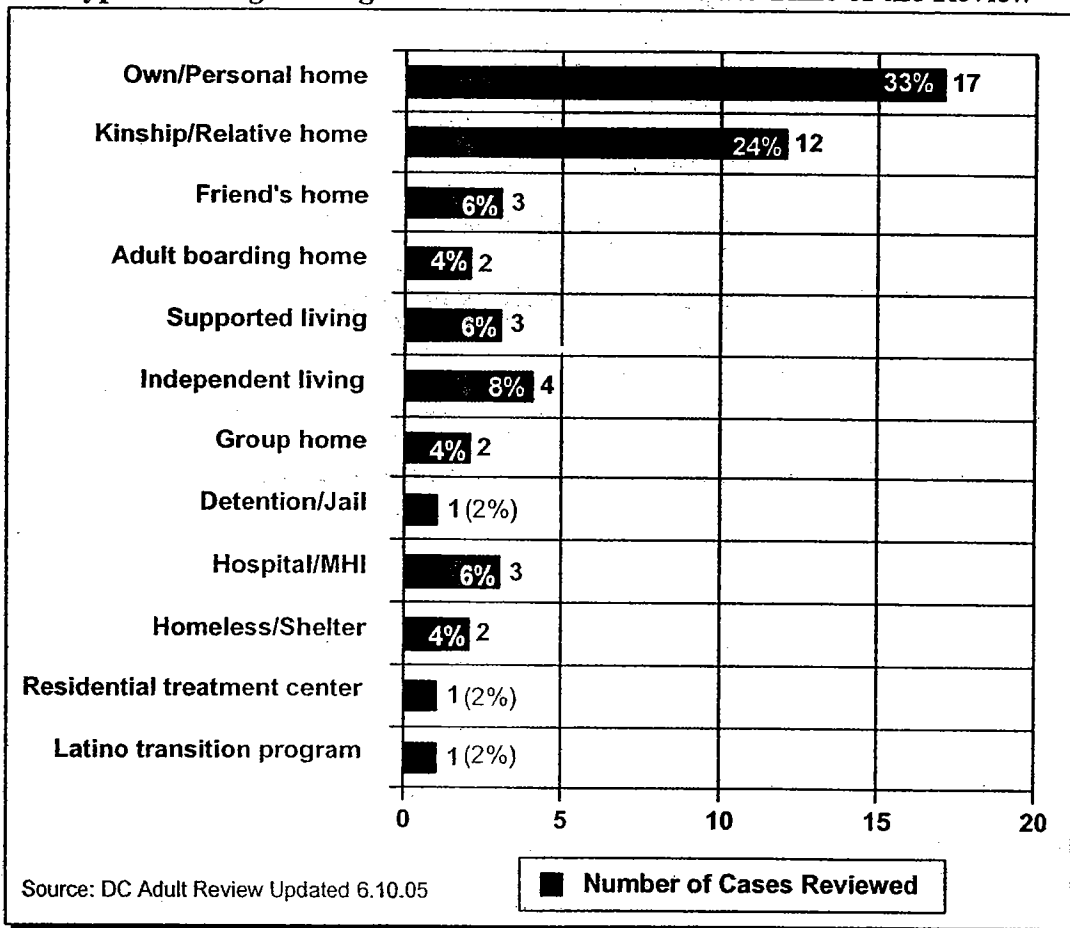
Source: DC Adult Review Updated 6.10.05

Living Settings of the 51 Consumers Included in the Review

The following display shows where consumers were living at the time of the review. Adult service consumers in the review sample were living in one of 12 settings. The following display shows the living settings for the consumers in the review. Seventeen (33% of the sample) of the consumers were living in their own homes, either alone or living with their immediate family

members (spouse, children, and possible extended family members). An additional 12 (24% of the sample) consumers were living with relatives or other kin. The degree of caregiving responsibilities varied for the relatives/kin with whom consumers were living. Three consumers (6% of the sample) were living with friends at the time of the review. Other living arrangements included living independently through an independent living program (four consumers, or 8% of the sample), supported living arrangements (three consumers, or 6% of the sample), or in an adult group home or boarding home (four consumers, or 8% of the sample). There were three consumers (6% of the review sample) either in St. Elizabeth's or other psychiatric hospitalizations, one consumer in a residential treatment program (2% of the sample), two consumers residing in homeless shelters (4% of the review sample), one consumer in the D.C. Metro jail (2% of the review sample), and one consumer residing in a specialized transitional housing program for persons of Latino heritage.

Display 6
Type of Living Arrangement for Consumers at the Time of the Review

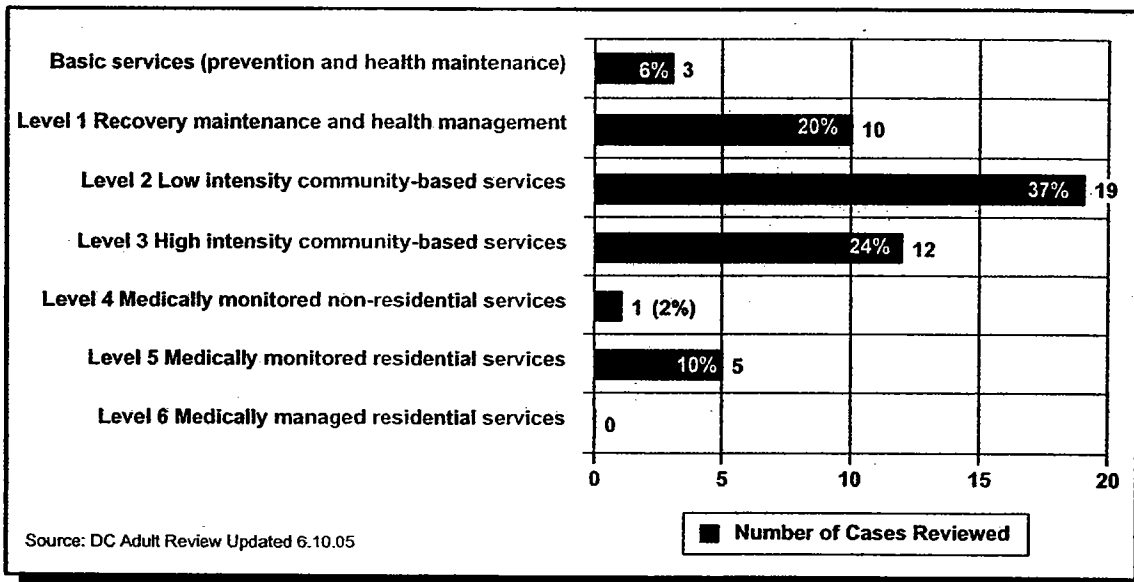


Level of Care Provided

The Level of Care Utilization System (LOCUS) scale was used to identify the level of mental health care the consumer was receiving according to evaluative criteria in the LOCUS decision matrix. This scale provides seven different levels of care ranging from basic or preventive-level services to secure, medically monitored residential services. Reviewers provided a LOCUS rating based on their impression of the mix of services the consumer was receiving at the time of the review using the decision matrix in the LOCUS instrument. **Reviewers were not intending to use the LOCUS rating to specify whether a consumer should be receiving a different level of care other than what services were currently in place.** The intent of using the LOCUS was measuring what array of service levels consumers were receiving at the point in time that they were reviewed.

The following display presents the distribution of the sample according to the LOCUS levels. Three (6% of the review sample) of the sample members were determined to be receiving basic, preventative services. Ten (20% of the review sample) were receiving recovery maintenance and health management services through community support provided by a core service agency. Nineteen (37% of the review sample) of the sample members were receiving low intensity community-based services through community support provided by a core service agency. Another 12 (24% of the review sample) of the sample members were receiving high intensity community-based services through either ACT or a mix of services provided through community support from a core service agency. One consumer (2% of the review sample) was receiving medically monitored non-residential services, and five consumers (10% of the review sample) were receiving medically monitored residential services. No sample members were receiving medically managed residential services.

Display 7
Level of Care Consumers were Receiving at the Time of the Review
According to the LOCUS Completed by Reviewers



Functional Status of Sample Members

The functional status of adults in the review sample was assessed using the General Level of Functioning Scale included in the CSR protocol. The General Level of Functioning Scale is similar in construction to the Global Assessment of Functioning (GAF) Scale (DSM-IV, Axis V), which uses a 100-point scale. Reviewers provided a general level of functioning rating based on an impression of the status of the consumer during the 30 days prior to the review. Reviewers were not assigning a GAF score for the consumers, rather they were giving their general impression using the scale in the protocol as a guide.

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 their level of functioning.

The following display shows the reviewers' impressions of the consumer's level of functioning

according to the scale in the protocol. Eight consumers (16% of the review sample) had no more than slight impairment in functioning. Fourteen consumers (27% of the review sample) had difficulty functioning in one area and 28 consumers (55%) had difficulty functioning in several areas, with some having moderate to major impairment in level of functioning. There was one consumer in which there was missing data for their general level of functioning.

Display 8
General Level of Functioning for Consumers Included in the Review

CSR General Level of Functioning	Number of Consumers in the Review	Percentage of Review Sample
No more than slight impairment (> 70)	8	16%
Difficulty in one area (60-70)	14	27%
Difficulty in multiple areas (<60)	28	55%

For comparative purposes, the following display indicates the general level of functioning separated by age ranges of the consumers in the review.

Display 9
General Level of Functioning of Review Sample by Age Ranges

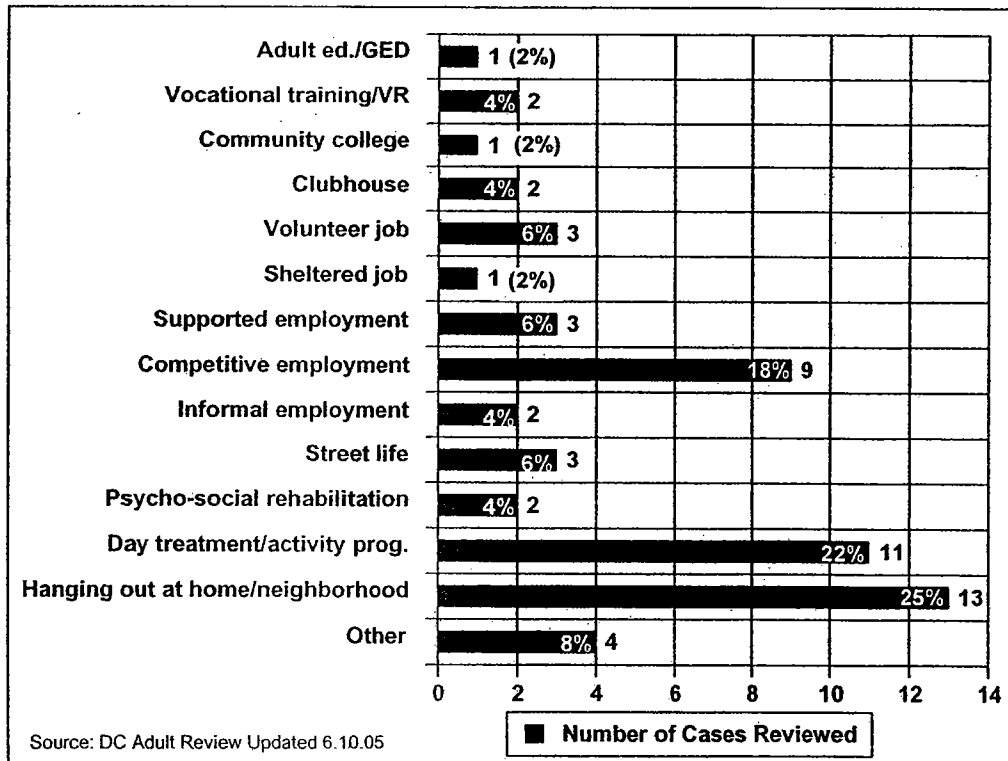
Age Ranges	No more than slight impairment (≥71)	Difficulty in one area (61-70)	Difficulty in multiple areas (≤60)	Totals
18-29	0	4	7	11
30-49	5	6	13	24
50-69	3	4	8	15
>70	0	0	0	0
Totals	8	14	28	50

n=50

Daytime Activities Reported for Sample Members

The following display 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, which included: competitive employment (nine consumers, or 18% of the review sample); participation in day treatment (ten consumers, or 22% of the sample); a sheltered job or supported employment (four consumers, or 8% of the sample); informal employment, which for two consumers (4% of the sample) consisted of “doing hair” and babysitting; volunteer work (three consumers, or 6% of the review sample); general homemaking/self-care or care for others in the home (13 consumers, or 25% of the review sample); adult education/community college or vocational rehabilitation (four consumers, or 8% of the sample); actively participating in a clubhouse or other psychosocial rehabilitation program (four consumers, or 8% of the review sample); spending time on the streets (three consumers, or 6% of the review sample). There was also one consumer incarcerated at the D.C. Metro jail and one consumer who reported that their primary daytime activity was participating in Alcoholic’s Anonymous meetings.

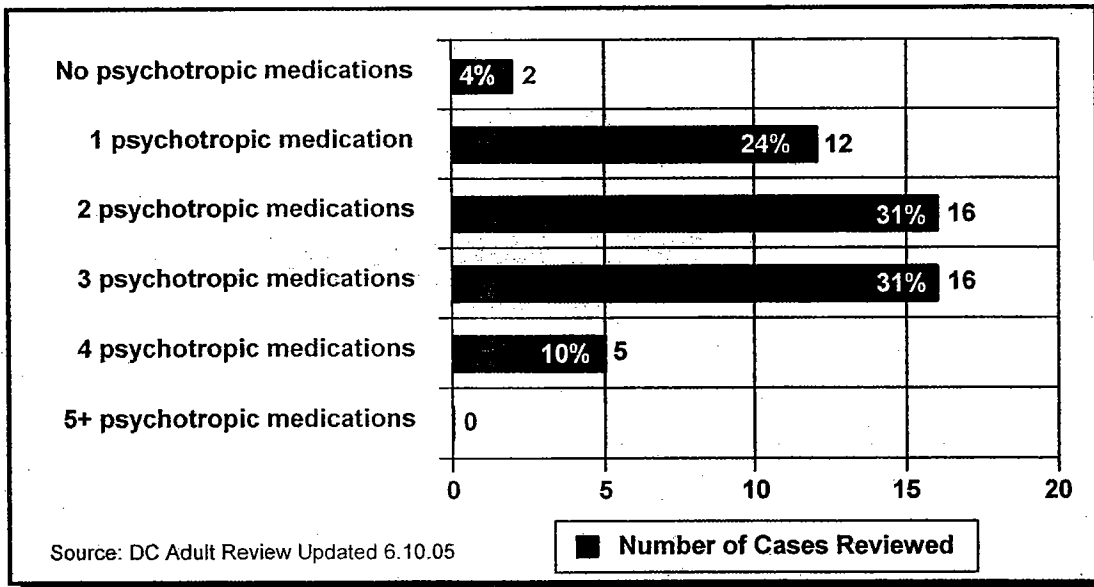
Display 10
Primary Daytime Activities for Consumers Included in the Review



Psychiatric Medications Reported for Sample Members

Persons with severe and persistent mental illness often take prescribed psychiatric medications to relieve symptoms. The following display presents the number of psychiatric medications being taken, or prescribed to, members of the review sample. No consumer was taking, or prescribed, more than four psychotropic medications. There were five consumers (10% of the review sample) taking four psychotropic medications; 16 consumers (31% of the review sample) taking three psychotropic medications; 16 consumers (31% of the review sample) taking two psychotropic medications; 12 consumers (24% of the review sample) taking one psychotropic medication; and two consumers (4% of the review sample) taking no psychotropic medications. Examples of consumers taking newer generation anti-psychotic medications were noted during the case review debriefings, however, not all consumers were prescribed the newer generation anti-psychotic medications.

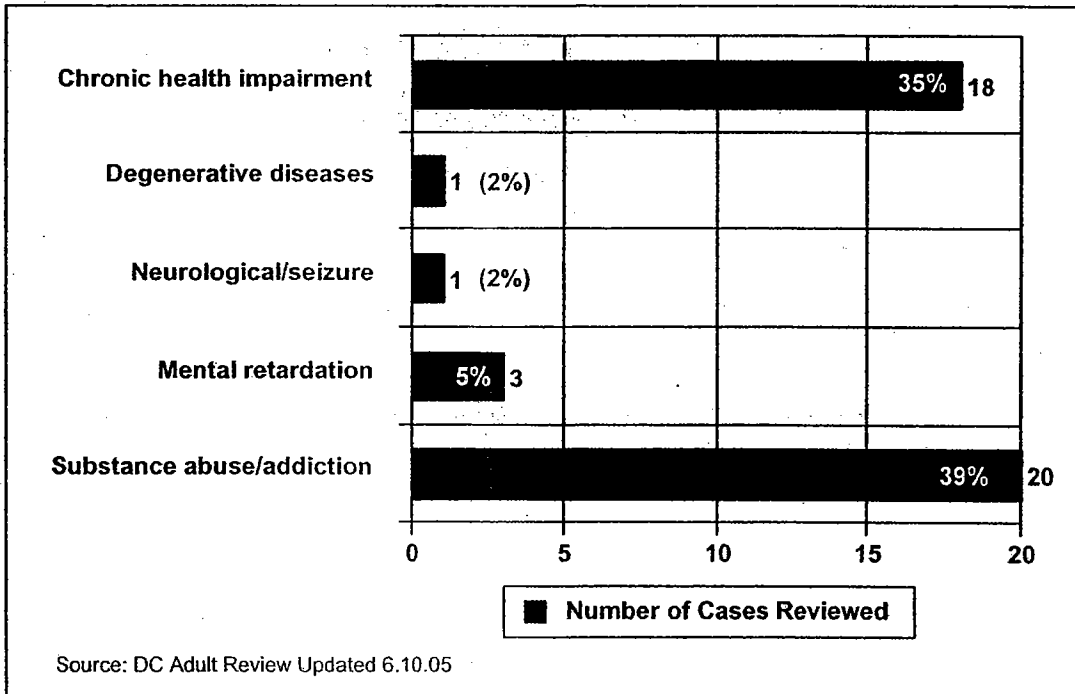
Display 11
Number of Psychotropic Medications Taken by Consumers in the Review



Co-Occurring Conditions

Reviewers noted during the consumer reviews if there was 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. The following display lists the prevalence of the co-occurring conditions for consumers in the review sample. The most prevalent co-occurring condition was substance abuse/addiction, which was noted for 20 consumers (39% of the review sample). This is comparable to 2004 adult CSR findings, in which 46% were noted as having substance abuse/addiction as a co-occurring condition. The second most prevalent co-occurring condition was the consumer having a chronic health impairment, noted for 18 consumers (35% of the review sample). Examples of chronic health impairment included diabetes, morbid obesity, hypertension, thyroid or hormonal conditions, and other medical conditions, such as HIV or cardiac conditions. Other co-occurring conditions included mental retardation for three consumers (5% of the review sample), a neurological impairment for one consumer (2% of review sample), and a degenerative disease for one consumer (2% of the review sample).

Display 12
Co-occurring Conditions for Consumers in 2005 CSR Review



Quantitative Case Review Findings

Overview of the Case Review Process

Reviews were completed for 51 consumers during April 2005 using the *Community Services Review (CSR) 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 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

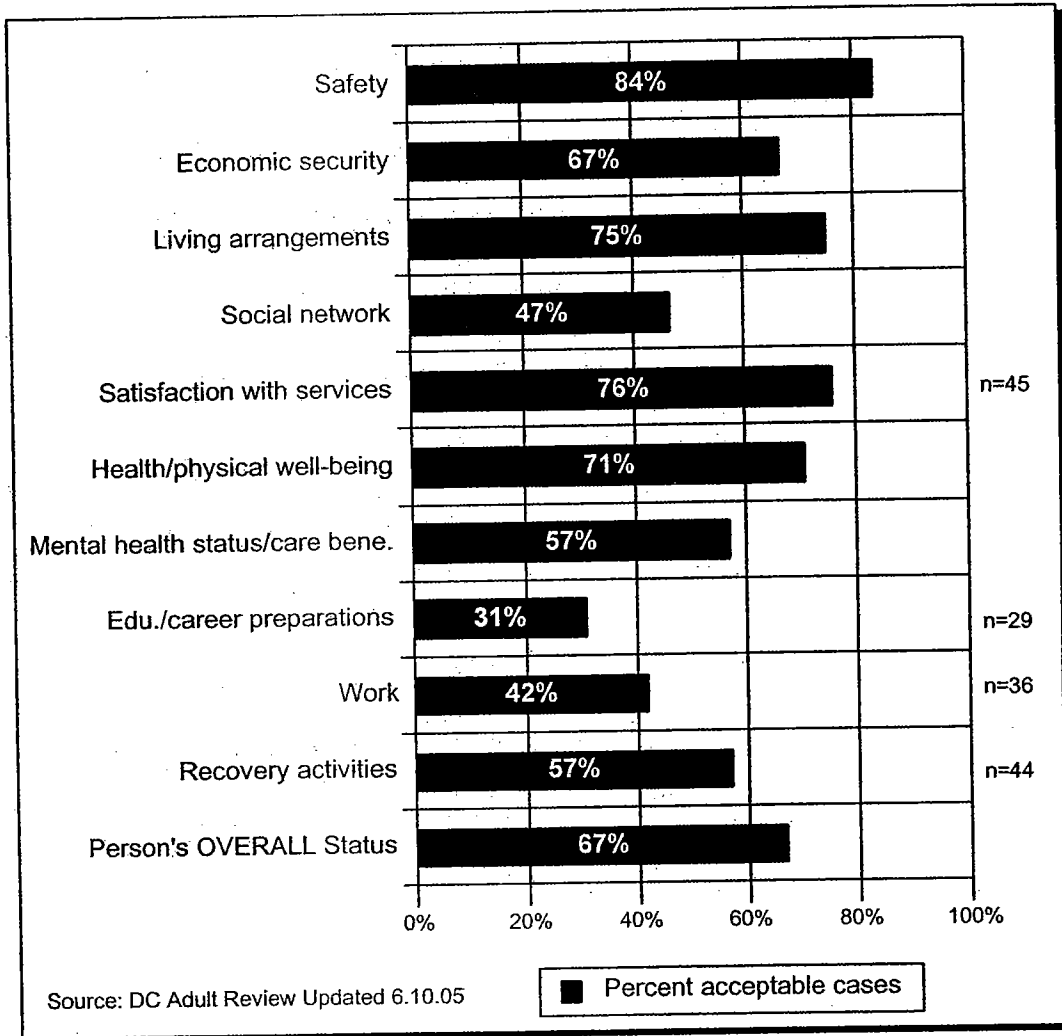
Review activities in each case included a review of plans and records as well as interviews with the consumer, any relevant caregiver, and others involved in providing services and supports. A total of 181 persons were interviewed for these 51 consumers. The number of interviews ranged from a low of two persons (there was one case in which one person was interviewed by the reviewer, but this was not included in the findings) in one case to a high of six persons. The average number of interviews per consumer reviewed was:

Mean =	3.5
Median =	3
Mode =	3

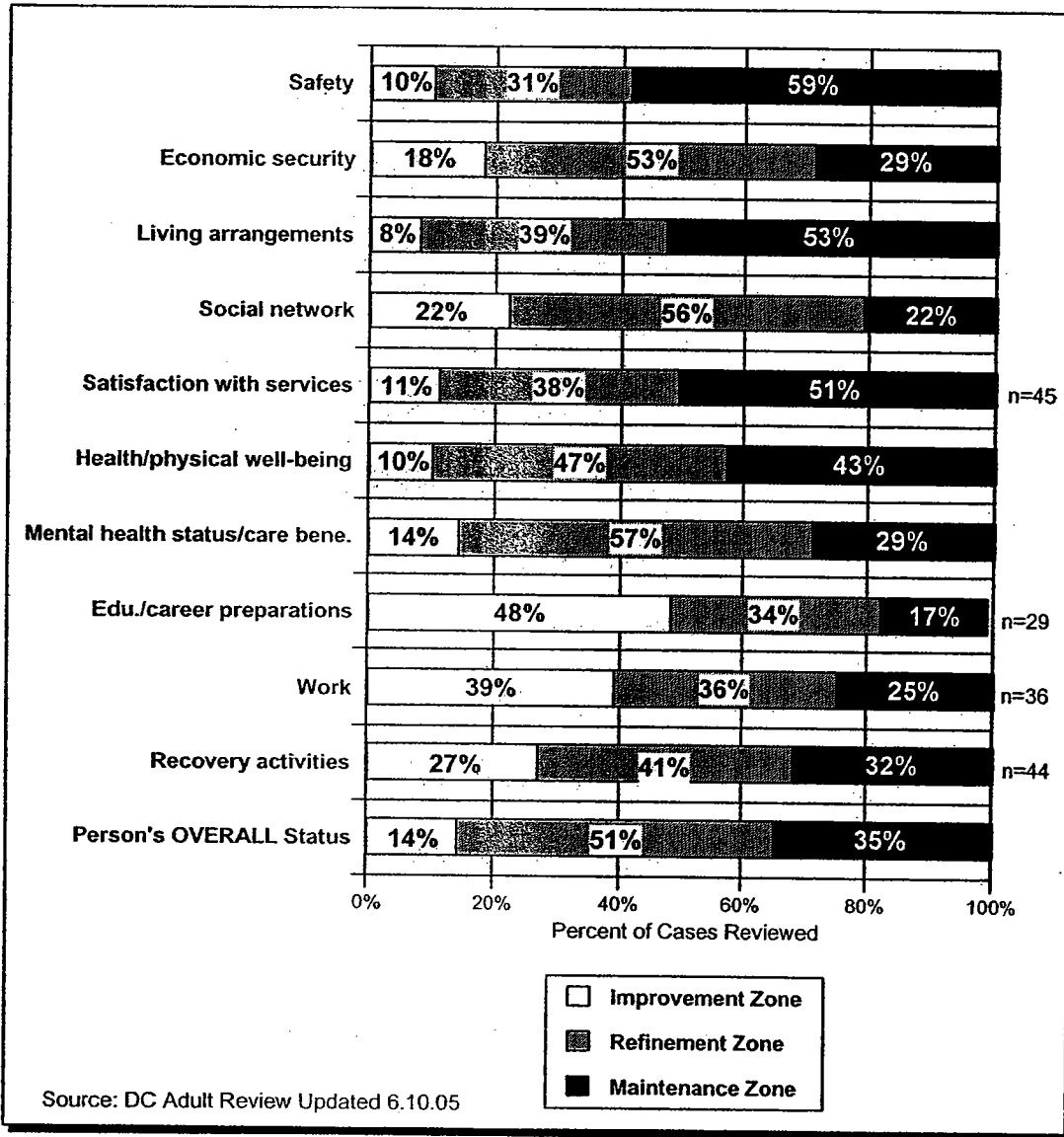
Consumer Status Results

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. The following two displays 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. While these two different displays are useful in presenting findings, both displays are derived from the same set of case review findings.

Display 13
Percentage of Acceptable Consumer Status Ratings



Display 14
Consumer Status Ratings According to the Three-Tiered Interpretive Framework



Safety. Consumers included in the review sample were generally safe from imminent risk of physical harm in their daily environment. Eighty-four percent were rated as having overall acceptable physical safety at the time of the review and 59% of the consumers have their safety status in the maintenance zone. These findings are comparable to the 2004 review results, in which 89% of the consumers had acceptable safety ratings and 49% had safety ratings in the maintenance or green zone.

Eight consumers (16% of the review sample) were considered to have an unacceptable safety status at the time of the review, and of those eight consumers, five had safety ratings in the area needing immediate improvement or red zone. There were three consumers whose safety status was unacceptable, but in the refinement or yellow 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 67% of the review sample, with 29% of the sample in the maintenance or green zone, 53% in the refinement or yellow zone, and 18% needing improvement or in the red zone.

There was some improvement for consumers' economic security when compared to the results for the 2004 CSR findings, which had 56% of the consumers having acceptable economic security, with 29% in the maintenance or green zone, 51% in the refinement or yellow zone, and 20% needing improvement or in the red zone.

Living Arrangements. Findings for the living arrangement indicator were acceptable for 75% of the consumers included in the review. Using the three-tiered interpretive framework, 53% of the review sample had findings for the living arrangement indicator in the maintenance or green zone, 39% in the refinement or yellow zone, and 8% needing improvement or in the red zone.

There was some improvement for findings for the living arrangements indicator when compared to 2004 CSR review results, when 66% of consumers had acceptable living arrangement ratings,

with 34% in the maintenance zone, 51% in the refinement zone, and 15% in the improvement zone.

Social Network. Findings for the social network indicator were acceptable for 47% of the consumers included in the review, in which 22% of the sample were in the maintenance or green zone, 56% in the refinement or yellow zone, and 22% needing improvement or in the red zone.

There was some improvement for the findings for the social network indicator when compared to the results for the 2004 CSR. During the 2004 adult consumer review, 39% of the sample had acceptable ratings for social network, with 12% of last year's sample in the maintenance or green zone, 66% in the refinement or yellow zone, and 22% in the improvement or red zone.

Satisfaction with Services. The satisfaction indicator was applicable for 45 of the consumers in the review. Satisfaction was not applicable if the consumer declined to offer an opinion of their satisfaction of services or if the consumer could not be interviewed during the course of the review. For those consumers in which this indicator applied, 76% of the sample reported having acceptable levels of satisfaction, with 51% of the consumers having satisfaction ratings of 5 or 6, 38% having satisfaction ratings of 3 or 4, and 11% having satisfaction ratings of 1 or 2.

This year's findings for satisfaction are comparable to the results for the 2004 review. During last year's review, 77% of the consumers had acceptable satisfaction with services, with 49% having satisfaction ratings of 5 or 6, 37% with ratings of 3 or 4, and 14% with ratings of 1 or 2.

Health/Physical Well-Being. Findings for health or physical well-being were acceptable for 71% of the consumers included in the review, with 43% of the sample in the maintenance or green zone, 47% in the refinement or yellow zone, and 10% needing improvement or in the red zone.

Findings for this year's review reflect a slight improvement when compared to findings for the 2004 CSR. During last year's review, 66% of the sample had acceptable health/physical well-being ratings, with 32% of the consumers in the maintenance or green zone, 56% in the refinement or yellow zone, and 12% needing improvement or in the red zone.

