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# **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 disproportionally 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)
<b>Totals</b>	<b>14 (42)</b>	<b>33 (99)</b>	<b>7 (21)</b>	<b>54 (162)</b>
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

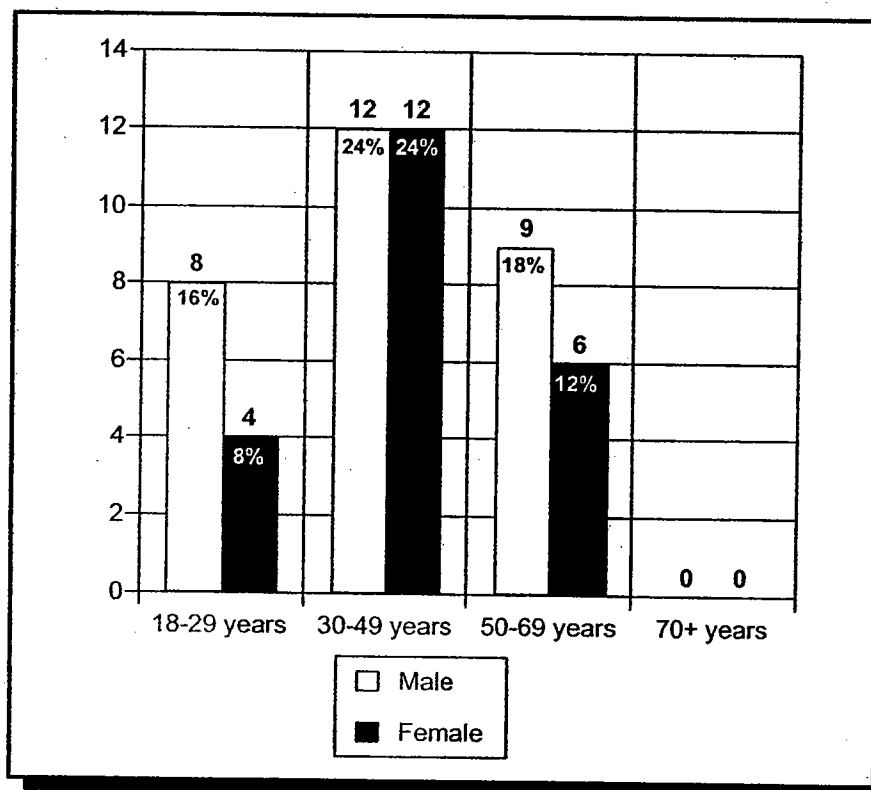
A total of 51 reviews were completed during April 2005. The reviews were completed over a two-week timeframe with slightly more than half completed by external reviewers and the remaining reviews completed by trained DMH staff. Presented in this section are displays that detail the characteristics of 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**

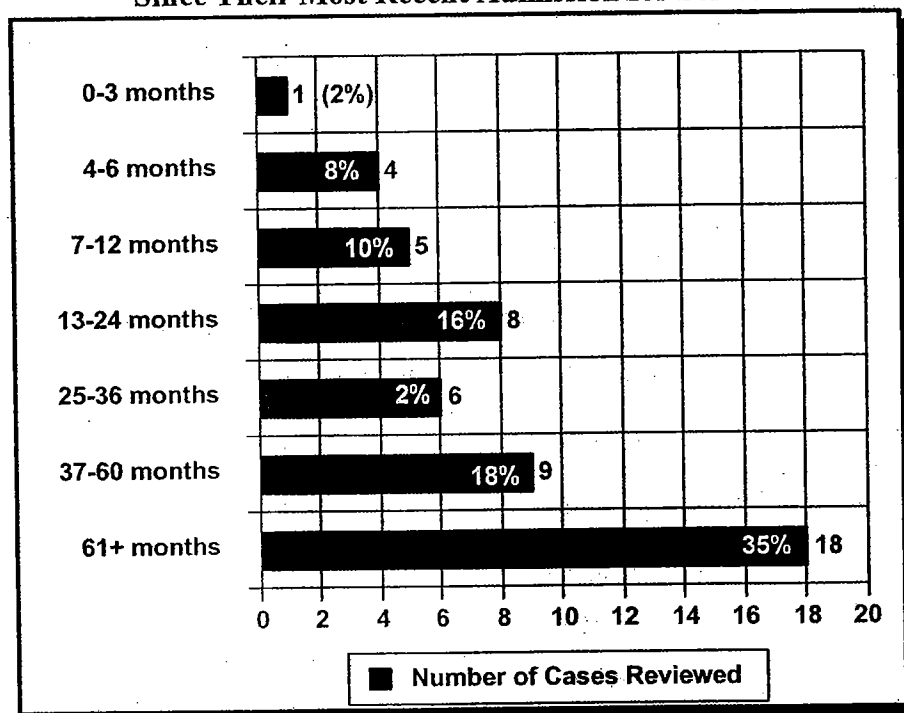


Source: DC Adult Review Updated 6.10.05

### 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**



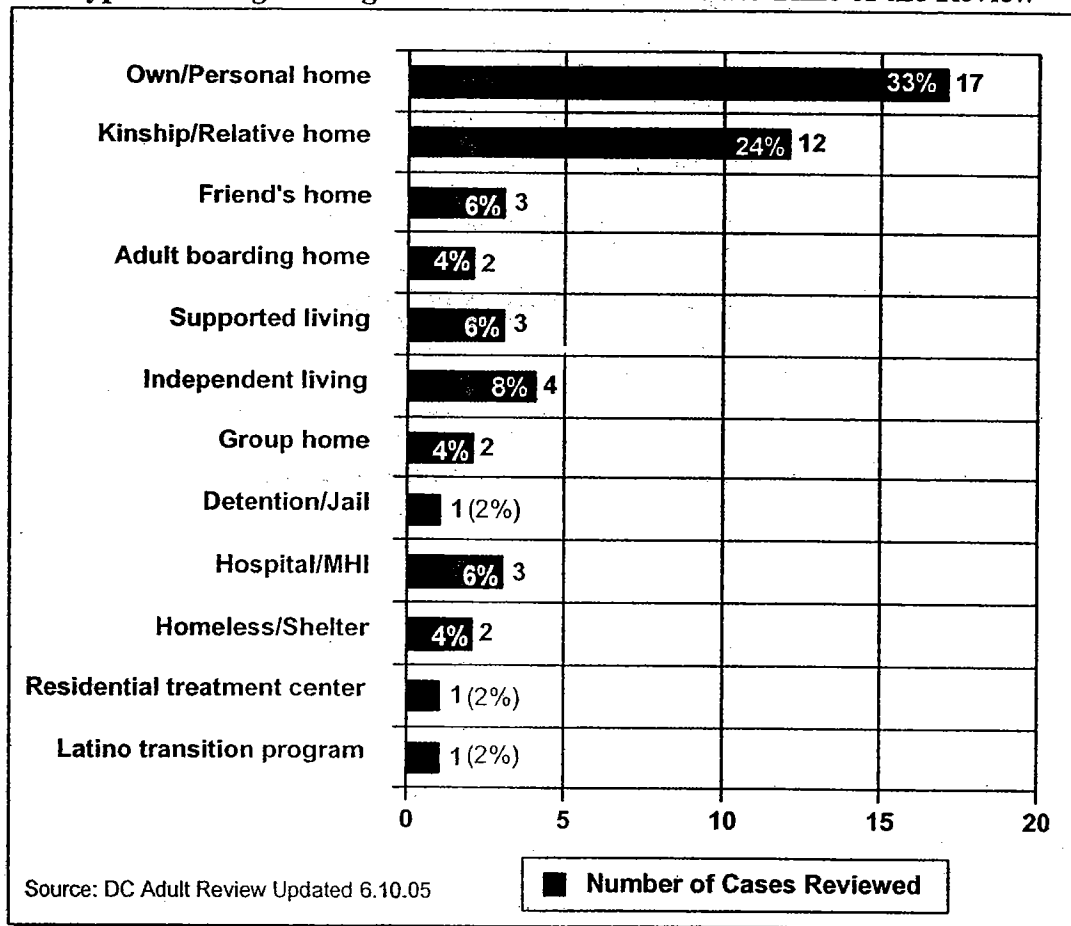
Source: DC Adult Review Updated 6.10.05

### 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**

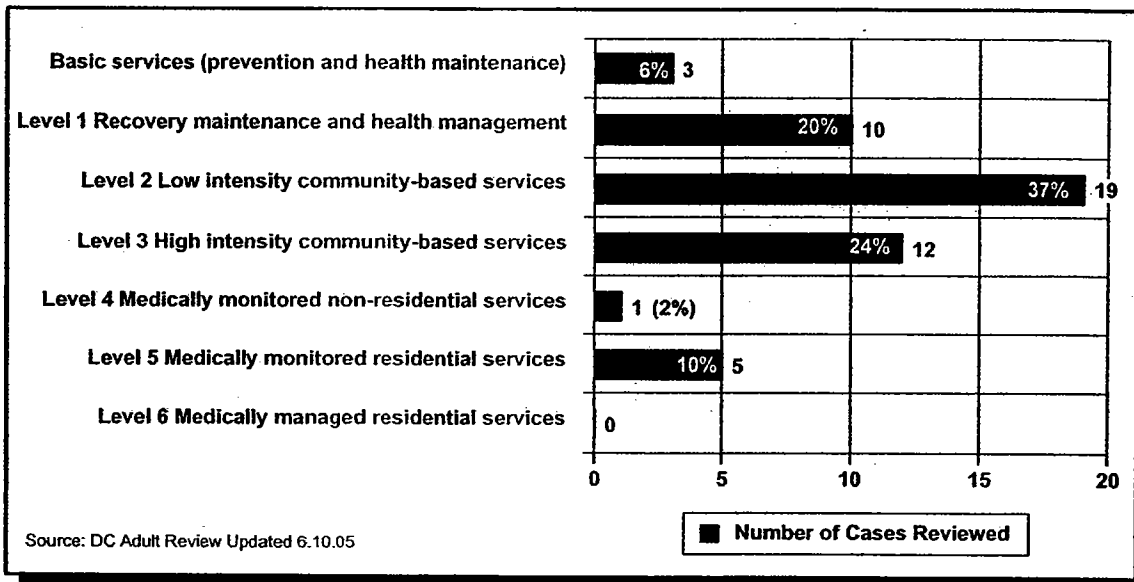


### Level of Care Provided

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**

<b>CSR General Level of Functioning</b>	<b>Number of Consumers in the Review</b>	<b>Percentage of Review Sample</b>
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**

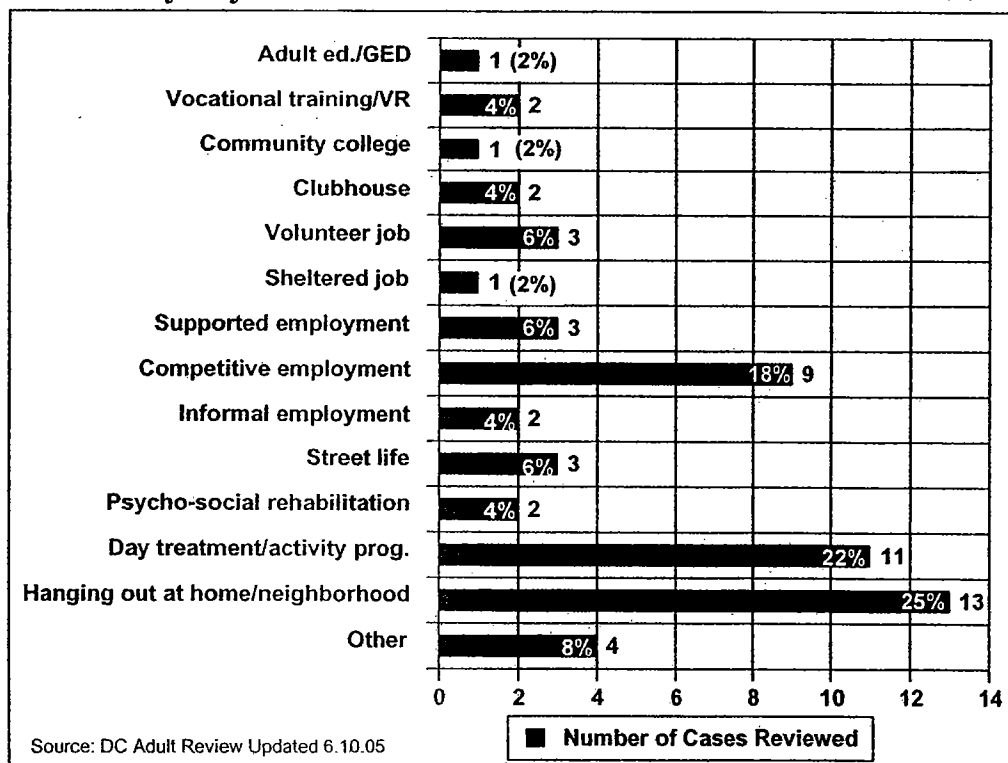
<b>Age Ranges</b>	<b>No more than slight impairment (≥71)</b>	<b>Difficulty in one area (61-70)</b>	<b>Difficulty in multiple areas (≤60)</b>	<b>Totals</b>
18-29	0	4	7	11
30-49	5	6	13	24
50-69	3	4	8	15
>70	0	0	0	0
<b>Totals</b>	8	14	28	50

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**

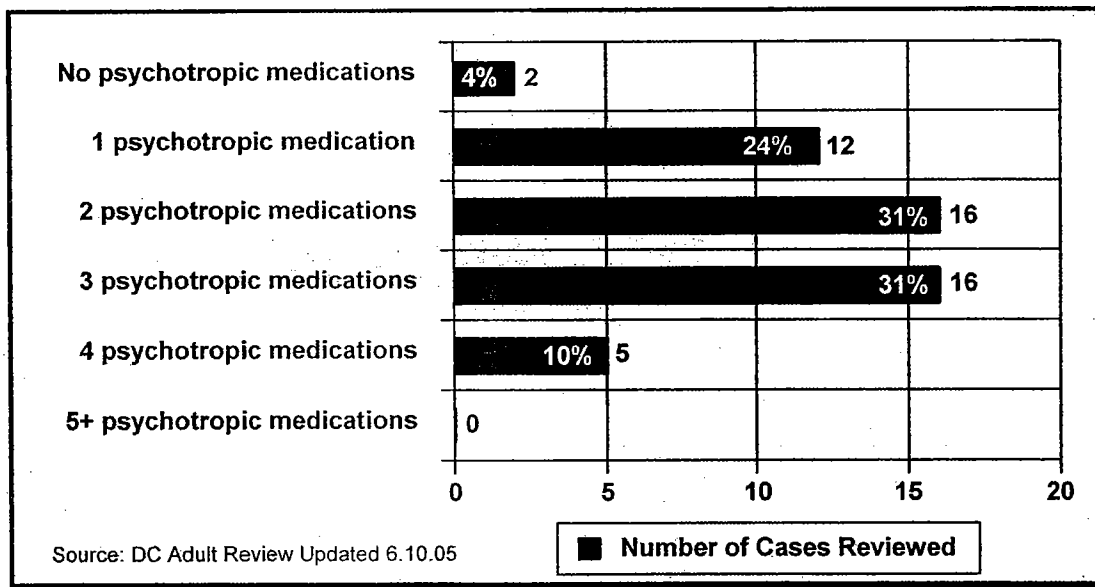




### Psychiatric Medications Reported for Sample Members

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.

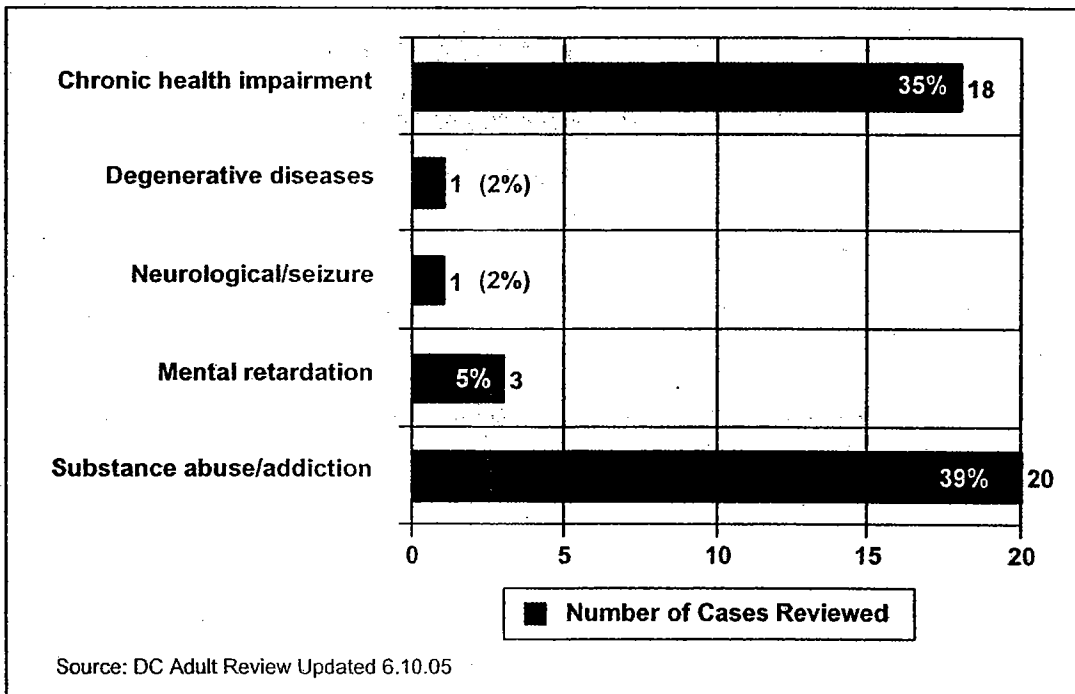
**Display 11**  
**Number of Psychotropic Medications Taken by Consumers in the Review**



### 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

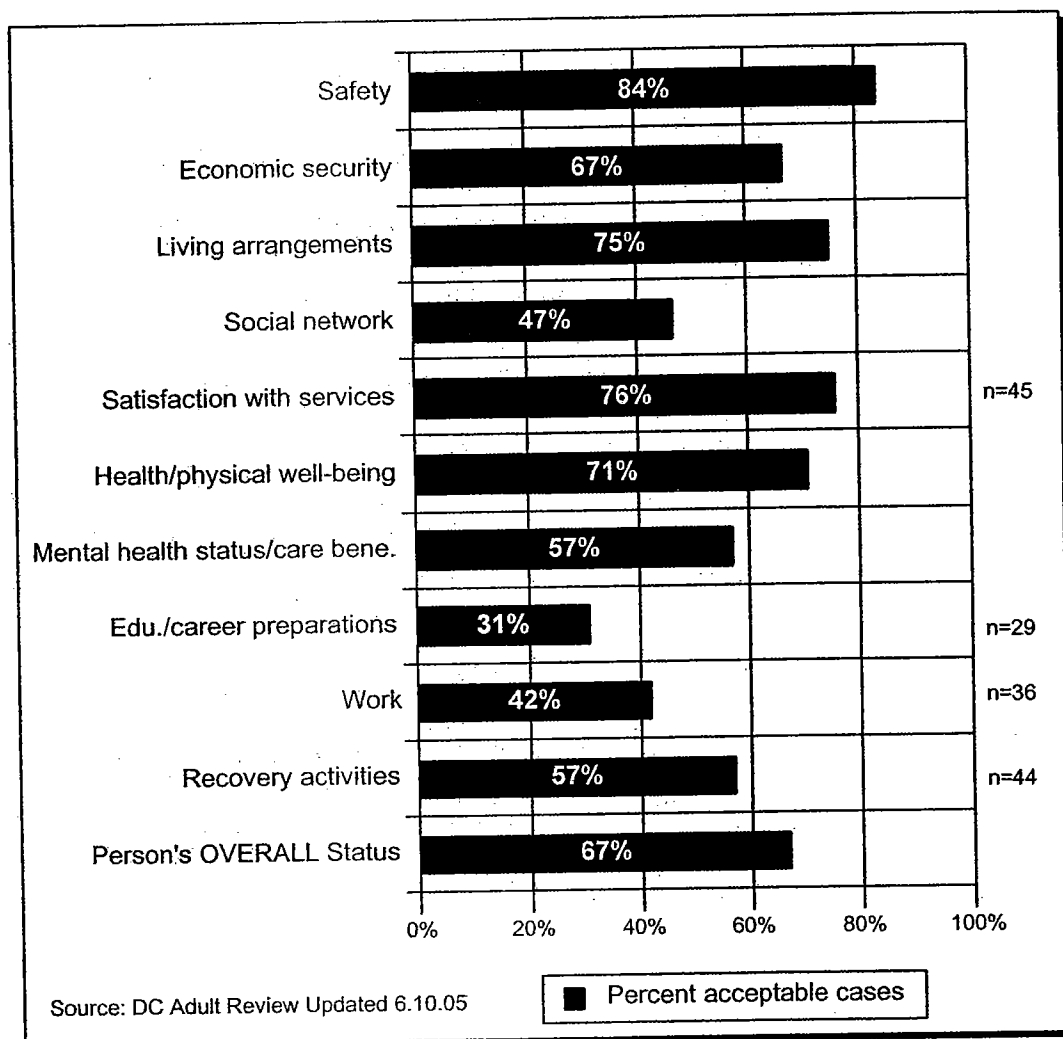
Review activities in each case included a review of plans and records as well as interviews with the consumer, any relevant caregiver, and others involved in providing services and supports. A total of 181 persons were interviewed for these 51 consumers. The number of interviews ranged from a low of 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

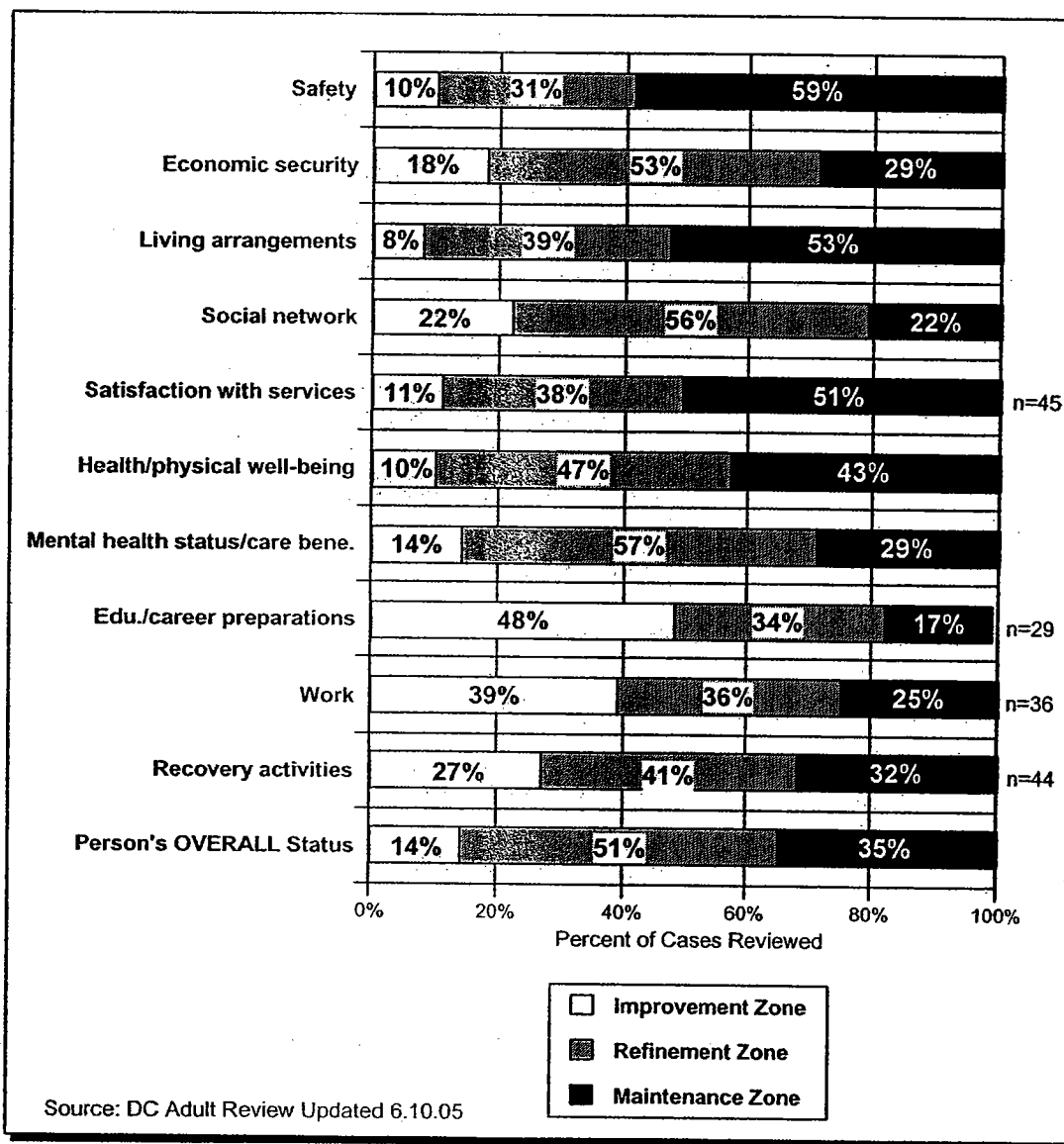
### Consumer Status Results

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.



Mental Health Status. Findings for mental health status were acceptable for 57% of the consumers included in the review, with 29% in the maintenance or green, zone, 57% in the refinement or yellow zone, and 14% needing improvement or in the red zone.

There was some improvement for mental health status ratings when compared to last year's review findings. Findings from last year's review had 49% of sample members having acceptable mental health status ratings, with 12% of consumers in last year's review in the maintenance or green zone, 66% in the refinement or yellow zone, and 22% needing improvement or in the red zone.

Education/Career Preparation. This indicator applied if the consumer, at the time of the review, was actively engaged in educational activities (e.g., adult basic education/GED preparation, post-secondary education) or a vocational training program, or desired to have educational/vocation preparation but was not being provided this services. As such, this indicator was applicable for 29 (57%) of the 51 review sample members. For the applicable consumers, education/career preparation was acceptable for 31% of the sample, with 17% in the maintenance or green zone, 34% in the refinement or yellow zone, and 48% needing improvement or in the red zone.

Findings for education/career preparation for this year's review are comparable to findings for this indicator for last year's review. Findings for the 2004 review had 35% of the review sample having acceptable ratings for education and career preparation, with 17% in the maintenance or green zone, 30% in the refinement or yellow zone, and 53% needing improvement or in the red zone.

Work. This indicator applied if the consumer, at the time of the review, was actively engaged in employment (e.g., competitive, supported, transitional, informal, or volunteer opportunities). As such, this indicator applied for 36 (70%) consumers in the review sample. Ratings for the work indicator were acceptable for 42% of the consumers included in the review, with 25% in the maintenance or green zone, 36% in the refinement or yellow zone, and 39% needing improvement or in the red zone.

There was slight improvement in the findings for the work indicator when compared to the results for consumers in the 2004 CSR. During last year's review, 35% of the review sample had acceptable ratings for this indicator, with 16% in the maintenance or green zone, 29% in the refinement or yellow zone, and 55% needing improvement or in the red zone.

Recovery Activities. Recovery activities was applicable if the consumer was engaged in activities necessary to improve capabilities, competencies, coping, self-management, social integration, and progress towards recovery. As such, this indicator was applicable for 44 of the consumers included in the review. Findings for recovery activities were acceptable for 57% of the consumers included in the review, with 32% in the maintenance or green zone, 41% in the refinement or yellow zone, and 27% needing improvement or in the red zone.

There was improvement for the review findings for recovery activities when compared to results from last year's review. During the 2004 review, 35% of the sample had acceptable ratings for recovery activities, with 11% in the maintenance or green zone, 43% in the refinement or yellow zone, and 46% needing improvement or in the red zone.

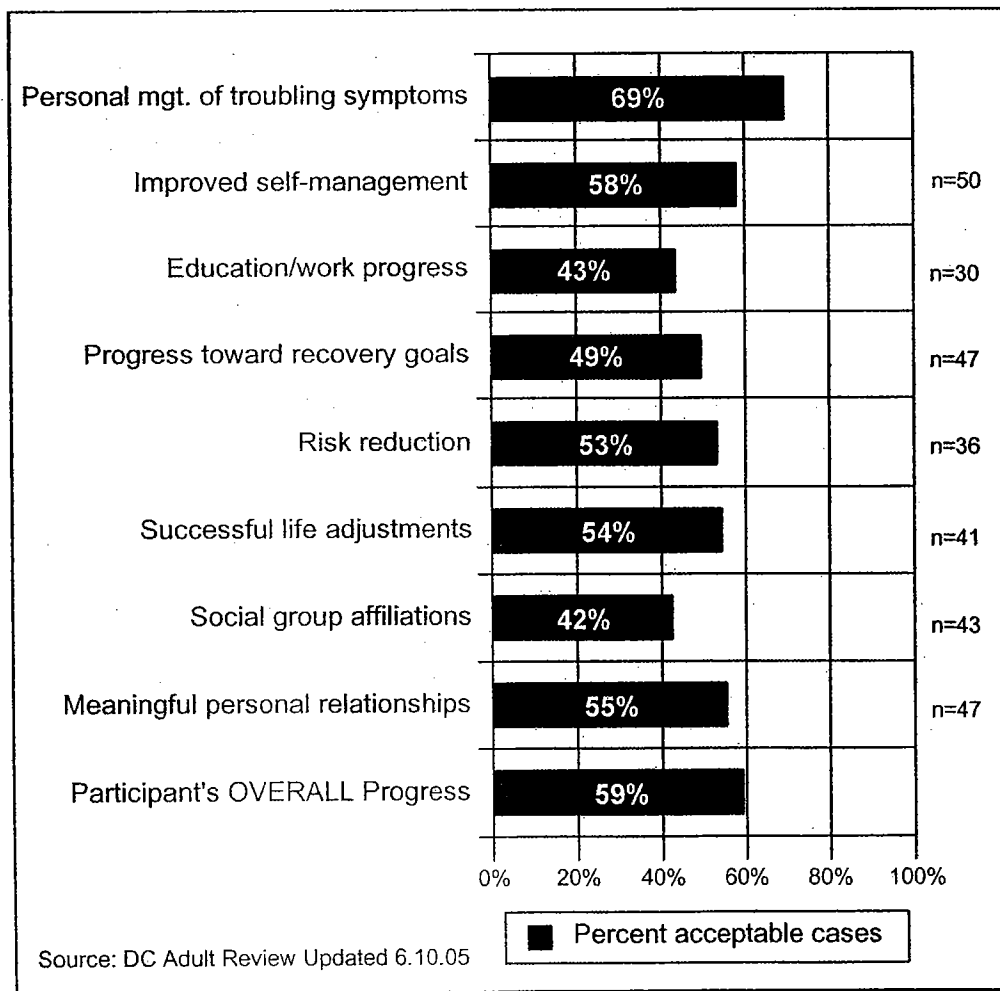
Overall Status of Adult Consumers. The protocol provides a scoring rubric for combining ratings values across the items deemed applicable to the adult service consumers being reviewed to produce an "overall status rating." Applying this rubric resulted in the determination that 67% of the review sample had acceptable overall status ratings, with 35% in the maintenance zone, 51% in the refinement zone, and 14% needing improvement.

These results represent improvement of overall consumer status when compared to the 2004 review, in which 54% of the adult consumers had at least a minimally acceptable overall status (rating levels 4, 5, and 6) compared to 67% in 2005.

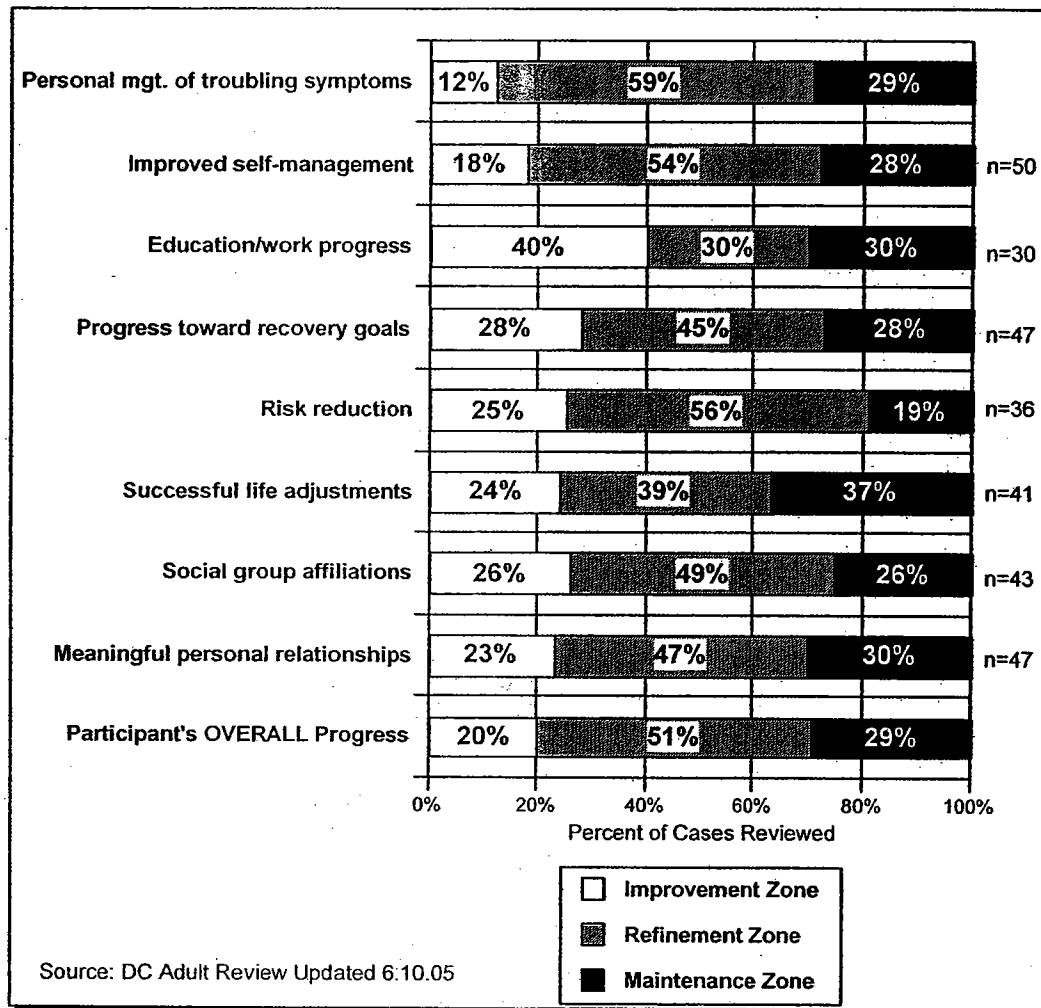
### Recent Progress Patterns Showing Change Over Time

The CSR protocol provided eight indicators that enabled reviewers to examine recent progress noted for the sample members reviewed. The focus was placed on changes occurring over the past six months or since admission if less than six months. Descriptions of these eight indicators can be found in **Appendix A**. Display 15 uses a “percent acceptable” format to report the proportion of the sample members for whom the item was determined applicable and acceptable. Display 16 uses the “action zone” framework that divides the 6-point rating scale into three segments corresponding to the maintenance, refinement, and improvement zones. While these two different displays are useful in presenting findings, both displays are derived from the same set of case review findings.

**Display 15**  
**Percentage of Acceptable Consumers' Recent Progress Ratings**



**Display 16**  
**Consumers' Recent Progress Ratings According to the**  
**Three-Tiered Interpretive Framework**



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

Progress in Symptom Reduction and Management. Findings for recent progress in symptom reduction and management of symptoms had 69% of the sample having acceptable ratings for this indicator, with 29% in the maintenance or green zone, 59% in the refinement or yellow zone, and 12% needing improvement or in the red zone.

There is slight improvement when compared to last year's results, in which 61% of the persons reviewed showed progress in symptom reduction and symptom management. In the three-level analysis, 20% of last year's sample was in the maintenance zone, 65% in the refinement zone, and 15% needed improvement.

Progress in Self-Management. This indicator applied to consumers in which recovering in key life areas, such as self-management in the home or community, is an area of focus for treatment. As such, this indicator applied to all but one of the consumers in the review. Findings for recent progress in self-management for consumers in the review has 58% of the review sample having acceptable ratings, with 28% of the sample in the maintenance or green zone, 54% in the refinement or yellow zone, and 18% needing improvement or in the red zone.

The findings for this year's review are somewhat comparable to the results from the 2004 CSR review. In last year's review, 54% of the sample had acceptable ratings for progress in symptom management, with 26% rated in the maintenance zone, 46% rated in the refinement zone, and 28% rated in the improvement zone.

Education/Work Progress. This indicator applied to those consumers in which achieving educational/work or vocational goals are a component of his/her personal recovery. As such, this indicator applied to 30 (59%) of the consumers included in the review. Findings for education/work progress had 43% of the review sample having acceptable ratings, with 30% in the maintenance or green zone, 30% in the refinement or yellow zone, and 40% needing improvement or in the red zone.

Progress Toward Recovery Goals. This indicator is applicable if recovery is an inherent treatment goal for the consumer in his/her individualized recovery plan (IRP) (e.g., for some

consumers, adequate maintenance of symptoms may be the primary goal of the IRP). As such, this indicator applied to 47 of the consumers in the final sample. Findings for progress towards recovery goals had 49% of the review sample having acceptable ratings for this indicator, with 28% in the maintenance or green zone, 45% in the refinement or yellow zone, and 28% needing improvement or in the red zone.

There is slight improvement when compared to last year's results for progress towards recovery goals. Findings for the 2004 review showed 41% of the sample having acceptable ratings, with 14% in the maintenance or green zone, 51% in the refinement or yellow zone, and 35% needing improvement or in the red zone.

Risk Reduction. This indicator applied to those consumers included in the review in which risks of harm were identified and were a component of his/her recovery, or needed to have been included as one of the personal recovery goals for the consumer. As such, this indicator applied to 36 of the consumers in the review.

Findings for risk reduction were acceptable for 53% of the consumers in the review, with 19% in the maintenance or green zone, 56% in the refinement or yellow zone, and 25% needing improvement or in the red zone.

Findings for progress towards risk reduction were slightly improved when compared to the review findings for the 2004 CSR. Last year's review findings had 42% of the review sample having acceptable ratings for progress towards risk reduction, with 19% in the maintenance or green zone, 56% in the refinement or yellow zone, and 25% needing improvement or in the red zone.

Successful Life Adjustments. Transitions or life adjustments between changes in settings, service providers, levels of care, and from dependency to personal control were factors for the consumers reviewed. As such, the successful life adjustments indicator applied for 41 of the consumers (80% of the review sample) in the review. Findings for the successful life adjustments ratings had 54% of the review sample having acceptable ratings, with 37% in the maintenance or

green zone, 39% in the refinement or yellow zone, and 24% needing improvement or in the red zone.

Findings for this indicator were slightly improved when compared to results from last year's review. During the 2004 CSR, findings for successful life adjustments were acceptable for 41% of the sample, with 16% in the maintenance zone, 52% in the refinement zone, and 32% in the improvement zone.

Improved Social Group Affiliation. This indicator applied for those consumers who were attempting to increase their social affiliation among a variety of social groups (outside of their immediate social group), and that these activities were consistent with IRP goals. Similarly, consumers who expressed during the review that this is a personal recovery goal, despite possible absence on the IRP, were also included in the review.

Findings for the improved social group affiliation had 42% having acceptable ratings, with 26% in the maintenance or green zone, 49% in the refinement or yellow zone, and 26% needing improvement or in the red zone.

Improved Meaningful Personal Relationships. This indicator applied for those consumers having improvement of meaningful personal relationships with peers, friends, and community members as an IRP or treatment goal. As such, this indicator applied to 47 (94% of the review sample) of the consumers included in the review.

Findings for this year's review had 55% of the review sample in the acceptable range, with 30% in the maintenance zone, 47% in the refinement zone, and 23% needing improvement or in the red zone.

Findings for improved meaningful personal relationships had improved when compared to last year's ratings. Thirty-three percent of last year's sample had unacceptable ratings for this indicator.

Overall Progress Pattern. To what extent are persons in the sample making overall progress on applicable indicators in their individual situations and lives? Reviewers provided a holistic impression of overall progress in each case based on those progress indicators deemed applicable for each person. The overall progress pattern was acceptable for 59% of consumers in the review, with 29% in the maintenance zone, 51% in the refinement zone, and 20% needing improvement or in the red zone.

Findings for this year's results are improved when compared to results from the 2004 CSR. Last year's review sample showed 39% having overall acceptable progress patterns ratings, with 12% in the maintenance zone, 59% in the refinement zone, and 29% needing improvement.

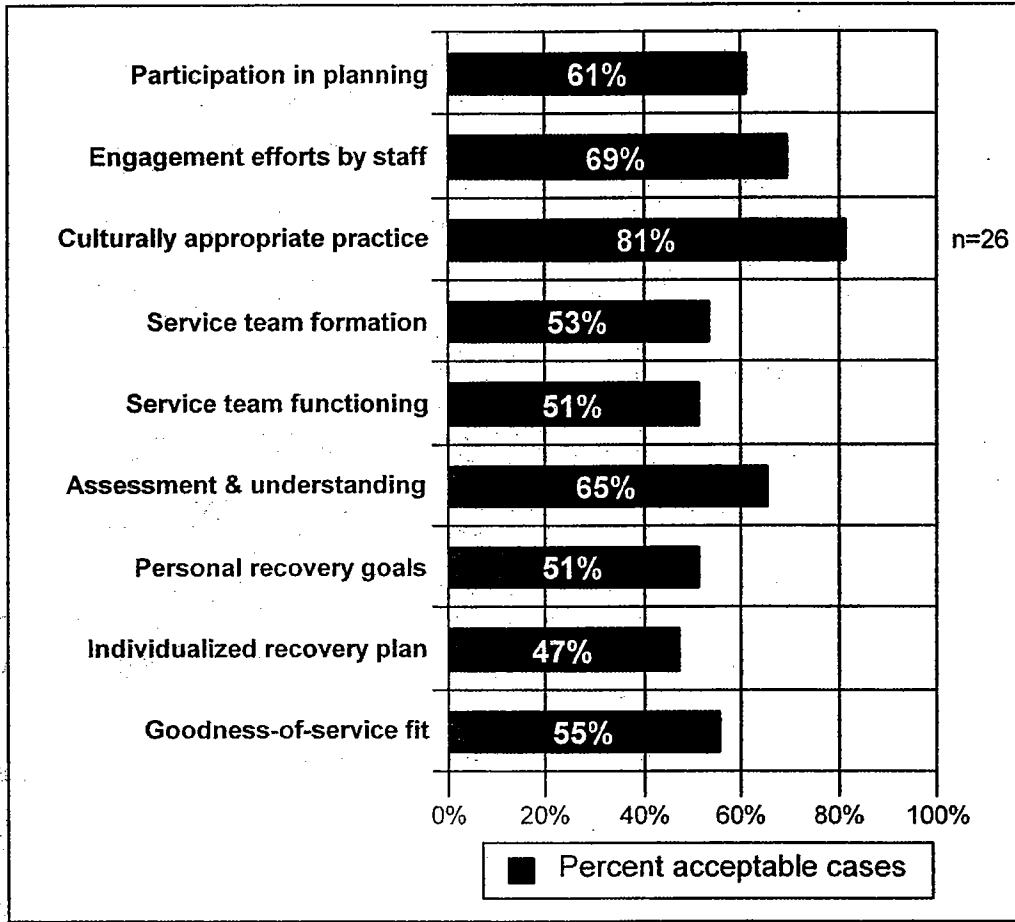
#### Individual Person-Level Performance of Practice Functions

The CSR protocol contained 17 indicators of practice performance that were applied to the service situations observed for members of the review sample. See **Appendix A** for further information about the questions probed through these indicators. For organizational purposes, the 17 indicators were divided into two sets. The first set—"planning treatment," containing eight indicators—focused on engagement, understanding the situation, setting directions, making plans, and organizing a good mix of services. Findings for these eight indicators are presented in Displays 17 and 18. The second set—"providing and managing treatment," containing eight indicators—focused on resources, implementation, special procedures and supports, service coordination, and tracking and adjustment. Displays 19 and 20 present findings for the second set of indicators.

The first set of performance indicators describes important functions and aspects of daily frontline practice conducted with 51 persons. Findings for these indicators are presented in the following two displays and summarized concurrently below.

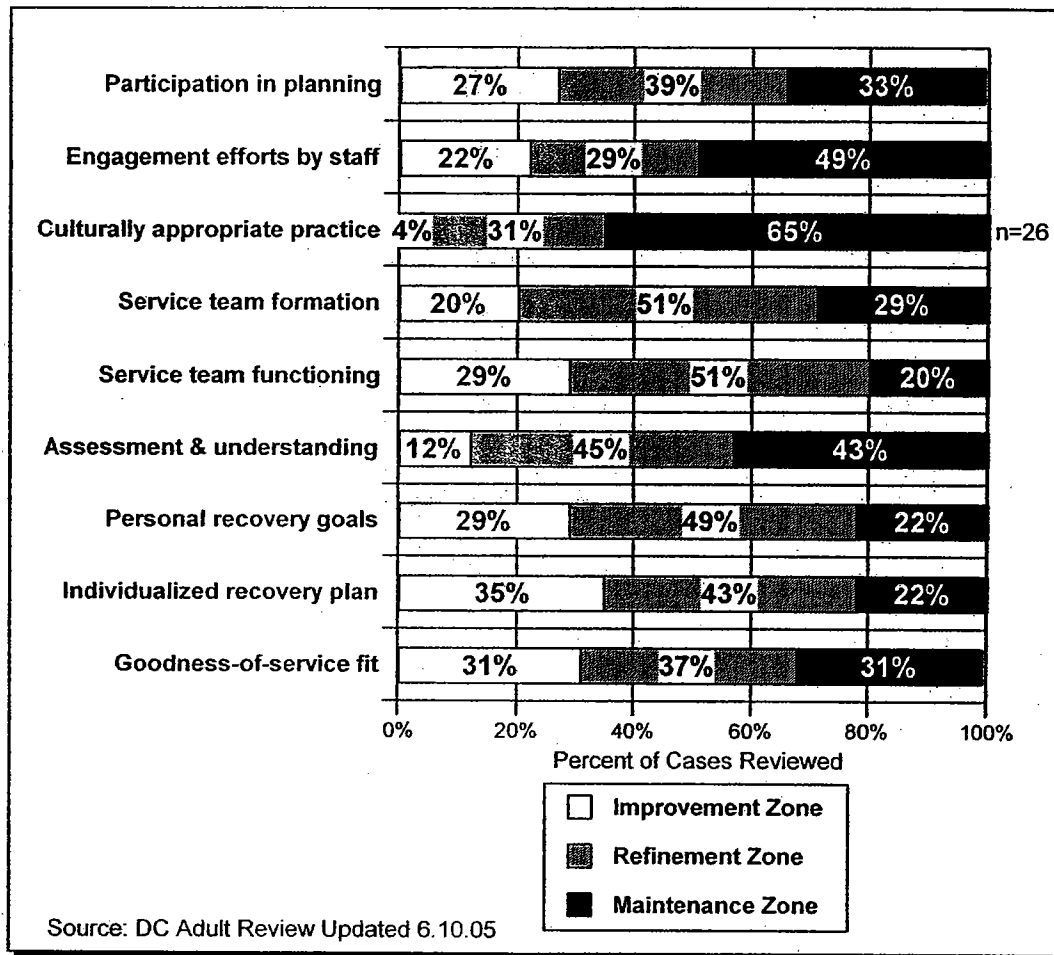


**Display 17**  
**Percentage of Acceptable Consumer's Practice Performance:**  
**Planning Treatment Indicators**



Source: DC Adult Review Updated 6.10.05

**Display 18**  
**Consumer's Practice Performance: Planning Treatment Indicators According to the**  
**Three-Tiered Interpretive Framework**



Engagement/Participation of the Person. Findings for participation in planning were acceptable for 61% of the consumers included in the review, with 33% in the maintenance or green zone, 39% in the refinement or yellow zone, and 27% needing improvement or in the red zone.

There was improvement for participation of the person in planning when compared to findings for last year's review, in which 39% of the consumers had acceptable participation in planning findings, with 17% in the maintenance or green zone, 44% in the refinement or yellow zone, and 39% needing improvement or in the red zone.

Findings for engagement efforts by staff were acceptable for 69% of the consumers included in the review, with 49% in the maintenance or green zone, 29% in the refinement or yellow zone, and 22% needing improvement or in the red zone.

There was improvement for engagement efforts by staff when compared to last year's review, in which 54% of the consumers had acceptable findings for this indicator. Likewise, in last year's review, engagement efforts were in the maintenance zone for 24% of the cases, in the refinement zone for 49%, and 27% were needing improvement.

Culturally Appropriate Practice. Significant cultural issues should be recognized and addressed in practice through special accommodations and supports used to adapt or augment basic functions of practice (e.g., engagement, assessment, and planning). This expectation is applicable when such accommodations are necessary. This indicator applied for 26 consumers (51% of the review sample).

Findings for culturally appropriate practice were acceptable for 81% of the consumers included in the review, with 65% in the maintenance or green zone, 31% in the refinement or yellow zone, and 4% needing improvement or in the red zone.

These findings are comparable to results for culturally appropriate practice in last year's review, in which 81% of last year's sample had acceptable ratings for this indicator. Likewise, in last

year's review, 44% of the sample were in the maintenance zone, 50% were in the refinement zone, and 6% were needing improvement.

Service Team Formation. Consumers served are to have a service team involving the person, informal supports, and service providers. There is no fixed formula for team composition, but the team should be the "right people" for the person and include those who are active service providers in the consumer's life, and other persons whom the consumer may identify. Findings for service team formation were acceptable for 53% of the consumers included in the review, with 29% in the maintenance or green zone, 51% in the refinement or yellow zone, and 20% needing improvement or in the red zone.

There was considerable improvement for service team formation when compared to results from last year's review. In last year's review, ratings for service team were acceptable for 29% of the sample, with 10% in the maintenance zone, 47% in the refinement zone, and 42% needing improvement.

Service Team Functioning. The service team should function as a unified team in planning services. The actions of the service team should reflect a coherent pattern of teamwork and collaborative problem solving that achieves results benefiting the adult service consumer. Service team functioning was found to be at least minimally adequate for 51% of the persons reviewed. Service team functioning was found to be in the maintenance zone for 20% of the cases, in the refinement zone for 51% of the cases, and in the improvement zone for 29% of the cases.

Assessment and Understanding. Findings for assessment and understanding were acceptable for 65% of the consumers included in the sample, with 43% in the maintenance or green zone, 45% in the refinement or yellow zone, and 12% needing improvement or in the red zone.

There was improvement for the findings for assessment and understanding when compared to the results for last year's review. In last year's review, 54% of the sample had acceptable ratings for

this indicator, with 24% in the maintenance or green zone, 56% in the refinement or yellow zone, and 20% needing improvement or in the red zone.

Personal Recovery Goals. Findings for personal recovery goals were acceptable for 51% of the consumers included in the review, with 22% of the sample in the maintenance or green zone, 49% in the refinement or yellow zone, and 29% needing improvement or in the red zone.

There was improvement for the findings for personal recovery goals when compared to the results from last year's review. In last year's review, 39% of the sample had acceptable ratings for this indicator, with 7% of the sample in the maintenance zone, 46% in the refinement zone, and 46% needing improvement.

Individualized Recovery Plan. Findings for individualized recovery plan were acceptable for 47% of the consumers included in the review, with 22% in the maintenance or green zone, 43% in the refinement or yellow zone, and 35% needing improvement or in the red zone.

There was improvement for the findings for IRP when compared to the results from last year's review. In last year's review, 37% of the sample had acceptable ratings. The IRP was found to be in the maintenance zone for 7% of the cases, in the refinement zone for another 46%, and in the improvement zone for another 46%. The development and use of the IRP in actual case practice is an area that continues to require further attention.

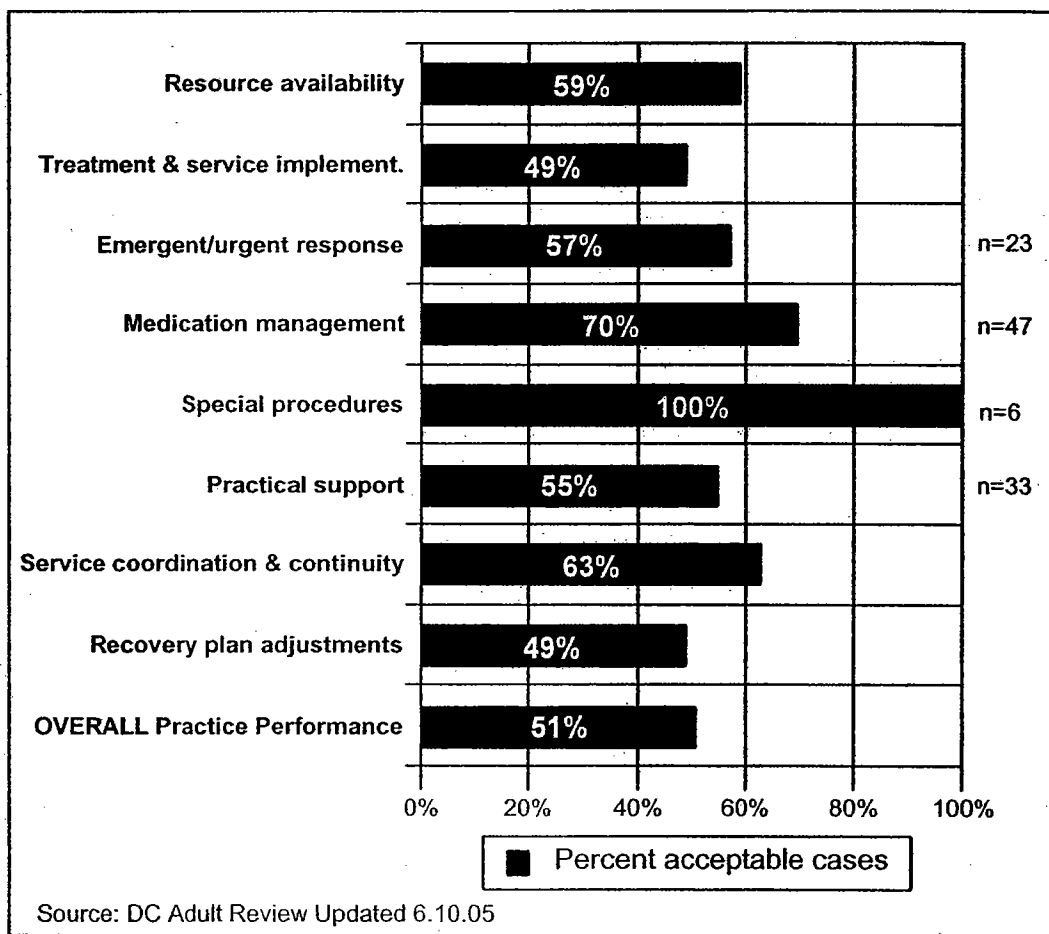
Goodness-of-Service Fit. Findings for goodness-of-service fit were acceptable for 55% of the consumers included in the review, with 31% in the maintenance or green zone, 37% in the refinement or yellow zone, and 31% needing improvement or in the red zone.

There was improvement for the findings for goodness-of-service fit when compared to the results from last year's review. In last year's review, goodness-of-service fit was found to be at least minimally adequate for 44% of the persons reviewed. In last year's review, findings for this indicator were in the maintenance zone for 7% of the sample, in the refinement zone for 61% of the sample, and needing improvement for 32% of the sample.

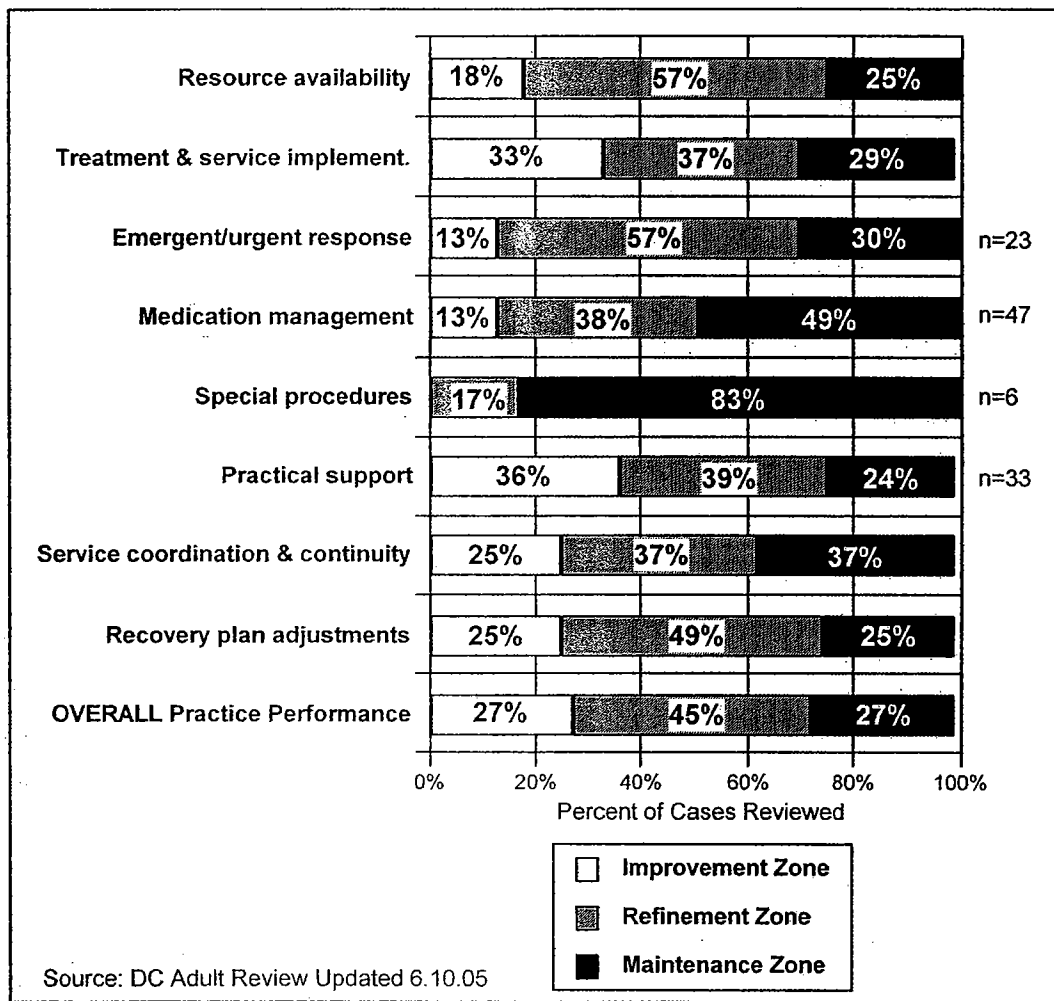
### *Practice Performance: Providing and Managing Treatment*

The second set of performance indicators covers important functions related to the provision and management of treatment and support services for consumers. Findings for these indicators are presented in Displays 19 and 20 and summarized concurrently below.

**Display 19**  
**Practice Performance: Providing and Managing Treatment Findings for the Consumers**  
**Included in the 2005 Review**



**Display 20**  
**Practice Performance: Providing and Managing Treatment Findings**  
**Using the Three-Tiered Interpretive Framework for the Consumers**  
**Included in the 2005 Review**



Resource Availability. Findings for resource availability were acceptable for 59% of the consumers included in the sample, with 25% in the maintenance or green zone, 57% in the refinement or yellow zone, and 18% needing improvement or in the red zone.

Findings from this year's review on the resource availability indicator show slight improvement when compared to the results from the 2004 CSR. In last year's review, this indicator was acceptable for 51% of the sample members, with 20% in the maintenance zone, 51% in the refinement zone, and 29% needing improvement.

Treatment Implementation. Findings for treatment implementation were acceptable for 49% of the review sample, with 29% in the maintenance or green zone, 37% in the refinement or yellow zone, and 33% needing improvement.

Results for treatment implementation were consistent with the findings for this indicator in last year's review. In last year's review, 44% of the sample had acceptable ratings for treatment implementation, with 20% in the maintenance zone, 44% in the refinement zone, and 37% needing improvement.

Emergent/Urgent Response. The emergent or urgent response indicator was applicable if services to stabilize or resolve emergent or episodic problems of an urgent nature were needed and/or accessed within the previous 90 days. As such, this rating applied to 23 consumers in the sample. Emergency and urgent service provision was acceptable for 57% of the consumers for which this indicator applied, with 30% in the maintenance zone, 57% in the refinement zone, and 13% in the improvement zone.

There was improvement for emergent/urgent response ratings when compared to the findings from last year's review. In last year's review, 35% of the sample had acceptable ratings for this indicator, with 13% in the maintenance zone, 30% in the refinement zone, and 57% in the improvement zone.

Medication Management. Forty-seven (92%) of the consumers in the sample were taking



psychotropic medications; as such, this indicator applies to these sample members. Medication management was acceptable for 70% of the consumers reviewed, with 49% in the maintenance zone, 38% in the refinement zone, and 13% needing improvement. This is a slight improvement in the percentage of consumers having acceptable medication management when compared to the 2004 results of 62% acceptable consumers. Similarly, last year's review results had 49% of the consumers in the maintenance zone, 27% in the refinement zone, and 24% needing improvement.

Special Procedures. Special procedures were applicable if emergency seclusion or restraint was used for the consumer within 90 days prior to the review. As such, this indicator applied to six consumers included in the review. Of those consumers for which this indicator applied, all had acceptable special procedure ratings, with all but one consumer in the maintenance zone. The one consumer's rating not in the maintenance zone was in the refinement zone. There was only one consumer in the 2004 review having the special procedure indicator applicable.

Practical Support. Practical supports are the array of in-home and community-based supports provided to the person to assist him or her achieve recovery goals. Are practical supports effective during life change adjustments and in maintaining the person in his/her home, job, and community? This indicator was applicable if the consumer was either receiving such services or if such services were needed but were not being provided. As such, this indicator was deemed applicable in 33 of the 51 cases in the review sample.

Findings for practical support were acceptable for 55% of the sample included in the review, with 24% in the maintenance or green zone, 39% in the refinement or yellow zone, and 36% needing improvement.

There was improvement for the findings for practical support when comparing the results for this indicator to last year's review. In last year's review, 33% of the sample had acceptable ratings for this indicator, with 17% of the applicable sample in the maintenance zone, 40% in the refinement zone, and 43% needing improvement.

Service Coordination and Continuity. Service coordination was acceptable for 63% of the consumers included in the review, with 37% in the maintenance zone, 37% in the refinement zone, and 25% needing improvement. There was improvement in the percentage of consumers having acceptable service coordination when compared to 2004 review results, in which 44% of the consumers reviewed last year had acceptable service coordination ratings. Likewise, in last year's review, service coordination was found to be in the maintenance zone for 15% of the consumers, in the refinement zone for 41%, and in the improvement zone for 44%.

Recovery Plan Adjustments. Findings for recovery plan adjustment were acceptable for 49% of the consumers included in the review, with 25% in the maintenance zone, 49% in the refinement zone, and 25% needing improvement. There was improvement for recovery plan adjustments when compared to last year's review, in which 37% of the consumers in the sample had acceptable ratings for this indicator. Likewise, last year, 10% of the consumers were in the maintenance zone, 46% in the refinement zone, and 44% needing improvement.

Overall Practice Performance. The protocol provides a scoring rubric for combining ratings values across the items deemed applicable to the person being reviewed to produce an "overall practice performance rating." Applying this rubric resulted in the determination that overall practice performance was rated as acceptable (rating levels 4, 5, and 6) for 51% of the consumers, with 27% in the maintenance zone, 45% in the refinement zone, and 27% needing improvement.

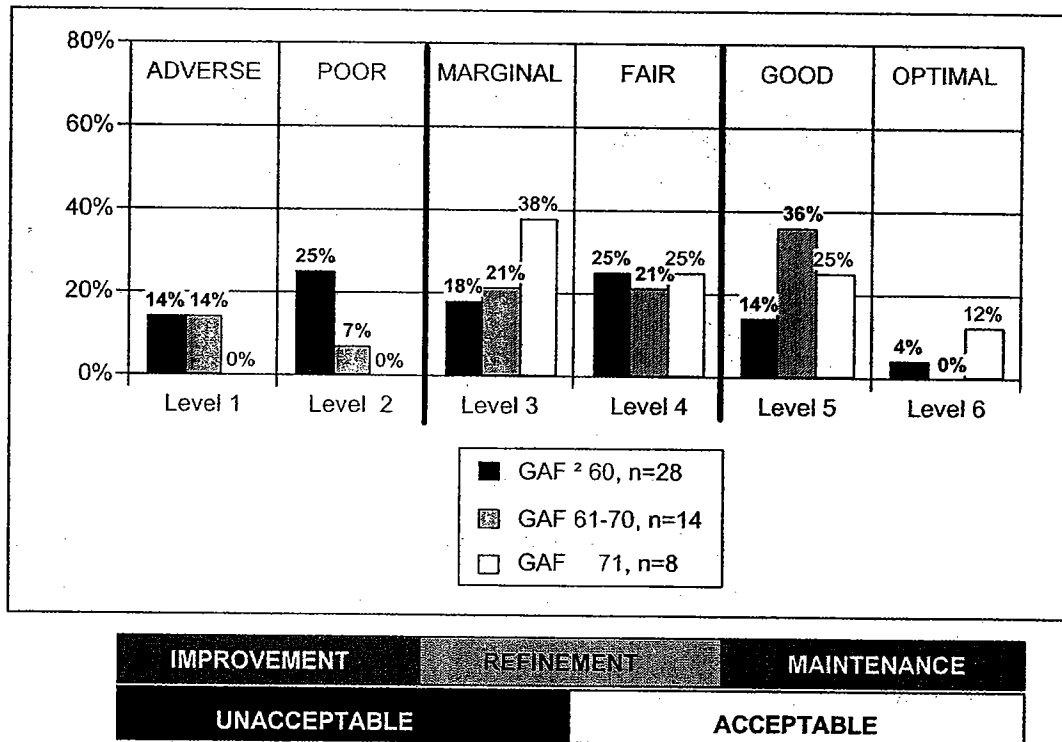
There was good improvement when compared to last year's results for overall practice performance. In last year's review, 39% of the consumers had acceptable overall system performance ratings compared to 51% this year. Twelve percent of last year's sample was in the maintenance zone, 46% in the refinement zone, and 41% needing improvement.

In **Appendix C** of this report are agency-by-agency results for the consumers reviewed. **This agency-by-agency comparison should be interpreted with caution since sample sizes for some of the provider agencies are extremely small (e.g., Fihankra Place and Woodley House both had one consumer receiving services participate in the review). Generalizations regarding**

specific agency practice should not be made based on the individual case review results due to the small sample sizes for the agency-specific findings, rather the small samples of consumers are illustrative of system performance for each of those randomly selected consumers from participating core service agencies.

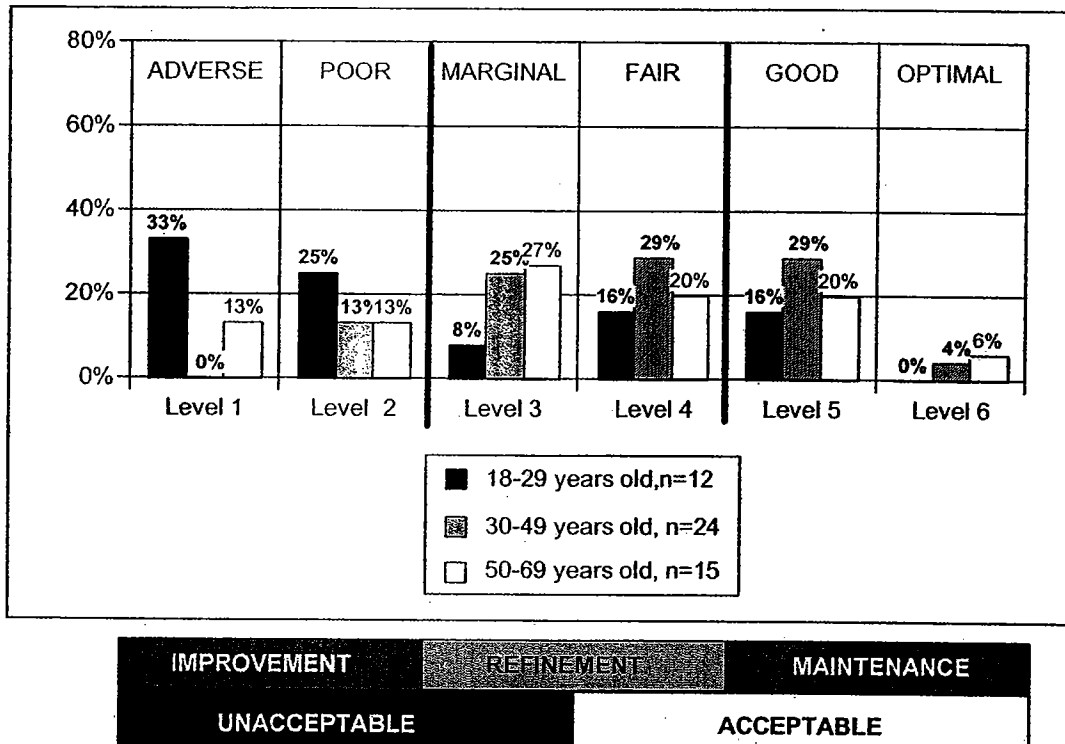
The following two displays provide additional methods of interpreting results from the review. Display 21 provides the overall practice and performance ratings separated by the consumer's general level of functioning. Display 22 provides the overall practice and performance ratings separated by age ranges.

**Display 21**  
**Overall Practice and Performance Ratings for Consumers in the 2005 Review**  
**Separated by Level of Functioning Ranges**



Source: DC Adult Review Updated 6.10.05

**Display 22**  
**Overall Practice and Performance Ratings for Consumers in the 2005 Review**  
**Separated by Age Ranges**



Source: DC Adult Review Updated 6.10.05

### Consumer Review Outcome Categories

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

As noted in Display 23, 25 of the 51 consumers (49%) fell into outcome category 1. Outcome 1 is the desired situation for all adults receiving services, in which the consumer is faring well and

the service system is responding adequately in accordance with their needs. One consumer (2%) in the sample was in outcome category 2. Outcome 2 includes those consumers whose needs are so complex that despite the diligence of appropriate response of the service system, the consumers continue to have a poor status. Nine consumers (18%) were in outcome category 3. Outcome 3 contains those sample members whose status was favorable but experienced less than acceptable service system performance. Some persons are resilient and may have excellent supports provided by family, friends, or others whose efforts are contributing to the person's favorable status. But, current service system performance may be limited, inconsistent, or seriously inadequate at this time. Sixteen cases (31%) fell into review outcome category 4. In Outcome 4, the consumer's overall status is unacceptable and overall system performance is also unacceptable.

**Display 23**  
**Case Review Outcome Categories for Consumers in the 2005 Review**

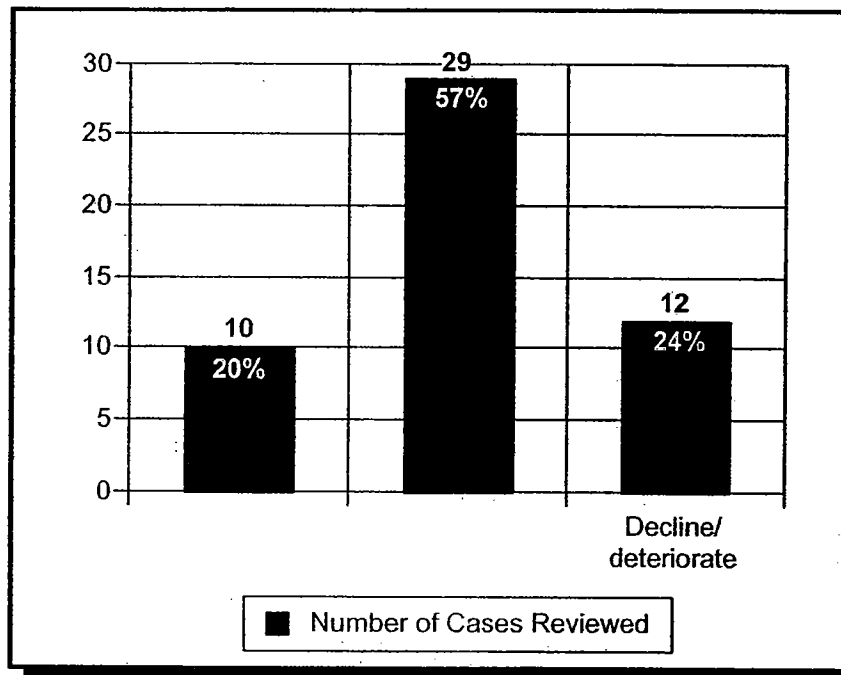
		Status of the Participant in Individual Cases		
		Fayorable Status	Unfavorable Status	
Acceptable System Performance	<b>Outcome 1:</b>  Good status for the participant, ongoing services acceptable.  49% (25 cases)	<b>Outcome 2:</b>  Poor status for the participant, ongoing services minimally acceptable but limited in reach or efficacy.  2% (1 case)	51%	
	<b>Outcome 3:</b>  Good status for the participant, ongoing services mixed or unacceptable.  18% (9 cases)	<b>Outcome 4:</b>  Poor status for the participant, ongoing services unacceptable.  31% (16 cases)	49%	
		67%	33%	

Source: DC Adult Review Updated 6.10.05

### Six-Month Prognosis

Reviewers provide a six-month prognosis for each member of the sample based on an overall impression of the current status and trajectory of the consumer, how the system is performing for that individual consumer, and any known upcoming transitions or changes. The following display presents the six-month prognosis offered by reviewers for all consumers in the review. As the display indicates, ten consumers (20%) were expected to improve, 29 (57%) were expected to remain about the same, and 12 (24%) were expected to decline or experience deterioration of circumstances over the next six months.

**Display 24**  
**Six-Month Prognosis for Consumers in the 2005 Community Services Review**



Source: DC Adult Review, Updated 6.10.05

**Qualitative Summary of Case Review Findings:  
Themes and Patterns Noted in the Individual Case Reviews**

Individual consumer reviews completed during the review were debriefed with other review team members in order to more readily recognize themes and patterns emerging out of the sample. The individual narratives for each of the consumers reviewed were also studied to identify emerging themes and patterns from the content of the individual stories of the consumers. Following are a list and general discussion of systemic themes and patterns noted from the cases.

**Strengths**

- There were a number of examples of typical case management services (coordinating with other formal service providers, facilitating team meetings within the mental health provider with active participation from the consumer) being provided for consumers receiving community support services.
- Many of the consumers included in the review had family and friends providing considerable support. There were several examples of these informal support networks, in particular, family members of consumers being integrated into the consumers' community support services teams. However, this is an area of practice where there is further opportunity to increase integration of these informal networks into the practice of the service team.
- There were several consumers who were receiving effective supported independent living services. These consumers were successfully residing in the community and were engaged in both their individual treatment and activities of daily living.
- The review team noted an increase and awareness of the CSR during their interviews with core service agencies' staff, when compared to previous years' reviews. Although there is still some inconsistency among frontline staff in their understanding of the practice expectations necessary to support and promote recovery, in general, there has been considerable system-wide growth in awareness of performance expectations. Similarly,

several core service agencies, in particular, DCCSA and Green Door, were well aware of the model of practice articulated in Dixon, and most staff at these agencies were prepared to have in-depth practice discussions if one of their cases had been selected for the court monitor's review.

- The logistical preparation and execution of the individual case reviews was much smoother when compared to previous reviews. This was attributed to several factors: the work completed by Consumer Action Network in obtaining consents and preparing the individual consumer reviews; an increased awareness and understanding of the role and importance of the CSR; outreach strategies that were initiated prior to the review to increase understanding of the CSR and to disseminate information pertaining to the upcoming review; and core service agencies' ongoing participation with the CSR, as this is the third year the CSR was completed for the adult service system. One effective example of coordination in setting up for the CSR was the work completed by DCCSA in which staff persons were assigned within the agency to act as liaisons to CAN and HSO to monitor and support the completion of the set-up activities. The work completed by DCCSA to support the CSR could be a model for other core service agencies in subsequent CSRs.
- A number of the consumers in the review had experienced significant trauma history, however, there is inconsistency in the use of trauma-informed assessments in practice. Similarly, there were examples of consumers receiving specific services targeting their trauma histories, however, there is inconsistency across the system in the quality of assessment and service provision for those consumers who have experienced trauma. The types of trauma ranged from being a victim of domestic violence, being a victim of sexual assault, being a witness to a loved one being severely injured or murdered, or experiencing political/military violence in a previous country.
- There were several examples noted in the narratives for consumer reviews of psychiatrists being actively involved in the consumers' individual service teams. In these instances, case management services were being coordinated with the psychiatric and medication management services being practiced. Both psychiatrists and case managers related the



importance and benefit of an effective collaborative relationship for consumers. There has also been some reduction in the number of psychotropic medications being used, however, there were a number of examples of consumers who were taking multiple psychotropic medications.

- In general, there was ongoing contact between community support workers and consumers receiving services. When compared to last year's findings, the frequency of contact with consumers in their community (home, vocational/educational setting) increased.
- Participants in the review shared that there have been a number of new training initiatives implemented to improve the quality and consistency of services. The variety of trainings implemented were conducted by both DMH and core service agencies. Agencies expressed appreciation for the work of the DMH training staff.
- There has been intermittent improvement in the provision of services according to the practice principles in Dixon. A general theme from the findings in the review is that practice is evolving. This is noted in both the improvement in the quantitative results from the consumers reviewed as well as in the individual stories learned about consumers throughout the CSR.

#### Opportunities for Improvement

- Although assessments were typically completed for consumers receiving services as part of the intake/diagnostic process when services began, the depth and scope of assessments could be improved. In particular, assessments were usually focused on the consumer and did not often have in-depth information about immediate family members, even if these family members had needs that would have benefited from the provision of services. It is recommended that assessments increase their focus on the family systems of the consumers. Assessments also lacked adequate developmental information about the consumers, such as mental health histories from childhood or adolescence. In some examples, the assessments

information began at the point in time that the consumer began accessing services, and no previous history was known.

- There was inconsistency in the aggressiveness of services for young adults that were just entering the mental health system. The provision of diligent and intensive services for young adults would likely increase the long-term prospects for these consumers in their process of recovery.
- Consumers reported that the opportunities for supported employment, vocational or educational endeavors are limited. In particular, consumers shared that there is not a lot of choice in vocational opportunities and that consumers are often steered towards vocations that may not be the best match for the consumers as a result of these limited resources.
- Adequate housing resources continue to be an ongoing challenge for the service system in D.C. Although there have been several DMH and core service agency initiatives to increase the availability of affordable and appropriate housing within the district, resources are limited. Delays in obtaining housing were noted, and that, once housing could be obtained, it may no longer be suitable to the needs of the consumer and family when compared to what was originally requested (e.g., an additional family member added to the home and the housing resource does not have enough number of bedrooms).
- A significant proportion of the review sample was dually diagnosed, with a substance abuse disorder the most prevalent dual diagnosis. The provision of adequate services for persons with mental illness and substance abuse issues continues to be a challenge to the service system. Similarly, there is a limited array of resources that can provide adequate services for persons with substance abuse issues. This continues to be an area of opportunity for growth for the service system.
- Although there has been improvement in the system to provide services according to a recovery-oriented philosophy, the continued reinforcement of a psychiatric recovery model,

such as working with the whole person and not just focusing on psychiatric stabilization, would be beneficial.

- A theme noted in the review was that case managers at core service agencies other than DCCSA generally had smaller caseloads, whereas DCCSA caseloads were often much higher. This would warrant a continued focus on teasing out which consumers for DCCSA workers are “non-active” versus “active” as a strategy for reducing caseloads, although DMH and DCCSA have already been putting significant emphasis on determining which consumers are active versus non-active. There was also a question raised during the review debriefing regarding the latitude that core service agencies other than DCCSA have in capping caseloads.
- There continues to be variability in how the IRP is used to drive practice according to the recovery model. Examples of IRPs crafted in isolation from the consumers, or staff not fully aware of how the IRP is to be used to drive recovery-oriented practice, were noted in the consumer review findings. This is an area of practice where there is variability across the frontline, since there were examples of appropriate and effective use of the IRP also noted.
- Case review and stakeholder comments indicate that there is difficulty in the community support model to allow for varying degrees of intensity of services based on the individual and particular needs of the consumer. Likewise, there was a lack of access to flexible funding to allow for individualization of services. This raises a practice planning question of how to provide services for a consumer who may require a more intense mix of services than community support allows, but may not need the intensity of services available through ACT. Consumers and stakeholders also noted that there is variability in the quality and intensity of ACT services, but that, in general, the creation of additional ACT teams is needed, despite ongoing efforts to create this resources.

### Stakeholder Interview Comments

The Dixon court monitoring review team facilitated a series of stakeholder interviews and focus groups. A series of focus groups were held at the larger core service agency providers participating in the Community Services Review, in which representatives of the management team, program leaders or supervisors, and frontline staff were interviewed. The executive management team for the Department of Mental Health were also interviewed. Two focus groups were held with consumers and an additional focus group was held with consumer advocates.

- There were a variety of positive findings from the focus groups, with stakeholders sharing examples of how services are effective in meeting the needs of consumers. Similarly, stakeholders believe that the system is making progress towards meeting the Dixon-specified practice goals. However, a general theme from the focus groups is that consistently providing services with the quality and effectiveness articulated by the practice principles of Dixon exit criteria remains a challenge.

Core service agencies, primarily those other than DCCSA, reported that the mental health system's payment structure creates difficulty in providing recovery-oriented and consumer-driven services. Core service agencies shared a sense of frustration around funding and timely payment for services provided. The specific factors causing the providers frustration were difficult to identify during the focus groups. Stakeholders from core service agencies also shared concerns over task orders, which specify limits on total services that can be billed for and paid during a fiscal quarter, regardless of if an agency's caseload increases during that time period. Some providers also noted problems with Medicaid reimbursement rates (e.g., some specialized services can't be provided because private practitioners may not accept Medicaid) for some services and related billing policies. An additional concern regarding the payment and funding issues were questions raised of whether the billing options are robust enough to allow for the individualization of services needed for consumers. The concerns shared around the frustrations with the billing and payment structure were very similar to concerns shared during the children's review. A major challenge to the system is to continue to refine budgeting, billing, and payment processes to

achieve both high accountability and accuracy and support for the practice model and the consistent individualization of services. Providers must also ensure that their internal processes are sufficiently accountable and accurate.

- DMH has implemented checks and balances in the payment system in order to ensure appropriate payment to providers for rendered services. These checks and balances may have caused some delay in payment. DMH has implemented, and continues to implement, a number of strategies to increase the timely reimbursement for services to create a system that efficiently supports services for children and adult consumers that enables providers to deliver high quality, necessary and appropriate services.
- Stakeholders shared that there has been some instability in the provider array with a number of new core service agencies opening, while other agencies have been closing or changing the mix or array of services that they have traditionally provided. The instability was not perceived to be overly negative, rather it was complicated for staff staying aware of the local resource array. Stakeholders did share that there is some concern that new core service agencies are opening and are competing for a limited pool of available money to pay for mental health services in the district, and while competition among providers can be positive, the large number of providers has the unintended consequence of diluting services, since core service agencies try to do what they can with the limited funding available.
- Consumers shared during their focus groups that they generally believe that the system is making progress and that some services are improving, but that there are limited choices in housing and vocational/employment opportunities. From the consumers' perspectives, increasing the opportunities for supported independent living and supported employment are areas for further systemic development.
- DMH has been focusing attention on improving the quality and consistency of services with their priority population, who are defined as consumers having acute psychiatric needs; those receiving services while residing at St. Elizabeth's Hospital (with specific attention at reducing St. Elizabeth's census), those that are transitioning out of St. Elizabeth's Hospital,

and homeless consumers. DMH has successfully reduced the number of persons receiving services at St. Elizabeth's since the previous review.

- DMH has also been putting focus on reducing the number of consumers receiving day treatment programs. Payment for, and access to, day treatment programs has been limited. This is being balanced by increased emphasis and utilization of community support services. Several core service agencies shared some frustration over the reduction in available day treatment slots. Consumers reported participating in day treatment, however, wanting more focus put on opportunities for supported employment.
- Stakeholders were optimistic that the foundation and framework to support effective practice according to the practice principles of Dixon has been established. Some refinement around the billing and payment structure is needed, as well as ongoing focus on providing frontline staff with the mentoring, modeling, and coaching of practice through training and supervision. Stakeholders report that the system had developed to the point where the focus can be on practice development since the infrastructural supports needed are generally in place. There is also a new practice-focused quality assurance system beginning at DMH that should more provide opportunities for feedback about practice issues for consumers.

### **Recommendations**

DMH and the core service agencies have worked hard and deserve recognition for the progress that has been made to make the system work more efficiently and effectively in meeting the needs of consumers. DMH and core service agencies articulated understanding and commitment to implementing a service system for consumers reflective of the Dixon exit criteria. However, there are still limits in the depth of understanding, particularly among frontline staff, regarding the practice principles in Dixon and the model of practice measured by the CSR.

There is still significant competition of provider focus between fiscal and payment issues and practice/performance refinement. There were similar findings of competition of focus between fiscal and practice issues for core service agencies during the children's review. Providers also

find it difficult to coordinate efforts and activities across providers when that is required to implement the most effective IRP for a particular consumer.

Quality assurance mechanisms that are practice informed and supportive of effective delivery of services have only recently been implemented. It is important that increased emphasis and priority be given to quality improvement measurement and systematic measurement of outcomes and results achieved.

- It is recommended further review of the fiscal model be completed to ensure that the model and policies are supportive of providing services that are congruent with the intended model of practice. As previously stated, it was difficult to identify the causal issues that were resulting in core service agencies' frustration over payment and fiscal issues. Some of the issues learned during the review included: task orders that limit the amount of services a core service agency can provide and be reimbursed for by quarter and whether additional services can be reimbursed when the caseloads of the providers significantly increase during these time periods; possible delays in payment for services provided that create a hardship for core service agencies trying to remain fiscally operational; questions regarding increasing the efficiency of the reimbursement process to support a system that provides high quality, appropriate and necessary services; the issue of new core service agencies being recently certified and the resulting competition of agencies for a limited amount of system funding; and questions about allowable and billable community support services under the Medicaid billing policies.
- It is also recommended that strategies be explored to support more flexibility in the crafting of services that allow for varying levels of need for consumers. The question was asked during the review, "What services can be provided for a consumer who may need more intense services than community support, but less intense services than ACT?" Creating opportunities for more flexible and individualized services that can be added to services already provided through the basic community support model would be beneficial.

- Continue provision of practice development opportunities including ongoing training, mentoring, modeling, and coaching of practice occurring regularly through supervision to support the provision of key practice skills of frontline practitioners. Ongoing collaboration between core services agencies' internal training and practice development staff, and training and development initiatives coming from DMH would be beneficial to meet this continued skill-building need. There are practice-specific skills that should be focused on for the development of frontline staff that would have the greatest impact on the ability to provide services according to the recovery model of practice. These practices include more in-depth and comprehensive assessments, the continued development of the individualized service teaming process for working with consumers; and construction of appropriate service teams for the planning, implementation, and delivery of services. Focusing on including persons outside the typical professional domain of the mental health system (e.g., including substance abuse providers or other agencies providing services for consumers) would improve the quality of consumers' service teams.
- Continue the development of employment and housing opportunities for consumers.
- DMH and core service agencies may also want to consider implementing specific strategies to provide ongoing training of core service agency program managers/frontline supervisors about the CSR.

### **Conclusions**

The continued growth and development of the service system is encouraging and can be credited to the commitment to implementing a system-wide model of practice that is in accordance with the principles and performance expectations specified in the Dixon Consent Decree and exit criteria. The basic foundational and infrastructural supports are in place, although some review and refinement of the fiscal model is needed.

The system has developed to the point where practice-specific strategies can be implemented in an ongoing manner to support the effective and consistent delivery of services. It is hoped that



the system will see improved results for consumers in the CSR reviews as the system continues to progress in implementing the practice principles articulated in the Dixon court-ordered plan and exit criteria, as measured by the CSR.

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

## **Appendix C**

## Appendix C

**This agency-by-agency comparison should be interpreted with caution since sample sizes for some of the provider agencies are extremely small (e.g., Fihankra Place and Woodley House both had one consumer receiving services participate in the review). Generalizations regarding specific agency practice should not be made based on the individual case review results due to the small sample sizes for the agency-specific findings, rather the small samples of consumers are illustrative of system performance for each of those randomly selected consumers from participating core service agencies.**

**CSR/Adult Status and Performance**

Source: DC Adult Review 4/28/05

**Community Connections    n= 9**

Status of the Person	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	9	78%	11%	56%	33%
Economic security	9	44%	44%	56%	0%
Living arrangement	9	56%	11%	67%	22%
Social network	9	33%	33%	67%	0%
Satisfaction	6	67%	33%	17%	50%
Health/Phy well-being	9	33%	22%	78%	0%
Mental health status	9	44%	33%	56%	11%
Education/career	4	25%	75%	25%	0%
Work	4	25%	50%	50%	0%
Recovery activities	7	43%	29%	57%	14%
Overall Status	9	33%	22%	56%	22%

Recent Progress	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	9	56%	22%	67%	11%
Improvement self-mgt.	9	44%	22%	67%	11%
Education/wk progress	3	33%	33%	67%	0%
Recovery goals	8	38%	38%	50%	13%
Risk reduction	9	56%	22%	67%	11%
Successful life adj.	8	50%	25%	50%	25%
Social group affilia.	6	17%	33%	67%	0%
Meaningful relationship	8	0%	25%	75%	0%
Overall Pattern	9	44%	22%	67%	11%

**CSR/Adult Status and Performance**

Source: DC Adult Review 4/28/05

**Community Connections      n= 9**

Current Practice Performance	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	9	56%	33%	56%	11%
Engagement efforts by staff	9	67%	22%	22%	56%
Culturally appropriate practice	3	67%	0%	33%	67%
Service team formation	9	44%	33%	44%	22%
Service team functioning	9	44%	44%	56%	0%
Assessment & understanding	9	67%	11%	22%	67%
Personal recovery goals	9	44%	33%	44%	22%
IRP	9	56%	33%	44%	22%
Goodness-of-service fit	9	44%	44%	33%	22%
Resource availability	9	44%	22%	56%	22%
Treatment & services implem.	9	44%	33%	33%	33%
Emergent/urgent response	6	33%	17%	50%	33%
Medication management	8	50%	25%	38%	38%
Special procedures	1	100%	0%	100%	0%
Practical supports	3	33%	67%	0%	33%
Service coord. & continuity	9	56%	33%	11%	56%
Recovery plan adjustment	9	44%	33%	44%	22%
Overall Practice Performance	9	44%	44%	22%	33%

**CSR/Adult Status and Performance**

Source: DC Adult Review 4/28/05

DCCSA

n= 20

Status of the Person	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	20	95%	5%	30%	65%
Economic security	20	65%	15%	65%	20%
Living arrangement	20	85%	5%	30%	65%
Social network	20	60%	15%	55%	30%
Satisfaction	19	95%	5%	37%	58%
Health/Phy well-being	20	85%	10%	25%	65%
Mental health status	20	75%	5%	60%	35%
Education/career	10	30%	30%	60%	10%
Work	14	36%	21%	57%	21%
Recovery activities	18	67%	6%	56%	39%
Overall Status	20	85%	5%	50%	45%

Recent Progress	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	20	90%	5%	70%	25%
Improvement self-mgt.	19	68%	11%	68%	21%
Education/wk progress	13	31%	38%	38%	23%
Recovery goals	18	61%	22%	50%	28%
Risk reduction	12	75%	25%	58%	17%
Successful life adj.	14	57%	14%	50%	36%
Social group affilia.	18	44%	17%	56%	28%
Meaningful relationship	19	68%	21%	37%	42%
Overall Pattern	20	70%	5%	65%	30%

# CSR/Adult Status and Performance

Source: DC Adult Review 4/28/05

DCCSA

n= 20

Current Practice Performance	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	20	85%	15%	35%	50%
Engagement efforts by staff	20	85%	10%	35%	55%
Culturally appropriate practice	12	83%	8%	8%	83%
Service team formation	20	70%	10%	55%	35%
Service team functioning	20	65%	20%	50%	30%
Assessment & understanding	20	60%	10%	50%	40%
Personal recovery goals	20	65%	25%	50%	25%
IRP	20	55%	30%	45%	25%
Goodness-of-service fit	20	65%	15%	55%	30%
Resource availability	20	70%	10%	55%	35%
Treatment & services implem.	20	55%	20%	50%	30%
Emergent/urgent response	7	71%	14%	57%	29%
Medication management	19	84%	5%	32%	63%
Special procedures	2	100%	0%	0%	100%
Practical supports	13	69%	15%	62%	23%
Service coord. & continuity	20	80%	10%	45%	45%
Recovery plan adjustment	20	65%	10%	60%	30%
Overall Practice Performance	20	65%	10%	60%	30%

# CSR/Adult Status and Performance

Source: DC Adult Review 4/28/05

Center for Mental Health n= 4

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

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



**CSR/Adult Status and Performance**

Source: DC Adult Review 4/28/05

**Center for Mental Health**      n= 4

Current Practice Performance	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	4	25%	25%	50%	25%
Engagement efforts by staff	4	25%	50%	25%	25%
Culturally appropriate practice	1	100%	0%	100%	0%
Service team formation	4	25%	25%	50%	25%
Service team functioning	4	50%	25%	50%	25%
Assessment & understanding	4	50%	0%	75%	25%
Personal recovery goals	4	50%	25%	50%	25%
IRP	4	25%	75%	0%	25%
Goodness-of-service fit	4	50%	25%	25%	50%
Resource availability	4	25%	50%	25%	25%
Treatment & services implem.	4	25%	50%	25%	25%
Emergent/urgent response	1	100%	0%	100%	0%
Medication management	3	67%	0%	33%	67%
Special procedures	0	NA	NA	NA	NA
Practical supports	3	0%	100%	0%	0%
Service coord. & continuity	4	25%	75%	0%	25%
Recovery plan adjustment	4	25%	50%	25%	25%
Overall Practice Performance	4	25%	50%	25%	25%

**CSR/Adult Status and Performance**

Source: DC Adult Review 4/28/05

**Green Door**

n= 6

Status of the Person	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	6	67%	33%	0%	67%
Economic security	6	67%	0%	83%	17%
Living arrangement	6	83%	17%	33%	50%
Social network	6	33%	50%	33%	17%
Satisfaction	6	67%	17%	33%	50%
Health/Phy well-being	6	50%	0%	83%	17%
Mental health status	6	67%	0%	67%	33%
Education/career	4	25%	75%	0%	25%
Work	4	25%	75%	0%	25%
Recovery activities	6	50%	50%	17%	33%
Overall Status	6	50%	33%	33%	33%

Recent Progress	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	6	50%	17%	50%	33%
Improvement self-mgt.	6	50%	0%	67%	33%
Education/wk progress	2	50%	50%	0%	50%
Recovery goals	6	50%	33%	50%	17%
Risk reduction	3	33%	33%	33%	33%
Successful life adj.	6	50%	33%	33%	33%
Social group affilia.	4	50%	50%	25%	25%
Meaningful relationship	5	60%	40%	40%	20%
Overall Pattern	6	50%	33%	33%	33%

**CSR/Adult Status and Performance**

Source: DC Adult Review 4/28/05

**Green Door**

n= 6

Current Practice Performance	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	6	67%	33%	50%	17%
Engagement efforts by staff	6	67%	17%	50%	33%
Culturally appropriate practice	5	80%	0%	60%	40%
Service team formation	6	33%	33%	50%	17%
Service team functioning	6	50%	17%	67%	17%
Assessment & understanding	6	50%	33%	50%	17%
Personal recovery goals	6	17%	67%	17%	17%
IRP	6	33%	33%	50%	17%
Goodness-of-service fit	6	50%	50%	33%	17%
Resource availability	6	50%	17%	67%	17%
Treatment & services implem.	6	50%	33%	50%	17%
Emergent/urgent response	3	33%	0%	67%	33%
Medication management	6	67%	33%	17%	50%
Special procedures	1	100%	0%	0%	100%
Practical supports	4	75%	25%	25%	50%
Service coord. & continuity	6	67%	33%	50%	17%
Recovery plan adjustment	6	50%	17%	67%	17%
Overall Practice Performance	6	33%	33%	50%	17%

**CSR/Adult Status and Performance**

Source: DC Adult Review 4/28/05

**Anchor Mental Health**      n= 3

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

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

**CSR/Adult Status and Performance**

Source: DC Adult Review 4/28/05

**Anchor Mental Health**

n= 3

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

# CSR/Adult Status and Performance

Source: DC Adult Review 4/28/05

Washington Hospital Center n= 3

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

Recent Progress	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	3	67%	0%	33%	67%
Improvement self-mgt.	3	67%	33%	0%	67%
Education/wk progress	2	100%	0%	0%	100%
Recovery goals	3	67%	0%	33%	67%
Risk reduction	1	0%	100%	0%	0%
Successful life adj.	1	0%	100%	0%	0%
Social group affilia.	2	100%	0%	50%	50%
Meaningful relationship	3	67%	0%	67%	33%
Overall Pattern	3	67%	33%	0%	67%

**CSR/Adult Status and Performance**

Source: DC Adult Review 4/28/05

**Washington Hospital Center n= 3**

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

# CSR/Adult Status and Performance

Source: DC Adult Review 4/28/05

Lutheran Social Services n= 2

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

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



**CSR/Adult Status and Performance**

Source: DC Adult Review 4/28/05

**Lutheran Social Services**      n= 2

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

### CSR/Adult Status and Performance

Source: DC Adult Review 4/28/05

#### Psychotherapeutic Outreach

n= 2

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

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

**CSR/Adult Status and Performance**

Source: DC Adult Review 4/28/05

**Psychotherapeutic  
Outreach**

n= 2

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

**CSR/Adult Status and Performance**

Source: DC Adult Review 4/28/05

Woodley House

n= 1

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

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

**CSR/Adult Status and Performance**

Source: DC Adult Review 4/28/05

**Woodley House**

n= 1

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

**CSR/Adult Status and Performance**

Source: DC Adult Review 4/28/05

**Fihankra Place**

**n= 1**

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

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

# CSR/Adult Status and Performance

Source: DC Adult Review 4/28/05

Fihankra Place

n= 1

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