

# **2006 Report on Adult Service Consumers**

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

**June 2006**

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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% having an overall acceptable system performance.

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

The design of the 2006 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 2006 review was completed primarily by Consumer Action Network (CAN). HSO expresses their gratitude to CAN for completing the significant amount of work necessary to complete a CSR 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, 2005. This strategy was taken due to the experiences in previous reviews in which a proportion of consumers had had no contact with or were unknown to providers (e.g., the consumer had been referred to the provider from the Access 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.

The Center for Mental Health discontinued providing mental health services in the fall of 2005. Consumers receiving services from this agency during the review timeframe were included in the

sample. These consumers were reviewed at the agency providing services at the time the review was conducted. It was decided to include the Center for Mental Health consumers in the review in order to include a representative sampling of consumers and to review the transition process from one agency to another and within the mental health system. Nine Center for Mental Health consumers were chosen for the adult services review.

A brief survey instrument was sent out for providers to complete for each of the initially randomly selected consumers in order to gain some background information about the consumers so that the sample could be stratified across provider agency and age of the consumer. Prior 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.

The final number of adult consumers included in this review was 51. This number is less than the initial sample size of 54 due to logistic idiosyncrasies such as consumer refusal to participate, inability to locate consumers, etc.

### Provider Agency

According to the information that was supplied to HSO by the D.C. Department of Mental Health, there are a total of 6,486 consumers who received at least one service since June 2005. Services were provided for these consumers from 24 different providers. These provider agencies differ substantially in the number of consumers they serve. Nearly 70% of the consumers are served by three agencies: (1) D.C. Core Services Agency; (2) Community Connections; and (3) Green Door. The review sample design is such that the final sample reflects the consumer distribution across agencies. Ninety-three percent of the consumers selected for review were chosen from the top 12 agencies based on percentage of the total consumer population served by each agency. The remaining 6.4% of the sample was chosen randomly from

two of the 12 smallest agencies. Consumers from 14 core service agencies were reviewed as a result. The table below illustrates the review sample distribution by agency.

**Display 1**  
**Number of Consumers Who had Received a Billed Service**  
**Since June 2005 According to ECURA**

Provider	Total # of Consumers	% of Population Served
1. D.C. Core Services Agency	2441	37.6%
2. Community Connections	1241	19.1%
3. Green Door	743	11.6%
4. Anchor Mental Health	376	5.8%
5. Center for Mental Health	332	5.2%
6. Washington Hospital Center	321	3.4%
7. Woodley House	177	2.7%
8. Psychotherapeutic Outreach	136	2.1%
9. Coats and Lane	122	1.8%
10. Psychiatric Center Chartered	102	1.6%
11. First Home Care	86	1.3%
12. Lifestride	82	1.3%
Totals	6159	93.6%

The remaining 12 agencies together serve 327 or 6.4% of adult consumers with a billed service since June 2005. The two small agencies included in the triple sample were Fihankra and Latin American Youth. Latin American Youth was not reviewed as the consumer chosen for review could not be located.

Stratified Random Sample Frame

The following display provides the final sampling frame for the 2006 adult consumers Community Services Review. This table indicates the number of consumers randomly selected from each agency separated by age range 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).

**Display 2**  
**Final Sampling Frame by Agency and Age Range**

<b>Provider</b>	<b>18-29</b>	<b>30-55</b>	<b>56+</b>	<b>Totals</b>
1. D.C. Core Services Agency	5	14	1	20
2. Community Connections	2	7	1	10
3. Green Door	1	4	1	6
4. Anchor Mental Health	1	1	1	3
5. Center for Mental Health	1	1	1	3
6. Washington Hospital Center	1	1		2
7. Woodley House		2		2
8. Psychotherapeutic Outreach		1	1	2
9. Coats and Lane		1		1
10. Psychiatric Center Chartered		1		1
11. First Home Care	1			1
12. Lifestride		1		1
13. Fihankra Place		1		1
14. Latin American Youth	1			1
<b>Totals</b>	<b>13</b>	<b>35</b>	<b>6</b>	<b>54</b>

Consumers Included in the Review

The following display provides the distribution of consumer reviews completed during the year four 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**

<b>Provider</b>	<b>18-29</b>	<b>30-55</b>	<b>56+</b>	<b>Totals</b>
1. D.C. Core Services Agency	5	14		19
2. Community Connections	1	8		9
3. Green Door		4		4
4. Coates and Lane		1		1
5. Anchor Mental Health	1	2	3	6
6. Washington Hospital Center	1			1
7. Family Preservation	1			1
8. Psychotherapeutic Outreach		1	1	2
9. Woodley House		2		2
10. Fihankra Place	1			1
11. First Home Care	1			1
12. Pathways to Housing		1		1
13. Life Stride		1		1
14. Psychiatric Center		1		1
15. Scruples Corporation	1			1
<b>Totals</b>	<b>12</b>	<b>35</b>	<b>4</b>	<b>51</b>

A total of 51 adult reviews were completed during February 2006. The reviews were completed over a two-week timeframe with the reviews completed by reviewers trained to standard by HSO. Reviewers included DMH employees, 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 fourth-year sample of consumers.

**Description of the Consumers in the Review**

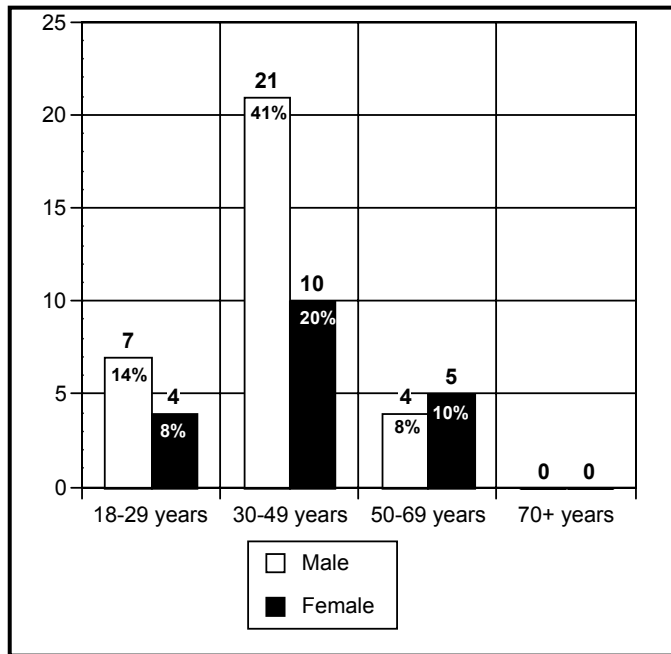
A total of 51 reviews were completed during February 2006. The reviews were completed over a two-week timeframe with slightly more than half completed by external reviewers and the remaining reviews completed by trained DMH staff. Presented in this section are displays that detail the characteristics of the consumers in the fourth-year sample.

Age and Gender

Consumers receiving a billed-for service since June 2005, according to the ECURA data system, were stratified by age range. **Display 4** illustrates the distribution of consumers reviewed by age and agency.

The review sample consisted of both male and female consumers across the identified age ranges. The display below shows the sample of 51 consumers distributed by age and gender. There were more men (63%) than women (38%) included in this year’s review. There were 11 consumers ages 18-29 (22%) included in the sample. The majority of the case reviews completed were in the 30-49 year age range with 31 (61%), and nine (18%) 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 in the Review**



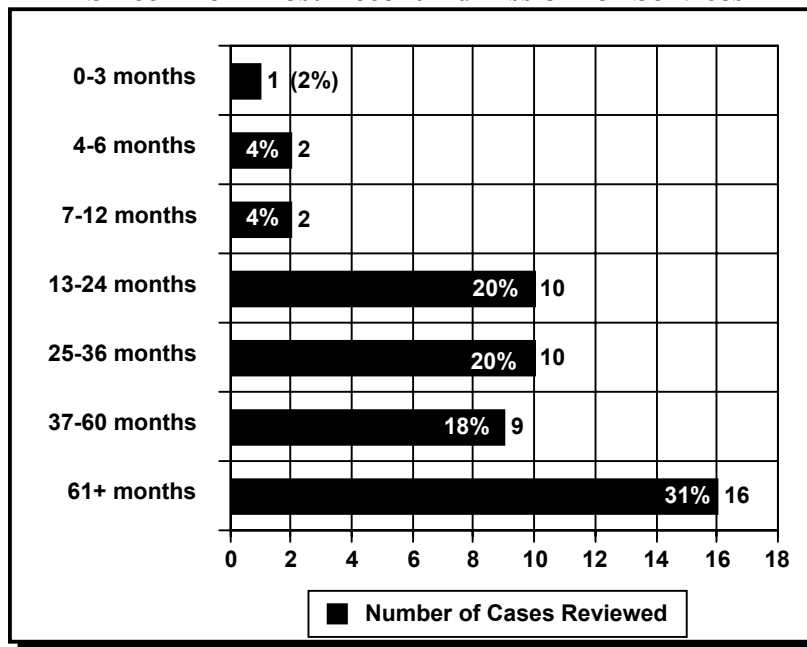
Source: DC Adult Review 3/3/06, n=51



Length of Time Served During Present Admission

The following display shows the length of time the 51 consumers included in the review have been receiving services since their most recent admission for services. As illustrated in the display, 10% of the consumers in the review had cases open for 12 months or less, 20% for 13-24 months, 20% for 25-36 months, 18% for 37-60 months, and 31% for longer than 61 months.

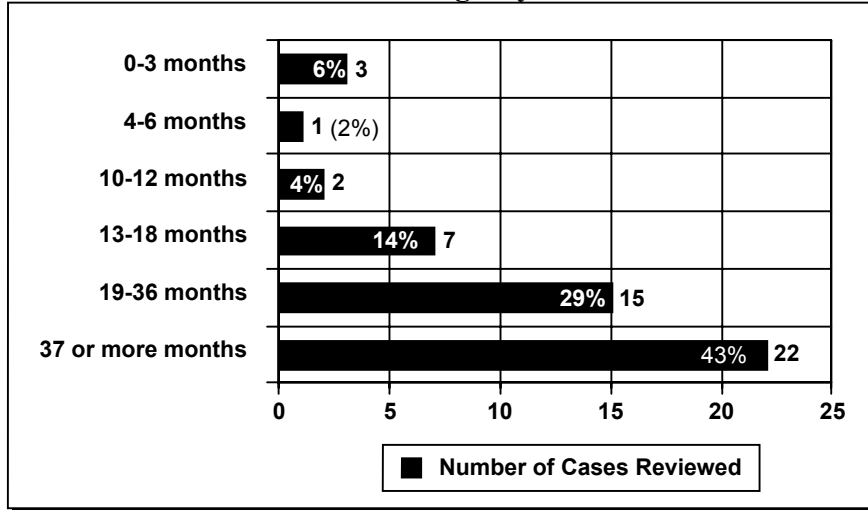
**Display 5**  
**Length of Time Consumers in the Review have been Receiving Services Since Their Most Recent Admission for Services**



Source: DC Adult Review 3/3/06, n=51

For comparative purposes, the display below is included to illustrate the amount of time each consumer had been receiving services from his/her agency at the time of the review.

**Display 6**  
**Length of Time Consumers in the Review have been Receiving Services**  
**From Current Agency/Provider**

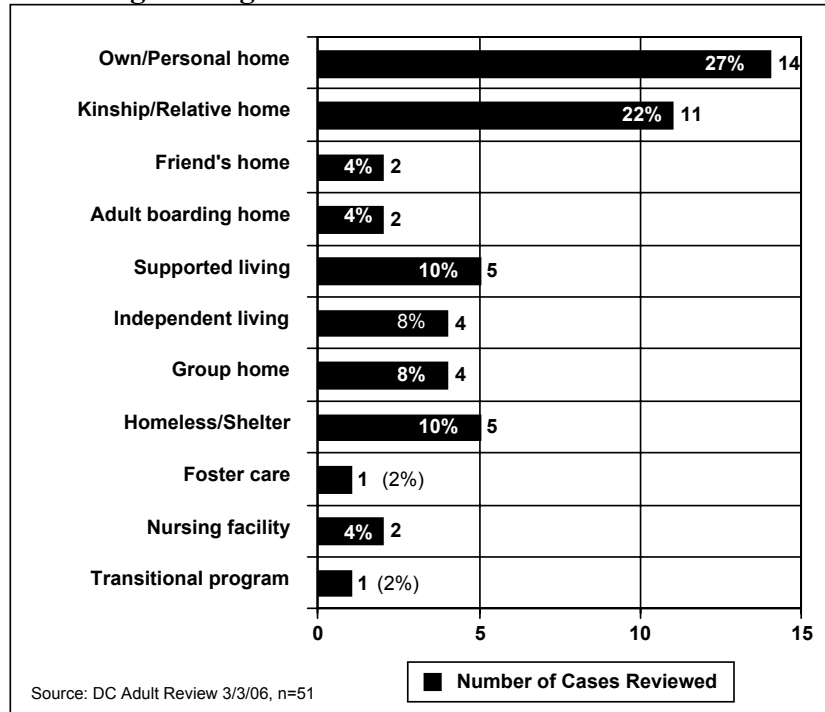


Source: DC Adult Review 3/3/06, n=51

Living Setting

The following display illustrates where consumers were living at the time of the review. Adult service consumers in the review sample were living in one of 11 settings. Fourteen or 27% of the sample 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 11 consumers (22% of the sample) were living with relatives or other kin. The degree of caregiving responsibilities varied for the relatives/kin with whom consumers were living. Ten consumers were living in a supported living arrangement or were homeless (five in each situation) at the time of the review. Other living arrangements included living in a group home (four consumers), living independently through an independent living program (four consumers), or living either in a friend’s home or in an adult boarding home (two in each setting). The remaining consumers reviewed lived in one of the following settings: adult foster care (one); nursing home/facility (two); or a transitional apartment (one). None of this year’s sample was hospitalized or incarcerated at the time of the review.

**Display 7**  
**Type of Living Arrangement for Consumers at the Time of the Review**

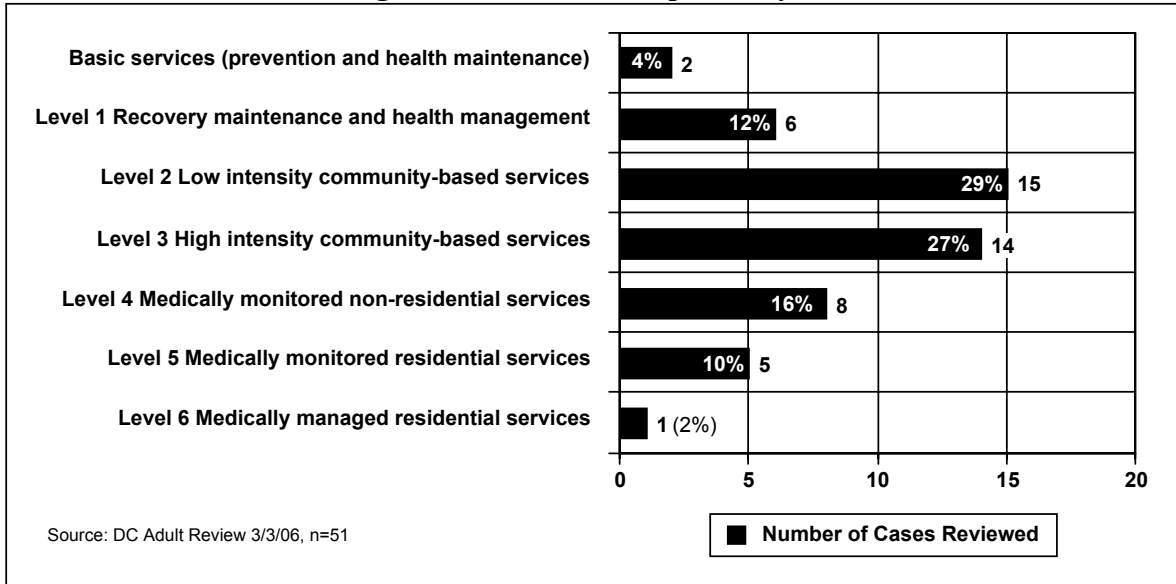


### Level of Care Provided

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.

Sixteen percent of the consumers reviewed were receiving preventative or recovery maintenance/health management services. There were almost an equal number of consumers receiving low intensity community-based services (15 or 29%) and receiving high intensity community-based services through either ACT or a mix of services provided through community support from a core service agency (14 or 27%). The remaining consumers, approximately 28% of the review sample, were receiving medically monitored or managed services in either a residential or non-residential setting. The graph below illustrates the LOCUS ratings by level of care.

**Display 8**  
**Level of Care Consumers were Receiving at the Time of the Review**  
**According to the LOCUS Completed by Reviewers**



Functional Status

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 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 his/her level of functioning.

The following display shows the reviewers' impressions of the consumers' level of functioning according to the scale in the protocol. Ten consumers (20% of the review sample) had no more than slight impairment in functioning. Twelve consumers (24% of the review sample) had difficulty functioning in one area and 29 consumers (57%) had difficulty functioning in several areas, with some having moderate to major impairment in level of functioning.

**Display 9**  
**General Level of Functioning for Consumers 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 (> 71)	10	20%
Difficulty in one area (61-70)	12	24%
Difficulty in multiple areas (<60)	29	57%

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

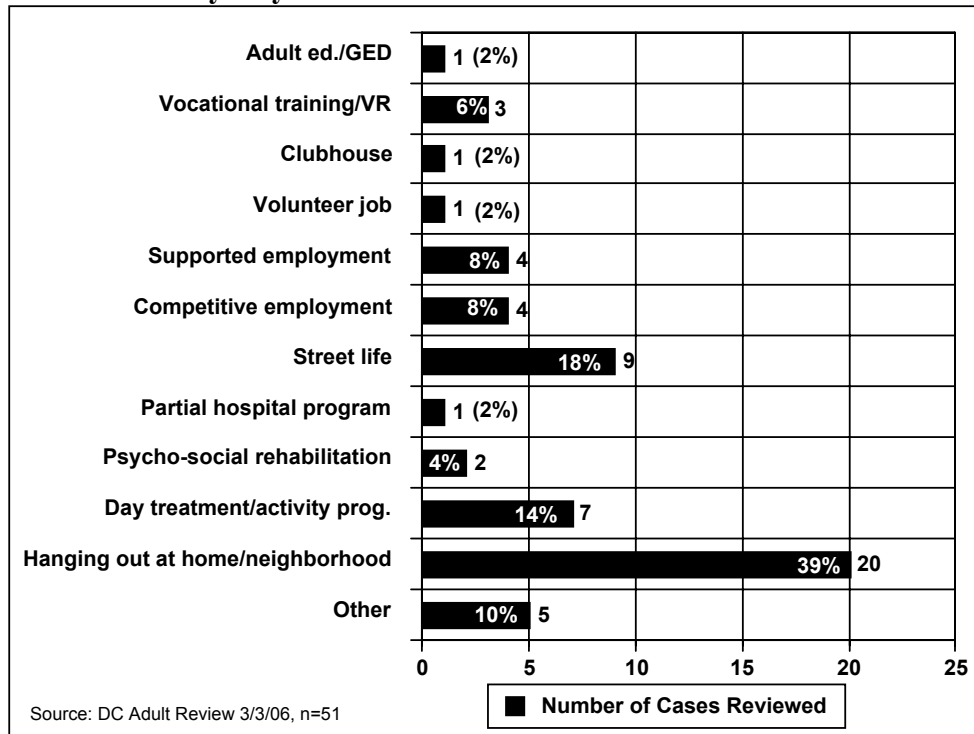
**Display 10**  
**General Level of Functioning for Consumers in the Review by Age Range**

<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	3	3	5	11
30-49	5	9	17	31
50-69	2	0	7	9
>70	0	0	0	0
<b>Totals</b>	10	12	29	51

Daytime Activities

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 or supported employment (eight consumers or 16%—four consumers in each setting); participation in day treatment (seven consumers or 14% of the sample); volunteer work (one consumer/2%); adult education/community college or vocational rehabilitation (four consumers/8%—one in adult ed and three in vocational training); participation in a clubhouse or other psychosocial rehabilitation program (three consumers/6%—one at a clubhouse and two at a rehab program); spending time on the streets (nine consumers/18%); and one consumer (2% of the review sample) in a partial hospitalization program. The remaining 49% of the sample participate in activities ranging from staying at home, to no structured activity, to focusing on their sobriety. Many of the remaining consumers had “none” listed for this indicator.

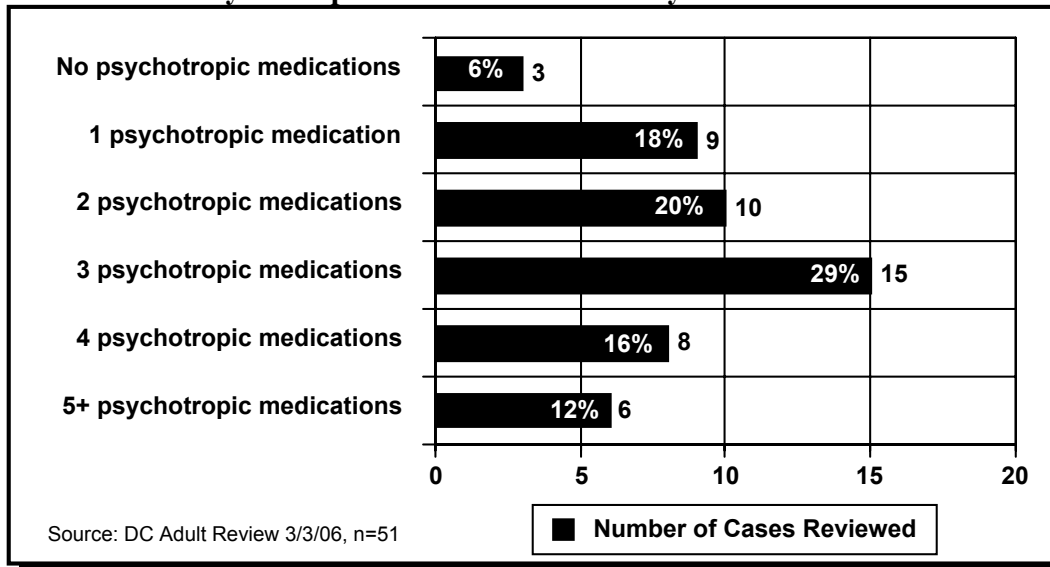
**Display 11**  
**Primary Daytime Activities for Consumers in the Review**



Psychiatric Medications

Persons with severe and persistent mental illness often are prescribed psychiatric medications to relieve symptoms. The following display illustrates the number of psychiatric medications being taken by or prescribed to members of the review sample. Three consumers were not taking any medications. Seventy-seven percent were taking or were prescribed two or more psychotropic medications, with 49% taking two or three medications. A notable difference from the 2005 review is the number of consumers taking five or more medications—six consumers or 12% compared to none last year.

**Display 12**  
**Number of Psychotropic Medications Taken by Consumers in the Review**

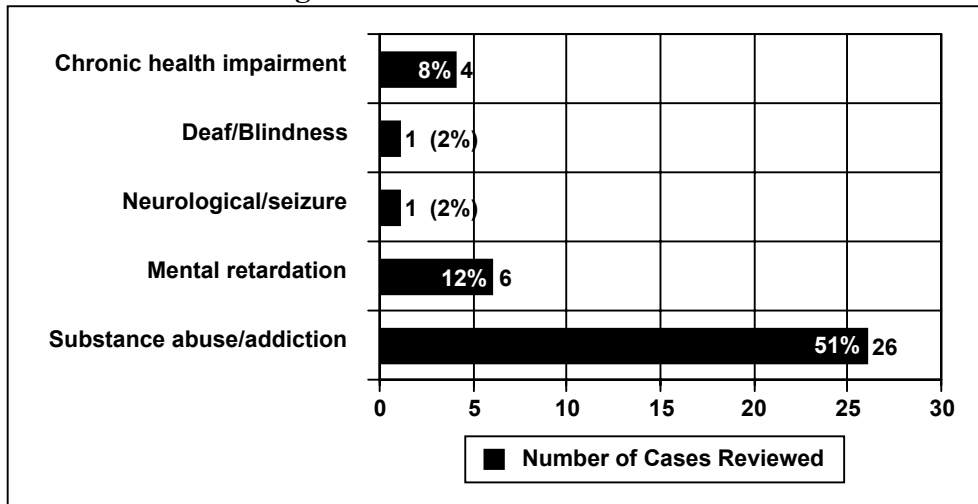




Co-Occurring Conditions

Reviewers noted during the consumer reviews the presence of possible co-occurring conditions. Co-occurring conditions were noted either through direct interview of the consumer and his/her service team or through review of the clinical record. 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 26 or 51% of the consumers reviewed. This is an increase from the 2005 adult CSR review, in which 39% were found to have substance abuse as a co-occurring issue. Consumers having mental retardation, chronic health issues, and other miscellaneous conditions made up 24% of the consumers reviewed.

**Display 13**  
**Co-occurring Conditions for Consumers in the Review**



Source: DC Adult Review 3/3/06, n=51

## Quantitative Case Review Findings

### Overview of the Case Review Process

Reviews were completed for 51 consumers during February 2006 using the *Community Services Review Protocol*, a person-based review tool developed for this purpose. This tool was based on a recovery philosophy and a community-based approach to service provision as specified in the practice principles of the Dixon consent decree. The general review questions addressed in the protocol are summarized in **Appendix A**.

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

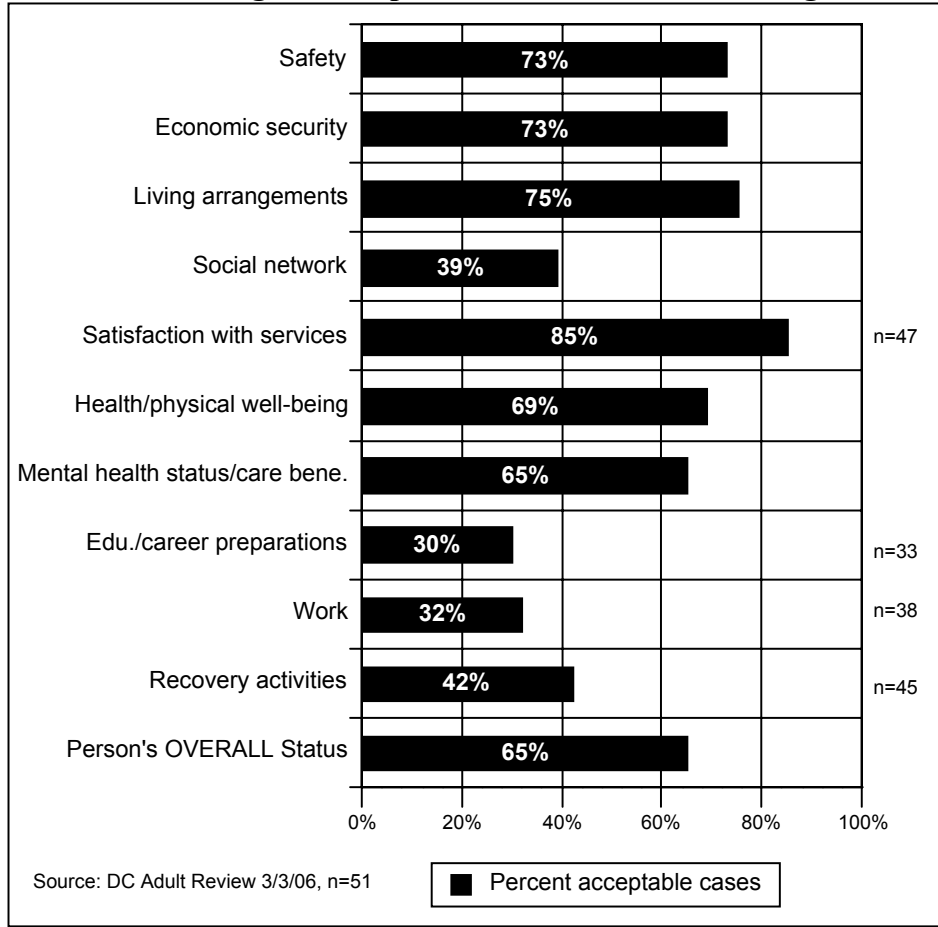
## Interviews

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 161 people were interviewed for these 51 consumers. The number of interviews ranged from two to five persons, with a 3.2 average number of interviews per consumer reviewed.

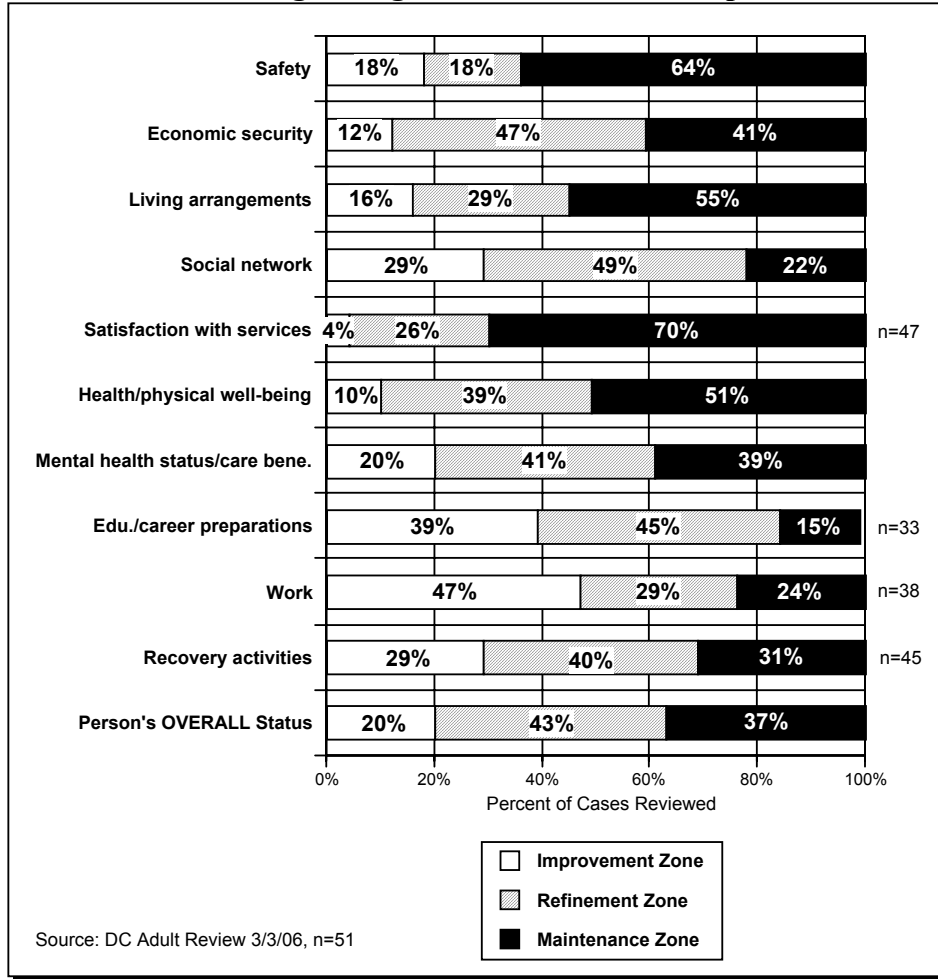
## Consumer Status Results

There are ten indicators identified to measure and describe the current status of a consumer. A detailed description of these ten indicators is attached to this report as **Appendix A**. The following two displays present findings for each of the ten indicators in two different formats. **Display 14** uses a “percent acceptable” format to report the proportion of the sample members for which the item was determined applicable and acceptable. **Display 15** uses the “action zone” framework that divides the 6-point rating scale into three segments corresponding to the maintenance, refinement, and improvement zones.

**Display 14**  
**Percentage of Acceptable Consumer Status Ratings**



**Display 15**  
**Consumer Status Ratings Using the Three-Tiered Interpretive Framework**



Safety. Approximately three-fourths of the consumers in this year’s review were safe from imminent risk of physical harm in their daily environment (73% acceptable), with two-thirds (64%) in the maintenance zone. The acceptable safety findings are slightly lower than the 2005 ratings of 84%; however, 59% of the consumers reviewed in 2005 had ratings in the maintenance or green zone. Although there were fewer consumers this year with acceptable safety, more of them were in the maintenance zone than last year.

Eighteen percent of the consumers reviewed were identified to need immediate improvement (in the red zone). The remaining 18% of consumers had unacceptable safety status 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 73% of the review sample, with 41% of the sample in the maintenance or green zone, 47% in the refinement or yellow zone, and 12% needing improvement or in the red zone.

Although the acceptable percentage increased slightly from the 2005 results, the percentage of consumers in the maintenance zone increased by 12%.

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, 55% of the review sample had findings for the living arrangement indicator in the maintenance or green zone, 29% in the refinement or yellow zone, and 16% needing improvement or in the red zone.

The findings compared to the 2005 review are the same in terms of percentage acceptable versus unacceptable. However, as illustrated above, the three-tiered distribution is different, with more consumers needing immediate action or in the red zone.

Social Network. Findings for the social network indicator were acceptable for 39% of the consumers included in the review, in which 22% of the sample were in the maintenance or green zone, 49% in the refinement or yellow zone, and 29% needing improvement or in the red zone. These ratings are lower than the 2005 findings for this indicator—47% acceptable, 22% maintenance, 56% refine, and 22% improve.

Satisfaction with Services. The satisfaction indicator was applicable for 47 of the consumers in the review. Satisfaction was not applicable if the consumer declined to offer an opinion of his/her satisfaction of services or if the consumer could not be interviewed during the course of the review. For those consumers to which this indicator applied, 85% of the sample reported having acceptable levels of satisfaction, up nine percentage points from the 2005 review. Seventy percent of the consumers have satisfaction ratings of 5 or 6, 26% have ratings of 3 or 4, and 4%

have satisfaction ratings of 1 or 2. Findings for this indicator are improved from last year for both the percentage acceptable and distribution on the three-tiered framework.

Health/Physical Well-Being. Findings for health or physical well-being were acceptable for 69% of the consumers included in the review, with 51% of the sample in the maintenance or green zone, 39% in the refinement or yellow zone, and 10% needing improvement or in the red zone.

Findings for this year's review illustrated a slight decline in the percent acceptable in this area as compared to findings for 2005. During last year's review, 71% of the sample had acceptable health/physical well-being ratings, with 43% of the consumers in the maintenance or green zone, 47% in the refinement or yellow zone, and 10% needing improvement or in the red zone.

Mental Health Status. Findings for mental health status were acceptable for 65% of the consumers included in the review, with 39% in the maintenance or green zone, 41% in the refinement or yellow zone, and 20% needing improvement or in the red zone.

These findings represent an overall improvement from the 2005 review, with the exception of the consumers needing improvement (in the red zone). The percentage of consumers in this zone increased slightly from 14% in 2005.

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 these services. As such, this indicator was applicable for 33 of the 51 review sample members. For the applicable consumers, education/career preparation was acceptable for 30% of the sample, with 15% in the maintenance or green zone, 45% in the refinement or yellow zone, and 39% needing improvement or in the red zone.

These findings are comparable to last year's findings, with a decrease of 9% in consumers needing improvement in this area.

Work. This indicator was applicable if the consumer, at the time of the review, was actively engaged in employment (e.g., competitive, supported, transitional, informal, or volunteer opportunities). This year, this indicator was applicable for 38 consumers in the review sample. Ratings for the work indicator were acceptable for 32% of the consumers to which this indicator applied, a decline from last year's finding of 42%. More consumers were found this year to need improvement, with 24% in the maintenance or green zone, 29% in the refinement or yellow zone, and 47% needing improvement or in the red zone.

Recovery Activities. The recovery activities indicator 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 45 of the consumers included in the review. Findings for recovery activities were acceptable for 42% of the consumers included in the review, with 31% in the maintenance or green zone, 40% in the refinement or yellow zone, and 29% needing improvement or in the red zone. These findings are the same as last year's findings for acceptable ratings and the three-tiered perspective.

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 65% of the review sample had acceptable overall status ratings, with 37% in the maintenance zone, 43% in the refinement zone, and 20% needing improvement.

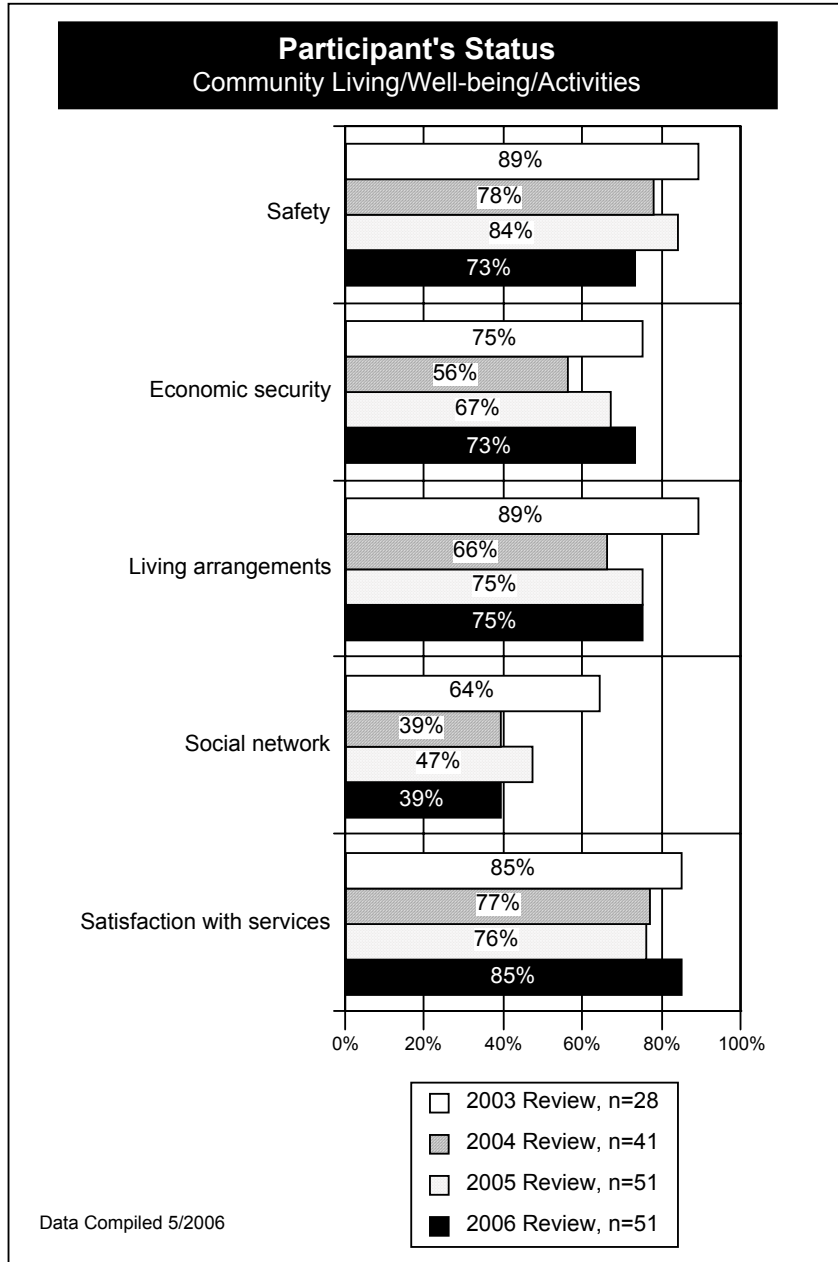
These results are comparable to the 2005 data for consumer status, with a slight increase in the percentage of consumers needing improvement overall.

**Display 16** shows the results of all four reviews for the status of adult consumers. It should be noted that the first year review was not considered to be a representative sample and the data were better than they would have been for a representative sample. The consumer status display shows some variability across domains, but overall status ratings have remained relatively stable. The data reflect that the system is challenged when it comes to moving beyond stabilizing and

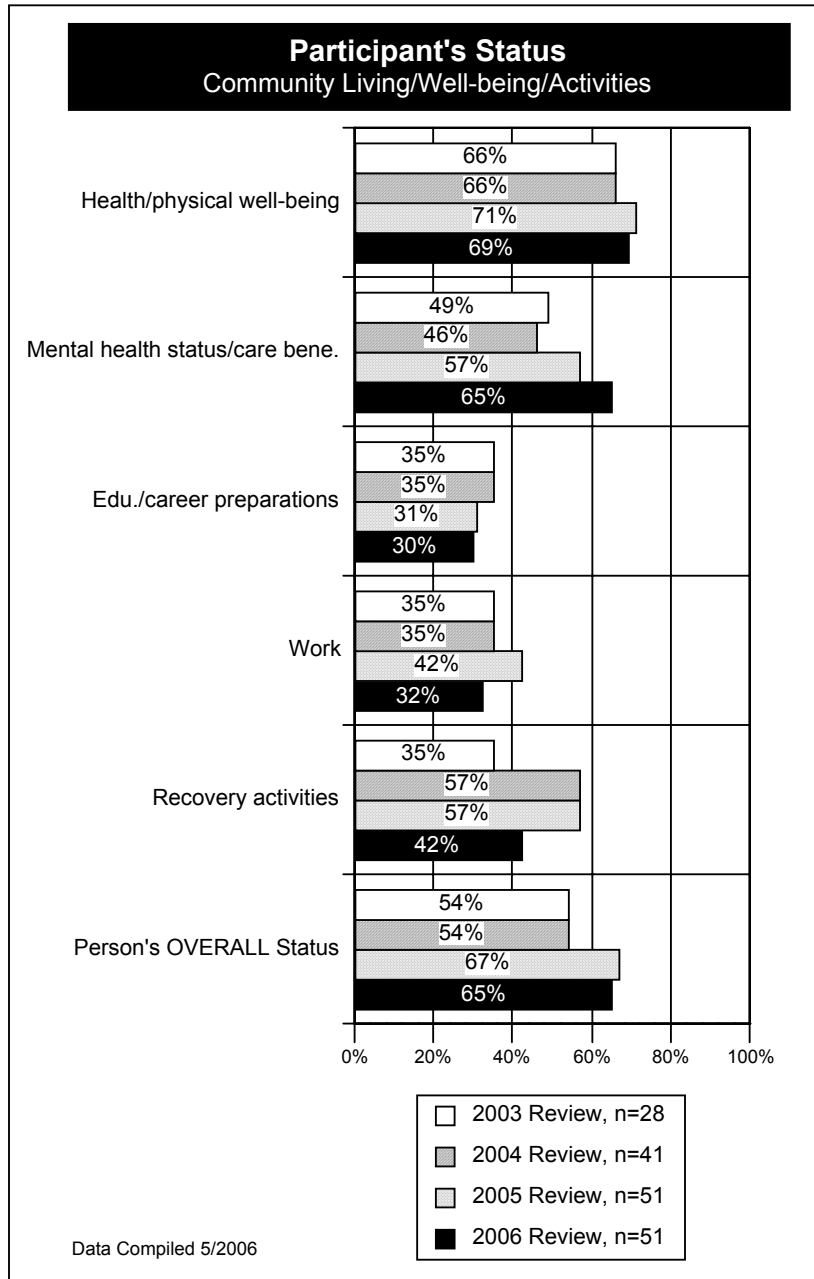


maintaining consumers to actually helping them acquire more independence and abilities to work, socialize, and acquire new skills to achieve less dependence on the mental health system.

**Display 16**  
**Overall Consumer Status Results for All Four Reviews**



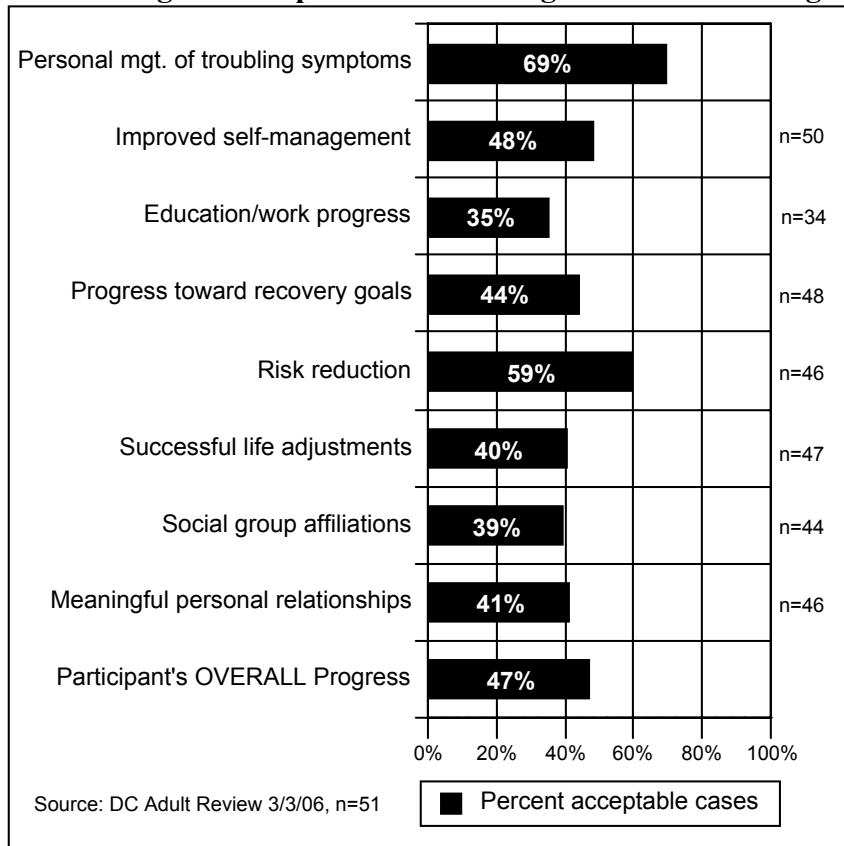
**Display 16 (continued)**  
**Overall Consumer Status Results for All Four Reviews**



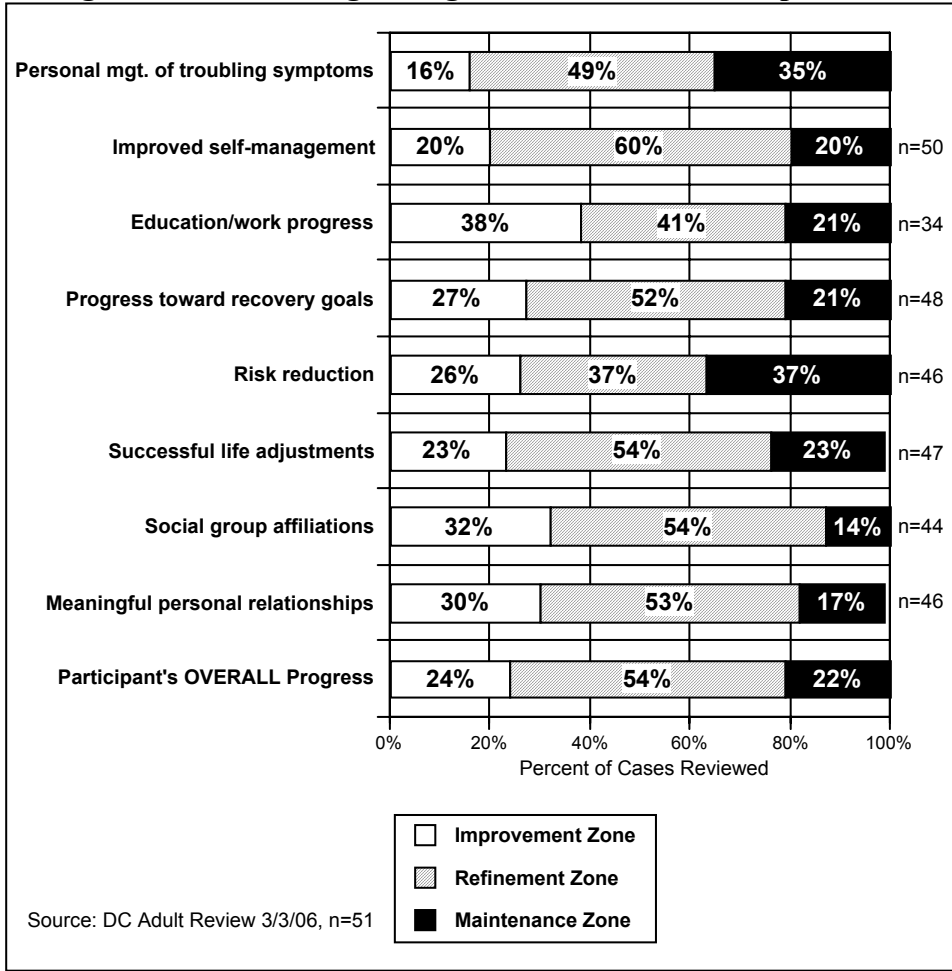
Recent Progress Patterns Showing Change Over Time

The CSR Protocol provided eight indicators that enabled reviewers to examine recent progress for consumers included in the review. Focus is placed on changes occurring over the past six months or since admission if less than six months. Descriptions of these eight indicators can be found in **Appendix A. Display 17** uses a “percent acceptable” format to report the proportion of the sample members for which the item was determined applicable and acceptable. **Display 18** 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 17**  
**Percentage of Acceptable Recent Progress Pattern Ratings**



**Display 18**  
**Recent Progress Pattern Ratings Using the Three-Tiered Interpretive Framework**



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

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 35% in the maintenance or green zone, 49% in the refinement or yellow zone, and 16% needing improvement or in the red zone.

These findings are comparable to the 2005 review findings for this indicator, in which 69% of the consumers were also found to have acceptable status. There were slightly more consumers in the red and green zones and fewer consumers in the yellow zone compared to last year.

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, was 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 2006 review show that 48% of the review sample had acceptable ratings, a decrease of 10% from 2005. Twenty percent of the sample was found to be acceptable and in the maintenance or green zone, 60% in the refinement or yellow zone, and 20% needing improvement or in the red zone. Distribution of findings on the three-tiered perspective are the same as 2005, with only a 1% or 2% difference in each zone.

Education/Work Progress. This indicator applied to those consumers in which achieving educational/work or vocational goals were a component of his/her personal recovery. This indicator applied to 34 or just over 60% of the consumers reviewed. Findings for the education/work progress indicator show that 35% of the consumers for which this indicator was applicable had acceptable status, with 21% in the maintenance or green zone, 41% in the refinement or yellow zone, and 38% needing improvement or in the red zone. These findings have declined from the 2005 findings.

Progress Toward Recovery Goals. This indicator was applicable if recovery was an inherent treatment goal for the consumer in his/her individualized recovery plan (IRP) (e.g., for some consumers, adequate maintenance of symptoms may be the primary goal of the IRP). This indicator was found applicable for 48 consumers in the 2006 review. Findings for progress towards recovery goals indicate that 44% of the review sample had acceptable ratings for this indicator, with 21% in the maintenance or green zone, 52% in the refinement or yellow zone, and 27% needing improvement or in the red zone.

There are slightly fewer acceptable ratings than last year, with a greater percentage of consumers needing refinement in this area than last year (49% acceptable, 28% maintenance, 45% refine, 28% improve).

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. There were 46 consumers for which this indicator was applicable.

Findings for risk reduction were acceptable for 59% of the applicable consumers in the review, an increase of 6% from the 2005 CSR. As compared with 19% in the maintenance or green zone for 2005, 37% were in the green zone this year; 56% in the refinement or yellow zone for 2005 and 37% for 2006; and only 1% difference in the consumers needing improvement or in the red zone compared to last year (25% in 2005; 26% in 2006). There is overall improvement when compared to the 2005 ratings for this indicator.

Successful Life Adjustments. Transitions or life adjustments between changes in settings, service providers, levels of care, and from dependency to personal control are factors for the consumers reviewed. This indicator applied to 47 of the consumers in this year's review of services. Forty percent of the consumers with applicability in this indicator were found to have acceptable status. This is a decrease from 54% acceptable in 2005. The distribution of consumers across the three-tiered perspective is different for the 2006 review with 23% in the maintenance or green zone, compared to 37% in 2005; 54% in the refinement or yellow zone versus 39% last year; and 23% needing improvement or in the red zone, down only 1% from last year's review.

Improved Social Group Affiliation. This indicator applied to 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 was a personal recovery goal, despite possible absence on the IRP, were also included in the review. This indicator was applicable for 44 consumers this year.

Thirty-nine percent of the consumers to which this indicator applied had acceptable status, with 14% in the maintenance or green zone, 54% in the refinement or yellow zone, and 32% needing improvement or in the red zone. This year's ratings distribution for acceptable ratings and in the three zones is a decline from the 2005 findings (26% in the maintenance or green zone, 49% in the refinement or yellow zone, and 26% needing improvement or in the red zone).

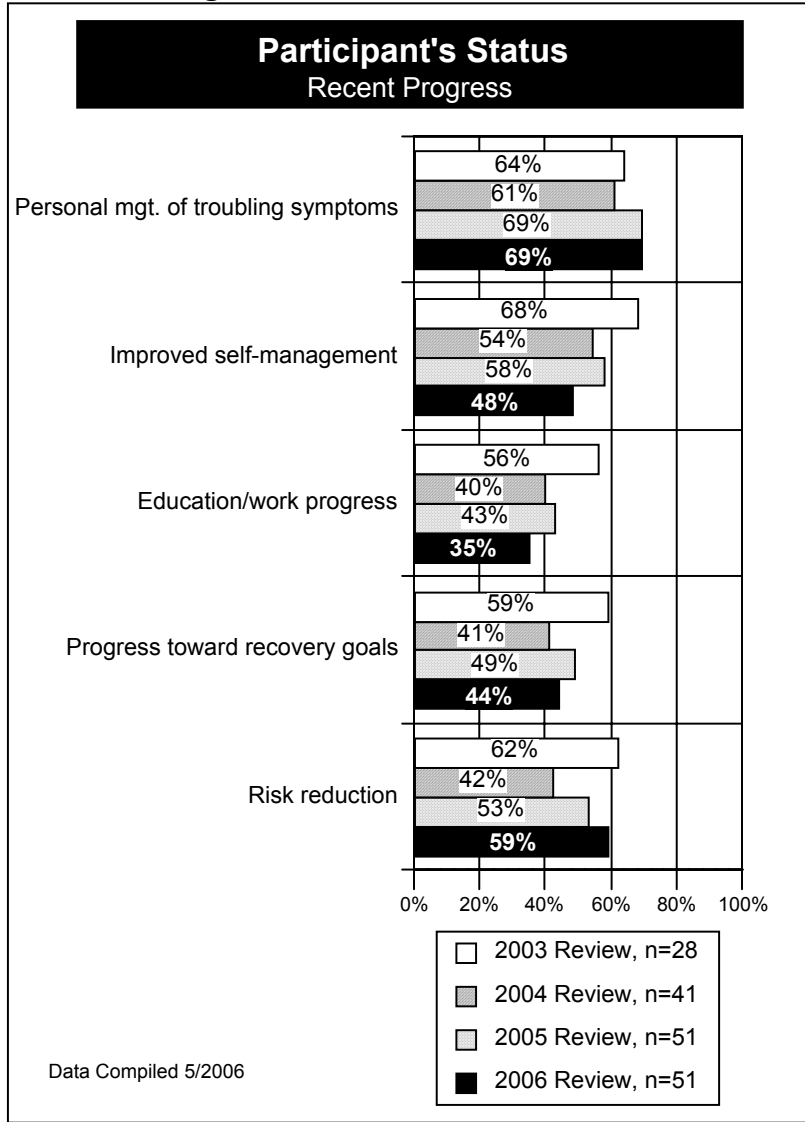
Improved Meaningful Personal Relationships. This indicator applied to those consumers having improvement of meaningful personal relationships with peers, friends, and community members as an IRP or treatment goal and applied to 46 or approximately 94% of the review sample.

Findings this year show a decline in the percentage found acceptable from 55% last year to 41% this year. Seventeen percent were in the maintenance zone compared to 30% in 2005; 53% this year were in the refinement zone compared to 47% last year; and 30% need improvement or were in the red zone this year compared to 23% in 2005.

Overall Progress Pattern. Reviewers provided a holistic rating of overall progress in each case based on progress indicators deemed applicable for each person. The overall progress pattern was acceptable for 47% of the consumers reviewed this year, with 22% in the maintenance zone, 54% in the refinement zone, and 24% needing improvement. These findings were 12% lower in overall acceptable ratings when compared to 2005 data of 59% overall acceptable. However, the three-tiered distribution was similar to the 59% of consumers in the 2005 review, with 29% in the maintenance zone, 51% in the refinement zone, and 20% needing improvement or in the red zone.

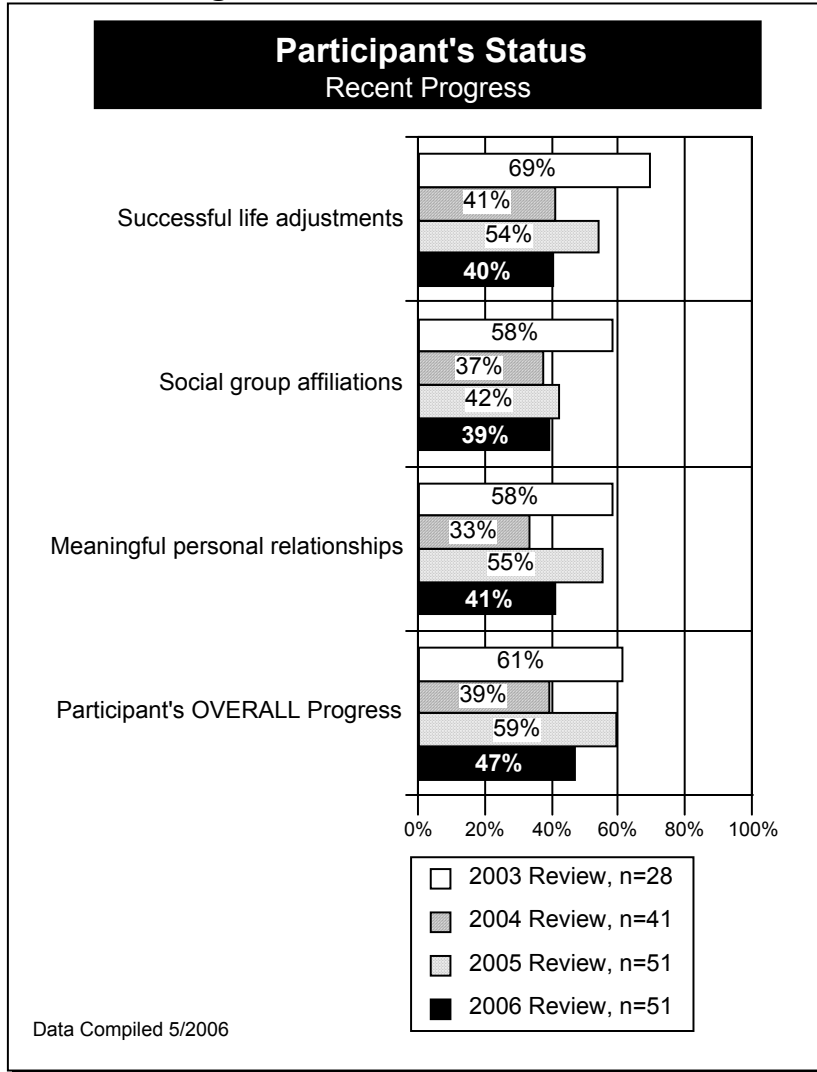
**Display 19** shows the ratings of progress that have resulted from each of the four reviews. The progress ratings also reflect the weaknesses of helping consumers become more independent and less reliant on the mental health system. The strongest area of progress is in the area of management of symptoms.

**Display 19**  
**Overall Progress Pattern Results for All Four Reviews**





**Display 19 (continued)**  
**Overall Progress Pattern Results for All Four Reviews**

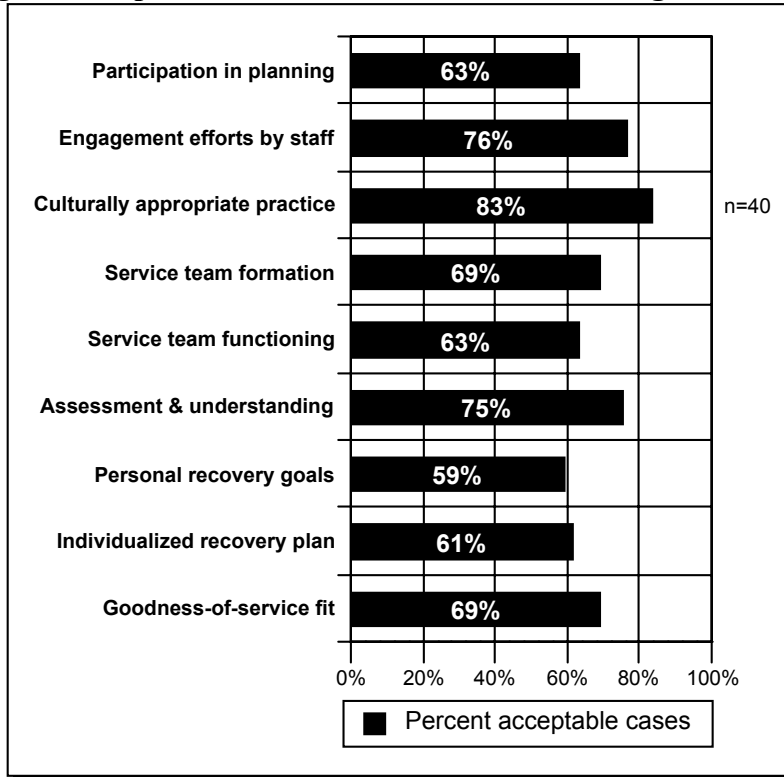


### Consumer-Specific Performance of Practice Functions

The CSR Protocol contained 17 indicators of practice performance that were applied to the service situations observed for consumers in the review sample. See **Appendix A** for specifics about these indicators. For organizational purposes, the 17 indicators were divided into two sets. The first set—“planning treatment,” containing eight indicators—focused on engagement, understanding the situation, setting directions, making plans, and organizing a good mix of services. Findings for these eight indicators are presented in **Displays 20 and 21**. The second set—“providing and managing treatment,” also consisting of eight indicators—focused on resources, implementation, special procedures and supports, service coordination, and tracking and adjustment. Displays 22 and 23 present findings for the second set of indicators.

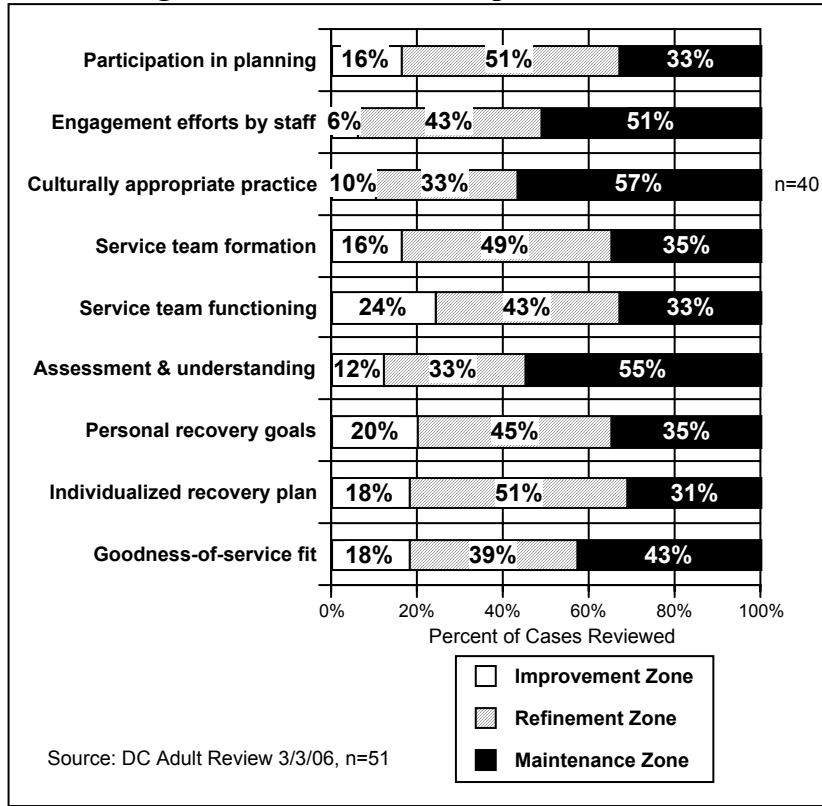
The first set of performance indicators describes important functions and aspects of daily frontline practice. Findings for these indicators are presented in the following two displays and summarized concurrently below.

**Display 20**  
**Percentage of Acceptable Practice Performance: Planning Treatment Ratings**



Source: DC Adult Review 3/3/06, n=51

**Display 21**  
**Practice Performance: Planning Treatment Ratings**  
**Using the Three-Tiered Interpretive Framework**



Engagement/Participation of the Person. Findings for participation in planning were acceptable for 63% of the consumers included in the review, with 33% in the maintenance or green zone, 51% in the refinement or yellow zone, and 16% needing improvement or in the red zone. Although the rate of acceptable practice in this area is similar, distribution across the three-tiered zones is somewhat improved. Data from the 2005 review indicate 33% in the maintenance zone, 39% in the refinement or yellow zone, and 27% needing improvement or in the red zone.

Engagement efforts by staff showed an increase this year, with 76% of the review sample rated acceptable compared to 69% in 2005. Fifty-one percent of the consumers were in the maintenance zone and 43% were in the refinement zone. Data show an increase in percentages in both of these zones compared to 2005 data (49% maintenance, 29% refinement).

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 to 40 consumers in this year's review. Findings for culturally appropriate practice were acceptable for 83% of the consumers included in the review, with 57% in the maintenance or green zone, 33% in the refinement or yellow zone, and 10% needing improvement or in the red zone.

There were slight differences in findings compared to results for this indicator in last year's review, in which 81% of last year's sample had acceptable ratings for this indicator. Additionally, last year's review indicated that 65% of the sample were in the maintenance zone, 31% in the refinement zone, and 4% needing improvement.

Service Team Formation. Service teams are expected to involve the consumer, 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 69% of this year's review sample. This is an increase from the 2005 review, in which 53% of the consumers were rated acceptable. Distribution of ratings among the three zones showed slight improvement, with 35% in the maintenance or green zone (compared to 29% last year), 49% in the refinement or yellow zone (51% in 2005), and 16% compared to 20% last year needing improvement or in the red zone.

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 63% of the consumers reviewed. This rating is up 12% from last year where 51% were found acceptable. Service team functioning was found to be in the maintenance zone for 33% of the cases, in the refinement zone for 43% of the cases, and in the improvement zone for 24% of the cases reviewed.

Assessment and Understanding. Findings for assessment and understanding were acceptable for 75% of the consumers included in the sample, an improvement from the 2005 review, in which 65% were found acceptable. Fifty-five percent were in the maintenance or green zone, 33% in the refinement or yellow zone, and 12% needing improvement or in the red zone.

Personal Recovery Goals. Findings for personal recovery goals were acceptable for 59% of the consumers included in the review, a slight increase from the 2005 review. Thirty-five percent of the sample is in the maintenance or green zone, 45% in the refinement or yellow zone, and 20% needing improvement or in the red zone. There is a 13% increase in consumers in the maintenance zone from last year's review findings.

Individualized Recovery Plan. Findings for individualized recovery plans were acceptable for 61% of the consumers included in the review, with 31% in the maintenance or green zone, 51% in the refinement or yellow zone, and 18% needing improvement or in the red zone.

There was improvement in the findings for IRP when compared to the results from last year's review. In last year's review, 47% of the consumers included in the review had acceptable ratings, with 22% in the maintenance or green zone, 43% in the refinement or yellow zone, and 35% needing improvement or in the red zone.

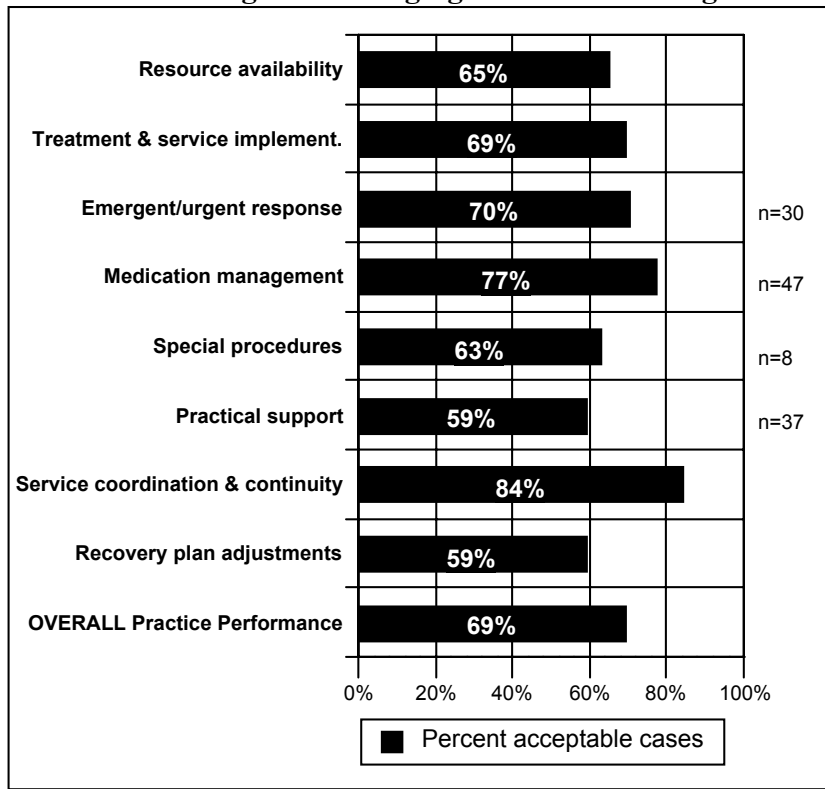
Goodness-of-Service Fit. Findings for goodness-of-service fit were acceptable for 69% of the consumers included in the review. Forty-three percent require maintenance efforts (green zone), 39% require refinement (yellow zone), and 18% need improvement (red zone).

There was improvement in the findings for goodness-of-service fit when compared to the results from last year's review. In the 2005 review, goodness-of-service fit was found to be at least minimally adequate 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.

*Practice Performance: Providing and Managing Treatment*

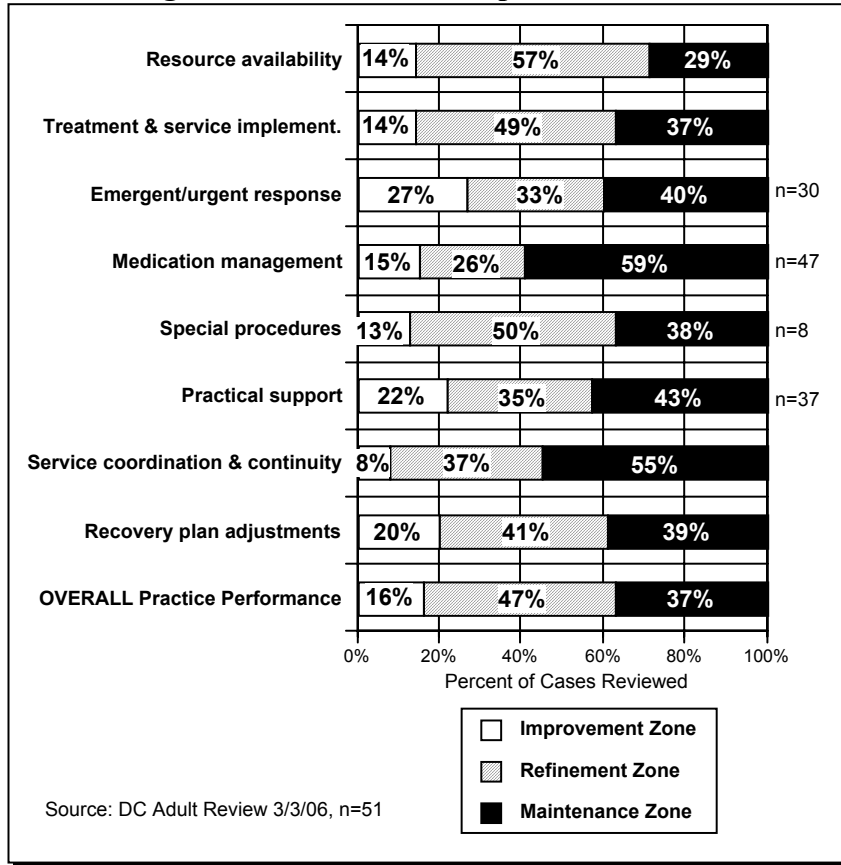
The second set of performance indicators covers important functions related to the provision and management of treatment and support services for consumers. As with the first set of findings, these indicators are presented in **Displays 22 and 23** and summarized concurrently below.

**Display 22**  
**Percentage of Acceptable Practice Performance:**  
**Providing and Managing Treatment Ratings**



Source: DC Adult Review 3/3/06, n=51

**Display 23**  
**Practice Performance: Providing and Managing Treatment Ratings**  
**Using the Three-Tiered Interpretive Framework**



Resource Availability. Findings for resource availability were acceptable for 65% of the consumers in this year’s review, up 6% from the 2005 review. Twenty-nine percent of the consumers reviewed this year were found to be in the maintenance zone, 57% in the refinement zone, and 14% need improvement with resource availability. The three-tiered distribution last year was 25% in the maintenance or green zone, 57% in the refinement or yellow zone, and 18% needing improvement or in the red zone. The findings for this indicator show a slight improvement from the review last year.

Treatment Implementation. Findings for treatment implementation were acceptable for 69% of the sample this year. This is an increase of 20% from the 2005 review. There was improvement also in the three-tiered distribution, with 37% in the maintenance zone, 49% in the refinement zone, and 14% needing improvement. The 2005 review data yielded 49% of the review sample,



with 29% in the maintenance or green zone, 37% in the refinement or yellow zone, and 33% 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. This indicator applied to 30 consumers in the sample this year. Emergency and urgent service provision was acceptable for 70% of the applicable consumers, with 40% in the maintenance zone, 33% in the refinement zone, and 27% in the improvement zone.

There was improvement this year in the percentage of consumers having acceptable emergency and urgent response from their treatment teams. In last year's review, 57% of the sample had acceptable ratings for this indicator, with 30% in the maintenance zone, 57% in the refinement zone, and 13% in the improvement zone.

Medication Management. Forty-seven (92%) of the consumers in the sample were taking psychotropic medications this year. This indicator is applicable to these consumers. Medication management practices were acceptable for 77% of the consumers to which this indicator applied, with 59% in the maintenance zone, 26% in the refinement zone, and 15% needing improvement. This is a slight improvement in the percentage of consumers having acceptable medication management when compared to the 2005 results, in which 70% of the consumers were receiving acceptable services. Additionally, last year's review results had 49% of the consumers in the maintenance zone, 38% in the refinement zone, and 13% 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 eight consumers this year. Of these consumers, 63% had acceptable ratings, with 38% in the maintenance zone, 50% in the refinement zone, and 13% in the improvement zone. These findings are a decline when compared to the 2005 review. Last year, all of the consumers to which this indicator applied 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.

Practical Support. Practical supports consist of the array of in-home and community-based supports provided to the person to assist him or her in achievement of recovery goals. Reviewers examine efficacy of practical supports 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 and applied to 37 consumers in this year's review.

Findings for practical support were acceptable for 59% of the consumers reviewed, up slightly from 55% acceptable in the 2005 review. Forty-three percent this year required maintenance of current practices or were in the green zone compared to 24% in the 2005 review. Likewise, 35% required refinement compared to 39% last year, and 22% needed improvement compared to 36% in 2005.

Service Coordination and Continuity. Service coordination was acceptable for 84% of the consumers reviewed in this year's CSR, of which 55% were in the green zone, 37% in the yellow zone, and 8% in the red zone. This is a slight improvement in practice when compared to 2005 data for this indicator—63% acceptable, 37% in the maintenance zone, 37% in the refinement zone, and 25% needing improvement.

Recovery Plan Adjustments. Findings for recovery plan adjustment were acceptable for 59% of the consumers in the review, up 10% from the 2005 review. Thirty-nine percent were in the maintenance zone, 41% in the refinement zone, and 20% in the improvement zone. This distribution of findings is improved from last year's review, in which 25% were in the maintenance zone, 49% in the refinement zone, and 25% 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

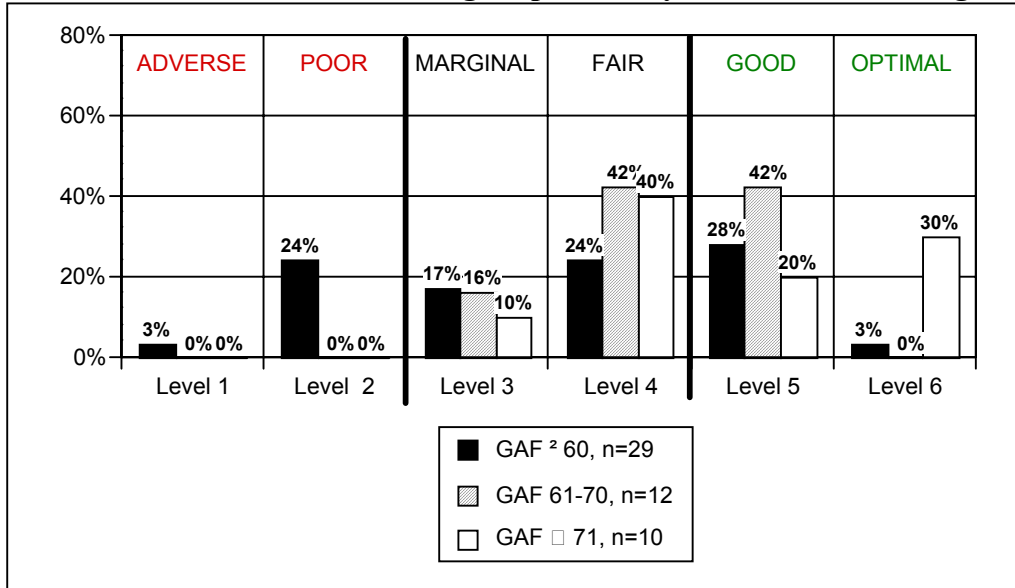
practice performance was rated as acceptable (rating levels 4, 5, and 6) for 69% of consumers, with 37% in the maintenance zone, 47% in the refinement zone, and 16% needing improvement.

This year's overall practice ratings are improved from last year's ratings of 51% overall acceptable, with 27% in the maintenance zone, 45% in the refinement zone, and 27% 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. 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.

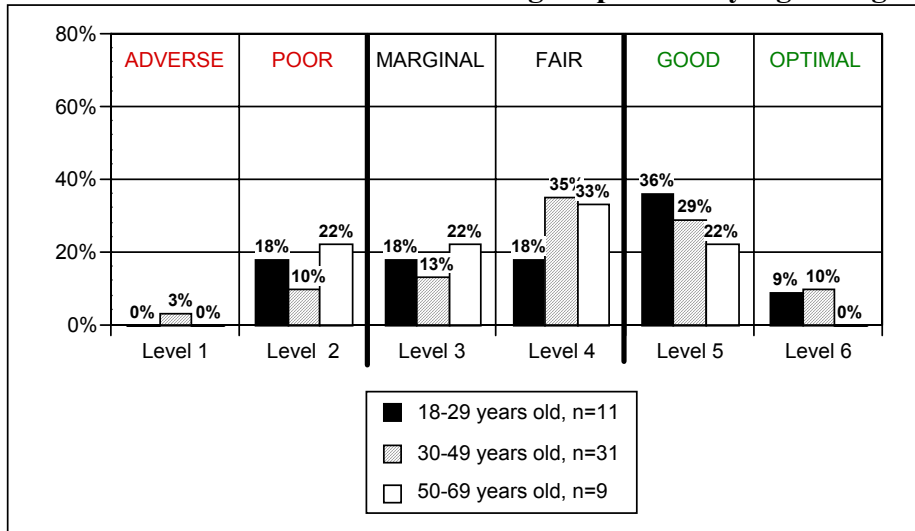
The following two displays provide additional methods of interpreting results from the review. **Display 24** provides the overall practice performance ratings separated by the consumer's general level of functioning. **Display 25** provides the overall practice performance ratings separated by age range.

**Display 24**  
**Overall Practice Performance Ratings Separated by Level of Functioning Range**



Source: DC Adult Review 3/3/06, n=51

**Display 25**  
**Overall Practice Performance Ratings Separated by Age Range**



Source: DC Adult Review 3/3/06, n=51

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 26**, 29 of the 51 consumers (57%) fell into outcome category 1. Outcome 1 is the desired situation for all adults receiving services, in which the consumer is doing well and the service system is responding appropriately to his/her needs. Six consumers or 12% of the sample fell 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. Four consumers (8%) were in outcome category 3, which includes those whose status was favorable but experienced less than acceptable service system performance. Some adults are resilient and may have excellent supports provided by family, friends, or others whose efforts are contributing to the person’s favorable status; however, current service system performance may be limited, inconsistent, or seriously inadequate at this time. Twelve cases or 24% of the sample population fell in review outcome category 4. In Outcome 4, the consumer’s overall status is unacceptable and overall system performance is also unacceptable; this category is the least desirable of the outcome categories.

**Display 26**  
**Case Review Outcome Categories for Consumers in the Review**

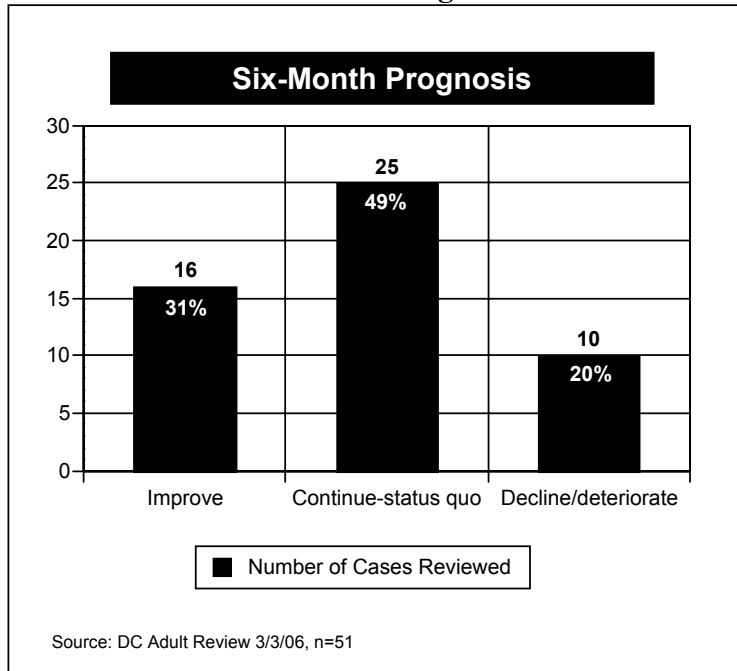
		Favorable Status	Unfavorable Status		
<b>Acceptability of Service System Performance in Individual Cases</b>	Acceptable System Performance	<b>Outcome 1:</b> Good status for the participant, ongoing services acceptable.  <b>57% (29 cases)</b>	<b>Outcome 2:</b> Poor status for the participant, ongoing services minimally acceptable but limited in reach or efficacy.  <b>12% (6 cases)</b>	<b>69%</b>	
	Unacceptable System Performance	<b>Outcome 3:</b> Good status for the participant, ongoing services mixed or unacceptable.  <b>8% (4 cases)</b>	<b>Outcome 4:</b> Poor status for the participant, ongoing services unacceptable.  <b>24% (12 cases)</b>		<b>32%</b>
		<b>65%</b>	<b>36%</b>		

Source: DC Adult Review 3/3/06, n=51

Six-Month Prognosis

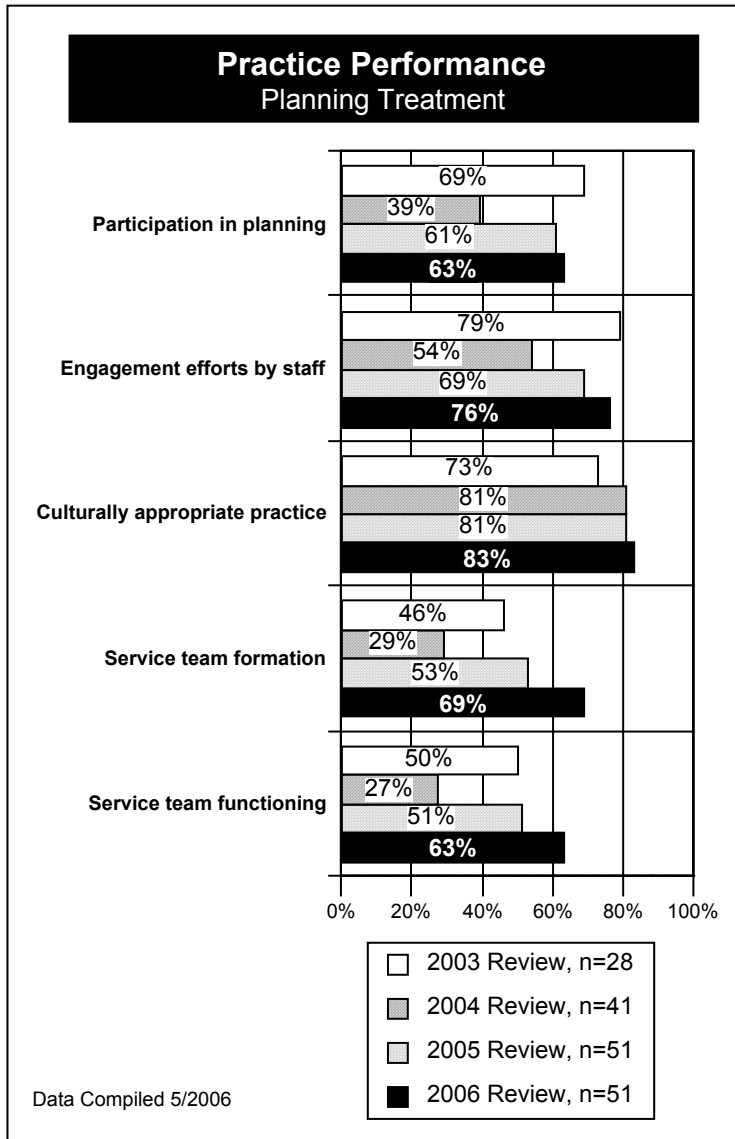
Reviewers provide a six-month prognosis for each member of the sample based on an overall impression of the current status and trajectory of the consumer, how the system is performing for that individual consumer, and any known upcoming transitions or changes. The following display presents the six-month prognosis offered by reviewers for all consumers in the review. This display indicates that almost half of the consumers reviewed were expected to remain as they are currently. Sixteen consumers (31%) are expected to improve in the next six months and ten consumers (20%) are expected to decline or experience deterioration of circumstances over the next six months. This distribution shows improvement when compared to 2005 review data of 20% expected to improve, 57% expected to continue status quo, and 24% expected to decline. This year's review shows that a higher percentage is expected to improve and fewer consumers are expected to decline in the next six months.

**Display 27**  
**Six-Month Prognosis**



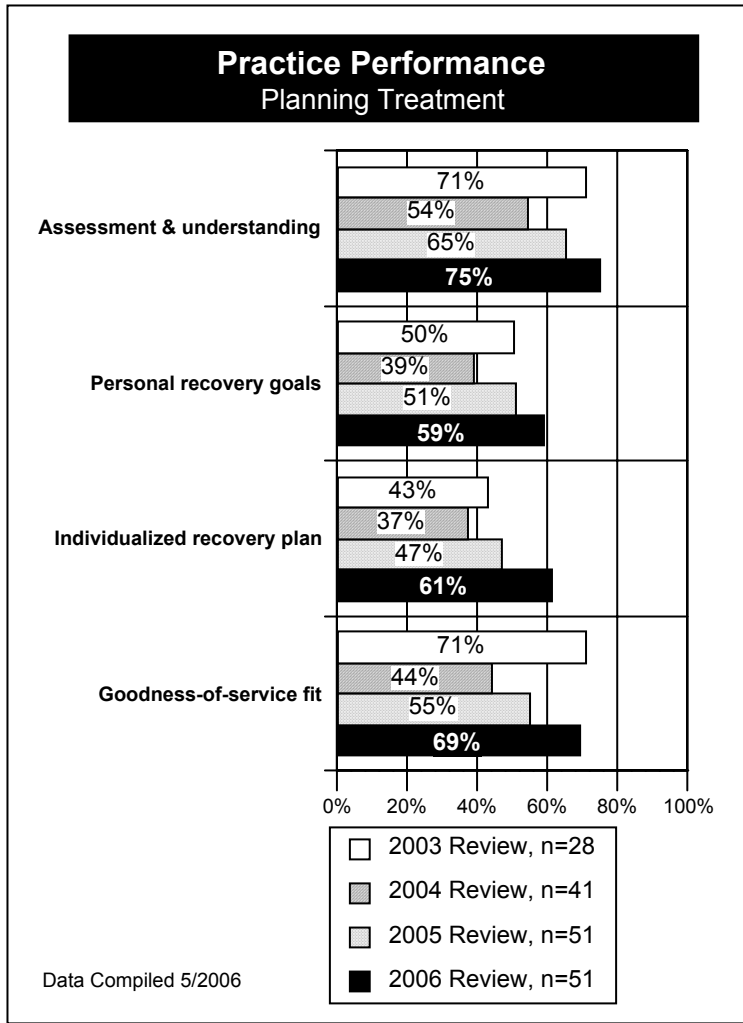
**Display 28** presents the rating results for practice performance over all four years in which reviews have been conducted. Discounting the first year review because of the lack of a representative sample, the data for the last three years show a positive trend in the data. Overall, the system appears to be improving in the ability to practice in accordance with the recovery model. However, it is still only performing consistently for about six out of ten consumers. It is essential that the system achieve organizational stability and fiscal soundness in order to improve the consistency of services to the necessary level of performance.

**Display 28**  
**Overall Consumer Practice Performance Results for All Four Reviews**

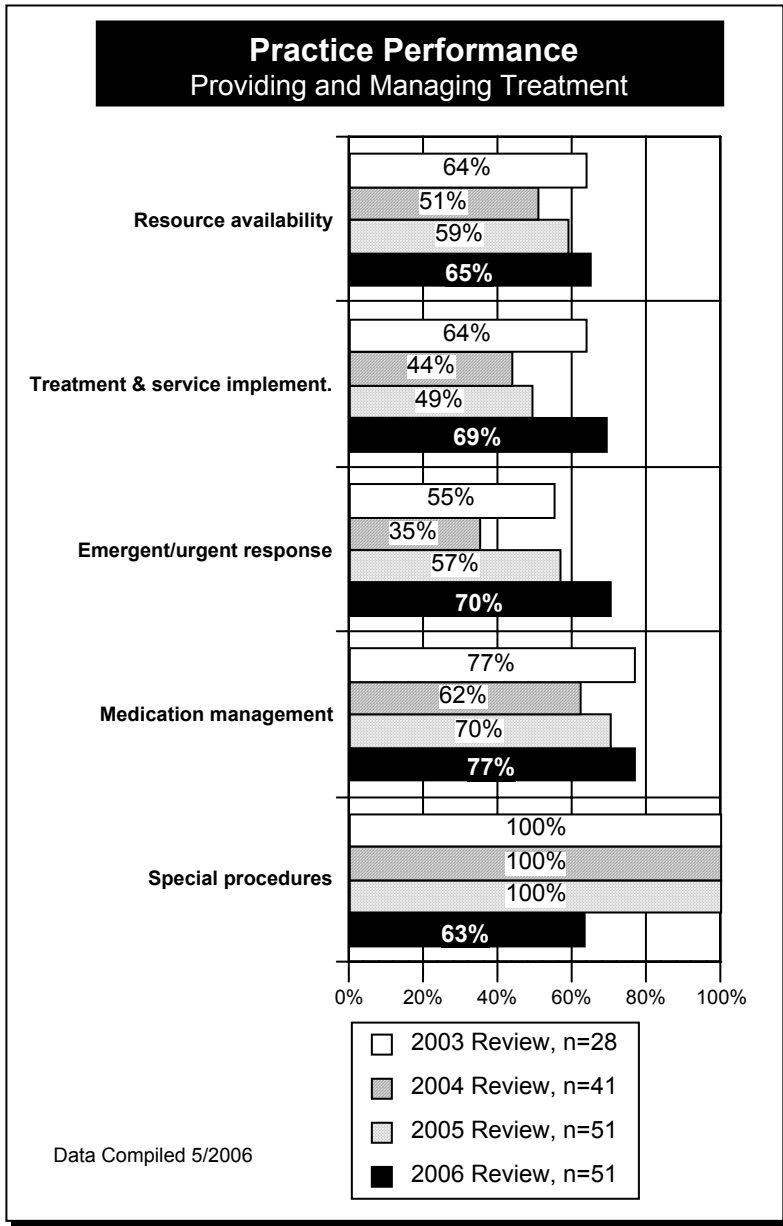




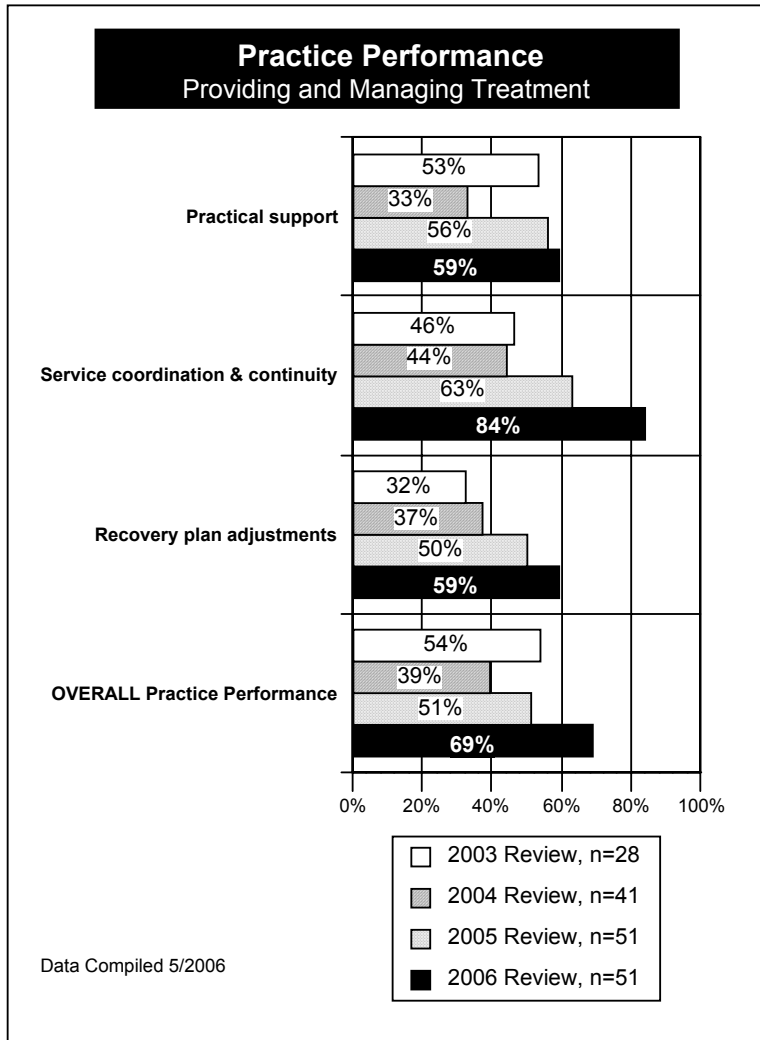
**Display 28 (continued)**  
**Overall Consumer Practice Performance Results for All Four Reviews**



**Display 28 (continued)**  
**Overall Consumer Practice Performance Results for All Four Reviews**



**Display 28 (continued)**  
**Overall Consumer Practice Performance Results for All Four Reviews**



**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 identify individual and systemic themes and patterns. 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

- Many of the cases reviewed displayed skillful case management practice. Reviewers reported a pattern of matching of case managers with consumer need, i.e., ethnicity, common life experiences, skills such as sign language, etc.
- ACT teams were found to be collaborating and working positively with agencies.
- This year, there is an overall improvement in the awareness and use of a recovery model by core service agencies. Reviewers found that many teams were providing very good practice in one focused area of the recovery model, such as economic supports, social networks, or independent skills building.
- 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.
- Case management in general was noted to be more diligent in efforts to see consumers outside of core service agency offices and more accommodating to consumers' schedules by providing services at times that work better for the consumer.
- Reviewers noted several examples of services meeting consumer need.

- One reviewer who has participated in this review process for several years reported seeing improvements in the system overall compared to past reviews.
- Logistical preparation and scheduling activities improved again this year. In general, agencies are more familiar with and more amenable to the review process. There continue to be opportunities for improvement in this area; however, there is a solid working relationship between the Consumer Action Network, the Department of Mental Health, the Court Monitor, and Human Systems and Outcomes, Inc. The foundation between these entities facilitates problem solving, adjustment, and overall improvement with review operations. Scheduling activities were particularly smooth this year with DCCSA and Green Door, although smoother with all agencies in general. This can be attributed in part to joint outreach efforts by CAN and HSO, agency participation in pre-review training, and the overall engagement with core service agencies.

#### Opportunities for Improvement

Although medication management practices improved this year by 7%, reviewers noted a limited knowledge of medication and medication issues by case managers.

- Affordable, safe housing that is located in areas that are safe and away from access to illegal substances was a noted area of concern for consumers reviewed this year.
- As stated earlier, some case managers were found to be providing skilled services. However, case management practice continues to have challenges with knowledge about how to access some services. Additionally, although some case managers and services were matched very well with consumers, there continues to be a narrow perspective and approach to meet the needs of consumers. The system as a whole is lacking creativity in the approach to consumer recovery and providing services to support recovery efforts and maintenance.
- Many reviewers noted that consumers need the next step in recovery efforts. Specifically, once supports are in place and an adult is stable, services and supports have to move past

addressing basic needs to individual needs and recognize the opportunity to develop long-term natural supports.

- Partnership with agencies and services for consumers with developmental disabilities continues to be a challenge for case managers and consumers.
- The system was described as needing to share information regarding the exchange and access of resources, especially regarding vocational rehabilitation, assisted employment, volunteer opportunities, and behavioral and contingency management for the DD/MR population.
- Reviewers noted the importance of an aggressive approach to work development and employment activities for all consumers under age 40.
- Substance abuse continues to be a predominant factor in recovery services for adults with mental health needs. The array and availability of services for consumers needing supports with these challenging issues continues to be a challenge to the service system. There is a limited array of resources that can provide appropriate services for persons with substance abuse and mental health issues.
- Payment issues continue to be a driving force that is impacting practice. Many core service agencies reported that they had not been reimbursed by the Department of Mental Health since October 2005 for services provided. Many times, Medicaid billing and reimbursement requirements do not coincide with a recovery model and do not necessarily allow for creative or individualized services.

### Stakeholder Interviews

The Dixon court monitoring review team facilitated a series of stakeholder interviews and focus groups. A series of focus groups was 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 was also interviewed. One focus group was held with consumers and consumer advocates.

Overall, the input from the stakeholders was consistent with the results of the individual consumer reviews. The providers reported that the past year had been very challenging both in the fiscal area and as a result of growth in workload. Providers are being expected to do more with less. Caseloads for some core service agencies have grown considerably and are over the expected standard.

There are mixed reports regarding the ability to access and use ACT team services. The coordination and communication between the core service agencies and the specialty providers are reported to be challenging, resulting in less effective coordination of services.

The payment and billing issues were the most critical issues and were receiving the priority attention of all providers' leadership. The leadership teams in providers were knowledgeable about what the practice expectations were but acknowledged that the business model, staff turnover, and the difficulty in freeing up staff for training all made performing consistently very difficult.

### **Recommendations**

There is only one recommendation this year. The system will have great difficulty improving consistency until the issues with payments are corrected. It is essential the business model be refined to increase the focus, priority, attention, and support for practice improvement and refinement and less on fiscal instability and service reductions or burden shifting.

### **Conclusions**

The continued growth and development of the service system is apparent 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.

There is improved awareness and understanding of the recovery model and best practices for adult mental health consumers.

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, but they are not done consistently. There continue to be communication barriers between providers and the other practice partners. While the service array is improving, there are still limited opportunities for adequate and appropriate housing. Work opportunities and services for co-occurring conditions, such as substance abuse and developmental disabilities, are limited. Improvement in service delivery is illustrated and supported by the CSR data and the next steps need to be taken to assist consumers to achieve greater independence. The system is encouraged to continue aggressive efforts of ongoing improvement of services and service delivery to consumers.

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.