2008 Report on Adult Service Consumers

Served by the District of Columbia Department of Mental Health

July 2008

Presented to the Dixon Court Monitor

by
Human Systems and Outcomes, Inc.

Table of Contents

2008 Report on Adult Service Consumers

Served by the District of Columbia Department of Mental Health

July 2008

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 review was conducted 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 rating. 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 about 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 rating and 39% having an overall acceptable system performance rating.

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.

Fifty-one consumers were reviewed in the 2006 final sample. Sixty-five percent of the consumers in this review had an overall acceptable status rating and 69% had an overall acceptable system performance rating.

The results for the 2007 adult services review were completed in April 2007 and provided the largest number of consumers reviewed (55), with 69% having an acceptable status rating and the highest overall practice performance rating with 80% showing acceptable practice performance.

2008 Dixon Court Monitoring Adult Services Review

Each year, the design of the sampling process, training of reviewers, supervision of data collection, and analysis of data are 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 litigations. 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 2008 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 of this magnitude.

The 2008 review results brought strong evidence of significant progress in the performance of the system for adult services. There is a greater overall awareness of the recovery model and an increased capacity to provide services and supports within this model. The Department of Mental Health (DMH) has several initiatives this year that illustrate positive movement in the larger system and in supporting Core Service Agencies (CSAs) to provide more comprehensive services in a recovery model approach. The construction of new facilities on the grounds of Saint Elizabeths Hospital, addition of community housing units for consumers, development of mobile crisis outreach capacity, and a fidelity and capacity assessment of assertive community treatment (ACT) teams are a few examples of progress. While progress had been made in providing timely reimbursement payments to providers, there are challenges with new billing procedures and requirements and considerable, ongoing difficulties with staff retention at the CSAs. There are also changes in policy, practice, and billable service descriptions.

Overview of the Adult Review Process

The Court Monitor's review of services for adult consumers is conducted using a qualitative review process. This process yields quantitative data on identified indicators of consumer status and system functioning. The review process is a case-based inquiry of services received by individual consumers. This process is based heavily on the face-to-face interviewing of all service providers and persons involved with an adult consumer. Those interviewed include the person and key team members, such as a case manager, community support worker, therapist, psychiatrist, representative payee, probation officers, child welfare workers, group home workers, supported employment or vocational rehabilitation workers, etc. Others who are prevalent or who provide support to the person are interviewed, as well. This can include family members, caregivers, spouses or significant others, pastor and church members, and adult children of the person. There were 333 people interviewed as part of the CSR this year with an average of 3.8 interviews per case review.

Reviews were completed over a two-week period of time between June 2 and June 13, 2008. Reviews were completed by reviewers who were trained by HSO. Sixty-five scheduled reviews

were conducted by HSO-affiliated personnel and 23 scheduled reviews were completed by DMH staff. Seventy-nine reviews included another person who "shadowed" the trained reviewer. Some of these persons were assigned as part of their training to be lead reviewers and some were assigned as observers of the CSR process. Shadows included a consumer, the Director of DMH, psychology and psychiatry interns, staff from a neighboring Maryland county who are embarking on the CSR process, a representative from the Office of the State Superintendent of Education (OSSE), staff from several CSAs, leadership and top administration from DMH, a community housing partner, and Homeless Outreach and Access HelpLine line personnel and advocates.

There were three major adjustments to the review process this year. The first involves the size of the sample, which was increased from 54 to 88. The Court Monitor and DMH agreed to increase the sample size to further verify the generalizability of the findings due to the 2007 results of acceptable overall practice performance for 80% of consumers reviewed.

A case judge was used to ensure inter-rater reliability between DMH and HSO reviewers. The case judge met with all DMH reviewers following their reviews to provide individual mentoring and support and to assure that reviewers had the information and facts to support their ratings. Reviewers provided a case description and discussed each rating with the case judge. This session was completed for all DMH reviewers and many of the HSO reviewers. Case judging was in addition to the group debriefing sessions with the team leader. Case judging this year was conducted by Dr. Ray Foster of HSO. Group debriefings were conducted by Dr. Ray Foster and Kate Gibbons of HSO.

The issue of providing direct feedback to service providers has been discussed at length over the past few years. The CSAs requested that feedback and recommendations be given for the cases reviewed shortly after a review is completed. Providing feedback on individual cases requires scheduling and logistical preparation, specific training of reviewers, and preparation of staff and CSAs to receive the input. Feedback sessions are a dialogue about the individual practice issues pertaining specifically to the consumer being reviewed. Feedback includes suggestions for next steps and problem solving around barriers and challenges. Feedback sessions do not serve as

employee job performance evaluations or as a directive from the Court Monitor or the Department. Follow-up from DMH occurs in rare instances that require a mandatory report due to safety or threat of harm or as requested by the team leader. Feedback is generally provided to staff and team members working directly with the consumer, and includes supervisors as deemed appropriate by the CSA. For the 2008 review, the Court Monitor and DMH agreed to give feedback sessions a trial run. Feedback was scheduled and given on all cases reviewed (88 cases where a data collection sheet was completed).

It should be noted that two of the adults reviewed this year were young adults who were still involved with the Child and Family Services Agency (CFSA). Review teams for these two adults included a reviewer trained to complete the protocol for CFSA. Data were collected for both CFSA and DMH and feedback was given to both the CSA worker and the CFSA caseworker or designee.

Review Sample Characteristics

The 2008 CSR occurred during the first two weeks of June: June 2-13. A stratified random sample of 96 clients was drawn from the enrolled 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 between July 1 and December 31, 2007. This strategy was adopted 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 HelpLine, 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 CSAs). The structure of the sample selection was updated this year in an attempt to limit the amount of replacements and a possible dissuasion of consumer participation by CSA staff. There was a strong commitment on the part of the monitor, HSO, and CAN to review the original 96

consumers selected for review. Despite this commitment and the hard work of CAN, one-third of the sample was replaced due to attrition. Five homeless consumers were included in the review sample. Review teams that included a Homeless Outreach worker were assigned to review homeless consumers where consent had not been secured. In addition, Homeless Outreach workers were assigned to some of the homeless consumers that had consented to participation.

Schedules were completed for 90 consumers, with 88 consumers reviewed. For two consumers, quantitative data could not be collected as reviewers were not able to gather enough information. Reviewers provided qualitative data on practice implications for these consumers. One consumer was not able to be contacted or located during the review weeks and possibly had not received services in the past three months. One consumer who initially gave consent to participate declined participation during the review (and reviewers were not able to gather enough information from other sources to complete the review protocol).

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 gender and age of the consumer. These survey forms also provided updated contact information for consumers and for other agencies involved, such as representative payees, probation offices, vocational and employment programs, service providers, and family members.

According to the information that was supplied to HSO by DMH, a total of 6062 consumers received at least one service between July 1 and December 31, 2007. Services were provided for these consumers from 33 different provider agencies. These provider agencies differ substantially in the number of consumers they serve. Two-thirds of the consumers are served by three agencies: (1) D.C. Community Services Agency (DCCSA); (2) Community Connections; and (3) Green Door. With the addition of Anchor Mental Health and Washington Hospital Center, 80% are served by five CSAs. The review sample design is such that the final sample reflects the consumer distribution across agencies. Eighty percent of the consumers selected for review were chosen from the five agencies listed above, based on the percentage of the total consumer population served by each agency. The remaining 20% of the sample was chosen

randomly from the next ten largest agencies. Two agencies of these 15 were then not represented as they had closed or merged with another CSA in the past year. The consumers in the sample from these two agencies were reviewed through the agency that they were involved with at the time of the review. Three agencies were added during the replacement process. One agency, Deaf Reach, was reviewed as a secondary agency for a consumer receiving services from two agencies. A total of 16 CSAs were reviewed for the 2008 CSR. **Display 1** illustrates the review sample distribution by agency.

Display 1
Number of Consumers Who Received a Billed Service
Between July 1 and December 31, 2007, According to eCURA

Provider	Total # of Consumers	% of Population	# in Sample	# in Review	% in Review
1. D.C. Community Services Agency	1670	28%	27	26	29%
2. Community Connections	1626	25%	24	22	24%
3. Green Door	933	15%	14	15	17%
4. Anchor Mental Health	384	6%	6	6	7%
5. Washington Hospital Center	356	6%	5	3	3%
6. Life Stride	164	3%	2	2	2%
7. First Home Care	106	2%	2	2	4%
8. Universal Health Care	133	2%	2	2	2%
9. Psychotherapeutic Outreach	121	2%	2	0	0%
10. Pathways to Housing	109	2%	2	2	2%
11. Psychiatric Center Chartered	96	2%	2	2	2%
12. Scruples Corporation	81	2%	2	2	2%
13. McClendon Center	67	1%	2	2	2%
14. Family Preservation	59	1%	2	2	0%
15. Woodley House	56	1%	2	0	0%
16. CARECO	54	1%	0	0	0%
17. CPEP	34	0%	0	0	0%
18. Unity	24	.25%	0	0	0%
19. Neighbor's Consejo	17	.25%	0	0	0%
20. Kidd International	16	.2%	0	1	1%
21. Mary's Center	14	.1%	0	0	0%
22. Finhankra	13	.1%	0	0	0%
23. Deaf REACH	12	.1%	0	0	0%
24. PSI	12	.1%	0	0	0%
25. Volunteers of America	10	.1%	0	1	0%
26. Affordable Behavioral Consultant	8	0%	0	0	0%
27. PIW	6	0%	0	0	0%
28. Latin American Youth	5	0%	0	0	0%
29. MDDC Family Resources	5	0%	0	0	0%
30. Center for Therapeutic Concepts	4	0%	0	0	0%
31. George Washington UL	3	0%	0	0	0%
32. SAGA	2	0%	0	0	0%
33. Youth Villages	2	0%	0	0	0%
Totals	6062	100.15%	96	90	99%

Stratified Random Sample

The final sample of 96 was chosen from a double sampling of consumers. The final sample differs from the review sample due to sample attrition (i.e., consumer refusal to participate). When possible, if a consumer in the final sample declines participation, the next consumer from the same agency, age group, and gender is chosen. Selection for inclusion in the review was

completed proportionally according to age range (e.g., the 30-49 and 50-69 age ranges had the largest number of consumers receiving services, and subsequently, these age ranges had the largest number of consumers included in the sampling frame).

Description of the Consumers in the Review

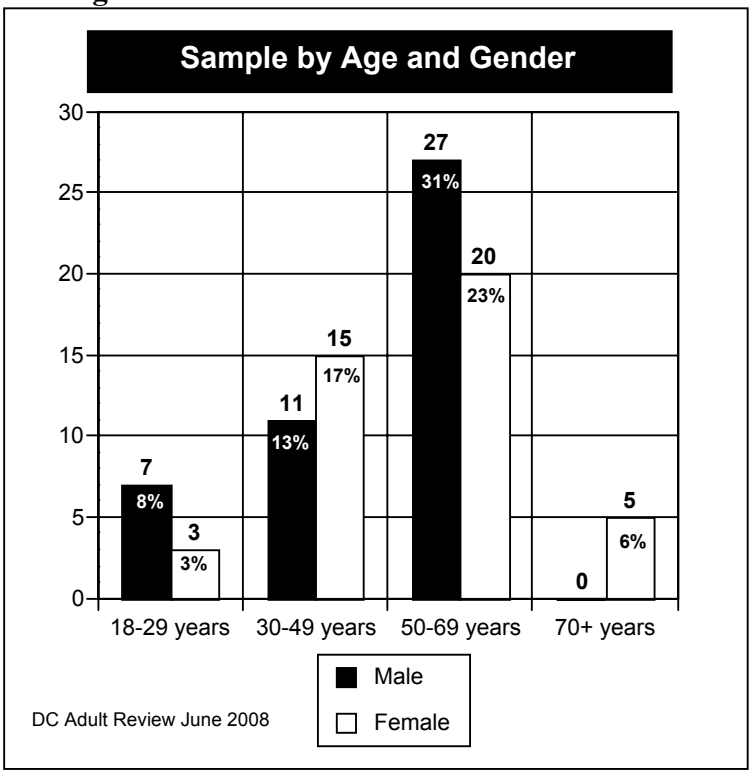
A total of 88 reviews were completed during June 2008. The reviews were completed over a two-week timeframe with 65 completed by external reviewers and 23 completed by trained DMH staff. Presented in this section are displays that detail the characteristics of this year's consumers.

Age and Gender

Consumers receiving a billed-for service between July 1 and December 31, 2007, according to the eCURA data system, were stratified by age range, with consideration to gender. **Display 2** illustrates the distribution of consumers reviewed by age and gender.

The review sample consisted of both male and female consumers across the identified age ranges. **Displays 2 and 3** show the review sample of 88 consumers distributed by age and gender. There were nearly equal numbers of females (43) and males (45) included in this year's review. The majority of the case reviews completed were in the 50-69 age range with 54% of the review sample in this age range. This range included the largest number of males (27 or 31% of the review sample), as well.

Display 2
Age and Gender of Consumers in the Review



Display 3
Distribution of Population, Initial Sample, and Review Sample by Age Range

Age Range	% in Population	% in Sample	% in Review
18-29	13%	11%	11%
30-49	46%	41%	30%
50-69	38%	43%	54%
70+	3%	5%	6%
Total	100%	100%	100%

There is a disproportionate representation in the 50-69 year age range due to sampling attrition and replacements. When a consumer declines participation, cannot be located, has moved out of the District, or is no longer receiving services, for example, a replacement is made. The replacement name that is chosen ideally matches in age, gender, and CSA affiliation. Consumers are first matched based on the CSA, then age and gender. Many times, replacement names do not match the gender and age due to prioritizing agency affiliation.

Ethnicity

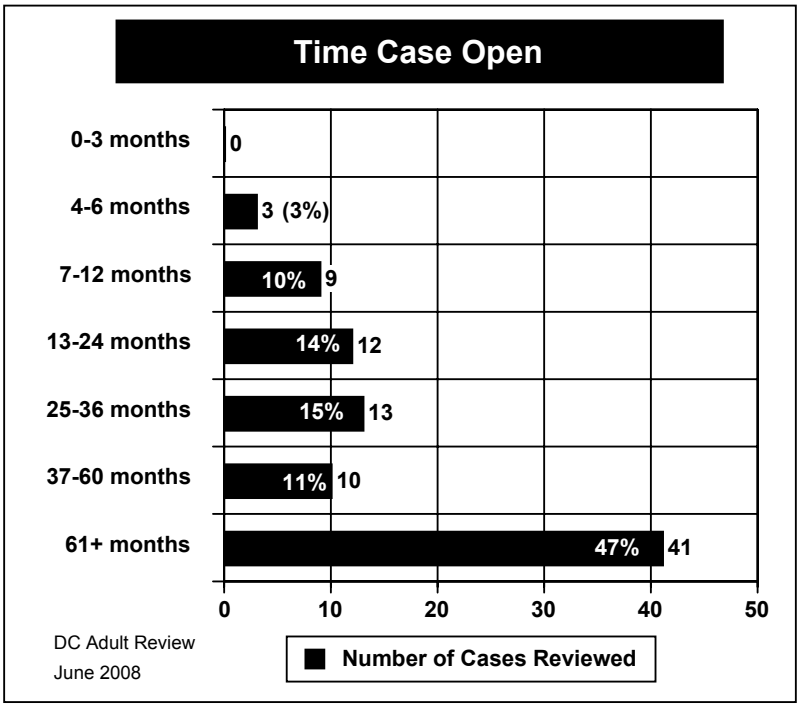
As stated earlier, the review sample is stratified by CSA and then by age and gender. The sample is not, however, stratified by ethnicity, although data on consumer ethnicity are collected by reviewers. As illustrated in **Display 4** below, African-American consumers made up 88% of the consumers reviewed.

Display 4
Distribution of Consumers by Ethnicity

Ethnicity	Number	Percentage
Euro-American	6	7%
African-American	77	88%
Latino-American	4	5%
Asian-American	1	1%

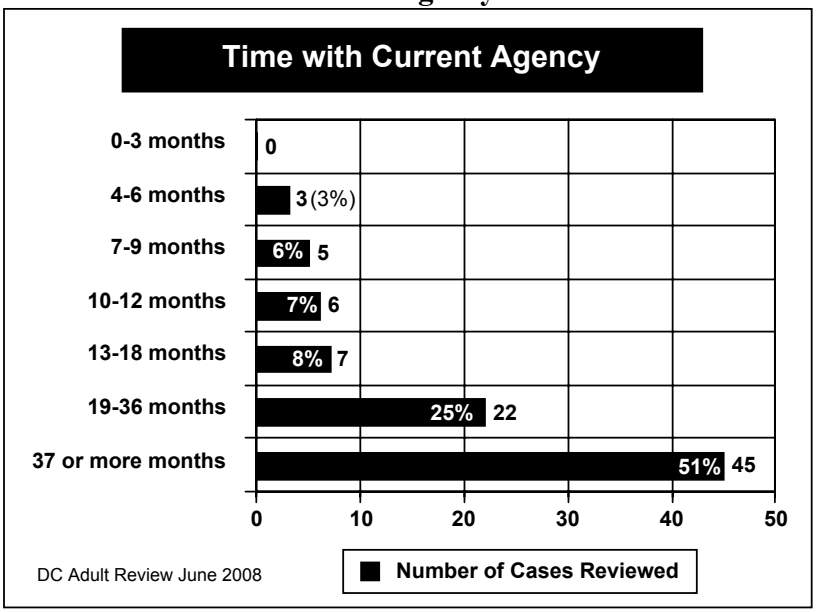
The following display shows the length of time the 88 consumers included in the review have been receiving services since their most recent intake for services. As illustrated in **Display 5**, 47% have been receiving services for longer than 61 months. These data are similar to the 2007 review where 42% of the consumers had been receiving services for the same amount of time.

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



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. The data are similar to 2007 in that again, 51% of the consumers have been receiving services from the current CSA for 37 or more months. There are 10% more consumers in the 19-36 month range when compared to 2007.

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

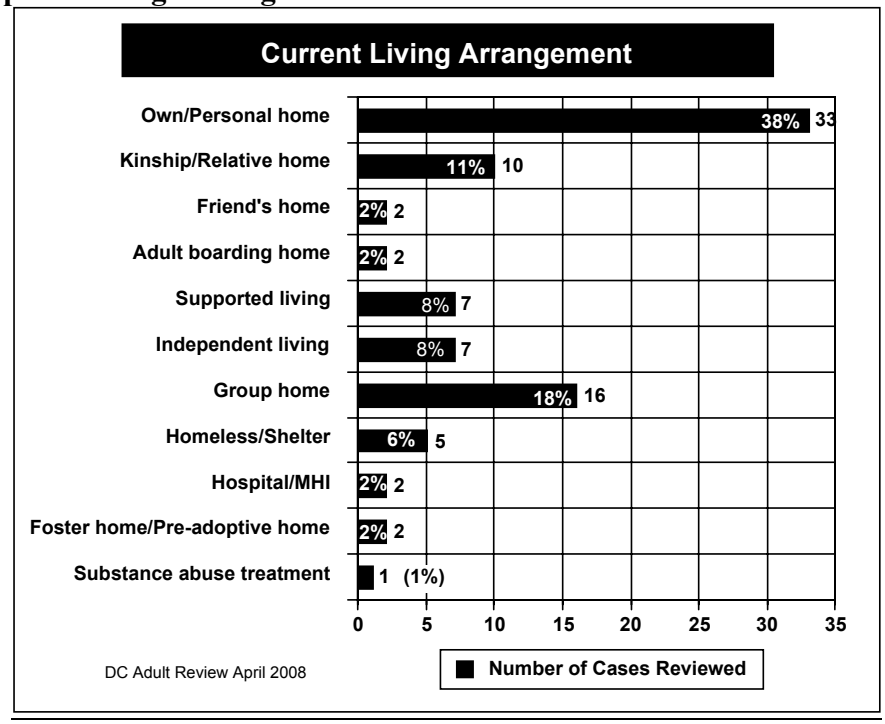


Living Setting

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. Thirty-eight percent of the reviewed consumers were living in their own homes, either alone or with their immediate family members (spouse, children, and possible extended family members). This is a 14% increase from the 2007 review. Consumers living in a group home setting made up 18% of those reviewed, also an increase from 2007, by 5%. An additional ten consumers (11%) were living with relatives or other kin. Seven (8%) were living in an independent living situation and seven in a supported living arrangement. Five consumers (6%) were homeless or living in a shelter, and

two (2%) were living in or hospitalized during the review and were receiving services from a CSA.

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

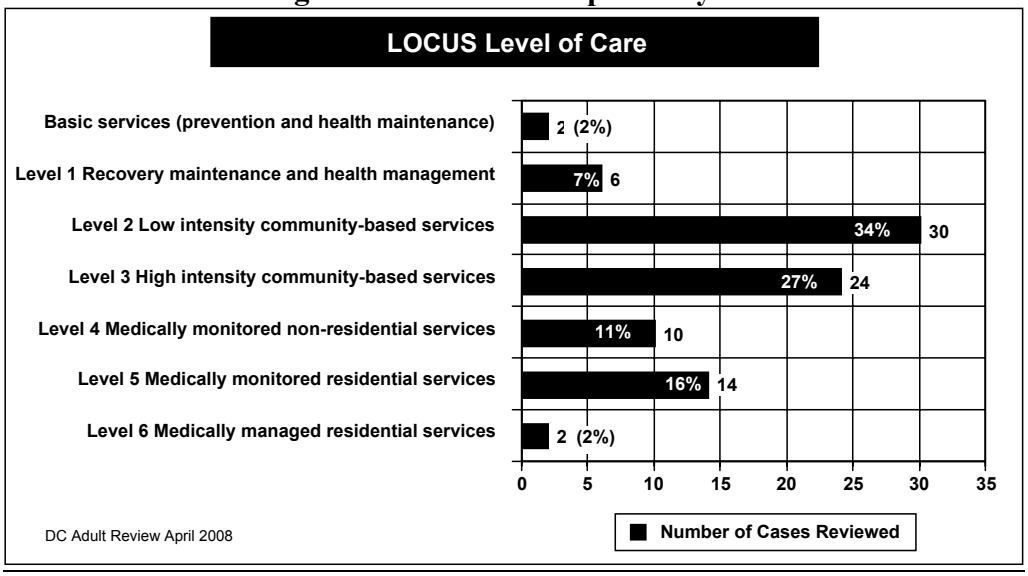


Level of Care Provided

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.

Forty-three percent of the consumers reviewed were Level 2 or lower (low-intensity community-based services, recovery maintenance, basic services). Twenty-seven percent required Level 3-high intensity community-based services and the remaining 29% required higher levels of care (medically monitored secure/non-secure; medically managed). There is a 16% increase in the number of consumers falling into the latter category from the 2007 review, indicating a higher level of need in the consumers reviewed this year. **Display 8** 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



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 a review of the status of the consumer during the 30 days prior to the review.

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.

Display 9 shows the reviewers' judgment of the consumers' level of functioning according to the scale in the protocol. Seven consumers (8% of the review sample) had no more than slight impairment in functioning. Twenty consumers (23% of the review sample) had difficulty functioning in one area and 61 consumers (69%) had difficulty functioning in several areas, with some having moderate to major impairment in level of functioning. These data are comparable to the 2007 data in which 69% of the consumers reviewed were found to have difficulty in multiple areas.

Display 9
General Level of Functioning for Consumers in the Review

CSR General Level of Functioning	Number of Consumers in the Review	Percentage of Review Sample
No more than slight impairment (> 71)	7	8%
Difficulty in one area (61-70)	20	23%
Difficulty in multiple areas (<60)	61	69%
Totals	88	100%

For comparative purposes, **Display 10** indicates the general level of functioning separated by the age ranges of the consumers in the review. The 50-69 age range has the most difficulties with 33 consumers having difficulty in multiple areas. In addition, this age range has the highest number of consumers in the review.

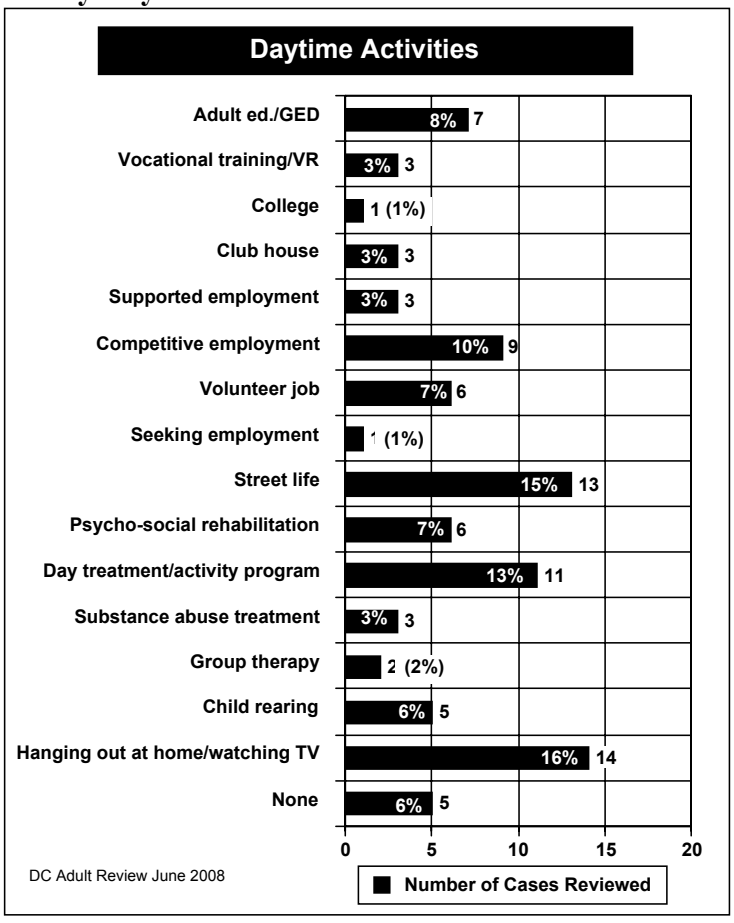
Display 10
General Level of Functioning for Consumers in the Review by Age Range

Age Ranges	No More Than Slight Impairment (≥71)	Difficulty in One Area (61-70)	Difficulty in Multiple Areas (≤60)	Totals
18-29	2	0	8	10
30-49	2	9	15	26
50-69	3	11	33	47
>70	0	0	5	5
Totals	7	20	61	88

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. Thirty-three percent were involved in some type of education or vocational activity (GED; vocational training; supported, competitive, or part-time employment), a slight increase of 5% from last year. Twenty-eight percent were participating in treatment activities, such as clubhouses, group therapy, day treatment, or psycho-social rehabilitation, a 20% decrease from 2007. Three percent of the consumers were in substance abuse related treatment activities. The remaining consumers spent the day in street life, in child rearing, or in unstructured activities at home.

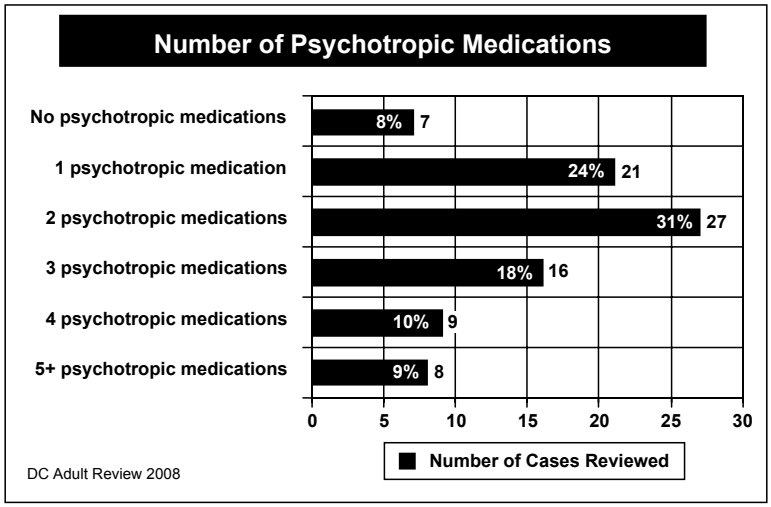
Display 11
Primary Daytime Activities for Consumers in the Review



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. Seven consumers were not taking any medications. Just over half of the consumers taking medications (55%) were prescribed two or less psychiatric medications. Similar to the data in the 2007 review, 68% were taking or were prescribed two or more psychotropic medications.

Display 12
Number of Psychotropic Medications Taken by Consumers at the Time of the Review

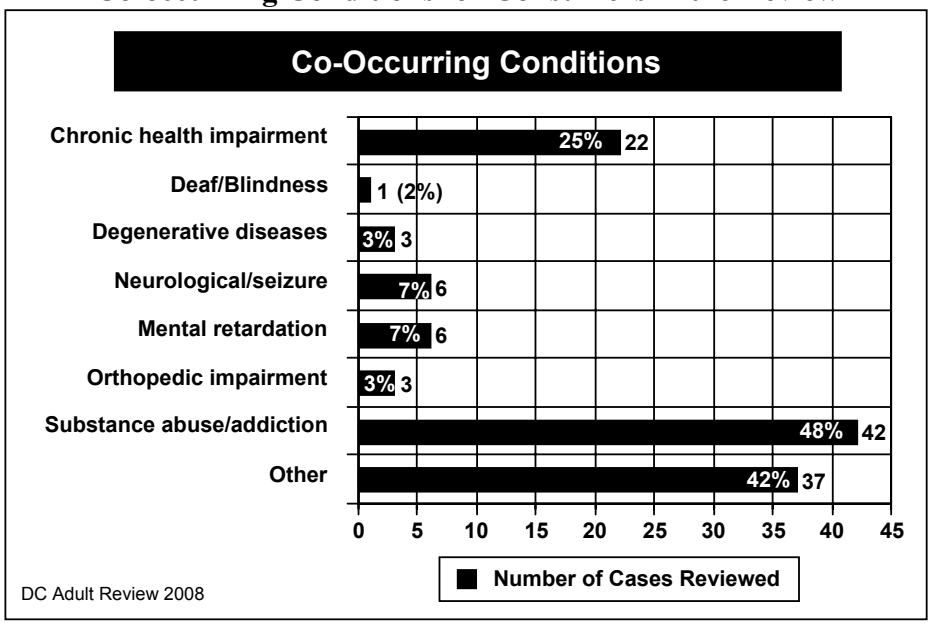


Co-occurring Conditions

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. **Display 13** 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 42 or 48% of the consumers reviewed. This is a similar finding to the 2007 review in which 47% of the consumers had substance abuse issues. The next highest co-occurring condition was other, which is a miscellaneous category that this year further describes the types of chronic health conditions

experienced by consumers. Seventeen consumers were noted as having diabetes, 15 as having hypertension, six with asthma, and three with HIV. Twenty-five percent of the consumers reviewed this year were noted in the chronic health category, which has crossover in the other category (consumers can fall into several areas simultaneously), and six consumers had mental retardation.

Display 13
Co-occurring Conditions for Consumers in the Review



Quantitative Case Review Findings

Overview of the Case Review Process

Reviews completed for all 88 consumers during the June 2008 review used 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, as well. Both the three-tiered action zone and the acceptable vs. unacceptable interpretive frameworks will be used for the following presentations of aggregate data.

Interviews

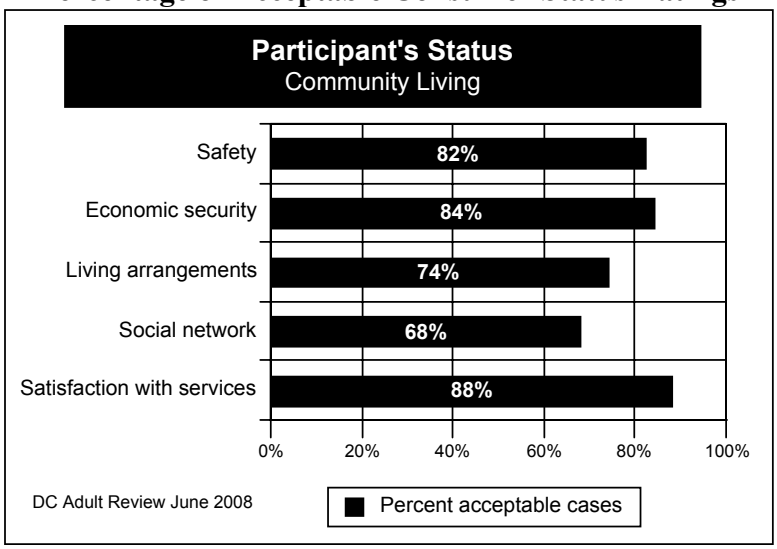
Review activities in each case included a review of plans and records as well as interviews with the consumer, any relevant caregiver, and others involved in providing services and supports. A total of 333 people were interviewed for the 88 consumers in this year's review. The number of interviews ranged from two to eight persons, with a 3.8 average number of interviews per consumer reviewed.

Consumer Status Results

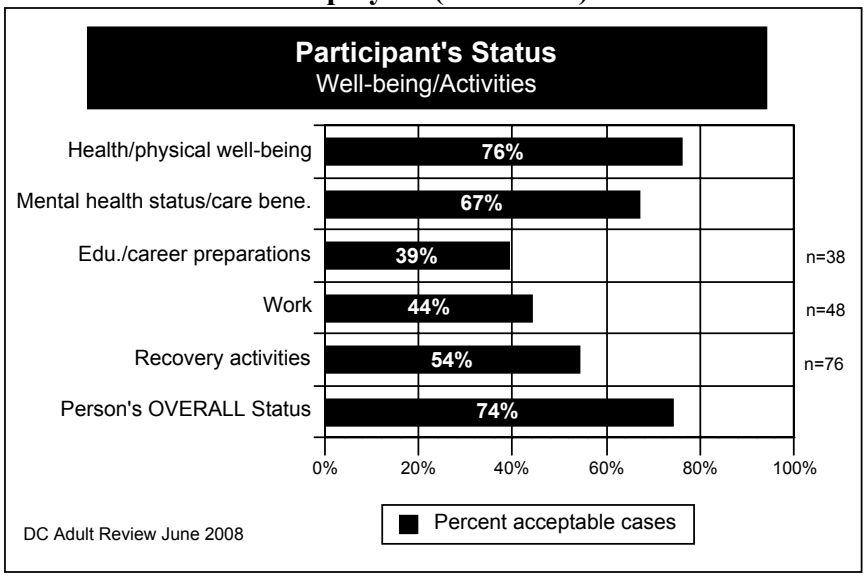
There are ten indicators identified to measure and describe the current status of a consumer. A detailed description of these ten indicators is attached to this report as **Appendix A**. The

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.

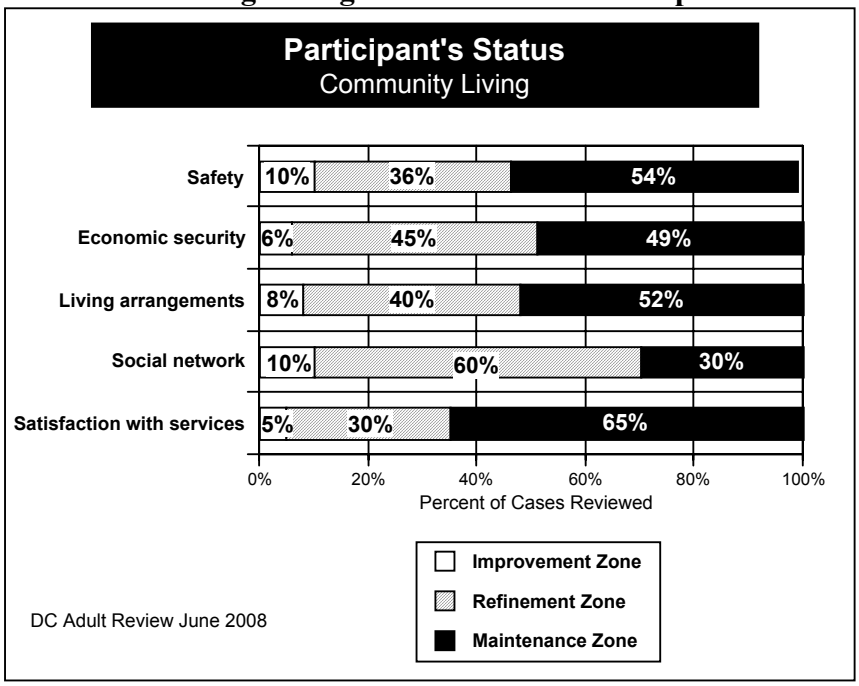
Display 14
Percentage of Acceptable Consumer Status Ratings



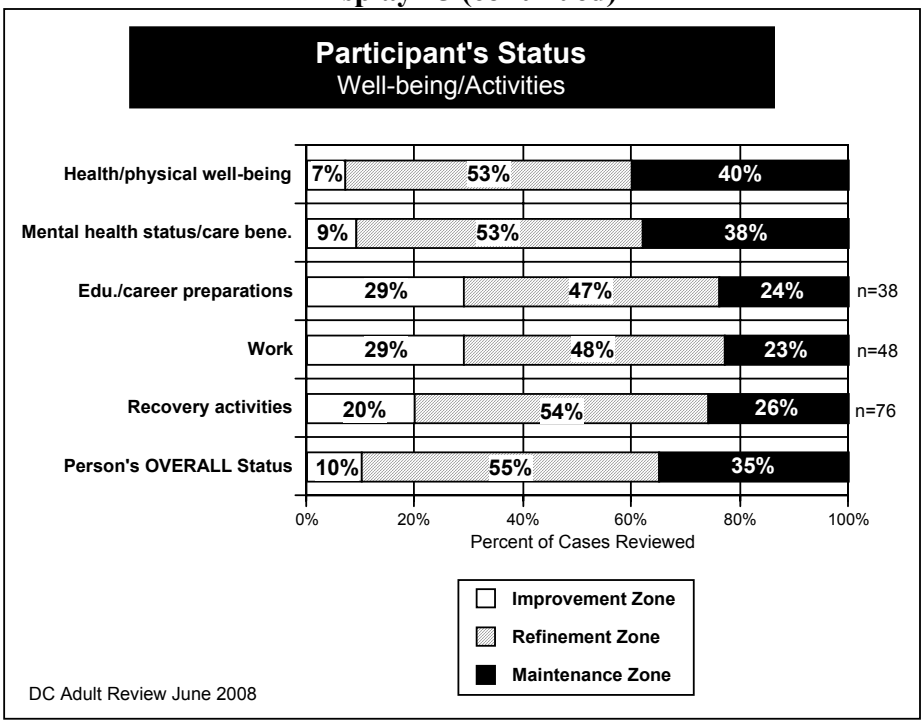
Display 14 (continued)



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



Display 15 (continued)



Overall Consumer Status. The protocol provides a scoring rubric for combining rating values across the items deemed applicable to the consumer being reviewed to produce an "overall consumer status rating." Indicators are weighted accordingly, with the safety indicator being a "trump" indicator (if safety is rated a 3 or lower, in the unacceptable zone, the overall consumer status rating is in the unacceptable zone).

The overall consumer status rating was acceptable for 74% of the adults in the review in June 2008. Two-thirds of the adults reviewed were found to have at least fair or minimally acceptable status, a 5% increase from 2007.

Five indicator areas stand out as strengths for the consumers reviewed this year: safety, economic security, living arrangements, satisfaction, and physical health/well-being.

Safety. Eighty-two percent of the consumers in this year's review were safe from imminent risk of physical harm in their daily environment (82% acceptable), with just over half (54%) in the maintenance zone and 36% in the refinement zone. Although the percentage of consumers with acceptable safety is the same as 2007, there is a higher percentage in the maintenance 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 84% of the review sample, up 6% from last year and 11% from 2006. Half of the review sample (49%) was in the maintenance or green zone, 45% in the refinement or yellow zone, and 6% were needing improvement or in the red zone.

Living Arrangements. Seventy-four percent of the consumers this year were found to be living in an appropriate living arrangement. Using the three-tiered interpretive framework, 52% of the review sample was in the maintenance or green zone, 40% in the refinement or yellow zone, and 8% in the improvement or red zone. The overall acceptable percentages are slightly lower than

found in the 2007 review (decrease of 4%); however, there is a slight increase of 5% that fall in the maintenance zone.

Satisfaction with Services. Consumers continue to be highly satisfied with the services and supports they are receiving. The satisfaction with services indicator was the strongest consumer status indicator again this year, with 88% of the consumers reviewed having acceptable satisfaction, 65% of which were in the maintenance zone.

Physical Health and Well-being. The area of physical health and well-being was examined more closely this year. Reviewers were asked to list the health conditions for each consumer with an unacceptable rating for this indicator. As noted earlier, 17 consumers were noted as having diabetes, 15 as having hypertension, six with asthma, and three with HIV. Seventy-six percent of the consumers were found to have acceptable health status, with 40% in the maintenance zone, 53% needing refinement, and 7% needing immediate intervention.

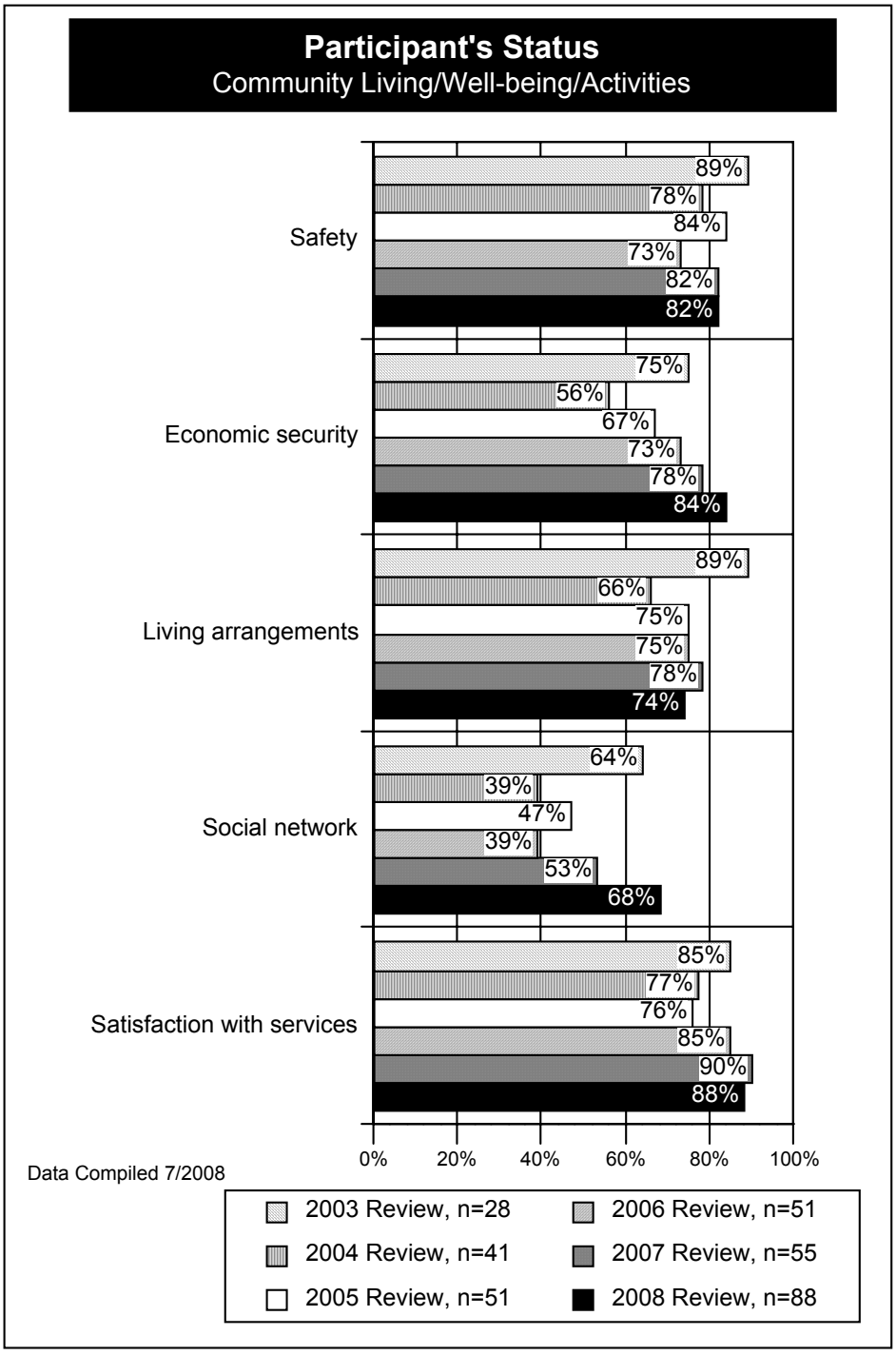
Mental Health Status. Findings for mental health status were acceptable for 67% of the consumers included in the review, a 7% increase from the 2007 findings. Just over half of the consumers (53%) were in the refinement zone. There was a shift in the percentage of consumers in the maintenance and improvement zones, with 38% in the maintenance zone (an 11% increase from 2007) and 9% in the improvement zone (a decrease of 4%).

Education/Career Preparation and Work Activities. These indicators address the areas of employment, education, career preparation, and job readiness. These indicators 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 was actively engaged in employment (e.g., competitive, supported, transitional, informal, or volunteer opportunities). These indicators also applied if the consumer desired to have educational/vocation preparation or a job or employment-related activities but was not being provided these services or access to supports. The education/career preparation indicator was applicable for 38 consumers this year and was acceptable for 39% of the consumers to which it applied (an 11% decrease from 2007), with nearly half (48%) needing refinement in this area.

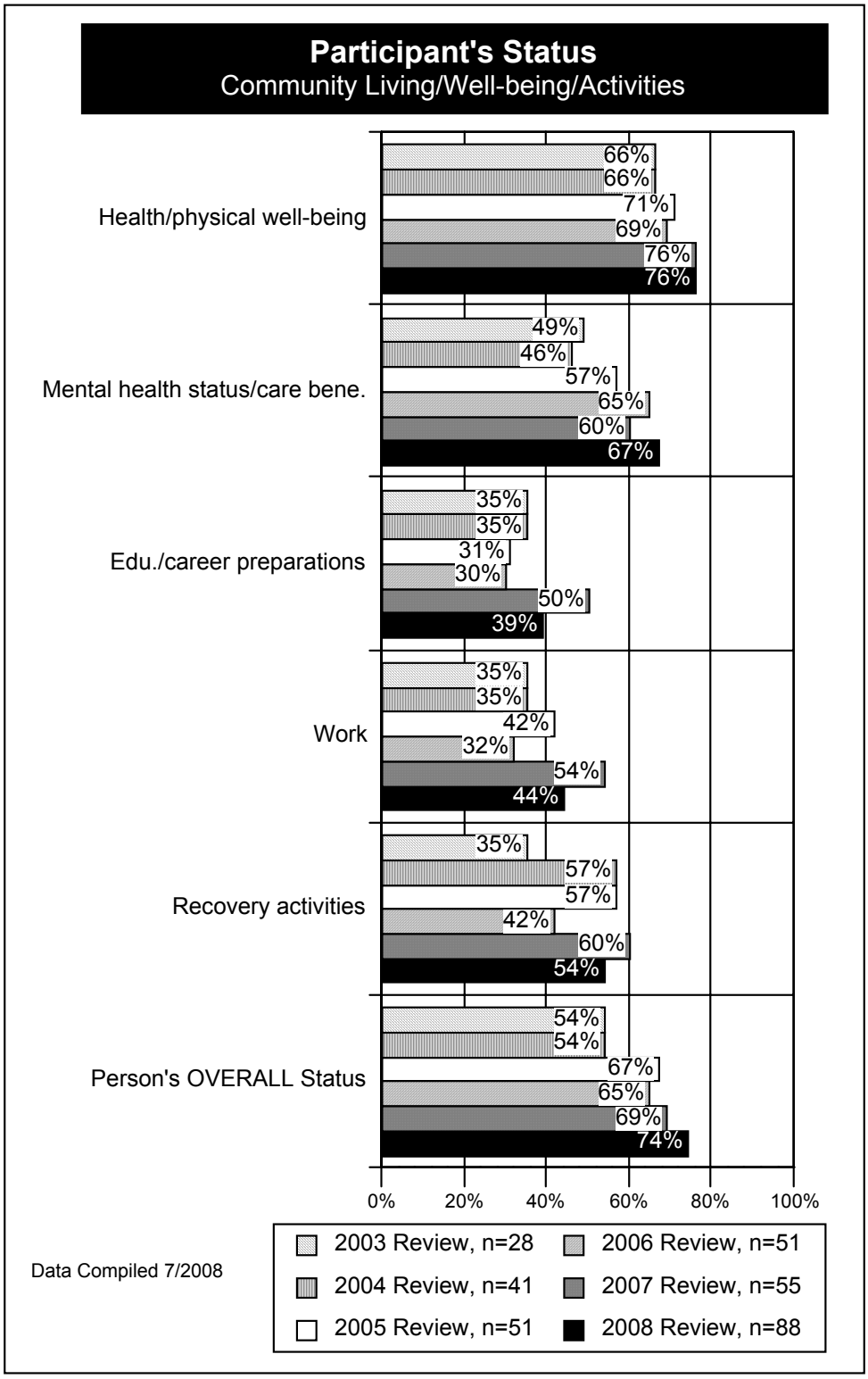
The distribution for consumers working or desiring to work is similar with slightly more with acceptable status in this area. Reviewers noted that there seemed to be more consumers working or involved in work-like activities, although the data show a decrease in the percentage of consumers with acceptable status in this area and a decrease in the applicability of this indicator. The work status indicator was applicable to 55% of the review sample, compared to 69% of the 2007 review sample. This can probably be attributed to the fact that 51% of the 2007 sample was in the 30-49 age range, while 54% of the 2008 sample was in the 50-69 age range.

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 toward recovery, and was found applicable for 76 of the 88 (86%) consumers reviewed this year. Findings for recovery activities were acceptable for 54% of the applicable consumers in the review, a slight decrease of 6% from last year. Just over half (54%) were in need of refinement in this area. **Display 16** shows the results of all six 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 improved. Consumers have steadily improved on key status indicators and overall status over the past six years.

Display 16
Overall Consumer Status Results for All Six Reviews



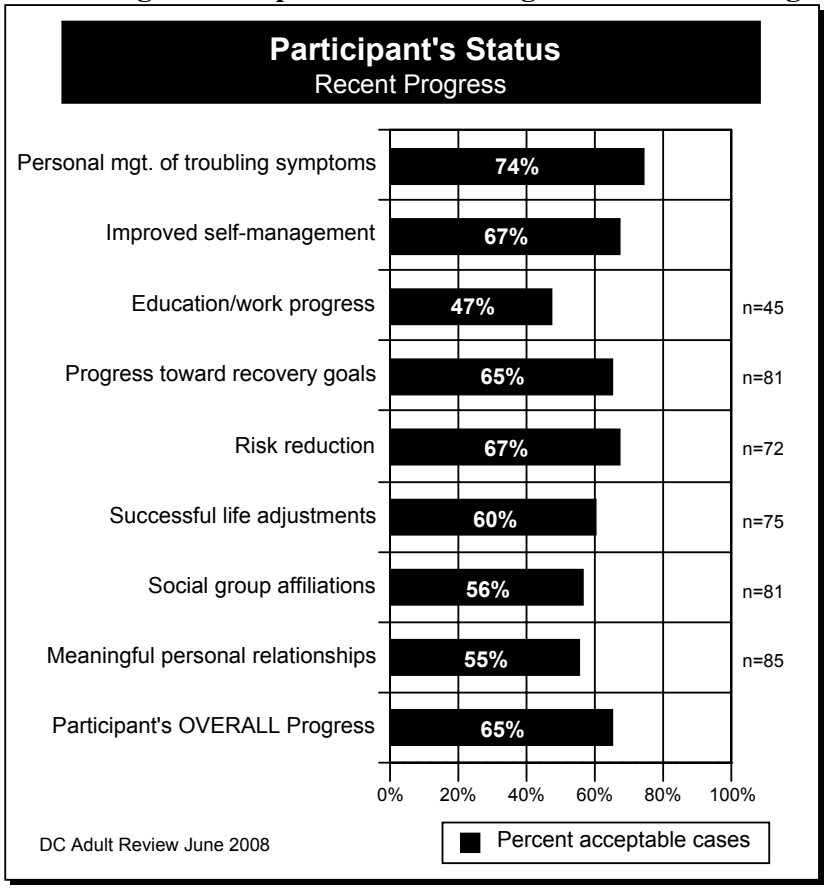
Display 16 (continued)
Overall Consumer Status Results for All Six Reviews



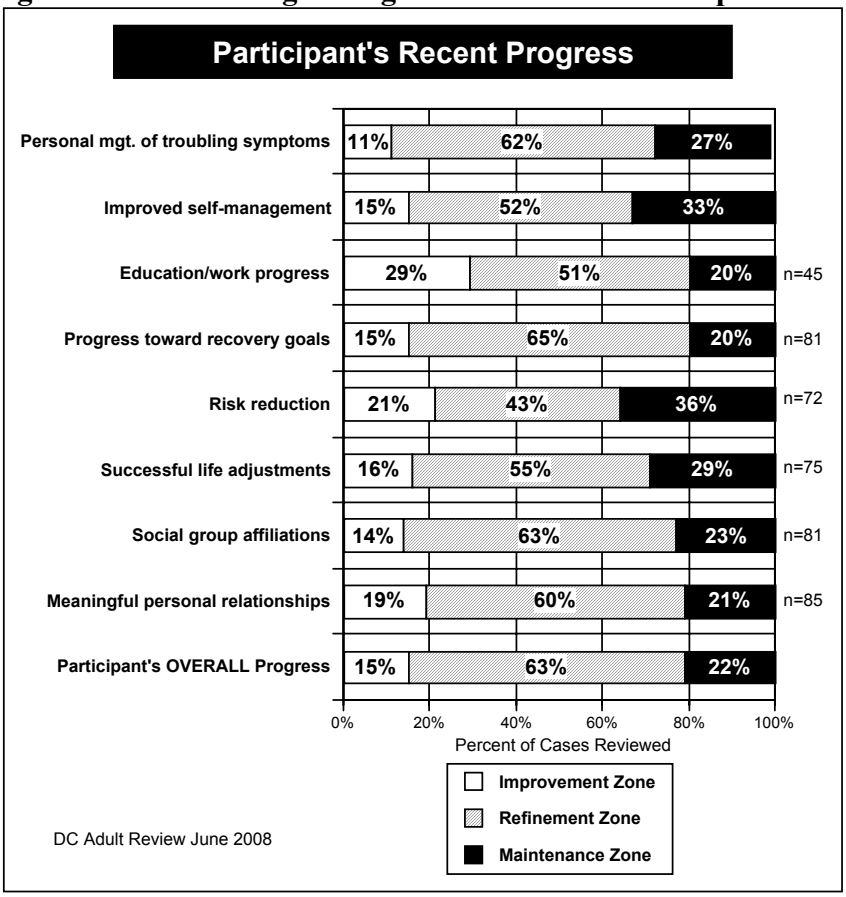
Recent Progress Patterns Showing Change Over Time

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.

Overall Progress Pattern. Reviewers provided a rating of overall progress in each case based on progress indicators deemed applicable for each person. The overall progress pattern was acceptable for 65% of the consumers reviewed this year, an increase of 5% from 2007 and 18% from the 2006 review. Distribution across the zones is the same as last year with 22% in the maintenance zone, 63% in the refinement zone, and 15% needing improvement. These data indicate a slight increase in consumers in the 4-refinement/acceptable rating (rather than in the 3-refinement/unacceptable rating last year).

Progress in Symptom Reduction and Management. Findings for recent progress in symptom reduction and management of symptoms showed 74% of the sample having acceptable ratings for this indicator, a 7% improvement from 2007. There is a slight shift in the distribution across the three-tiered approach with 6% more in the refinement or yellow zone and 4% less needing improvement or in the red zone.

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), and was found applicable for 81 of the 88 consumers reviewed. Findings for progress toward recovery goals indicate that 68% of the applicable consumers in the review sample had acceptable ratings for this indicator, an 8% increase from 2007. Distribution of these data show movement toward the refinement zone with 20% in the maintenance zone (compared to 29% in 2007), 65% in the refinement zone (50% in 2007), and 15% needing improvement (21% in 2007).

Risk Reduction. This indicator was applicable for 72 consumers in this year's review of services. Risk reduction is assessed for all consumers and applicable to consumers for which risks of harm were identified and were a component of personal recovery, or needed to have been included as one of the personal recovery goals for the consumer.

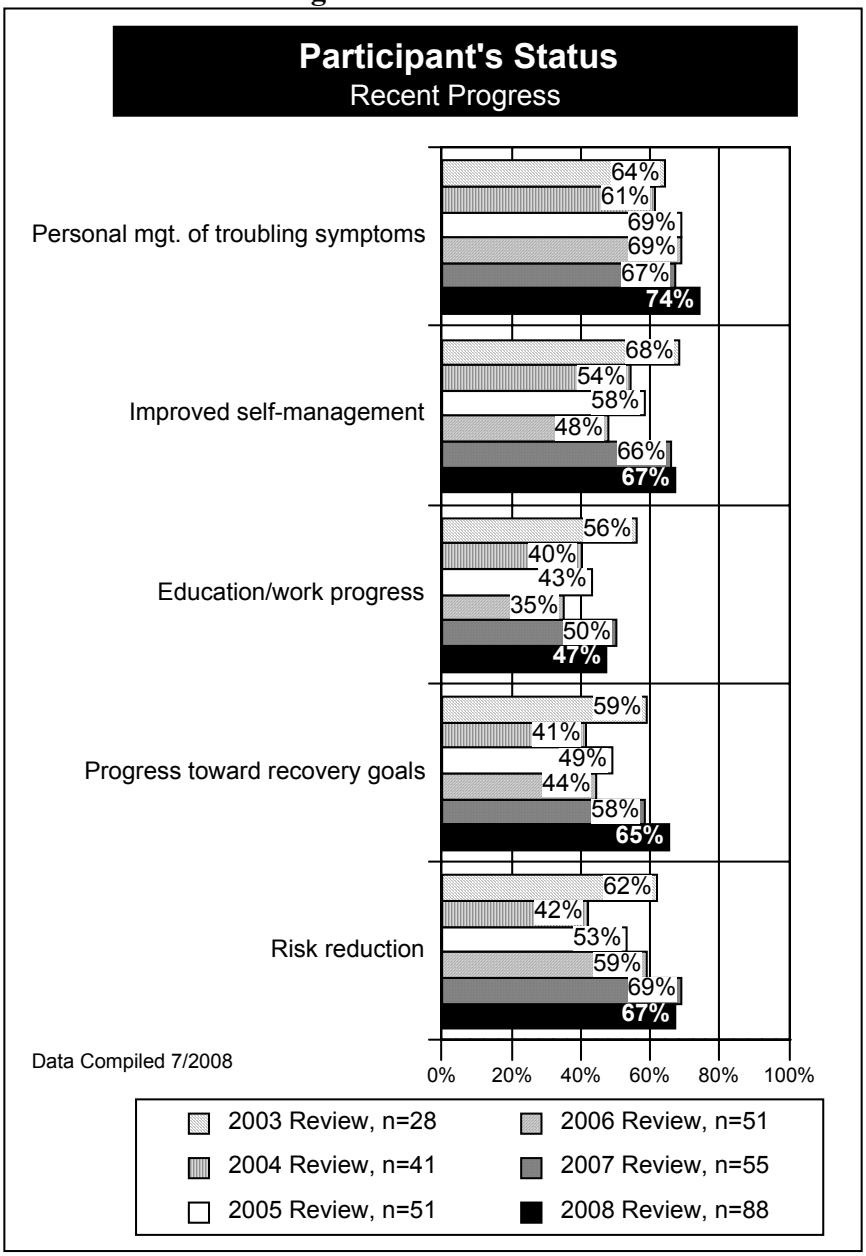
Findings for risk reduction were similar to the 2007 data with progress in this area acceptable for 67% of the applicable consumers (69% in 2007). There was a similar distribution of scores across the three zones for 2008 when compared to 2007. Thirty-six percent were in the maintenance zone compared with 33% in this zone in 2007. Forty-three percent were in the refinement zone compared with 46% last year and 21% again were in the improvement zone.

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 was deemed applicable for 75 of the consumers in this year's review of services. For the consumers to which this indicator applied, there is a 6% decrease in acceptable

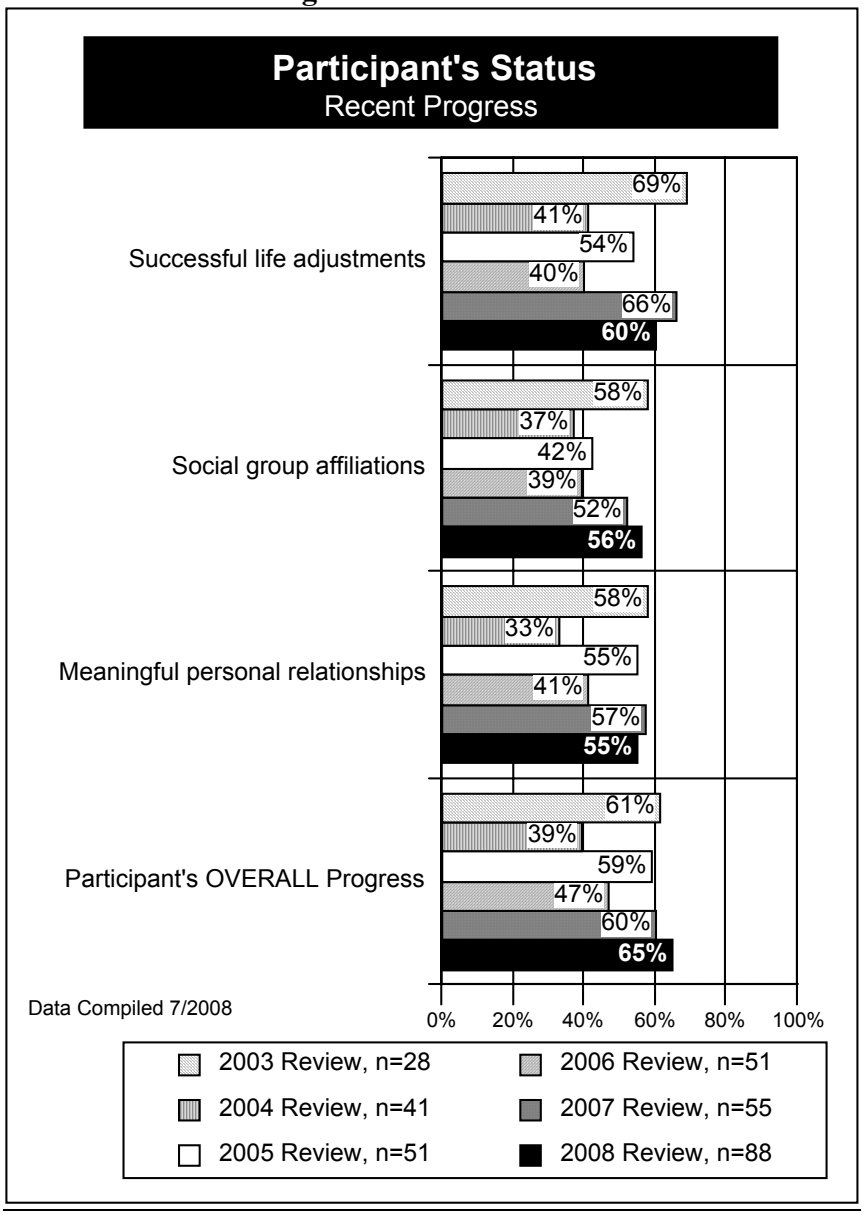
ratings (66% in 2007; 60% in 2008). There were 6% more consumers in the improvement zone (16%) than in 2007. The percentages for the maintenance differed from 2007 by 1% (30% in 2007; 29% in 2008) and a 5% difference in the refinement zone (60% in 2007; 55% in 2008).

Display 19 shows the ratings of progress that have resulted from each of the six reviews. Many indicators this year showed a higher percentage of consumers in the refinement zone when compared with the 2007 results. The overall acceptable progress rating this year (65%) is comparable to last year (60%), to 2005 (59%), to 2003 (61%), and shows improvement from the 2004 (39%) and 2006 (47%) findings.

Display 19
Overall Consumer Progress Pattern Results for All Six Reviews



Display 19 (continued)
Overall Consumer Progress Pattern Results for All Five Reviews



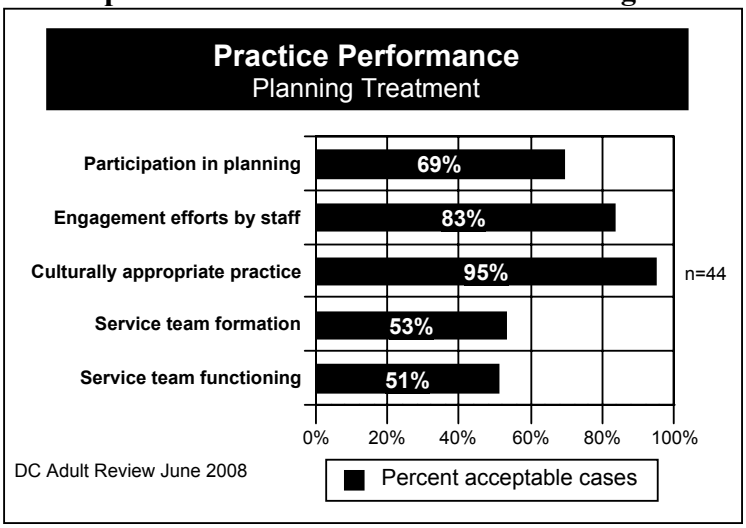
Practice Performance Indicators

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

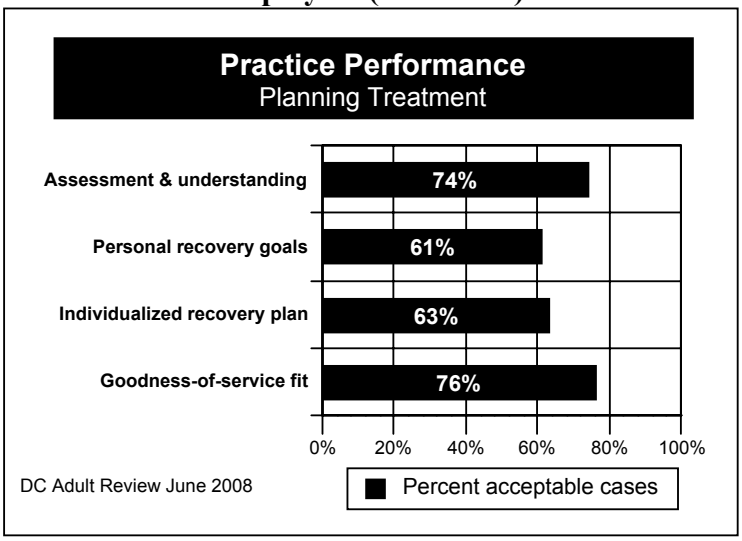
services. Findings for these eight indicators are presented in **Displays 20 and 21**. The second set—"providing and managing treatment," also consisting of eight indicators—focused on resources, implementation, special procedures and supports, service coordination, and tracking and adjustment. **Displays 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.

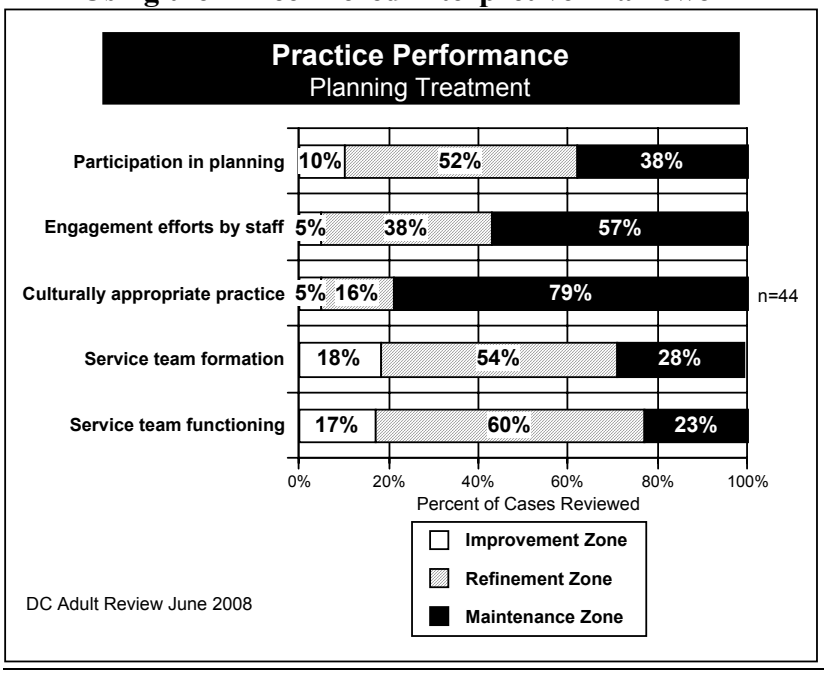
Display 20
Percentage of Acceptable Practice Performance: Planning Treatment Ratings



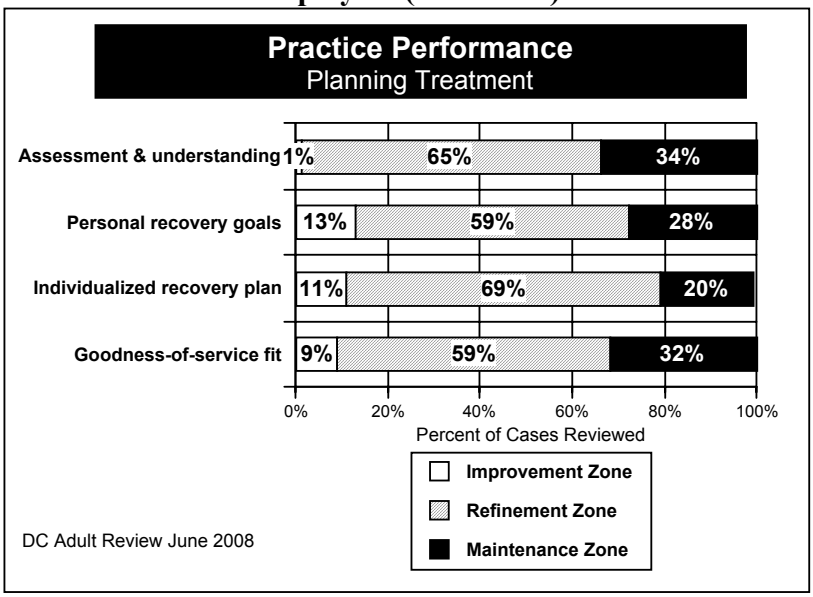
Display 20 (continued)



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



Display 21 (continued)



Engagement. Data for engagement of a consumer is collected in two specific areas: participation of the consumer/effectiveness of engagement and engagement efforts of staff. Findings show that CSA workers and staff work hard at trying to engage consumers to participate in assessment,

planning, and treatment activities. Sixty-nine percent of the consumers this year were found to have acceptable participation in these processes. This finding is similar to the 2007 review where 67% of the consumers had acceptable participation. Distribution across the zones is different this year, most noticeably in the refinement zone with 12% more consumers in need of refinement than in 2007.

The engagement efforts of staff show a 6% decrease in consumers having acceptable practice in this area (89% in 2007). Distribution across the zones for this indicator shows an increase in the consumers needing refinement (38% in 2008; 27% in 2007) and a decrease in the consumers requiring maintenance efforts (57% in 2008; 66% in 2007). According to these data, it appears that agency workers are making diligent efforts, at mostly acceptable levels, to engage consumers (83% acceptable efforts); however, efforts are not matching the outcome or are not necessarily effective (69% consumer participation).

Teaming. Service teams are expected to involve the consumer, informal supports, and service providers in all aspects of decision making, planning, identification of needs and services, and development of measurable outcomes. 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. The service team should function as a unified team in planning, implementing, and monitoring of 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. Teams should include active participation of the consumer and should be "person-centered."

Teaming indicators are broken down into two separate indicators: formation and function, as these aspects impact teaming differently. Findings for service team formation were acceptable for 53% of this year's review sample. This is a decrease from the 2007 and 2006 reviews where 75% and 69% of the consumers were rated acceptable, respectively. Distribution of ratings among the three zones shows a 14% decrease of consumers in the improvement or red zone when compared to 2007 (42% in 2007; 28% in 2008). Twenty-five consumers were rated 3-unacceptable/refine in team formation with 47 consumers total in the refinement zone.

The functioning of service teams was found to be at least minimally adequate for 51% of the consumers reviewed, a decrease of 14% from the previous year's review. There is a noticeable difference in the distribution of the data across the three zones. Specifically, there is a 19% decrease in consumers in the maintenance zone (42 in 2007; 23 in 2008) and a 15% increase in consumers needing refinement (45% in 2007; 60% in 2008). The 2008 review has yielded more consumers needing refinement in team functioning and less requiring maintenance efforts. Twenty-eight consumers received a 3-unacceptable/refinement rating for team functioning, with 53 consumers total in the refinement zone.

Assessment and Understanding. This indicator is not limited to the presence of psychological, intake, or other types of assessments, but the team's overall understanding of the consumer (i.e., history, symptoms, triggers and cycle, preferences, strengths, needs and supports, etc.) and the use of this knowledge to drive planning and interventions. Teams were adequately knowledgeable in 74% of the consumers reviewed and were comparable to the 2007 (76%) and 2006 (75%) findings. For this indicator, there is a shift in the distribution of findings across the three zones. There is a 27% increase in consumers falling in the refinement zone and a 24% decrease in consumers in the maintenance zone. These data are consistent with other indicators in illustrating a shift in consumers from requiring maintenance only to more consumers needing refinement in practice efforts.

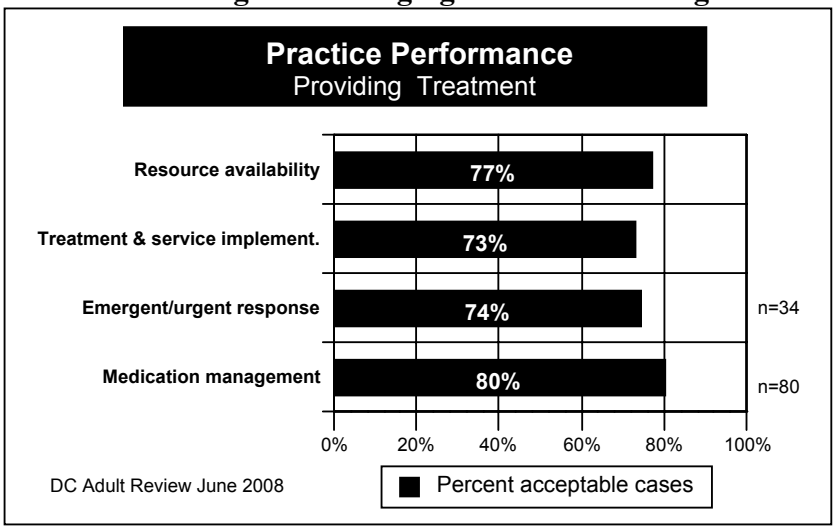
Individualized Recovery Plan. Findings for individualized recovery plans were acceptable for 63% of the consumers included in the review. This is a 17% decrease from the 2007 data. Twenty percent were in the maintenance or green zone (29% in 2007), 69% in the refinement or yellow zone (64% in 2007), and 11% needing improvement or in the red zone (7% in 2007).

Practice Performance: Providing and Managing Treatment

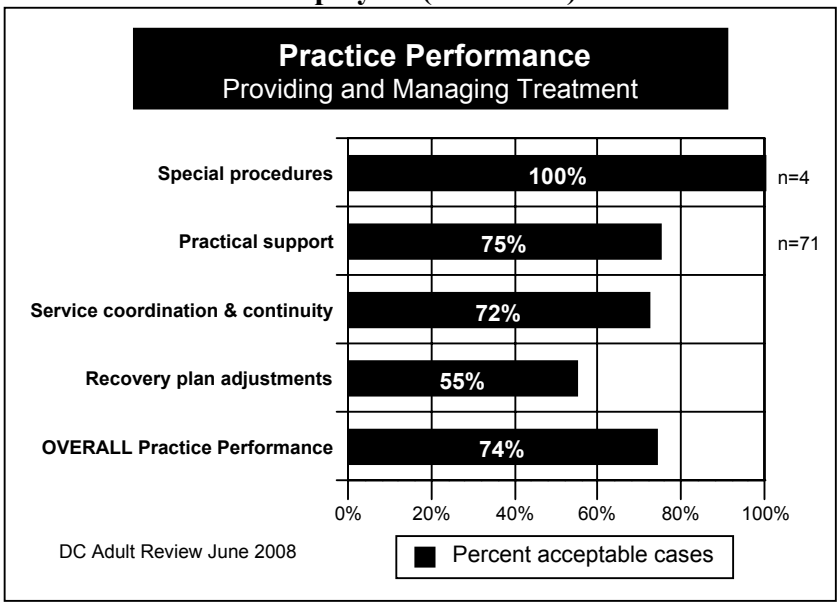
The second set of performance indicators covers important functions related to the provision and management of treatment and support services for consumers. The findings for this set of indicators are stronger than the planning treatment indicators presented previously. As with the

first set of findings, these indicators are presented in **Displays 22 and 23** and summarized concurrently below.

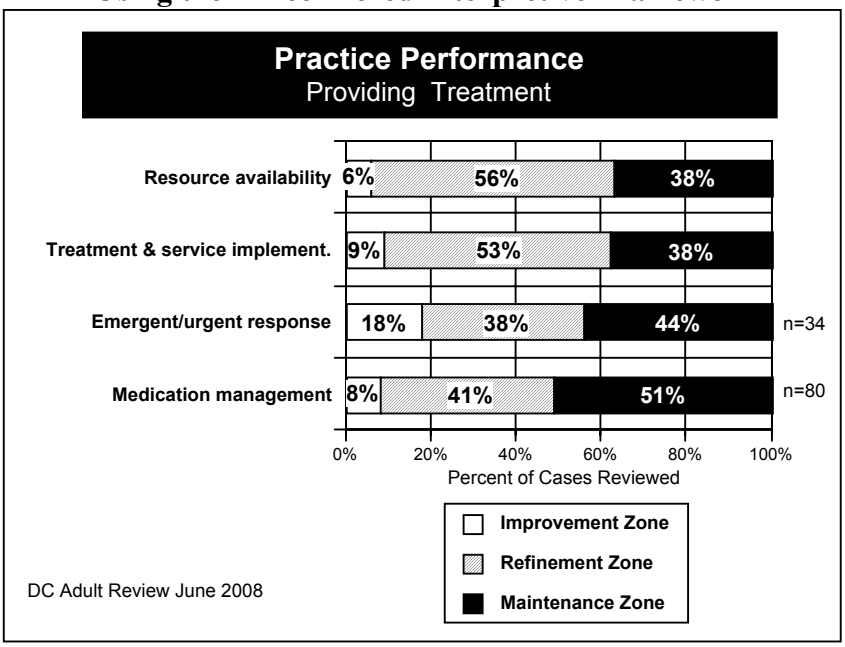
Display 22
Percentage of Acceptable Practice Performance:
Providing and Managing Treatment Ratings



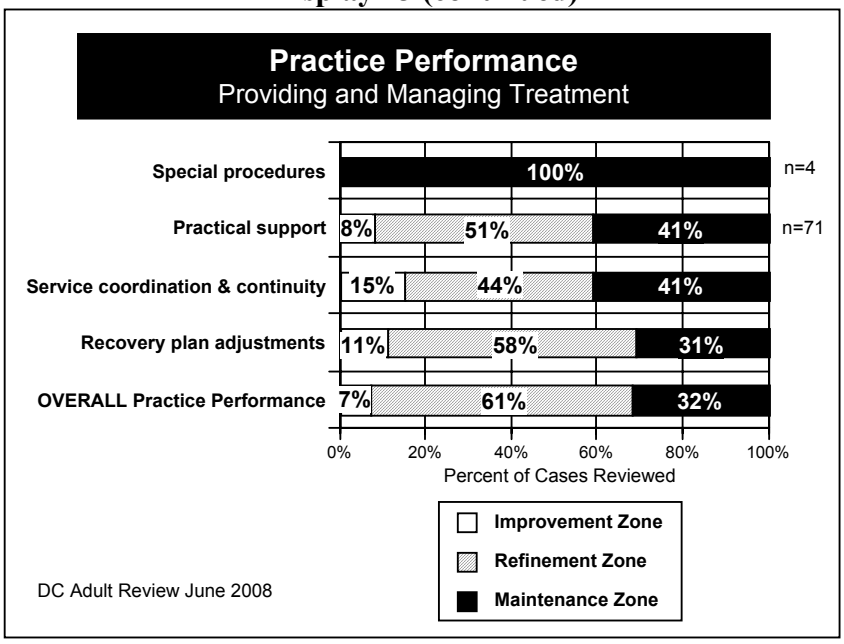
Display 22 (continued)



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



Display 23 (continued)



Treatment Implementation. Findings for treatment implementation were acceptable for 73% of the sample this year. Distribution across the zones for 2008 indicates a 7% increase in consumers in the refinement zone, a 12% increase in the refinement zone, and a 7% decrease in consumers in the maintenance zone.

Service Coordination and Continuity. Service coordination is an important function when working with adult consumers of mental health services. Ideally, a coordinator or case manager should be working with all members of the team and facilitating the teaming process. This process includes managing the flow of information between and to team members, linking the consumer with community resources and supports, and coordinating all aspects of care for a consumer. This function was found acceptable for 72% of the consumers reviewed in this year's CSR, of which 41% were in the maintenance or green zone, 44% in the refinement or yellow zone, and 15% in the improvement or red zone. These findings show an 8% decrease in the percentage of acceptable practice in this area, a 10% decrease in consumers in the green zone, a 12% increase in the yellow zone, and a 4% increase in the red zone.

Recovery Plan Adjustments. Findings for recovery plan adjustments declined this year by 21%. Fifty-five percent had acceptable ratings (76% in 2007). Again, the data distribution across the three zones shows a shift toward the refinement zone with 11% in the improvement zone (20% in 2007), 58% in the refinement zone (49% in 2007), and 31% in the maintenance zone (40% in 2007).

Overall Practice Performance. The protocol provides a scoring rubric for combining rating 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 74% of consumers, a 6% decline from the 2007 review. Distribution for overall practice performance shows a 10% increase in the refinement zone (51% in 2007) and a 10% decrease in the maintenance zone (42% in 2007). There was no change in the percentage of consumers needing immediate improvement as 7% again fell into this category.

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.

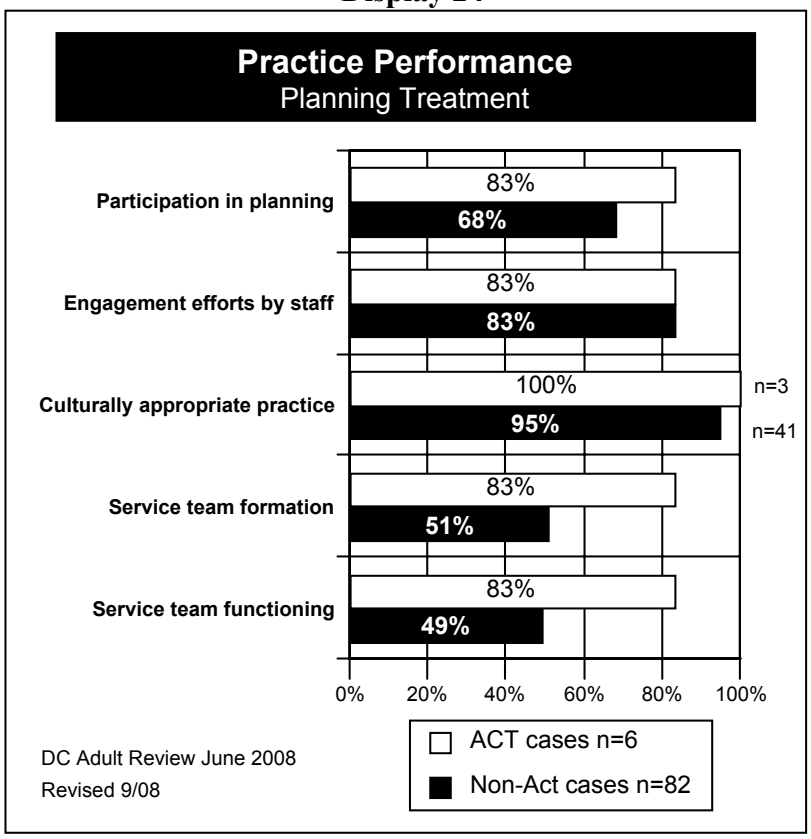
ACT Services

Six adults receiving ACT services from three CSAs were included in this year's CSR. **Display 24** below compares practice functions between ACT and non-ACT consumers. There are noticeable differences in key areas. The first area is in regards to team formation and team functioning. ACT consumers showed stronger performance in these functions with 83% of the six consumers reviewed having at least minimally acceptable practice in these areas. There is a 32% difference between ACT and non-ACT consumers in acceptable team formation (83% ACT and 51% non-ACT) and a 34% difference in acceptable team functioning (83% ACT and 49% non-ACT).

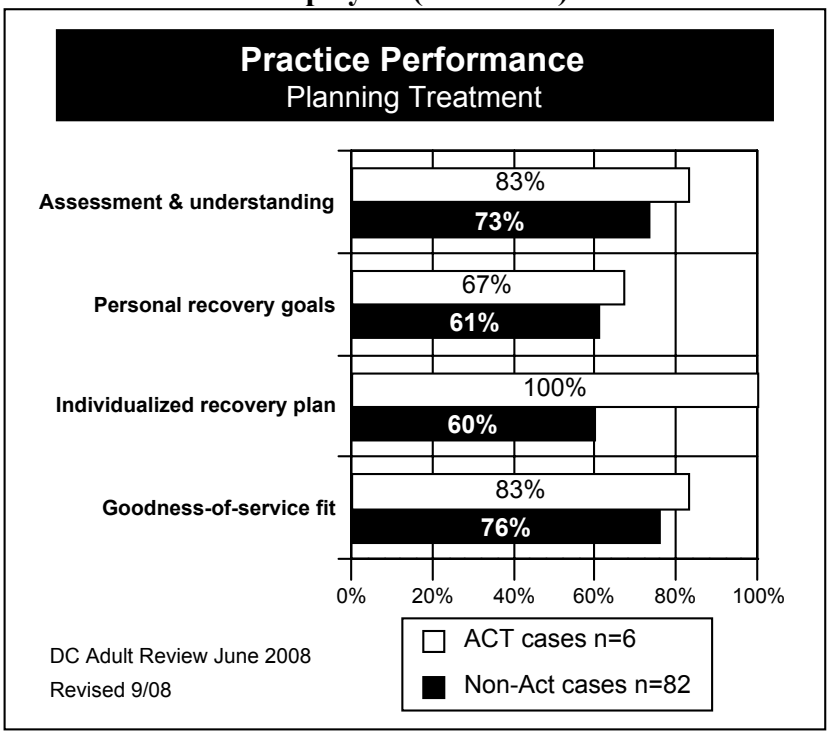
Planning functions were the same for ACT consumers with 83% having acceptable practice ratings in this area. Participation in planning is an area in need of strengthening for non-ACT consumers with 68% having acceptable ratings in this function. Implementation of treatment interventions shows an 11% difference with 83% of the ACT consumers and 72% of the non-ACT consumers having acceptable practice in this area. Recovery plan adjustment is below the 80% threshold for both ACT and non-ACT consumers. There is a 13% difference between the two groups with 67% of non-ACT and 54% of ACT consumers having acceptable adjustment to plans.

Overall practice performance is stronger for non-ACT consumers by 10%. Seventy-three percent of ACT consumers have acceptable practice versus 83% of the non-ACT consumers. Although only six ACT consumers were reviewed, non-ACT consumers showed overall better practice than the consumers not receiving ACT services.

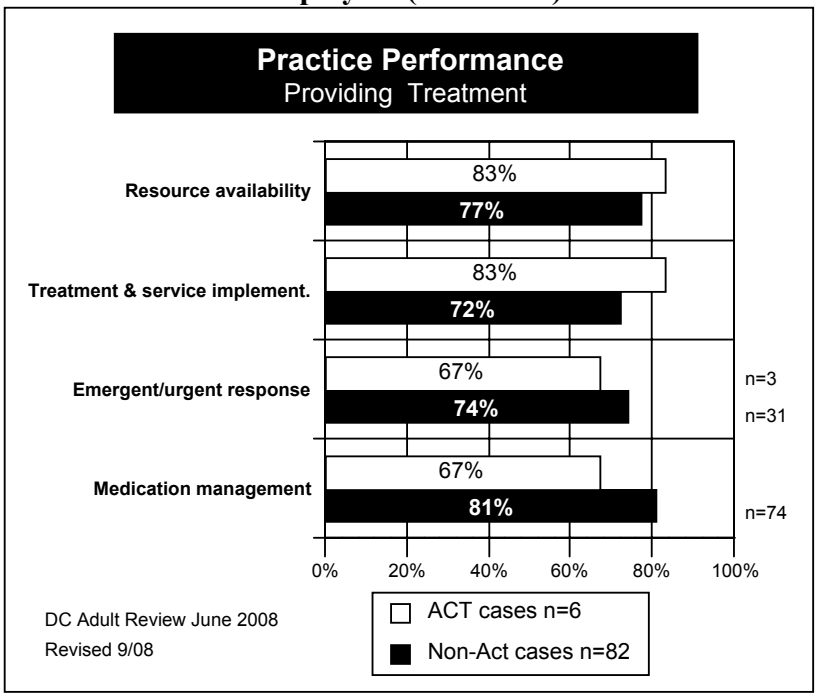
Display 24



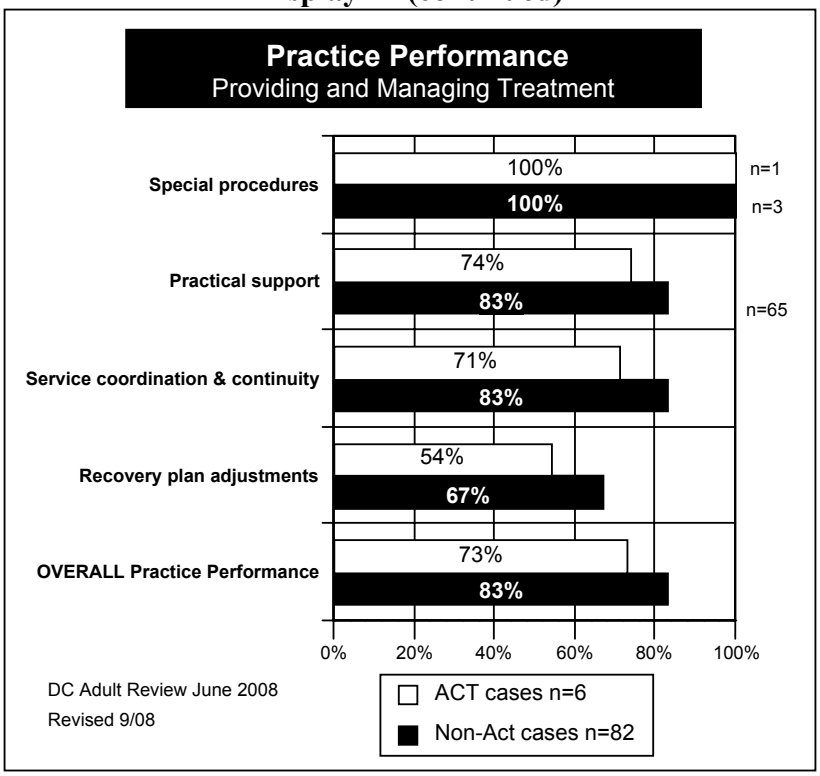
Display 24 (continued)



Display 24 (continued)

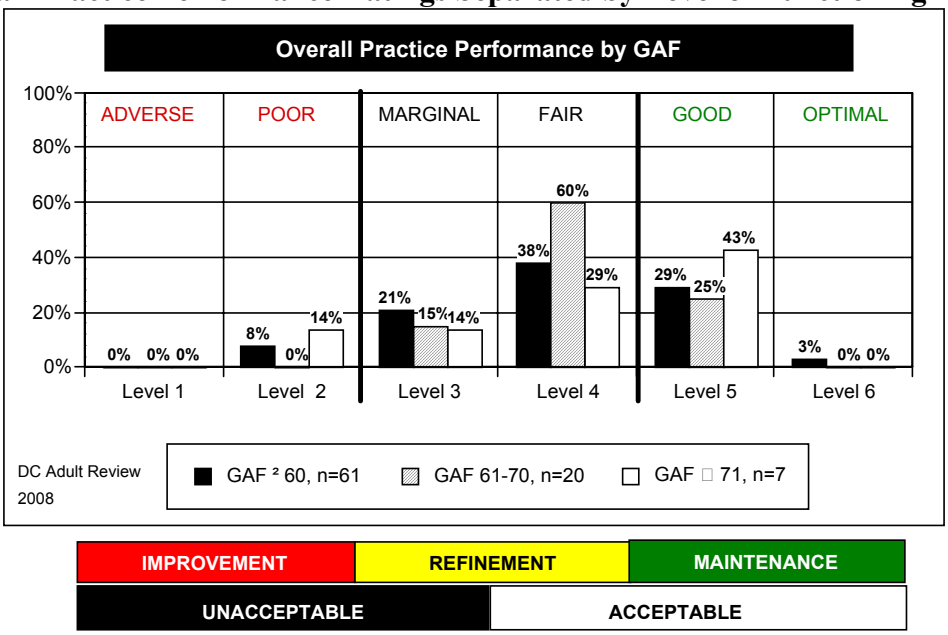


Display 24 (continued)

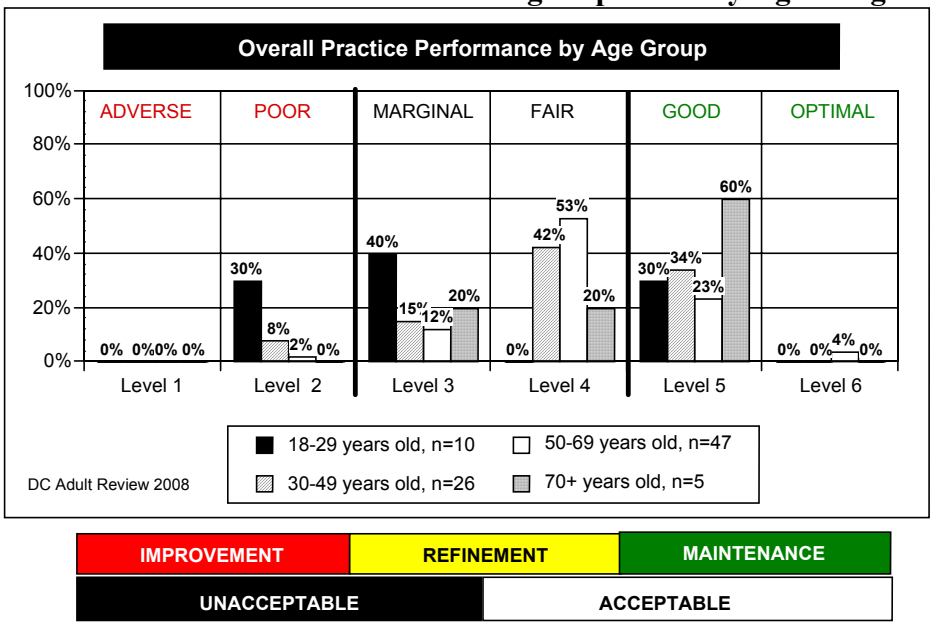


The following two displays provide additional methods of interpreting results from the review. **Display 25** provides the overall practice performance ratings separated by the consumer's general level of functioning. **Display 26** provides the overall practice performance ratings separated by age range. These tables show the percentage of consumers who were rated a 3-unacceptable/refine. These consumers require focused efforts in specific areas to bring practice to an acceptable level. Focused efforts in teaming functions is a good starting point as strong practice in these areas sets the foundation for strong practice in other areas such as planning and implementation of services. Focused efforts in teaming may have the most impact for consumers rated in the 3-unacceptable/refine range.

Display 25
Overall Practice Performance Ratings Separated by Level of Functioning Range



Display 26
Overall Practice Performance Ratings Separated by Age Range



Consumer Review Outcome Categories

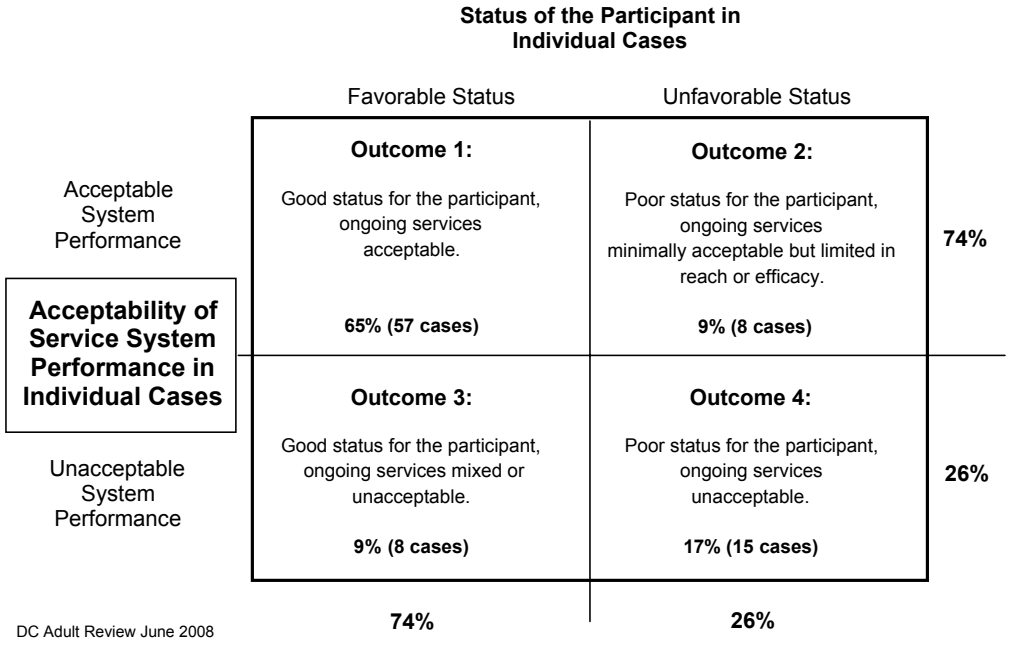
Members of the review sample can be classified and assigned to one of four categories that summarize review outcomes. Sample members having overall status ratings in the 4, 5, and 6 levels are considered to have a "favorable status." Likewise, those having overall practice performance ratings of 4, 5, 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 27**, 57 of the consumers (65%) 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. This is a 9% improvement from last year. Eight consumers or 9% of the sample fell into 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 poor status. Eight additional consumers

(9%) 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. Fifteen cases or 17% of the sample population were 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. There is notable improvement in this outcome category as 24% of the consumers in the review two years ago (2006) fell into this category.

Display 27

Case Review Outcome Categories

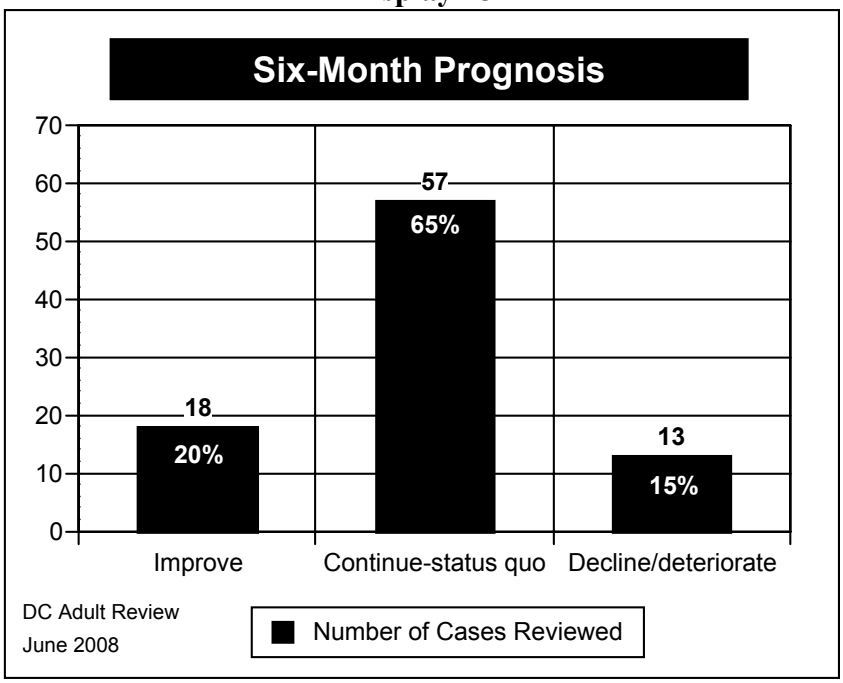


Six-Month Prognosis

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.

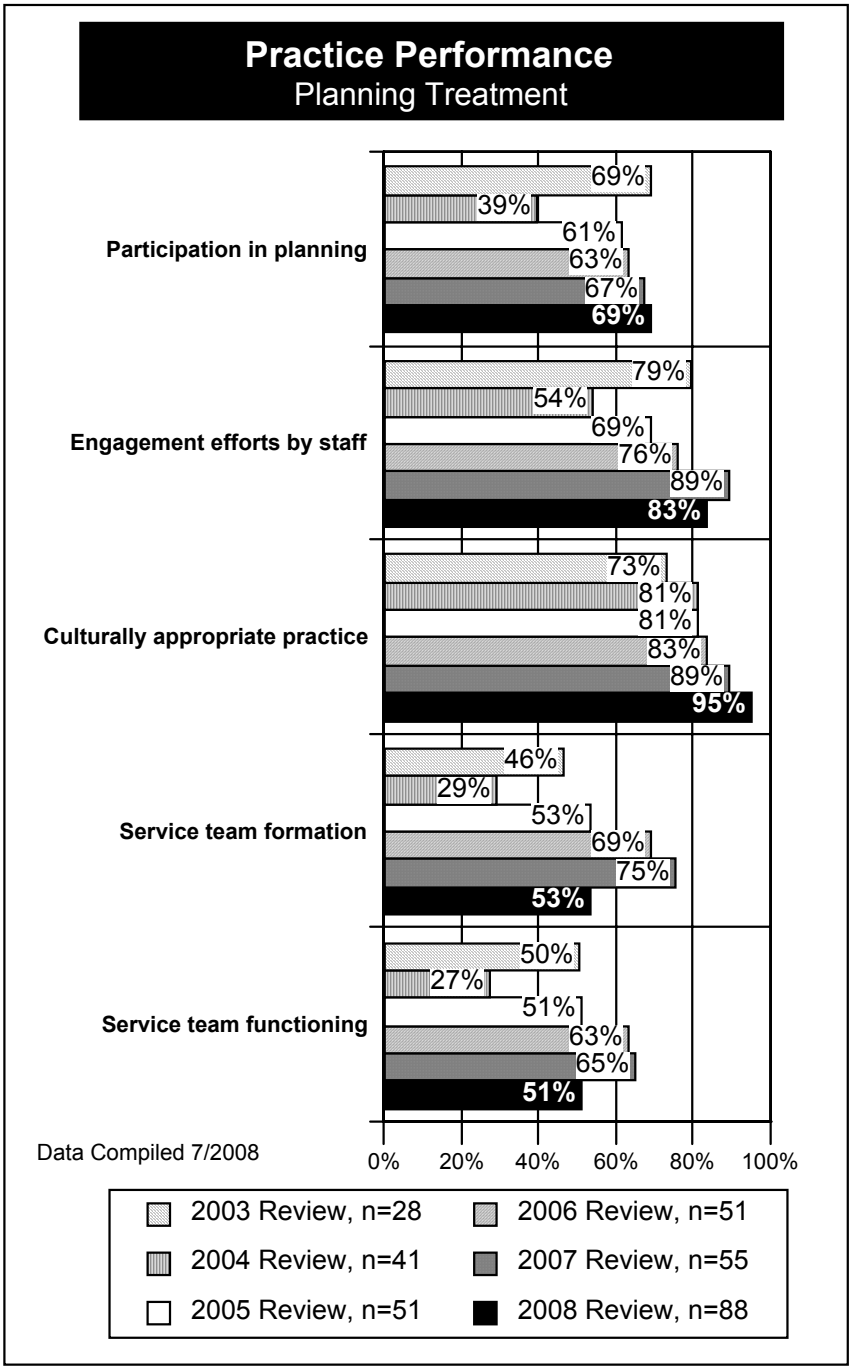
This display indicates that two-thirds of the consumers reviewed are expected to remain as they are currently (65%). Eighteen consumers (20%) are expected to improve in the next six months and 13 consumers (15%) are expected to decline or experience deterioration of circumstances over the next six months. These data are different than found in 2007 where 49% were expected to remain the same, 29% expected to improve, and 22% expected to decline over the next six months.

Display 28

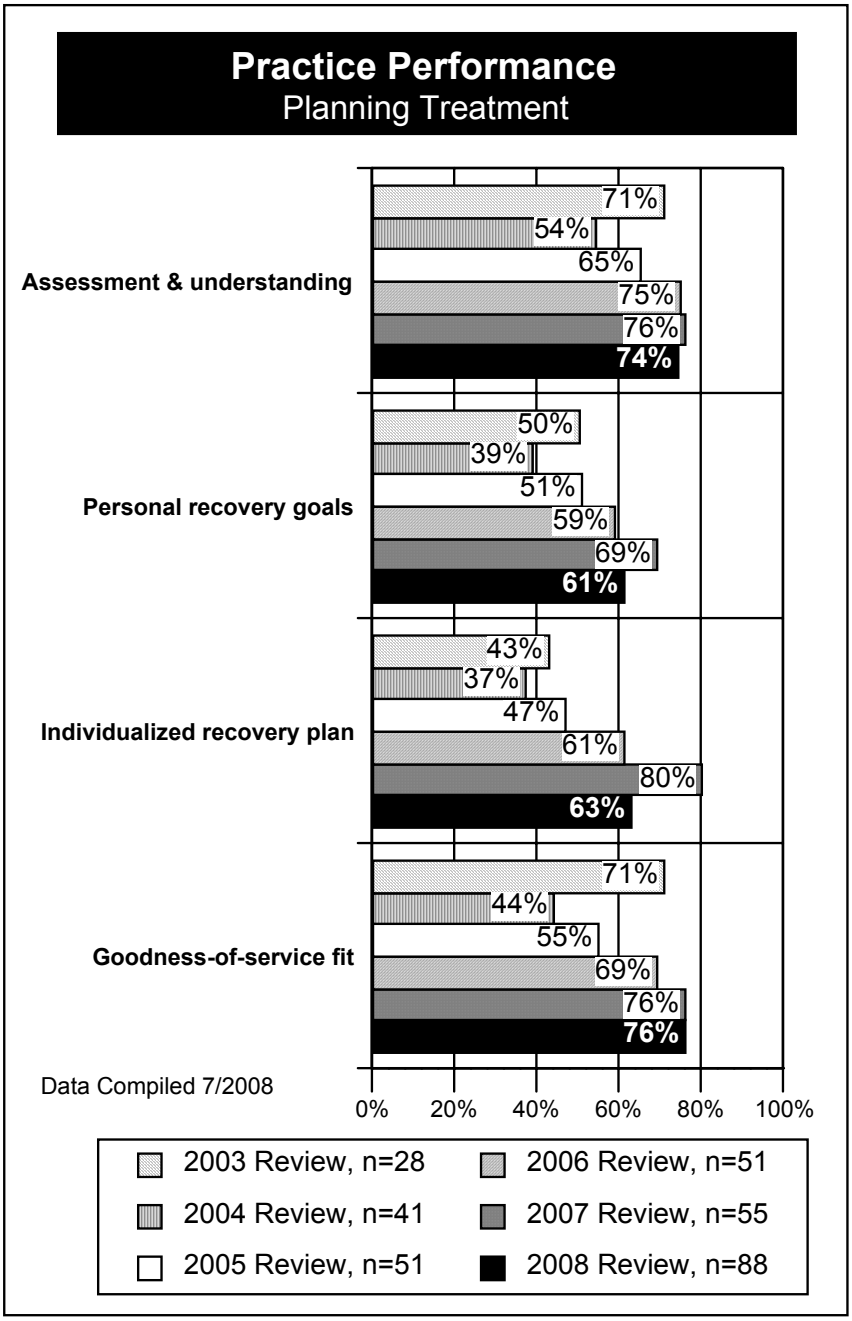


Display 29 presents the rating results for practice performance over all six years in which reviews have been conducted. Discounting the first-year review because of the lack of a representative sample, the data for the last five years show a positive trend. Overall, the system appears to be improving in the ability to practice in accordance with the recovery model, with this year's results in line with this trend. It is important for leadership to identify strengths and targeted areas for improvement in order to further develop focused system-wide initiatives and specific support to CSAs.

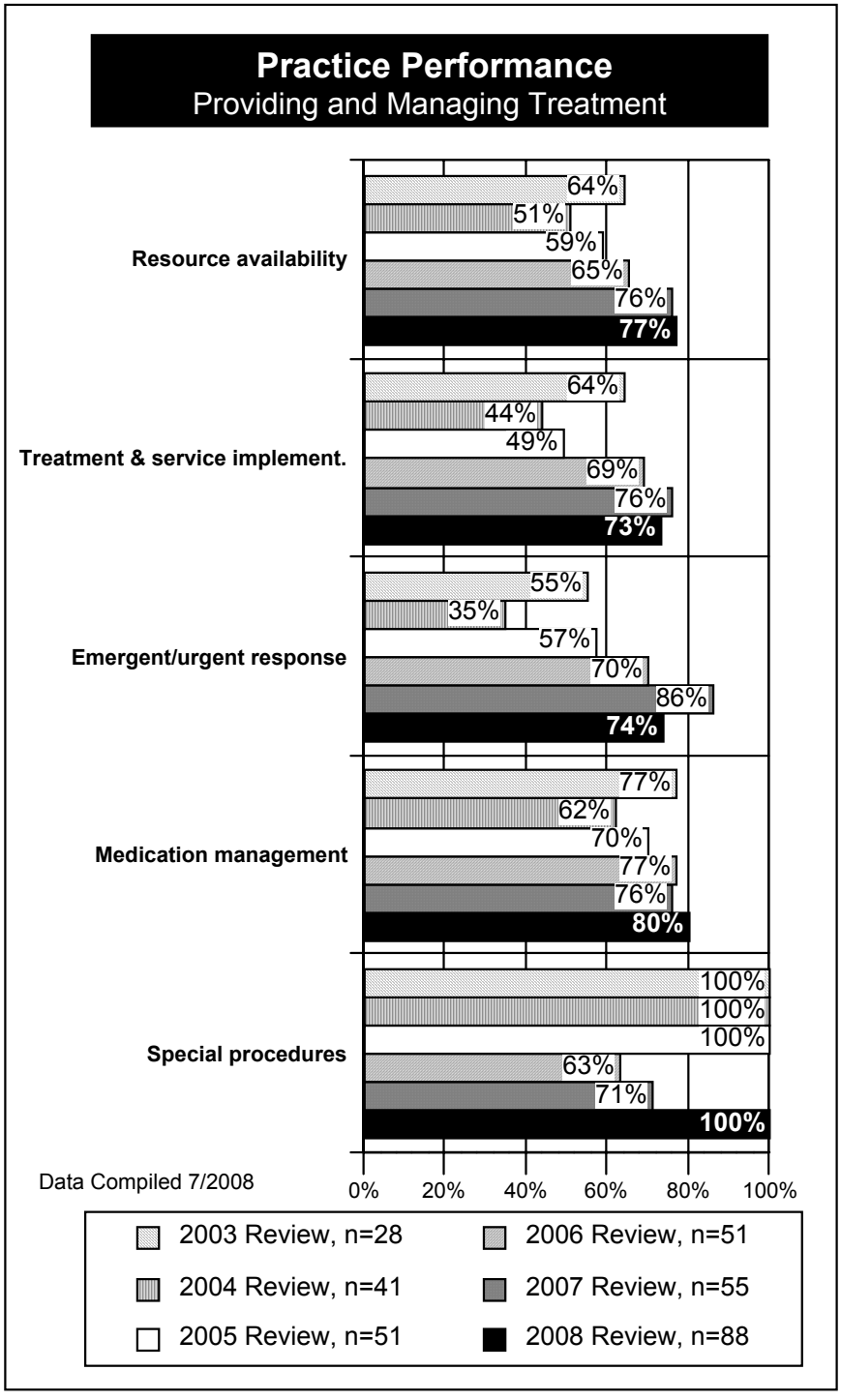
Display 29
Overall Consumer Practice Performance Results for All Six Reviews



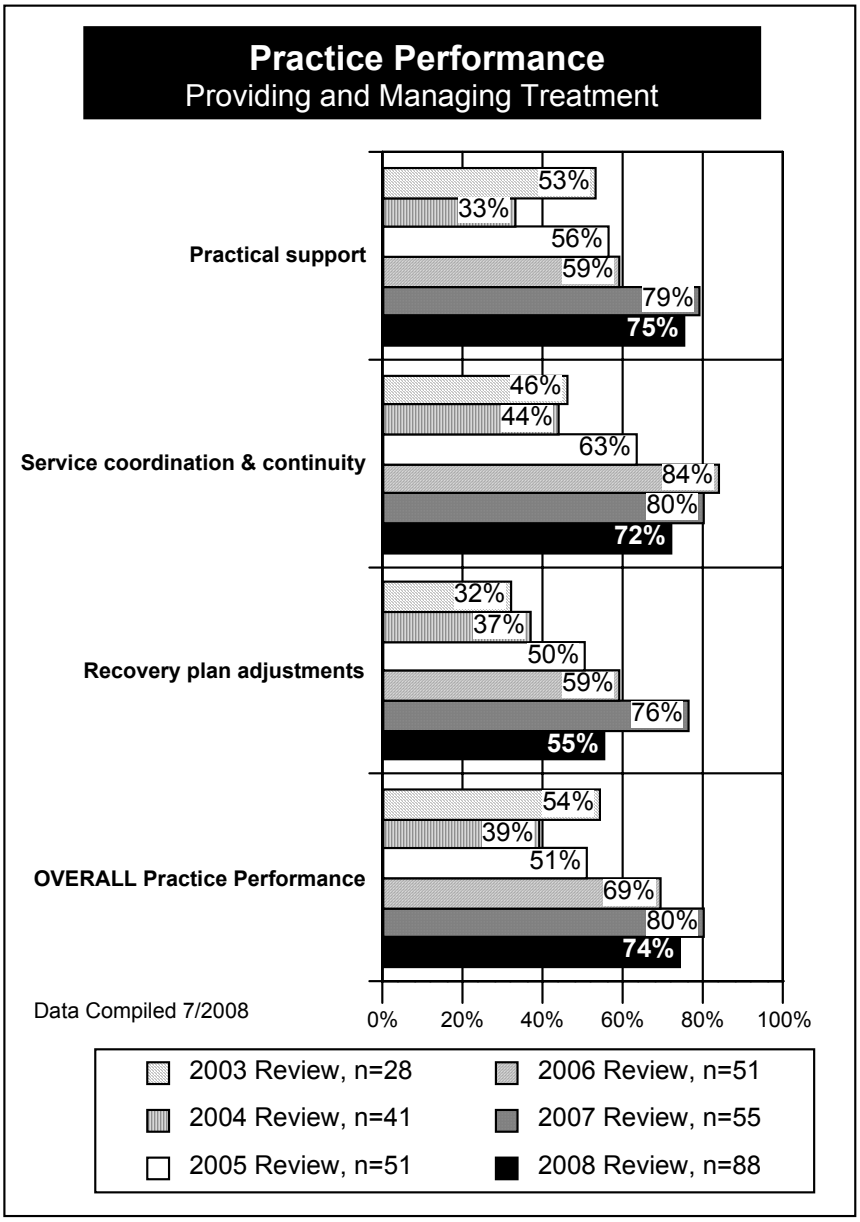
Display 29 (continued)
Overall Consumer Practice Performance Results for All Six Reviews



Display 29 (continued)
Overall Consumer Practice Performance Results for All Six Reviews



Display 29 (continued)
Overall Consumer Practice Performance Results for All Six Reviews



Qualitative and Quantitative Summary of Review Findings: Themes and Patterns Noted in the Individual Consumer Reviews

Overall, the findings from the reviews of 88 adult consumers showed that more consumers were getting more consistent and appropriate services than in the past. Progress in providing more consistent services in accordance with the practice model and performance expectations was definitely being made. One caveat to the data and the overall findings is that the sample reflects consumers who are receiving services currently and who are willing to consent to having their services reviewed. The sample does not include persons who have difficulty with access, people at transition points between hospital and community, or jail and community, or who are resistant to engaging with the system. As such, the findings apply primarily to the mainstream relatively stable consumer. Analysis of the data shows the following regarding the patterns of services shown in this year's reviews.

- ACT services – All except one consumer receiving ACT services were rated as receiving at least minimally adequate services (89% acceptable).

- ACT consumers have stronger team functioning, planning, implementation, and adjustment of plans. In addition, ACT consumers have stronger overall practice.

- There is a large difference between the participation of consumers and engagement efforts of staff. Sixty-nine percent of consumers had acceptable participation while 83% had at least minimally acceptable engagement efforts.

- There are more consumers in the review this year who are living in their own homes.

- There are more consumers in both ends of the LOCUS levels of service—more consumers in the lower (low intensity community-based) level of services and more in the higher (medically monitored) level.

- There is a 20% decrease in the percentage of consumers participating in treatment activities as a daily activity.

- There is a consistent percentage of consumers having difficulty functioning in multiple areas (69% having a general level of functioning of <60).

- Consumers reviewed are safe and there is a higher percentage this year in the maintenance zone. Consumers in this year's review are economically secure, as well.

- Consumers have complex health issues with 60% needing improvement or refinement in this area.

- Consumers continue to be satisfied with services.

- Overall, consumers are making steady progress.

- There is a 22% decrease in acceptable team formation and a 14% decrease in acceptable team functioning when compared to 2007.

- There is 74% acceptable practice in assessment and understanding, despite reviewer observations that files and teams were lacking formal and informal assessments, bio-psycho-social history, etc. It appears that teams know consumers better than records reflect.

- There is a 19% decrease in acceptable treatment planning as compared to the 2007 findings for this indicator.

The biggest challenges in the performance domains continue to be team functioning, planning to address recovery goals, and full consumer participation in all aspects of treatment. Reviewers found more occurrences of treatment plans being similar from consumer to consumer. Plans did not reflect individualized therapeutic strategies or differential therapeutics. Some consumers had several treatment plans that were the same plan, however, without updates or adjustments. In addition, reviewers found instances where the provider who was developing or updating the treatment plan was not providing services, not working with the consumer, or did not know the consumer (or their needs, preferences, goals, etc.).

Individual consumer reviews completed during the CSR were debriefed with other review team members in order to identify individual and systemic themes and patterns. The content of the individual narratives for these consumers was studied to identify emerging themes and patterns. Following are a list and general discussion of systemic themes and patterns noted from the cases.

Strengths

Logistical preparation and scheduling activities improved again this year. CAN has employees who have worked on the CSR for several years in a row and who better understand the aspects needed to ensure a schedule that yields the information needed to collect accurate data. This year has not only been the largest sample to date, but also had the fewest number of consumers drop out during the review week. CAN worked effectively to inform and keep consumers aware of the review process, secure consent, schedule and confirm appointments, and support reviewers during the two-week review. In general, agencies are more familiar with and more amenable to the review process and consumers and CSA staff are comfortable working with CAN employees. There continue to be opportunities for improvement in this area; however, there is a solid working relationship between CAN, DMH, the Court Monitor, and HSO. The foundation among these entities facilitates problem solving, adjustment, and overall improvement with review operations. Scheduling activities were particularly smooth this year with all of the participating agencies, especially given the larger sample and addition of feedback sessions to schedules. This can be attributed in part to joint outreach efforts by CAN and HSO, collaboration with DMH staff (such as Homeless Outreach), DMH staff and agency participation in pre-review training, and the overall engagement with CSAs.

Opportunities for Improvement

While improvements have certainly been made, there continue to be challenges to the system to provide recovery-focused services that are timely and responsive to the specific situation presented by each consumer and his/her particular context. There continue to be examples of

lack of communication among persons who are essential to the consumer's overall intervention requirements.

- There continues to be a lack of engagement in recovery activities for some consumers.

- One of the biggest challenges is to improve team functioning and the adequacy of IRPs. There are opportunities for stronger teaming to improve results without waiting for a crisis to occur. Essentially, practice is still not consistently proactive enough. Plans do not adequately reflect consumer goals nor include appropriate strategies to achieve the goals.

- There is a lack of medical health coordination—primary care and psychiatric. Coordination is much improved but still needs addressing.

- Payment issues continue to be reported as a barrier to team formation and functioning. A basic function of teaming—communication—has been eliminated as a billable activity. This is certain to hamper existing and future efforts of developing and maintaining teams for consumers.

- Co-occurring conditions present a challenge to ensure that teams have the necessary knowledge and craft skills to develop the most appropriate combination of intervention strategies.

- There continue to be resource and access issues, especially regarding individual therapy and evidence-based treatment services (skills) that require more experience and more complex skill sets. This issue is further impacted by the high rate of frontline staff turnover in some core agencies. As a result, there is a lack of capacity to provide differentiated interventions and the most appropriate evidence-based practices.

- While much progress has been made, there is still the need to address trauma-informed care. There is a greater awareness of the impact of trauma on adults with mental health needs.

- There is still a lot of social isolation and some continuing lack of family involvement.

- Some cases lack a sense of urgency, depth of understanding, true understanding of all aspects of the person, and how to get information when needed.

- Affordable, safe housing that is located in areas that are safe and away from access to illegal substances continues to be a concern this year, as it has been in previous years. Housing was a primary concern that was mentioned in every focus group and was discussed at length during the consumer focus group.

- As was reported last year, 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 or the will to access some services, particularly when provided by another agency. 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. Case managers continue to work as "a team of one," many times being the only person on a consumer's team (when other appropriate persons are involved or working with a consumer) and the only person making decisions about treatment (many times with limited, disregarded, or no input from the consumer).

- Partnership with agencies and services for consumers with developmental disabilities continue to be a challenge for case managers and consumers. Collaboration with other community partners is lacking, such as with substance abuse.

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 CSA providers participating in the CSR in which representatives of the management team, program leaders or supervisors, and frontline

staff were interviewed. The executive management team for DMH was also interviewed. Focus groups were held with consumers, consumer advocates, a judge, a police commander, a jail housing transition referral-group, a partnership council, judiciary and pre-sentence staff, and leadership, social workers, quality assurance, and discharge staff at Saint Elizabeths Hospital. Overall, 17 focus groups were held to receive input regarding system issues and performance from over 200 individuals.

The input from the stakeholders was consistent with the results of the individual consumer reviews. The DMH management team reported positive initiatives and steps being taken to address crises services and response, jail diversion and in-jail services, discharge planning from Saint Elizabeths Hospital, and more effective forensic coordination and diversion. In addition, they reported a focus on issues with housing; focused efforts for transition age youth/adults, fidelity studies with ACT providers; improved partnership between law enforcement and Homeless Outreach, including training of law enforcement officers and training for all hospital staff on trauma and trauma-informed care.

Input from CSAs/agencies centered primarily on billing issues. The current billing system is problematic and limited in regards to billing codes and services. CSAs are finding it increasingly more difficult to provide basic contact with consumers, especially given the recent directive from DMH that phone contact with consumers and collaterals is no longer a billable service. They are feeling that providing quality, effective services and staying open for business is not a realistic option. CSAs are faced with a high rate of staff turnover and decreasing eligibility of consumers to receive Medicare. CSAs reported feeling that communication with DMH has stalled and that agency input is not taken into consideration (and sometimes not solicited) when DMH is faced with problems or when making decisions. CSAs are participating in DMH meetings; however, reported that these meetings feel like a façade and that decisions have already been made. They also reported that they continued to receive frequent changes in policy and that access was improved but still presented challenges in the area of consistency and time required. Ongoing deficiencies with the eCURA system were reported, too. In addition, it was reported that the new initiatives present challenges in that payments are not made as expected and they are losing money. Providers reported that they are losing money on medication management and

psychiatrists reported that they do not have the time to do their jobs the way they should be done. Access to adequate housing was reported as a major problem by all providers and the housing specialists. There continues to be a large waiting list for housing. Agencies and community support workers reported that there is not enough access to specialized services, such as ACT or other services, such as therapy. There are still significant problems of communication at the consumer level when multiple providers or specialty services are involved. The information regarding clinical issues does not flow like it needs to around individual consumers. Clinical directors reported that the time spent on outreach to harder-to-serve-and-engage clients is hard to get reimbursed.

The judicial input included reporting a decrease in requests for medical guardianship, when guardianship is warranted, and that in the past two years, patient population is physically sicker and not paid attention to unless they are in an emergency. The judge reported that there is a more frequent presence of family members in court with consumers who have not had contact with law enforcement and who are looking to access services. Case managers and agency personnel are appearing in court more, except in cases where civil commitment or guardianship is necessary. In these cases, the judge is finding less presence of agency staff.

In addition, the judge reported that hospitals will discharge consumers to their families, which may not be a good situation for the consumer or family, and family members are not being consulted or included in the conversation or planning around this transition. The judge further reported that Saint Elizabeths Hospital is working toward having a clinical administrator on the civil commitment side and is now tracking readmission rates and how to prevent readmissions.

Consumers and advocates reported that housing is the issue of concern at the moment. Some consumers reported being homeless for several years while waiting for housing and not knowing where they are on the waitlist for housing. Some reported that most services end at 3:00 in the afternoon and many shelters do not open until 7:00pm, leaving a gap in time for activities or places to go.

In general, the input received reflects that progress was being made, despite multiple challenges. There continues to be a commitment from all who work with adult consumers of mental health to provide quality services to the best of their ability, with the tools they have, and given the current context.

Recommendations and Conclusions

There are multiple initiatives underway to improve services at specific points of client flow and for clients with specific characteristics, such as transition-age youth, homelessness, crisis-service needs, and those transitioning from hospital care or who frequently use hospital services. These initiatives need to be further developed and implemented in the coming year and tangible, measurable outcomes identified and data collected to show that improvements have been made.

Practice needs to be the focus for DMH and for CSAs with funding strategies built into the commitment to quality practice. Frontline staff need to be supported, mentored, and coached regarding what quality practice looks like, especially regarding teaming functions and individualized recovery planning. At the consumer level, person-centered planning and intervention, in the context of a recovery model, should become the approach to working with consumers. Team functioning and communication among and between the persons working with and providing services to consumers needs to be a major program priority. There are simply too many lost opportunities and too many consumers who do not get the proactive interventions that would help them maintain stability and improve their chances of recovery.

A qualitative assessment of agencies/provider performance is needed to make sure there is consistency across the system and to highlight what is working in the system, in order to share this information among providers. Assessment of services should move away from "compliance-based" monitoring and focus on building practice competency. Each monitoring visit, regardless of the purpose of the visit, is an opportunity to acknowledge what is working and model desired practice.

There is continued growth and progress in the system with DMH leadership and CSA staff working hard to provide services in increasingly challenging times. There is demonstrated commitment by DMH leadership to effective interventions and measurable evidence as seen in the ACT providers' fidelity study, partnership between law enforcement and Homeless Outreach, development of the SURE walk-in program at DCCSA, and the new opening of a mental health clinic at the courthouse.

The CSR has been conducted six consecutive years; it is time for DMH to internalize the process and build their own capacity to conduct reviews. This process is expected to occur gradually and is one way to focus efforts on practice. It would greatly benefit DMH to begin conducting CSR reviews in addition to the Court Monitor's annual review of services and to conduct specific or focused reviews, such as with veterans, elderly adults, or consumers living in group homes. DMH needs to develop the capacity to provide CSR reviewer training and support the full incorporation of CSR as a quality assurance and practice development process across CSAs.

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, CAN, the staff of all participating core service agencies, and the consumers who participated in this year's review for their roles in completing this comprehensive review of practice.

Appendix A

Community Services Review for Adult Mental Health

Questions to be Answered

The Community Services Review is a process for learning how well an adult participant served is doing and how well services are working for the person.

Version 4.0

Produced for Use by the
Dixon Court Monitor

by
Human Systems and Outcomes, Inc.

March 2004

Questions Concerning the Status of the Adult Service Consumer

Presented below is a set of common sense questions used to determine the current status of the person/service consumer. Persons using this list of questions are directed to the **Dixon Community Services Review Protocol** for further explanation of these questions and matters to consider when applying these questions to a person receiving mental health services. Training on review concepts, methods, and protocols is recommended for anyone wishing to apply these questions in actual case review activities.

Community Living

1. **SAFETY:** • Is this person safe from manageable risks of harm caused by him/herself or others in living, learning, working, and recreational environments? • Are others in the person's environments safe from this person and is the person safe from retribution of others? • Is this person free of abuse, neglect, or exploitation in his/her home or current living arrangement? • Is substance use creating harm or significant risk?

2. **ECONOMIC SECURITY:** • Is this person accessing, receiving, and controlling the economic benefits to which he/she is entitled? • Are his/her income and economic supports sufficient to cover basic living requirements (i.e., shelter, food, clothing, transportation, health care/medicine, leisure, child care)? • Does the person have economic security sufficient for maintaining stability and for effective future life planning?

3. **LIVING ARRANGEMENTS:** • Is this person living in a home that he/she chose, with supports that are necessary and sufficient for safe and successful pursuit of recovery? • If not, is this person residing in a community living arrangement that is necessary to meet the person's therapeutic and recovery needs? • Are the person's culture, language, and living and housemate preferences addressed in an appropriate and supportive manner, consistent with his/her recovery goals?

4. **SOCIAL NETWORK:** • Is this adult connected to a natural support network of family, friends, and peers, consistent with his/her choices and preferences? • Is this adult provided access to peer support and community activities? • Does this adult have opportunities to meet people outside of the service provider organization and to spend time with them?

5. **SATISFACTION WITH SERVICES:** To what extent is the person satisfied with the treatment, support services, respect, and recovery progress that he/she is presently experiencing?

Physical/Emotional Status & Access to Care

6. **HEALTH/PHYSICAL WELL-BEING:** • Is this person in the best attainable health? • Are the person's basic physical needs being met? • Does the person have health care services, as needed?

7. **MENTAL HEALTH STATUS/CARE BENEFIT:** • Is the adult's mental health status currently adequate or improving? • If symptoms of mental illness are present, does the adult have access to mental health care, necessary and sufficient, to reduce symptoms and improve daily functioning? • Is the person benefiting from continuity of care provided across mental health and health care providers?

Meaningful Life Activities

8. **EDUCATION/CAREER PREPARATION:** • Is this adult actively engaged in educational activities (e.g., adult basic education, GED course work, or post-secondary education) or vocational training programs? • Is the person receiving information about work benefits, loss of financial benefits, access to work supports, rights, responsibilities, and advocacy? • If not, does this person have access to such opportunities, subject to the person's needs and preferences?

9. **WORK:** • Is this person actively engaged in employment (competitive, supported, transitional) or in an individual placement with support in a productive situation? • If not, does this person have access to productive opportunities (e.g., consumer-operated services, community center, or library)?

10. **RECOVERY ACTIVITIES:** • Is this person actively engaged in activities necessary to improve capabilities, competencies, coping, self-management, social integration, and recovery? • If not, does this person have access to recovery and relapse prevention opportunities, subject to his/her needs, life ambitions, and personal preferences?

11. **OVERALL STATUS OF THE PERSON:** • Based on the review findings determined for Status Reviews 1–10 above, how well is this person presently doing? [Person's overall status is considered acceptable when specified combinations and levels of review findings are present. A special scoring rubric is used to determine Overall Status using a 6-point rating scale.]

Questions Concerning the Person's Progress

Presented below is a set of questions used to determine the progress of a person receiving services. A primary focus is placed on the pattern of changes recently occurring for the participant. Progress should be associated with treatment goals and services provided to the person.

1. **SYMPTOM MANAGEMENT:** To what extent are troublesome symptoms of mental illness being reduced, coped with, and personally managed by this individual?

2. **IMPROVED FUNCTIONING/SELF-MANAGEMENT:** • To what extent is the person making progress in key life areas, including self-management in the community, where appropriate?

3. **EDUCATION/WORK PROGRESS:** To what extent is this person presently making progress toward educational course completion - OR - making progress toward getting and keeping a job?

4. **PROGRESS TOWARD RECOVERY GOALS:** To what degree is the person making progress toward attainment of personally selected recovery goals in the individualized recovery plan (IRP)?

5. **RISK REDUCTION:** To what extent is reduction of risks of harm, use of chemical substances, and/or utilization of coercive techniques being accomplished with and for this person?

6. **SUCCESSFUL LIFE ADJUSTMENTS:** Consistent with this person's needs and goals, to what extent is the person making successful transitions and life adjustments between living settings, service providers, levels of care, and from dependency to personal control and direction?

7. **IMPROVEMENT IN SOCIAL GROUP AFFILIATIONS:** • To what degree is this person increasing his/her social affiliation among a variety of social groups (outside of his/her immediate social group) in the community, consistent with IRP goals? • Does the person access services and participate in social group activities available to all citizens? • Does this person affiliate with community groups, with special accommodations and supports, consistent with the person's desires? • Is the person benefiting from social group affiliation in the community?

8. **IMPROVED MEANINGFUL PERSONAL RELATIONSHIPS:** • To what degree is the person improving meaningful personal relationships with peers, friends, and family members, consistent with the person's preferences?

9. **OVERALL PROGRESS PATTERN:** Taking into account the relative degree of progress observed for the person on the above eight progress indicators, what is the overall pattern of progress made by this person: optimal, good, fair, marginal, poor, or adverse? Overall progress is considered acceptable when the overall pattern is deemed to be fair or better.

Questions Concerning Practice Performance

Presented below is a set of questions used to determine the performance of practice (essential system functions) for the person in a review. These questions focus on treatment and support functions rather than formal service system procedures.

Planning Treatment & Support

1. **PARTICIPATION/ENGAGEMENT:** • Is this person actively engaged in service decisions? • Does participation enable the person to express to the service team: (1) preferences about where and with whom to live and where to work, (2) choice of daily routines, (3) wishes about how to spend his/her time and money, (4) choice of service providers, and (5) satisfaction/dissatisfaction with services? • If the person is resistant to participation, are reasonable efforts being made to engage him/her and to support his/her participation?

2. **CULTURALLY APPROPRIATE PRACTICE:** • Are any significant cultural issues for the person being identified and addressed in practice? • Are the behavioral health services provided being made culturally appropriate via special accommodations in the person's engagement, assessment, planning, and service delivery processes?

3. **SERVICE TEAM FORMATION:** • Do the individuals who compose the service team for this person collectively possess the technical skills, knowledge of the person, authority, and access to the resources necessary to organize effective services for a person of this complexity and cultural background? • Did the person select any members of this team?

4. **SERVICE TEAM FUNCTIONING:** • Do members of the person's service team collectively function as a unified team in planning services and evaluating results? • Do actions of the service team reflect a pattern of effective teamwork and collaborative problem solving that benefits the person in a manner consistent with the person's choices and personal life goals? • Is there a shared philosophy among team members about the importance of recovery to the person?

5. **ASSESSMENT & UNDERSTANDING:** • Are the diagnoses used for the person's treatment consistent with current understandings among providers? • Is the relationship between the diagnosis and the person's bio/psycho/social functioning in daily activities well established? • Does the service team have a working understanding of the person's strengths and needs in the context of the person's recovery goals as well as underlying issues that must change for the person to have a safe and satisfying life and to fulfill desired adult roles? • Are any co-occurring conditions identified, including substance abuse? • Does the team understand the person's aspirations for personal power and control in his/her life?

6. **PERSONAL RECOVERY GOALS (PRGs):** • Are there personal recovery goals used for service planning that reflect the person's life and career aspirations? • If met, will these goals lead to the person managing successfully at home, at work, and in the community, with supports and services as necessary, to achieve ongoing recovery?

7. **INDIVIDUALIZED RECOVERY PLAN:** • Is there an IRP for this person that integrates treatment, support strategies, and services across providers and funders? • Is the IRP designed to meet personal recovery goals? • Does the IRP reflect small steps in the right direction toward recovery? • Is the IRP coherent in the assembly of strategies, supports, and services? • Does the IRP state what the person wants in his/her own words?

8. **GOODNESS-OF-SERVICE FIT:** • Are treatment, rehabilitation, and support services assembled into a holistic and coherent mix of services uniquely matched to the person's particular situation and personal recovery goals? • Does the combination and intensity of supports and services fit the person's situation so as to increase recovery results and benefits while limiting any conflicting strategies and inconveniences?

Providing Treatment & Support

9. **RESOURCE AVAILABILITY:** • Are the supports, services, and resources (both informal and formal) necessary to meet the identified needs in the IRP available for use by the person, family supporter, and service team? • Are any unavailable but necessary resources or supports identified by the person, team, or plan? • Are reasonable efforts being undertaken by the team to secure or develop any needed but unavailable supports, services, or resources?

10. **TREATMENT AND SERVICE IMPLEMENTATION:** • Are the planned therapies, services, and supports being implemented with adequate intensity and consistency to achieve stated goals? • Is implementation timely and competent? • Are recovery strategies assigned to the person and the team being implemented? • Is team problem solving any implementation problems that could lead to a failure of efforts to achieve the person's recovery goals?

11. **EMERGENT/URGENT RESPONSE CAPABILITY:** • Is there timely access to and provision of effective services to stabilize or resolve emergent or episodic problems, as needed by this person? • Are crisis services accessed and delivered in a manner that respects and does not demean the person?

12. **MEDICATION MANAGEMENT:** • Is the use of psychotropic medications for this person necessary, safe, and effective? • Does the person have a voice in medication decisions and management? • Is the person routinely screened for medication side effects and treated when side effects are detected? • Have new atypical/current generation drugs been tried, used, and/or appropriately ruled out? • Is the use of medication coordinated with other treatment modalities and with any treatment for any co-occurring conditions (e.g., seizures, diabetes, asthma, HIV)?

13. **SPECIAL PROCEDURES:** • If emergency seclusion or restraint has been used for this person, was each use: (1) Done only in an emergency? (2) Done after less restrictive alternatives were found insufficient or impractical? (3) Ordered by a trained, authorized person? (4) Accomplished with proper techniques that were safely and respectfully performed by qualified staff? (5) Effective in preventing harm? and (6) Properly supervised during use and evaluated afterwards?

14. **PRACTICAL SUPPORTS:** • Is the array of in-home and community-based supports provided to this person sufficient [in design, intensity, and dependability] to meet the person's preferences and assist him/her to achieve recovery goals? • Are supports effective during life change adjustments and in maintaining the person within the home, job, and community? • Where applicable, is individually assigned staff (job coach, respite/crisis worker, skills trainer) receiving the education and supports necessary to maintain an appropriate relationship and support arrangement for the person?

Managing Treatment & Support

15. **SERVICE COORDINATION & CONTINUITY:** • Is there a single point of coordination, accountability, and continuity in the organization, delivery, and results of treatment, supports, and services for this person? • Are IRP-specified services well coordinated across providers, funding agencies, and service settings for this person, especially when entering and leaving intensive service settings?

16. **RECOVERY PLAN ADJUSTMENT:** • Is the service coordinator using monitoring activities to follow this person's progress, changing conditions, consistency and effectiveness of supports, and results achieved? • Does the service coordinator keep all providers informed and discuss IRP implementation fidelity, barriers encountered, and progress being made? • Are services adjusted in response to problems encountered, progress made, changing needs, and knowledge gained to create a process that supports recovery?

17. **OVERALL PRACTICE PERFORMANCE:** Based on the review findings determined for Service Reviews 1-16, how well is the service system functioning for this person now? [Overall practice performance is considered acceptable when specified combinations and levels of review findings are present. A special scoring rubric is used to determine Overall Practice Performance for a person in this review process.]

Appendix B

CSR Interpretative Guide for Adult Status

Maintenance Zone: 5-6

Status is favorable. Efforts should be made to maintain and build upon a positive situation.

6 = **OPTIMAL STATUS**. The best or most favorable status presently attainable for this person in this area [taking age and ability into account]. The person doing great! Confidence is high that long-term goals or expectations will be met in this area.

5 = **GOOD STATUS**. Substantially and dependably positive status for the person in this area with an ongoing positive pattern. This status level is consistent with attainment of long-term goals in area. Status is "looking good" and likely to continue.

Acceptable Range: 4-6

Refinement Zone: 3-4

Status is minimum or marginal, may be unstable. Further efforts are necessary to refine the situation.

4 = **FAIR STATUS**. Status is minimally or temporarily sufficient for the person to meet short-term objectives in this area. Status is minimally acceptable at this point in time, but may be short-term due to changing circumstance, requiring change soon.

3 = **MARGINAL STATUS**. Status is marginal or mixed and not quite sufficient to meet the person's short-term objectives now in this area. Status now is not quite enough for the person to be satisfactory today or successful in the near-term. Risks are minimal.

Improvement Zone: 1-2

Status is now problematic or risky. Quick action should be taken to improve the situation.

2 = **POOR STATUS**. Status continues to be poor and unacceptable. The person seems to be "stuck" or "lost" and status is not improving. Risks are mild to moderate.

1 = **ADVERSE STATUS**. The person's status in this area is poor and getting worse. Risks of harm, restriction, separation, regression, and/or other poor outcomes are substantial and increasing.

Unacceptable Range: 1-3

CSR Interpretative Guide for Practice Performance

Maintenance Zone: 5-6

Performance is effective. Efforts should be made to maintain and build upon a positive practice situation.

6 = **OPTIMAL PERFORMANCE**. Excellent, consistent, effective practice for this person in this function area. This level of performance is indicative of exemplary practice and results for the person. ["Optimum" does not imply "perfection."]

5 = **GOOD PERFORMANCE**. At this level, the system function is working dependably for this person, under changing conditions and over time. Effectiveness level is consistent with meeting long-term goals for the person. [Keep this going for good results]

Acceptable Range: 4-6

Refinement Zone: 3-4

Performance is minimal or marginal and maybe changing. Further efforts are necessary to refine thepractice situation.

4 = **FAIR PERFORMANCE**. This level of performance is minimally or temporarily sufficient for the person to meet short-term objectives. Performance may be time-limited or require adjustment soon due to changing circumstances.[Some refinement is indicated]

3 = **MARGINAL PERFORMANCE**. Practice at this level may be under-powered, inconsistent, or not well-matched to need. Performance is insufficient for the person to meet short-term objectives. [With refinement, this could become acceptable in the near future.]

Improvement Zone: 1-2

Performance is inadequate. Quick action should be taken to improve practice now.

2 = **POOR PERFORMANCE**. Practice at this level is fragmented, inconsistent, lacking in intensity, or off-target. Elements of practice may be noted, but it is incomplete/not operative on a consistent basis.

1 = **ADVERSE PERFORMANCE**. Practice may be absent or not operative. Performance may be missing (not done). - OR - Practice strategies, if occurring in this area, may be contra-indicated or may be performed inappropriately or harmfully.

Unacceptable Range: 1-3

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. **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.

*Note: Blanks on the following pages denote items that are not applicable.

CSR/Adult Status and Performance

Anchor Mental Health n= 5 DC Adult Review 2008

Status of the Person	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	5	100%	0%	20%	80%
Economic security	5	100%	0%	20%	80%
Living arrangement	5	80%	0%	40%	60%
Social network	5	60%	20%	80%	0%
Satisfaction	5	80%	0%	100%	0%
Health/Phy well-being	5	80%	0%	60%	40%
Mental health status	5	80%	0%	80%	20%
Education/career	2	50%	0%	100%	0%
Work	3	67%	0%	100%	0%
Recovery activities	5	80%	0%	100%	0%
Overall Status	5	80%	0%	100%	0%

Recent Progress	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	5	100%	0%	80%	20%
Improvement self-mgt.	5	80%	0%	60%	40%
Education/wk progress	3	67%	0%	100%	0%
Recovery goals	5	80%	0%	100%	0%
Risk reduction	3	100%	0%	67%	33%
Successful life adj.	3	100%	0%	100%	0%
Social group affilia.	5	80%	0%	80%	20%
Meaningful relationship	5	60%	0%	100%	0%
Overall Pattern	5	80%	0%	100%	0%

CSR/Adult Status and Performance

Anchor Mental Health n= 5 DC Adult Review 2008

Current Practice Performance	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	5	60%	0%	80%	20%
Engagement efforts by staff	5	100%	0%	20%	80%
Culturally appropriate practice	1	100%	0%	0%	100%
Service team formation	5	60%	0%	80%	20%
Service team functioning	5	60%	0%	80%	20%
Assessment & understanding	5	80%	0%	80%	20%
Personal recovery goals	5	80%	0%	60%	40%
IRP	5	80%	20%	40%	40%
Goodness-of-service fit	5	80%	0%	60%	40%
Resource availability	5	80%	0%	80%	20%
Treatment & services implem.	5	100%	0%	60%	40%
Emergent/urgent response	2	100%	0%	50%	50%
Medication management	5	60%	0%	80%	20%
Special procedures					
Practical supports	5	80%	0%	60%	40%
Service coord. & continuity	5	80%	0%	60%	40%
Recovery plan adjustment	5	80%	0%	60%	40%
Overall Practice Performance	5	80%	0%	60%	40%

CSR/Adult Status and Performance

Community Connections n= 21 DC Adult Review 2008

Status of the Person	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	21	71%	10%	52%	38%
Economic security	21	86%	0%	43%	57%
Living arrangement	21	62%	10%	48%	43%
Social network	21	62%	14%	62%	24%
Satisfaction	20	90%	5%	20%	75%
Health/Phy well-being	21	71%	5%	52%	43%
Mental health status	21	48%	14%	52%	33%
Education/career	10	30%	40%	40%	20%
Work	10	40%	50%	10%	40%
Recovery activities	21	48%	29%	33%	38%
Overall Status	21	62%	10%	57%	33%

Recent Progress	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	21	57%	14%	62%	24%
Improvement self-mgt.	21	52%	24%	43%	33%
Education/wk progress	10	50%	50%	20%	30%
Recovery goals	21	48%	24%	52%	24%
Risk reduction	21	52%	24%	52%	24%
Successful life adj.	20	50%	25%	45%	30%
Social group affilia.	19	42%	21%	68%	11%
Meaningful relationship	20	45%	25%	50%	25%
Overall Pattern	21	52%	24%	57%	19%

CSR/Adult Status and Performance

Community Connections n= 21 DC Adult Review 2008

Current Practice Performance	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	21	71%	5%	67%	29%
Engagement efforts by staff	21	86%	0%	48%	52%
Culturally appropriate practice	11	91%	9%	27%	64%
Service team formation	21	43%	33%	48%	19%
Service team functioning	21	38%	33%	52%	14%
Assessment & understanding	21	62%	0%	67%	33%
Personal recovery goals	21	52%	10%	71%	19%
IRP	21	67%	10%	71%	19%
Goodness-of-service fit	21	62%	10%	62%	29%
Resource availability	21	76%	10%	52%	38%
Treatment & services implem.	21	57%	10%	57%	33%
Emergent/urgent response	9	67%	22%	44%	33%
Medication management	19	63%	11%	47%	42%
Special procedures	1	100%	0%	0%	100%
Practical supports	18	72%	17%	67%	17%
Service coord. & continuity	21	67%	24%	52%	24%
Recovery plan adjustment	21	48%	14%	62%	24%
Overall Practice Performance	**21**	62%	5%	71%	24%

CSR/Adult Status and Performance

DCCSA n= 28 DC Adult Review 2008

Status of the Person	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	28	89%	7%	36%	57%
Economic security	28	89%	7%	43%	50%
Living arrangement	28	86%	11%	29%	61%
Social network	28	71%	7%	64%	29%
Satisfaction	25	100%	0%	24%	76%
Health/Phy well-being	28	71%	11%	46%	43%
Mental health status	28	82%	0%	61%	39%
Education/career	9	22%	33%	56%	11%
Work	13	54%	23%	54%	23%
Recovery activities	21	67%	14%	57%	29%
Overall Status	28	89%	7%	54%	39%

Recent Progress	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	28	79%	7%	61%	32%
Improvement self-mgt.	28	79%	7%	54%	39%
Education/wk progress	11	45%	18%	73%	9%
Recovery goals	24	67%	4%	75%	21%
Risk reduction	23	83%	13%	43%	43%
Successful life adj.	22	64%	5%	73%	23%
Social group affilia.	25	56%	12%	60%	28%
Meaningful relationship	26	62%	8%	65%	27%
Overall Pattern	28	75%	7%	64%	29%

CSR/Adult Status and Performance

DCCSA n= 28 DC Adult Review 2008

Current Practice Performance	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	28	68%	7%	57%	36%
Engagement efforts by staff	28	89%	4%	43%	54%
Culturally appropriate practice	16	100%	0%	13%	88%
Service team formation	28	71%	4%	57%	39%
Service team functioning	28	71%	4%	61%	36%
Assessment & understanding	28	82%	0%	54%	46%
Personal recovery goals	28	61%	14%	54%	32%
IRP	28	68%	7%	79%	14%
Goodness-of-service fit	28	93%	0%	68%	32%
Resource availability	28	89%	0%	68%	32%
Treatment & services implem.	28	86%	4%	57%	39%
Emergent/urgent response	11	100%	0%	45%	55%
Medication management	27	89%	4%	30%	67%
Special procedures	2	100%	0%	0%	100%
Practical supports	21	76%	0%	57%	43%
Service coord. & continuity	28	79%	7%	46%	46%
Recovery plan adjustment	28	57%	7%	64%	29%
Overall Practice Performance	**28**	89%	0%	68%	32%

CSR/Adult Status and Performance

Deaf Reach n= 1 DC Adult Review 2008

Status of the Person	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	1	100%	0%	100%	0%
Economic security	1	100%	0%	0%	100%
Living arrangement	1	0%	0%	100%	0%
Social network	1	100%	0%	0%	100%
Satisfaction	1	100%	0%	100%	0%
Health/Phy well-being	1	0%	0%	100%	0%
Mental health status	1	100%	0%	0%	100%
Education/career					
Work	1	0%	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	100%	0%	100%	0%
Improvement self-mgt.	1	0%	0%	100%	0%
Education/wk progress	1	0%	0%	100%	0%
Recovery goals	1	100%	0%	100%	0%
Risk reduction					
Successful life adj.					
Social group affilia.	1	100%	0%	100%	0%
Meaningful relationship	1	100%	0%	100%	0%
Overall Pattern	1	100%	0%	100%	0%

CSR/Adult Status and Performance

Deaf Reach n= 1 DC Adult Review 2008

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

CSR/Adult Status and Performance

Family Preservation n= 2 DC Adult Review 2008

Status of the Person	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	2	50%	50%	50%	0%
Economic security	2	0%	100%	0%	0%
Living arrangement	2	0%	0%	100%	0%
Social network	2	50%	0%	100%	0%
Satisfaction	2	0%	100%	0%	0%
Health/Phy well-being	2	50%	0%	100%	0%
Mental health status	2	0%	50%	50%	0%
Education/career	2	0%	50%	50%	0%
Work	2	0%	100%	0%	0%
Recovery activities	2	0%	50%	50%	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	2	0%	100%	0%	0%
Recovery goals	2	0%	100%	0%	0%
Risk reduction	2	0%	100%	0%	0%
Successful life adj.	2	0%	100%	0%	0%
Social group affilia.	2	50%	50%	50%	0%
Meaningful relationship	2	50%	0%	100%	0%
Overall Pattern	2	0%	100%	0%	0%

CSR/Adult Status and Performance

Family Preservation n= 2 DC Adult Review 2008

Status of the Person	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	2	50%	50%	50%	0%
Economic security	2	0%	100%	0%	0%
Living arrangement	2	0%	0%	100%	0%
Social network	2	50%	0%	100%	0%
Satisfaction	2	0%	100%	0%	0%
Health/Phy well-being	2	50%	0%	100%	0%
Mental health status	2	0%	50%	50%	0%
Education/career	2	0%	50%	50%	0%
Work	2	0%	100%	0%	0%
Recovery activities	2	0%	50%	50%	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	2	0%	100%	0%	0%
Recovery goals	2	0%	100%	0%	0%
Risk reduction	2	0%	100%	0%	0%
Successful life adj.	2	0%	100%	0%	0%
Social group affilia.	2	50%	50%	50%	0%
Meaningful relationship	2	50%	0%	100%	0%
Overall Pattern	2	0%	100%	0%	0%

CSR/Adult Status and Performance

First home care n= 2 DC Adult Review 2008

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

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

CSR/Adult Status and Performance

First home care n= 2 DC Adult Review 2008

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%	0%	100%	0%
Service team functioning	2	0%	0%	100%	0%
Assessment & understanding	2	100%	0%	100%	0%
Personal recovery goals	2	50%	0%	50%	50%
IRP	2	50%	0%	100%	0%
Goodness-of-service fit	2	100%	0%	50%	50%
Resource availability	2	50%	0%	50%	50%
Treatment & services implem.	2	100%	0%	50%	50%
Emergent/urgent response					
Medication management					
Special procedures					
Practical supports	1	100%	0%	0%	100%
Service coord. & continuity	2	50%	0%	50%	50%
Recovery plan adjustment	2	0%	0%	100%	0%
Overall Practice Performance	**2**	50%	0%	50%	50%

CSR/Adult Status and Performance

Green Door n= 15 DC Adult Review 2008

Status of the Person	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	15	73%	20%	27%	53%
Economic security	15	80%	0%	53%	47%
Living arrangement	15	73%	13%	33%	53%
Social network	15	60%	7%	60%	33%
Satisfaction	15	80%	7%	20%	73%
Health/Phy well-being	15	80%	7%	60%	33%
Mental health status	15	73%	13%	33%	53%
Education/career	8	63%	25%	38%	38%
Work	10	60%	10%	50%	40%
Recovery activities	13	69%	8%	54%	38%
Overall Status	15	67%	20%	27%	53%

Recent Progress	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	15	73%	13%	60%	27%
Improvement self-mgt.	15	67%	7%	60%	33%
Education/wk progress	10	50%	30%	30%	40%
Recovery goals	14	79%	14%	64%	21%
Risk reduction	9	67%	22%	44%	33%
Successful life adj.	14	64%	7%	57%	36%
Social group affilia.	14	43%	14%	64%	21%
Meaningful relationship	15	53%	27%	53%	20%
Overall Pattern	15	60%	13%	67%	20%

CSR/Adult Status and Performance

Green Door n= 15 DC Adult Review 2008

Current Practice Performance	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	15	93%	0%	40%	60%
Engagement efforts by staff	15	87%	0%	13%	87%
Culturally appropriate practice	6	83%	17%	17%	67%
Service team formation	15	60%	7%	53%	40%
Service team functioning	15	53%	0%	73%	27%
Assessment & understanding	15	87%	0%	60%	40%
Personal recovery goals	15	87%	0%	53%	47%
IRP	15	67%	0%	60%	40%
Goodness-of-service fit	15	80%	0%	53%	47%
Resource availability	15	73%	0%	60%	40%
Treatment & services implem.	15	87%	0%	53%	47%
Emergent/urgent response	5	100%	0%	20%	80%
Medication management	15	100%	0%	33%	67%
Special procedures	1	100%	0%	0%	100%
Practical supports	11	82%	0%	45%	55%
Service coord. & continuity	15	93%	0%	33%	67%
Recovery plan adjustment	15	73%	0%	40%	60%
Overall Practice Performance	**15**	93%	0%	47%	53%

CSR/Adult Status and Performance

KIDD International / CFSA n= 1 DC Adult Review 2008

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	100%	0%	100%	0%
Social network	1	0%	100%	0%	0%
Satisfaction	1	0%	0%	100%	0%
Health/Phy well-being	1	100%	0%	0%	100%
Mental health status	1	0%	0%	100%	0%
Education/career	1	100%	0%	0%	100%
Work	1	0%	100%	0%	0%
Recovery activities	1	0%	100%	0%	0%
Overall Status	1	0%	0%	100%	0%

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

CSR/Adult Status and Performance

KIDD International / CFSA n= 1 DC Adult Review 2008

Current Practice Performance	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	1	0%	100%	0%	0%
Engagement efforts by staff	1	0%	100%	0%	0%
Culturally appropriate practice					
Service team formation	1	0%	100%	0%	0%
Service team functioning	1	0%	100%	0%	0%
Assessment & understanding	1	0%	0%	100%	0%
Personal recovery goals	1	0%	100%	0%	0%
IRP	1	0%	100%	0%	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	0%	0%	100%	0%
Medication management	1	100%	0%	100%	0%
Special procedures					
Practical supports	1	100%	0%	0%	100%
Service coord. & continuity	1	0%	100%	0%	0%
Recovery plan adjustment	1	0%	100%	0%	0%
Overall Practice Performance	1	0%	100%	0%	0%

CSR/Adult Status and Performance

Life Stride n= 2 DC Adult Review 2008

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

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

CSR/Adult Status and Performance

Life Stride n= 2 DC Adult Review 2008

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

CSR/Adult Status and Performance

McClendon Center n= 1 DC Adult Review 2008

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%	0%	100%
Satisfaction	1	100%	0%	0%	100%
Health/Phy well-being	1	100%	0%	0%	100%
Mental health status	1	100%	0%	0%	100%
Education/career					
Work					
Recovery activities	1	100%	0%	0%	100%
Overall Status	1	100%	0%	0%	100%

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

CSR/Adult Status and Performance

McClendon Center n= 1 DC Adult Review 2008

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

CSR/Adult Status and Performance

Pathway to Housing n= 2 DC Adult Review 2008

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

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

CSR/Adult Status and Performance

Pathway to Housing n= 2 DC Adult Review 2008

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

CSR/Adult Status and Performance

Psychiatric Center n= 2 DC Adult Review 2008

Status of the Person	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	2	0%	50%	50%	0%
Economic security	2	50%	0%	100%	0%
Living arrangement	2	0%	0%	100%	0%
Social network	2	50%	50%	50%	0%
Satisfaction	2	100%	0%	50%	50%
Health/Phy well-being	2	100%	0%	100%	0%
Mental health status	2	0%	100%	0%	0%
Education/career	1	0%	100%	0%	0%
Work	1	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%	100%	0%	0%
Improvement self-mgt.	2	0%	100%	0%	0%
Education/wk progress					
Recovery goals	2	0%	100%	0%	0%
Risk reduction	2	0%	100%	0%	0%
Successful life adj.	2	0%	100%	0%	0%
Social group affilia.	1	0%	100%	0%	0%
Meaningful relationship	2	0%	100%	0%	0%
Overall Pattern	2	0%	100%	0%	0%

CSR/Adult Status and Performance

Psychiatric Center n= 2 DC Adult Review 2008

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

CSR/Adult Status and Performance

Psychiatric Center n= 2 DC Adult Review 2008

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

CSR/Adult Status and Performance

Scruples Corporation n= 2 DC Adult Review 2008

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

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

CSR/Adult Status and Performance

Scruples Corporation n= 2 DC Adult Review 2008

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

CSR/Adult Status and Performance

Universial Health Care n= 2 DC Adult Review 2008

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

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

CSR/Adult Status and Performance

Universial Health Care n= 2 DC Adult Review 2008

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

CSR/Adult Status and Performance

Volunteer of America n= 1 DC Adult Review 2008

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%	0%	100%
Satisfaction	1	100%	0%	0%	100%
Health/Phy well-being	1	100%	0%	100%	0%
Mental health status	1	100%	0%	100%	0%
Education/career					
Work					
Recovery activities	1	0%	0%	100%	0%
Overall Status	1	100%	0%	0%	100%

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					
Recovery goals	1	100%	0%	100%	0%
Risk reduction					
Successful life adj.	1	100%	0%	0%	100%
Social group affilia.	1	100%	0%	100%	0%
Meaningful relationship	1	100%	0%	100%	0%
Overall Pattern	1	100%	0%	100%	0%

CSR/Adult Status and Performance

Volunteer of America n= 1 DC Adult Review 2008

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

CSR/Adult Status and Performance

Washington Hospital Center n= 1 DC Adult Review 2008

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	100%	0%	0%	100%
Social network	1	100%	0%	0%	100%
Satisfaction	1	100%	0%	0%	100%
Health/Phy well-being	1	100%	0%	100%	0%
Mental health status	1	100%	0%	0%	100%
Education/career					
Work	1	100%	0%	100%	0%
Recovery activities					
Overall Status	1	100%	0%	0%	100%

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

CSR/Adult Status and Performance

Washington Hospital Center n= 1 DC Adult Review 2008

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