
**2010 Report on
Adult Service Consumers**

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

June 2010

Presented to the Dixon Court Monitor

**by
Human Systems and Outcomes, Inc.**

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Purpose and Scope of the Review

The Final Court-Ordered Plan for Dixon, et al v. Williams [March 28, 2001] required that performance measures be developed and used within a methodology for measuring service system performance. The court-ordered Exit Criteria and Method [September 21, 2001] set forth further detail for measurement requirements attendant to consumers, including:

- ◆ Consumer service reviews will be conducted using stratified samples.
- ◆ Independent teams will conduct annual reviews.
- ◆ Annual data collection on individuals will include consumer interviews, record reviews, staff interviews, caregiver interviews, and analysis of data.
- ◆ The independent teams will cover key areas of review for each consumer. For adult service consumers, these key areas include community living, health, meaningful activity, social networks, income, assessment and planning, treatment and support services, specialized services, coordination of care, and emergent/urgent response to needs.

To begin the process of meeting the requirements of these orders, a case review protocol was developed, tested, revised, and then used to create a baseline for subsequent measurement of progress. The baseline 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 sample 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 an increase in the number of consumers reviewed. Fifty-five (55) consumers were reviewed, with 69% having an acceptable status rating and the highest overall practice performance rating of 80% acceptable practice performance.

The 2008 review included an additional increase in the number of consumers included in the review sample in an effort to further generalize the system findings. A case judging process and direct feedback to providers were also instituted during the 2008 review. Eighty-eight consumers were reviewed with overall findings of 74% acceptable consumer status and 74% acceptable system performance.

In 2009, 86 consumers were reviewed; with 74% having acceptable status and 70% having acceptable system performance. Case judging activities continued and 91% of individual reviews received feedback for clinical teams and workers.

2010 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 2010 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 and complexity.

The 2010 review results brought new evidence of progress in the performance of the adult service system. There is an improvement in teaming processes, such as the functioning of teams, formation of teams, and coordination. Additionally, the D.C. Community Services Agency (DCCSA) transitioned the remainder of their consumers, keeping psychiatry services and the Multicultural Center.

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 (CSW), 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 341 people interviewed as part of the CSR this year, with an average of 3.7 interviews per case review.

Reviews were completed over a three-week period of time between April 26 and May 14, 2010, and included 85 adult consumers of mental health services. Reviews were completed by reviewers who were trained by HSO. Fifty-nine scheduled reviews were conducted by HSO-affiliated personnel as the lead reviewer and 26 scheduled reviews were completed by Department of Mental Health (DMH) staff as the lead reviewer. Fifty-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 were “mentored” by experienced reviewers from DMH and HSO. Some of the “shadows” were assigned as observers of the CSR process. Shadows included a consumer, the Director of DMH, DMH Deputy Directors, psychology interns, personnel for the D.C. Department of Health Care Finance, staff from Saint Elizabeths Hospital, Quality Assurance staff from the Child and Family Services Agency (CFSA), an Assistant Attorney General, former DCCSA staff, community stakeholders, and the Dixon Court Monitor.

As in the 2008 and 2009 reviews, a case judge was used to ensure inter-rater reliability between DMH and HSO reviewers and to provide additional support to reviewers needing to discuss ratings. The case judge met with 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 DMH and 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 Dr. Ivor Groves of HSO.

A process for providing direct feedback to service providers was piloted during the 2008 reviews and continued in 2009. The Core Service Agencies (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 DMH. Feedback sessions are case-specific and do not

include information that is reflective of the CSA or worker(s) providing services, as a whole. 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 and received positive input from agency staff and reviewers. During the 2009 review, feedback was scheduled and given on nearly all of the consumers reviewed. Feedback was provided for 91% or 77 of the reviews in the 2010 review, the highest percentage since this activity was introduced. CSAs have expressed a positive response to the feedback process and that agency staff largely find value in the feedback that is provided.

The Court Monitor, CAN, HSO, and DMH received positive response in 2009 to the issuance of gift cards to consumers participating in the CSR. Again this year, each adult consumer participating in a CSR received a \$25 gift certificate to a retail store. Reviewers were instructed to present the gift cards, with appreciation for participation and sharing of information, to the consumers following the interviews. Consumers interviewed by phone were mailed a gift card.

Review Sample Characteristics

The 2010 CSR occurred during the review weeks of April 26 to May 14. A stratified random sample of 96 clients was drawn from the enrolled consumers on the DMH eCURA data system. The target number for review was 88 with an approximate 10% oversampling to account for attrition in the review process, such as rescinding of consent or inability to locate the consumer during the review time period. The 96 consumer names selected were the target 88, plus eight additional names for the oversampling. 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, 2009. 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 consumers selected for review. Despite this commitment and the hard work of CAN, 64 persons in the sample were replaced due to attrition with inactivity/discharge from services or not connected with an agency being the most common reason for not being part of the review sample. Schedules were completed for 86 consumers, with 85 consumers reviewed.

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 10692 consumers received at least one service between July 1 and December 31, 2009. This is more than twice the population size of 5211 for the 2009 review. The information in Display 1 provided by DMH reflects consumers who received a billed service, of which there are both CSA and sub-providers listed. Services were provided for these consumers from 33 different providers: 26 CSAs and seven sub-providers, although all of the listed providers appear on the eCURA population. There were 26 different provider agencies (CSAs) in 2009. These provider agencies differ in the number of consumers they serve. The 2010 review population is more distributed than in past reviews. Nearly one quarter of the population (23%) is serviced by one agency, Community Connections, followed by Green Door-13% and DCCSA-12%. By the time the review occurred, the percentage of DCCSA consumers declined due to the ongoing transition of consumers to new providers, which began in March 2009. Comparatively, in 2009 almost three-quarters (72%) of the consumers

were served by three agencies: (1) DCCSA-30%; (2) Community Connections-25%; and (3) Green Door-17%.

The review sample design is such that the final sample reflects the consumer distribution across agencies. Therefore, 23% of the consumers selected for review were chosen from Community Connections, based on the percentage of the total consumer population served by this agency, for example. The remainder of the sample was chosen from 17 other agencies, primarily based on size relative to percentage of the population. A total of 18 out of 33 providers were reviewed for the 2010 CSR, although not all of the providers reviewed were CSAs. **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, 2009, According to eCURA

Provider	Total # of Consumers	% of Population	# in Sample	# in Review	% in Review
1. Community Connections, Inc.	2414	23%	23	22	26%
2. Green Door	1383	13%	14	15	18%
3. DCCSA/Mental Health Services Division	1284	12%	11	7	8%
4. Washington Hospital Center	963	9%	10	7	8%
5. Anchor Mental Health	630	6%	7	6	7%
6. McClendon Center	463	4%	4	4	5%
7. Life Stride, Inc.	310	3%	3	2	2.4%
8. Fihankra Place, Inc.	249	2.3%	3	2	2.4%
9. Family Preservation	230	2.2%	3	2	2.4%
10. Psychiatric Center Chartered	214	2%	2	2	2.4%
11. Pathways to Housing	185	1.7%	2	2	2.4%
12. Universal Health Care Management	163	1.5%	2	2	2.4%
13. Volunteers of America	159	1.5%	2	2	2.4%
14. First Home Care	157	1.5%	2	2	2.4%
15. PSI	137	1.3%	2	2	2.4%
16. RCI Counseling Center	137	1.3%	2	2	2.4%
17. Capital Community	130	1.2%	2	2	2.4%
18. PPG	118	1.1%	0	0	0%
19. Scruples Corporation	89	.8%	0	0	0%
20. Launch, LLC	74	.7%	0	0	0%
21. Hillcrest Children's Center	67	.6%	0	0	0%
22. Woodley House*	39	.4%	0	0	0%
23. Careco Mental Health Services*	35	.3%	0	0	0%
24. Deaf REACH	32	.3%	2	2	2.4%
25. Mary's Center	31	.3%	0	0	0%
26. Progressive Life	27	.3%	0	0	0%
27. Family Matters	14	.1%	0	0	0%
28. Latin American Youth Center	12	.1%	0	0	0%
29. MD/DC Family Resource Center	9	.1%	0	0	0%
30. St. Paul's House*	2	0%	0	0	0%
31. School-based**	2	0%	0	0	0%
32. API*	1	0%	0	0	0%
33. Wade and Wade*	1	0%	0	0	0%
Unassigned	782	7%	0	0	0%
Comprehensive Psychiatric Emergency Program	149	1.4%	0	0	0%
Totals	10692	100%	96	85	100%

*Sub-provider

**School-based services are part of the Mental Health Services Division

Stratified Random Sample

The final sample of 96 was chosen from the eCURA population of consumers. The final sample differed from the review sample due to sample attrition (i.e., inactivity/discharge from services or not connected with an agency). When a replacement was required, a consumer from the same agency, age group, and gender was chosen. Selection for inclusion in the review was completed proportionally according to age range and gender (e.g., if the 30-49 age range had the largest number of consumers receiving services, then subsequently, this age range had the largest number of consumers included in the sampling frame).

Description of the Consumers in the Review

A total of 85 reviews were completed during the 2010 CSR. The reviews were completed over a three-week timeframe with 59 completed by external reviewers and 26 completed by trained DMH staff. Presented in this section are displays that detail the characteristics of this year's consumers.

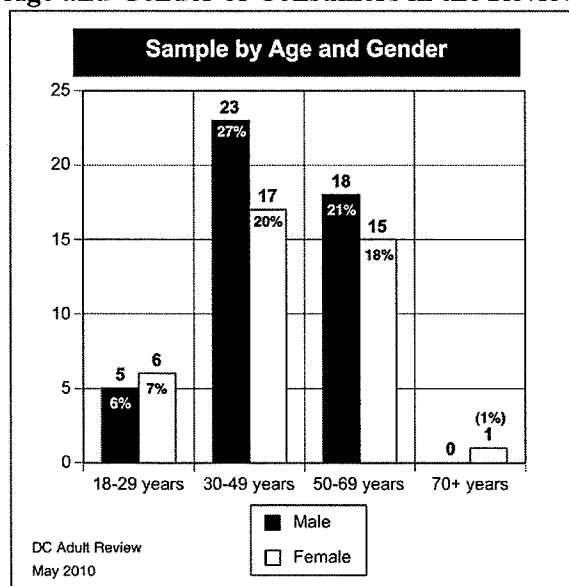
Age and Gender

Consumers receiving a billed-for service between July 1 and December 31, 2009, according to the eCURA data system, were stratified by age-range, with consideration to gender. The review sample consisted of both male and female consumers across the identified age ranges as represented in the larger population. **Display 2** illustrates the age and gender of consumers who were reviewed in the final review sample.

There were slightly more males in the population this year: 5498 males or 52%, compared to 5152 females or 48%, and 42 persons listed with an unidentified gender. The sample was chosen to reflect an even distribution of 44 females and 44 males with the final review sample of 85 yielding 39 females and 46 males.

The majority of the case reviews completed fell in the 30-49 age range with 47% of the review sample in this age range. This range included the largest number of males (23 or 27% of the review sample), as well. In the 2009 review, the majority of consumers reviewed (54%) were in the 50-69 age range.

Display 2
Age and Gender of Consumers in the Review



Display 3 illustrates the distribution of consumers by age for the population and review sample.

Display 3
Distribution of Population and Review Sample by Age Range

Age Range	# in Population	% in Population	# in Review	% in Review
18-29	1575	15%	11	13%
30-49	4432	42%	40	47%
50-69	4389	41%	33	39%
70+	296	3%	1	1%
Total	10692	100%	85	100%

There is variability between the sample and the review due to attrition and replacement issues. For example, if a 57-year-old female from a CSA refused to participate and there were no other 57-year-old females in that CSA's population, a 57-year-old male or a different age female was then chosen. 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. There are rare times when reviewers find that the stated age and actual age of the consumer do not match.

Display 4 illustrates the breakdown of gender in the population compared to the review sample.

Display 4
Distribution of Population and Review Sample by Gender

Gender	# in Population	% in Population	# in Review	% in Review
Male	5498	52%	46	54%
Female	5152	48%	39	46%
Unidentified gender	42	<1%	0	0%
Total	10692	100%	85	100%

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 5** below, African-American consumers made up the largest percentage of consumers reviewed, with 82% of the reviewed sample listed in this category. This distribution is consistent with previous review samples. There is some diversity again this year

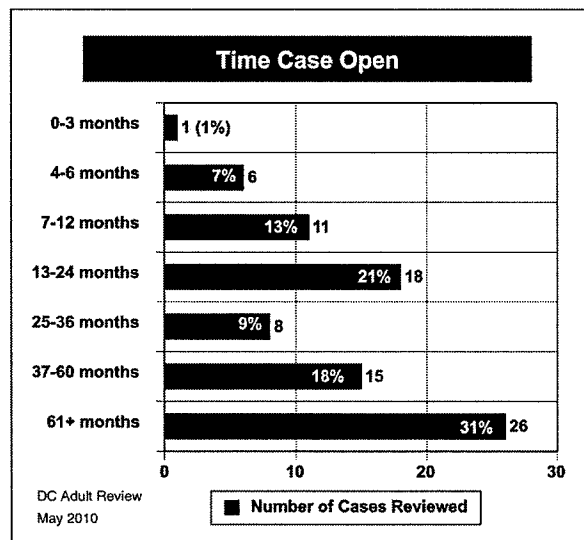
with 6% of the review sample being from African countries and 4% being of Latino descent. Eight percent of the consumers reviewed this year were Caucasian. Two consumers had English as a second language and two were hearing impaired and communicating through American Sign Language.

Display 5
Distribution of Consumers by Ethnicity

Ethnicity	Number	Percentage
Euro-American	7	8%
African-American	70	82%
Latino-American	3	4%
Ethiopian	4	5%
Other African Countries	1	1%
Totals	85	100%

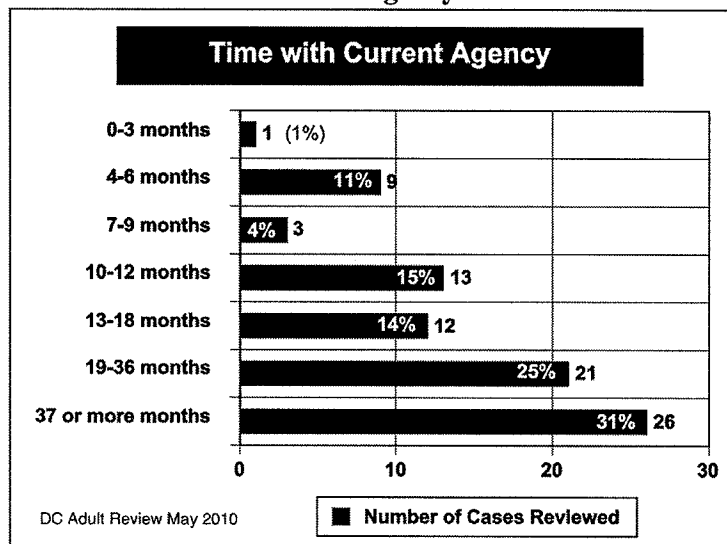
The following display shows the length of time the 85 consumers included in the review have been receiving services since their most recent intake for services. As illustrated in **Display 6**, 31% have been receiving services for longer than 61 months, with 58% having participated in services for longer than two years. This is a shift from 2009 where 84% of the consumers had been receiving services for longer than two years.

Display 6
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 show that 31% of the consumers reviewed had been with the current CSA for three or more years, with 70% receiving services from the current agency for more than one year. This is compared to 63% of the consumers reviewed in 2009 had been with their provider longer than 36 months.

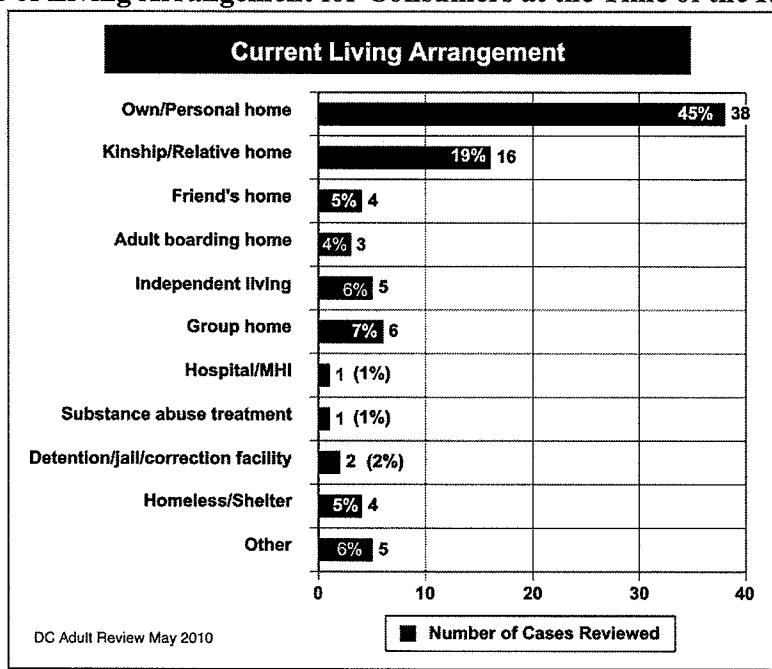
Display 7
Length of Time Consumers in the Review have been Receiving Services
From Current Agency/Provider



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. Forty-five percent were living in their own homes, an increase from the 2009 review where 38% of the reviewed consumers were living in their own homes. An additional 19% were living with family members (such as a paramour, adult child, or extended family members), 5% were living with a friend, 7% were living in a group home, 6% were living in independent living, and 4% were living in an adult boarding home. One consumer this year was hospitalized on the day of review, two were in a correction facility, and one was in a residential substance abuse treatment facility. The remaining five consumers were living in one of the following: foster care (transitioning youth), rooming facility, senior living, and a single residence occupancy building.

Display 8
Type of Living Arrangement for Consumers at the Time of the Review



Level of Care Provided

The **Level of Care Utilization System (LOCUS)** is a widely used tool by clinicians to determine appropriate levels of services and support intensities for persons with mental illness. The LOCUS measures the person's status in six dimensions: (1) Risk of Harm; (2) Functional Status; (3) Medical, Addictive, and Psychiatric Co-Morbidity; (4) Recovery Environment; (5) Treatment and Recovery History; and (6) Engagement and Recovery Status. A five-point scale is used to rate the person's status in each dimension. A scoring methodology is applied to select one of six possible "levels of care" for the person. Each level of care describes a flexible combination of services and resource intensities deemed responsive to the person's support requirements at the time the assessment is made. Because a person's status and life situation is dynamic over time, the LOCUS may be reapplied whenever a major life change occurs to determine a responsive level of care to meet new support requirements.

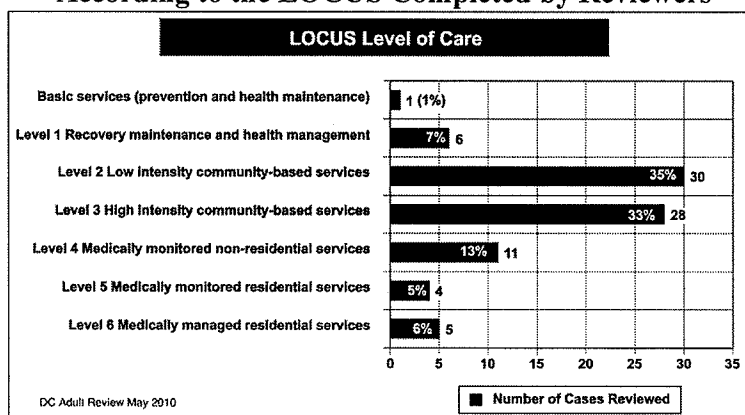
Historically, DMH has required that providers assess consumer functioning using the LOCUS every 90 days for each service consumer or at anytime there was a change requested in level of care (Assertive Community Treatment or ACT authorization request, crisis bed authorization request, crisis services, hospital admission, etc.). In mid-May 2009, the requirement changed to a minimum of 180 days or at anytime there is a change requested in level of care.

CSR reviewers are required to draw from the current case record the most recent LOCUS-determined level of care for a DMH consumer selected for review. The level of care is recorded on the CSR data form completed by the reviewer (see item #26 on the CSR Profile-Adult Version). The reviewer indicates on the data form that the level of care was determined from the consumer's record. In the event that no recent LOCUS level reflecting the person's current situation can be found in the case record, the CSR reviewer is instructed to estimate a level of care based on the types and intensities of services being delivered to the person at the time of review. The reviewer records in the CSR data form that the level given was the "reviewer's best estimate." The best estimate strategy is used only when a consumer's record either does not provide a LOCUS score or when the consumer's functional status has changed significantly

since the last LOCUS score was recorded and, thus, no longer accurately reflects the consumer's functional status nor level of supports required.

Forty-three percent of the consumers reviewed were level 2 or lower (prevention, low-intensity community-based services, recovery maintenance, basic services). Thirty-three percent required level 3 (high intensity community-based services) and the remaining 24% required higher levels of care (medically monitored secure/non-secure; medically managed). There is a slight shift in the level of intensity of service need for consumers this year, with a higher percentage of consumers in the high intensity community-based to medically managed residential services levels 3, 4, 5, and 6. **Display 9** illustrates the LOCUS ratings by level of care.

Display 9
Level of Care Consumers were Receiving at the Time of the Review
According to the LOCUS Completed by Reviewers



The **Global Assessment of Functioning (GAF)** is a numeric scale (0-100 points) used by mental health clinicians and physicians to subjectively rate the social, occupational, and psychological functioning of adults; that is, how well or adaptively a person is meeting various problems in daily living situations. Thus, a GAF reflects a clinician's informed best estimate of a person's level of functioning at a point in time and within a specific daily context at the time the estimate is given.

DMH requires that service providers determine, record, and update each consumer's diagnostic profile (the GAF is Axis V using the DSM-IV-R). This information is to be included in the consumer's current treatment record.

CSR reviewers are required to draw from the current case record the most recent GAF level determined for a DMH consumer selected for review. The GAF level is obtained by the reviewer and then classified within one of three intervals (i.e., $GAF \leq 60$, $GAF 61-70$, $GAF \geq 71$) on the CSR data form completed (see item #30 on the CSR Profile–Adult Version). In the event that no recent GAF level reflecting the person’s current situation can be found in the case record, the CSR reviewer is instructed to estimate the GAF interval based on the person’s current situation, setting, and level of daily functioning. The best estimate strategy is used only when a consumer’s record either does not provide a GAF score or when the consumer’s functional status has changed significantly since the last GAF score was recorded and, thus, no longer accurately reflects the consumer’s functional status.

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 10 shows the consumers’ level of functioning according to the scale provided in the protocol. Nine consumers (11% of the review sample) had no more than slight impairment in functioning or a GAF score of 71 or higher. Twenty-four consumers (28% of the review sample) had difficulty functioning in one area ($GAF 61-70$) and 52 consumers (61%) had difficulty functioning in several areas ($GAF \leq 60$). There was a shift in the percentage of consumers having difficulty functioning in several areas, when compared to the 2009 data of 74% with a GAF score of ≤ 60 . In 2009, eight consumers (9% of the review sample) had no more than slight impairment in functioning or a GAF score of 71 or higher. Fifteen consumers (17% of the review sample) had difficulty functioning in one area ($GAF 61-70$) and 65 consumers (74%) had difficulty functioning in several areas ($GAF < 60$).

Display 10
General Level of Functioning for Consumers in the Review

CSR General Level of Functioning	# of Consumers in the Review	Percentage of Review Sample
No more than slight impairment (≥ 71)	9	11%
Difficulty in one area (61-70)	24	28%
Difficulty in multiple areas (≤ 60)	52	61%
Totals	85	100%

For comparative purposes, **Display 11** indicates the general level of functioning separated by the age ranges of the consumers in the review. The 30-49 age range had the most difficulties with 26 consumers having difficulty in multiple areas. In addition, this age range had the highest number of consumers in the review.

Display 11
General Level of Functioning for Consumers in the Review by Age Range

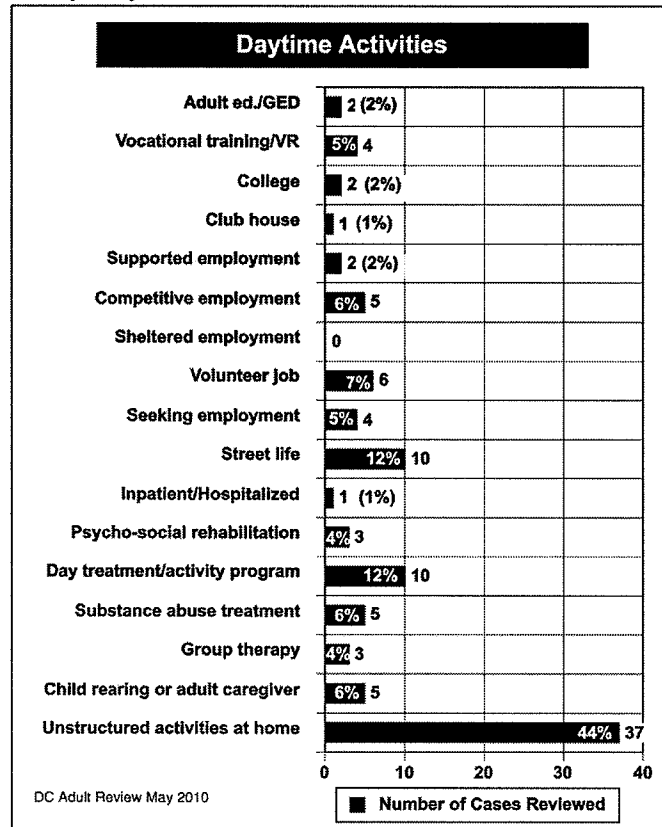
Age Ranges	No More Than Slight Impairment (≥ 71)	Difficulty in One Area (61-70)	Difficulty in Multiple Areas (≤ 60)	Totals
18-29	1	4	6	11
30-49	4	10	26	40
50-69	4	10	19	33
≥ 70	0	0	1	1
Totals	9	24	52	85

Daytime Activities

Display 12 lists the major daytime activities in which sample members were participating at the time of the review as identified by reviewers. The categories are not mutually exclusive; more than one daytime activity may be reported for a single consumer. As the display indicates, there was a mix of primary daytime activities for review participants. Twenty-nine percent were involved in some type of education or vocational activity (GED; vocational training; supported, competitive, sheltered or part-time employment, seeking employment), a 5% difference from the 2009 data where 34% were participating in these activities. Twenty-seven percent were participating in treatment activities, such as clubhouses, group therapy, day treatment, or psycho-social rehabilitation—a 15% decrease from 2009. This includes the 6% who are in substance-abuse-related treatment activities. The remaining consumers spent the day in street life (12%), in child rearing or caregiving activities (6%), or in unstructured activities at home (44%), such as

watching TV. The most notable difference is in the unstructured daytime activities where there is a 19% increase of consumers in this area.

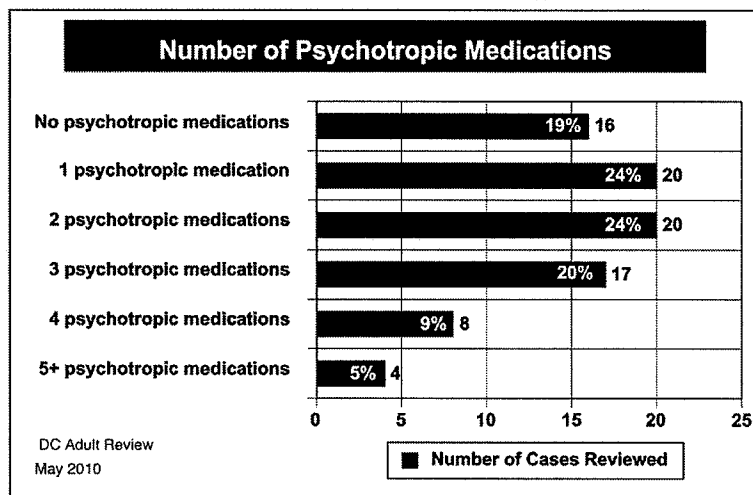
Display 12
Primary Daytime Activities for Consumers in the Review



Psychiatric Medications

Persons with severe and persistent mental illness often are prescribed psychiatric medications to relieve symptoms. Sixty-nine consumers (81%) reviewed were prescribed psychotropic medications. The following display illustrates the number of psychiatric medications prescribed for members of the review sample. Sixteen consumers (19%) were not prescribed any psychiatric medications. Almost half (48%) of the consumers were prescribed two or less psychiatric medications, compared to 35% in the 2009 CSR. Forty percent of the consumers were prescribed three or more psychiatric medications, compared with 51% in 2009.

Display 13
Number of Psychotropic Medications Prescribed for Consumers
at the Time of the Review

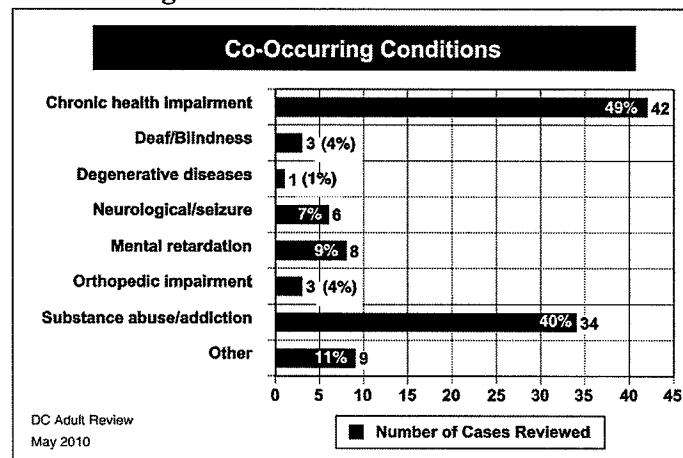


Co-occurring Conditions

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 14** lists the prevalence of the co-occurring conditions for consumers in the review sample. The most prevalent co-occurring condition was chronic health issues, which was noted for 49% of the consumers reviewed, compared to 58% in 2009. Many adult consumers living with mental illness are also living with

chronic and severe physical health impairments; many are living with multiple health impairments. The health-related issues noted in the 2010 review were congenital heart murmur, obesity, chronic headaches, incontinence, HIV/AIDS, high blood pressure/hypertension, diabetes, asthma/COPD, and high cholesterol. Substance abuse was listed as the next most frequent co-occurring condition and listed for 40% of the consumers reviewed, a similar representation to the 2009 data in which 42% of the consumers reviewed had substance abuse as a co-occurring issue. Seizures and seizure disorders were occurring in 7% of the sample and mental retardation for 9%. The “other” or miscellaneous category was marked for 11% of the consumers and included PTSD, dementia and memory issues, hallucinations, and anger issues.

Display 14
Co-occurring Conditions for Consumers in the Review



Quantitative Case Review Findings

Overview of the Case Review Process

Reviews completed for all 85 consumers during the 2010 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 versus unacceptable interpretive frameworks will be used for the following presentations of aggregate data.

Interviews

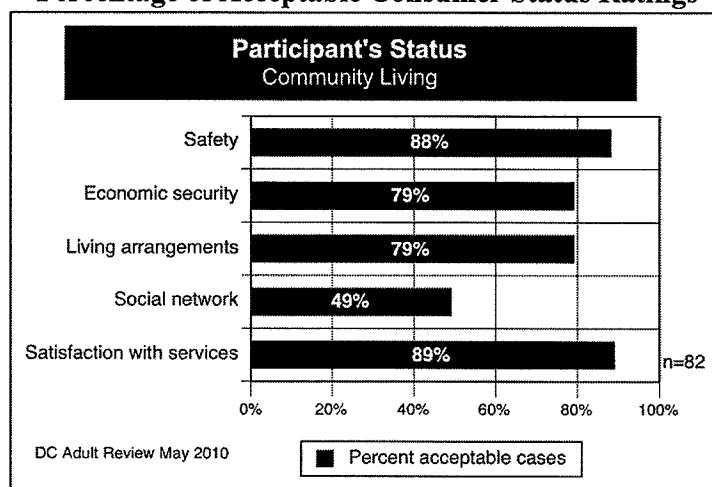
Review activities in each case included a review of plans and records as well as interviews with the consumer, any relevant caregiver, and others involved in providing services and supports. A total of 314 people were interviewed for the 85 consumers in this year’s review. The number of interviews ranged from two to six persons, with an average number of 3.7 interviews per consumer reviewed.

Consumer Status Results

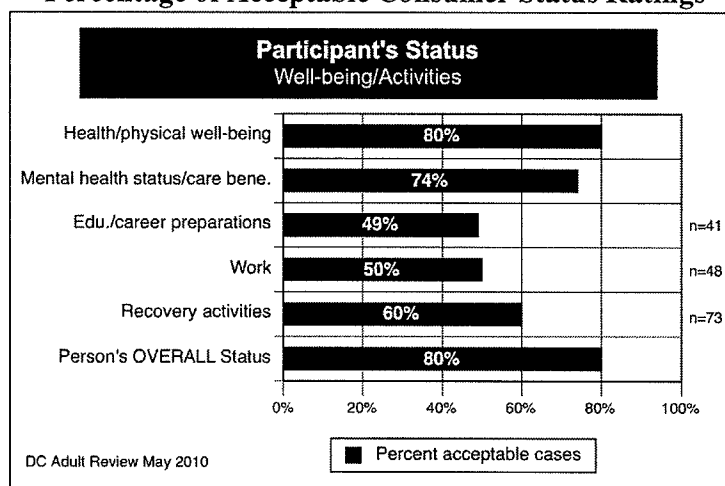
There are ten indicators identified to measure and describe the current status of a consumer. A detailed description of these ten indicators is attached to this report as **Appendix A**. The

following two displays present findings for each of the ten indicators in two different formats. **Display 15** uses a “percent acceptable” format to report the proportion of the sample members for which the item was determined applicable and acceptable. **Display 16** uses the “action zone” framework that divides the 6-point rating scale into three segments corresponding to the maintenance, refinement, and improvement zones.

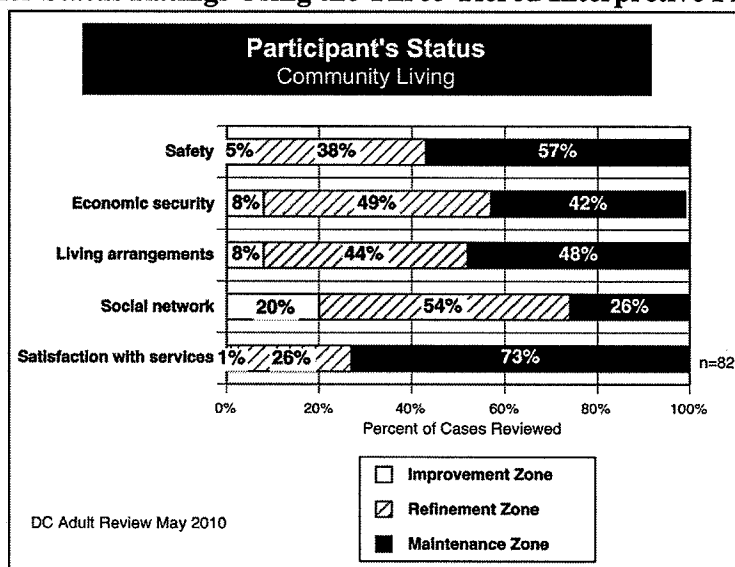
Display 15
Percentage of Acceptable Consumer Status Ratings



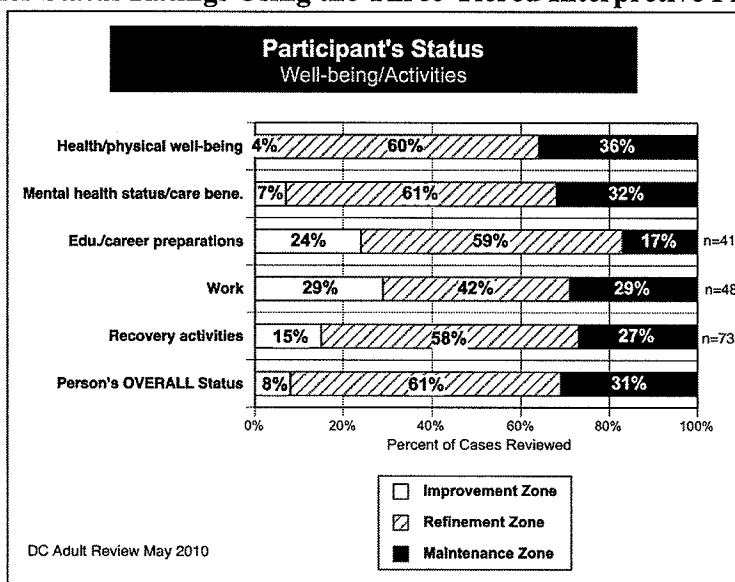
Display 15 (continued)
Percentage of Acceptable Consumer Status Ratings



Display 16
Consumer Status Ratings Using the Three-Tiered Interpretive Framework



Display 16 (continued)
Consumer Status Ratings Using the Three-Tiered Interpretive Framework



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 80%, compared to 74% of the adults in the review in May 2009. Eighty percent of the adults reviewed were found to have at least fair or minimally acceptable status.

Five indicator areas stand out as strengths for the consumers reviewed this year: safety, economic security, living arrangements, satisfaction with services, and physical health and well-being. These same status indicators were identified as strengths in 2009, with the exception of physical health.

Safety. Eighty-nine percent of the consumers in this year’s review were safe from imminent risk of physical harm in their daily environment (89% acceptable), with 57% in the maintenance zone and 38% in the refinement zone. Although the percentage of consumers with acceptable safety is similar to the 2009 data of 85% acceptable, the percentage of consumers in the refinement zone has increased.

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 79% of the review sample and slightly lower than the 2009 data of 85% acceptable status in this area. Forty-two percent of the review sample was in the maintenance or green zone, 49% in the refinement or yellow zone, and 8% needed improvement or scored in the red zone.

Living Arrangements. Seventy-nine percent of the consumers this year were found to be living in an appropriate living arrangement. Using the three-tiered interpretive framework, 48% of the review sample was in the maintenance or green zone, 44% in the refinement or yellow zone, and 8% in the improvement or red zone. The acceptable percentages for living arrangements are

lower than found in the 2009 review, with an increase of 11% in consumers in the refinement/yellow zone and a 9% decrease in consumers in the maintenance/green zone.

Satisfaction with Services. Consumers continue to be highly satisfied with the services and supports they are receiving. The satisfaction with services indicator was one of the strongest consumer status indicators again this year and was found applicable for 82 of the 85 consumers reviewed. Eighty-nine percent of the 82 consumers reported acceptable levels of satisfaction, with 73% falling in the maintenance zone. Although the percentage of acceptable ratings is slightly less than the 2009 data, there is a 6% increase in consumers in the maintenance zone.

Physical Health and Well-being. The area of physical health and well-being was closely examined again this year. Reviewers were asked to list the health conditions for each consumer with an unacceptable rating for this indicator. As noted earlier, many consumers have co-occurring health issues. A higher percentage of consumers had acceptable health status in the 2010 review: 80% acceptable versus 72% acceptable in 2009. Just over a third of the adults reviewed this year were in the maintenance zone (36%), 60% were in the refinement zone, and 4% required immediate intervention. This distribution is comparable to the 2009 data.

There were three status areas this year that stood out as opportunities: social network, education/work preparation, and recovery activities.

Social Network. Establishing, cultivating, and maintaining relationships can be challenging for some adult consumers of mental health services and can require creativity, accommodations, and supports. Reviewers inquire about and measure the diversity of a person's social network; i.e., are there relationships with family members, peers, and persons not in mental health services, as well as are these relationships supportive of the person's recovery efforts, and are opportunities for relationships present or facilitated by the system. Reviewers found social networks and social affiliations acceptable for 49% of the consumers reviewed this year, 26% of whom were in the maintenance zone, 54% in the refinement zone, and 20% in the improvement zone. In 2009, reviewers found social networks and social affiliations acceptable for 60% of the consumers

reviewed, 18% of whom were in the maintenance zone, 69% in the refinement zone, and 13% in the improvement zone.

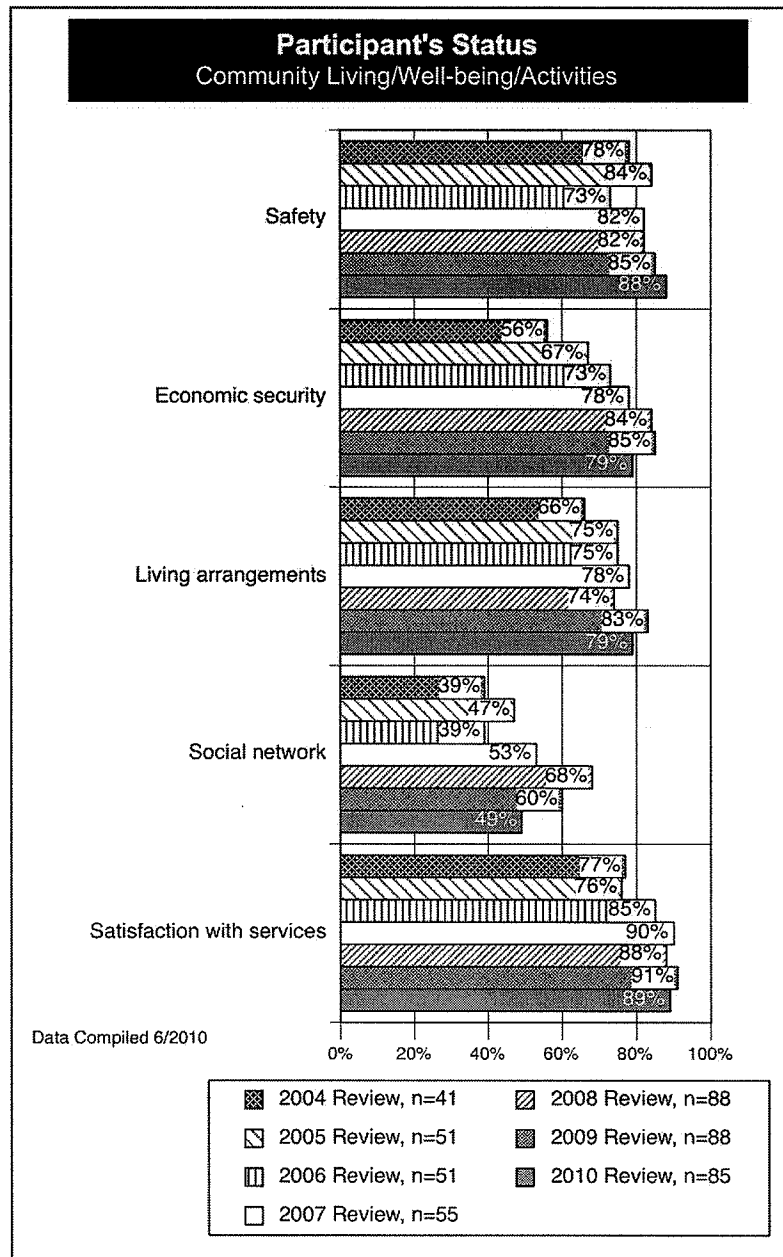
Education/Work Preparation. Education and work preparation indicators are presented together as they are similar indicators and don't necessarily apply to all consumers. These two indicators apply to persons who have stated that they are interested in educational or work-related activities, such as obtaining a GED, going to college, attending adult education or vocational skill-building courses, and working in any variety of employment settings, including sheltered, supported, and competitive employment and volunteer activities. Forty-one of the consumers reviewed were interested in educational activities, of which 49% had acceptable participation, an 8% increase from 2009. Seventeen percent were in the green/maintenance zone (22% in 2009), 59% in the yellow/refinement zone (41% in 2009), and 24% were in the red/improvement zone (38% in 2009), indicating a need for immediate action in this area.

Forty-eight consumers reported they were interested in (or already participating in) employment-related activities, with half (50%) having acceptable access to or participation in these activities. Twenty-nine percent of the 48 consumers were in the improvement zone, 42% in the refinement zone, and 29% were in the maintenance zone. This is a shift from the 2009 data with 9% more in the improvement zone this year compared to last year.

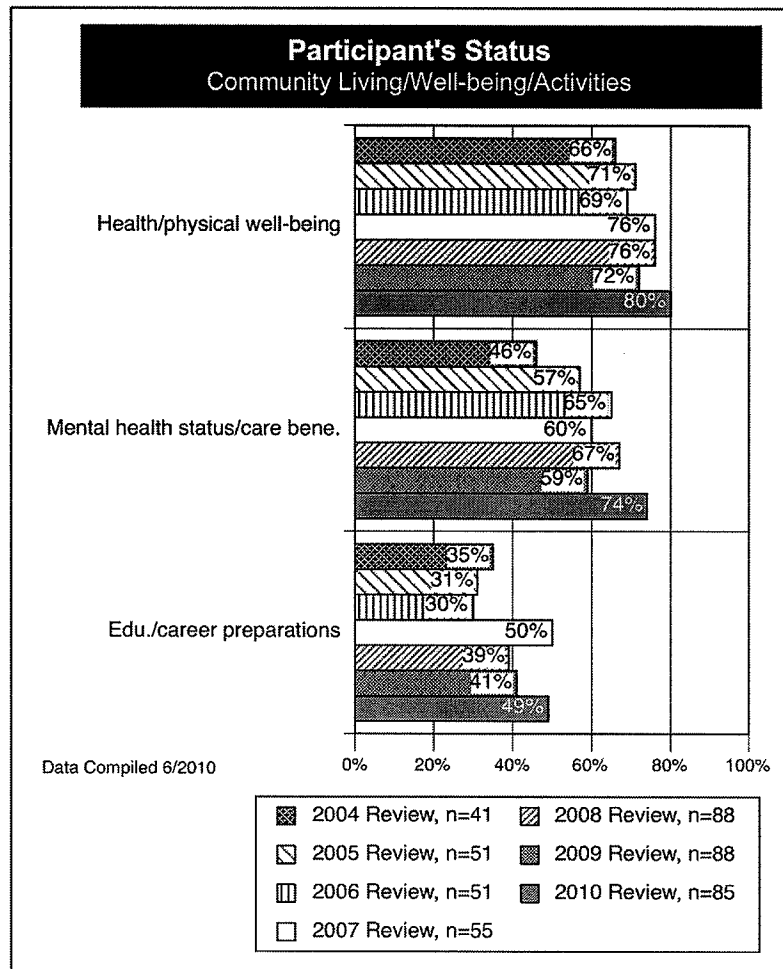
Recovery Activities. Recovery activities are treatment and life-related activities that are identified between the treatment team and the consumer. Recovery activities include acquiring vocational and educational skills, independent living, relationships, meaningful daily activity, navigating public transportation, symptom management, and improving physical health. Seventy-three consumers again this year had identified recovery goals or were participating in recovery-oriented activities. Sixty percent had acceptable status in recovery activities, a slight increase from 2009 data (58%), with 27% in the maintenance zone, 58% in the refinement zone, and 15% in the improvement zone. This distribution is similar to the 2009 distribution across the three zones.

The following **Display 17** illustrates the results for each of the consumer status indicators across the reviews completed since 2004.

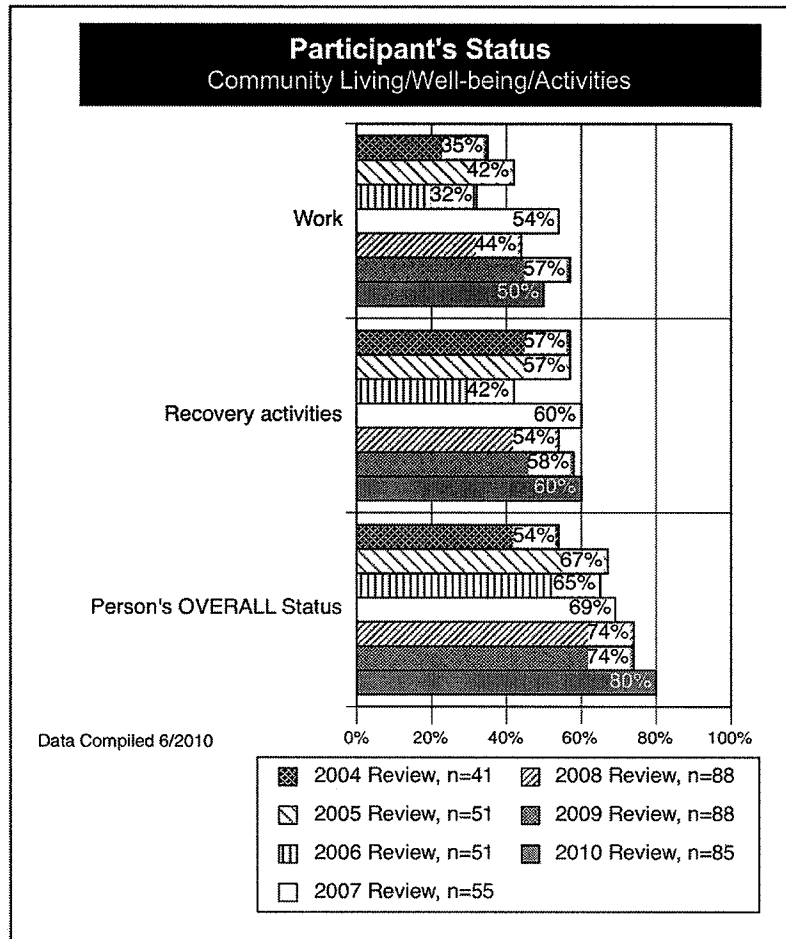
Display 17
Overall Consumer Status Results for Seven Reviews



Display 17 (continued)
Overall Consumer Status Results for Seven Reviews



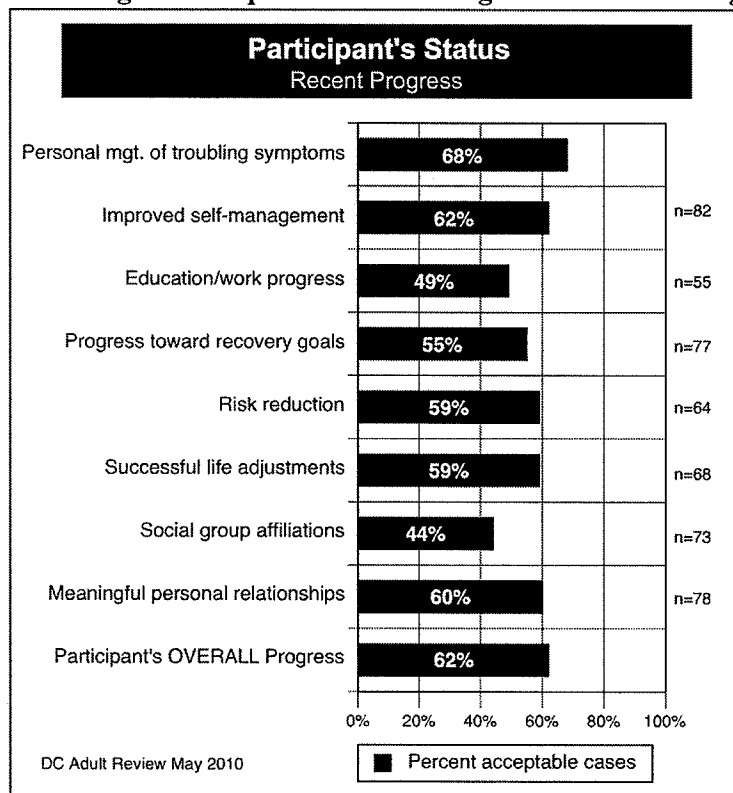
Display 17 (continued)
Overall Consumer Status Results for Seven Reviews



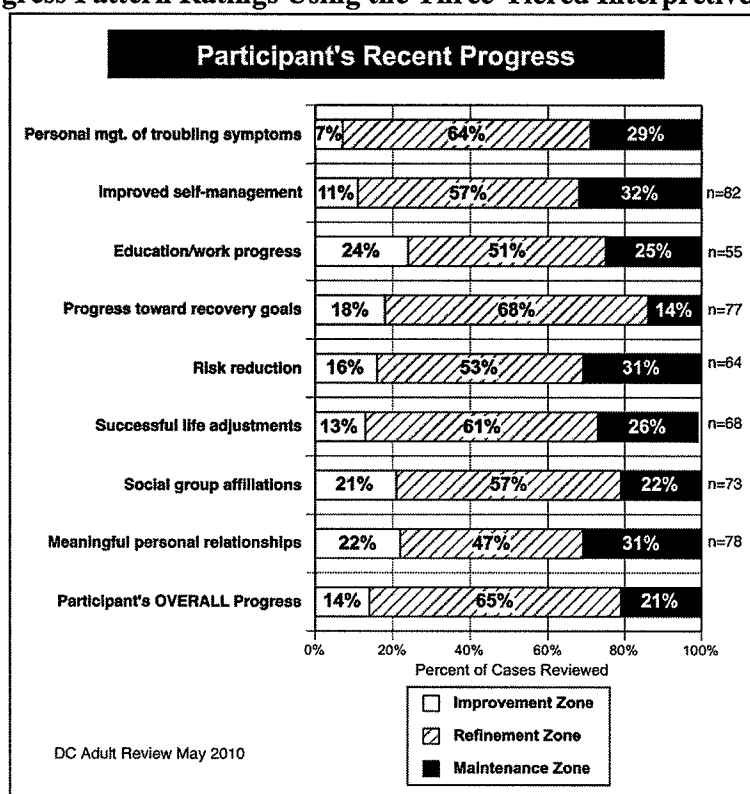
Recent Progress Patterns Showing Change Over Time

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 18** uses a “percent acceptable” format to report the proportion of the sample members for which the item was determined applicable and acceptable. **Display 19** 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 18
Percentage of Acceptable Recent Progress Pattern Ratings



Display 19
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 62% of the consumers reviewed this year, a decrease of 7% from 2009. Distribution across the zones is slightly different from 2009, with 21% in the maintenance zone (28% in 2009), 65% in the refinement zone (59% in 2009), and 14% in the improvement zone (versus 13% last year). These data indicate a slight shift from the maintenance zone into the refinement and improvement zones.

Progress in Personal Management of Troubling Symptoms. Findings for recent progress in symptom reduction and personal management of symptoms showed 68% of the sample having acceptable ratings for this indicator, with a 7% decrease from the 2009 CSR.

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., adequate maintenance of symptoms, vocational skill development, independent living, substance abstinence, etc.) and was found applicable for 77 of the 85 consumers reviewed. Findings for progress toward recovery goals indicate that 55% of the applicable consumers in the review sample had acceptable ratings for this indicator, a decline of 10% when compared to the 2009 results of 65%. Distribution of these data varies when compared to the 2009 data: 14% in the maintenance zone (compared to 22% in 2009), 68% in the refinement zone (63% in 2009), and 18% needing improvement (15% in 2009).

Risk Reduction. This indicator was applicable for 64 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.

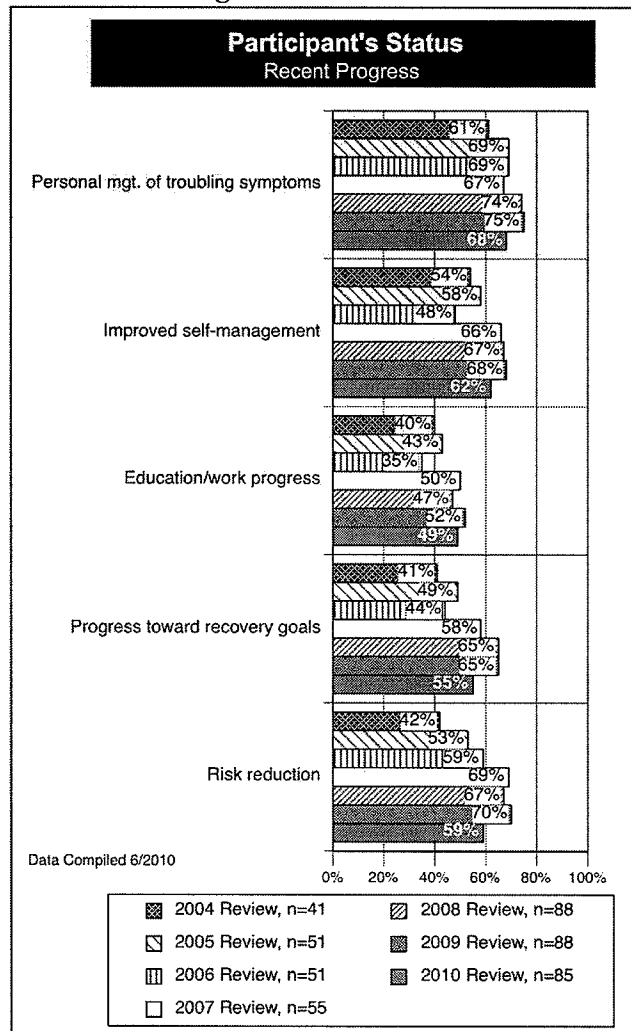
The overall finding for risk reduction has declined as compared to 2009. Fifty-nine percent of the consumers reviewed in 2010 had at least minimally acceptable progress in risk reduction, compared to 70% in 2009. Distribution is different as well with 31% in the maintenance zone, compared with 38% in this zone in 2009; 53% percent in the refinement zone, compared with 44% in 2009; and 16% in the improvement zone, which is similar to 2009 at 18%.

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 68 of the consumers in this year's review of services. Fifty-nine percent of the consumers to which this indicator applied were found to have at least minimally adequate progress in this area; a decrease of 4% from the 2009 review. Looking at the data from the three-zoned approach, 26% were in the maintenance zone, 61%

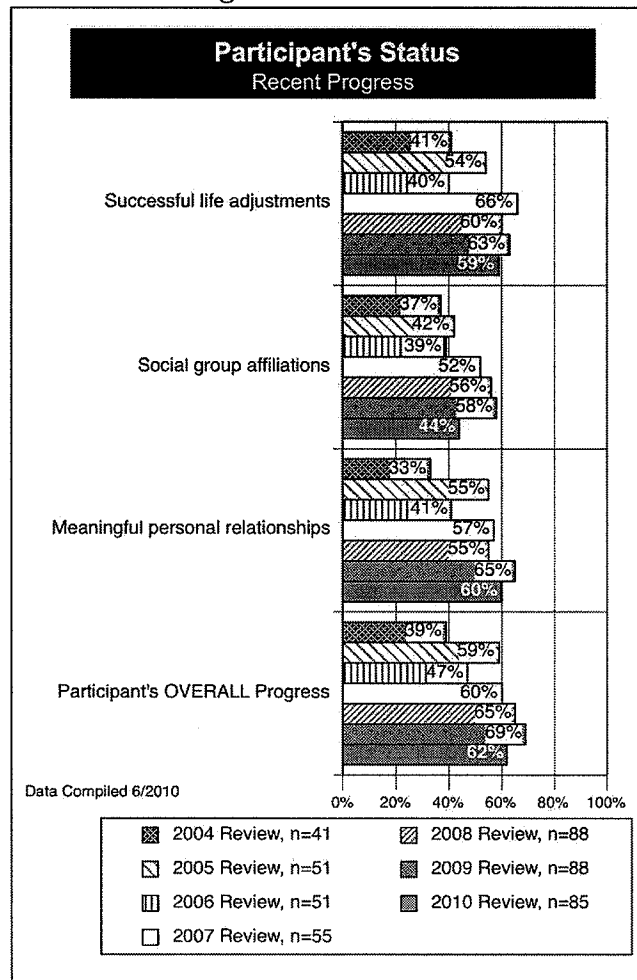
were in the refinement zone, and 13% fell in the improvement zone. Distribution across the three zones is very similar to the 2009 data (28% maintenance, 59% refinement, 13% improve).

The following **Display 20** shows the ratings of progress that have resulted from each of the past seven review years. Many indicators this year showed a higher percentage of consumers in the improvement zone when compared with the 2009 results. The overall acceptable progress rating this year of 62% is one of the higher overall progress pattern scores to date.

Display 20
Overall Consumer Progress Pattern Results for Seven Reviews



Display 20 (continued)
Overall Consumer Progress Pattern Results for Seven Reviews

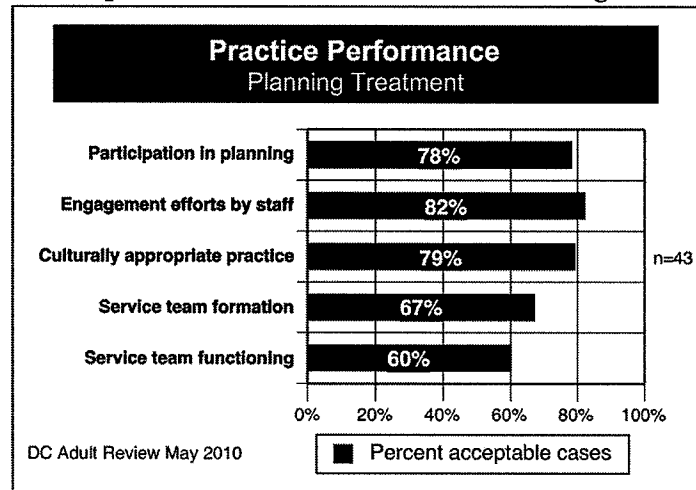


Practice Performance Indicators

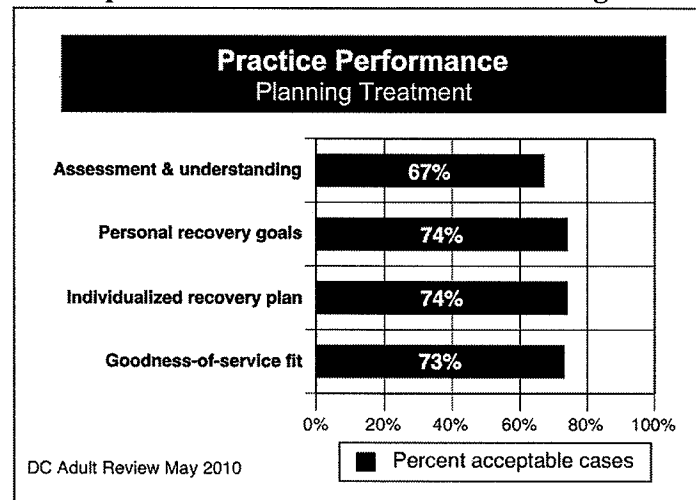
The CSR Protocol contained 17 indicators of practice performance that were applied to the service situations observed for consumers in the review sample. See **Appendix A** for specifics about these indicators. For organizational purposes, the 17 indicators were divided into two sets. The first set—“planning treatment,” containing eight indicators—focused on engagement, understanding the situation, setting directions, making plans, and organizing a good mix of services. Findings for these nine indicators are presented in **Displays 21 and 22**. The second set—“providing and managing treatment,” consisting of eight indicators—focused on resources, implementation, special procedures and supports, service coordination, and tracking and adjustment. **Displays 23 and 24** 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.

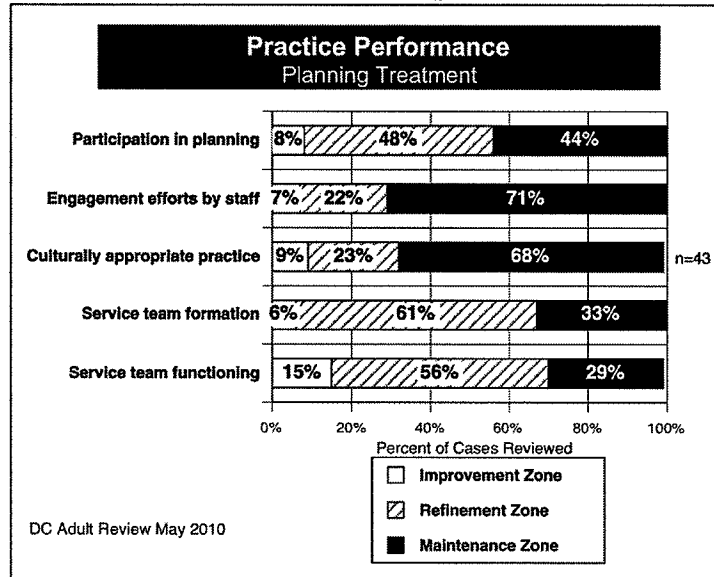
Display 21
Percentage of Acceptable Practice Performance: Planning Treatment Ratings



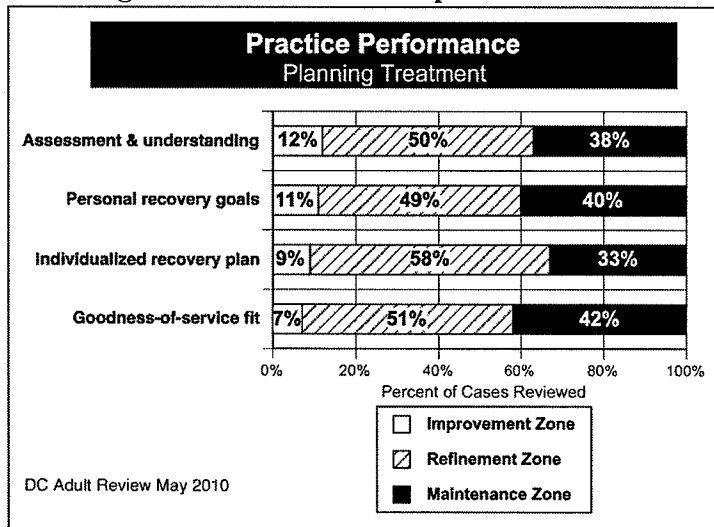
Display 21 (continued)
Percentage of Acceptable Practice Performance: Planning Treatment Ratings



Display 22
Practice Performance: Planning Treatment Ratings
Using the Three-Tiered Interpretive Framework



Display 22 (continued)
Practice Performance: Planning Treatment Ratings
Using the Three-Tiered Interpretive Framework



Engagement. Data for engagement of a consumer are 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 diligently to engage consumers to participate in assessment, planning, and treatment activities. Given the severity of symptoms attributed to diagnoses, such as schizophrenia, schizo-affective disorder, bipolar disorder, and substance abuse, some consumers can be challenging when motivating participation in aspects of treatment. Regardless, professionals must engage and accommodate a consumer, which often requires tenacity, creativity, patience, and a person-centered approach. Seventy-eight percent of the consumers this year were found to have acceptable participation in these processes, a slight increase from 72% in 2009. Distribution across the zones varies slightly between the 2009 and 2010 CSRs, with 8% (11% in 2009) in the improvement/red zone, 48% (51% in 2009) in the refinement/yellow zone, and 44% (38% in 2009) in the maintenance/green zone.

The engagement efforts of staff were similar this year: 82% in 2010 versus 85% in 2009. Distribution across the zones for this indicator shows 7% of the consumers needing improvement in engagement efforts (improvement/red zone), 22% needing refinement (refinement/yellow zone), and 71% in the maintenance/green zone. There is a shift in the three-zone distribution this year with 20% more consumers in the maintenance zone (shifted from the refinement zone). This shift is positive and an area of strength in the system.

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 service providers and the consumer, and ideally should be “person-centered” and based on a recovery model of practice.

Teaming indicators are broken down into two separate indicators: formation and functioning, as these aspects impact teaming differently. Findings for service team formation were acceptable for 67%, a 10% increase from 57% acceptable in the 2009 review. Distribution of ratings among the three zones shows 6% of consumers in the red or improvement zone (22% in 2009), 61% in the yellow or refinement zone (44% in 2009), and 33% in the green or maintenance zone (34% in 2009). There is a large shift between the improvement and refinement zones, indicating progress in the system.

The functioning of service teams was found to be at least minimally adequate for 60% of the consumers reviewed, compared to 49% in 2009, an increase of 11%. Distribution across the three zones shows a shift from the refinement zone to both the improvement and maintenance zones: 15% improvement (22% in 2009), 56% refinement (61% in 2009), and 29% maintenance (17% in 2009).

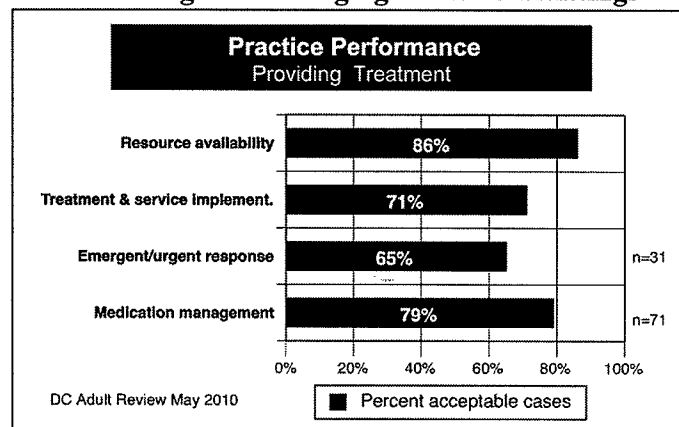
Assessment and Understanding. This indicator is not limited to the presence of psychological, intake, or other types of assessments or assessment tools, and includes the team's overall understanding of the consumer (i.e., history, symptoms, triggers and cycle, preferences, strengths, needs and supports, etc.) and the use of this knowledge to drive planning and interventions. Findings in this area were similar this year to the 2009 data. Teams were adequately knowledgeable in 67% of the consumers reviewed and were lower, yet comparable, to the 2009 (70%), 2008 (74%), 2007 (76%), and 2006 (75%) findings. Distribution is similar this year with a slight shift toward the improvement zone: 12% improve (7% in 2009), 50% refine (52% in 2009), and 38% maintain (41% in 2009).

Individualized Recovery Plan. Findings for IRPs were acceptable for 74% of the consumers included in the review, a significant increase of 19% from the 2009 data. Thirty-three percent were in the maintenance or green zone (16% in 2009), 58% in the refinement or yellow zone (67% in 2009), and 9% needing improvement or in the red zone (17% in 2009). There was a significant shift in the percentage of consumers falling in the maintenance zone, or receiving a score of 5-good or 6-optimal.

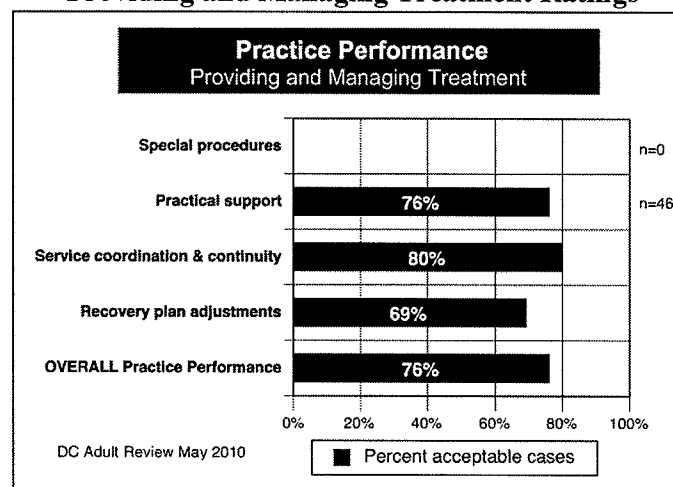
Practice Performance: Providing and Managing Treatment

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 23 and 24** and summarized concurrently below.

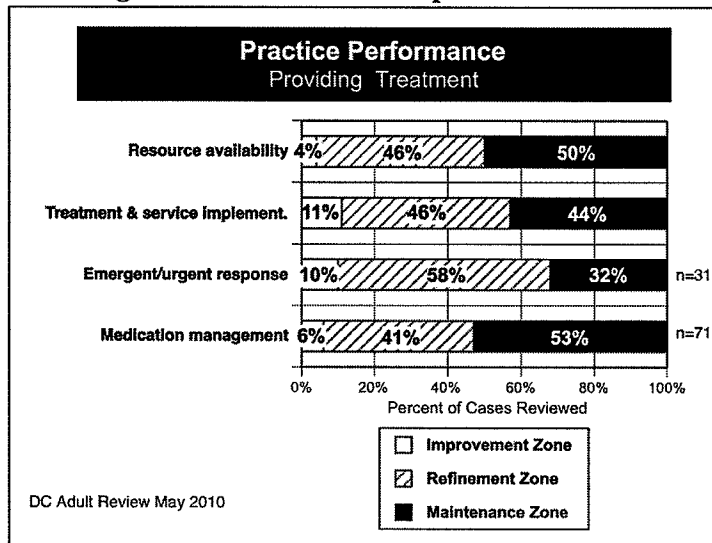
Display 23
Percentage of Acceptable Practice Performance:
Providing and Managing Treatment Ratings



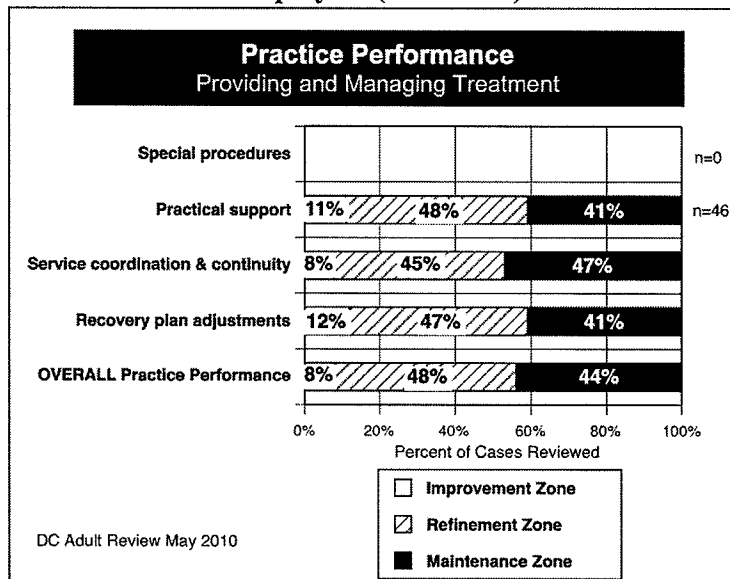
Display 23 (continued)
Percentage of Acceptable Practice Performance:
Providing and Managing Treatment Ratings



Display 24
Practice Performance: Providing and Managing Treatment Ratings
Using the Three-Tiered Interpretive Framework



Display 24 (continued)



Treatment and Service Implementation. Findings for treatment implementation were acceptable for 71% of the sample this year, a slight increase from 68% in 2009. Distribution across the zones for 2010 indicates slightly more consumers in the maintenance zone than in 2009 with 44% in 2010, versus 33% in 2009.

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 80% of the consumers reviewed in this year's CSR, a significant increase from the 2009 review where 64% had acceptable practice in this area. The distribution of scores across the three zones further supports this improvement with an increase in consumers in the maintenance zone (47% in 2010 versus 35% in 2009) and a decrease in both the refinement (45%-2010; 54%-2009) and improvement (8%-2010; 11%-2009) zones.

Recovery Plan Adjustments. Findings for recovery plan adjustments improved again in the 2010 review. Sixty-nine percent had acceptable ratings, compared to 61% in 2009. The three-zone distribution shows a large increase in consumers in the maintenance zone, with 41% in this zone versus 28% in 2009. For the refinement zone, 47% of the consumers in 2010 fell into this zone, compared to 55% in 2009. Twelve percent of the consumers in 2010 needed improvements or immediate action in this area, compared to 17% in 2009.

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 76% of the consumers, a 6% increase from the 2009 review. Distribution for overall practice performance shows 8% of the consumers reviewed in the improvement zone, 48% in the refinement zone, and

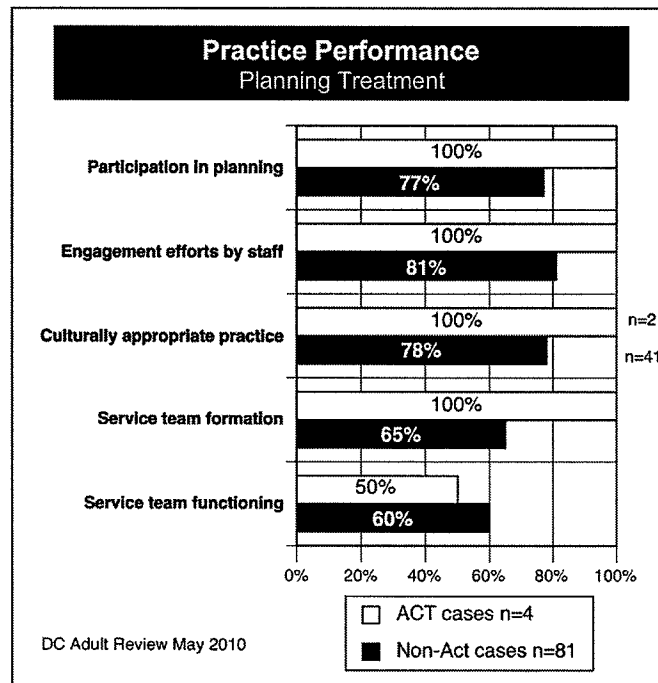
44% in the maintenance zone. There is a 10% shift from the refinement to the maintenance zone when compared to 2009 results.

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.

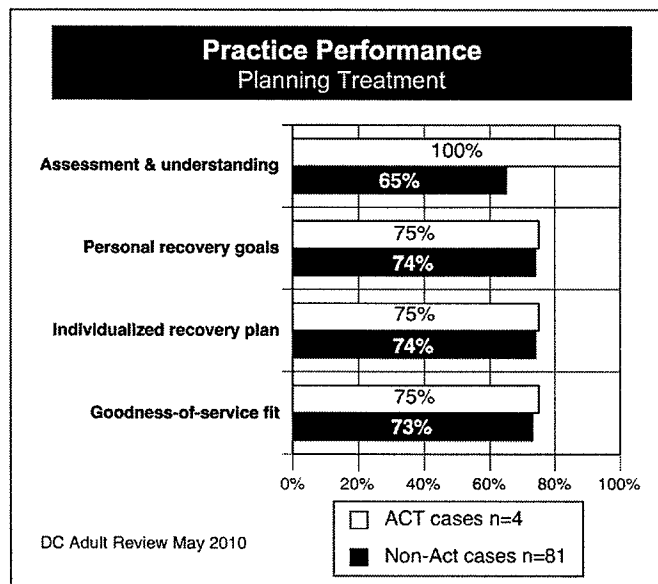
ACT Services

Only four adults receiving ACT services were reviewed this year. Due to this low number, the data will be presented comparatively; however, not the detailed comparison as has been done in past years. The four consumers reviewed were from two agencies: Community Connections and Pathways to Housing. The following **Display 25** shows the practice scores for the consumers in the 2010 review who were receiving ACT services. There were areas of strength that were consistent with system strengths for the overall results. Team formation and coordination of care were at least minimally acceptable for all four of the consumers reviewed. Assessment, engagement, and participation were also rated acceptable for all four consumers, as well as the overall system performance score—100% acceptable overall system/practice performance. The areas that did not score as strongly included treatment implementation and team functioning, each rating 50% acceptable. The overall consumer status for these four ACT adults was also 50% acceptable.

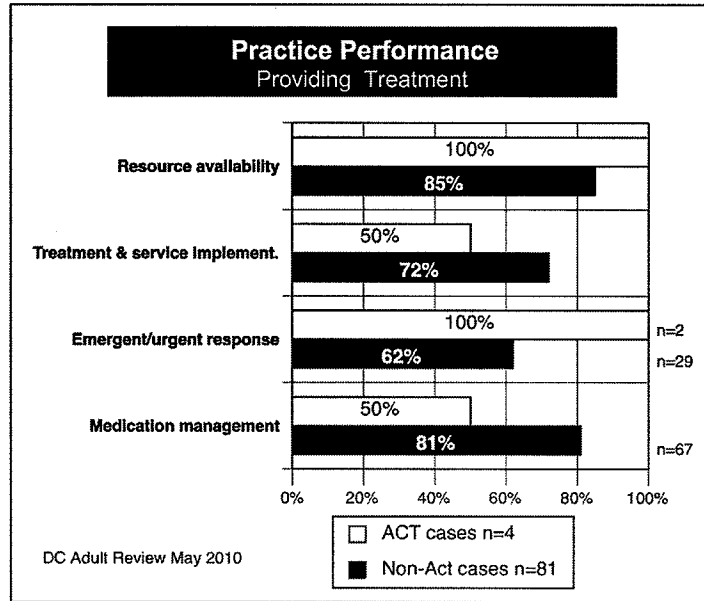
Display 25
Percentage of Acceptable Practice Performance:
ACT vs. Non-ACT Consumers



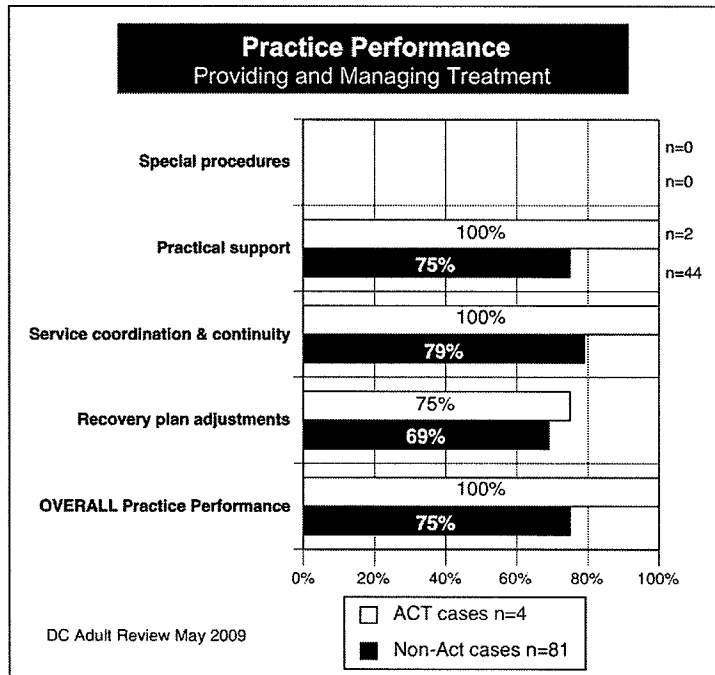
Display 25 (continued)
Percentage of Acceptable Practice Performance:
ACT vs. Non-ACT Consumers



Display 25 (continued)
Percentage of Acceptable Practice Performance:
ACT vs. Non-ACT Consumers

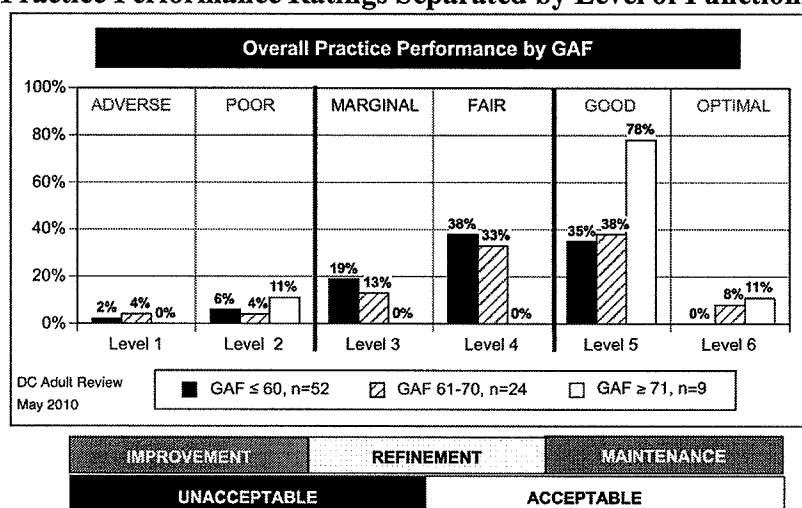


Display 25 (continued)
Percentage of Acceptable Practice Performance:
ACT vs. Non-ACT Consumers

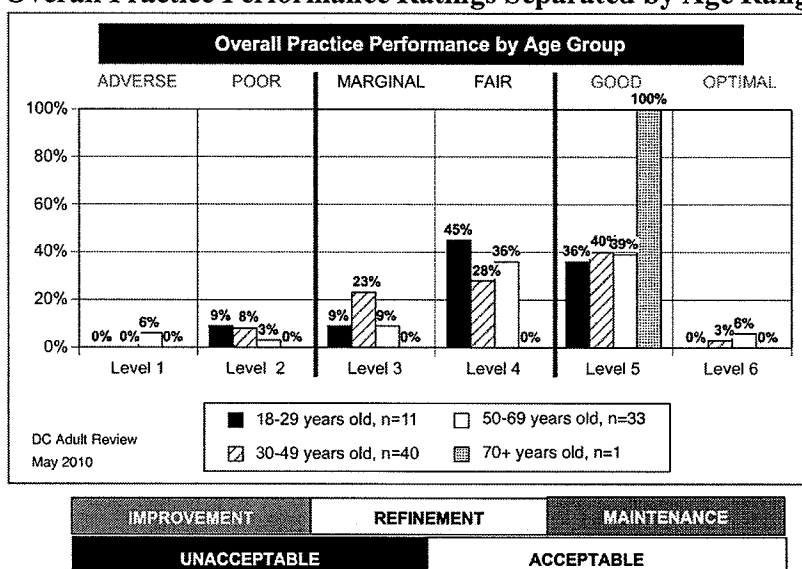


The following two displays provide additional methods of interpreting results from the review. **Display 26** provides the overall practice performance ratings separated by the consumer's general level of functioning. **Display 27** provides the overall practice performance ratings separated by age range. 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.

Display 26
Overall Practice Performance Ratings Separated by Level of Functioning Range



Display 27
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 28**, 56 or 66% of the consumers 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 7% increase from last year. Nine consumers or 11% of the sample fell into outcome category 2, with no change in this category when compared to 2009. 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. Outcome category 3, which includes those whose status was favorable but experienced less than acceptable service system performance, was found for 12 consumers (14%), and again, basically no difference from the 2009 results. Some adults are resilient and may have excellent supports provided by family, friends, or others whose efforts are contributing to their favorable status; however, current service system performance may be limited, inconsistent, or seriously inadequate at this time. Those in outcome 3 may be progressing or doing well despite the system. Eight consumers (9%) 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. This is a decrease of 6% when compared to the 2009 results.

Case Review Outcome Categories

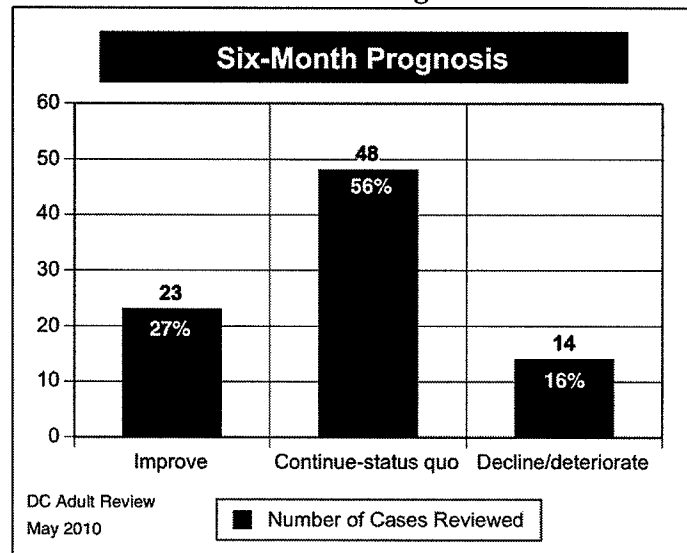
Favorable Status	Unfavorable Status
<p>Outcome 1:</p> <p>Good status for the participant, ongoing services acceptable.</p> <p>66% (56 cases)</p>	<p>Outcome 2:</p> <p>Poor status for the participant, ongoing services minimally acceptable but limited in reach or efficacy.</p> <p>11% (9 cases)</p>
<p>Outcome 3:</p> <p>Good status for the participant, ongoing services mixed or unacceptable.</p> <p>14% (12 cases)</p>	<p>Outcome 4:</p> <p>Poor status for the participant, ongoing services unacceptable.</p> <p>9% (8 cases)</p>

20%

Six-Month Prognosis

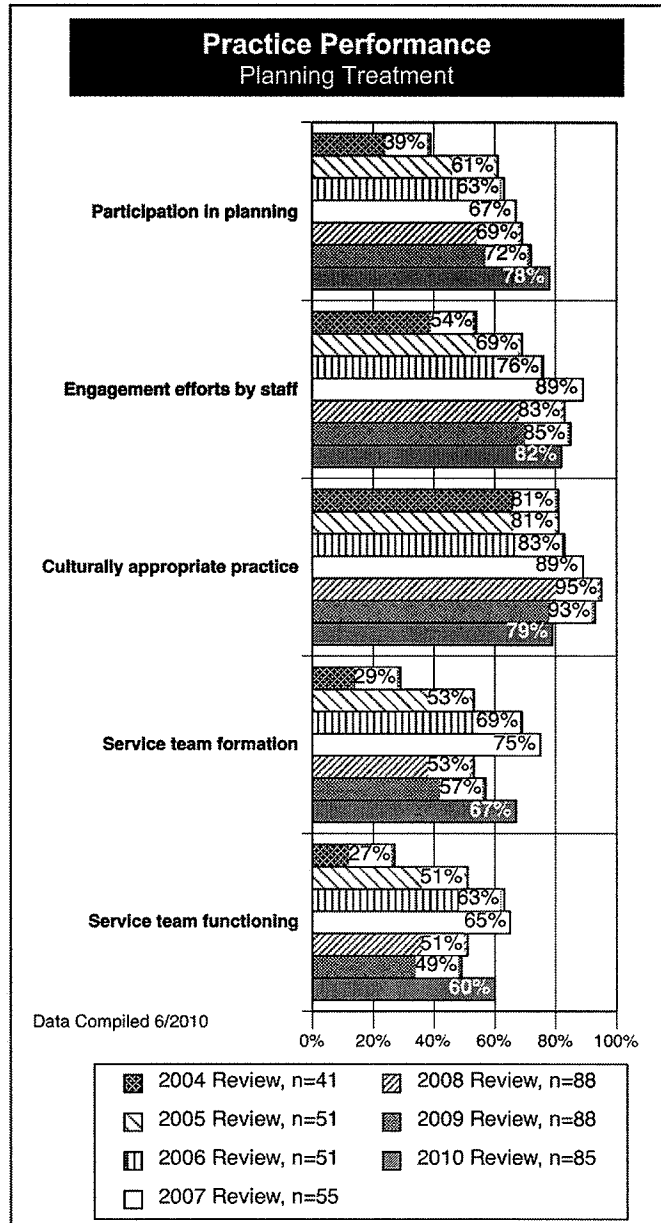
Page 49

Display 29
Six-Month Prognosis

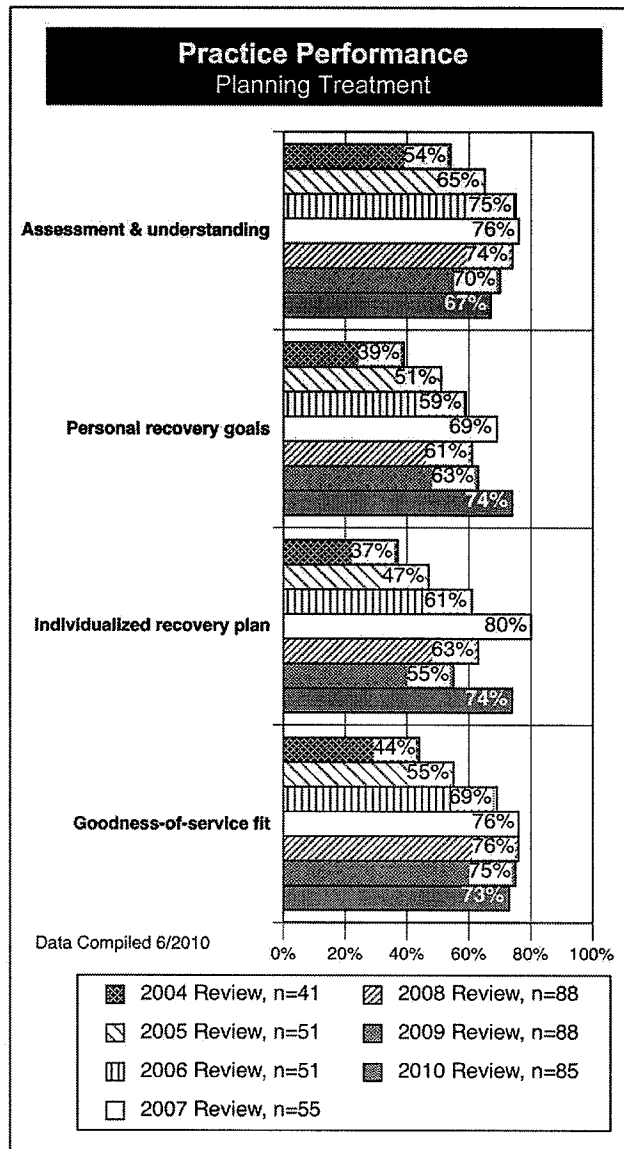


Display 30 presents the rating results for practice performance across the reviews completed since 2004. The data showed a positive trend, with a peak in 2007 of 80% acceptable system performance. The system appears to be sustaining and improving in key areas this year, such as engagement efforts (82% acceptable) and availability of resources (86%). The system is showing significant improvement this year in the area of teaming and aspects of teaming. Team formation shows a 10% increase in consumers having acceptable practice in this area (67% in 2010 versus 57% in 2009). Team functioning also improved with an 11% increase in consumers having acceptable practice in this area (60% in 2010 compared to 49% in 2009). Coordination of care increased by 16%, from 64% to 80%, and adjustment of plans improved 8% (69% acceptable in 2010 compared to 61% in 2009). Based upon the system or practice performance scores, the system appears to be showing progress in the ability to practice consistently in accordance with a recovery model, person-centered approach to practice. It is important for leadership to continue to identify strengths and targeted areas for improvement in order to further develop focused system-wide initiatives and sustain the improvements seen this year.

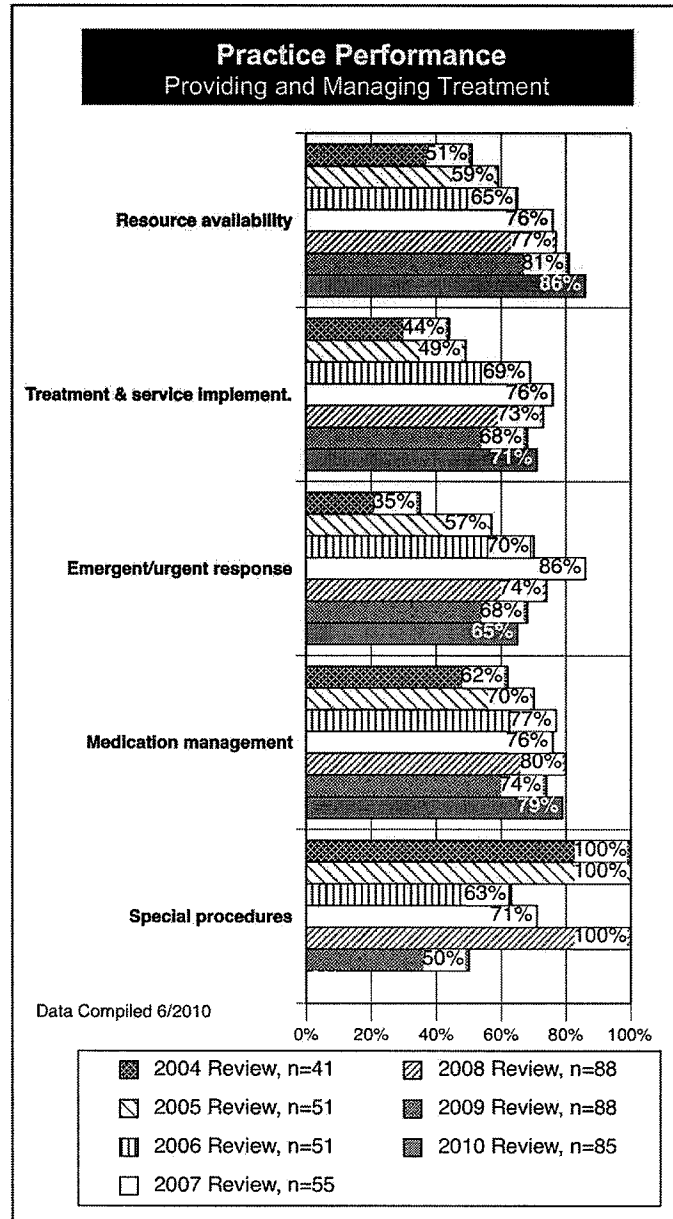
Display 30
Overall Consumer Practice Performance Results for Seven Reviews



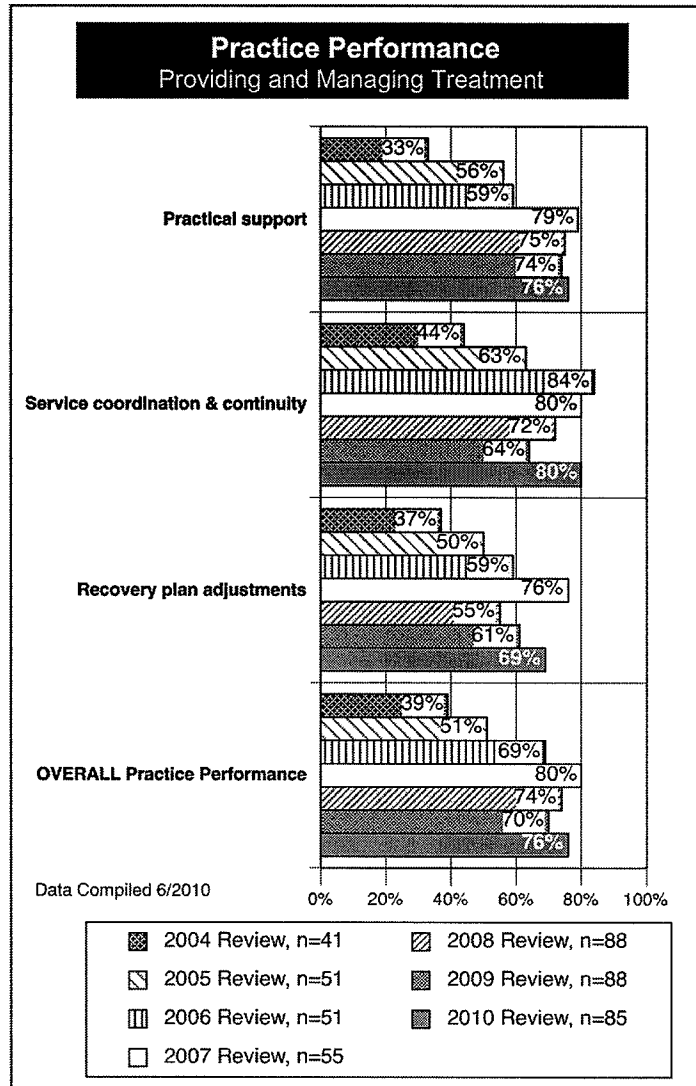
Display 30 (continued)
Overall Consumer Practice Performance Results for Seven Reviews



Display 30 (continued)
Overall Consumer Practice Performance Results for Seven Reviews



Display 30 (continued)
Overall Consumer Practice Performance Results for Seven Reviews



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

Overall, the findings from the reviews of 85 adult consumers showed that some consumers (76%) are getting consistent and appropriate services, most of the time. Progress in providing more consistent services in accordance with the practice model and performance expectations is more apparent. 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 relatively typical consumer receiving services. Analysis of the data shows the following regarding the patterns of services shown in this year's reviews.

- Coordination efforts were found at least minimally acceptable for 80% of the consumers reviewed, a 16% increase from the 2009 review.
- There continues to be a strong array of resources and supports in the District. However, appropriate and affordable housing is still a major challenge and there is unmet demand for additional ACT capacity.
- Although chronic health issues was listed as the most frequent co-occurring condition, 80% of the consumers reviewed had at least minimally adequate health status.
- Consumers continue to be satisfied with services. The findings for 2009 yielded a high percentage of satisfied consumers, with 91% reporting at least minimal satisfaction with services received. The 2010 review found 89% of the consumers adequately satisfied with services.
- Seventy-nine percent of the consumers reviewed were living in an acceptable and appropriate living setting, with 45% living in their own homes.
- Consumers were progressing in the area of life adjustments and transitions, including consumers transitioning from the DCCSA to other CSAs. Many of the DCCSA consumers have been receiving services with this provider for ten or more years. Fifty-nine percent of the consumers were experiencing positive progress on transitions and life adjustments.

- Teaming areas improved greatly this year as compared to past years, however, it is still an identified area for strengthening and development. It continues to be challenging for professionals to participate in teams and meet productivity requirements.
- Just over half (55%) of the consumers reviewed in 2009 had acceptable treatment plans, either written or informal. Comparatively, this year, 74% had acceptable plans and 74% of the consumers reviewed had acceptably developed personal recovery goals.
- Areas of practice continuing to need strengthening included urgent response-65%, assessment and understanding-67%, cultural appropriateness-79%, and tracking and adjustment-69%.

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 reviews of adult consumers and reviewer debriefings.

It should be noted that one of the major themes to emerge from this year's review is the variability of quality and consistency of performance across providers. Strengths of practice that are identified are seen in some CSAs and not others. Likewise, challenges and weaknesses seen in some providers are not seen in others.

Strengths Observed During The Consumer Reviews

- More CSWs were out in the field and engaged with their clients and engaged in the home planning with their clients.
- Some psychiatrists were very informed, knowledgeable, and engaged with their clients.
- Examples were seen of good communication between primary care physicians and teams when consumers also had complex medical issues. In fact, the care being provided for the more elderly clients was overall rated as very good.
- Some excellent examples were seen of persistent efforts to engage difficult-to-engage clients.

- Reviewers observed that there were better specifications of clear goals and objectives in the IRPs than they had seen previously.
- In some CSAs, there appeared to be a larger number of licensed CSWs.
- The Multicultural Center continued to provide high quality care to persons from other cultures and countries.
- Some CSAs had much stronger team formation and functioning than in previous years.

Challenges Observed During The Consumer Reviews

- Access to appropriate housing on a timely basis continues to be a challenge.
- Employment access and availability continue to be somewhat limited.
- Turnover of CSWs and therapists continues to create problems in continuity and depth of practice.
- Absence of crisis plans and transition plans were observed in some reviews.
- Timely access to psychiatrists and therapists with specialized skills were still observed in some reviews.
- CSWs were not always knowledgeable about all the community resources that might be accessed by clients. They also reported that navigating through agencies, such as social security and immigration, on behalf of clients could be both extremely time consuming and frustrating.

Stakeholder Interviews

The team leader facilitated 12 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 in separate focus groups. The members of the executive leadership for DMH were interviewed in individual meetings. Focus groups were also held with representatives of the Behavioral Health Association and with Judge Goldfrank. Overall, 12 focus groups were held to receive input regarding system issues and performance from about 60 stakeholders. The team leader and case judge also participated in a tour of the new facilities at Saint Elizabeths.

Overall, stakeholders continued to perceive that progress is being made in refining and improving the system. Most felt that DMH was working with them to problem solve issues but that it did not always feel responsive and timely. Some areas of strength particularly noted were an increase in the number of ACT teams; more discussion of practice and quality and not just financial issues; and work on the system redesign and the potential of a provider scorecard, if it is appropriately constructed. The Director of Adult Services is particularly focused on increasing access to appropriate housing and reducing the long waitlist that currently exists. She is also conducting an analysis of the practices and issues across both contracted and independent community residential facilities (CRFs).

The hospital discharge specialists are working to ensure that adequate coordination occurs between CSAs and Saint Elizabeths Hospital on both admission and discharge. They are also engaging the Department on Disability Services for those clients who are dually diagnosed with mental illness and intellectual disability.

Clients discharged from Saint Elizabeths Hospital are tracked by care managers weekly, monthly, and quarterly following discharge to the community. The Integrated Care Division is working to reduce involuntary admissions, reduce length of hospital stay, and increase time in the community. It should be recognized that the consumers admitted to Saint Elizabeths are the most complex and seriously mentally ill in the system. Stakeholders also noted that the psychiatrists at Saint Elizabeths wanted more information from CSAs as soon as a consumer is admitted. Overall, the Integrated Care Division was perceived as a valuable addition to the system and the positive impact was beginning to be observable.

Specific concerns regarding practice and services expressed by stakeholders included difficulty in obtaining appropriate housing, access to supported employment and competitive jobs, recruitment and retention of qualified CSWs, and coordination among all providers when consumers were receiving services across entities. It was also acknowledged that there were not enough therapists and CSWs who were bilingual who could provide services to persons who

either had no or very little functional English. One example was of only having two bilingual CSWs out of 40 and having a much greater need to serve the existing Latino clients.

Overall, the stakeholders were able to focus more on practice issues than in prior years and there was less distraction regarding business and funding issues. It must be noted, however, that providers continue to be very concerned about the impact and time required by all documentation requirements; the efficiency, effectiveness, consistency, and redundancy of electronic reporting; and the parameters of what activities can be billed for versus what clients need to make progress and remain safely in the community.

Overall Conclusions and Recommendations

As noted above, the quality and consistency of practice continues to improve. The DMH leadership is responsible for the completing the new facilities at Saint Elizabeths, increasing the number of ACT teams, implementing the Integrated Care Division, and beginning focus on the variability of practice quality across providers in the District. They have demonstrated openness to making change and, in collaboration with the CSAs, to problem solving barriers to access and delivery of high quality services.

This year the performance of one CSA—Community Connections—must also be recognized and celebrated. This year, 22 of the 85 consumers that were reviewed were served by Community Connections. The system performance ratings for all 22 consumers were acceptable (100%) in the 2010 review. This represents a considerable improvement over prior years and is the best performance of a CSA that we have observed during the eight years of conducting CSRs in the District. The leadership and staff are commended for making multiple internal adjustments in hiring, supervision, training, and priorities to make major improvements in the day-to-day practice. There is a better understanding of what the practice expectations are throughout the organization, morale has improved, and frontline staff reported that they feel better supported and able to meet the needs of their clients and practice with high quality and consistency.

At this stage in the development and evolution of the DMH reforms of the D.C. mental health system, the issue of the variability of quality and consistency of practice and services across

service providers and CSAs is identified as the biggest challenge to having a high quality, consistent mental health services system. **Appendix D** shows the aggregate results of the CSR reviews for the three providers with the highest ratings on overall system performance compared to the aggregate findings for all other providers in the review. While one must be careful not to over-generalize from the small samples taken from many providers, the results do suggest that a closer look needs to be taken at the provider level to ensure appropriate quality and consistency of practice. The key to achieving high quality, consistent practice that can be sustained over time is to have processes and capacities in place that can proactively identify weaknesses in practice and provide tools, incentives, and, if necessary, consequences for specific providers and CSAs to assure high quality performance.

DMH needs to continue to develop its internal capacity to conduct CSR reviews with individual providers. In addition, they need to link the findings from CSR reviews to other key indicators of performance collected by DMH audits and provider reporting to create a meaningful and functional provider scorecard.

The DMH leadership recognizes the need for consistency of quality across service providers and has begun to take steps to identify and work with providers to improve the quality and consistency of services.

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 CSAs, 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

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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 the practice 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

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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= 6

DC Adult Review 5/2010

Status of the Person	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	6	83%	17%	0%	83%
Economic security	6	67%	33%	0%	67%
Living arrangement	6	83%	17%	17%	67%
Social network	6	50%	33%	33%	33%
Satisfaction	6	83%	0%	33%	67%
Health/Phy well-being	6	83%	17%	17%	67%
Mental health status	6	83%	17%	17%	67%
Education/career	3	100%	0%	67%	33%
Work	4	75%	0%	25%	75%
Recovery activities	4	75%	25%	25%	50%
Overall Status	6	83%	17%	17%	67%

Recent Progress	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	6	67%	17%	50%	33%
Improvement self-mgt.	6	67%	17%	33%	50%
Education/wk progress	4	75%	0%	75%	25%
Recovery goals	5	60%	20%	60%	20%
Risk reduction	5	60%	20%	20%	60%
Successful life adj.	5	60%	0%	80%	20%
Social group affilia.	6	33%	17%	67%	17%
Meaningful relationship	6	50%	17%	50%	33%
Overall Pattern	6	67%	17%	50%	33%

CSR/Adult Status and Performance

Anchor Mental Health

n= 6

DC Adult Review 5/2010

Current Practice Performance	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	6	83%	0%	17%	83%
Engagement efforts by staff	6	100%	0%	33%	67%
Culturally appropriate practice	5	80%	0%	40%	60%
Service team formation	6	67%	17%	33%	50%
Service team functioning	6	67%	17%	50%	33%
Assessment & understanding	6	83%	0%	67%	33%
Personal recovery goals	6	83%	17%	0%	83%
IRP	6	83%	0%	50%	50%
Goodness-of-service fit	6	67%	0%	33%	67%
Resource availability	6	83%	0%	67%	33%
Treatment & services implem.	6	83%	0%	50%	50%
Emergent/urgent response	3	67%	0%	33%	67%
Medication management	4	100%	0%	0%	100%
Special procedures		?			
Practical supports	4	50%	25%	25%	50%
Service coord. & continuity	6	100%	0%	33%	67%
Recovery plan adjustment	6	67%	0%	33%	67%
Overall Practice Performance	6	83%	0%	33%	67%

CSR/Adult Status and Performance

Capital Community Services

n= 2

DC Adult Review 5/2010

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

CSR/Adult Status and Performance

Capital Community Services

n= 2

DC Adult Review 5/2010

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

CSR/Adult Status and Performance

Community Connections

n= 22

DC Adult Review 5/2010

Status of the Person	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	22	82%	5%	55%	41%
Economic security	22	77%	0%	64%	36%
Living arrangement	22	73%	5%	68%	27%
Social network	22	32%	23%	64%	14%
Satisfaction	21	100%	0%	10%	90%
Health/Phy well-being	22	73%	5%	73%	23%
Mental health status	22	77%	5%	73%	23%
Education/career	11	64%	0%	82%	18%
Work	10	60%	10%	70%	20%
Recovery activities	20	60%	10%	60%	30%
Overall Status	22	77%	9%	77%	14%

Recent Progress	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	22	73%	0%	68%	32%
Improvement self-mgt.	22	73%	5%	68%	27%
Education/wk progress	14	64%	7%	57%	36%
Recovery goals	21	57%	14%	62%	24%
Risk reduction	19	74%	5%	47%	47%
Successful life adj.	21	62%	10%	67%	24%
Social group affilia.	20	35%	30%	55%	15%
Meaningful relationship	21	43%	33%	52%	14%
Overall Pattern	22	64%	0%	82%	18%

CSR/Adult Status and Performance

Community Connections

n= 22

DC Adult Review 5/2010

Current Practice Performance	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	22	86%	0%	45%	55%
Engagement efforts by staff	22	100%	0%	5%	95%
Culturally appropriate practice	11	91%	0%	18%	82%
Service team formation	22	95%	0%	45%	55%
Service team functioning	22	91%	0%	36%	64%
Assessment & understanding	22	95%	0%	32%	68%
Personal recovery goals	22	86%	0%	41%	59%
IRP	22	95%	0%	41%	59%
Goodness-of-service fit	22	95%	0%	41%	59%
Resource availability	22	82%	0%	36%	64%
Treatment & services implem.	22	82%	0%	27%	73%
Emergent/urgent response	9	67%	0%	67%	33%
Medication management	20	85%	0%	35%	65%
Special procedures					
Practical supports	14	93%	0%	50%	50%
Service coord. & continuity	22	95%	0%	18%	82%
Recovery plan adjustment	22	95%	0%	32%	68%
Overall Practice Performance	22	100%	0%	27%	73%

CSR/Adult Status and Performance

Deaf Reach

n= 2

DC Adult Review 5/2010

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

CSR/Adult Status and Performance

Deaf Reach

n= 2

DC Adult Review 5/2010

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

Family Preservation

n= 2

DC Adult Review 5/2010

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%	100%	0%
Social network	2	50%	0%	50%	50%
Satisfaction	2	100%	0%	50%	50%
Health/Phy well-being	2	100%	0%	0%	100%
Mental health status	2	100%	0%	100%	0%
Education/career	2	50%	0%	100%	0%
Work	1	0%	100%	0%	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	50%	0%	50%	50%
Improvement self-mgt.	2	50%	0%	100%	0%
Education/wk progress	2	50%	0%	100%	0%
Recovery goals	2	50%	0%	100%	0%
Risk reduction	2	100%	0%	100%	0%
Successful life adj.	1	100%	0%	100%	0%
Social group affilia.	2	50%	50%	50%	0%
Meaningful relationship	2	100%	0%	50%	50%
Overall Pattern	2	50%	0%	100%	0%

CSR/Adult Status and Performance

Family Preservation

n= 2

DC Adult Review 5/2010

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

CSR/Adult Status and Performance

Fihankra Place

n= 2

DC Adult Review 5/2010

Status of the Person	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	2	100%	0%	50%	50%
Economic security	2	100%	0%	50%	50%
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%	0%	100%
Mental health status	2	100%	0%	50%	50%
Education/career	2	100%	0%	100%	0%
Work	2	50%	0%	100%	0%
Recovery activities	2	50%	0%	100%	0%
Overall Status	2	100%	0%	50%	50%

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

CSR/Adult Status and Performance

Fihankra Place

n= 2

DC Adult Review 5/2010

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

CSR/Adult Status and Performance

First Home Care

n= 2

DC Adult Review 5/2010

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	50%	0%	50%	50%
Social network	2	50%	0%	100%	0%
Satisfaction	2	100%	0%	100%	0%
Health/Phy well-being	2	100%	0%	0%	100%
Mental health status	2	0%	0%	100%	0%
Education/career	1	0%	100%	0%	0%
Work	1	0%	100%	0%	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	0%	0%	100%	0%
Improvement self-mgt.	2	0%	50%	50%	0%
Education/wk progress	2	0%	100%	0%	0%
Recovery goals	2	0%	0%	100%	0%
Risk reduction	2	50%	0%	100%	0%
Successful life adj.	2	0%	50%	50%	0%
Social group affilia.	1	0%	100%	0%	0%
Meaningful relationship	2	50%	50%	50%	0%
Overall Pattern	2	0%	50%	50%	0%

CSR/Adult Status and Performance

First Home Care

n= 2

DC Adult Review 5/2010

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

Green Door

n= 15

DC Adult Review 5/2010

Status of the Person	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	15	%	0%	5%	%
Economic security	15	0%	%	0%	5%
Living arrangement	15	%	%	%	0%
Social network	15	0%	2%	%	2%
Satisfaction	1	%	0%	1%	%
Health/Phy well-being	15	0%	%	0%	1%
Mental health status	15	%	1%	5%	%
Education/career		25%	25%	5%	0%
Work		%	%	%	1%
Recovery activities	1	2%	2%	5%	2%
Overall Status	15	0%	%	5%	0%

Recent Progress	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	15	0%	%	0%	%
Improvement self-mgt.	1	5%	21%	%	%
Education/wk progress		%	2%	5%	1%
Recovery goals	12	50%	25%	5%	0%
Risk reduction	1	%	%	%	2%
Successful life adj.	1	%	%	%	%
Social group affilia.	12	2%	0%	%	%
Meaningful relationship	12	5%	%	5%	%
Overall Pattern	15	5%	20%	%	1%

CSR/Adult Status and Performance

Green Door

n= 15

DC Adult Review 5/2010

Current Practice Performance	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	15	100%	0%	60%	40%
Engagement efforts by staff	15	93%	0%	7%	93%
Culturally appropriate practice	9	89%	0%	33%	67%
Service team formation	15	60%	0%	80%	20%
Service team functioning	15	60%	7%	87%	7%
Assessment & understanding	15	67%	7%	67%	27%
Personal recovery goals	15	87%	0%	73%	27%
IRP	15	80%	0%	73%	27%
Goodness-of-service fit	15	80%	0%	60%	40%
Resource availability	15	100%	0%	40%	60%
Treatment & services implem.	15	80%	0%	53%	47%
Emergent/urgent response	9	67%	11%	44%	44%
Medication management	14	79%	7%	43%	50%
Special procedures					
Practical supports	9	89%	0%	33%	67%
Service coord. & continuity	15	80%	7%	53%	40%
Recovery plan adjustment	15	67%	0%	67%	33%
Overall Practice Performance	15	87%	0%	73%	27%

CSR/Adult Status and Performance

Life Stride

n= 2

DC Adult Review 5/2010

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%	100%	0%
Social network	2	100%	0%	50%	50%
Satisfaction	2	100%	0%	0%	100%
Health/Phy well-being	2	100%	0%	100%	0%
Mental health status	2	100%	0%	100%	0%
Education/career	2	50%	0%	100%	0%
Work	2	50%	0%	100%	0%
Recovery activities	2	100%	0%	100%	0%
Overall Status	2	100%	0%	50%	50%

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

CSR/Adult Status and Performance

Life Stride

n= 2

DC Adult Review 5/2010

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

CSR/Adult Status and Performance

McClendon Center

n= 4

DC Adult Review 5/2010

Status of the Person	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	4	100%	0%	25%	75%
Economic security	4	100%	0%	50%	50%
Living arrangement	4	100%	0%	25%	75%
Social network	4	50%	25%	50%	25%
Satisfaction	4	100%	0%	25%	75%
Health/Phy well-being	4	100%	0%	75%	25%
Mental health status	4	50%	0%	50%	50%
Education/career	1	0%	0%	100%	0%
Work					
Recovery activities	4	50%	25%	50%	25%
Overall Status	4	100%	0%	75%	25%

Recent Progress	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	4	50%	0%	75%	25%
Improvement self-mgt.	4	50%	0%	75%	25%
Education/wk progress	1	0%	0%	100%	0%
Recovery goals	4	50%	50%	25%	25%
Risk reduction	1	0%	100%	0%	0%
Successful life adj.	2	50%	0%	50%	50%
Social group affilia.	4	25%	50%	50%	0%
Meaningful relationship	4	25%	50%	50%	0%
Overall Pattern	4	50%	50%	25%	25%

CSR/Adult Status and Performance

McClendon Center

n= 4

DC Adult Review 5/2010

Current Practice Performance	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	4	75%	0%	75%	25%
Engagement efforts by staff	4	75%	25%	25%	50%
Culturally appropriate practice	2	0%	100%	0%	0%
Service team formation	4	25%	0%	100%	0%
Service team functioning	4	50%	25%	75%	0%
Assessment & understanding	4	50%	25%	50%	25%
Personal recovery goals	4	75%	25%	75%	0%
IRP	4	50%	0%	100%	0%
Goodness-of-service fit	4	50%	25%	50%	25%
Resource availability	4	100%	0%	50%	50%
Treatment & services implem.	4	50%	25%	50%	25%
Emergent/urgent response	1	0%	100%	0%	0%
Medication management	4	75%	0%	75%	25%
Special procedures					
Practical supports	1	100%	0%	0%	100%
Service coord. & continuity	4	75%	25%	50%	25%
Recovery plan adjustment	4	25%	50%	25%	25%
Overall Practice Performance	4	50%	25%	50%	25%

CSR/Adult Status and Performance

Mental Health Services Division

n= 7

DC Adult Review 5/2010

Status of the Person	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	7	86%	14%	29%	57%
Economic security	7	86%	14%	29%	57%
Living arrangement	7	71%	0%	43%	57%
Social network	7	57%	14%	57%	29%
Satisfaction	7	86%	0%	29%	71%
Health/Phy well-being	7	86%	0%	57%	43%
Mental health status	7	71%	14%	43%	43%
Education/career	3	0%	67%	33%	0%
Work	6	67%	33%	17%	50%
Recovery activities	5	60%	40%	20%	40%
Overall Status	7	71%	14%	43%	43%

Recent Progress	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	7	57%	29%	14%	57%
Improvement self-mgt.	6	67%	33%	17%	50%
Education/wk progress	5	60%	40%	0%	60%
Recovery goals	5	40%	40%	40%	20%
Risk reduction	4	0%	75%	25%	0%
Successful life adj.	4	50%	50%	0%	50%
Social group affilia.	5	40%	40%	20%	40%
Meaningful relationship	6	67%	17%	33%	50%
Overall Pattern	7	71%	29%	29%	43%

CSR/Adult Status and Performance

Mental Health Services Division n= 7

DC Adult Review 5/2010

Current Practice Performance	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	7	71%	29%	29%	43%
Engagement efforts by staff	7	57%	14%	29%	57%
Culturally appropriate practice	5	80%	20%	0%	80%
Service team formation	7	43%	0%	57%	43%
Service team functioning	7	57%	29%	43%	29%
Assessment & understanding	7	71%	29%	14%	57%
Personal recovery goals	7	71%	14%	43%	43%
IRP	7	71%	14%	57%	29%
Goodness-of-service fit	7	57%	14%	43%	43%
Resource availability	7	86%	14%	43%	43%
Treatment & services implem.	7	57%	29%	14%	57%
Emergent/urgent response	3	100%	0%	100%	0%
Medication management	7	86%	14%	14%	71%
Special procedures					
Practical supports	1	100%	0%	100%	0%
Service coord. & continuity	7	86%	14%	43%	43%
Recovery plan adjustment	7	71%	14%	43%	43%
Overall Practice Performance	7	71%	14%	43%	43%

CSR/Adult Status and Performance

Pathway to Housing

n= 2

DC Adult Review 5/2010

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

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	2	50%	50%	50%	0%
Recovery goals	2	100%	0%	100%	0%
Risk reduction	2	50%	0%	100%	0%
Successful life adj.	1	100%	0%	100%	0%
Social group affilia.	2	0%	50%	50%	0%
Meaningful relationship	2	50%	50%	50%	0%
Overall Pattern	2	100%	0%	100%	0%

CSR/Adult Status and Performance

Pathway to Housing

n= 2

DC Adult Review 5/2010

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	1	100%	0%	0%	100%
Service team formation	2	100%	0%	50%	50%
Service team functioning	2	50%	0%	100%	0%
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	50%	0%	50%	50%
Resource availability	2	100%	0%	50%	50%
Treatment & services implem.	2	50%	0%	50%	50%
Emergent/urgent response	1	100%	0%	100%	0%
Medication management	2	100%	0%	50%	50%
Special procedures					
Practical supports	2	100%	0%	100%	0%
Service coord. & continuity	2	100%	0%	50%	50%
Recovery plan adjustment	2	50%	0%	50%	50%
Overall Practice Performance	2	100%	0%	50%	50%

CSR/Adult Status and Performance

PSI Services

n= 2

DC Adult Review 5/2010

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

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

CSR/Adult Status and Performance

PSI Services

n= 2

DC Adult Review 5/2010

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

CSR/Adult Status and Performance

Psychiatric Center

n= 2

DC Adult Review 5/2010

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%	0%	100%
Satisfaction	2	100%	0%	50%	50%
Health/Phy well-being	2	100%	0%	0%	100%
Mental health status	2	50%	0%	50%	50%
Education/career	2	50%	0%	50%	50%
Work	2	50%	0%	50%	50%
Recovery activities	2	50%	0%	50%	50%
Overall Status	2	100%	0%	50%	50%

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	2	50%	0%	100%	0%
Recovery goals	2	50%	0%	100%	0%
Risk reduction					
Successful life adj.	1	100%	0%	0%	100%
Social group affilia.	2	50%	0%	50%	50%
Meaningful relationship	2	100%	0%	50%	50%
Overall Pattern	2	50%	0%	100%	0%

CSR/Adult Status and Performance

Psychiatric Center

n= 2

DC Adult Review 5/2010

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

CSR/Adult Status and Performance

RCI Counseling Services

n= 2

DC Adult Review 5/2010

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

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	1	100%	0%	0%	100%
Recovery goals	2	100%	0%	50%	50%
Risk reduction					
Successful life adj.	2	100%	0%	50%	50%
Social group affilia.	2	50%	0%	50%	50%
Meaningful relationship	2	100%	0%	50%	50%
Overall Pattern	2	100%	0%	50%	50%

CSR/Adult Status and Performance

RCI Counseling Services

n= 2

DC Adult Review 5/2010

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

CSR/Adult Status and Performance

Universal Health Care

n= 2

DC Adult Review 5/2010

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%	50%	50%
Satisfaction	2	50%	0%	50%	50%
Health/Phy well-being	2	100%	0%	0%	100%
Mental health status	2	50%	0%	50%	50%
Education/career	2	50%	50%	0%	50%
Work	2	50%	50%	0%	50%
Recovery activities	2	100%	0%	50%	50%
Overall Status	2	100%	0%	50%	50%

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

CSR/Adult Status and Performance

Universal Health Care

n= 2

DC Adult Review 5/2010

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

CSR/Adult Status and Performance

Volunteer of America

n= 2

DC Adult Review 5/2010

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

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

CSR/Adult Status and Performance

Volunteer of America

n= 2

DC Adult Review 5/2010

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

CSR/Adult Status and Performance

Washington Hospital Center

n= 7

DC Adult Review 5/2010

Status of the Person	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	7	86%	14%	29%	57%
Economic security	7	71%	14%	29%	57%
Living arrangement	7	71%	14%	29%	57%
Social network	7	86%	14%	43%	43%
Satisfaction	7	71%	14%	29%	57%
Health/Phy well-being	7	86%	0%	57%	43%
Mental health status	7	86%	14%	57%	29%
Education/career	2	50%	50%	0%	50%
Work	3	33%	67%	0%	33%
Recovery activities	5	60%	20%	40%	40%
Overall Status	7	86%	14%	43%	43%

Recent Progress	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	7	86%	14%	57%	29%
Improvement self-mgt.	7	71%	14%	57%	29%
Education/wk progress	3	33%	67%	0%	33%
Recovery goals	6	67%	33%	50%	17%
Risk reduction	6	50%	17%	33%	50%
Successful life adj.	4	75%	25%	0%	75%
Social group affilia.	4	100%	0%	50%	50%
Meaningful relationship	6	83%	17%	17%	67%
Overall Pattern	7	86%	14%	43%	43%

CSR/Adult Status and Performance

Washington Hospital Center

n= 7

DC Adult Review 5/2010

Current Practice Performance	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	7	43%	14%	43%	43%
Engagement efforts by staff	7	57%	14%	29%	57%
Culturally appropriate practice	2	50%	50%	0%	50%
Service team formation	7	43%	29%	43%	29%
Service team functioning	7	29%	43%	43%	14%
Assessment & understanding	7	29%	14%	57%	29%
Personal recovery goals	7	57%	43%	29%	29%
IRP	7	57%	29%	43%	29%
Goodness-of-service fit	7	71%	14%	43%	43%
Resource availability	7	71%	14%	43%	43%
Treatment & services implem.	7	57%	29%	43%	29%
Emergent/urgent response	1	100%	0%	0%	100%
Medication management	5	40%	20%	40%	40%
Special procedures					
Practical supports	3	33%	33%	33%	33%
Service coord. & continuity	7	57%	29%	29%	43%
Recovery plan adjustment	7	71%	29%	29%	43%
Overall Practice Performance	7	57%	29%	29%	43%

Appendix D

**Aggregated Performance of the Top Three Providers on Adult Status,
Adult Progress, and System Performance Compared with the
Aggregated Ratings Across the Rest of the Providers**

Top Three Providers (with 6 or more cases) = 43 cases or 50% of the total cases reviewed

The Rest of the Providers = 42 cases or 50% of the total cases reviewed

**Overall Status and Practice
Top Three Providers (with 6 or more cases)**

CSR/Adult Status and Performance Profile - Overall Status & Practice

Number of cases: 6

DC Adult Review 5/2010

Overall Status & Practice	Status	Practice	# of Cases
Anchor Mental Health	83%	83%	6

CSR/Adult Status and Performance Profile - Overall Status & Practice

Number of cases: 22

DC Adult Review 5/2010

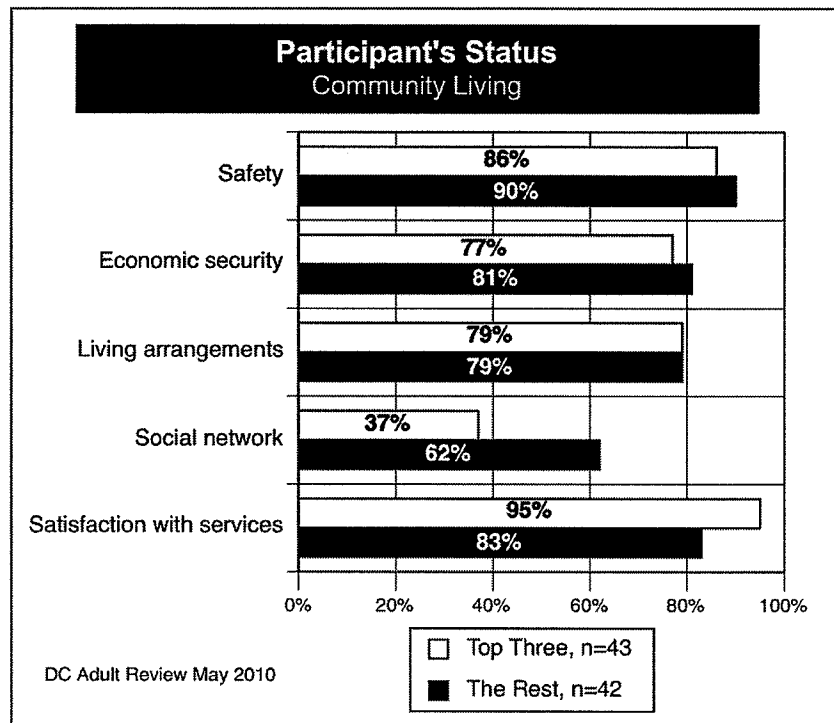
Overall Status & Practice	Status	Practice	# of Cases
Community Connections	77%	100%	22

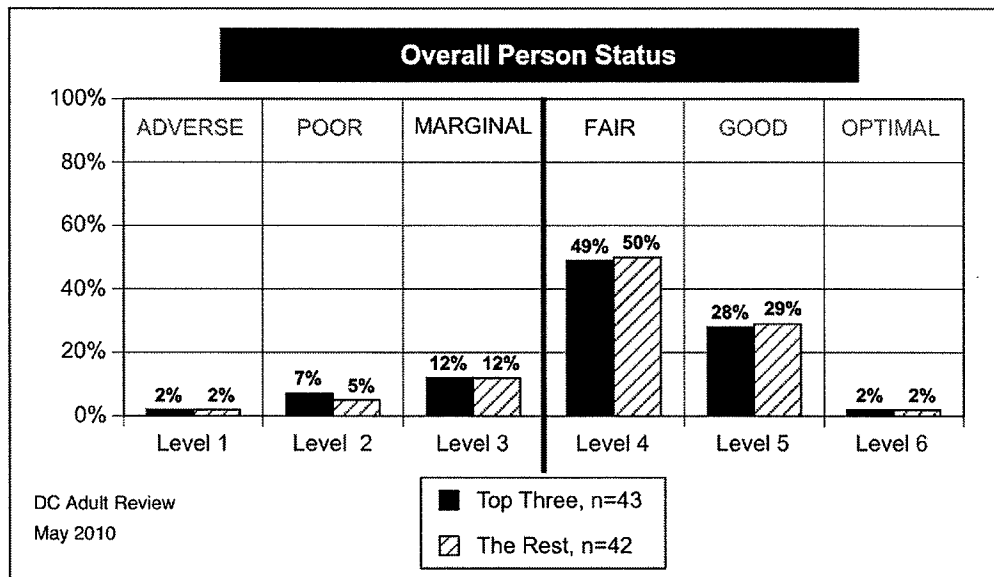
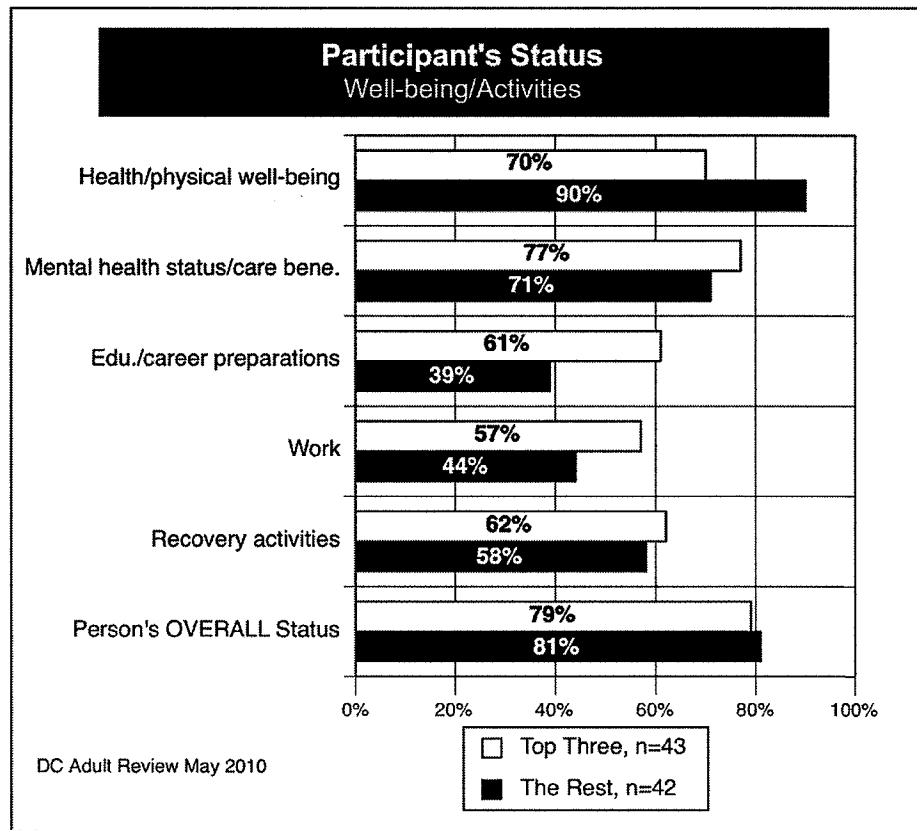
CSR/Adult Status and Performance Profile - Overall Status & Practice

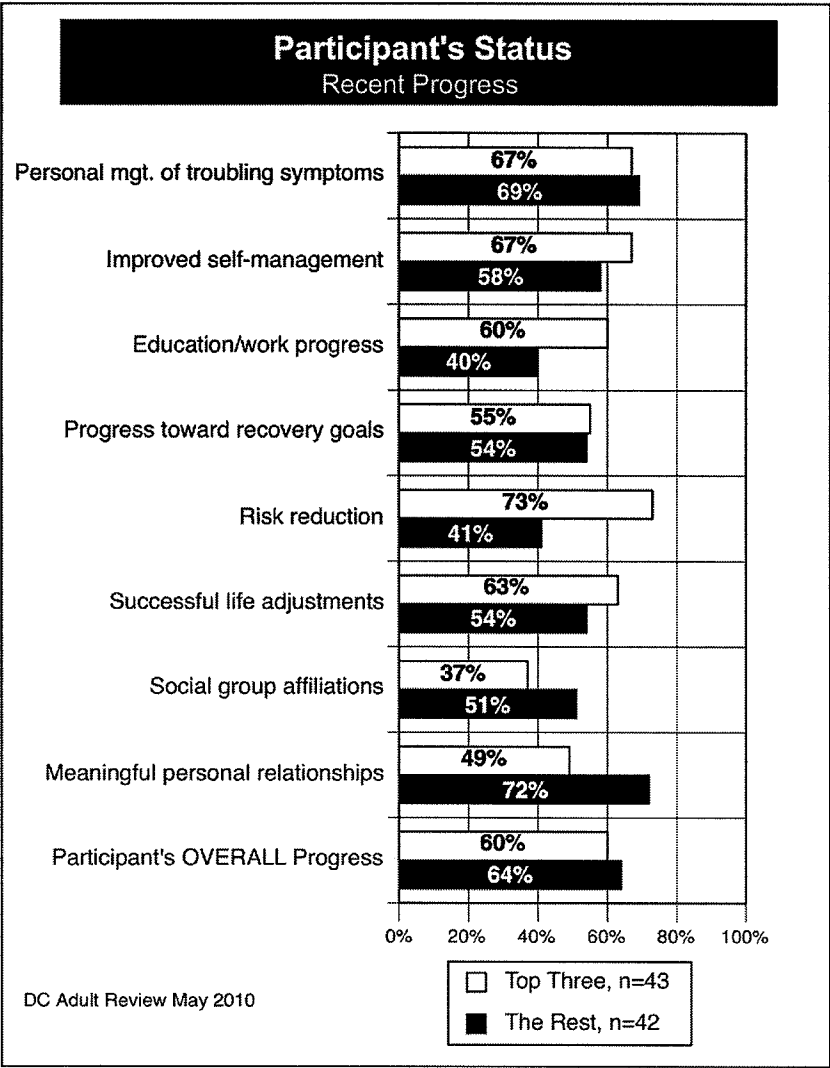
Number of cases: 15

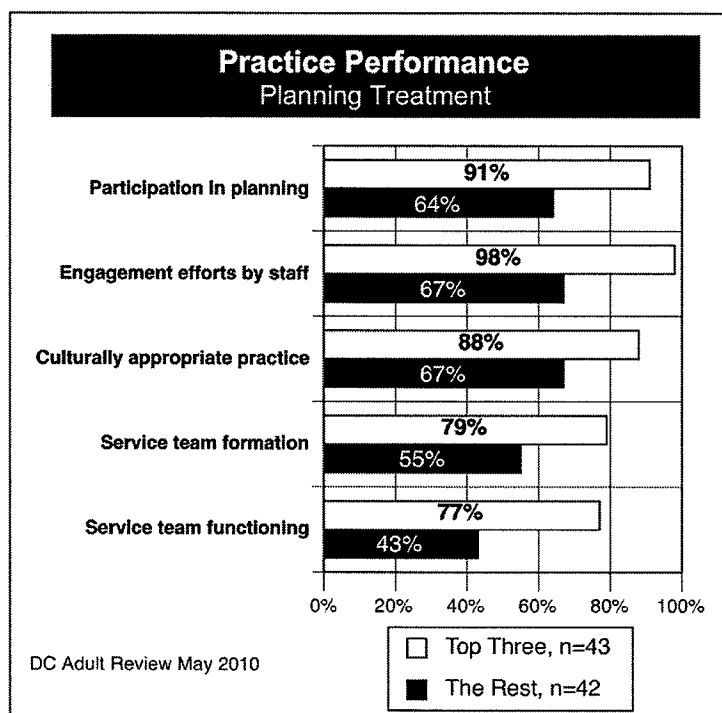
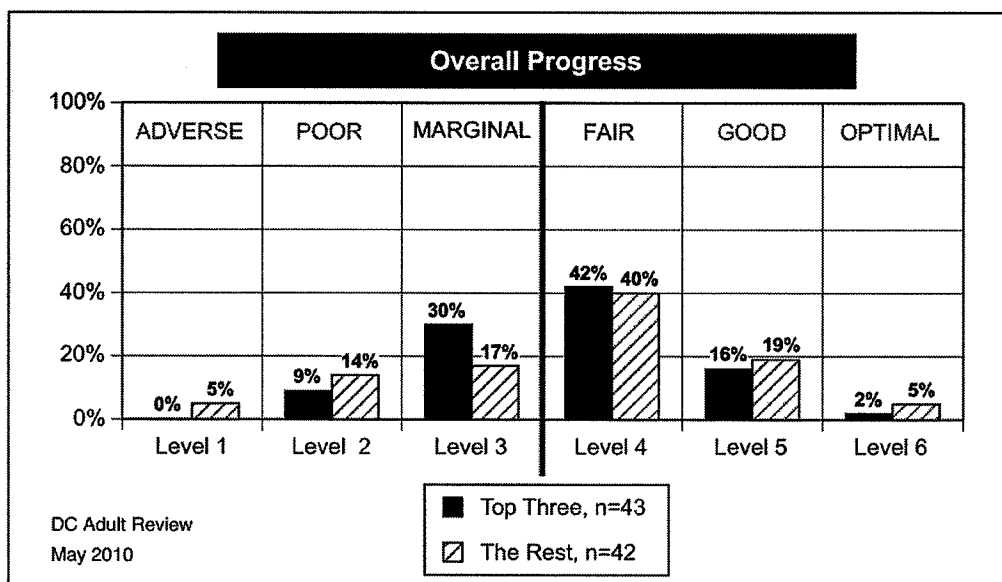
DC Adult Review 5/2010

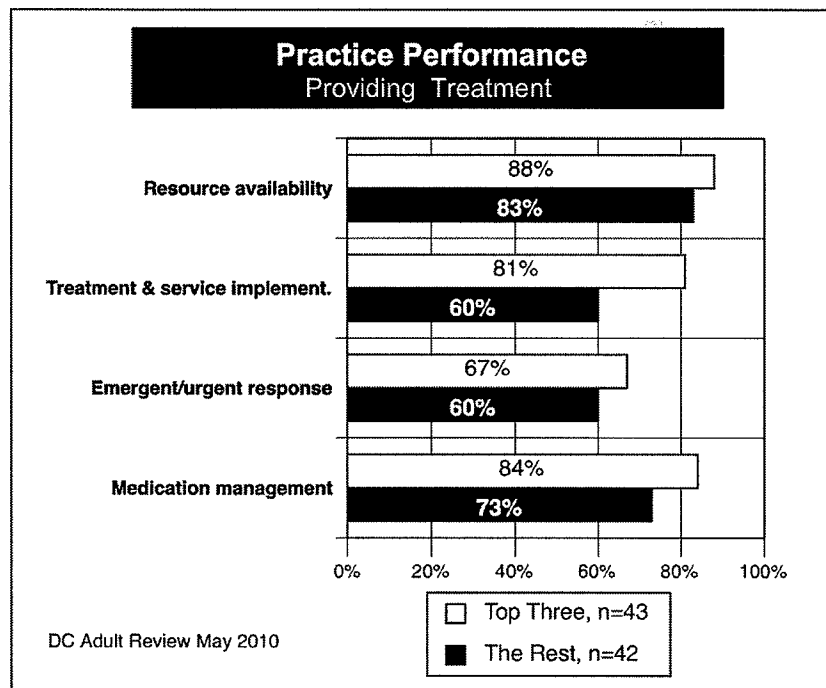
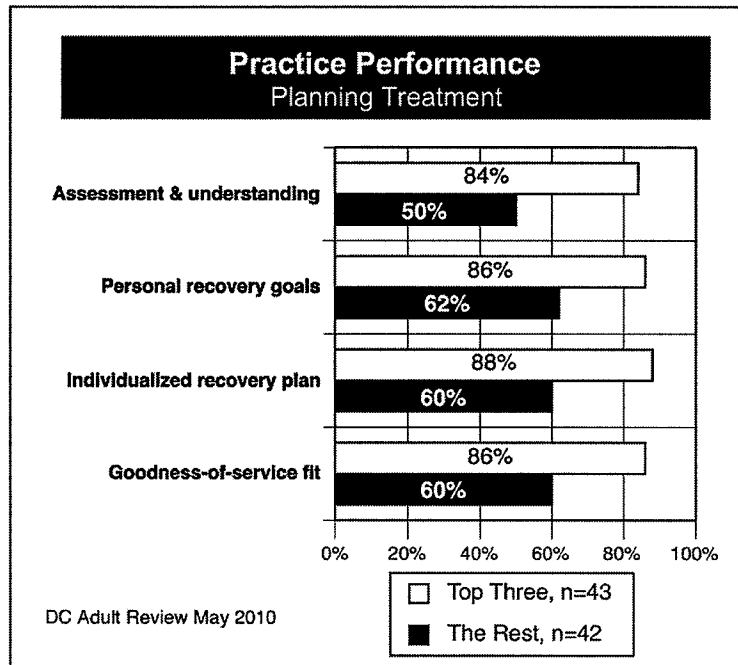
Overall Status & Practice	Status	Practice	# of Cases
Green Door	80%	87%	15

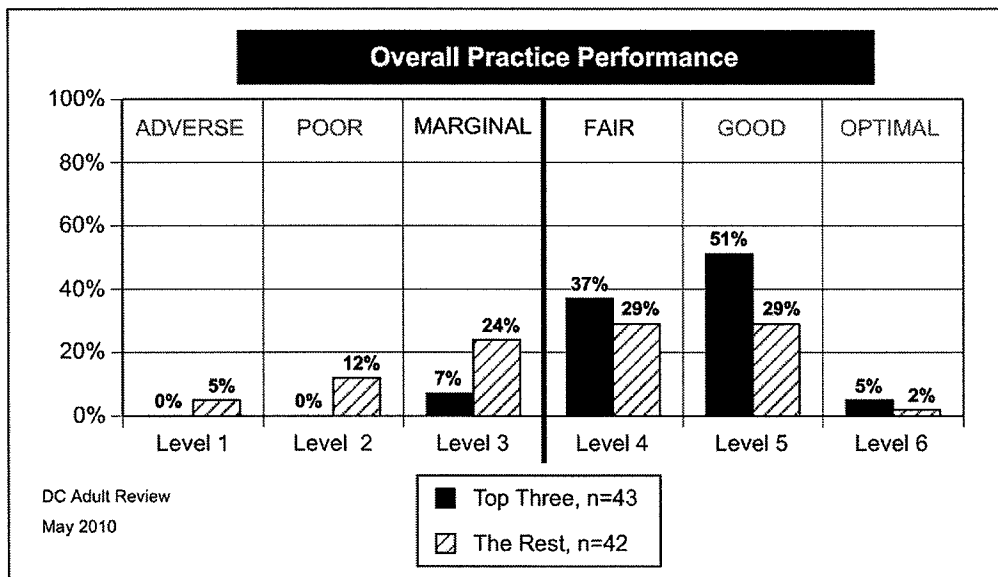
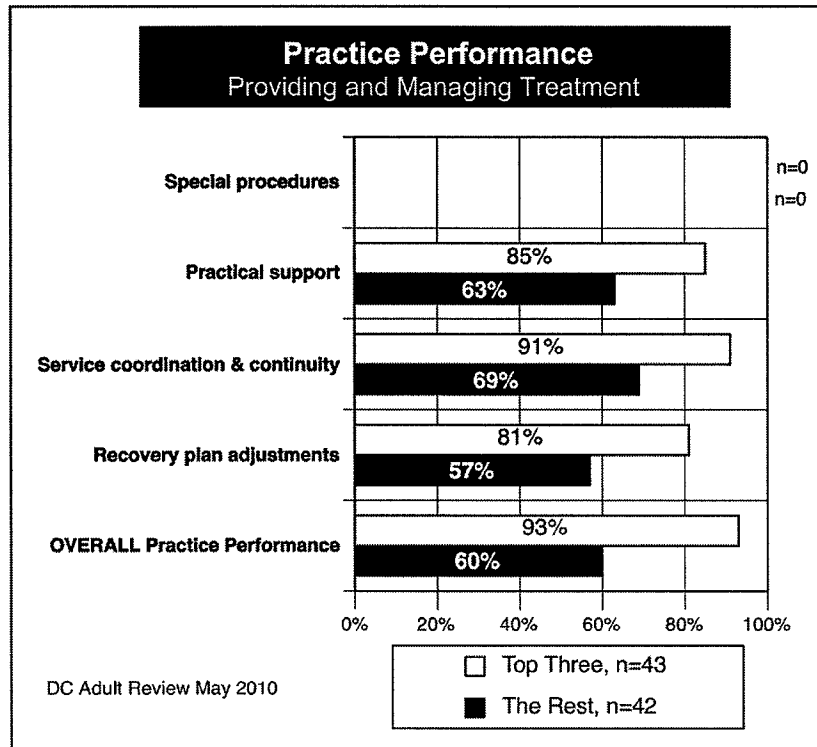












IMPROVEMENT	REFINEMENT	MAINTENANCE
UNACCEPTABLE		ACCEPTABLE

Case Review Outcome Categories

Status of the Participant in Individual Cases

		Favorable Status	Unfavorable Status		
Acceptable System Performance	Outcome 1:	Good status for the participant, ongoing services acceptable.	Poor status for the participant, ongoing services minimally acceptable but limited in reach or efficacy.	93% Top 3 60% The Rest	
	77% (33 cases Top 3) 55% (23 cases The Rest)	16% (7 cases Top 3) 5% (2 cases The Rest)			
Unacceptable System Performance	Outcome 3:	Good status for the participant, ongoing services mixed or unacceptable.	Poor status for the participant, ongoing services unacceptable.	7% Top 3 40% The Rest	
	2% (1 case Top 3) 26% (11 cases The Rest)	5% (2 cases Top 3) 14% (6 cases The Rest)			
		79% Top 3 81% The Rest	21% Top 3 19% The Rest		

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