2011 Report on Adult Service Consumers

Served by the District of Columbia Department of Mental Health

March 2011

Presented to the Dixon Court Monitor

by

Human Systems and Outcomes, Inc.

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Executive Summary

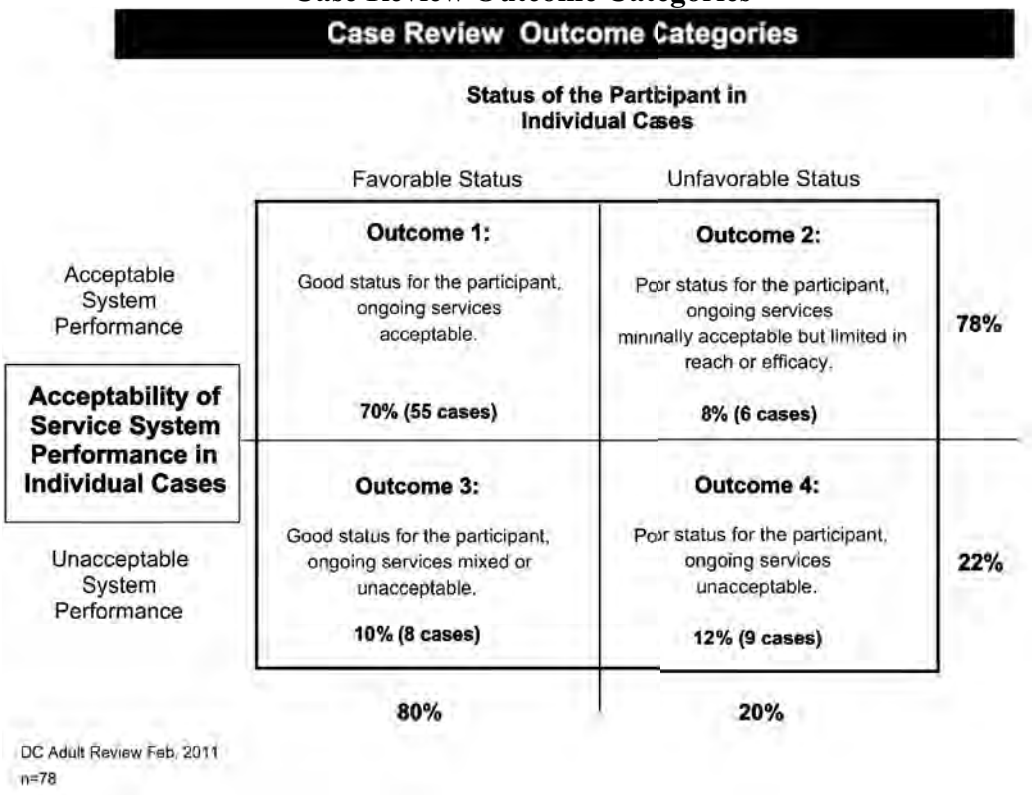
The Human Systems and Outcomes, Inc. (HSO) review of services for a randomly selected sample of adult consumers was conducted using a qualitative assessment of consumer status and quality of practice functions provided to that consumer. The qualitative assessments of practice were conducted by a reviewer trained in the Consumer Services Review (CSR) process. Examples of status indicators include safety, appropriateness of living arrangements, emotional and behavioral status, and work status. Examples of system practice functions include engagement, assessment, planning, and treatment. Reviews were completed over a three-week period of time between January 31 and February 18, 2011, and included 78 adult consumers of mental health services. The review 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, family members, representative payee, probation officers, group home workers, supported employment or vocational rehabilitation workers, etc. There were 312 people interviewed as part of the CSR this year, with an average of four interviews per case review. After reviewing the record and conducting interviews regarding a specific consumer, the reviewer rated consumer status, progress, and the quality and consistency of the system practices for that specific consumer using a protocol of specific indicators in accordance with a 6-point rating scale. In addition to the review of a sample of consumers, stakeholder interviews were conducted with persons involved in providing services or impacted by practice performance, such as court, family members, or advocacy groups.

The overall results of the review of each consumer were sorted into four categories as displayed in the Case Review Outcome Categories display below. 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. Outcome 2 includes those consumers whose needs are complex and, despite the diligence and appropriate response of the practitioners providing services, the consumer continues to have poor status. Outcome category 3 includes consumers whose status was at least minimally acceptable but due diligence and acceptable practice performance on the part of the system was not observed. In outcome 4, the consumer's overall status was rated unacceptable and overall practice performance is also rated unacceptable.

In this review, 55 or 70% of the consumers were rated in outcome category 1. In outcome 1, the consumers are doing well, progress is observed, and the system practices are performed with diligence and quality. Six consumers or 8% of the sample were in outcome category 2. In outcome 2, due diligence and teamwork can be observed on the part of the system practitioners, but the consumer is still not doing well in several areas. Eight consumers (10%) were in outcome 3. 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 practice performance may be limited, inconsistent, or inadequate at this time. Those in outcome 3 are at least doing minimally well, frequently as a result of the individual efforts of one person in the consumer's life. Nine consumers (12%) were in outcome category 4. In this outcome category, the consumer does not have acceptable status, progress is not being achieved, and practice functions are not being carried out with diligence and quality. Outcome 4 is the most unfavorable of the outcome categories. Overall, 17 consumers or 22% were found to be receiving services that did not represent adequate due diligence, consistency, and quality of performance.

Case Review Outcome Categories



Overall Summary of Findings

Overall, the findings from the reviews of 78 adult consumers showed that a majority of consumers (78%) are receiving consistent and appropriate services and that clients are making progress in many areas. It is likely that seven to eight out of ten consumers are receiving appropriate and responsive services on any given day. Considerable progress has been made in providing more consistent services in accordance with the practice model and performance expectations. Examination of performance also suggests that there is considerable variability among CSAs in the consistency and quality of services provided.

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, such as between jail and community; people who have not been linked to a CSA; or people who

are resistant to engaging with the system. As such, the consumer review 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.

- Consumers continue to be highly satisfied with services. The findings for 2011 again yielded a high percentage of satisfied consumers, with 91% reporting at least minimal satisfaction with services received. Seventy-five percent were in the maintenance zone, indicating a high degree of satisfaction with services.
- Eighty-three percent of the consumers reviewed were living in an acceptable and appropriate living setting, with half living in their own homes. Despite these findings, there were reports of consumers having difficulties accessing housing or being on waitlists for housing.
- Although consumers and the system continue to be challenged with participating in social activities, forming social relationships, and expanding social networks beyond service providers and other consumers, there was improvement in person status in social network (16% increase) and with progress in social group affiliations (13% increase). Overall, consumers are at least minimally well (81% overall consumer status) and progressing (72% acceptable progress, 10% higher than 2010).
- Treatment planning processes improved in 2011 with an increase in acceptable practice across four indicators in particular: assessment and understanding (71%), personal recovery goals (83%), individualized recovery plan (78%), and recovery plan adjustments (76%).

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

The DMH management team is to be congratulated for the progress that has been made as well as some of the large CSAs, such as Green Door and Community Connections, who are contributing considerable amounts of quality services. For the first time in a review, the issues that were identified frequently were more idiosyncratic to individual CSAs and less systemic as a whole.

From the perspective of the team leader of the CSRs over the past eight years, the big issues facing DMH are how to:

- Continue to make progress on key capacities, such as ACT, housing, and work opportunities for consumers.
- Continue to refine of fiscal and documentation processes to make them as supportive and facilitative of quality practice as possible.
- Continue to refine interface coordination between Saint Elizabeths Hospital, acute care facilities, and the community as well as other agencies, such as court, police, and DDS.
- Continue to provide training and support to the practice development of CSWs, supervisors, and provider leadership. The issue of the variability of quality and consistency of practice and services across service providers and CSAs continues to be the biggest challenge to having a high quality, consistent mental health services system. (See Appendix D for comparison of the top four CSAs in practice performance compared to other CSAs.)
- Seriously consider how the progress that has been achieved will continue to be refined and sustained over time. How will a focus on the quality of practice be sustained? How will feedback regarding the quality of practice be obtained both within and external to CSAs and how will feedback on the quality of practice be provided to individual practitioners? How will the management team maintain a passionate focus on practice and practice development as the inevitable turnover of the leadership team occurs and as the court-mandated feedback system is ended?

Much investment and progress has been made over the past eight to ten years; it would be a tragedy to see a regression to less consistent and lower quality services. An examination of significant system reform initiatives shows that lack of sustainability and regression to the mean,

unfortunately, is a common result of system reform over time. There are examples, however, where quality and consistency have been maintained over time and they involve a commitment of leadership to resources and time to maintaining a feedback system that provides practitioners and agency managers meaningful feedback about the quality and consistency of their work.

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Purpose and Scope of the Review

The Final Court-Ordered Plan for Dixon, et al v. Gray [March 28, 2001] required that performance measures be developed and used within a methodology for measuring practice 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 practice 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 practice 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 practice 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 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 practice performance.

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

Eighty-five consumers were reviewed in 2010. Eighty percent of the consumers in this review had an overall acceptable status rating and 76% had an overall acceptable practice performance rating.

2011 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 for the 2011 review was completed by a new provider contracted with the Department of Mental Health (DMH). HSO expresses its gratitude to Far Southeast Family Strengthening Collaborative for completing in a short period of time the significant amount of work that is necessary to complete a CSR of this magnitude and complexity.

The 2011 review results brought continued evidence of progress in the performance of the adult service system. There is an improvement in teaming processes, such as the formation of teams, development of personal recovery goals, and adjustment to plans.

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, 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 312 people interviewed as part of the CSR this year, with an average of four interviews per case review.

Reviews were completed over a three-week period of time between January 31 and February 18, 2011, and included 78 adult consumers of mental health services. Reviews were completed by reviewers who were trained by HSO. Fifty-two scheduled reviews were conducted by HSO-affiliated personnel as the lead reviewer and 26 scheduled reviews were completed by DMH staff as the lead reviewer. Sixty-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 the Director, Deputy Directors, and staff from DMH, psychiatry interns, staff from Saint Elizabeths Hospital, community stakeholders, personnel from Core Service Agencies (CSAs), and the Dixon Court Monitor.

As in the past three years of reviews, a case consultant 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 consultant 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 consultant. This session was completed for all of the cases reviewed by both DMH and HSO reviewers. Some case consulting occurred during the group debriefings (15 reviews) as a matter of time-management. This process was in addition to the group debriefing sessions with the team leader. Case consultation was conducted again this year 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, 2010, and 2011. The CSAs requested that feedback and recommendations be given for the consumer reviewed shortly after a review is completed. Providing feedback on individual consumers 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 recognition of what is working in practice for this particular consumer, 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 person-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 instances that require a mandatory report due to observations or information being received that indicate possible 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 and, in 2011, 99% or 77 reviews received feedback, 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.

Consumers participating in the 2009 and 2010 CSRs responded positively to the receipt of gift cards for participation. Again this year, each adult consumer participating in a CSR received a $25 gift certificate to a grocery 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 2011 adult CSR occurred during the review weeks of January 31 to February 18. 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 CSA between April 15 and October 15, 2010. 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 is adjusted each year in an attempt to limit the amount of replacements and the possibility of intended or unintended dissuasion of consumer participation by CSA staff. There was a strong commitment on the part of the Dixon Court Monitor, HSO, and DMH to review the original consumers selected for review. Despite this commitment and the hard work of the logistics provider, 75 persons in the sample were replaced, with refusal to participate in the review being the most common reason for not being part of the review sample. Other reasons for attrition included inactivity/discharge from services or not connected with an agency, inability to locate the consumer, or long-term hospitalization/incarceration. Schedules were completed for 78 consumers, with all 78 consumers being reviewed.

A critical information form was sent out for providers to complete for each of the randomly selected consumers in order to gain background information about the consumers so that the consent and scheduling processes could begin. These information forms 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. These forms also served as an initial screening to determine that consumers would be receiving services during the time of the review.

According to the information that was supplied to HSO by DMH, a total of 12846 adult consumers received at least one service between April 15 and October 15, 2010. This is an increase from the population size of 10692 in 2010. The population was reviewed and the following were removed

prior to selecting the sample: consumers whose clinical home was listed as unassigned, disenrolled, CPEP, school-based, or attached to a closed provider (RCI Counseling Center); consumers with a transfer voucher and who did not receive services during the April-October criteria; and any duplicated names. This resulted in a reduction of 726 to a final population size of 12120 consumers.

The information in Display 1, provided by DMH, reflects consumers who received a billed service, of which there are only CSA providers listed. Services were provided for these consumers from 24 different CSA providers. There were 33 different provider agencies reviewed in 2010. These provider agencies differ in the number of consumers they serve. The 2011 review population is similar to the distribution of the 2010 review population. Nearly one quarter of the population (24%) is serviced by one agency, Community Connections, followed by Green Door with 13%. With the transitioning of the D.C. Community Services Agency (DCCSA) consumers, distribution across agencies shifted again this year with six agencies having 5%-7% of the population, and the remaining 16 each having 4% or less in the population. Comparatively, in 2010, 30 agencies each had 4% or less representation in the review population.

The review sample design is such that the final sample reflects the consumer distribution across agencies. Therefore, 24% 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 the remaining agencies, primarily based on size relative to percentage of the population. A total of 24 providers were reviewed for the 2011 CSR. **Display 1** illustrates the review sample distribution by agency.

Display 1
Number of Consumers Who Received a Billed Service
Between April 15 and October 15, 2010, According to eCURA

Provider	Total # of Consumers	% of Population	# in Sample	# in Review	% in Review
1. Community Connections, Inc.	2846	23.5%	21	21	27%
2. Green Door	1544	13%	11	9	12%
3. Washington Hospital Center	868	7%	6	4	5%
4. MHSD	802	6.6%	6	5	6%
5. Anchor Mental Health	799	6.6%	6	7	9%
6 Fihankra Place, Inc.	783	6.5%	6	5	6%
7. Hillcrest Children's Center	772	6.4%	5	6	8%
8. McClendon Center	600	5%	4	4	5%
9. PSI	513	4%	3	3	4%
10. Capital Community	399	3%	2	1	1%
11. Life Stride, Inc.	397	3%	3	2	3%
12. Pathways to Housing	267	2.2%	2	1	1%
13. Psychiatric Center Chartered	261	2.2%	2	0	0%
14. Volunteers of America	246	2%	2	2	3%
15. Family Preservation	198	1.6%	2	2	3%
16. First Home Care	183	1.5%	2	2	3%
17. Universal Health Care Management	150	1.2%	1	1	1%
18. Launch, LLC	120	1%	1	0	0%
19. Mary's Center	120	1%	1	1	1%
20. Scruples Corporation	86	.7%	1	1	1%
21. Family Matters	81	.7%	0	0	0%
22. Neighbors Consejo	59	.5%	0	0	0%
23. Latin American Youth Center	21	.2%	1	1	1%
24. Progressive Life	5	0%	0	0	0%
Totals	12120	100%	88	78	100%

Note: Total percentages may not equal 100% due to rounding. This applies to all displays.

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), although the review sample (n) may not represent the population proportionally due to not reviewing the full target of 88 consumers.

Description of the Consumers in the Review

A total of 78 reviews were completed during the 2011 CSR. The reviews were completed over a three-week timeframe with 52 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.

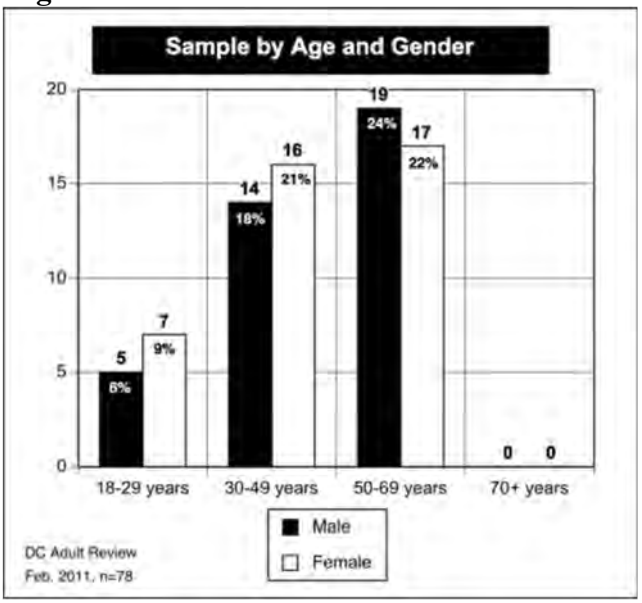
Age and Gender

Consumers receiving a billed-for service between April 15 and October 15, 2010, 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 just slightly more females in the population this year: 6224 females or 51%, compared to 5860 males or 48%, and 36 persons listed with an unidentified gender. The sample was chosen to reflect the population distribution of 49 females and 46 males with the final review sample of 78 yielding 40 females and 38 males.

The majority of the completed case reviews were in the 50-69 age range (46%). This range included the largest number of males (19 or 24% of the review sample), as well as females (17 or 22% of the review sample). In the 2010 review, the majority of consumers reviewed (47%) were in the 30-49 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	2013	17%	12	15%
30-49	5181	43%	30	39%
50-69	4665	39%	36	46%
70+	261	2%	0	0%
Total	12120	100%	78	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 different age female from the same age group or a 57-year-old male 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 group 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 eCURA 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	5860	48%	38	49%
Female	6224	51%	40	51%
Unidentified gender	36	<1%	0	0%
Total	12120	100%	78	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 (81%). This distribution is consistent with previous review

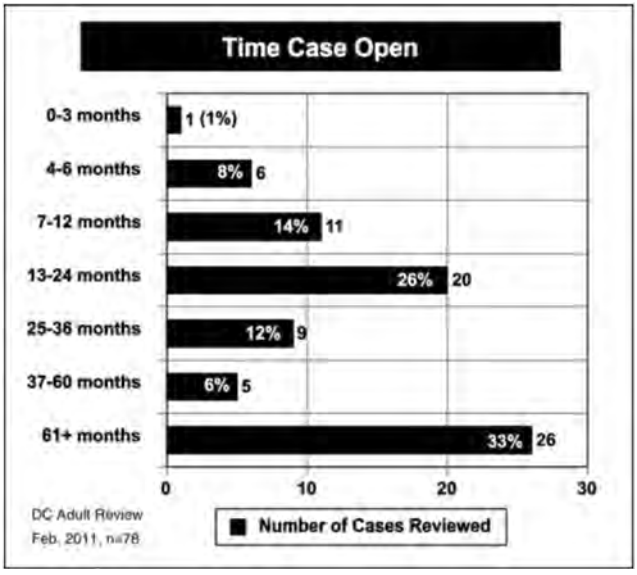
samples. There is some diversity again this year with 6% of the review sample of Latin American descent. Nine percent of the consumers reviewed this year were Caucasian. Two consumers had English as a second language and required interpreters during the review.

Display 5
Distribution of Consumers by Ethnicity

Ethnicity	Number	Percentage
African-American	63	81%
Euro-American	7	9%
Latino-American	5	6%
Asian-American	1	1%
Ethiopian	1	1%
Dominican	1	1%
Totals	78	100%

The following display shows the length of time the 78 consumers in the review have been receiving services since their most recent intake for services. As illustrated in **Display 6**, 33% have been receiving services for longer than 61 months, with 51% having participated in services for longer than two years. This is a shift from 2010 during which 58% had been participating in services for two years or more.

Display 6
Length of Time Consumers in the Review have been Receiving Mental Health Services Since Their Most Recent Admission



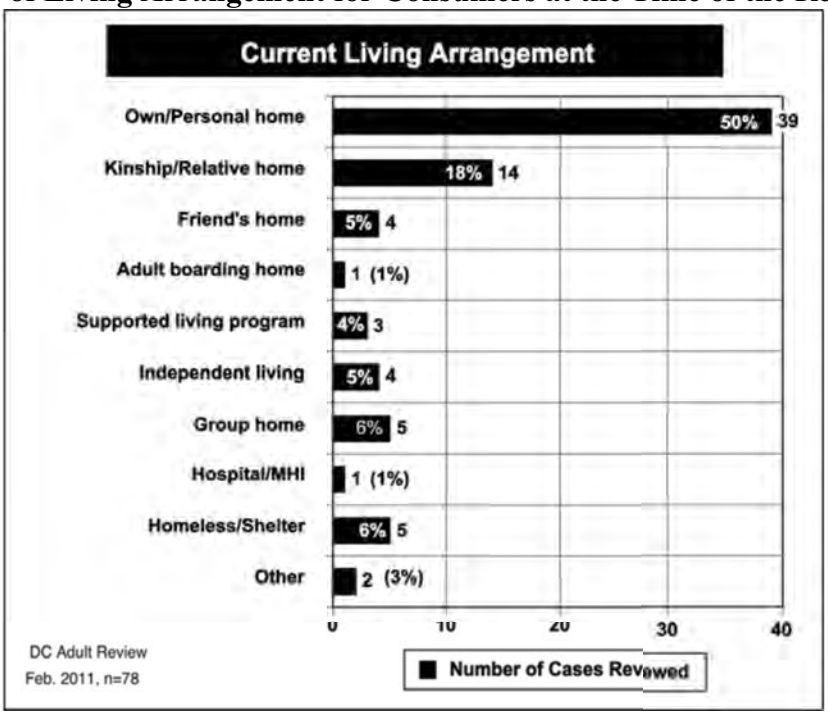
For comparative purposes, the display below is included to illustrate the amount of time each consumer had been receiving services from his/her agency at the time of review. The data show that 32% of the consumers reviewed had been with the current CSA for three or more years, with 74% receiving services from the current agency for more than one year. This is comparable to 70% of the consumers reviewed in 2010 who had been with their provider longer than 12 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 review. Adult service consumers in the review were living in one of 11 settings. Half of the consumers reviewed were living in their own homes, an increase from the 2010 review when 45% of the reviewed consumers were living in their own homes. An additional 18% were living with family members (such as a paramour, adult child, or extended family members); 5% were living with a friend; 6% were living in a group home; 6% were living in a homeless shelter; 5% were in an independent living program; 4% were in a supported living program; one person each was living in an adult boarding home and medical rehabilitation center (listed as "other"); and one was transient and living with various friends and family (listed as "other"). One consumer this year was hospitalized on the day of review.

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.

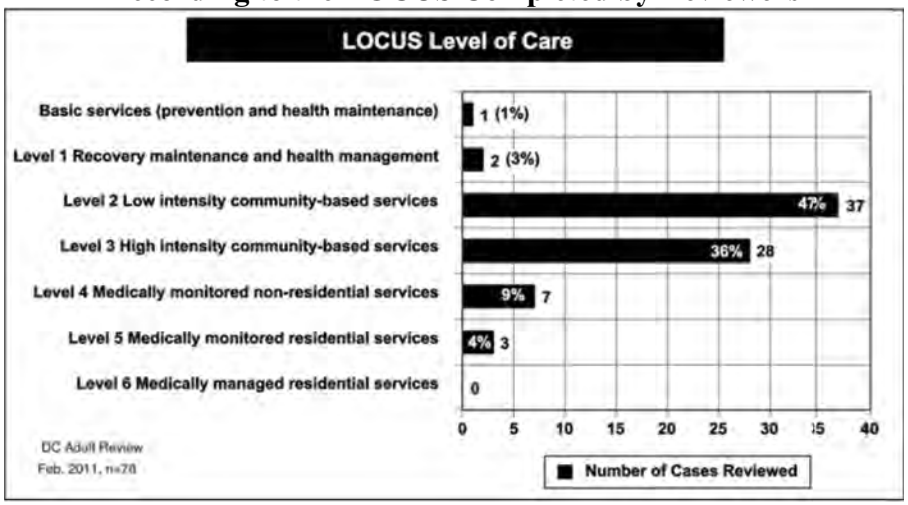
Historically, DMH has required that providers assess consumer functioning using the LOCUS every 90 days for each service consumer or at anytime there was a change requested in level of care (Assertive Community Treatment or ACT authorization request, crisis bed authorization request, crisis services, 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.

Fifty-one percent of the consumers reviewed were level 2 or lower (prevention, low-intensity community-based services, recovery maintenance, basic services). Thirty-six percent required level 3 (high intensity community-based services) and the remaining 13% required higher levels of care (medically monitored secure/non-secure; medically managed). The majority of the consumers were receiving community-based services (83%-level 2 or 3). **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 ≤60, GAF 61-70, GAF ≥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 (12%) in the review had no more than slight impairment in functioning (GAF ≥71). Twenty-one consumers (27%) had difficulty functioning in one area (GAF 61-70) and 48 consumers (62%) had difficulty functioning in several areas (GAF ≤60). These scores are comparable to the 2010 review: 11%, 28%, and 61%, respectively.

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	12%
Difficulty in one area (61-70)	21	27%
Difficulty in multiple areas (≤60)	48	62%
Totals	78	100%

For comparative purposes, **Display 11** indicates the general level of functioning separated by the age ranges of the consumers in the review. The 50-69 age range had the most difficulties with 25

consumers having difficulty in multiple areas. In addition, this age range had the highest number of consumers in the review.

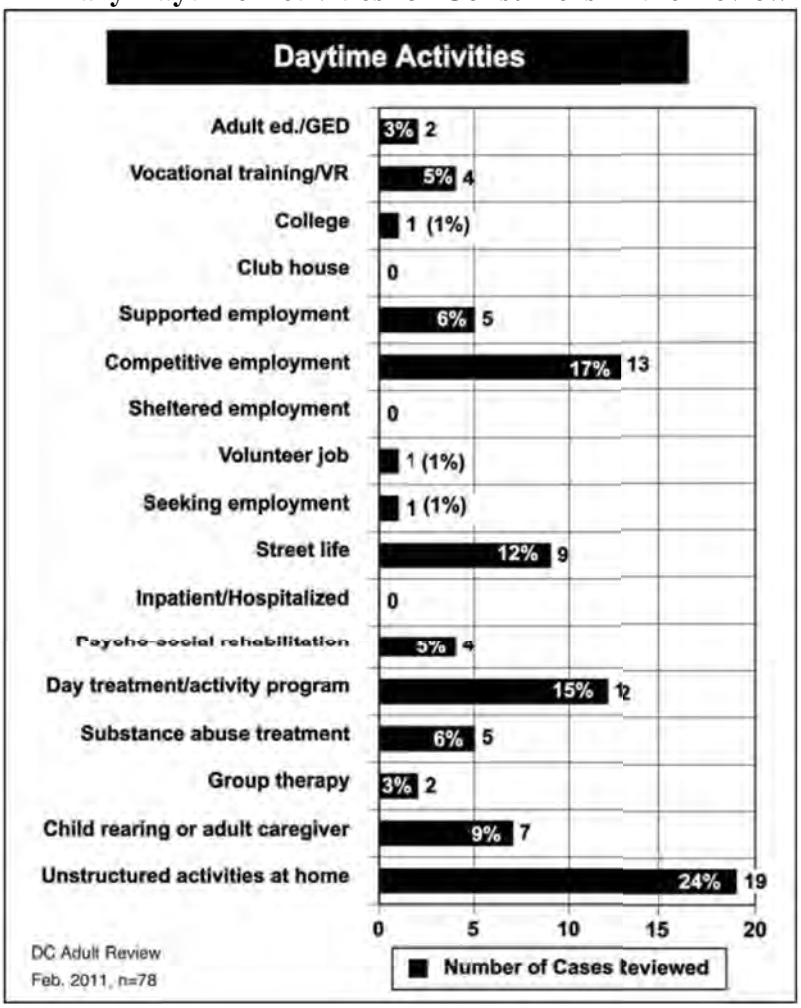
Display 11
General Level of Functioning for Consumers in the Review by Age Range

Age Ranges	No More Than Slight Impairment (≥71)	Difficulty in One Area (61-70)	Difficulty in Multiple Areas (≤60)	Totals
18-29	3	3	6	12
30-49	3	10	17	30
50-69	3	8	25	36
≥70	0	0	0	0
Totals	9	21	48	78

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. Thirty-four 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% increase from the 2010 data where 29% were participating in these activities. Twenty-nine percent were participating in treatment activities, such as group therapy, day treatment, or psycho-social rehabilitation, only a 2% difference from 27% in 2010. 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 (9%), or in unstructured activities at home (24%), such as watching TV. Thirty-eight consumers had daytime activities listed in the "other" category, which included four in work-related activities, 17 in unstructured activities, ten in treatment, and seven spending their day in caregiver or homemaker activities.

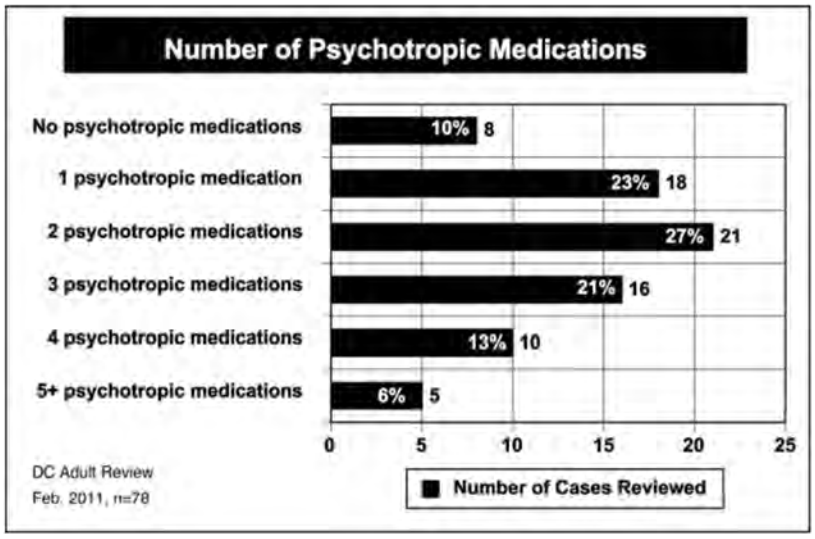
Display 12
Primary Daytime Activities for Consumers in the Review



Psychiatric Medications

Persons with severe and persistent mental illness often are prescribed psychiatric medications to relieve symptoms. Seventy consumers (90%) in the review were prescribed psychotropic medications. The following display illustrates the number of psychiatric medications prescribed for members of the review sample. Eight consumers were not prescribed any psychotropic medication (10%), 18 were prescribed one medication (23%), and 21 were prescribed two medications (27%). The remaining 40% were prescribed three or more psychotropic medications. In the 2010 review, 40% of the consumers reviewed also were prescribed three or more medications.

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

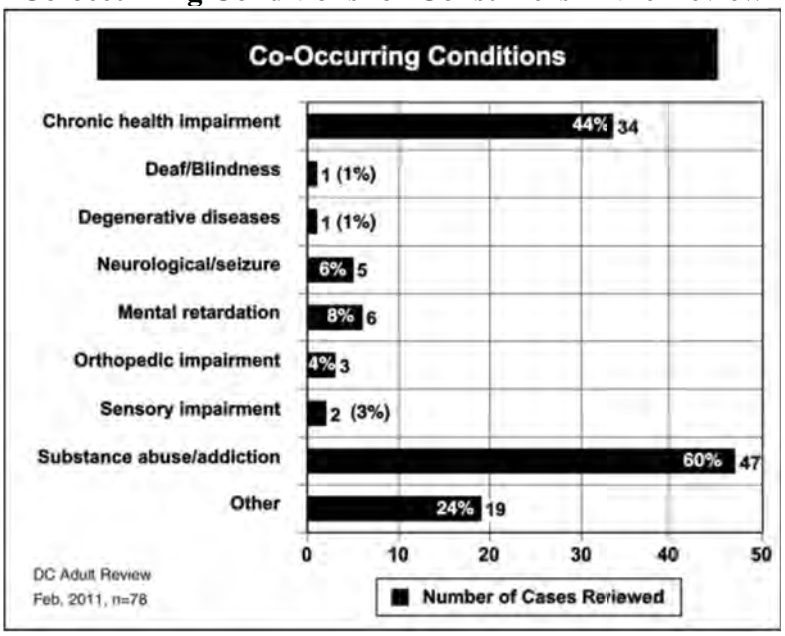


Co-occurring Conditions

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 substance abuse, with 60% of those reviewed having current substance use or a substance-related diagnosis. Chronic health issues were noted for 44% of the consumers reviewed,

compared to 49% in 2010. 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 2011 review were congenital heart murmur, obesity, chronic headaches, incontinence, HIV/AIDS, high blood pressure/hypertension, diabetes, asthma/COPD, and high cholesterol. Cognitive delays and mental retardation were the next most frequently occurring area with 8% experiencing this, which is comparable to 7% in the 2010 review. Neurological and seizure disorders were present for 6% of the consumers reviewed this year. There was one consumer with blindness and one with a degenerative disease. The "other" or miscellaneous category was marked for 24% of the consumers and included health impairments and issues, such as PTSD, dementia and memory issues, hallucinations, and anger.

Display 14
Co-occurring Conditions for Consumers in the Review



Quantitative Case Review Findings

Overview of the Case Review Process

Reviews completed for all 78 consumers during the 2011 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.

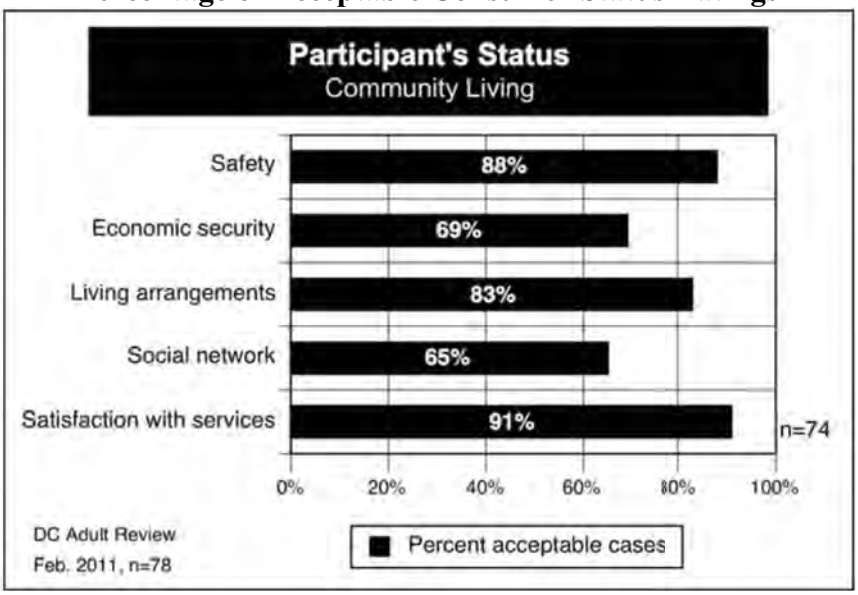
Interviews

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 312 people were interviewed for the 78 consumers in this year's review. The number of interviews ranged from two to seven persons, with an average number of four interviews per consumer reviewed.

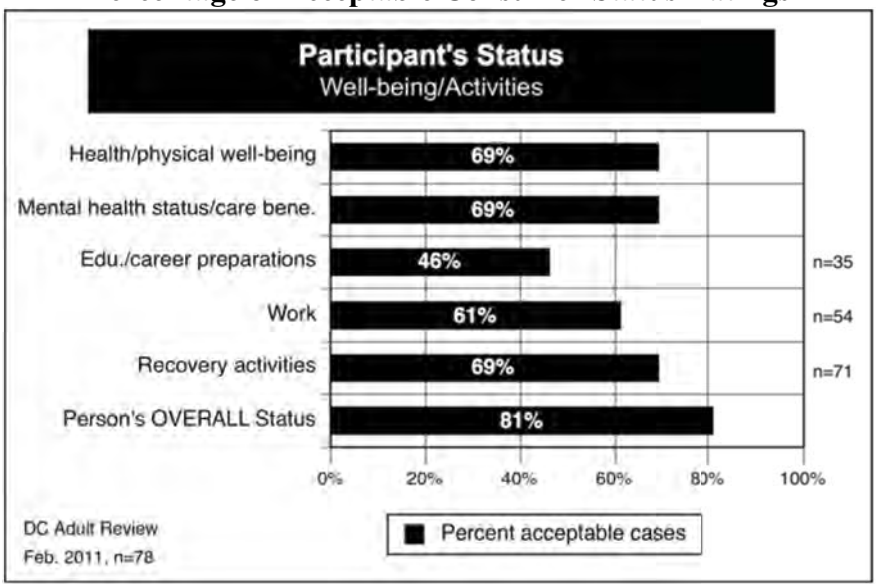
Consumer Status Results

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.

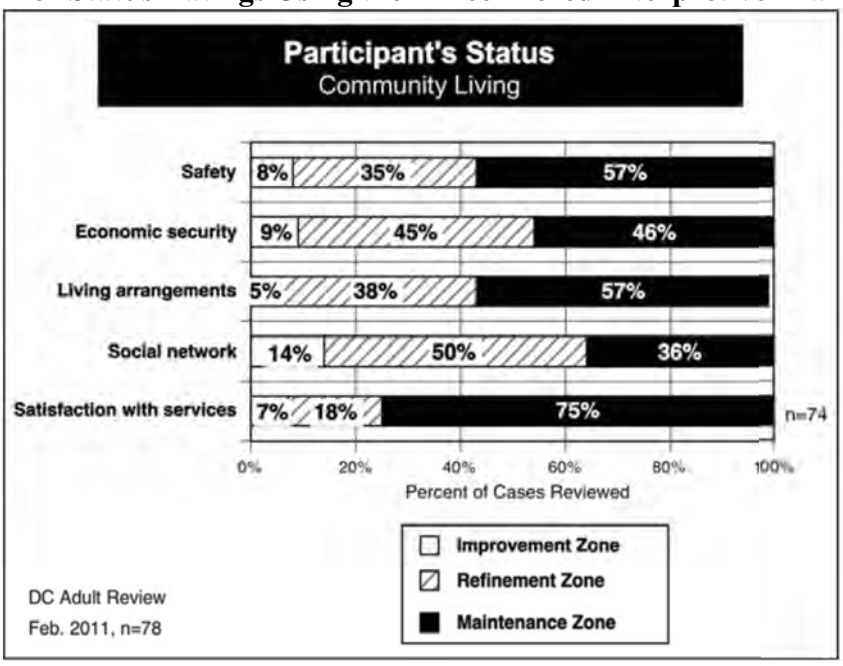
Display 15
Percentage of Acceptable Consumer Status Ratings



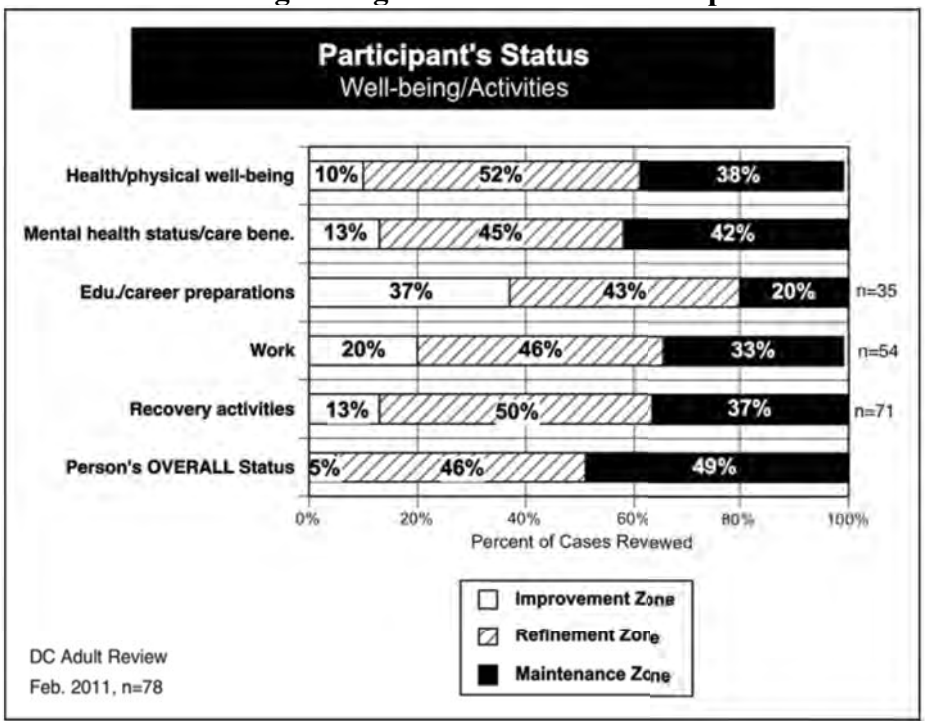
Display 15 (continued)
Percentage of Acceptable Consumer Status Ratings



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 81%, which is comparable to 80% of the adults in the review in 2010. Eighty-one percent of the adults reviewed were found to have at least fair or minimally acceptable status.

Three indicator areas stand out as strengths for the consumers reviewed this year: safety, living arrangements, and satisfaction with services. Some of these status indicators also were identified as strengths in 2010.

Safety. The indicator for safety was strong again in 2011 with 88% of the consumers safe from imminent risk of physical harm in their daily environment (88% acceptable-rating of 4 or higher), with 57%, 35%, and 8% in the maintenance, refinement, and improvement zones, respectively. The percentage of consumers with acceptable safety is similar to the 2010 data of 88%.

Living Arrangements. Eighty-three percent of the consumers this year were found to be living in an appropriate living arrangement. Using the three-tiered interpretive framework, 57% of the review sample was in the maintenance/green zone, 38% in the refinement/yellow zone, and 5% in the improvement/red zone. The acceptable percentages for living arrangements are higher than found in the 2010 review, a 9% increase 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 the strongest consumer status indicator again this year and was found applicable for 74 of the 78 consumers reviewed. Satisfaction this year was higher than in the 2010 review (91% minimally acceptable or higher)

with 67 consumers reporting fair, good, or optimal satisfaction. Two-thirds of the consumers reviewed had good or optimal satisfaction or were in the maintenance zone.

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

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. This year, reviewers found social networks and social affiliations acceptable for 65% of the consumers reviewed, 36% of whom were in the maintenance zone, 50% in the refinement zone, and 14% in the improvement zone. Although this continues to be an area for development, there was a 16% increase in acceptable scores compared with 2010.

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. Thirty-five of the consumers reviewed were interested in educational activities, of which 46% had acceptable participation. Twenty percent were in the green/maintenance zone, 43% in the yellow/refinement zone, and 37% in the red/improvement zone indicating a need for immediate action in this area. The ratings for 2011 are comparable to the ratings for the education domain in the 2010 review.

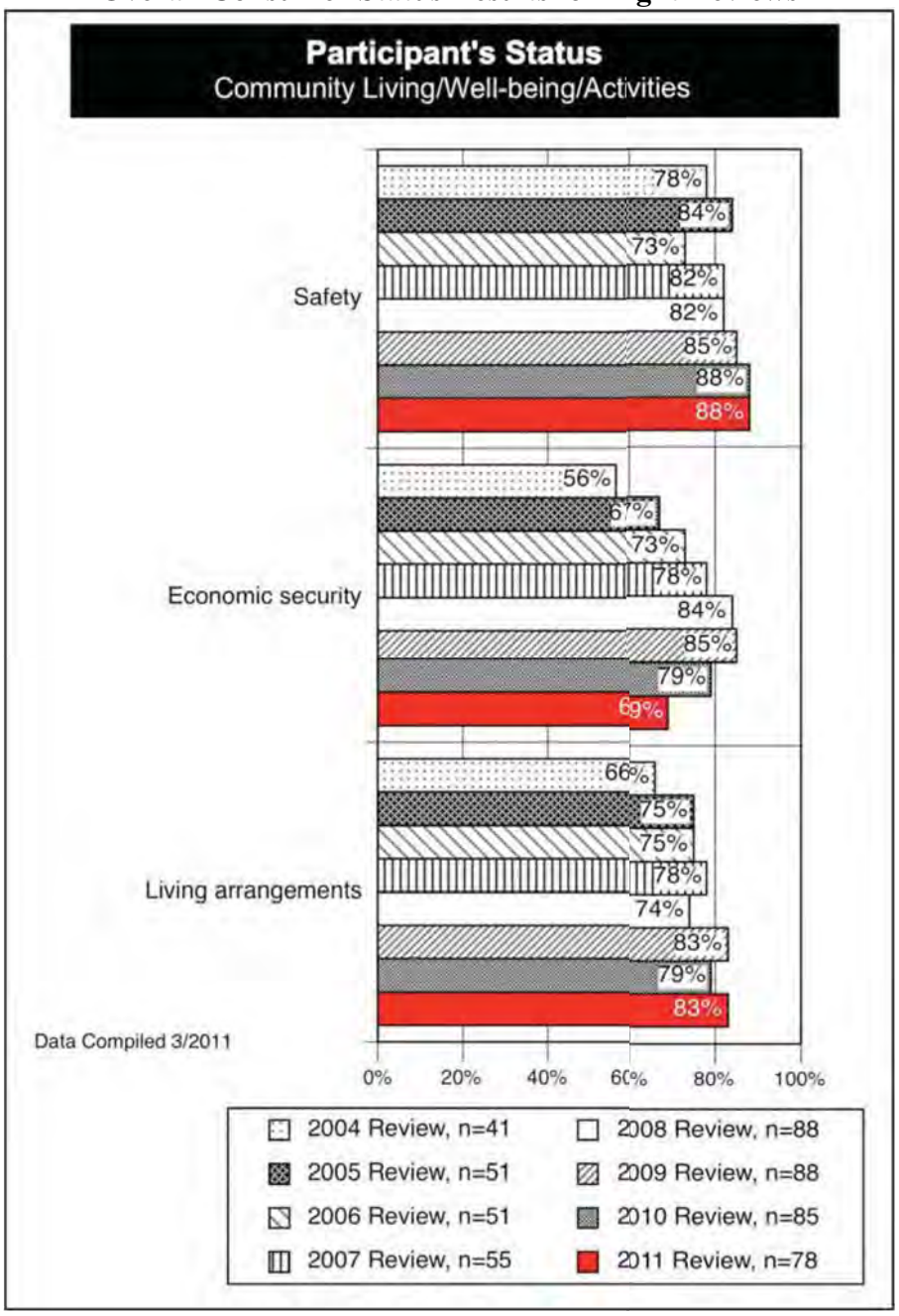
Fifty-four consumers reported they were interested in (or already participating in) employment-related activities, with 61% having acceptable access to or participation in these activities. Although this is a modest improvement (11%) from 2010, it continues to be an area for further

strengthening. Twenty percent of the 54 consumers were in the improvement zone, 46% in the refinement zone, and 33% in the maintenance zone.

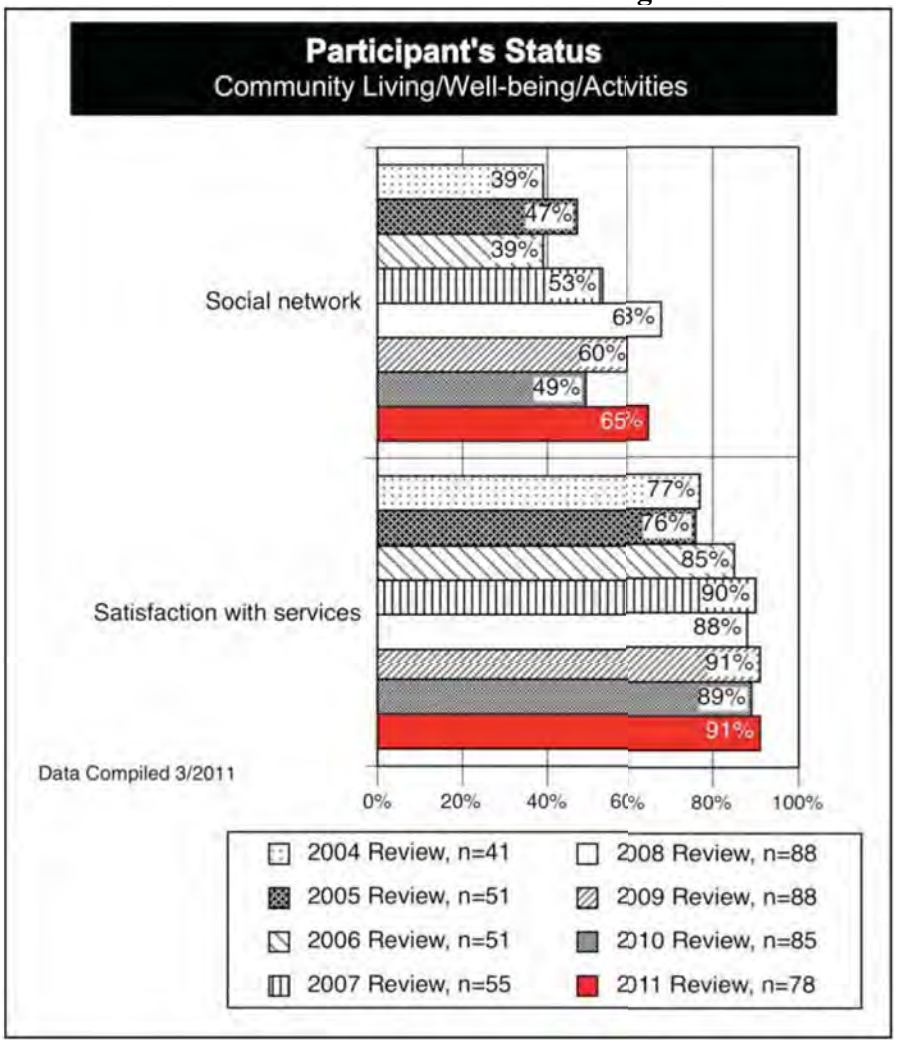
Economic Security. The primary areas of focus for the economic security indicator are: (1) whether the person is receiving entitled economic benefits; (2) whether income and economic supports are sufficient to cover basic living requirements; and (3) whether the person's economic security is sufficient for maintaining stability and effective life planning. Economic security was acceptable for 69% of the consumers in the 2011 review, a 10% decrease from 2010. Forty-six percent of the review sample was in the maintenance zone, 45% in the refinement zone, and 9% in the improvement zone.

The following **Display 17** illustrates the results for each of the consumer status indicators across the reviews completed since 2004. These charts show that there has been improvement in most status indicators over time and particularly in key areas, such as consumer satisfaction, mental health status, safety, living arrangements, and overall status. However, health status declined this year by 11% when compared to the 2010 review data.

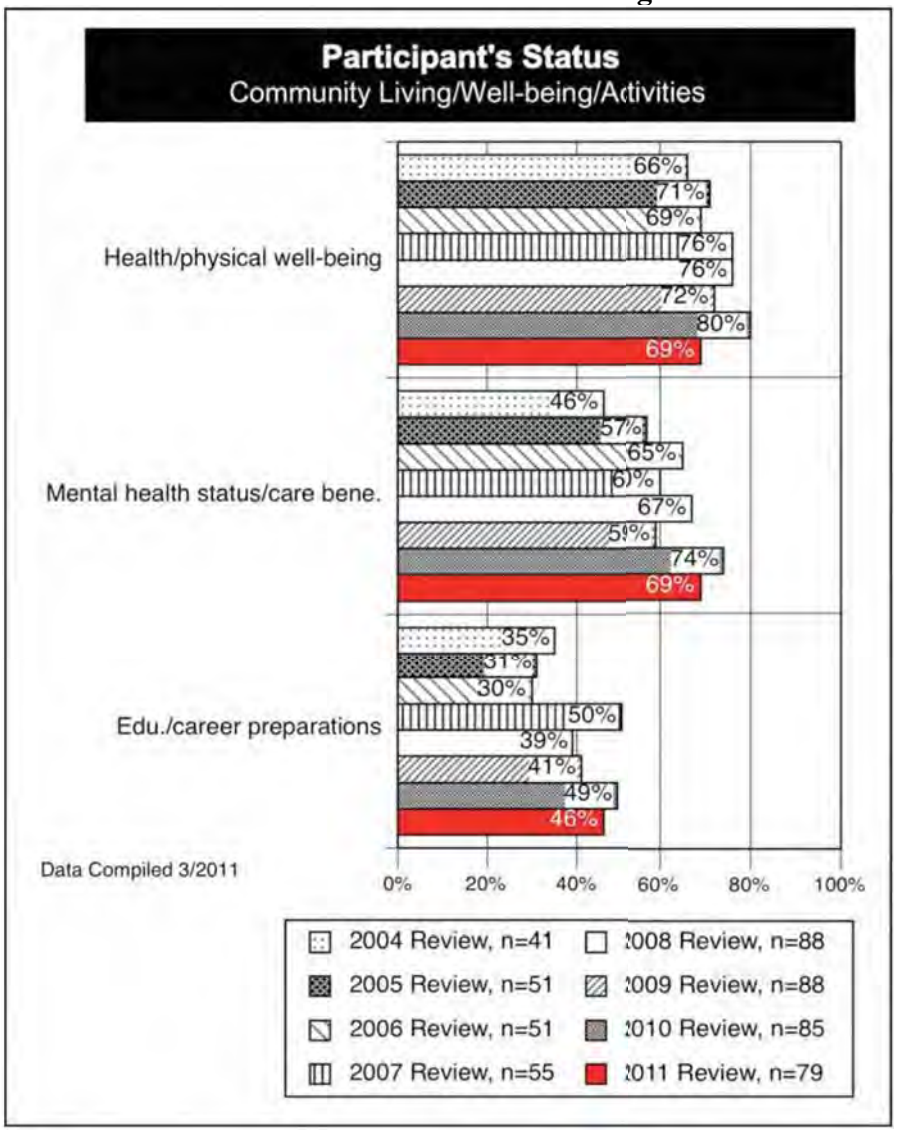
Display 17
Overall Consumer Status Results for Eight Reviews



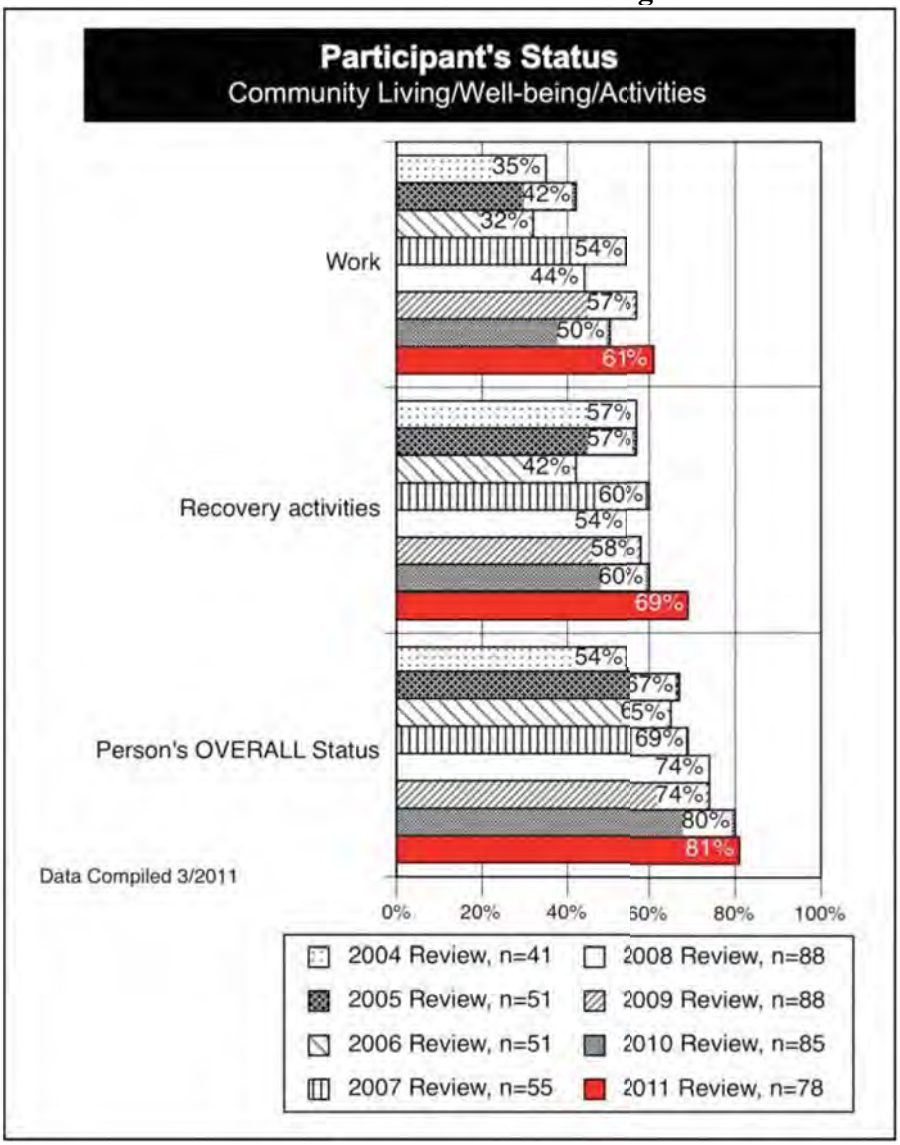
Display 17 (continued)
Overall Consumer Status Results for Eight Reviews



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



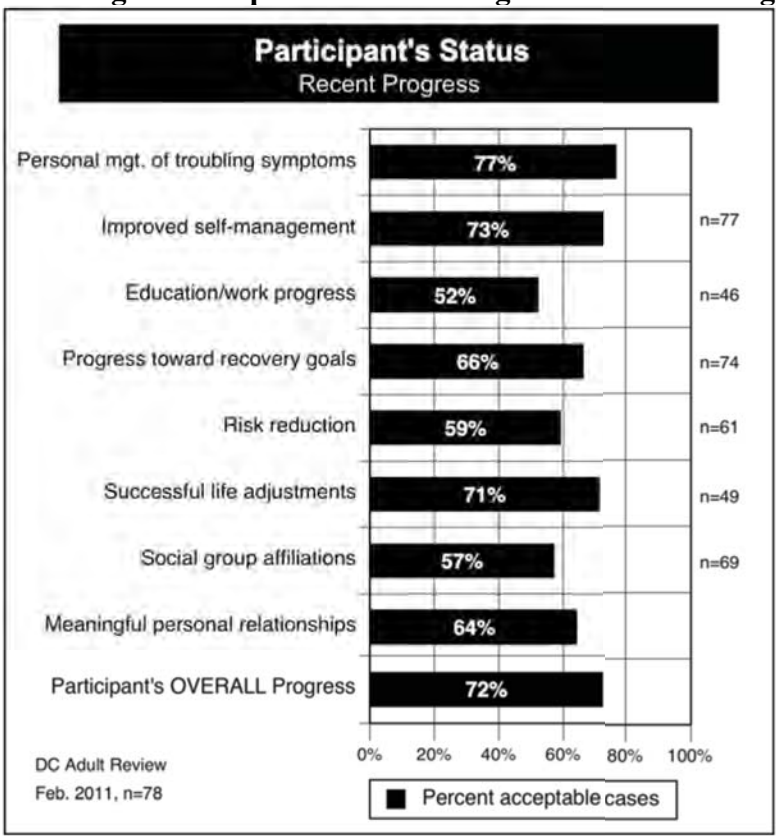
Display 17 (continued)
Overall Consumer Status Results for Eight Reviews



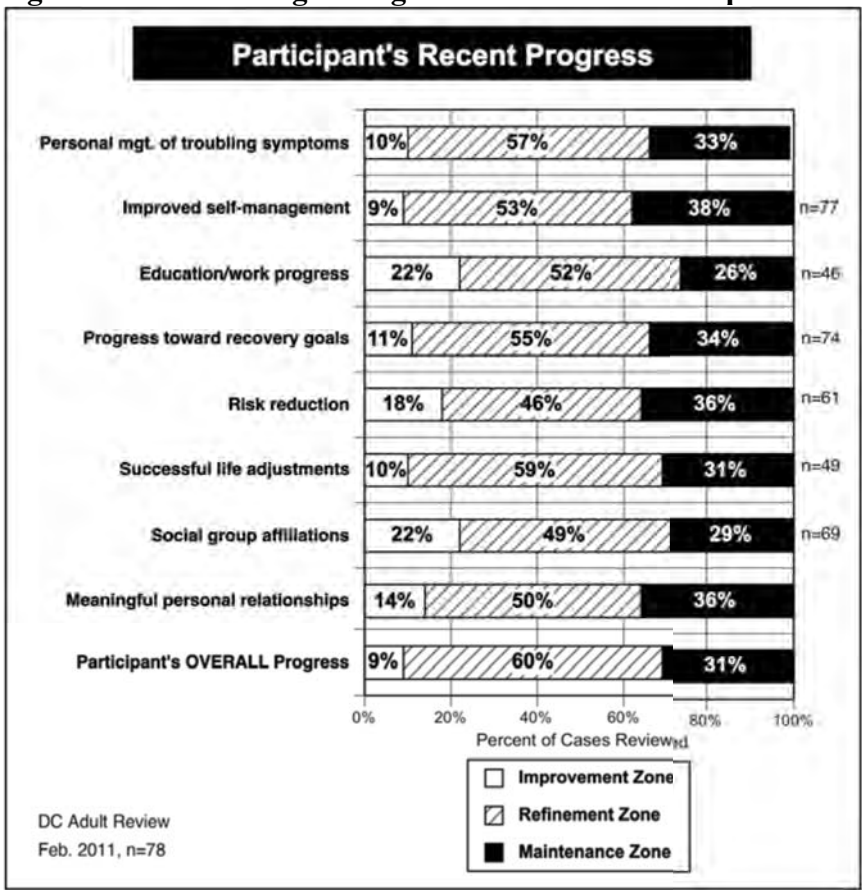
Recent Progress Patterns Showing Change Over Time

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 72% of the consumers reviewed this year, an increase of 10% from 2010. Distribution across the zones has shifted toward the maintenance zone (ratings of 5-good or 6-optimal) with 31% in the maintenance zone (21% in 2010), 60% in the refinement zone (65% in 2010), and 9% in the improvement zone (14% in 2010). All indicators showed a shift toward the maintenance zone this year.

Progress in Personal Management of Troubling Symptoms/Improved Self-Management. Findings for recent progress in symptom reduction and personal management of symptoms showed 77% of the sample having acceptable ratings for this indicator. This is a 9% increase from the 2010 CSR. This shows that consumers in the review are making progress in managing symptoms associated with mental illness.

Progress in self-management and functioning also improved by 9% from the 2010 review, with 73% having at least minimally acceptable progress in this area, compared to 62% last year. This indicator was applicable for 77 of the 78 consumers reviewed and measures consumer improvement in daily functioning, management of life challenges encountered at work, home, or in the community, and increased problem-solving skills.

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 74 of the 78 consumers reviewed. Some consumers do not have recovery goals, for example, consumers who consider themselves retired or as already having achieved their goals. Findings for progress toward recovery goals indicate that 66% of the applicable consumers in the review sample had acceptable ratings for this indicator, an improvement of 11% when compared to the 2010 results of 55%. There was a notable positive shift in the distribution of scores this year with 20% more falling in the maintenance zone (34% in 2011 versus 14% in 2010). In 2011, 55% were in the refinement zone (68% in 2010) and 11% in the improvement zone (18% in 2010).

Risk Reduction. This indicator was applicable for 61 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.

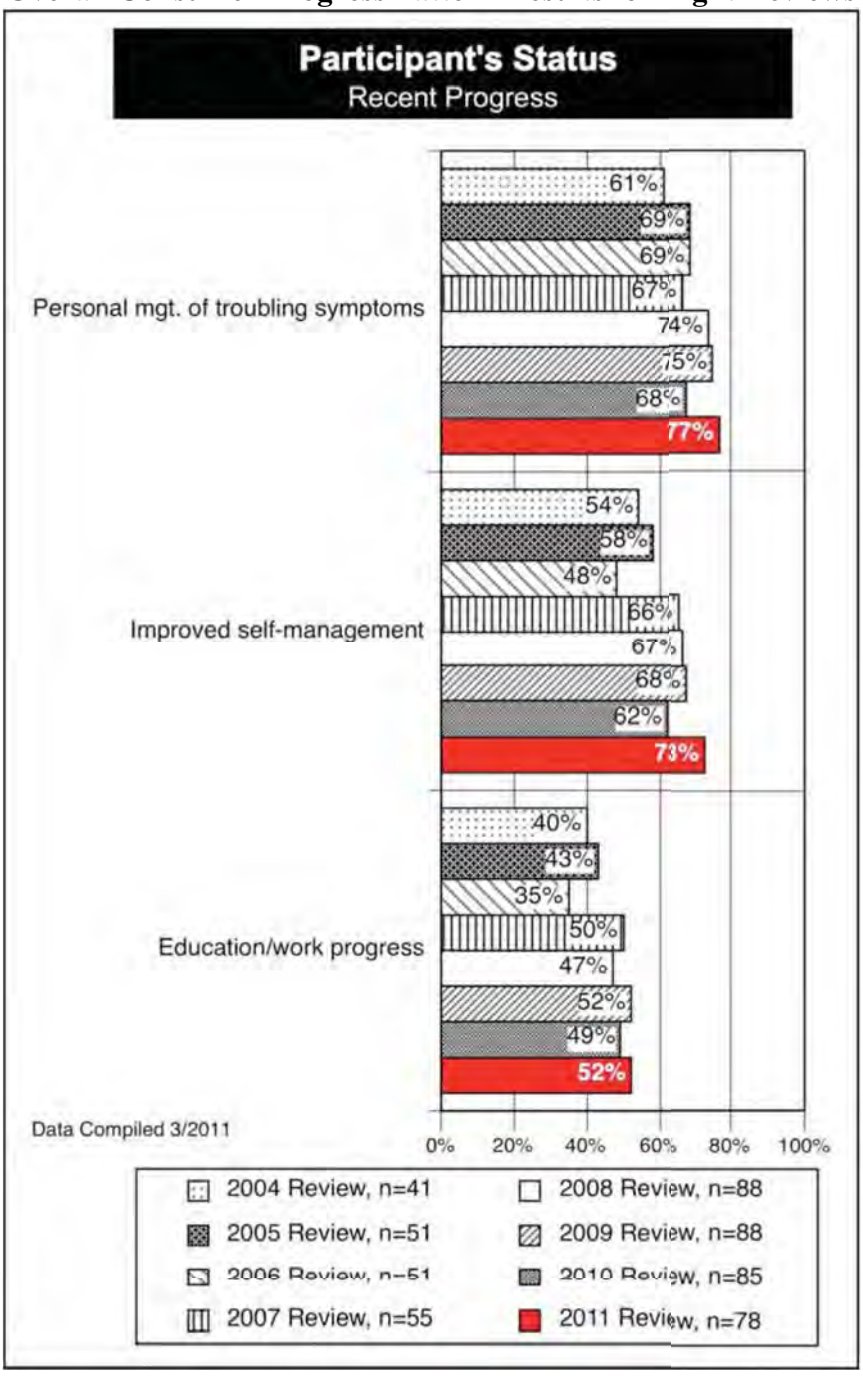
The overall finding for risk reduction this year was the same compared to 2010: 59% of the consumers reviewed had at least minimally acceptable progress in risk reduction.

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 49 of the consumers in this year's review of services. Seventy-one percent of the consumers to which this indicator applied were found to have at least minimally adequate progress in this area, an increase of 12% from the 2010 review. Looking at the data from the three-zoned approach, 31% were in the maintenance zone, 59% were in the refinement zone, and 10% were in the improvement zone. Distribution across the three zones varies slightly when compared with 2010 (26% maintenance, 61% refinement, 13% improvement), with a shift toward the more acceptable ratings.

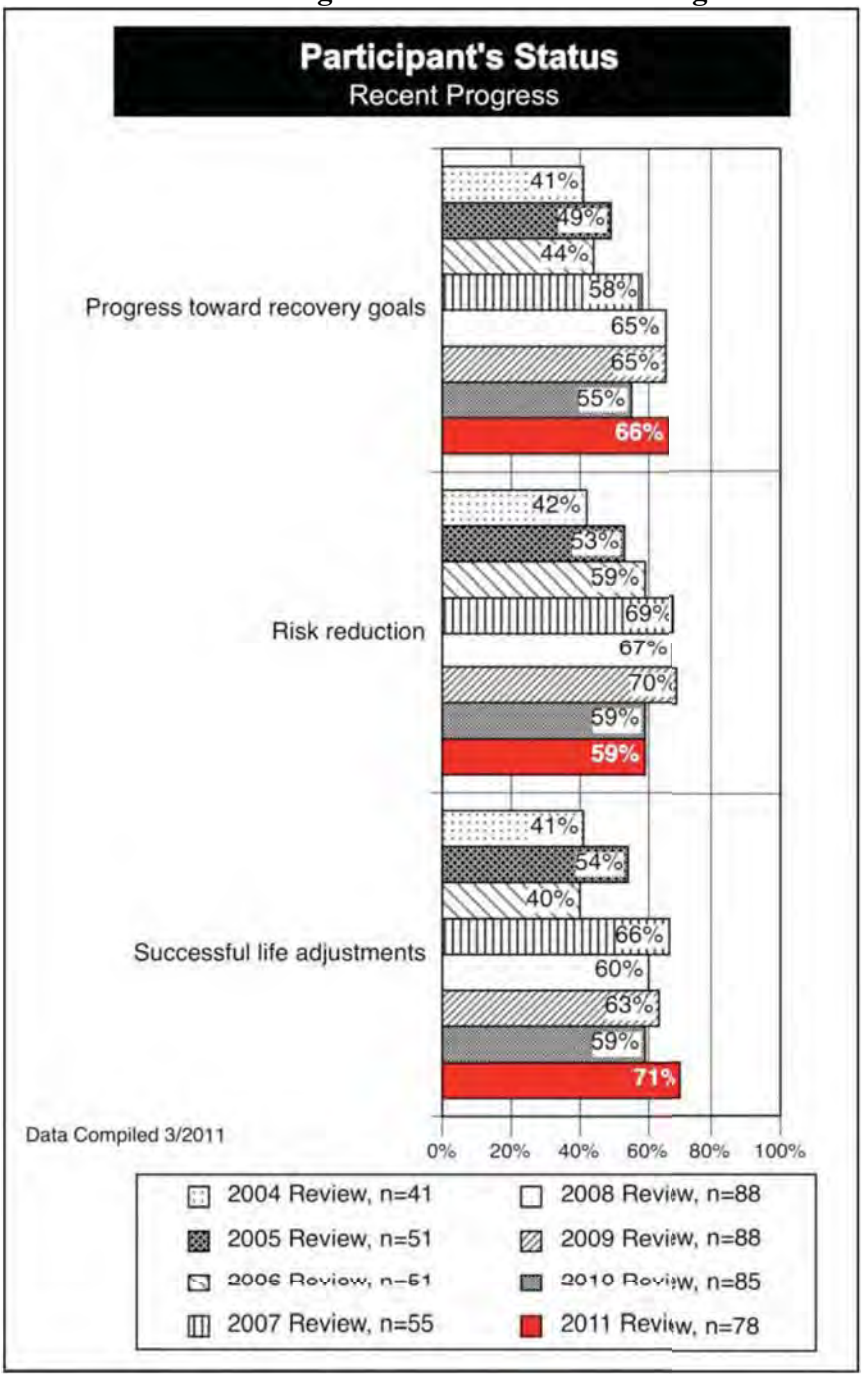
Social Group Affiliations. This indicator measures the degree to which consumers are increasing social affiliations outside of the treatment providers and services and becoming more socially integrated in the community. There was a large increase in percentage of acceptable ratings for this indicator, although it does continue to be an area for strengthening in the system. Fifty-seven percent of the consumers for which this indicator was applicable (n=69) had acceptable progress in this area, an increase of 13% from 2010 (44% acceptable).

The following **Display 20** shows the ratings of progress that have resulted from each of the past eight review years. Most indicators show a gradual increase in acceptable scores across the eight reviews. There is definitely a positive upward trend in the overall ratings of progress when the ratings are compared over time.

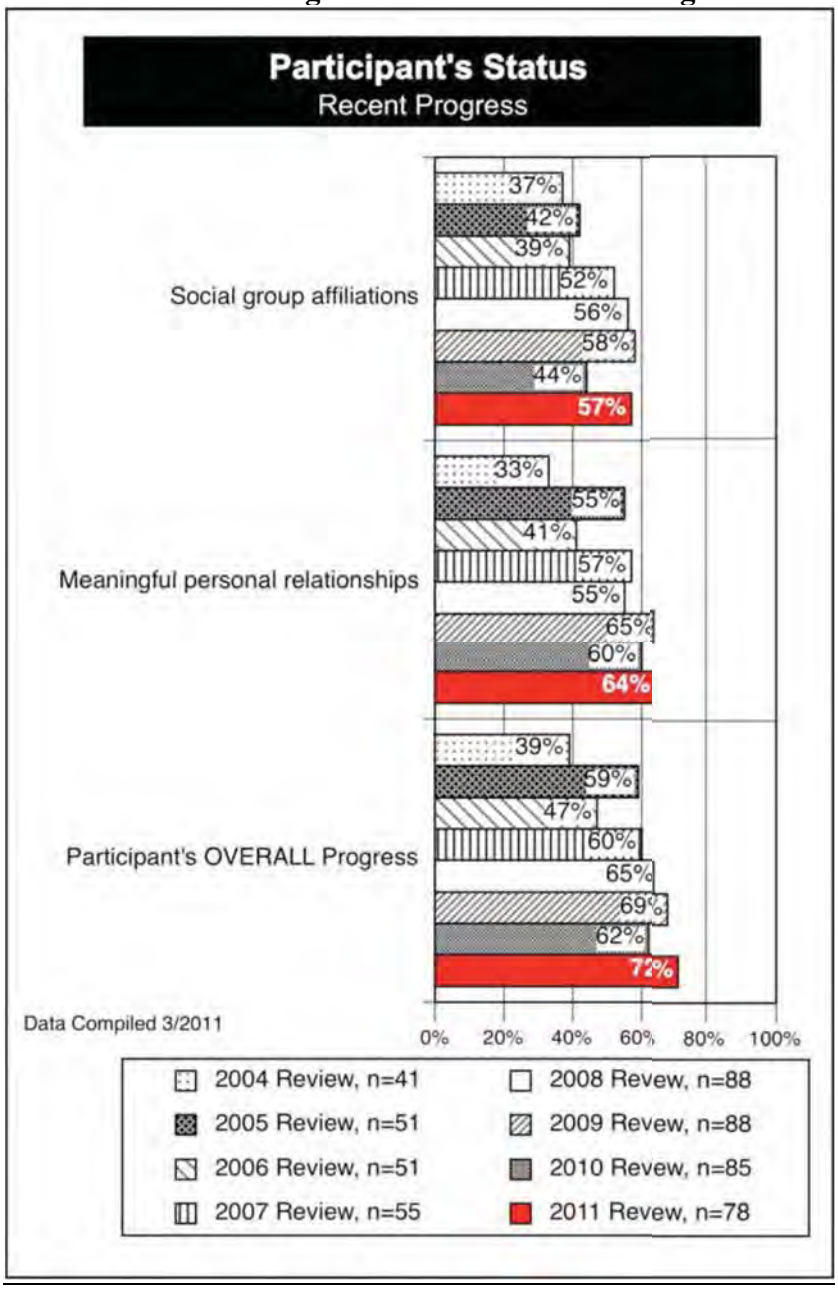
Display 20
Overall Consumer Progress Pattern Results for Eight Reviews



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



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

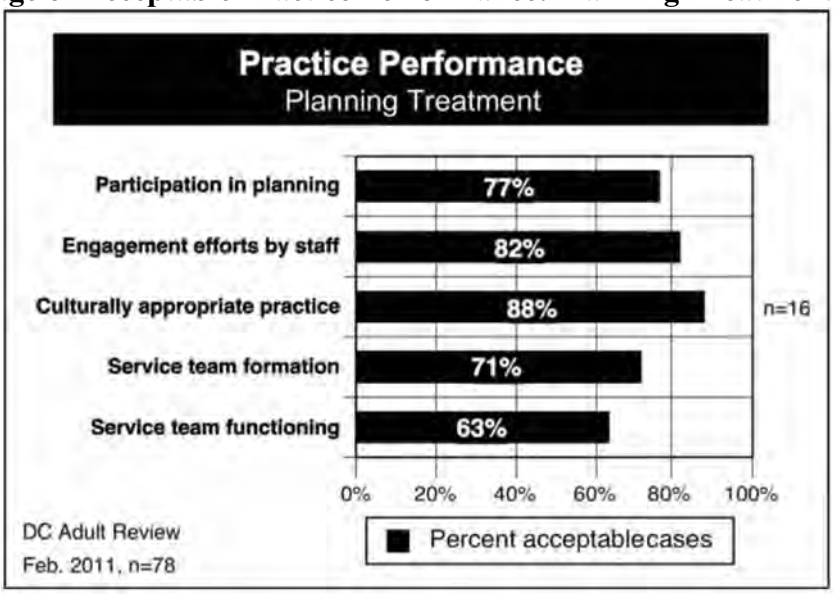


Practice Performance Indicators

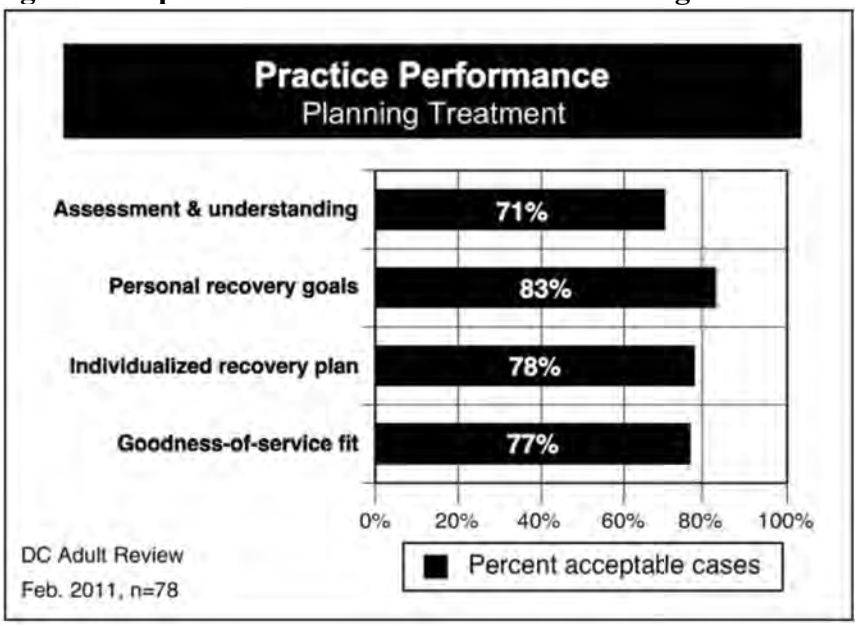
The CSR Protocol contained 17 indicators of practice performance that were applied to the service situations observed for consumers in the review sample. See **Appendix A** for specifics about these indicators. For organizational purposes, the 17 indicators were divided into two sets. The first set—"planning 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.

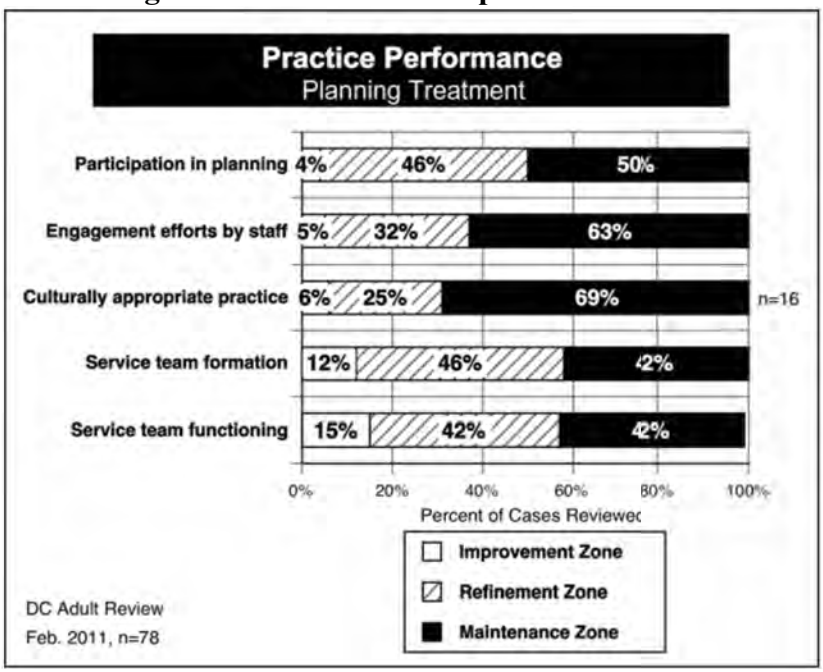
Display 21
Percentage of Acceptable Practice Performance: Planning Treatment Ratings



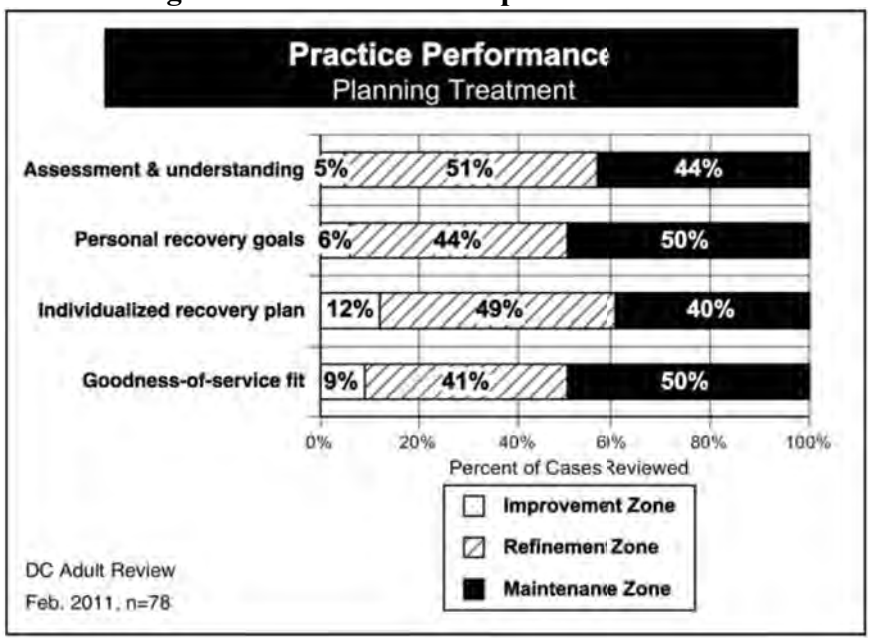
Display 21 (continued)
Percentage of Acceptable Practice Performance: Planning Treatment Ratings



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, empathy, and a person-centered approach. Seventy-seven percent of the consumers this year were found to have acceptable participation in these processes, a percentage that is consistent with the 2010 findings (78%). Distribution across the zones shows a shift toward the maintenance zone with 4% in the improvement/red zone, 46% in the refinement/yellow zone, and 50% in the maintenance/green zone. In 2010, the distribution was 8%, 48%, and 44%, respectively.

The engagement efforts of staff were the same this year with 82% having acceptable practice in this area. However, distribution across the zones for this indicator differs. Sixty-three percent of the consumers reviewed in 2011 were in the maintenance zone, compared to 71% in 2010. Thirty-two percent were in the refinement zone (22% in 2010) and 5% were in the improvement zone (7% in 2010). Overall engagement of consumers in planning and treatment activities continues to be a strength of practice in the CSAs.

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 with good communication across all members in planning, implementing, and monitoring of services. The actions of the service team should reflect a coherent pattern of communication, teamwork, and collaborative problem solving that achieves results benefiting the adult service consumer. Teams should include active participation

of service providers, the consumer, and anyone the consumer desires to have on their team. The teams are expected to 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 71% of the consumers reviewed, a small increase from 67% in 2010. Distribution of ratings across the three zones shows 12% of consumers in the improvement zone (6% in 2010), 46% in the refinement zone (61% in 2010), and 42% in the maintenance zone (33% in 2010). There is some shift toward the maintenance zone, indicating progress in the system.

The functioning of service teams was found to be at least minimally adequate for 63% of the consumers reviewed, compared to 60% in 2010. Distribution across the three zones shows a 13% shift from the refinement zone to the maintenance zone: 15% in the improvement zone in both 2011 and 2010, 42% in the refinement zone in 2011 versus 56% in 2010, and 42% in the maintenance zone in 2011 versus 29% in 2010. Establishing consistency in teaming and collaborative communication has been a significant challenge to CSAs. These data show that quality team functioning is increasing in consistency and performance.

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. Teams were adequately knowledgeable for 71% of the consumers reviewed, which is slightly higher than 2010 (67%). Distribution across the zones shows a shift toward the maintenance zone with 5% in the improvement/red zone, 51% in the refinement/yellow zone, and 44% in the maintenance/green zone. In 2010, the distribution was 12%, 50%, and 38%, respectively.

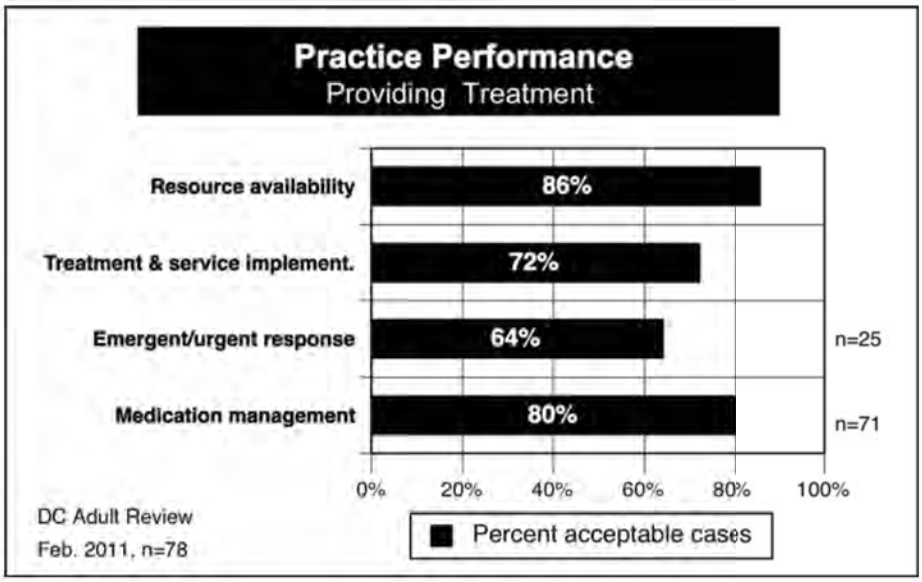
Individualized Recovery Plan. Findings for IRPs were acceptable for 78% of the consumers included in the review, an increase of 4% from 2010. Forty percent were in the maintenance/green zone (33% in 2010), 49% in the refinement/yellow zone (58% in 2010), and

12% in the improvement/red zone (12% in 2010). There was an increase in the percentage of consumers in the maintenance zone, i.e., receiving a score of 5-good or 6-optimal.

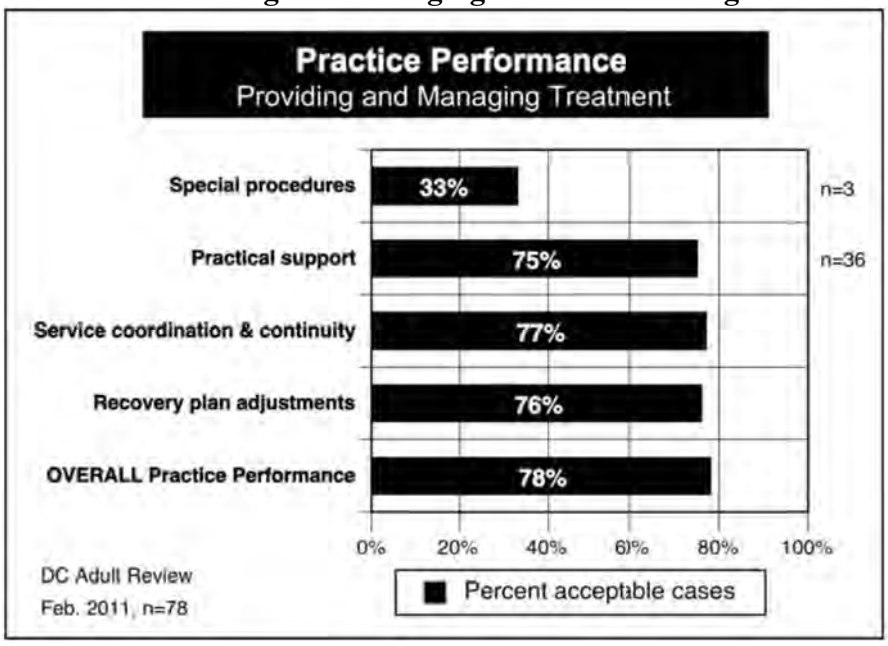
Practice Performance: Providing and Managing Treatment

The second set of performance indicators covers important functions related to the provision and management of treatment and support services for consumers. As with the first set of findings, these indicators are presented in **Displays 23 and 24** and summarized concurrently below.

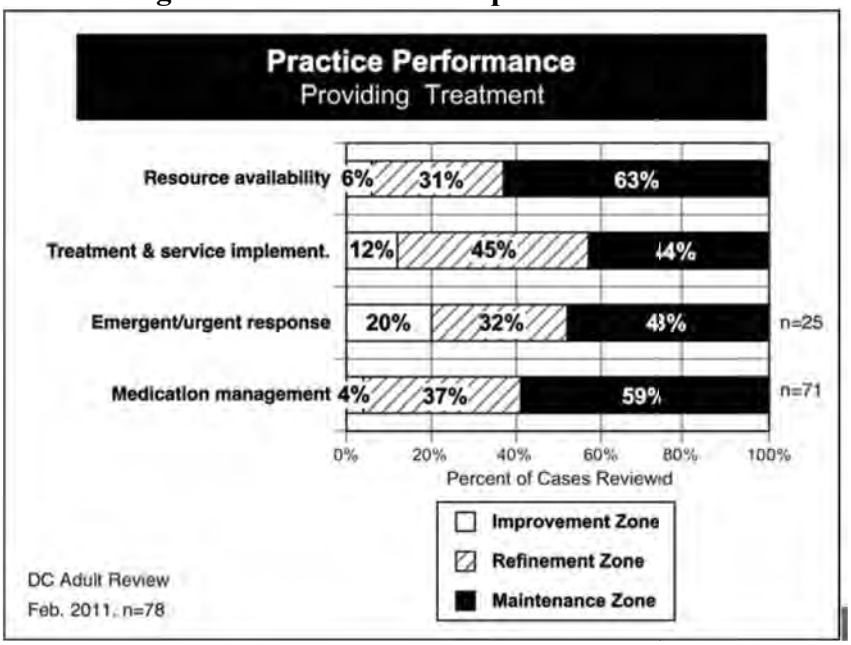
Display 23
Percentage of Acceptable Practice Performance:
Providing and Managing Treatment Ratings



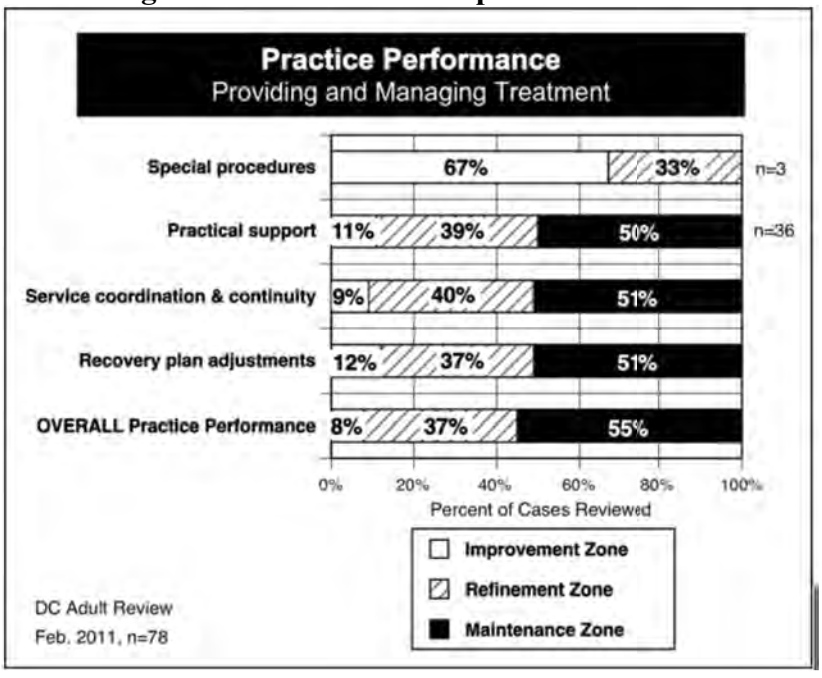
Display 23 (continued)
Percentage of Acceptable Practice Performance:
Providing and Managing Treatment Ratings



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



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



Treatment and Service Implementation. Findings for treatment implementation were acceptable for 72% of the sample this year, which is comparable to the 2010 review where 71% had minimal or better implementation of services. Distribution across the zones was also consistent with 2010 with 12% needing improvement (11% in 2010), 45% needing refinement (46% in 2010), and 44% in the maintenance zone (44% also in 2010).

Service Coordination and Continuity. Service coordination is an important function when working with adult consumers of mental health services. The expectations are that a coordinator or case manager will 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 77% of the consumers reviewed in this year's CSR, compared with the 2010 review where 80% had acceptable practice in this area. Four percent more consumers were in the maintenance zone (51%), 5% less in the refinement zone (40%), and 1% more in the improvement zone (9%), compared to 47%, 45%, and 8%, respectively, for last year. These data indicate that it is likely that four out of five adult consumers have acceptable to good service coordination.

Recovery Plan Adjustments. Findings for recovery plan adjustments improved again in the 2011 review. Sixty-nine percent had acceptable ratings in 2010. This percentage increased 7% this year to 76%. The three-zone distribution shows a larger increase in consumers in the maintenance zone, with 51% in this zone versus 41% in 2010. Thirty-seven percent were in the refinement zone in 2011 versus 47% in 2010. Twelve percent of the consumers in both 2011 and 2010 needed improvements or immediate action in this area.

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 78% of the consumers, a slight increase from 2010. Distribution for overall practice performance shows 8% of the consumers reviewed in the improvement zone (consistent with 2010), 37% in the

refinement zone (48% in 2010), and 55% in the maintenance zone (44% in 2010). There is an 11% shift from the refinement zone to the maintenance zone when compared to 2010 results.

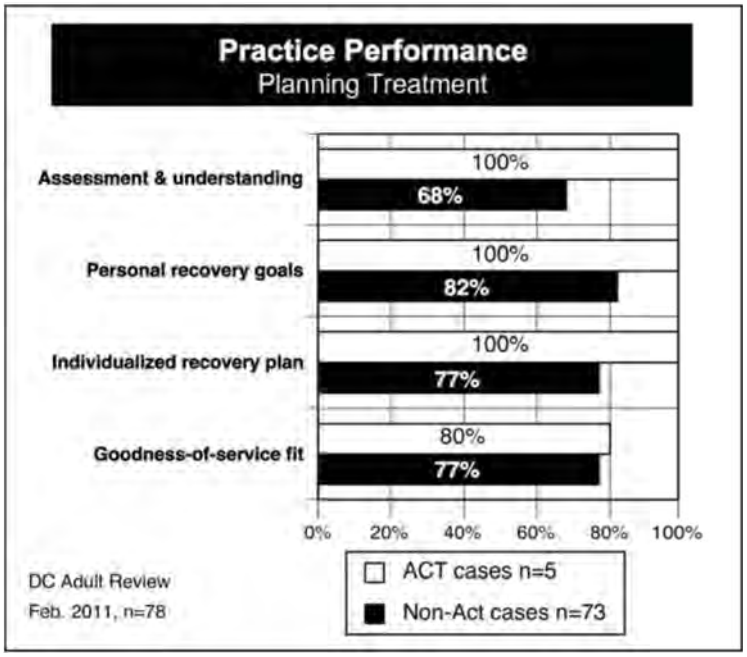
In **Appendix C** of this report are agency-by-agency results for the consumers reviewed. **This agency-by-agency comparison should be interpreted with caution since sample sizes for some of the provider agencies are extremely small**. **Generalizations regarding specific agency practice should not be 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 practice performance for each of those randomly selected consumers from participating core service agencies.

ACT Services

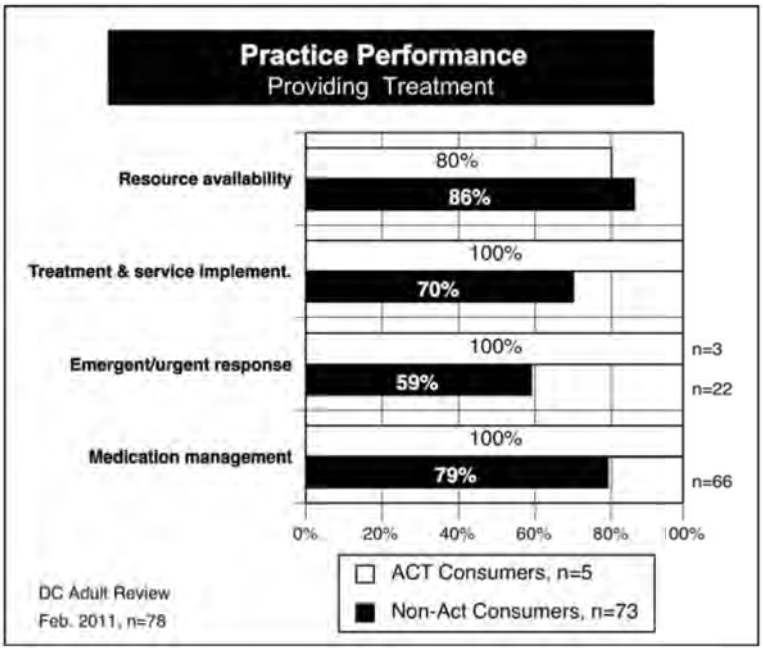
Only five adults receiving ACT services were reviewed this year. Due to this low number, the data will be presented comparatively; however, not the detailed comparison as has been done in past years or as with the specific indicators. The five consumers reviewed were from three agencies: Community Connections, Anchor Mental Health, and Pathways to Housing. The following **Display 25** shows the practice scores for the consumers in the 2011 review who were receiving ACT services and compares these scores to the non-ACT consumers. Practice for ACT consumers was consistently stronger than for non-ACT consumers. Most notable were the results for team formation and team functioning. All five ACT consumers had acceptable practice performance in team formation and 80% had acceptable team functioning, compared to 68% acceptable team formation and 62% acceptable team functioning for non-ACT consumers. Most of the remaining practice indicators were acceptable for all ACT consumers (100% acceptable practice), including the score for overall practice performance.

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

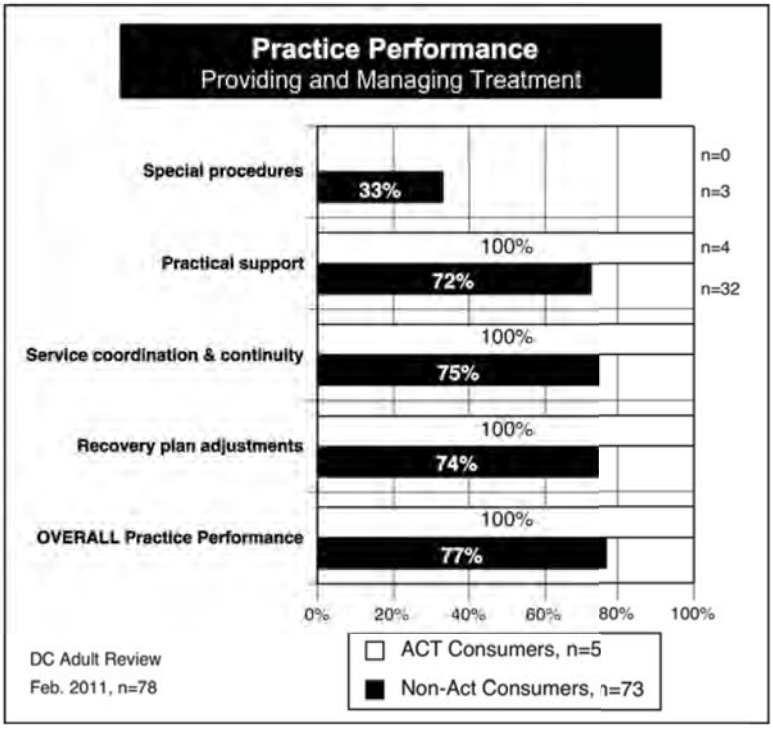
Display 25 (continued)
Percentage of Acceptable Practice Performance:
ACT vs. Non-ACT Consumers



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



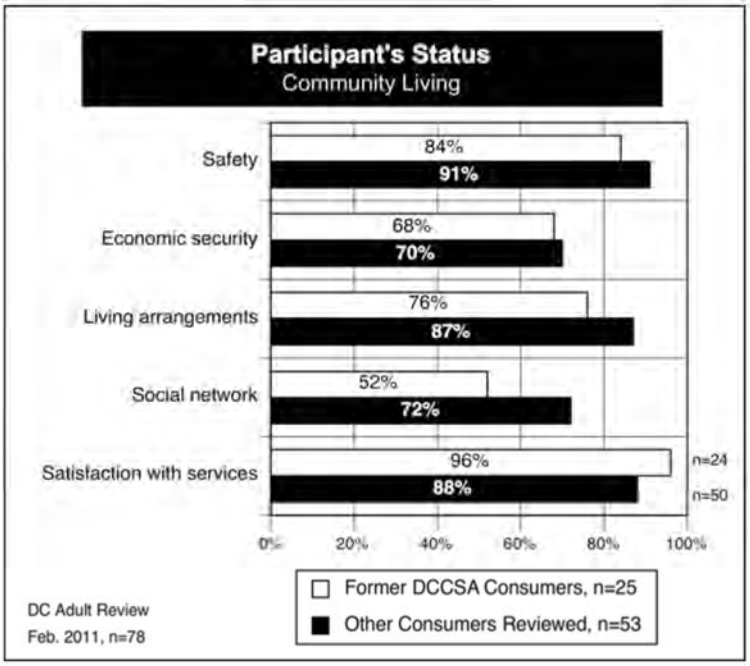
Display 25 (continued)
Percentage of Acceptable Practice Performance:
ACT vs. Non-ACT Consumers



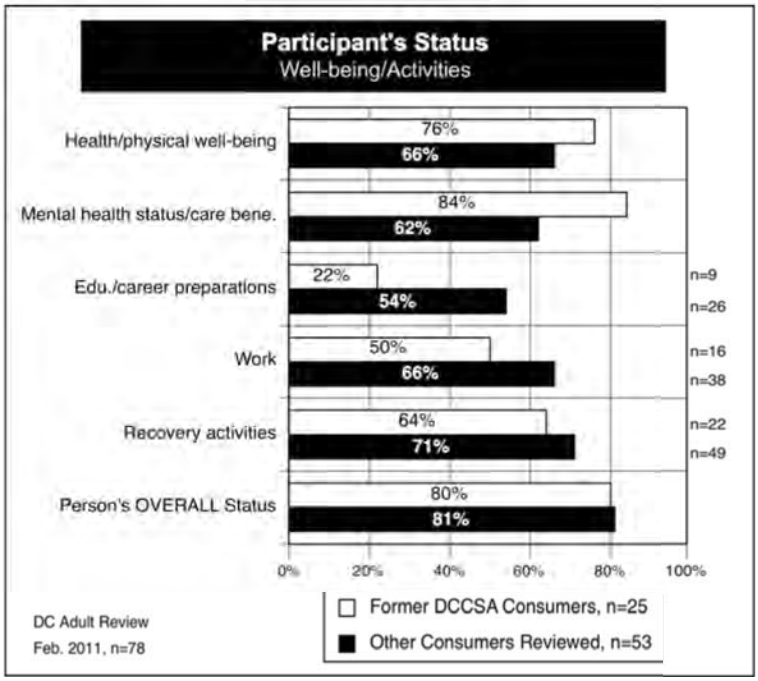
Former DCCSA Consumers

In 2009, the DCCSA transitioned a majority of their consumers to private agencies. Many of these consumers had been receiving services at the DCCSA for several years, some for a decade or more. The Department executed comprehensive and well thought-out transition of consumers to other agencies, giving consumers options, supports, and tracking through the transition. Consumers who were previously receiving services at the DCCSA and who are currently receiving services at a CSA were compared. **Display 26** below highlights the comparison of former DCCSA consumers with the other consumers reviewed this year. There were 25 former DCCSA consumers in the 2011 review. Overall status for the former DCCSA consumers was similar to the other consumers reviewed with 80% having minimally acceptable or better status, compared to 81% of the remaining consumers. The former DCCSA consumers fared slightly better on practice indicators with 80% having acceptable practice compared to 77% of the other consumers in the review. One indicator in particular stands out when compared between the two groups. The practice performance indicator for personal recovery goals is 96% acceptable for former DCCSA consumers and 77% acceptable for the remaining consumers reviewed. Overall, these data indicate that the persons who were served by DCCSA that are now served by the other CSAs have transitioned effectively and have continued to receive services of the same quality and consistency as those received by the other consumers in the district.

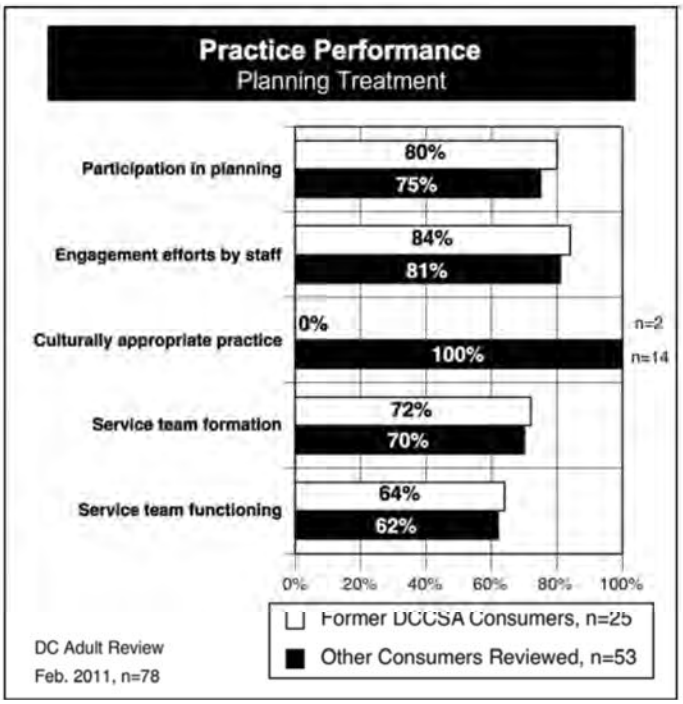
Display 26
Percentage of Acceptable Consumer Ratings
Former DCCSA Consumers vs. Other Consumers Reviewed



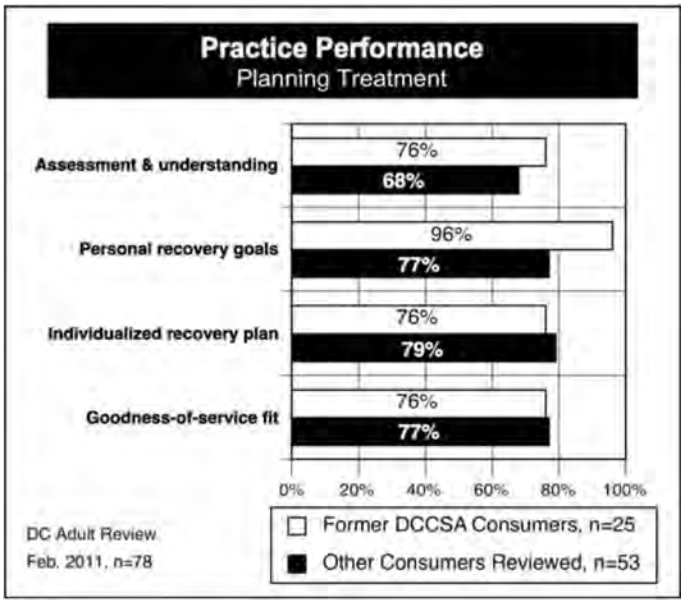
Display 26 (continued)
Percentage of Acceptable Consumer Ratings
Former DCCSA Consumers vs. Other Consumers Reviewed



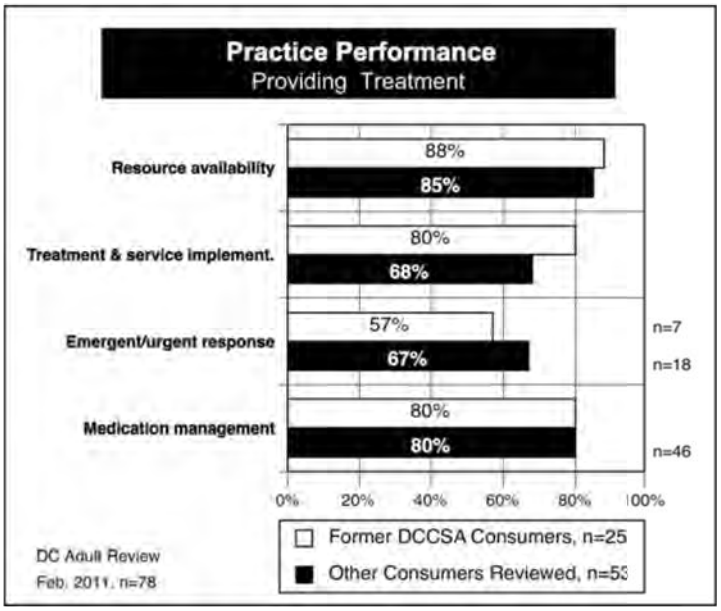
Display 26 (continued)
Percentage of Acceptable Practice Performance
Former DCCSA Consumers vs. Other Consumers Reviewed



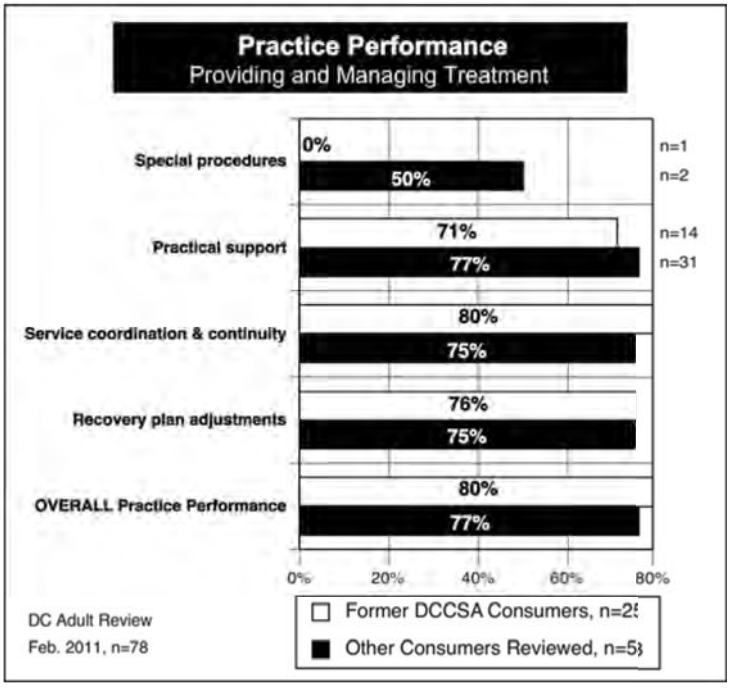
Display 26 (continued)
Percentage of Acceptable Practice Performance
Former DCCSA Consumers vs. Other Consumers Reviewed



Display 26 (continued)
Percentage of Acceptable Practice Performance
Former DCCSA Consumers vs. Other Consumers Reviewed



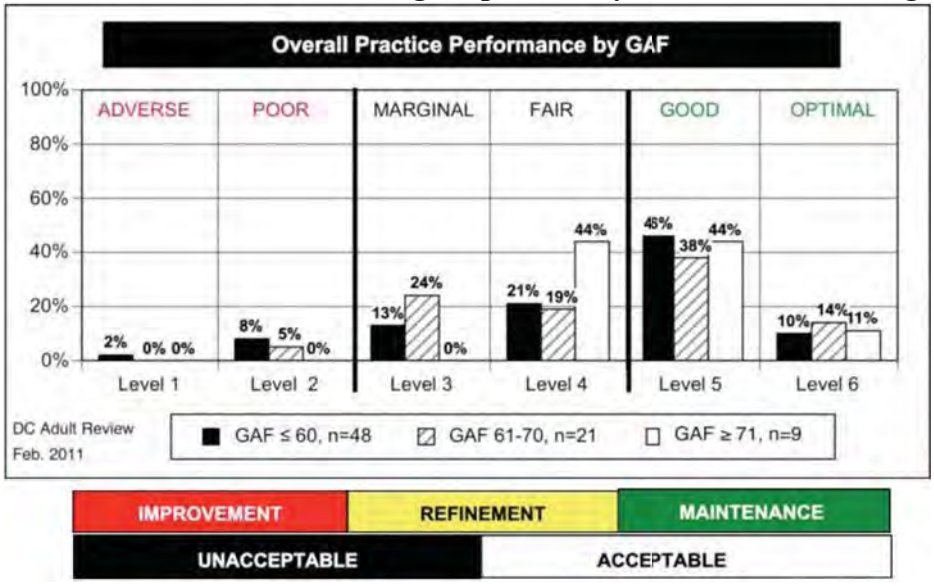
Display 26 (continued)
Percentage of Acceptable Practice Performance
Former DCCSA Consumers vs. Other Consumers Reviewed



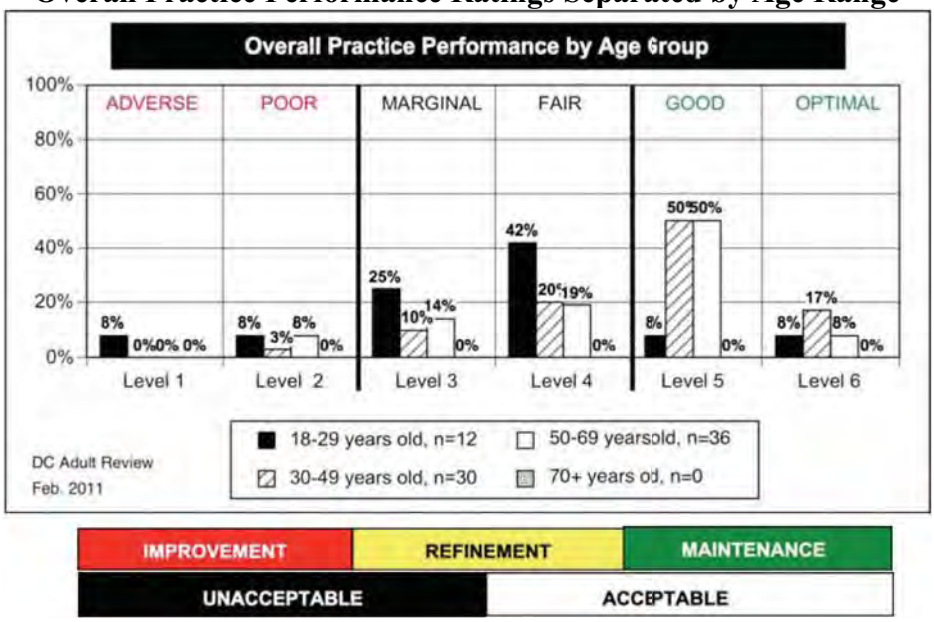
The following two displays provide additional methods of interpreting results from the review. The displays show the frequency distributions of ratings from 1-6 and the percentage of consumers that fall into each rating. **Display 27** provides the overall practice performance ratings separated by the consumer's general level of functioning. Display 27 shows that, overall, practice has improved for all clients regardless of level of functioning. As one would expect, clients with the lowest level of functioning are still the most challenging and difficult clients to serve most effectively on a consistent basis.

Display 28 provides the overall practice performance ratings separated by age. These data show that the young adult consumers are the most challenging for the system to service with consistent high quality practices. These young adults frequently are highly mobile, active substance users, and potentially more resistant to receiving help. In the future, more emphasis should be placed on understanding the aspects of practice that are most effective with this age group and how practices need to change or be refined to have a greater likelihood of success.

Display 27
Overall Practice Performance Ratings Separated by Level of Functioning Range



Display 28
Overall Practice Performance Ratings Separated by Age Range



Consumer Review Outcome Categories

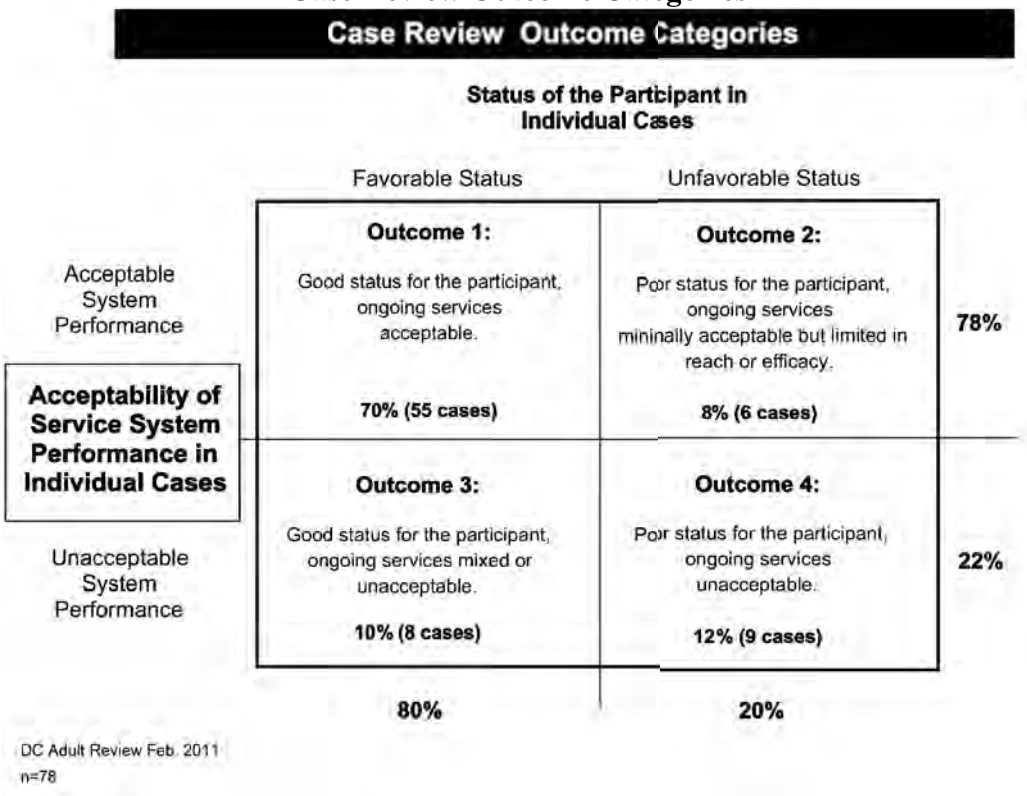
Members of the review sample can be classified and assigned to one of four categories that summarize review outcomes. Sample members having overall status ratings in the 4, 5, and 6 levels are considered to have a "favorable status." Likewise, those having overall practice performance ratings of 4, 5,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

As noted in **Display 29,** 55 or 70% of the consumers were in outcome category 1. Outcome 1 is the desired situation for all adults receiving services in which the consumer is doing well and the service system is responding appropriately to his/her needs. Six consumers or 8% of the sample were in outcome category 2. Outcome 2 includes those consumers whose needs are complex and, despite the diligence of appropriate response of the service system, continue to have poor status. Outcome category 3 includes consumers whose status was at least minimally acceptable but experienced less than acceptable practice performance. Eight consumers (10%) were in this

category. 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 practice performance may be limited, inconsistent, or inadequate at this time. Those in outcome 3 are at least doing minimally well, frequently as a result of the individual efforts of one person in the consumer's life.

Nine consumers (12%) were in outcome category 4. In outcome 4, the consumer's overall status is unacceptable and overall practice performance is also unacceptable; this category is the most unfavorable of the outcome categories. Overall, 17 consumers or 22% were found to be receiving services that did not represent adequate due diligence, consistency, and quality of performance.

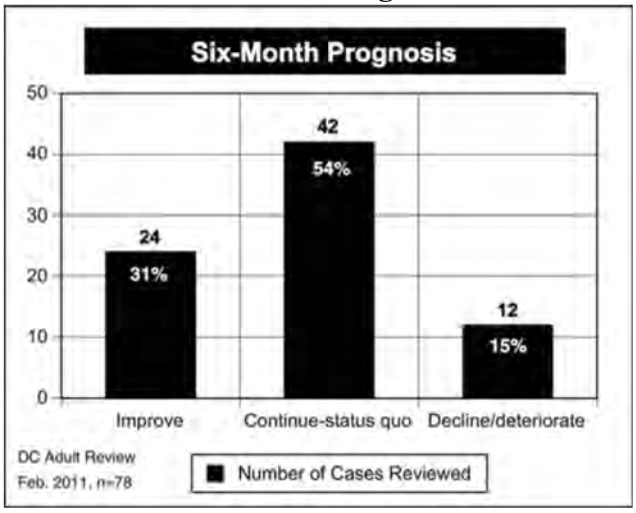
Display 29
Case Review Outcome Categories



Six-Month Prognosis

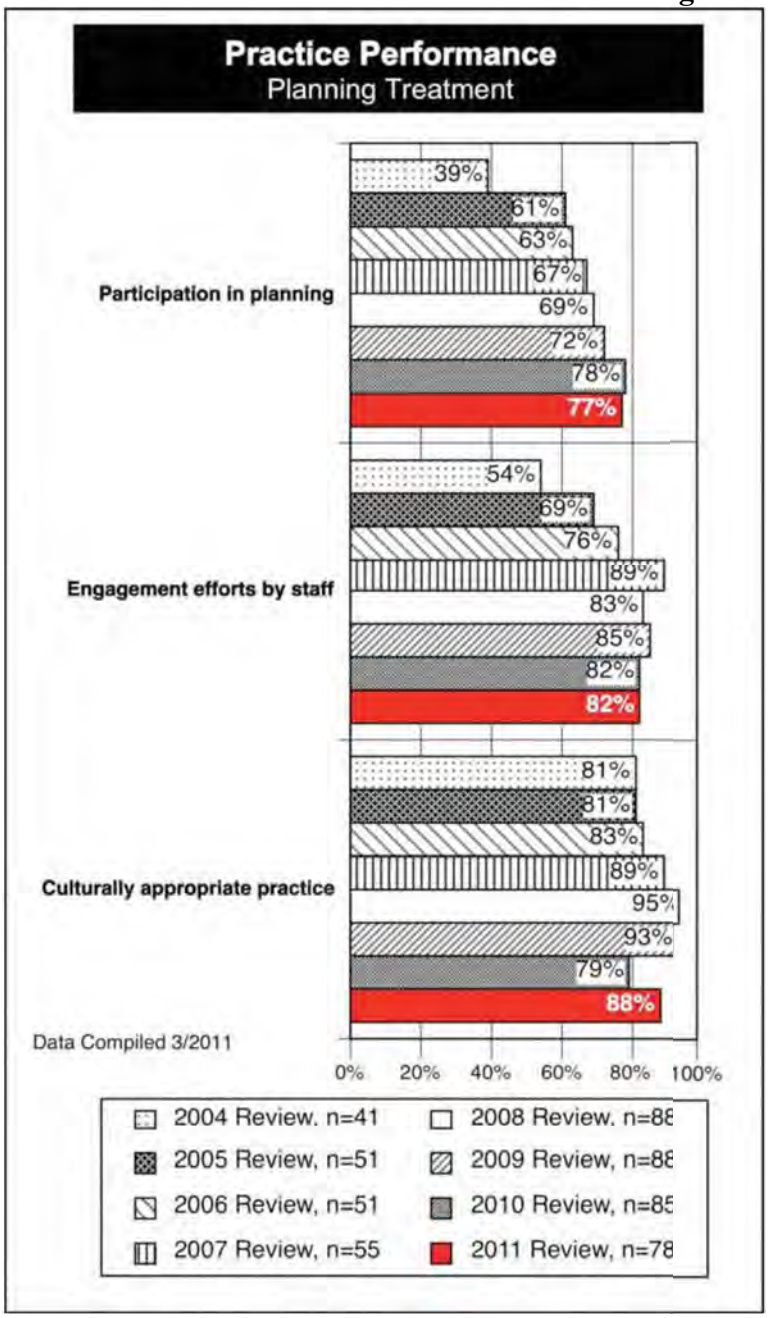
Reviewers provide a six-month prognosis for each member of the sample based on an overall impression of the current status and trajectory of the consumer, how the system is performing for that individual consumer, and any known upcoming transitions or changes. The following display presents the six-month prognosis offered by reviewers for all consumers in the review. This display indicates that 42 (54%) of the consumers reviewed are expected to remain as they are currently. Twenty-four consumers (31%) are expected to improve in the next six months and 12 consumers (15%) are expected to decline or experience deterioration of circumstances over the next six months. These data are consistent with the 2010 data where 56% were expected to remain the same, 27% were expected to improve, and 16% were expected to decline over the next six months.

Display 30
Six-Month Prognosis

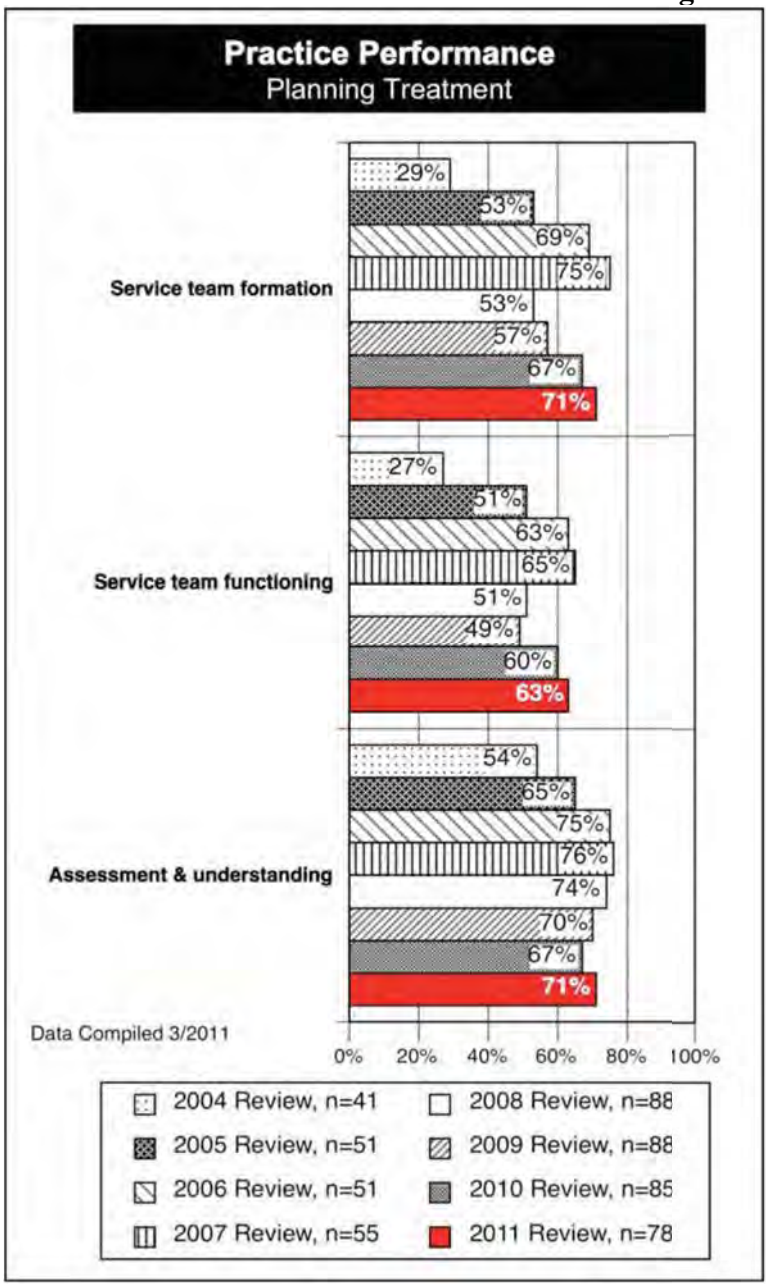


Display 31 presents the rating results for practice performance across the reviews completed since 2004. The data showed a positive trend, with a peak in 2007 of 80% acceptable practice performance. The system appears to be sustaining and improving in key areas this year, such as engagement efforts (82% acceptable) and availability of resources (86% acceptable). The system is showing slight but steady improvement this year in the area of teaming and aspects of teaming, with team formation showing a slight increase in consumers having acceptable practice (67% in 2010 versus 71% in 2011) and team functioning showing improvement in consumers having acceptable practice (60% in 2010 compared to 63% in 2011). The largest increase this year was with the indicator for personal recovery goals, which showed a 9% increase in 2011 of 83% acceptable compared to 74% in 2010. Based upon the system or practice performance scores, the system is consistently progressing in the ability to practice in accordance with a person-centered recovery model 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 each year.

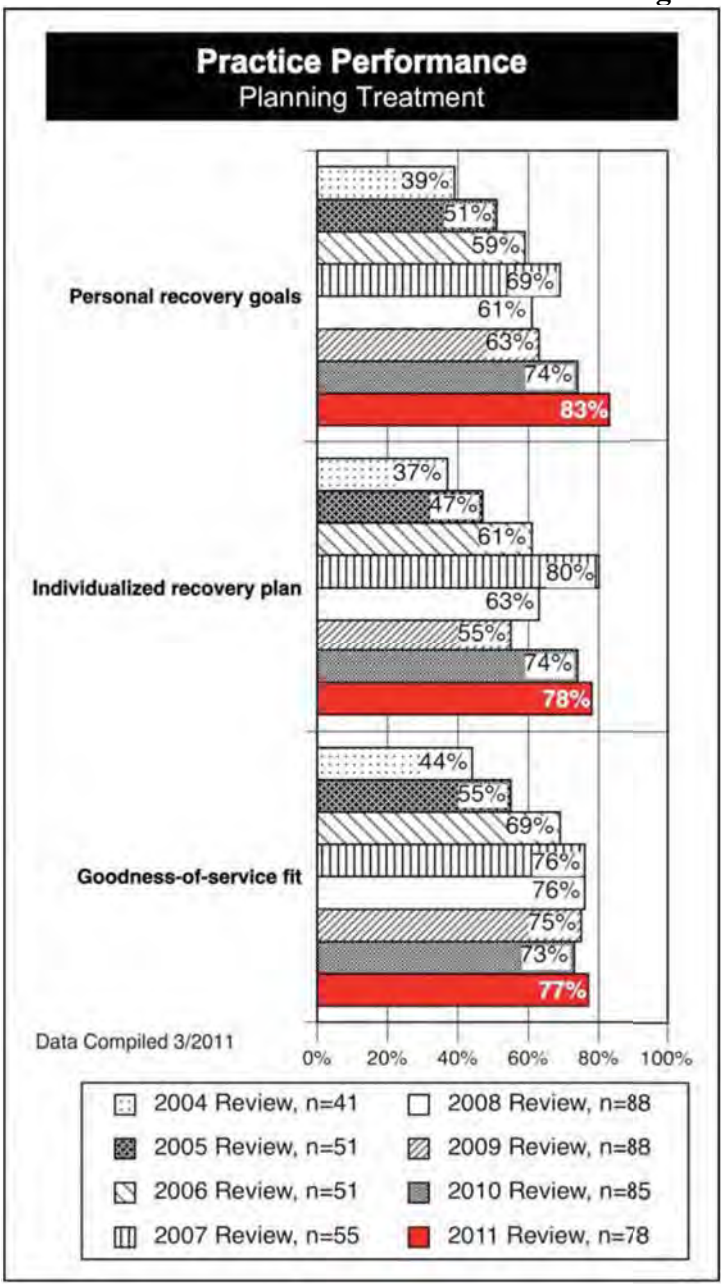
Display 31
Overall Consumer Practice Performance Results for Eight Reviews



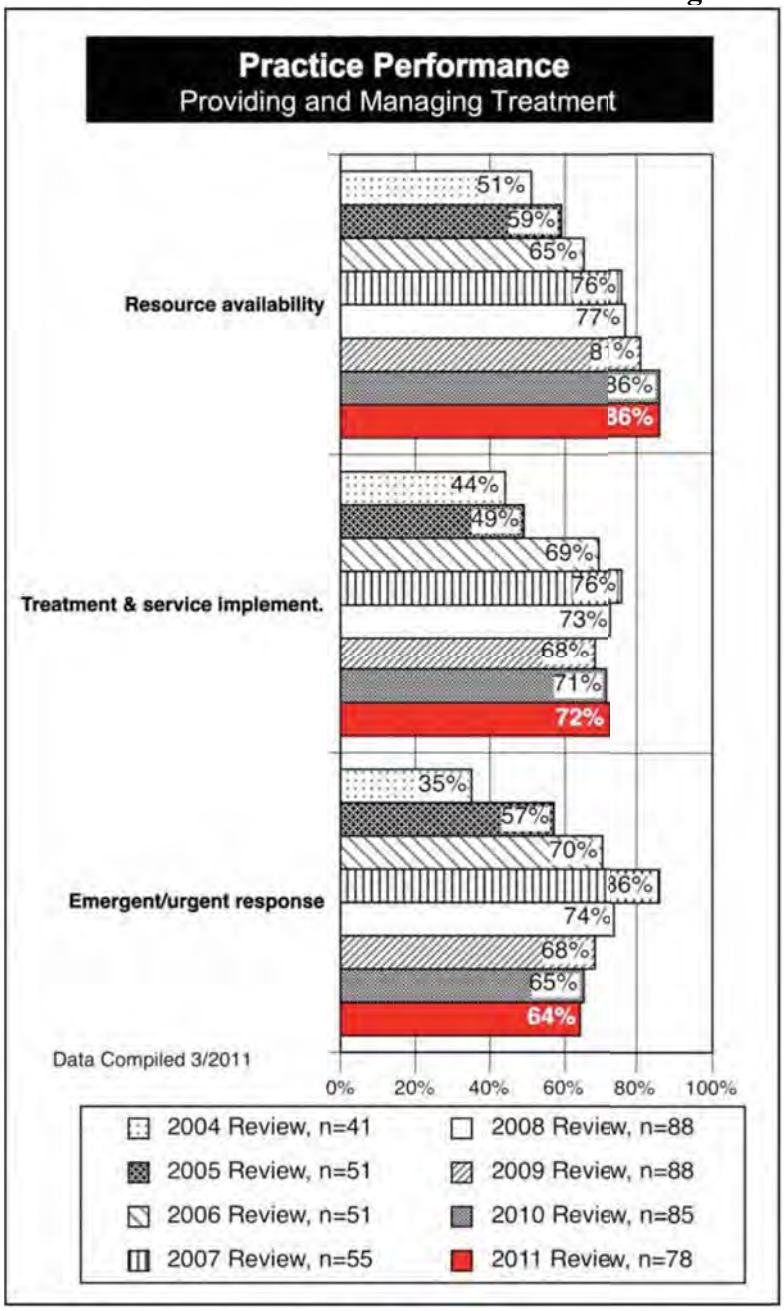
Display 31 (continued)
Overall Consumer Practice Performance Results for Eight Reviews



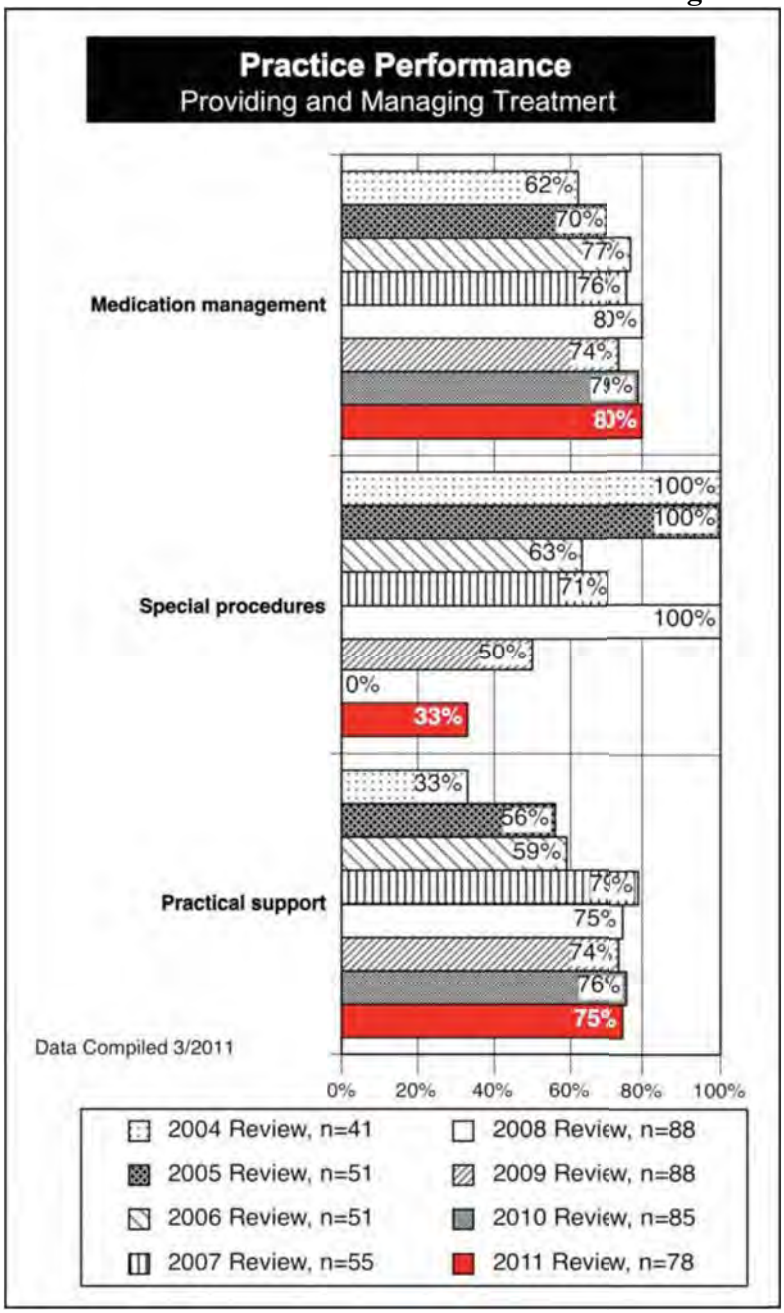
Display 31 (continued)
Overall Consumer Practice Performance Results for Eight Reviews



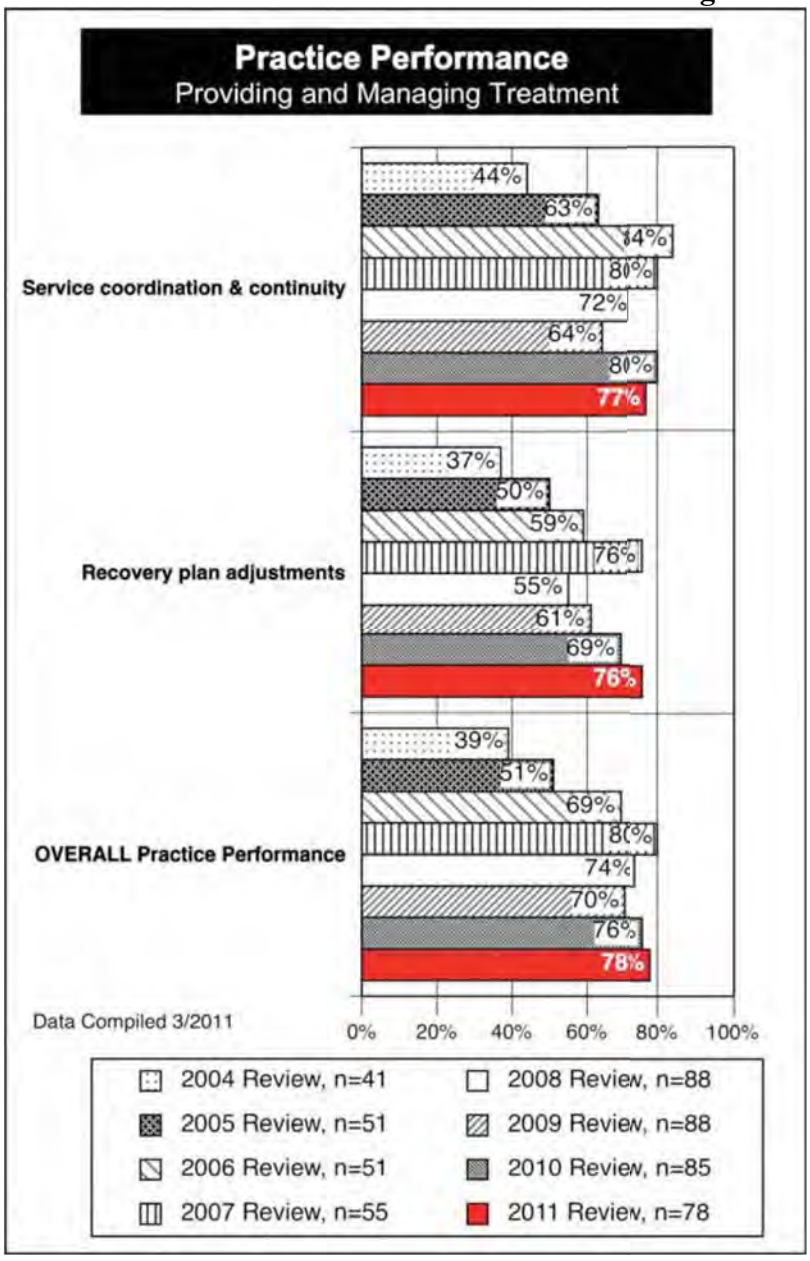
Display 31 (continued)
Overall Consumer Practice Performance Results for Eight Reviews



Display 31 (continued)
Overall Consumer Practice Performance Results for Eight Reviews



Display 31 (continued)
Overall Consumer Practice Performance Results for Eight Reviews



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

Overall, the findings from the reviews of 78 adult consumers showed that a majority of consumers (78%) are receiving consistent and appropriate services and that clients are making progress in many areas. It is likely that seven to eight out of ten consumers are receiving appropriate and responsive services on any given day. Considerable progress has been made in providing more consistent services in accordance with the practice model and performance expectations. Examination of performance also suggests that there is considerable variability among CSAs in the consistency and quality of services provided.

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, such as between jail and community; people who have not been linked to a CSA; or people who are resistant to engaging with the system. As such, the consumer review 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.

- Consumers continue to be highly satisfied with services. The findings for 2011 again yielded a high percentage of satisfied consumers, with 91% reporting at least minimal satisfaction with services received. Seventy-five percent were in the maintenance zone, indicating a high degree of satisfaction with services.
- Eighty-three percent of the consumers reviewed were living in an acceptable and appropriate living setting, with half living in their own homes. Despite these findings, there were reports of consumers having difficulties accessing housing or being on waitlists for housing.
- Although consumers and the system continue to be challenged with participating in social activities, forming social relationships, and expanding social networks beyond service providers and other consumers, there was improvement in person status in social network (16% increase) and with progress in social group affiliations (13% increase). Overall,

consumers are at least minimally well (81% overall consumer status) and progressing (72% acceptable progress, 10% higher than 2010).

- Treatment planning processes improved in 2011 with an increase in acceptable practice across four indicators in particular: assessment and understanding (71%), personal recovery goals (83%), individualized recovery plan (78%), and recovery plan adjustments (76%).

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 continue in this year's review is the variability of quality and consistency of performance across providers. Strengths of practice identified in some CSAs are not seen in other settings. 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. CSWs were performing more active outreach and having more contact with consumers in the community. There were also fewer instances of CSAs closing or discontinuing services due to no-shows.
- Psychiatric services and medication management continued to be a strength this year. Medication management was strong in a high percentage of cases, 80% acceptable for 71 consumers. There were more reports of communication between psychiatrists and primary care physicians and more regular collaboration with treatment teams.
- CSAs and CSWs were more engaged in managing or assisting with medical issues. Notably, there were more reports of communication and partnering with primary care physicians. Some case examples showed exemplary coordination with and management of medical care. This is a critically important issue because many adult consumers have co-occurring medical

conditions that can be life threatening if not managed properly. This issue was also noted by CSA providers as taking considerable time on the part of CSWs to coordinate with primary care physicians and staff both in phone calling and waiting with clients to be seen.

- The Multicultural Center continued to provide high quality care to District residents with limited to no English proficiency from varied cultural backgrounds.
- Work and work-related activities were a strong theme this year. There is an 11% increase in the consumers having acceptable status in this area. There were more instances of consumers being linked to or involved with supported employment. Reviewers observed a greater awareness of natural supports and involvement of family members in teams. There is variability in the use of natural supports across providers; however, it was a noticeable strength this year.

Challenges Observed During the Consumer Reviews

- Although living arrangement status was at least minimally acceptable for 83% of the consumers reviewed this year, access to appropriate housing on a timely basis continued to be a challenge. There were reports of consumers on long waitlists for housing. Housing was a treatment goal and the primary concern for consumers this year. DMH staff and housing consultants reported progress was being made and that significant additional housing capacity was being obtained this year through the addition of 200 Section 8 vouchers. But they also were clear that the demand would still exceed capacity. CSWs reported that one of the most difficult aspects of their jobs was trying to find housing but that some progress was being made.
- Substance use and abuse continued to be the most common co-occurring condition. Some consumers faced difficulties with accessing dual substance abuse/mental health treatment, either not being connected to services or services were not coordinated. Stakeholders reported that of the clients who became involved with the Mental Health Diversion Court, 80% were able to receive services for substance abuse. Substance abuse treatment access and services were considered to be a significant gap in services by the CSWs in focus group interviews.

- There was still some difficulty accessing specialized assessments like sexual perpetrator risk and neurological evaluations.
- Seventy-one percent of the consumers had minimal or better assessment and understanding, 44% of which had good or optimal understanding. There were still examples of teams lacking thorough or complete understanding of consumers. In instances where understanding was acceptable, it was deep and comprehensive. When understanding was unacceptable, teams were missing considerable information and knowledge about a consumer, such as basic information and knowledge about who they are, or team members had superficial knowledge of the consumer. Teams were not consistently operating in accordance with the principle that without a deep and thorough understanding of a client and their context, services cannot be appropriately chosen and designed for maximum impact. In some instances, teams were lacking open mindedness and inquiry or were judgmental toward consumers.

Stakeholder and Focus Group Interviews

The team leader facilitated 13 stakeholder interviews and focus groups. A few focus groups were 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. There were also focus groups with CSAs that had not performed well on past consumer services reviews. 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 and Judge Davis. Overall, 13 focus groups were held to receive input regarding system issues and performance from 70+ stakeholders.

Stakeholders identified many of the same issues that have been identified in past years. Providers continue to be 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 versus what services and supports clients need to make progress and remain safely in the community. They reported that they had multiple audits

that were very time consuming and that the DMH auditors were not consistent with answers provided by Provider Relations and program staff. Cash flow continued to be an issue at times. Specific concerns expressed by stakeholders regarding practice and services included difficulty in obtaining appropriate housing, access to supported employment and competitive jobs, wait time to see a psychiatrist, recruitment and retention of qualified CSWs, and coordination among all providers when consumers were receiving services across entities.

One concern expressed by several stakeholders was that since the new physical plant had opened at Saint Elizabeths Hospital, there seems to be an adverse impact on quality of care and family relations. The concern is that the scale of the physical plant and the ability of families to access living areas makes it less family friendly. The judge that holds hearings at the hospital has observed this in several situations.

The focus on CSAs with lower performance on CSRs found that the issues vary across providers. However, a key issue in all providers is how to provide strong supervision and support to CSWs and therapists. The structure of a provider organization can have a strong impact on how the supervision and support is to be provided. CSWs have a range of background experience, credentials, and knowledge. Many are young and relatively inexperienced. How is the organization structured to provide supervision and support to staff with this large range of needs? Organizations with high turnover or organizations that use subcontractors to provide these services have great challenges in providing the necessary supports and supervision. It is essential for these CSAs to find effective solutions to these supervision issues if they are to provide high quality consistent services.

In spite of these concerns, stakeholders both in the CSAs and stakeholders interfacing with DMH, such as the Director of the Department on Disability Services (DDS) and Judges, reported that they saw continued progress and that the overall trend was definitely toward improved services. The stakeholders all report strong relationships and confidence in the DMH leadership team and complement Mr. Baron on his management team and the passion they bring to improving services to persons with emotional and behavioral disorders.

High praise was given to the Mental Health Diversion Court. Stakeholders and Judge Davis reported that the Diversion Court was making a significant difference in the lives of consumers. Consumers are being diverted from jail and other correctional facilities and some CSAs, such as Community Connections, are providing strong services.

The increase in the number of ACT teams and the focus on fidelity of the ACT process was viewed as a strong addition. Everyone expressed the need to continue to expand ACT services. Pathways and Community Connections were specifically identified as providing strong ACT services.

Training of police officers was identified as a strength as was the training provided by the DMH Training Institute to supervisors in CSAs.

The Director of DDS was very pleased with the working relationship with DMH and the improved capacity to coordinate services for clients with dual diagnosis of mental health issues and developmental disabilities. This has been an issue identified in prior reviews and it is most positive that progress is being made in this area. One particular point of interface is the dually diagnosed persons in or entering Saint Elizabeths Hospital and the need to coordinate services effectively. Hospital discharge specialists of the Integrated Care Division continue to work with DDS for those clients who are dually diagnosed with mental illness and intellectual disability.

The Integrated Care Division continues to work to reduce involuntary admissions, reduce length of hospital stay, and increase time in the community. The hospital discharge specialists are working to ensure that adequate coordination occurs between CSAs and Saint Elizabeths Hospital on both admission and discharge. There were some concerns expressed by stakeholders regarding the ongoing need for refinement of the entry of clients with acute care episodes and their careful, well-planned, and coordinated return to the community. Details included communication between psychiatrists regarding needs and medications as well as supports being in place to support the consumer properly.

Overall Conclusions and Recommendations

The DMH management team is to be congratulated for the progress that has been made as well as some of the large CSAs, such as Green Door and Community Connections, who are contributing considerable amounts of quality services. For the first time in a review, the issues that were identified frequently were more idiosyncratic to individual CSAs and less systemic as a whole.

From the perspective of the team leader of the CSRs over the past eight years, the big issues facing DMH are how to:

- Continue to make progress on key capacities, such as ACT, housing, and work opportunities for consumers.
- Continue to refine fiscal and documentation processes to make them as supportive and facilitative of quality practice as possible.
- Continue to refine interface coordination between Saint Elizabeths Hospital, acute care facilities, and the community as well as other agencies, such as court, police, and DDS.
- Continue to provide training and support to the practice development of CSWs, supervisors, and provider leadership. The issue of the variability of quality and consistency of practice and services across service providers and CSAs continues to be the biggest challenge to having a high quality, consistent mental health services system. (See **Appendix D** for comparison of the top four CSAs in practice performance compared to other CSAs.)
- Seriously consider how the progress that has been achieved will continue to be refined and sustained over time. How will a focus on the quality of practice be sustained? How will feedback regarding the quality of practice be obtained both within and external to CSAs and how will feedback on the quality of practice be provided to individual practitioners? How will the management team maintain a passionate focus on practice and practice development as the inevitable turnover of the leadership team occurs and as the court-mandated feedback system is ended?

Much investment and progress has been made over the past eight to ten years; it would be a tragedy to see a regression to less consistent and lower quality services. An examination of significant system reform initiatives shows that lack of sustainability and regression to the mean, unfortunately, is a common result of system reform over time. There are examples, however, where quality and consistency have been maintained over time and they involve a commitment of leadership to resources and time to maintaining a feedback system that provides practitioners and agency managers meaningful feedback about the quality and consistency of their work.

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, the Far Southeast Family Strengthening Collaborative, 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.

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Questions Concerning the Status of the Adult Service Consumer

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

Community Living

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

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

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

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

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

Physical/Emotional Status & Access to Care

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

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

Meaningful Life Activities

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

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

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

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

Questions Concerning the Person's Progress

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

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

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

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

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

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

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

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

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

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

Questions Concerning Practice Performance

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

Planning Treatment & Support

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

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

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

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

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

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

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

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

Providing Treatment & Support

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

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

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

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

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

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

Managing Treatment & Support

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

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

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

Appendix B

CSR Interpretative Guide for Adult Status

Maintenance Zone: 5-6

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

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

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

Acceptable Range: 4-6

Refinement Zone: 3-4

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

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

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

Improvement Zone: 1-2

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

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

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

Unacceptable Range: 1-3

CSR Interpretative Guide for Practice Performance

Maintenance Zone: 5-6

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

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

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

Acceptable Range: 4-6

Refinement Zone: 3-4

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

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

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

Improvement Zone: 1-2

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

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

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

Unacceptable Range: 1-3

Appendix C

Appendix C

This agency-by-agency comparison should be interpreted with caution since sample sizes for some of the provider agencies are extremely small. **Generalizations regarding specific agency practice should not be made based on the individual case review results due to the small sample sizes for the agency-specific findings**, rather the small samples of consumers are illustrative of system performance for each of those randomly selected consumers from participating core service agencies.

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

CSR/Adult Status and Performance

Anchor Mental Health n= 7 DC Adult Review Feb./2011

Status of the Person	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	7	71%	14%	14%	71%
Economic security	7	71%	14%	57%	29%
Living arrangement	7	86%	14%	0%	86%
Social network	7	71%	14%	57%	29%
Satisfaction	7	86%	14%	14%	71%
Health/Phy well-being	7	57%	14%	43%	43%
Mental health status	7	71%	14%	29%	57%
Education/career	4	50%	50%	50%	0%
Work	4	50%	50%	25%	25%
Recovery activities	7	86%	14%	43%	43%
Overall Status	7	86%	14%	29%	57%

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

CSR/Adult Status and Performance

Anchor Mental Health n= 7 DC Adult Review Feb./2011

Current Practice Performance	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	7	71%	0%	57%	43%
Engagement efforts by staff	7	71%	0%	29%	71%
Culturally appropriate practice	2	100%	0%	0%	100%
Service team formation	7	43%	0%	86%	14%
Service team functioning	7	71%	14%	57%	29%
Assessment & understanding	7	29%	0%	71%	29%
Personal recovery goals	7	86%	0%	57%	43%
IRP	7	86%	14%	57%	29%
Goodness-of-service fit	7	71%	14%	57%	29%
Resource availability	7	86%	14%	0%	86%
Treatment & services implem.	7	57%	14%	43%	43%
Emergent/urgent response	3	33%	0%	67%	33%
Medication management	6	83%	0%	33%	67%
Special procedures					
Practical supports	4	100%	0%	25%	75%
Service coord. & continuity	7	71%	29%	29%	43%
Recovery plan adjustment	7	57%	29%	29%	43%
Overall Practice Performance	7	71%	14%	43%	43%

CSR/Adult Status and Performance

Capital Community Services n= 1 DC Adult Review Feb./2011

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

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

CSR/Adult Status and Performance

Capital Community Services n= 1 **DC Adult Review Feb./2011**

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

CSR/Adult Status and Performance

Community Connections n= 21 DC Adult Review Feb./2011

Status of the Person	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	21	90%	5%	38%	57%
Economic security	21	76%	0%	48%	52%
Living arrangement	21	86%	0%	48%	52%
Social network	21	52%	0%	81%	19%
Satisfaction	21	100%	0%	24%	76%
Health/Phy well-being	21	71%	19%	48%	33%
Mental health status	21	86%	0%	62%	38%
Education/career	9	56%	33%	33%	33%
Work	12	58%	17%	58%	25%
Recovery activities	19	74%	0%	63%	37%
Overall Status	21	86%	5%	38%	57%

Recent Progress	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	21	90%	0%	76%	24%
Improvement self-mgt.	21	90%	0%	62%	38%
Education/wk progress	11	64%	27%	36%	36%
Recovery goals	20	85%	0%	60%	40%
Risk reduction	15	87%	0%	67%	33%
Successful life adj.	13	92%	0%	54%	46%
Social group affilia.	17	53%	12%	65%	24%
Meaningful relationship	21	62%	14%	48%	38%
Overall Pattern	21	90%	0%	67%	33%

CSR/Adult Status and Performance

Community Connections n= 21 **DC Adult Review Feb./2011**

Current Practice Performance	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	21	90%	0%	38%	62%
Engagement efforts by staff	21	95%	0%	19%	81%
Culturally appropriate practice	2	100%	0%	50%	50%
Service team formation	21	81%	0%	43%	57%
Service team functioning	21	71%	0%	38%	62%
Assessment & understanding	21	90%	0%	33%	67%
Personal recovery goals	21	100%	0%	43%	57%
IRP	21	95%	0%	43%	57%
Goodness-of-service fit	21	90%	0%	38%	62%
Resource availability	21	95%	0%	24%	76%
Treatment & services implem.	21	95%	0%	29%	71%
Emergent/urgent response	7	100%	0%	0%	100%
Medication management	21	90%	5%	24%	71%
Special procedures					
Practical supports	12	92%	8%	25%	67%
Service coord. & continuity	21	90%	0%	24%	76%
Recovery plan adjustment	21	95%	0%	24%	76%
Overall Practice Performance	21	95%	0%	19%	81%

CSR/Adult Status and Performance

Family Preservation n= 1 DC Adult Review Feb./2011

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

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

CSR/Adult Status and Performance

Family Preservation n= 1 DC Adult Review Feb./2011

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

CSR/Adult Status and Performance

Fihankra Place n= 5 DC Adult Review Feb./2011

Status of the Person	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	5	40%	40%	60%	0%
Economic security	5	20%	20%	80%	0%
Living arrangement	5	60%	20%	60%	20%
Social network	5	40%	60%	40%	0%
Satisfaction	4	50%	25%	50%	25%
Health/Phy well-being	5	20%	20%	60%	20%
Mental health status	5	0%	40%	60%	0%
Education/career	4	0%	75%	25%	0%
Work	5	40%	40%	40%	20%
Recovery activities	5	40%	60%	40%	0%
Overall Status	5	20%	20%	80%	0%

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

CSR/Adult Status and Performance

Fihankra Place n= 5 DC Adult Review Feb./2011

Current Practice Performance	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	5	60%	0%	100%	0%
Engagement efforts by staff	5	60%	0%	100%	0%
Culturally appropriate practice	1	0%	0%	100%	0%
Service team formation	5	20%	60%	40%	0%
Service team functioning	5	0%	80%	20%	0%
Assessment & understanding	5	0%	20%	80%	0%
Personal recovery goals	5	20%	40%	60%	0%
IRP	5	0%	80%	20%	0%
Goodness-of-service fit	5	20%	40%	60%	0%
Resource availability	5	40%	40%	60%	0%
Treatment & services implem.	5	20%	40%	60%	0%
Emergent/urgent response	4	0%	75%	25%	0%
Medication management	5	20%	20%	80%	0%
Special procedures	1	0%	100%	0%	0%
Practical supports	3	67%	33%	67%	0%
Service coord. & continuity	5	20%	40%	60%	0%
Recovery plan adjustment	5	20%	60%	40%	0%
Overall Practice Performance	5	20%	60%	40%	0%

CSR/Adult Status and Performance

First Home Care n= 2 DC Adult Review Feb./2011

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

CSR/Adult Status and Performance

First Home Care n= 2 DC Adult Review Feb./2011

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

CSR/Adult Status and Performance

Friendship Preservation n= 1 DC Adult Review Feb./2011

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

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

CSR/Adult Status and Performance

Friendship Preservation n= 1 DC Adult Review Feb./2011

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

CSR/Adult Status and Performance

Green Door n= 9 DC Adult Review Feb./2011

Status of the Person	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	9	89%	11%	33%	56%
Economic security	9	89%	0%	33%	67%
Living arrangement	9	100%	0%	44%	56%
Social network	9	78%	0%	44%	56%
Satisfaction	9	100%	0%	0%	100%
Health/Phy well-being	9	78%	0%	56%	44%
Mental health status	9	56%	22%	33%	44%
Education/career	2	50%	50%	0%	50%
Work	7	100%	0%	43%	57%
Recovery activities	8	75%	13%	38%	50%
Overall Status	9	89%	0%	56%	44%

Recent Progress	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	9	78%	0%	56%	44%
Improvement self-mgt.	9	78%	0%	33%	67%
Education/wk progress	4	100%	0%	50%	50%
Recovery goals	9	56%	0%	56%	44%
Risk reduction	7	71%	0%	43%	57%
Successful life adj.	5	100%	0%	80%	20%
Social group affilia.	8	100%	0%	63%	38%
Meaningful relationship	9	67%	0%	44%	56%
Overall Pattern	9	78%	0%	56%	44%

CSR/Adult Status and Performance

Green Door n= 9 DC Adult Review Feb./2011

Current Practice Performance	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	9	89%	0%	22%	78%
Engagement efforts by staff	9	100%	0%	22%	78%
Culturally appropriate practice	3	100%	0%	33%	67%
Service team formation	9	100%	0%	22%	78%
Service team functioning	9	89%	0%	33%	67%
Assessment & understanding	9	89%	0%	44%	56%
Personal recovery goals	9	100%	0%	11%	89%
IRP	9	100%	0%	33%	67%
Goodness-of-service fit	9	100%	0%	33%	67%
Resource availability	9	100%	0%	22%	78%
Treatment & services implem.	9	100%	0%	33%	67%
Emergent/urgent response	4	100%	0%	25%	75%
Medication management	9	89%	0%	22%	78%
Special procedures					
Practical supports	2	100%	0%	0%	100%
Service coord. & continuity	9	89%	0%	22%	78%
Recovery plan adjustment	9	89%	11%	22%	67%
Overall Practice Performance	9	100%	0%	11%	89%

CSR/Adult Status and Performance

Hillcrest Mental Health Services n= 6 DC Adult Review Feb./2011

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

Recent Progress	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	6	67%	17%	83%	0%
Improvement self-mgt.	6	67%	17%	67%	17%
Education/wk progress	5	20%	20%	60%	20%
Recovery goals	6	67%	33%	67%	0%
Risk reduction	4	50%	25%	50%	25%
Successful life adj.	5	40%	20%	60%	20%
Social group affilia.	6	67%	33%	50%	17%
Meaningful relationship	6	83%	0%	67%	33%
Overall Pattern	6	50%	17%	67%	17%

CSR/Adult Status and Performance

Hillcrest Mental Health Services n= 6

DC Adult Review Feb./2011

Current Practice Performance	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	6	83%	0%	83%	17%
Engagement efforts by staff	6	83%	17%	50%	33%
Culturally appropriate practice					
Service team formation	6	67%	0%	83%	17%
Service team functioning	6	50%	0%	83%	17%
Assessment & understanding	6	67%	0%	83%	17%
Personal recovery goals	6	83%	17%	17%	67%
IRP	6	83%	0%	83%	17%
Goodness-of-service fit	6	67%	0%	67%	33%
Resource availability	6	67%	17%	50%	33%
Treatment & services implem.	6	50%	33%	50%	17%
Emergent/urgent response					
Medication management	5	60%	20%	60%	20%
Special procedures	1	0%	100%	0%	0%
Practical supports	2	100%	0%	50%	50%
Service coord. & continuity	6	67%	0%	83%	17%
Recovery plan adjustment	6	67%	0%	83%	17%
Overall Practice Performance	6	67%	0%	83%	17%

CSR/Adult Status and Performance

LAYC n= 1 DC Adult Review Feb./2011

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

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

CSR/Adult Status and Performance

LAYC n= 1 DC Adult Review Feb./2011

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

CSR/Adult Status and Performance

Life Stride n= 2 DC Adult Review Feb./2011

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	50%	0%	50%	50%
Satisfaction	1	100%	0%	0%	100%
Health/Phy well-being	2	100%	0%	50%	50%
Mental health status	2	100%	0%	0%	100%
Education/career					
Work					
Recovery activities	1	100%	0%	0%	100%
Overall Status	2	100%	0%	0%	100%

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

CSR/Adult Status and Performance

Life Stride n= 2 DC Adult Review Feb./2011

Current Practice Performance	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	2	100%	0%	0%	100%
Engagement efforts by staff	2	100%	0%	0%	100%
Culturally appropriate practice	1	100%	0%	0%	100%
Service team formation	2	100%	0%	0%	100%
Service team functioning	2	100%	0%	0%	100%
Assessment & understanding	2	100%	0%	50%	50%
Personal recovery goals	2	100%	0%	0%	100%
IRP	2	100%	0%	50%	50%
Goodness-of-service fit	2	100%	0%	0%	100%
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					
Service coord. & continuity	2	100%	0%	0%	100%
Recovery plan adjustment	2	100%	0%	0%	100%
Overall Practice Performance	2	100%	0%	0%	100%

CSR/Adult Status and Performance

Mary's Center n= 1 DC Adult Review Feb./2011

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

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

CSR/Adult Status and Performance

Mary's Center n= 1 DC Adult Review Feb./2011

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

CSR/Adult Status and Performance

McClendon Center n= 4 DC Adult Review Feb./2011

Status of the Person	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	4	100%	0%	75%	25%
Economic security	4	50%	25%	75%	0%
Living arrangement	4	25%	0%	100%	0%
Social network	4	50%	50%	0%	50%
Satisfaction	4	100%	0%	25%	75%
Health/Phy well-being	4	75%	25%	50%	25%
Mental health status	4	75%	25%	25%	50%
Education/career	2	50%	50%	50%	0%
Work	3	67%	0%	100%	0%
Recovery activities	3	67%	0%	67%	33%
Overall Status	4	75%	0%	75%	25%

Recent Progress	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	4	75%	0%	50%	50%
Improvement self-mgt.	4	75%	25%	50%	25%
Education/wk progress	2	50%	0%	50%	50%
Recovery goals	4	75%	0%	50%	50%
Risk reduction	3	33%	0%	67%	33%
Successful life adj.	1	100%	0%	0%	100%
Social group affilia.	3	33%	33%	33%	33%
Meaningful relationship	4	75%	25%	75%	0%
Overall Pattern	4	75%	25%	50%	25%

CSR/Adult Status and Performance

McClendon Center n= 4 DC Adult Review Feb./2011

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

CSR/Adult Status and Performance

Mental Health Services Divison n= 5 DC Adult Review Feb./2011

Status of the Person	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	5	100%	0%	0%	100%
Economic security	5	80%	0%	20%	80%
Living arrangement	5	100%	0%	20%	80%
Social network	5	80%	20%	20%	60%
Satisfaction	5	80%	0%	40%	60%
Health/Phy well-being	5	100%	0%	0%	100%
Mental health status	5	80%	20%	20%	60%
Education/career	1	100%	0%	100%	0%
Work	5	80%	0%	40%	60%
Recovery activities	5	60%	0%	40%	60%
Overall Status	5	100%	0%	20%	80%

Recent Progress	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	5	80%	0%	40%	60%
Improvement self-mgt.	5	80%	0%	60%	40%
Education/wk progress	3	67%	0%	67%	33%
Recovery goals	5	60%	20%	20%	60%
Risk reduction	3	33%	33%	33%	33%
Successful life adj.	2	50%	0%	100%	0%
Social group affilia.	5	60%	40%	0%	60%
Meaningful relationship	5	60%	20%	20%	60%
Overall Pattern	5	60%	0%	40%	60%

CSR/Adult Status and Performance

Mental Health Services Divison n= 5

DC Adult Review Feb./2011

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

CSR/Adult Status and Performance

Pathway to Housing n= 1 DC Adult Review Feb./2011

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

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

CSR/Adult Status and Performance

Pathway to Housing n= 1 DC Adult Review Feb./2011

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

CSR/Adult Status and Performance

PSI Services n= 3 DC Adult Review Feb./2011

Status of the Person	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	3	100%	0%	0%	100%
Economic security	3	100%	0%	33%	67%
Living arrangement	3	67%	0%	67%	33%
Social network	3	67%	33%	33%	33%
Satisfaction	3	100%	0%	33%	67%
Health/Phy well-being	3	100%	0%	100%	0%
Mental health status	3	67%	0%	67%	33%
Education/career	2	50%	0%	100%	0%
Work	3	67%	0%	100%	0%
Recovery activities	3	100%	0%	67%	33%
Overall Status	3	100%	0%	67%	33%

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

CSR/Adult Status and Performance

PSI Services n= 3 DC Adult Review Feb./2011

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

CSR/Adult Status and Performance

Scruples Corporation n= 1 DC Adult Review Feb./2011

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

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

CSR/Adult Status and Performance

Scruples Corporation n= 1 DC Adult Review Feb./2011

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

CSR/Adult Status and Performance

Universal Health Care n= 1 DC Adult Review Feb./2011

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

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

CSR/Adult Status and Performance

Universal Health Care n= 1 DC Adult Review Feb./2011

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

CSR/Adult Status and Performance

Volunteer of America n= 2 DC Adult Review Feb./2011

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

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

CSR/Adult Status and Performance

Volunteer of America n= 2 DC Adult Review Feb./2011

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

CSR/Adult Status and Performance

Washington Hospital Center n= 4 DC Adult Review Feb./2011

Status of the Person	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	4	100%	0%	100%	0%
Economic security	4	75%	25%	50%	25%
Living arrangement	4	75%	0%	50%	50%
Social network	4	100%	0%	75%	25%
Satisfaction	3	100%	0%	0%	100%
Health/Phy well-being	4	75%	0%	50%	50%
Mental health status	4	75%	25%	25%	50%
Education/career	1	100%	0%	100%	0%
Work	1	100%	0%	0%	100%
Recovery activities	3	67%	0%	33%	67%
Overall Status	4	75%	0%	50%	50%

Recent Progress	Cases Applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	4	75%	25%	25%	50%
Improvement self-mgt.	3	100%	0%	67%	33%
Education/wk progress	1	100%	0%	100%	0%
Recovery goals	3	67%	0%	67%	33%
Risk reduction	4	25%	25%	50%	25%
Successful life adj.	2	50%	0%	100%	0%
Social group affilia.	4	75%	0%	50%	50%
Meaningful relationship	4	100%	0%	50%	50%
Overall Pattern	4	75%	0%	75%	25%

CSR/Adult Status and Performance

Washington Hospital Center n= 4 DC Adult Review Feb./2011

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

Appendix D

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

Top Providers (with 5 or more cases) = 42 cases or 54% of the total cases reviewed

The Rest of the Providers = 36 cases or 46% of the total cases reviewed

Overall Status and Practice
Top Providers (with 5 or more cases) 2011

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

Number of cases: 7 DC Adult Review Feb./2011

Overall Status & Practice	Status	Practice	# of Cases
Anchor Mental Health	86%	71%	7

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

Number of cases: 21 DC Adult Review Feb./2011

Overall Status & Practice	Status	Practice	# of Cases
Community Connections	86%	95%	21

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

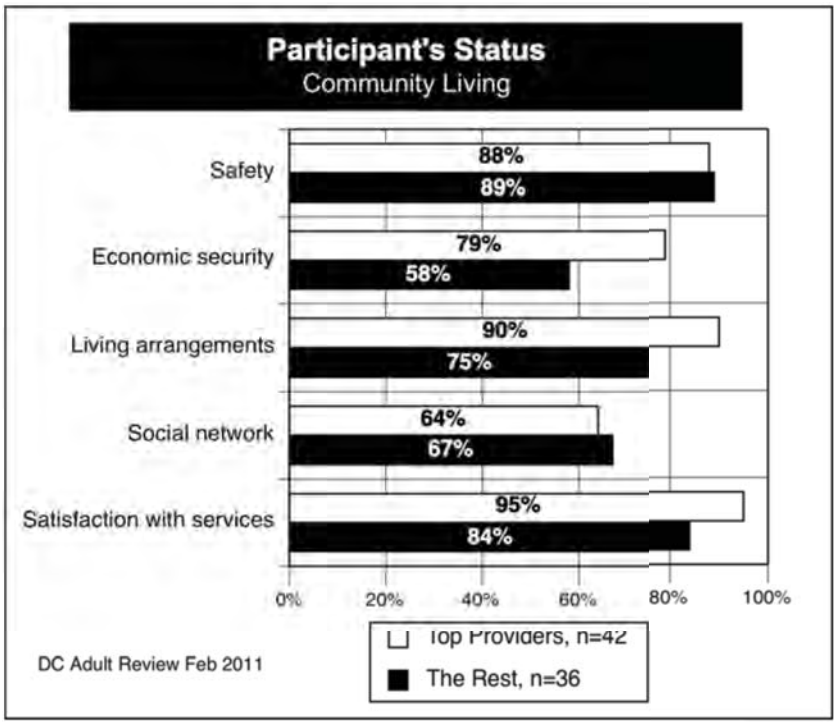
Number of cases: 9 DC Adult Review Feb./2011

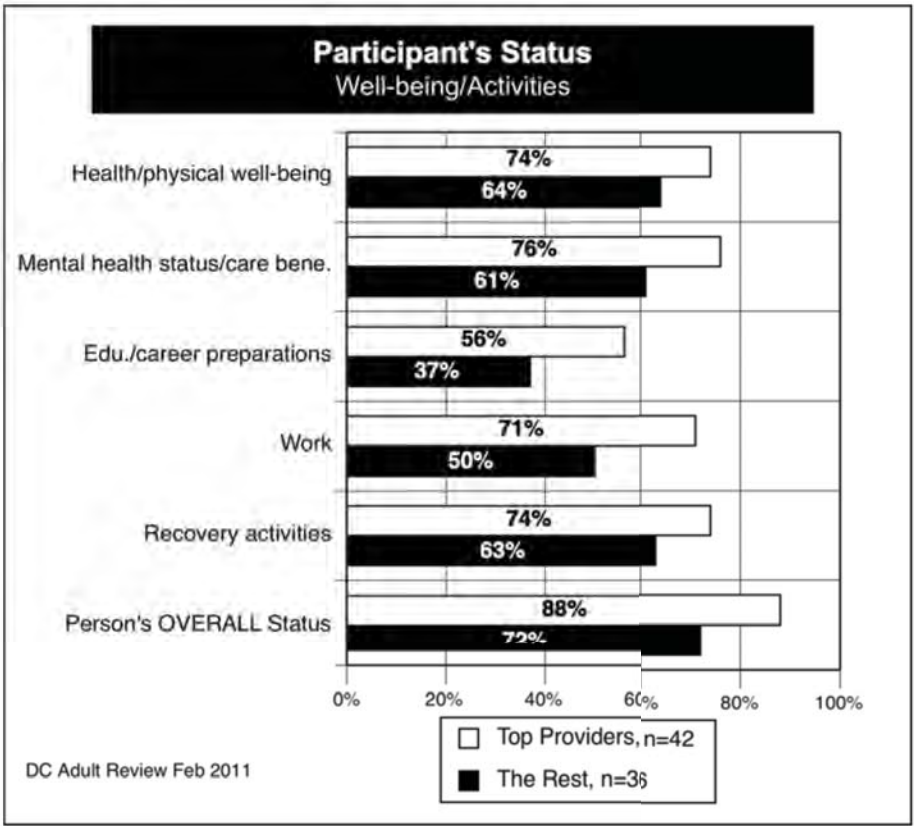
Overall Status & Practice	Status	Practice	# of Cases
Green Door	89%	100%	9

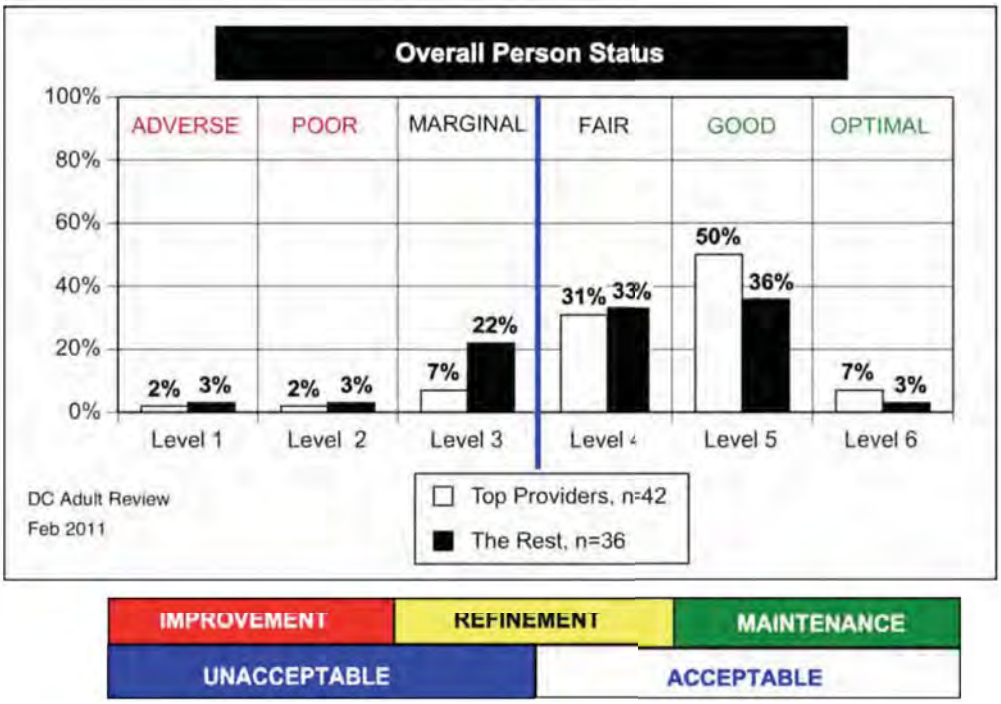
CSR/Adult Status and Performance Profile - Overall Status & Practice

Number of cases: 5 DC Adult Review Feb./2011

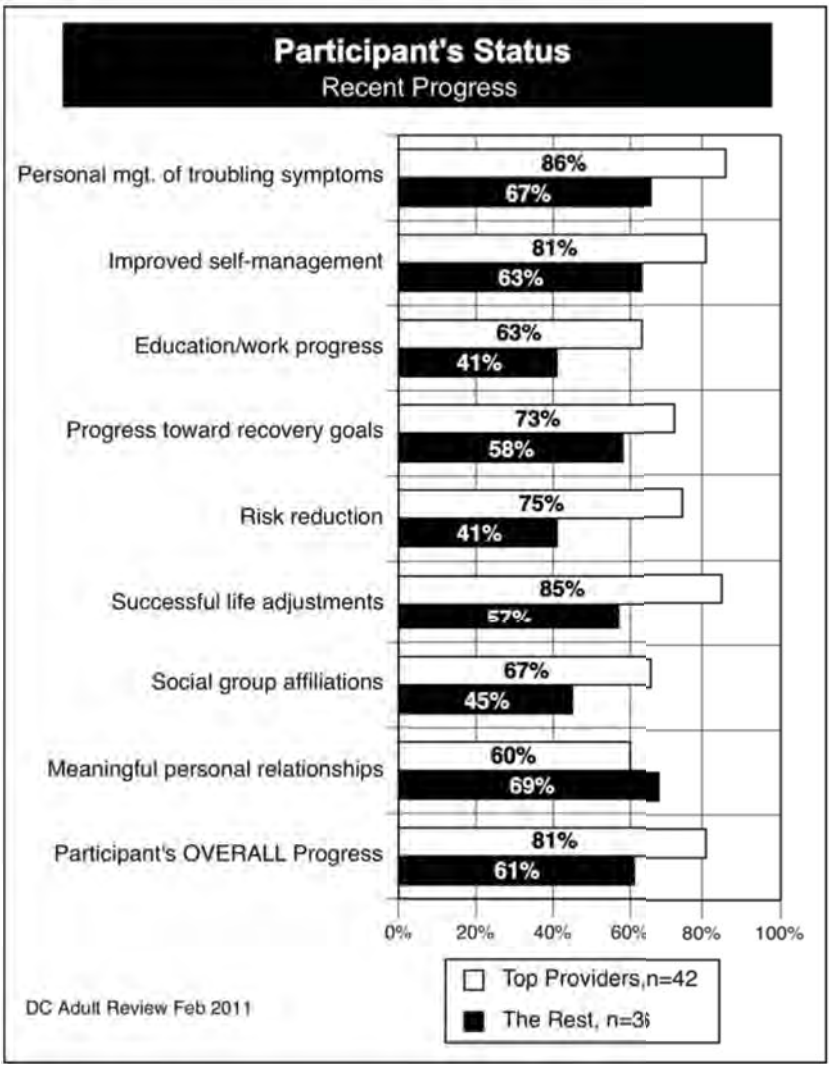
Overall Status & Practice	Status	Practice	# of Cases
Mental Health Services Divison	100%	80%	5

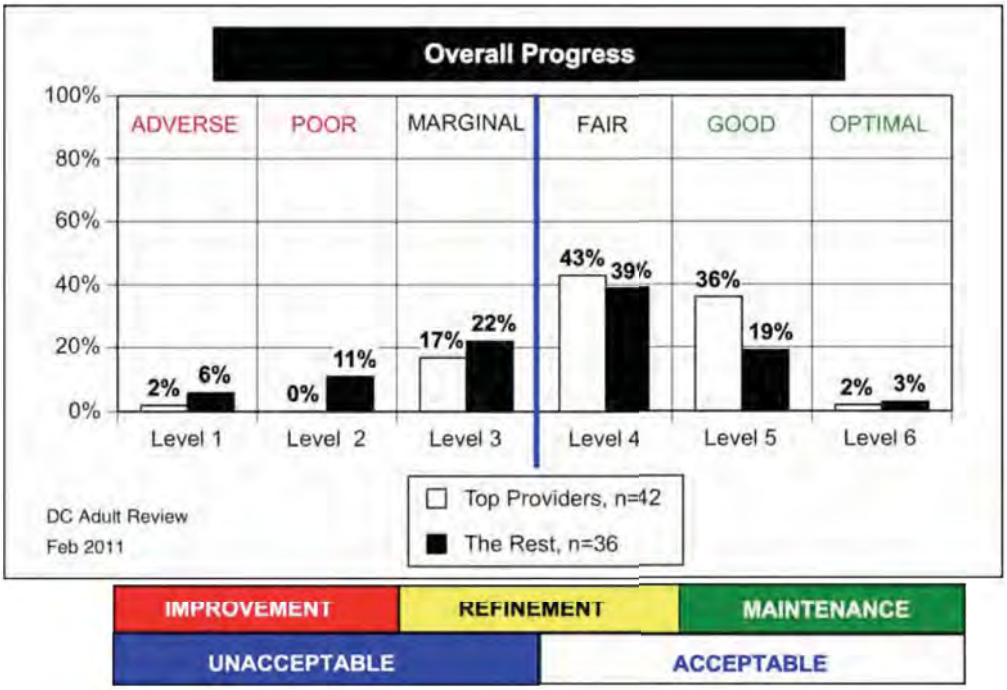

Participant's Status
Community Living
Safety
88%
89%
Economic security
79%
58%
Living arrangements
90%
75%
Social network
64%
67%
Satisfaction with services
95%
84%
0%
20%
40%
60%
80%
100%
Top Providers, n=42
The Rest, n=36
DC Adult Review Feb 2011


Participant's Status
Well-being/Activities
Health/physical well-being
74%
64%
Mental health status/care bene.
76%
61%
Edu./career preparations
56%
37%
Work
71%
50%
Recovery activities
74%
63%
Person's OVERALL Status
88%
0%
20%
40%
80%
100%
Top Providers, n=42
The Rest, n=36
DC Adult Review Feb 2011

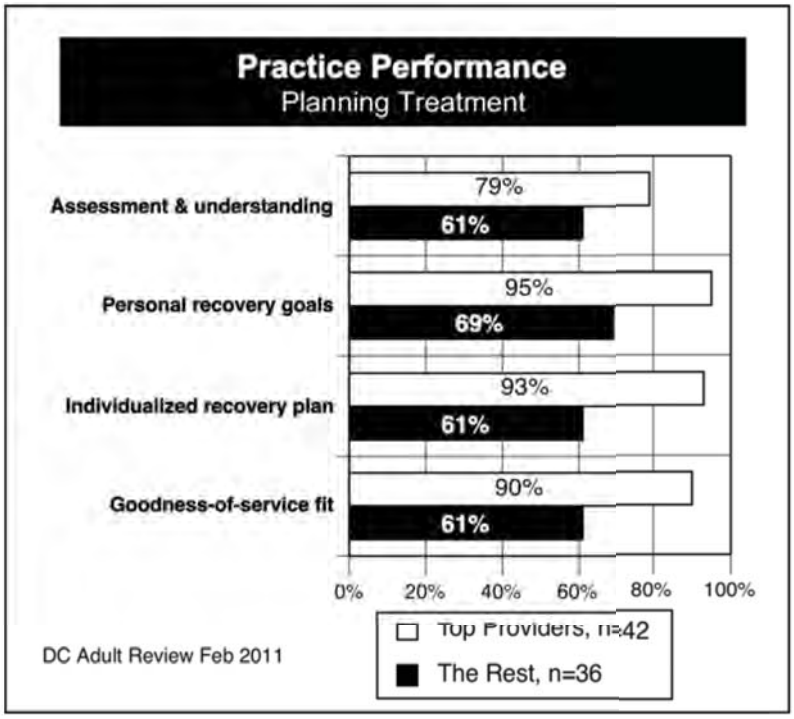

Overall Person Status
100%
80%
60%
40%
20%
0%
ADVERSE
POOR
MARGINAL
FAIR
GOOD
OPTIMAL
2%
3%
2%
3%
7%
22%
31%
33%
50%
36%
7%
3%
Level 1
Level 2
Level 3
Level 4
Level 5
Level 6
DC Adult Review
Feb 2011
Top Providers, n=42
The Rest, n=36

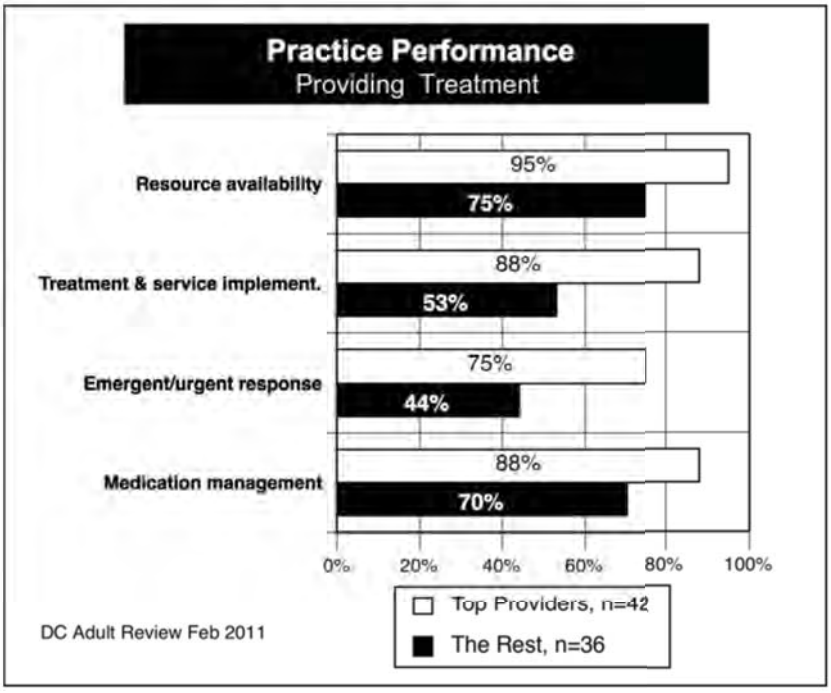
IMPROVEMENT
REFINEMENT
MAINTENANCE
UNACCEPTABLE
ACCEPTABLE

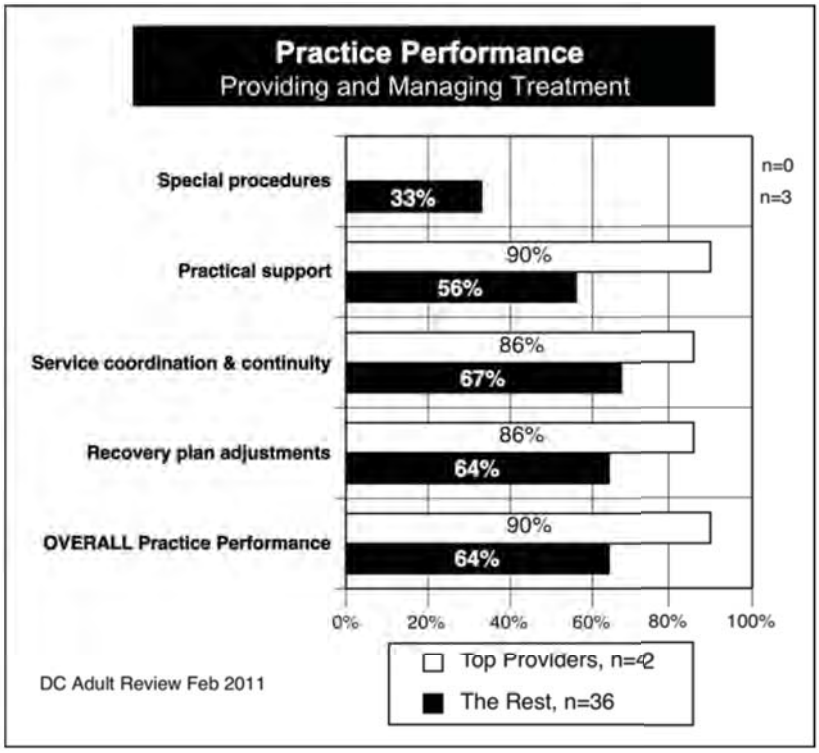

Participant's Status
Recent Progress
Personal mgt. of troubling symptoms
86%
67%
Improved self-management
81%
63%
Education/work progress
63%
41%
Progress toward recovery goals
73%
58%
Risk reduction
75%
41%
Successful life adjustments
85%
57%
Social group affiliations
67%
45%
Meaningful personal relationships
60%
69%
Participant's OVERALL Progress
81%
61%
0%
20%
40%
60%
80%
100%
Top Providers,n=42
The Rest, n=3
DC Adult Review Feb 2011

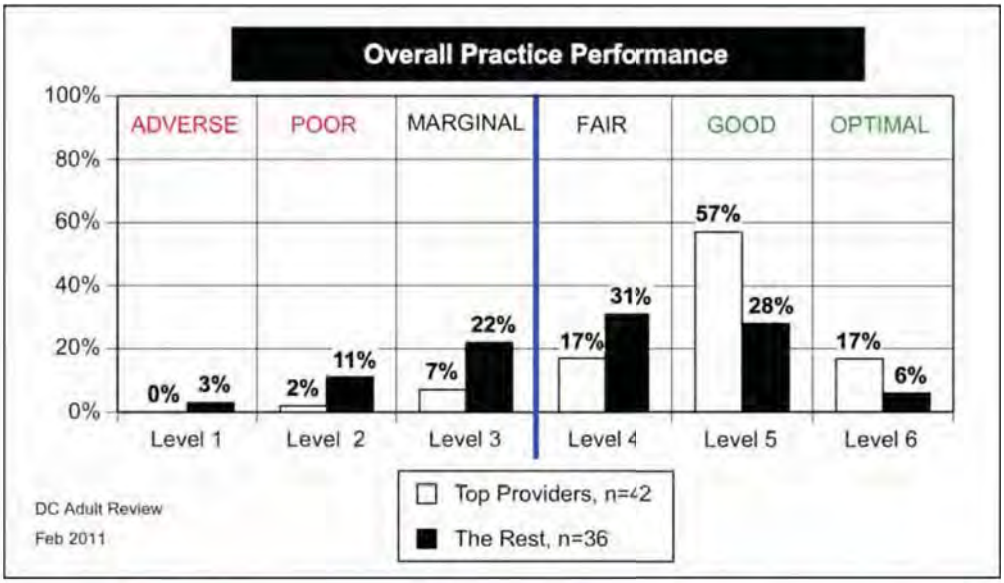

Overall Progress
100%
80%
60%
40%
20%
0%
ADVERSE
POOR
MARGINAL
FAIR
GOOD
OPTIMAL
2%
6%
0%
11%
17%
22%
43%
39%
36%
19%
2%
3%
Level 1
Level 2
Level 3
Level 4
Level 5
Level 6
Top Providers, n=42
The Rest, n=36
DC Adult Review
Feb 2011
IMPROVEMENT
REFINEMENT
MAINTENANCE
UNACCEPTABLE
ACCEPTABLE


Practice Performance
Planning Treatment
Participation in planning
83%
69%
Engagement efforts by staff
90%
72%
Culturally appropriate practice
100%
75%
Service team formation
79%
61%
Service team functioning
76%
47%
0%
20%
40%
60%
80%
100%
Top Providers, n=42
The Rest, n=36
DC Adult Review Feb 2011


Practice Performance
Planning Treatment
Assessment & understanding
79%
61%
Personal recovery goals
95%
69%
Individualized recovery plan
93%
61%
Goodness-of-service fit
90%
61%
0%
20%
40%
60%
80%
100%
Top Providers, n=42
The Rest, n=36
DC Adult Review Feb 2011


Practice Performance
Providing Treatment
Resource availability
95%
75%
Treatment & service implement.
88%
53%
Emergent/urgent response
75%
44%
Medication management
88%
70%
0%
20%
40%
60%
80%
100%
Top Providers, n=42
The Rest, n=36
DC Adult Review Feb 2011


Practice Performance
Providing and Managing Treatment
Special procedures
33%
n=0
n=3
Practical support
90%
56%
Service coordination & continuity
86%
67%
Recovery plan adjustments
86%
64%
OVERALL Practice Performance
90%
64%
0%
20%
40%
60%
80%
100%
Top Providers, n=42
The Rest, n=36
DC Adult Review Feb 2011


Overall Practice Performance
100%
80%
60%
40%
20%
0%
ADVERSE
POOR
MARGINAL
FAIR
GOOD
OPTIMAL
0%
3%
2%
11%
7%
22%
17%
31%
57%
28%
17%
6%
Level 1
Level 2
Level 3
Level 4
Level 5
Level 6
Top Providers, n=42
The Rest, n=36
DC Adult Review
Feb 2011


IMPROVEMENT
REFINEMENT
MAINTENANCE
UNACCEPTABLE
ACCEPTABLE

Case Review Outcome Categories

Status of the Participant in Individual Cases

Acceptability of Service System Performance in Individual Cases	Favorable Status	Unfavorable Status	
Acceptable System Performance	**Outcome 1:** Good status for the participant, ongoing services acceptable. **81% (34 cases Top Providers) 58% (21 cases The Rest)**	**Outcome 2:** Poor status for the participant, ongoing services minimally acceptable but limited in reach or efficacy. **10% (4 cases Top Providers) 6% (2 cases The Rest)**	**91% Top Providers 64% The Rest**
Unacceptable System Performance	**Outcome 3:** Good status for the participant, ongoing services mixed or unacceptable. **7% (3 cases Top Providers) 14% (5 cases The Rest)**	**Outcome 4:** Poor status for the participant, ongoing services unacceptable. **2% (1 case Top Providers) 22% (8 cases The Rest)**	**9% Top Providers 36% The Rest**
	88% Top Providers 72% The Rest	**12% Top Providers 28% The Rest**	

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