
**2007 Report on
Adult Service Consumers**

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

June 2007

Presented to the Dixon Court Monitor

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

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Purpose and Scope of the Review

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

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

To begin the process of meeting the requirements of these orders, a case review protocol was developed, tested, revised, and then used to create a baseline for subsequent measurement of progress. The baseline was made during the week of May 5-9, 2003, using measurements taken on a sample of 28 adult participants randomly selected for this purpose. The results of the initial review were provided to the Court Monitor in a report dated May 2003. Findings from the initial review were mixed, with 75% of the consumers in the sample considered to have an overall acceptable status. The appraisal of the service system for these consumers was considered overall acceptable for 54% of the consumers reviewed.

The second-year adult services Community Services Review (CSR) had a higher number of consumers included in the sample. This was due to concern whether the baseline sample was fully representative of the actual population of consumers. Subsequently, the target sample size was increased to 54 consumers for the second-year review. Review activities for the second-year review were completed during April 2004. The target sample of 54 consumers was not met in the 2004 review. There were a total of 41 consumers were included in the 2004 final review sample. Results for this review had 54% of consumers in the sampling having an overall acceptable status and 39% having an overall acceptable system performance.

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

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

The sample for the 2007 adult services review was drawn from a total of 5913 consumers served. The results for the 2007 adult services review were completed in April 2007. This year provided the largest number of consumers reviewed (55), with 69% having acceptable status and 80% showing acceptable practice performance.

The design of the 2007 sampling process, training of reviewers, supervision of data collection, and analysis of data were conducted by Human Systems and Outcomes, Inc. (HSO), an organization with extensive experience in qualitative service review processes used in monitoring services in class action litigation situations. HSO was contracted by the Dixon Court Monitor and worked as staff to the monitor in conducting the review. The logistical preparation and set up of the 2007 review was completed primarily by Consumer Action Network (CAN). HSO expresses their gratitude to CAN for completing the significant amount of work necessary to complete a CSR.

There has been significant progress in the performance of the system for adult services. There is a broader capacity to provide services within a recovery model. There is much greater awareness of performance and practice expectations. The D.C. Core Services Agency (DCCSA) has worked diligently to improve practice and to demonstrate performance within the principles of practice specified in the Dixon exit criteria and as measured by the CSR. The DCCSA had the largest portion of the sample and they had the highest system performance ratings. These ratings were the primary reason that the Department of Mental Health (DMH) was able to reach the performance score of 80%.

Considerable progress has been made in providing timely reimbursement payments to providers and there is greater financial stability. There are, however, continued concerns regarding reimbursement rates and flexibility to support the practice model. Access to services continues to be a concern and there is still not sufficient housing available or assertive community treatment (ACT) team capacity.

Review Sample Characteristics

A stratified random sample of 162 registered clients was drawn from the registered consumers on the DMH ECURA data system. In order to be eligible for inclusion in the review, the consumer must have received at least one form of a billable mental health service from a provider agency between July 1 and December 31, 2006. This strategy was taken due to the experiences in previous reviews in which a proportion of consumers had had no contact with or were unknown to providers (e.g., the consumer had been referred to the provider from the Access Help-Line, but there was no contact between the provider and the consumer, or the consumer had refused services after referral despite engagement efforts), despite being listed in the ECURA data system. This strategy significantly reduced the number of no contact or unknown consumers (e.g., in the 2004 review, it was estimated that as many as one-third of the initial randomly selected 162 consumers were either closed, had no contact after extended periods of time, or were unknown to the core service agencies). DMH had also completed an initiative to reduce the number of closed or unknown consumers on the ECURA system during the previous year.

A stratified sample of 54 consumers was taken from the larger sample of 162. Fifty-five consumers were reviewed this year as one additional consumer in the triple sample, not in the final sample, was accidentally contacted for participation. This consumer consented to participation and, therefore, was included in the review.

Planned Parenthood closed and was no longer providing services at the time of the review. Consumers receiving services during the July-December timeframe were included in the sample as Planned Parenthood consumers, even though they were likely receiving services from another agency.

A brief survey instrument was sent out for providers to complete for each of the initially randomly selected consumers in order to gain some background information about the consumers so that the sample could be stratified across provider agency and age of the consumer. Prior reviews had attempted to stratify for consumer's level of need, however, based on previous review experience, this was difficult to accurately determine through brief survey instruments, and with the fluid process of setting up the review, which includes replacing a number of consumers who refuse to participate, it becomes difficult to continue to control for consumer's level of need in the sampling frame.

The final number of adult consumers included in this review was 55. This number is more than the initial sample size of 54 as 55 consumers agreed to participate in the review.

Provider Agency

According to the information that was supplied to HSO by the D.C. Department of Mental Health, a total of 5913 consumers received at least one service between July 1 and December 31, 2006. Services were provided for these consumers from 29 different provider agencies. These provider agencies differ substantially in the number of consumers they serve. One-third of the consumers are served by three agencies: (1) D.C. Core Services Agency; (2) Community Connections; and (3) Green Door. The review sample design is such that the final sample reflects the consumer distribution across agencies. Ninety percent of the consumers selected for review

were chosen from the top ten agencies, based on percentage of the total consumer population served by each agency. The remaining 10% of the sample was chosen randomly from the remaining 19 agencies. Consumers from 16 core service agencies were reviewed as a result. The table below illustrates the review sample distribution by agency.

Display 1
Number of Consumers Who Received a Billed Service
Between July 1 and December 31, 2006, According to ECURA

Provider	Total # of Consumers	% of Population Served
1. D.C. Core Services Agency	1795	30.36%
2. Community Connections	1337	22.61%
3. Green Door	781	13.21%
4. Anchor Mental Health	389	6.58%
5. Washington Hospital Center	320	5.41%
6. Life Stride	173	2.93%
7. Universal Health Care	173	2.93%
8. Woodley House	156	2.64%
9. Psychotherapeutic Outreach	142	2.40%
10. Psychiatric Center Chartered	115	1.94%
11. First Home Care	99	1.67%
12. Pathways to Housing	82	1.39%
13. Planned Parenthood	59	1.00%
14. Scruples Corporation	55	.93%
15. CARECO	51	.86%
16. McClendon Center	39	.66%
17. Deaf REACH	33	.56%
18. Neighbor's Consejo	26	.44%
19. Family Preservation	25	.42%
20. Coats and Lane	16	.27%
21. Mary's Center for Maternal and Child Care	12	.20%
22. Latin American Youth Services	9	.15%
23. Finhankra	8	.14%
24. Kidd International	6	.10%
25. Center for Therapeutic Concepts	5	.08%
26. MDDC	3	.05%
27. Affordable Behavioral Consult	2	.03%
28. Marshall Heights	1	.02%
29. Youth Villages	1	.02%
Totals	5913	100%

Stratified Random Sample

The following display provides the triple sample for the 2007 adult consumers Community Services Review. This table indicates the number of consumers randomly selected from each agency separated by age range for inclusion in the review activities. Below is the triple sample distribution that was chosen from the population of consumers receiving a service between July 1 and December 31, 2006. The final sample is chosen from the triple sample and, oftentimes, differs from the review sample due to sample attrition (i.e., consumer refusal to participate). If a consumer in the final sample declines participation, the next consumer from the same agency, age group, and gender is chosen when possible. Selection for inclusion in the review was also completed proportionally according to age range (e.g., the 30-55 age range had the largest number of consumers receiving services and, subsequently, this age range had the largest number of consumers included in the final sampling frame).

Display 2
Triple Sample of Consumers
by Provider Agency and Age Range of Consumer

Provider	18-29	30-55	56+	Totals
1. D.C. Core Services Agency	3	36	9	48
2. Community Connections	5	23	5	33
3. Green Door	2	12	4	18
4. First Home Care	1	1	1	3
5. Anchor Mental Health	0	7	2	9
6. Washington Hospital Center	4	4	1	9
7. Deaf REACH	1	1	1	3
8. Psychotherapeutic Outreach	0	1	2	3
9. Woodley House	0	4	2	6
10. Universal Health Care	2	4	0	6
11. CARECO	0	2	1	3
12. Pathways to Housing	0	2	1	3
13. Life Stride	1	4	1	6
14. Psychiatric Center Chartered	1	0	2	3
15. Scruples Corporation	0	2	1	3
16. Neighbor's Consejo	0	2	1	3
17. Planned Parenthood	1	1	1	3
Totals	21	106	35	162

Consumers Included in the Review

The following display provides the distribution of consumer reviews completed during the 2007 review. As this table indicates, a total of 55 consumers were reviewed. There was one consumer, not in the final sample, who consented to participate in the review. This consumer was in the triple sample and was contacted regarding the review. It was decided that this individual would remain in the sample since consent to participate in the review had already been granted. It should be noted that the process of only reviewing consumers who consent to participate in advance potentially biases the sample toward consumers who are more satisfied with services, easier to work with, and may be making better progress. Traditionally, quality assurance activities and court monitoring do not necessarily require consent, but they have been used in Dixon as a matter of courtesy to consumers. The monitor may wish to review a broader range of consumers as the performance reaches the compliance criteria and assure that the sample size and composition is sufficient to make statistical generalizations to the entire population of consumers served.

Display 3
Review Sample by Agency and Age Range

Agency	18-29	30-55	56+	Totals
1. D.C. Core Services Agency	2	13	1	16
2. Community Connections	3	10	1	14
3. Green Door	1	4	1	6
4. Anchor Mental Health	0	3	0	3
5. Washington Hospital Center	2	1	0	3
6. Life Stride	0	2	0	2
7. Universal Health Care	1	1	0	2
8. Woodley House	0	2	0	2
9. Psychotherapeutic Outreach	0	0	1	1
10. Psychiatric Center Chartered	0	0	1	1
11. Pathways to Housing	0	1	0	1
12. Planned Parenthood	0	1	0	1
13. Scruples Corporation	0	1	0	1
14. CARECO	0	0	1	1
15. Deaf REACH	0	0	1	1
16. Neighbor's Consejo	0	0	0	0
Totals	9	39	7	55

Description of the Consumers in the Review

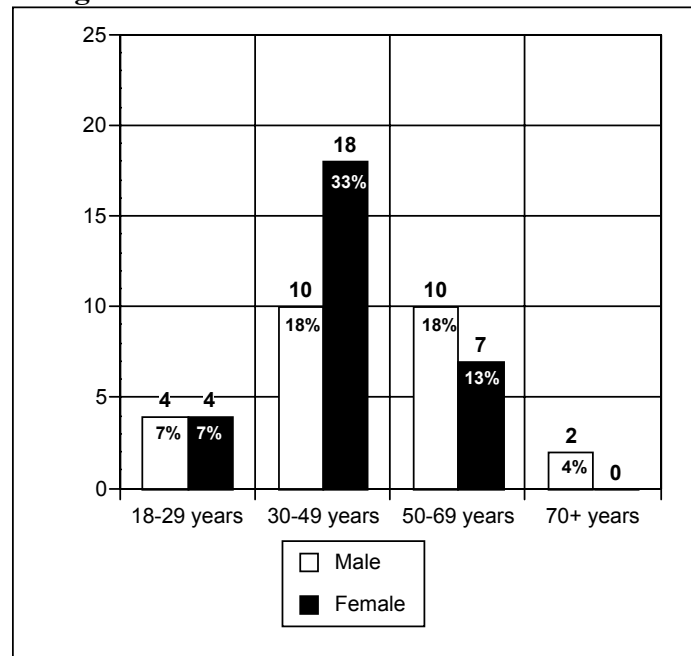
A total of 55 reviews were completed during April 2007. The reviews were completed over a two-week timeframe with slightly more than half completed by external reviewers and the remaining reviews completed by trained DMH staff. Presented in this section are displays that detail the characteristics of this year's consumers.

Age and Gender

Consumers receiving a billed-for service between July 1 and December 31, 2006, according to the ECURA data system, were stratified by age range, with consideration to gender. **Display 4** illustrates the distribution of consumers reviewed by age and gender.

The review sample consisted of both male and female consumers across the identified age ranges. The display below shows the sample of 55 consumers distributed by age and gender. There were slightly more females (29) than males (26) included in this year's review. There were eight consumers ages 18-29 (14%) included in the sample. The majority of the case reviews completed were in the 30-49 year age range with 28 (51%) in the sample in this age range. This range also included the largest number of females (18 or 33% of the review sample). Seventeen consumers were ages 50-69 and two consumers were 70 years or older.

Display 4
Age and Gender of Consumers in the Review

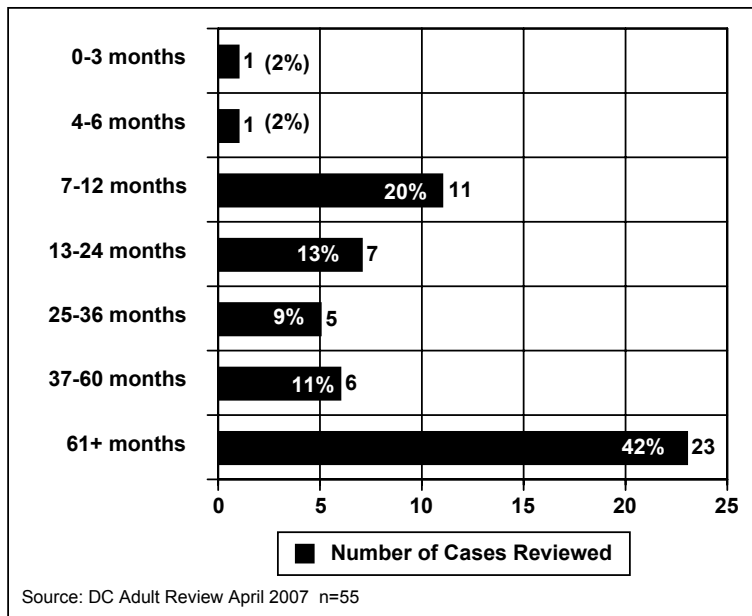


Source: DC Adult Review April 2007 n=55

Length of Service

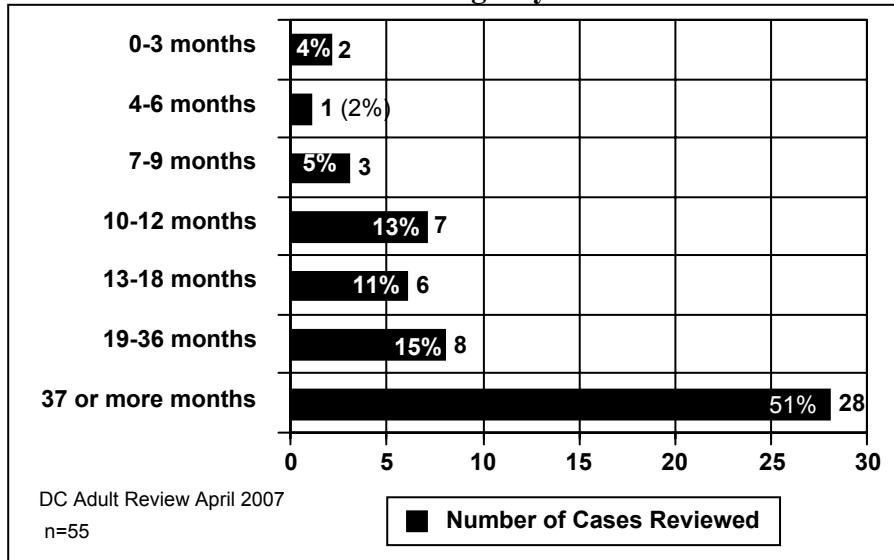
The following display shows the length of time the 55 consumers included in the review have been receiving services since their most recent intake for services. As illustrated in the display, a quarter (24%) of the consumers in the review had cases open for 12 months or less, one-third (33%) for 13-60 months, and 42% for longer than 61 months.

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



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

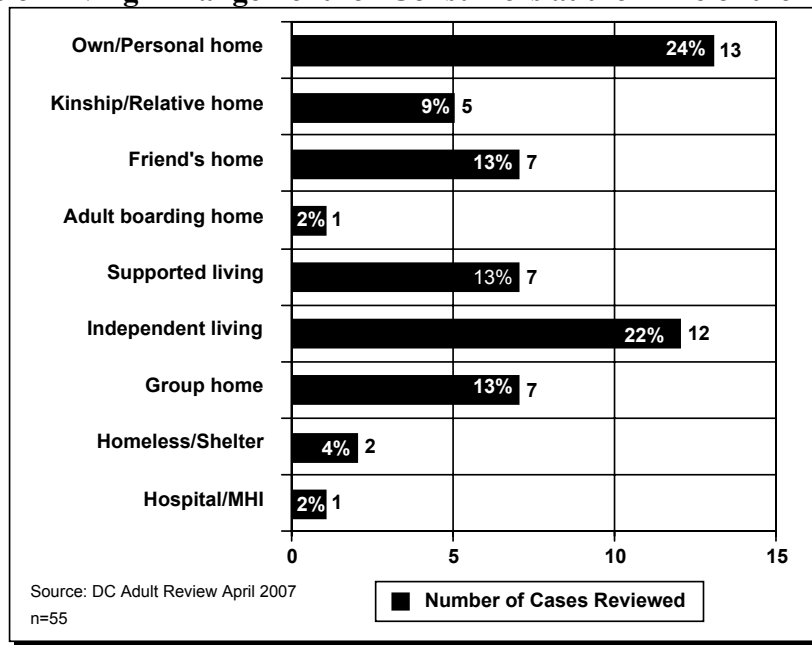
Display 6
Length of Time Consumers in the Review have been Receiving Services
From Current Agency/Provider



Living Setting

The following display illustrates where consumers were living at the time of the review. Adult service consumers in the review sample were living in one of nine settings. A quarter (24%) of the sample consumers were living in their own homes, either alone or with their immediate family members (spouse, children, and possible extended family members). An additional five consumers (9%) were living with relatives or other kin. Seven (13%) were living in a friend's home. Eight consumers (15%) were living in a supported living arrangement or in an adult boarding home. Twelve were living in an independent living program (22%), seven (13%) were in a group home, two were homeless (4%), and one (2%) had been hospitalized during the review.

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

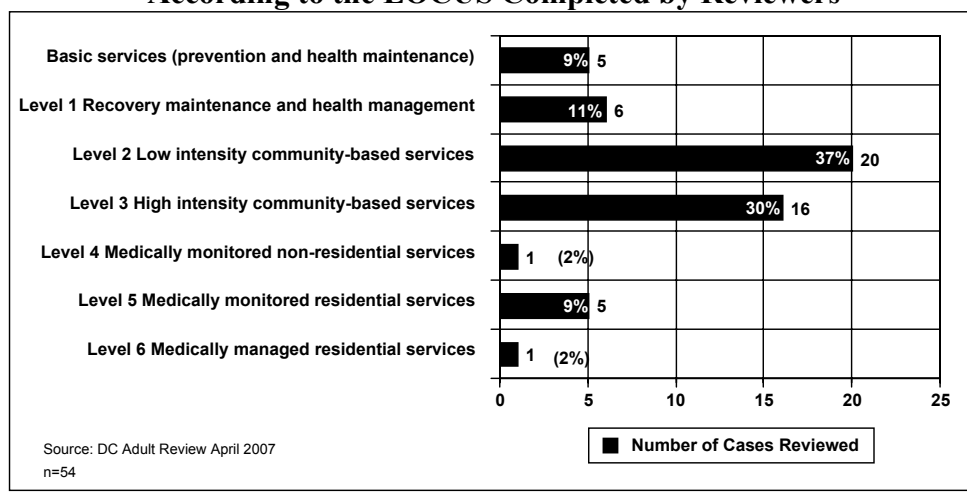


Level of Care Provided

The Level of Care Utilization System (LOCUS) scale was used to identify the level of mental health care the consumer was receiving according to evaluative criteria in the LOCUS decision matrix. This scale provides seven different levels of care ranging from basic or preventive-level services to secure, medically monitored residential services. Reviewers provided a LOCUS rating based on their impression of the mix of services the consumer was receiving at the time of the review using the decision matrix in the LOCUS instrument. **Reviewers were not intending to use the LOCUS rating to specify whether a consumer should be receiving a different level of care other than what services were currently in place.** The intent of using the LOCUS was measuring what array of service levels consumers were receiving at the point in time that they were reviewed.

Fifty-seven percent of the consumers reviewed (n=54) were Level 2 or lower (low-intensity community-based services, recovery maintenance, basic services). Thirty percent required Level 3-high intensity community-based services and the remaining 13% required higher levels of care. The graph below illustrates the LOCUS ratings by level of care.

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



Functional Status

The functional status of adults in the review sample was assessed using the General Level of Functioning Scale included in the CSR Protocol. The General Level of Functioning Scale is similar in construction to the Global Assessment of Functioning (GAF) Scale (DSM-IV, Axis V), which uses a 100-point scale. Reviewers provided a general level of functioning rating based on an impression of the status of the consumer during the 30 days prior to the review. Reviewers were not assigning a GAF score for consumers, rather they were giving their general impression using the scale in the protocol as a guide.

On the General Level of Functioning scale in the protocol, a person with a score greater than 70 has no more than slight impairment in functioning at home, at work/school, or in the community. A person with a score of 61-70 has difficulty in one area of functioning (home, work/school, community), and a person with a score of 60 or less has difficulty functioning in multiple areas and could have moderate to major impairment in his/her level of functioning.

The following display shows the reviewers' impressions of the consumers' level of functioning according to the scale in the protocol. Two consumers (4% of the review sample) had no more than slight impairment in functioning. Fourteen consumers (27% of the review sample) had difficulty functioning in one area and 36 consumers (69%) had difficulty functioning in several areas, with some having moderate to major impairment in level of functioning. There is an increase this year in the number and percentage of consumers experiencing difficulty functioning in several areas and moderate to major impairment in level of functioning. In 2006, 29 or 57% of the consumers were in this area.

Display 9
General Level of Functioning for Consumers in the Review

CSR General Level of Functioning	Number of Consumers in the Review	Percentage of Review Sample
No more than slight impairment (> 71)	2	4%
Difficulty in one area (61-70)	14	27%
Difficulty in multiple areas (<60)	36	69%
Totals	52	100%

Note: Information was not available for three of the consumers reviewed.

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

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

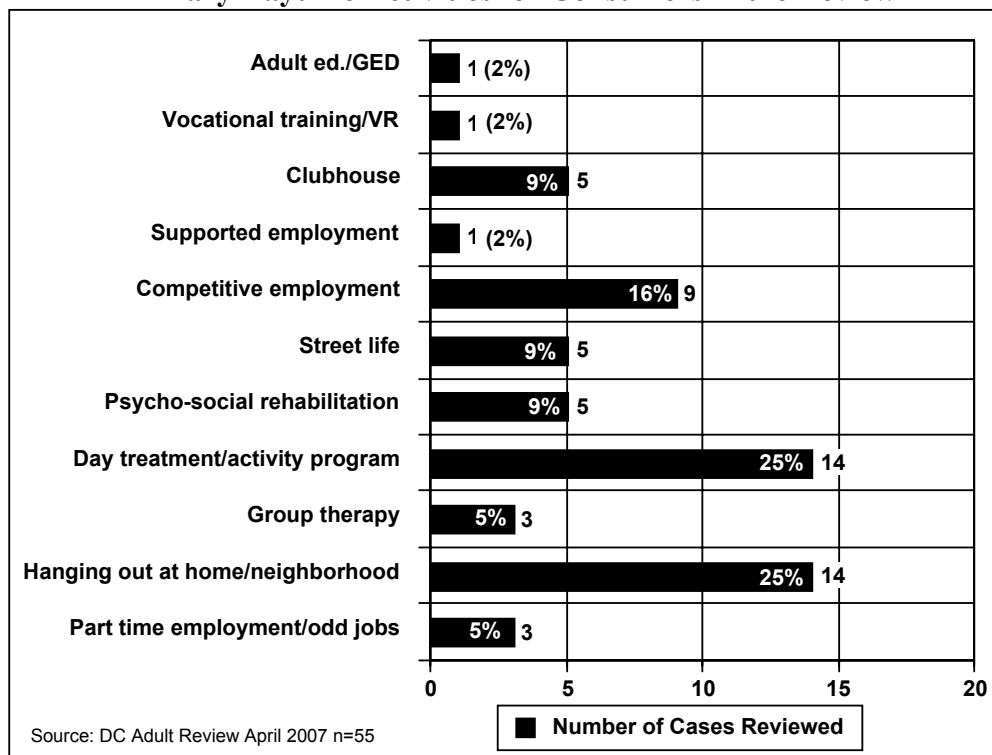
Age Ranges	No More Than Slight Impairment (≥71)	Difficulty in One Area (61-70)	Difficulty in Multiple Areas (≤60)	Totals
18-29	0	2	5	7
30-49	1	5	21	27
50-69	1	7	8	16
>70	0	0	2	2
Totals	2	14	36	52

Note: General Level of Functioning was not available for three of the adults reviewed.

Daytime Activities

The following display lists the major daytime activities in which sample members were participating at the time of the review as identified by reviewers. As the display indicates, there was a mix of primary daytime activities for review participants. Twenty-seven percent (27%) were involved in some type of education or vocational activity (GED; vocational training; supported, competitive, or part-time employment). Forty-eight percent (48%) were participating in treatment activities such as clubhouses, group therapy, day treatment, or psycho-social rehabilitation. The remaining 34% spent the day in street life or in unstructured activities at home.

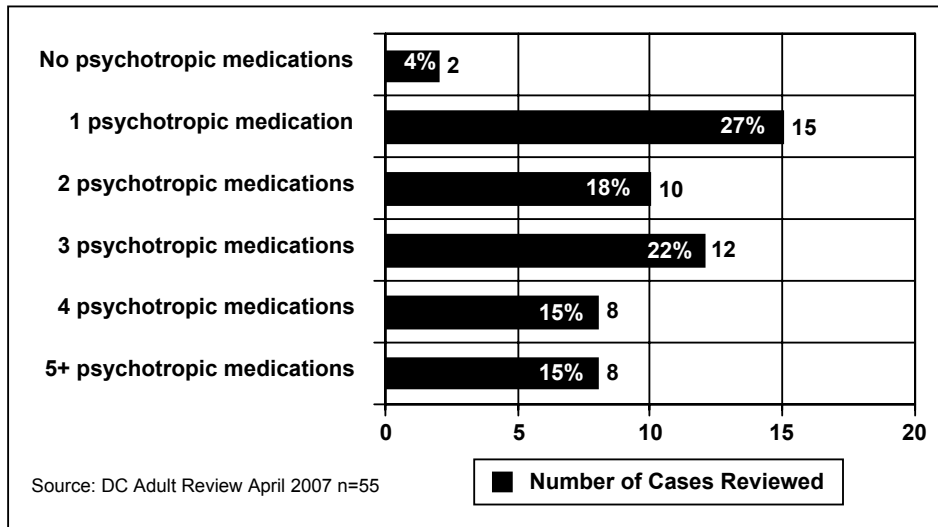
Display 11
Primary Daytime Activities for Consumers in the Review



Psychiatric Medications

Persons with severe and persistent mental illness often are prescribed psychiatric medications to relieve symptoms. The following display illustrates the number of psychiatric medications being taken by or prescribed to members of the review sample. Two consumers were not taking any medications. Seventy percent were taking or were prescribed two or more psychotropic medications. This is a decrease from last year in which 77% of the consumers reviewed were prescribed two or more psychotropic medications.

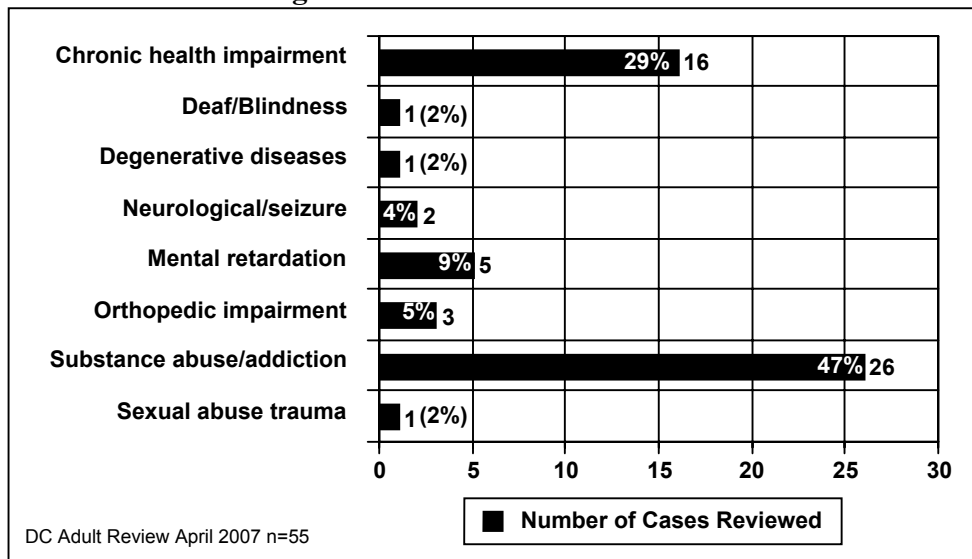
Display 12
Number of Psychotropic Medications Taken by Consumers
at the Time of the Review



Co-occurring Conditions

Reviewers noted during the consumer reviews the presence of possible co-occurring conditions. Co-occurring conditions were noted either through direct interview of the consumer and his/her service team or through review of the clinical record. The following display lists the prevalence of the co-occurring conditions for consumers in the review sample. The most prevalent co-occurring condition was substance abuse/addiction, which was noted for 26 or 47% of the consumers reviewed. The same number of consumers experienced substance abuse/addiction during last year's review. The next highest co-occurring condition was chronic health impairment, experienced by 16 or 29% of the consumers, and five consumers had mental retardation.

Display 13
Co-occurring Conditions for Consumers in the Review



Quantitative Case Review Findings

Overview of the Case Review Process

Reviews completed for all 55 consumers during the April 2007 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 also. Both the three-tiered action zone and the acceptable vs. unacceptable interpretive frameworks will be used for the following presentations of aggregate data.

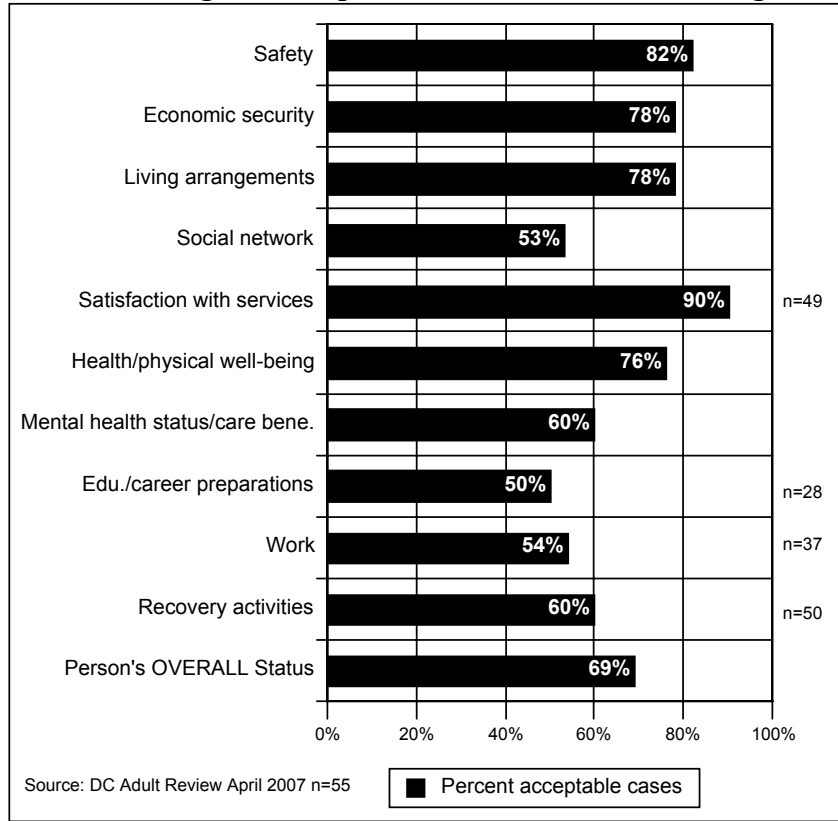
Interviews

Review activities in each case included a review of plans and records as well as interviews with the consumer, any relevant caregiver, and others involved in providing services and supports. A total of 208 people were interviewed for these 55 consumers. The number of interviews ranged from two to eight persons, with a 3.8 average number of interviews per consumer reviewed.

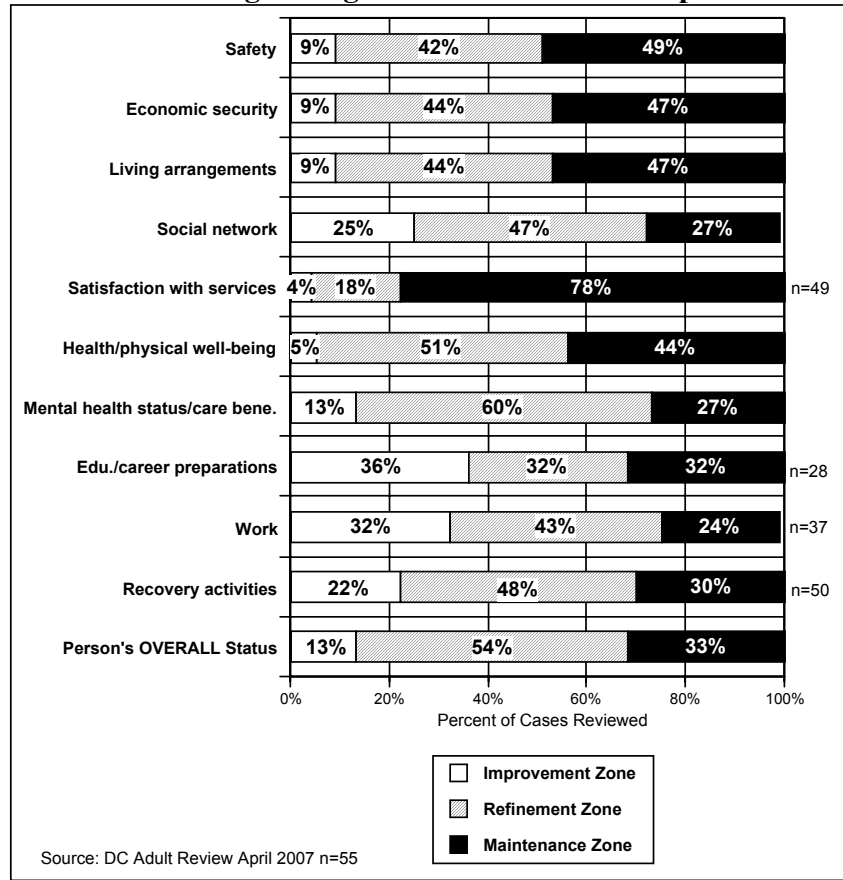
Consumer Status Results

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

Display 14
Percentage of Acceptable Consumer Status Ratings



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



Safety. Eighty-two percent of the consumers in this year’s review were safe from imminent risk of physical harm in their daily environment (82% acceptable), with half (49%) in the maintenance zone, 42% in the refinement zone, and 9% in the improvement zone. The acceptable safety findings are higher than the 2006 ratings of 73%; however, 64% of the consumers reviewed in 2006 had ratings in the maintenance or green zone. Although there are more consumers this year with acceptable safety, fewer are in the maintenance zone compared with last year.

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 78% of the review sample, up 5% from last year. Forty-seven percent (47%) were in the maintenance or green zone, 44% in the refinement or yellow zone, and 9% were needing improvement or in the red zone.

Living Arrangements. Findings for the living arrangement indicator were acceptable for 78% of the consumers included in the review. Using the three-tiered interpretive framework, 47% of the review sample were in the maintenance or green zone, 44% in the refinement or yellow zone, and 9% in the improvement or red zone.

The findings, compared with the 2006 review (75%), are similar in terms of percentage acceptable versus unacceptable. However, the three-tiered distribution is different, with more consumers requiring refinement.

Social Network. Findings for the social network indicator were acceptable for 53% of the consumers included in the review, an increase of 14% from last year's review. Distribution across the zones is similar to last year with 27% (22% in 2006) in the maintenance or green zone, 47% (49% in 2006) in the refinement or yellow zone, and 25% (29% in 2006) needing improvement or in the red zone.

Satisfaction with Services. The satisfaction indicator was applicable for 49 of the consumers in the review. Satisfaction was not applicable if the consumer declined to offer an opinion of his/her satisfaction of services or if the consumer could not be interviewed during the course of the review. For those consumers to which this indicator applied, 90% of the sample reported having acceptable levels of satisfaction, up five percentage points from the 2006 review. Seventy-eight percent of the consumers had satisfaction ratings of 5 or 6, 18% had satisfaction ratings of 3 or 4, and 4% had satisfaction ratings of 1 or 2.

Health/Physical Well-Being. Findings for health or physical well-being were acceptable for 76% of the consumers included in the review, with 44% (51% in 2006) of the sample in the maintenance zone, 51% (39% in 2006) in the refinement zone, and 5% (10% in 2006) in the improvement zone.

Mental Health Status. Findings for mental health status were acceptable for 60% of the consumers included in the review, a 5% decrease from 2006. Most of the consumers were in the refinement zone (60%). Twenty-seven percent (27%) were in the maintenance zone and 13% were in the improvement zone.

Education/Career Preparation. This indicator applied if the consumer, at the time of the review, was actively engaged in educational activities (e.g., adult basic education/GED preparation, post-secondary education) or a vocational training program, or desired to have educational/vocation preparation but was not being provided these services. The education/career preparation indicator was applicable for 28 consumers this year and was acceptable for half of the consumers to which it applied. Distribution across the zones was distributed evenly with roughly one-third of the consumers falling in each zone (32% each in the green and yellow zones; 36% in the red zone).

Work. This indicator was applicable if the consumer, at the time of the review, was actively engaged in employment (e.g., competitive, supported, transitional, informal, or volunteer opportunities). This year, this indicator was applicable for 37 consumers in the review sample. The work indicator was acceptable for 54% of the consumers to which it applied, a notable increase from 2006 in which 32% of the consumers were acceptable in this area. Fewer consumers this year were in the improvement zone (32% in 2007; 47% in 2006). The same percentage was in the maintenance zone (24%) and a higher percentage was in the refinement zone (43% in 2007; 29% in 2006).

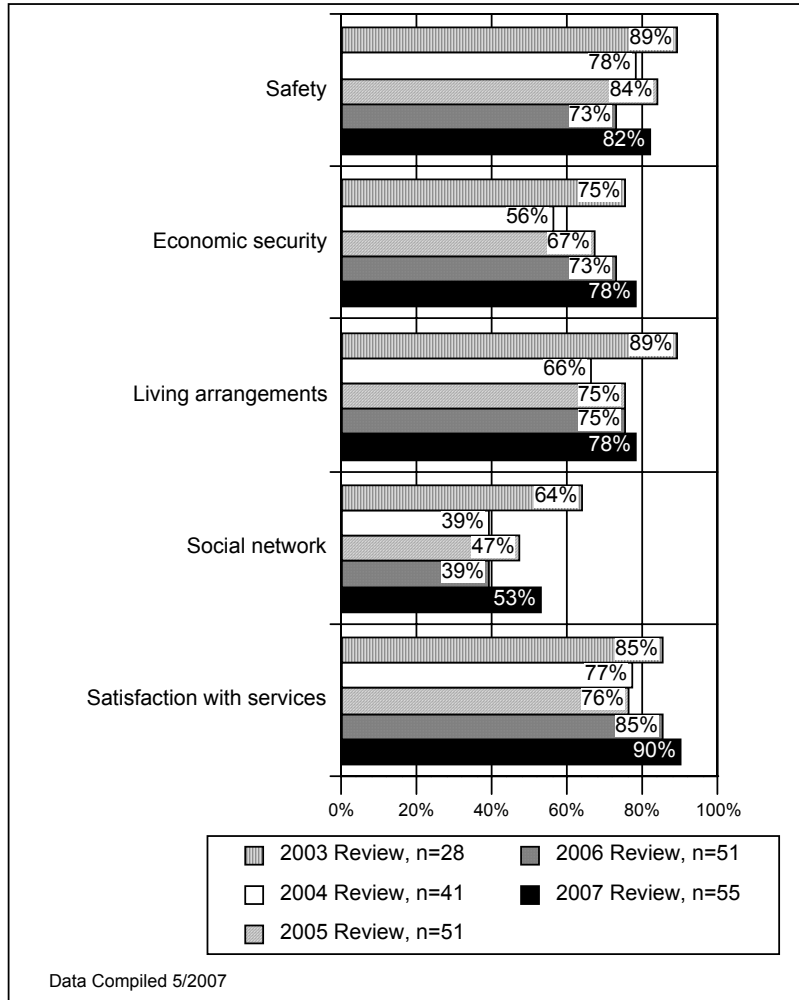
Recovery Activities. The recovery activities indicator was applicable if the consumer was engaged in activities necessary to improve capabilities, competencies, coping, self-management, social integration, and progress toward recovery, and was found applicable for 50 of the 55 consumers reviewed this year. Findings for recovery activities were acceptable for 60% of the 50 applicable consumers in the review, an 18% improvement from last year. Distribution across the zones is somewhat comparable to 2006—30% (31% in 2006) in the maintenance or green zone, 48% (40% in 2006) in the refinement or yellow zone, and 22% (29% in 2006) needing improvement or in the red zone.

Overall Status of Adult Consumers. The protocol provides a scoring rubric for combining rating values across the items deemed applicable to the adult service consumers being reviewed to produce an “overall status rating.” Applying this rubric resulted in the determination that 69% (65% in 2006) of the review sample had acceptable overall status ratings, with 33% (37% in 2006) in the maintenance zone, 54% (43% in 2006) in the refinement zone, and 13% (20% in 2006) needing improvement.

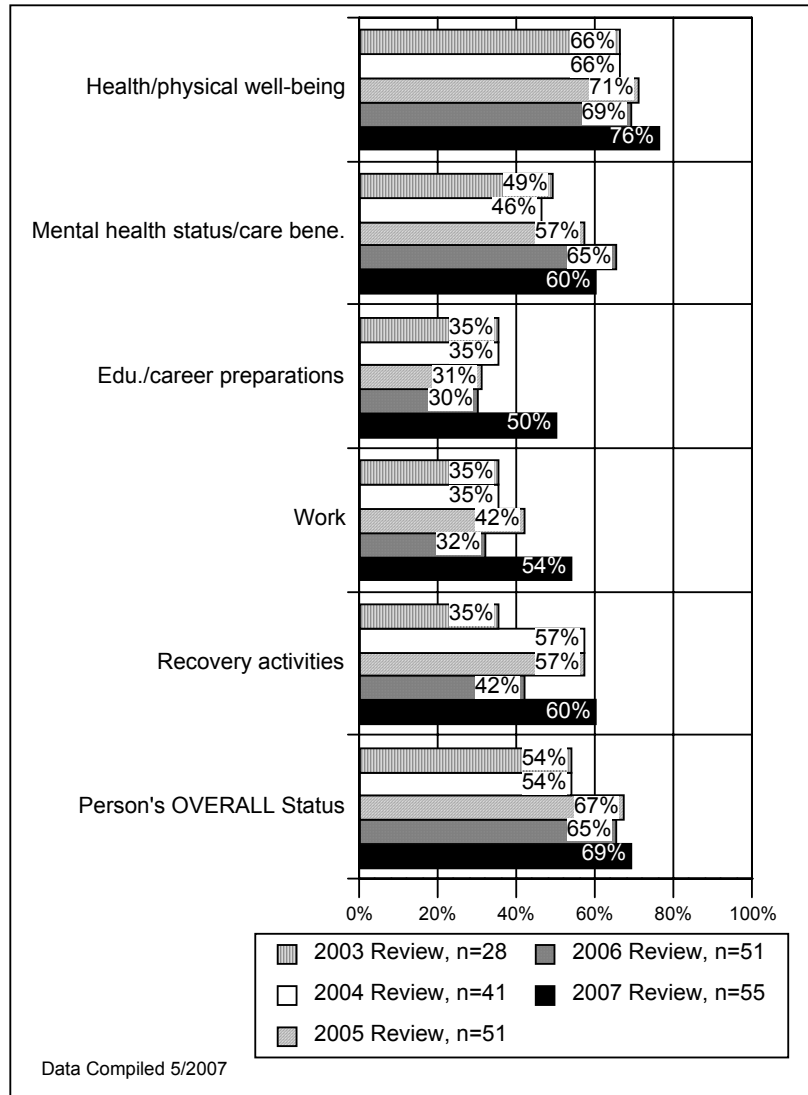
These results are comparable to the 2006 data for consumer status, with an increase in the percentage of consumers in the refinement zone and a decrease in the number of consumers needing immediate improvement.

Display 16 shows the results of all five reviews for the status of adult consumers. It should be noted that the first-year review was not considered to be a representative sample and the data were better than they would have been for a representative sample. The consumer status display shows some variability across domains, but overall status ratings have improved. Consumers have steadily improved on key status indicators and overall status during the past five years.

Display 16
Overall Consumer Status Results for All Five Reviews



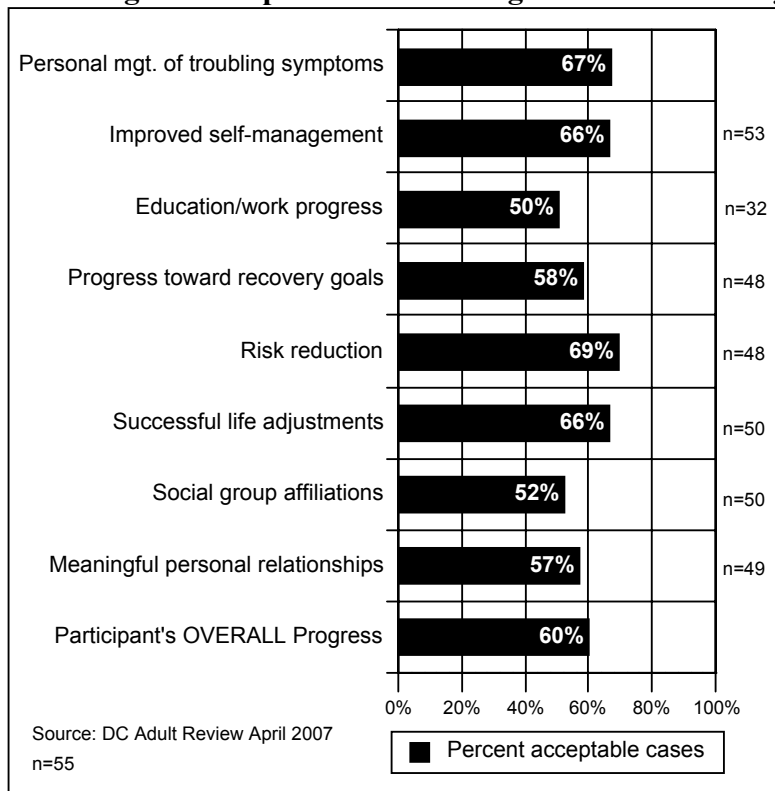
Display 16 (continued)
Overall Consumer Status Results for All Five Reviews



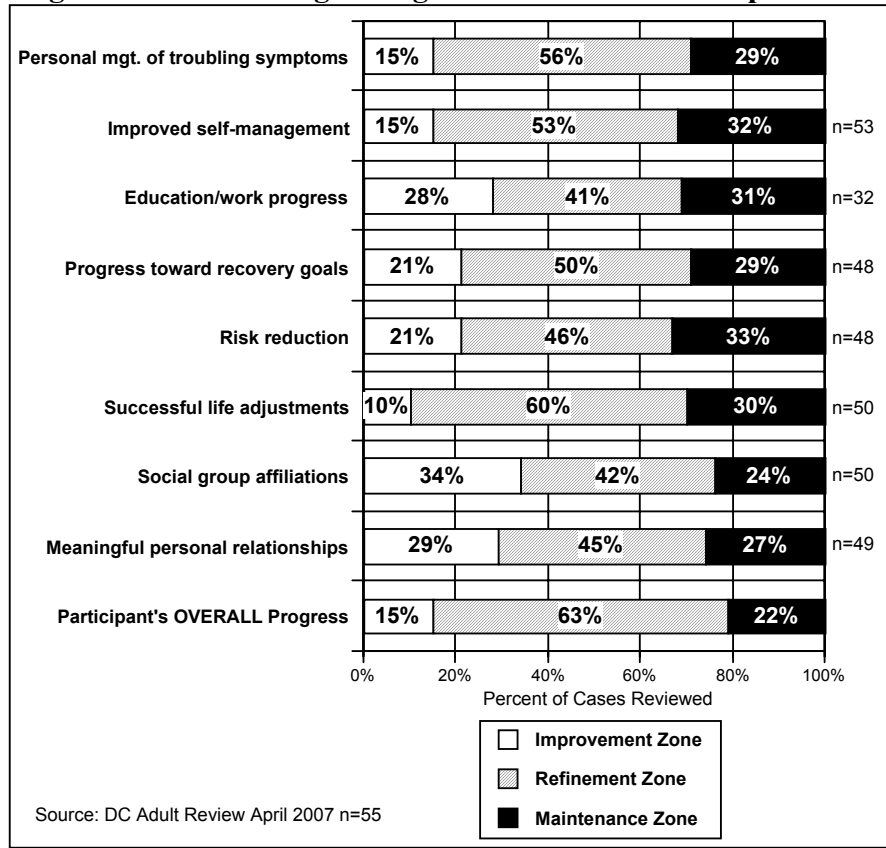
Recent Progress Patterns Showing Change Over Time

The CSR Protocol provided eight indicators that enabled reviewers to examine recent progress for consumers included in the review. Focus is placed on changes occurring over the past six months or since admission if less than six months. Descriptions of these eight indicators can be found in **Appendix A. Display 17** uses a “percent acceptable” format to report the proportion of the sample members for which the item was determined applicable and acceptable. **Display 18** uses the “action zone” framework that divides the 6-point rating scale into three segments corresponding to the maintenance, refinement, and improvement zones. While these two different displays are useful in presenting findings, both displays are derived from the same set of case review findings.

Display 17
Percentage of Acceptable Recent Progress Pattern Ratings



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



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

Progress in Symptom Reduction and Management. Findings for recent progress in symptom reduction and management of symptoms showed 67% of the sample having acceptable ratings for this indicator, with 29% in the maintenance or green zone, 56% in the refinement or yellow zone, and 15% needing improvement or in the red zone.

These findings are comparable to the 2006 review results for this indicator in which 69% of the consumers were also found to have acceptable status. This year, there were fewer consumers in the green zone, more in the yellow zone, and almost the same amount in the red zone compared with last year.

Progress in Self-Management. This indicator applied to consumers for which recovering in key life areas, such as self-management in the home or community, was an area of focus for treatment. This year, this indicator was applicable for 53 of the consumers reviewed. Findings for recent progress in self-management for these 53 consumers show that 66%, compared with 48% in 2006, had acceptable ratings. Thirty-two percent were in the maintenance zone, a 12% increase from last year. Fifty-three percent were in the refinement zone compared with 60% in 2006. Fifteen percent were found needing improvement, a decrease from last year in which 20% were rated in this zone.

Education/Work Progress. This indicator applied to those consumers for which achieving educational/work or vocational goals was a component of personal recovery. This indicator applied to 32 of the consumers reviewed. Findings for the education/work progress indicator show that half (50%) of the consumers to which it applied had acceptable status, a 15% increase from the 2006 review. More consumers were in the maintenance zone in 2007 (31% in 2007; 21% in 2006), 41% were in the refinement zone both years, and 28% were needing improvement compared with 38% in 2006.

Progress Toward Recovery Goals. This indicator was applicable if recovery was an inherent treatment goal for the consumer in his/her individualized recovery plan (IRP) (e.g., for some consumers, adequate maintenance of symptoms may be the primary goal of the IRP), and was found applicable for 48 consumers. Findings for progress toward recovery goals indicate that 58% of the applicable consumers in the review sample had acceptable ratings for this indicator, with 29% in the maintenance or green zone, 50% in the refinement or yellow zone, and 21% needing improvement or in the red zone.

There is a greater percentage of acceptable ratings this year, with a greater percentage of consumers in the maintenance zone (21% in 2006) and a lower percentage in the improvement zone (27% in 2006).

Risk Reduction. This indicator was applicable for 48 consumers in this year's review of services. Risk reduction is assessed for all consumers and applicable to consumers for which risks of harm

were identified and were a component of personal recovery, or needed to have been included as one of the personal recovery goals for the consumer.

Findings for risk reduction were acceptable for 69% of the applicable consumers in the review, an increase of 10% from the 2006 CSR. Thirty-three percent were in the maintenance zone compared with 37% in this zone in 2006. Forty-six percent were in the refinement zone compared with 37% last year and 21% were in the improvement zone compared with 26% last year.

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, and was deemed applicable for 50 of the consumers in the 2007 review. For the consumers to which this indicator applied, there is a 26% increase in acceptable ratings (66% in 2007; 40% in 2006). There were more consumers in the maintenance (30%) and refinement (60%) zones compared with 2006 (23% and 54%, respectively). The percentage of consumers needing improvement decreased from 23% in 2006 to 10% in 2007.

Improved Social Group Affiliation. This indicator applied to those consumers who were attempting to increase their social affiliation among a variety of social groups (outside of their immediate social group) and activities that were consistent with IRP goals. Similarly, consumers who expressed during the review that this was a personal recovery goal, despite possible absence on the IRP, were also included in the review. This indicator was applicable for 50 consumers this year.

Fifty-two percent of the consumers to which this indicator applied had acceptable status, with 24% in the maintenance or green zone, 42% in the refinement or yellow zone, and 34% needing improvement or in the red zone. There were more consumers in the maintenance zone this year compared with 2006 (14% in 2006), fewer in the refinement zone (54% in 2006), and nearly the same amount needing improvement (32% in 2006).

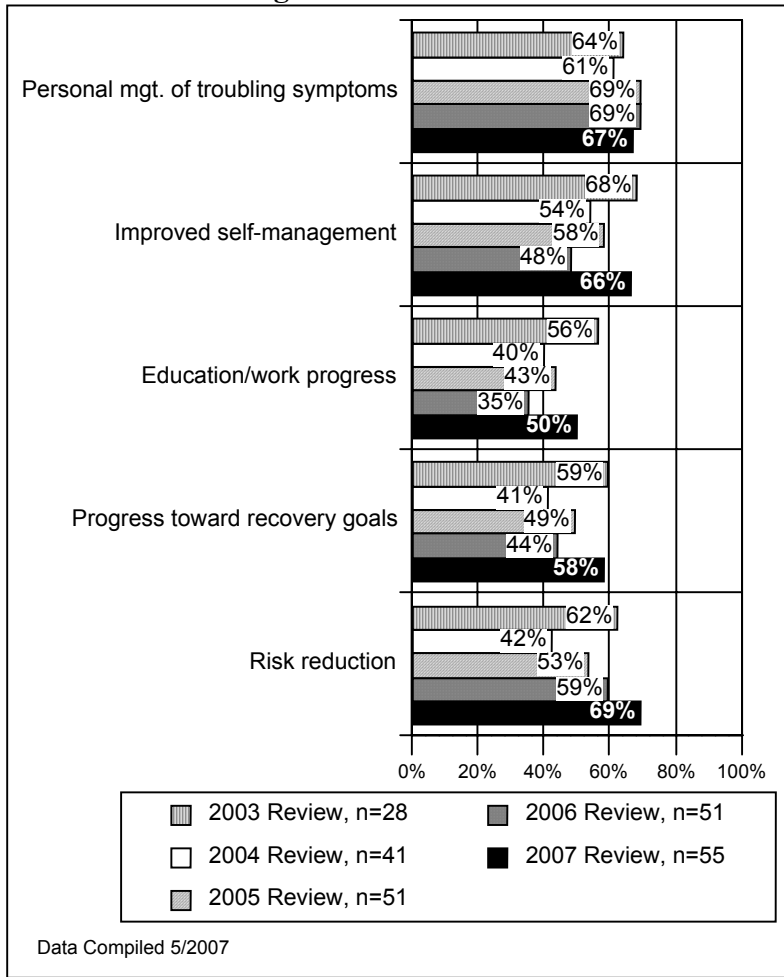
Improved Meaningful Personal Relationships. This indicator applied to those consumers having improvement of meaningful personal relationships with peers, friends, and community members as an IRP or treatment goal and applied to 49 consumers in the review this year.

Twenty-seven percent of the 49 applicable consumers were in the maintenance zone compared with 17% last year. Forty-five percent were in the refinement zone compared with 53% in 2006 and 29% were in the improvement zone compared with 30% last year.

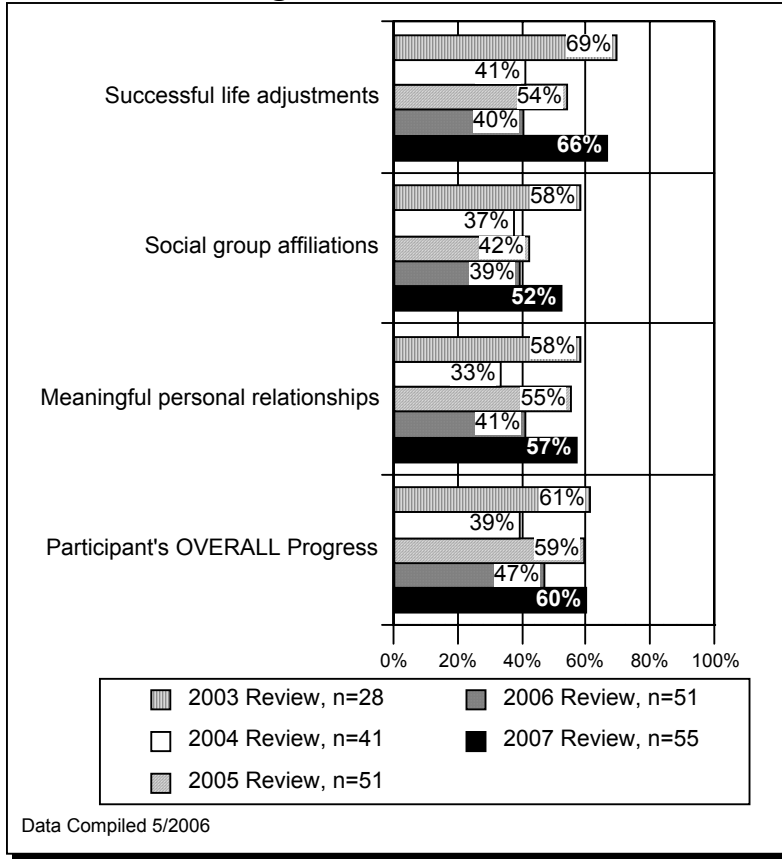
Overall Progress Pattern. Reviewers provided a holistic rating of overall progress in each case based on progress indicators deemed applicable for each person. The overall progress pattern was acceptable for 60% of the consumers reviewed this year, an increase of 13% from the 2006 review. Distribution across the zones is a bit different, however. Twenty-two percent were in the maintenance zone both years. Sixty-three percent were in the refinement zone compared with 54% in 2006 and 15% were needing improvement compared with 24% last year.

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

Display 19
Overall Consumer Progress Pattern Results for All Five Reviews



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

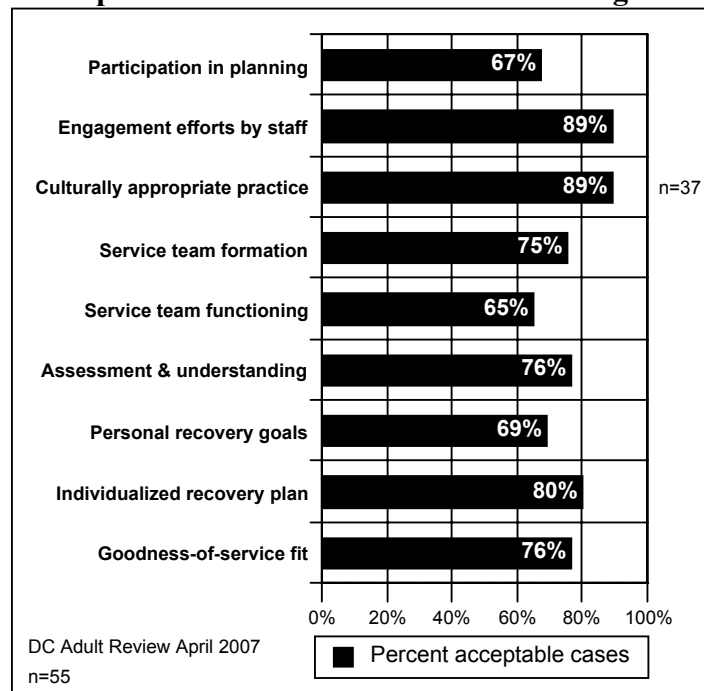


Consumer-Specific Performance of Practice Functions

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

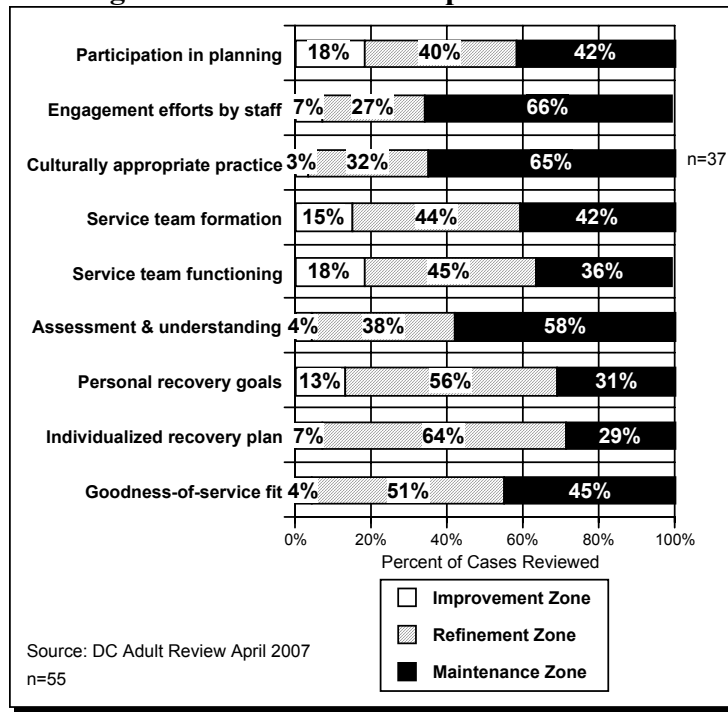
The first set of performance indicators describes important functions and aspects of daily frontline practice. Findings for these indicators are presented in the following two displays and summarized concurrently below.

Display 20
Percentage of Acceptable Practice Performance: Planning Treatment Ratings



Display 21

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



Engagement/Participation of the Person. Findings for participation in planning were acceptable for 67% of the consumers included in the review. This is comparable to the 2006 findings in which 63% were acceptable. Distribution across the zones is different with 42% in the maintenance zone compared with 33% last year, 40% in the refinement zone compared with 51% in 2006, and 18% needing improvement compared with 16% last year. Although the rate of acceptable practice in this area is similar, there are more consumers in the maintenance zone than found in the 2006 review.

Engagement Efforts by Staff. Engagement efforts by staff showed an increase this year, with 89% of the review sample rated acceptable compared with 76% in 2006. Sixty-six percent of the consumers were in the maintenance zone (51% in 2006), 27% were in the refinement zone (43% in 2006), and 7% were in the improvement zone (6% in 2006) this year. Last year, there were no consumers in the improvement zone.

Culturally Appropriate Practice. Significant cultural issues should be recognized and addressed in practice through special accommodations and supports used to adapt or augment basic functions of practice (e.g., engagement, assessment, and planning). This expectation is applicable when such accommodations are necessary, and was found to be applicable for 37 consumers this year. Findings for culturally appropriate practice were acceptable for 89% of these 37 consumers, with 65% (57% in 2006) in the maintenance or green zone, 32% (33% in 2006) in the refinement or yellow zone, and 3% (10% in 2006) needing improvement or in the red zone.

Service Team Formation. Service teams are expected to involve the consumer, informal supports, and service providers. There is no fixed formula for team composition, but the team should be the “right people” for the person and include those who are active service providers in the consumer’s life, and other persons whom the consumer may identify. Findings for service team formation were acceptable for 75% of this year’s review sample. This is an increase from last year’s review in which 69% of the consumers were rated acceptable. Distribution of ratings among the three zones showed more consumers in the green zone (42% in 2007; 35% in 2006). The yellow and red zones were similar with 44% (49% in 2006) in the yellow zone and 15% (16% in 2006) in the red zone.

Service Team Functioning. The service team should function as a unified team in planning services. The actions of the service team should reflect a coherent pattern of teamwork and collaborative problem solving that achieves results benefiting the adult service consumer. Service team functioning was found to be at least minimally adequate for 65% of the consumers reviewed. This rating is up only 2% from last year in which 63% were found acceptable. Service team functioning was found to be in the maintenance zone for 36% of the cases, in the refinement zone for 45% of the cases, and in the improvement zone for 18% of the cases reviewed. Distribution across the zones is similar to the 2006 results.

Assessment and Understanding. Findings for assessment and understanding were acceptable for 76% of the consumers included in the sample, consistent with the 2006 review results in which 75% were found acceptable. Fifty-eight percent (55% in 2006) were in the maintenance or green

zone, 38% (33% in 2006) in the refinement or yellow zone, and 4% (12% in 2006) needing improvement or in the red zone.

Personal Recovery Goals. Findings for personal recovery goals were acceptable for 69% of the consumers included in the review, a 10% increase from the 2006 review. Thirty-one percent (35% in 2006) of the sample is in the maintenance or green zone, 56% (45% in 2006) in the refinement or yellow zone, and 13% (20% in 2006) needing improvement or in the red zone. These data show an improvement in the identification and development of individualized recovery goals for consumers.

Individualized Recovery Plan. Findings for individualized recovery plans were acceptable for 80% of the consumers included in the review. This is a 19% improvement from the 2006 data. Twenty-nine percent were in the maintenance or green zone, 64% in the refinement or yellow zone, and 7% needing improvement or in the red zone.

There was improvement in the findings for the IRP indicator in both the two- and three-tiered distributions. In last year's review, 61% of the consumers included in the review had acceptable ratings, with 31% in the maintenance or green zone, 51% in the refinement or yellow zone, and 18% needing improvement or in the red zone.

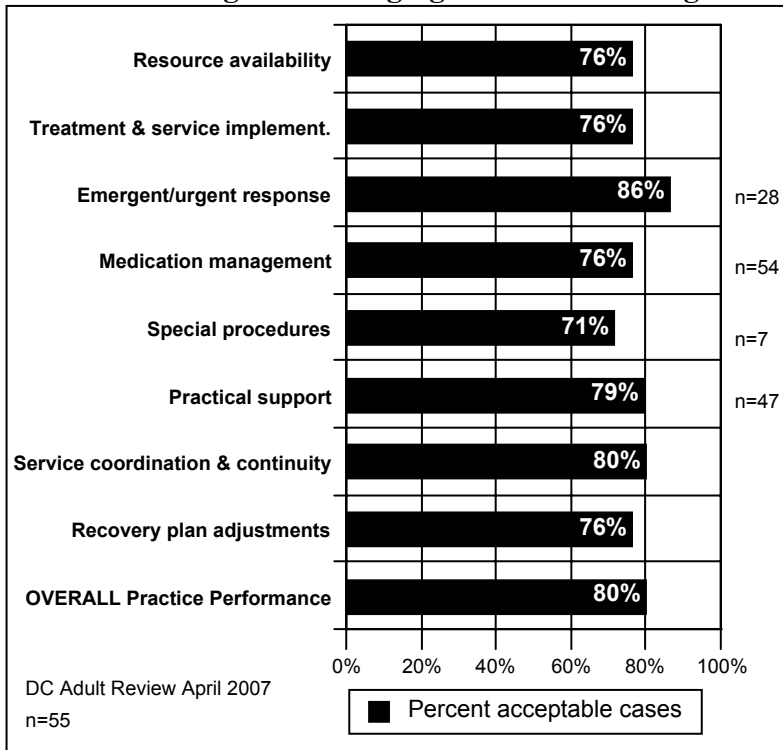
Goodness-of-Service Fit. Findings for goodness-of-service fit were acceptable for 76% of the consumers included in the review. Forty-five percent require maintenance efforts (green zone), 51% require refinement (yellow zone), and 4% need improvement (red zone).

There was improvement in the findings for goodness-of-service fit when compared with the results from last year's review. In the 2006 review, goodness-of-service fit was found to be at least minimally adequate for 69% of the consumers included in the review, with 43% in the maintenance or green zone, 39% in the refinement or yellow zone, and 18% needing improvement or in the red zone.

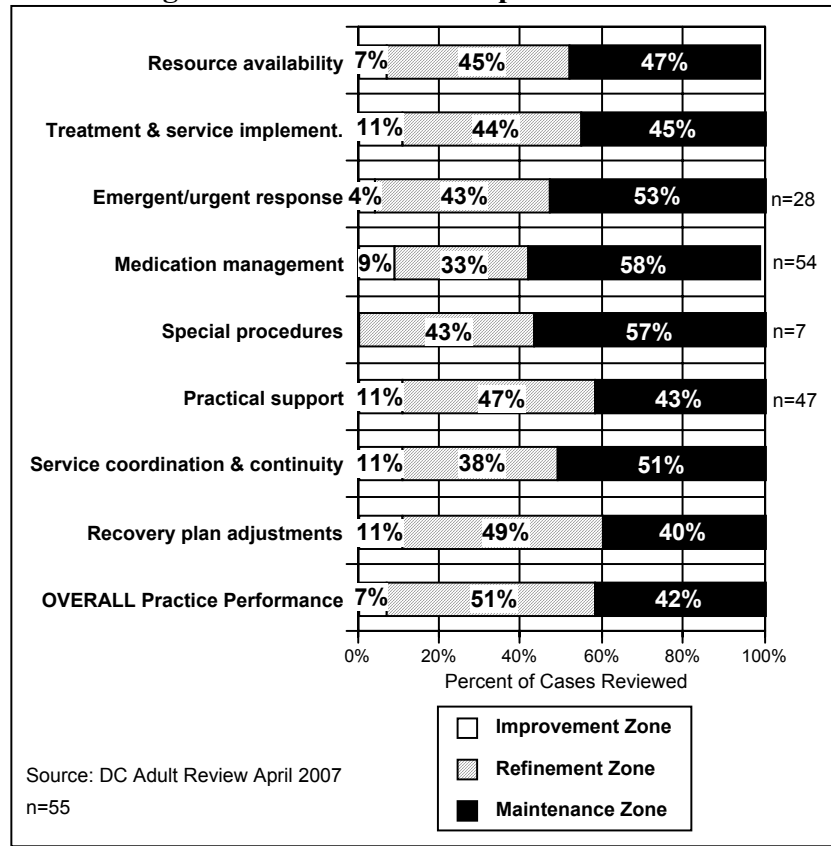
Practice Performance: Providing and Managing Treatment

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

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



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



Resource Availability. Findings for resource availability were acceptable for 76% of the consumers in this year’s review, up 11% from the 2006 review. Forty-seven percent of the consumers reviewed this year were found to be in the maintenance zone, 45% in the refinement zone, and 7% need improvement with resource availability. The three-tiered distribution last year was 29% in the maintenance or green zone, 57% in the refinement or yellow zone, and 14% needing improvement or in the red zone.

Treatment Implementation. Findings for treatment implementation were acceptable for 76% of the sample this year. This is an increase of 7% from the 2006 review. There was improvement also in the three-tiered distribution, with 45% (37% in 2006) in the maintenance zone, 44% (49% in 2006) in the refinement zone, and 11% (14% in 2006) needing improvement.

Emergent/Urgent Response. The emergent or urgent response indicator was applicable if services to stabilize or resolve emergent or episodic problems of an urgent nature were needed and/or accessed within the previous 90 days. This indicator applied to 28 consumers in the sample this year. Emergency and urgent service provision was acceptable for 86% of the applicable consumers, a 16% increase from 2006. Distribution across the three zones also showed improvement this year with 53% (40% in 2006) in the maintenance zone, 43% (33% in 2006) in the refinement zone, and 4% (27% in 2006) in the improvement zone.

Medication Management. All but one of the consumers in the sample this year were taking or prescribed psychotropic medications, which means that this indicator is applicable to these consumers. Medication management practices were acceptable for 76% of these 54 consumers, with 58% in the maintenance zone, 33% in the refinement zone, and 9% needing improvement. This is comparable to the 2006 results for acceptable and maintenance zone ratings—77% and 59%, respectively. There is improvement in the refinement and improvement zones. Thirty-three percent this year were in the refinement zone compared with 26% in 2006 and 9% were in the improvement zone compared with 15% last year.

Special Procedures. Special procedures were applicable if emergency seclusion or restraint was used for the consumer within 90 days prior to the review. As such, this indicator applied to seven consumers this year. Of these consumers, 71% (63% in 2006) had acceptable ratings, with 57% (38% in 2006) in the maintenance zone and 43% (50%) in the refinement zone. There is a notable improvement in this area from last year not only in regards to acceptable and maintenance zone ratings, but also in the improvement zone. There were no consumers in the improvement zone (rated 1 or 2) this year compared with 13% in the 2006 review.

Practical Support. Practical supports consist of the array of in-home and community-based supports provided to the person to assist in achievement of recovery goals. Reviewers examine efficacy of practical supports during life change adjustments and in maintaining the person in his/her home, job, and community. This indicator was applicable if the consumer was either receiving such services or if such services were needed but were not being provided, and applied to 47 consumers in this year's review.

Findings for practical support were acceptable for 79% of the applicable consumers reviewed. This is an increase of 20% from last year. Forty-three percent again this year required maintenance of current practices or were in the green zone. Forty-seven percent, compared with 35% in the 2006 review, required refinement and 11%, compared with 22% last year, were found needing improvement.

Service Coordination and Continuity. Service coordination was acceptable for 80% of the consumers reviewed in this year's CSR, of which 51% were in the green zone, 38% in the yellow zone, and 11% in the red zone. These findings are comparable to the 2006 review results in which 84% of the consumers were acceptable, with 55% in the maintenance zone, 37% in the refinement zone, and 8% in the improvement zone.

Recovery Plan Adjustments. Findings for recovery plan adjustment improved this year. Seventy-six percent had acceptable ratings (59% in 2006). Forty percent were in the maintenance zone (39% in 2006), 49% (41% in 2006) in the refinement zone, and 11% (20% in 2006) in the improvement zone.

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 80% of consumers, with 42% in the maintenance zone, 51% in the refinement zone, and 7% needing improvement.

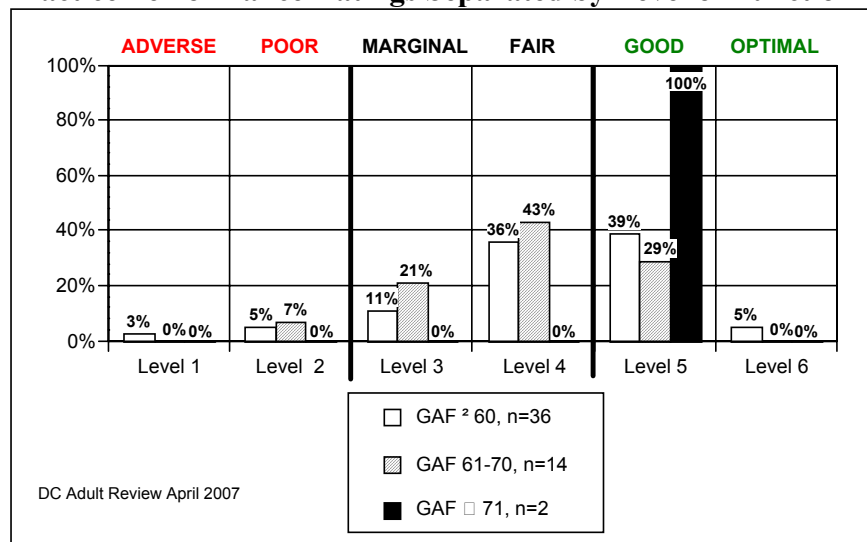
This year's overall practice performance ratings are improved from last year's ratings of 69% overall acceptable, with 37% in the maintenance zone, 47% in the refinement zone, and 16% needing improvement.

In **Appendix C** of this report are agency-by-agency results for the consumers reviewed. **This agency-by-agency comparison should be interpreted with caution since sample sizes for some of the provider agencies are extremely small. Generalizations regarding specific agency practice should not be made based on the individual case review results due to the**

small sample sizes for the agency-specific findings, rather the small samples of consumers are illustrative of system performance for each of those randomly selected consumers from participating core service agencies.

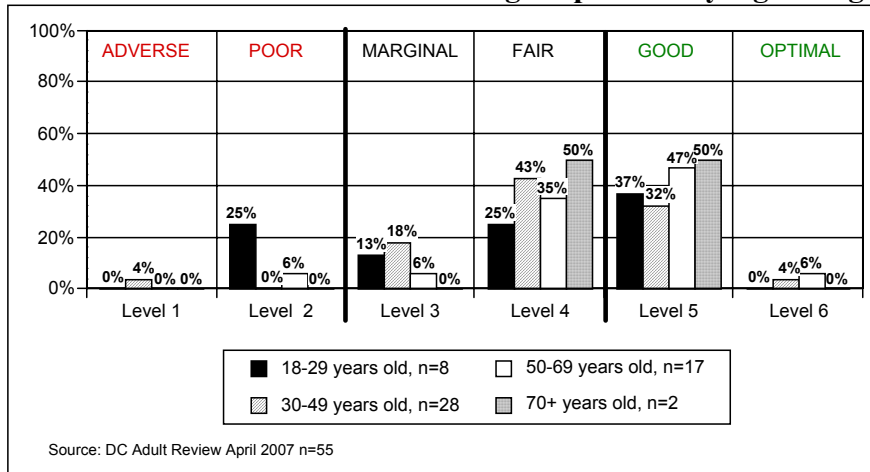
The following two displays provide additional methods of interpreting results from the review. **Display 24** provides the overall practice performance ratings separated by the consumer's general level of functioning. **Display 25** provides the overall practice performance ratings separated by age range.

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



Note: Level of Function was not available for three consumers.

Display 25
Overall Practice Performance Ratings Separated by Age Range



Consumer Review Outcome Categories

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

As noted in **Display 26**, 31 of the consumers (56%) fell into outcome category 1. Outcome 1 is the desired situation for all adults receiving services in which the consumer is doing well and the service system is responding appropriately to his/her needs. Thirteen consumers or 24% of the sample fell into outcome category 2. Outcome 2 includes those consumers whose needs are so complex that despite the diligence of appropriate response of the service system, the consumers continue to have poor status. Seven consumers (13%) were in outcome category 3, which

includes those whose status was favorable but experienced less than acceptable service system performance. Some adults are resilient and may have excellent supports provided by family, friends, or others whose efforts are contributing to the person's favorable status; however, current service system performance may be limited, inconsistent, or seriously inadequate at this time. Four cases or 7% of the sample population were in review outcome category 4. In Outcome 4, the consumer's overall status is unacceptable and overall system performance is also unacceptable; this category is the least desirable of the outcome categories. There is notable improvement in this outcome category as 24% of the consumers in the 2006 review fell into this category.

Display 26
Case Review Outcome Categories

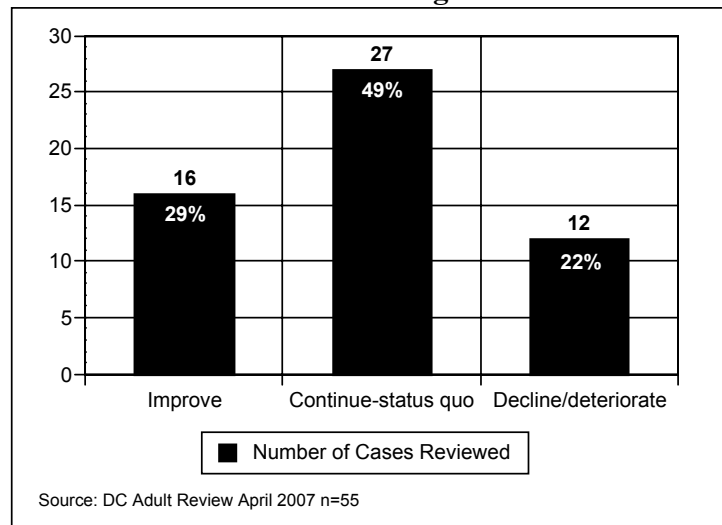
		Favorable Status	Unfavorable Status		
Acceptability of Service System Performance in Individual Cases	Acceptable System Performance	Outcome 1: Good status for the participant, ongoing services acceptable. 56% (31 cases)	Outcome 2: Poor status for the participant, ongoing services minimally acceptable but limited in reach or efficacy. 24% (13 cases)	80%	
	Unacceptable System Performance	Outcome 3: Good status for the participant, ongoing services mixed or unacceptable. 13% (7 cases)	Outcome 4: Poor status for the participant, ongoing services unacceptable. 7% (4 cases)	20%	
		69%	31%		

Source: DC Adult Review April 2007
n=55

Six-Month Prognosis

Reviewers provide a six-month prognosis for each member of the sample based on an overall impression of the current status and trajectory of the consumer, how the system is performing for that individual consumer, and any known upcoming transitions or changes. The following display presents the six-month prognosis offered by reviewers for all consumers in the review. This display indicates that almost half of the consumers reviewed were expected to remain as they are currently. Sixteen consumers (29%) are expected to improve in the next six months and 12 consumers (22%) are expected to decline or experience deterioration of circumstances over the next six months. These data are comparable to the 2006 data (31% improve; 49% continue-status quo; 20% decline).

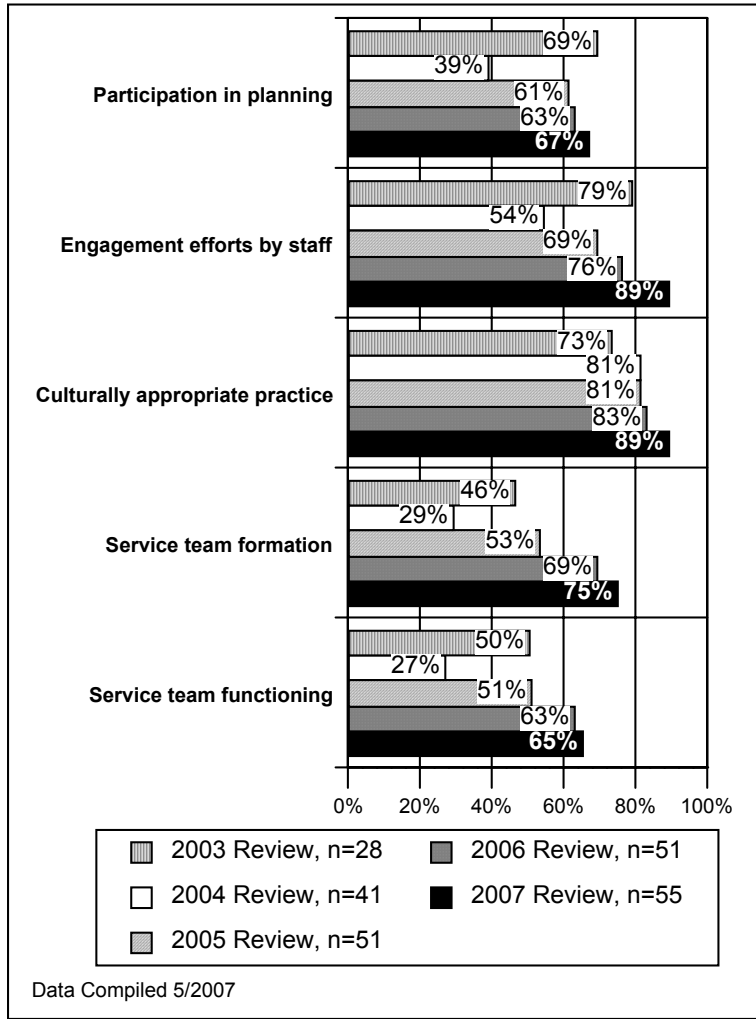
Display 27
Six-Month Prognosis



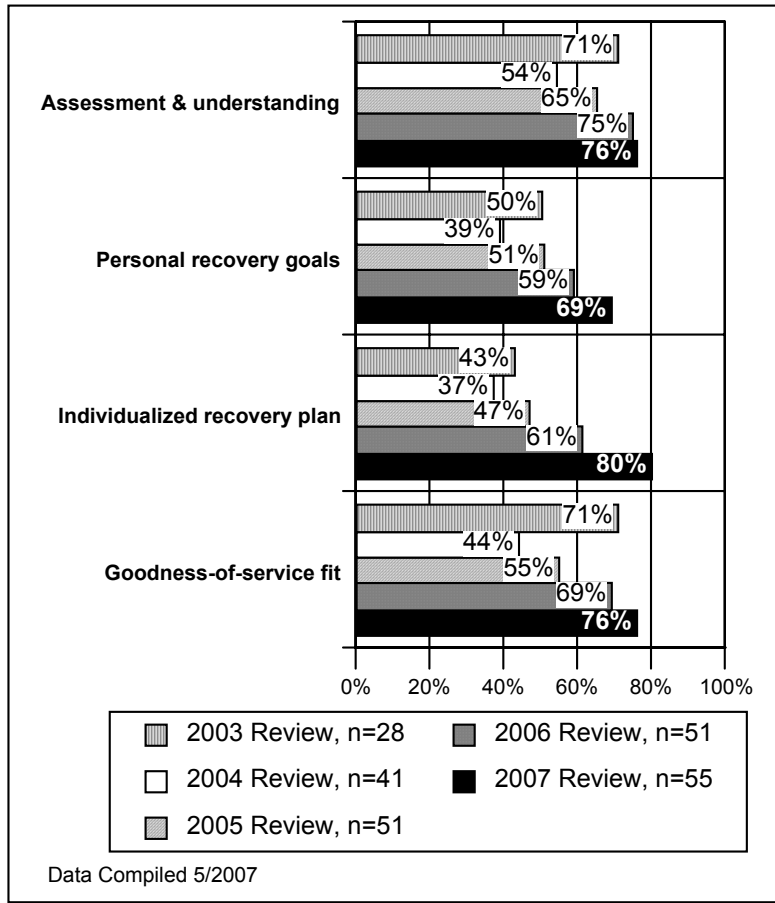
Display 28 presents the rating results for practice performance over all five years in which reviews have been conducted. Discounting the first-year review because of the lack of a representative sample, the data for the last four years show a positive trend. Overall, the system appears to be improving in the ability to practice in accordance with the recovery model, with this year's results being the highest to date at 80% of the consumers reviewed having acceptable practice. It is important for the system to identify strengths, what is working and not working,

and build on these strengths in order to further facilitate and sustain the recently attained positive outcomes.

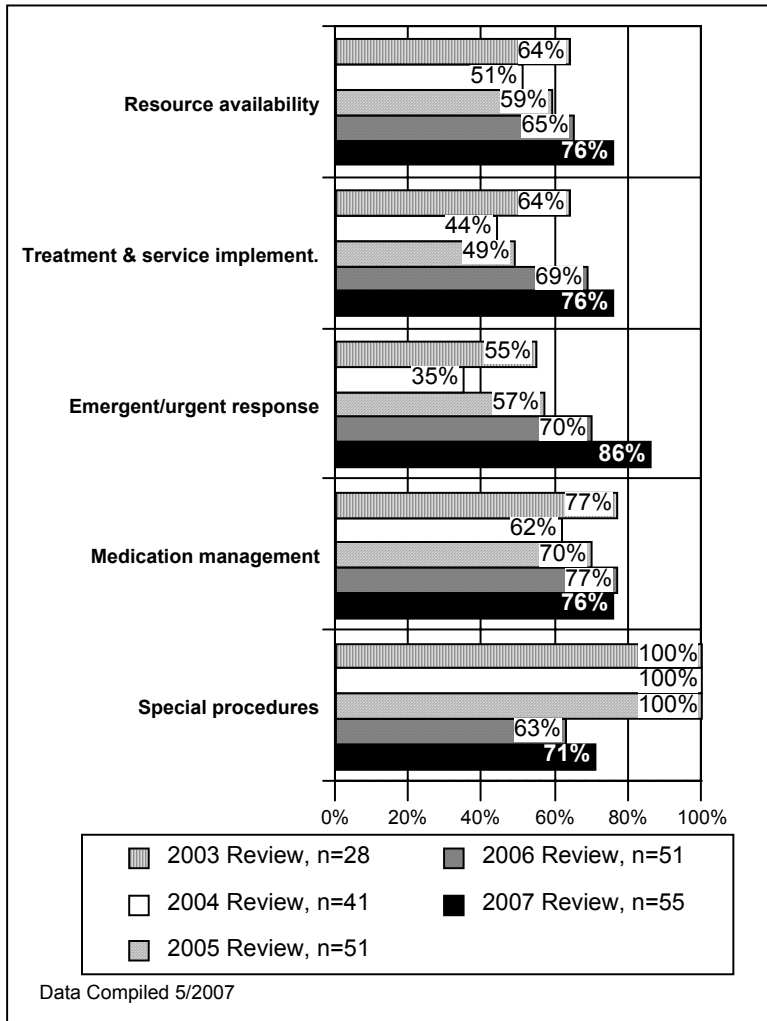
Display 28
Overall Consumer Practice Performance Results for All Five Reviews



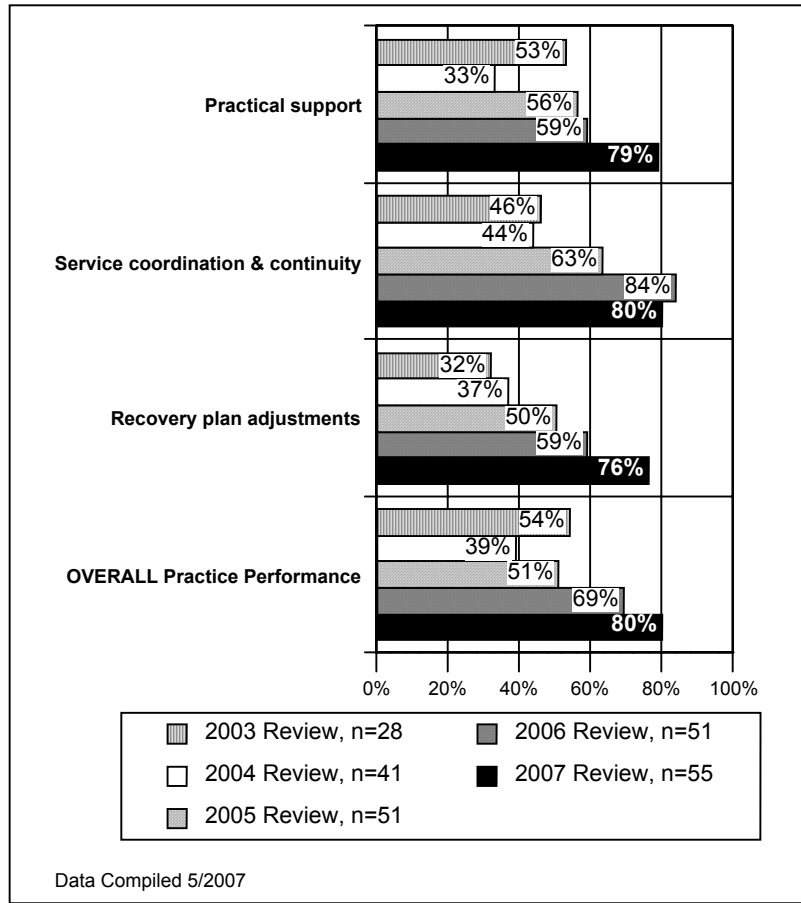
Display 28 (continued)
Overall Consumer Practice Performance Results for All Five Reviews



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



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



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

Overall, the findings from the reviews of 55 adult consumers showed that more consumers were getting more consistent and appropriate services than in the past. Progress in providing more consistent services in accordance with the practice model and performance expectations was definitely being made. It must be recognized that the performance of the DCCSA was a major contributor to this positive result. One caveat to the data and the overall findings is that the sample reflects consumers who are receiving services currently and who are willing to consent to having their services reviewed. The sample does not include persons who have difficulty with access, people at transition points between hospital and community, or jail and community, or who are resistant to engaging with the system. As such, the findings apply primarily to the mainstream relatively stable consumer. Analysis of the data shows the following regarding the patterns of services shown in this year's reviews.

- Factor 1: ACT services – All consumers receiving ACT services were rated as receiving at least minimally adequate services (highest: 100% acceptable).

- Factor 2: Life stage – The younger consumers were the least likely to be served at an acceptable level. (lowest: 18-29 group = 63% acceptable).

- Factor 3: GAF (lowest: 61-70 range = 71% acceptable).

- Factor 4: Provider agency – Organizational capacities.

DCCSA had the best performance (highest: 94% acceptable). There was more variability across the smaller agencies, but the small sample sizes prevent us from drawing any firm conclusions regarding the smaller agencies. It does, however, suggest that more specific study should be done of agencies serving small numbers of consumers to ensure that the quality of services are consistent.

The biggest challenges in the performance domains continue to be team functioning, planning to address recovery goals, and full consumer participation.

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 were also studied to identify emerging themes and patterns. Following are a list and general discussion of systemic themes and patterns noted from the cases.

Strengths

- Consumers reported feeling heard and participating more in planning than they have in past reviews.
 - Community support workers were able to talk about and were working more from a recovery model.
 - Many of the persons reviewed had received skillful case management practice. Reviewers reported a pattern of matching case managers with consumer need, i.e., ethnicity, common life experiences, skills such as sign language, etc.
 - ACT teams were found to be collaborating and working positively with consumers.
 - This year, there continued to be improvement in the awareness and use of a recovery model by core service agencies. Reviewers again found that many teams were providing very good practice in one focused area of the recovery model, such as economic supports, social networks, or independent skills building.
 - Logistical preparation and scheduling activities improved again this year. In general, agencies are more familiar with and more amenable to the review process. There continue to be opportunities for improvement in this area; however, there is a solid working relationship
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between the Consumer Action Network (CAN), the Department of Mental Health, the Court Monitor, and Human Systems and Outcomes, Inc. The foundation among these entities facilitates problem solving, adjustment, and overall improvement with review operations. Scheduling activities were particularly smooth this year with DCCSA and Green Door, although smoother with all agencies in general. This can be attributed in part to joint outreach efforts by CAN and HSO, agency participation in pre-review training, and the overall engagement with core service agencies.

Opportunities for Improvement

While improvements have certainly been made, there continue to be challenges to the system to provide recovery-focused services that are timely and responsive to the specific situation presented by each consumer and their particular context. There continue to be examples of lack of communication among persons who are essential to the consumer's overall intervention requirements.

- There continues to be a lack of engagement in recovery activities for some consumers.
 - One of the biggest challenges is to improve team functioning. There are opportunities for stronger teaming to improve results without waiting for a crisis to occur. Essentially, practice is still not consistently proactive enough.
 - There is a lack of medical health coordination—primary care and psychiatric. Coordination is much improved but still needs addressing.
 - Payment issues continue to be reported as a barrier to team formation and functioning.
 - Co-occurring conditions present a challenge to ensure that teams have the necessary knowledge and craft skills to develop the most appropriate combination of intervention strategies.
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- There continue to be resource and access issues, especially regarding individual therapy and evidence-based treatment services (skills) that require more experience and more complex skill sets. This issue is further impacted by the high rate of frontline staff turnover in some core agencies. As a result, there is a lack of capacity to provide differentiated interventions and the most appropriate evidence-based practices.
 - While progress has been made, there is still the need to address trauma-informed care.
 - There is still a lot of social isolation and some continuing lack of family involvement.
 - Some cases lack a sense of urgency, depth of understanding, true understanding of all aspects of the person, and how to get information when needed.
 - Affordable, safe housing that is located in areas that are safe and away from access to illegal substances continues to be a concern this year, as it has been in previous years.
 - As was reported last year, some case managers were found to be providing skilled services. However, case management practice continues to have challenges with knowledge about how to access some services or the will to access some services, particularly when provided by another agency. Additionally, although some case managers and services were matched very well with consumers, there continues to be a narrow perspective and approach to meet the needs of consumers. The system as a whole is lacking creativity in the approach to consumer recovery and providing services to support recovery efforts and maintenance.
 - Many reviewers continued to note that consumers need the next step in recovery efforts. Specifically, once supports are in place and an adult is stable, services and supports have to move past addressing basic needs to meet individual needs and recognize the opportunity to develop long-term natural supports.
 - Partnership with agencies and services for consumers with developmental disabilities continues to be a challenge for case managers and consumers.
-

Stakeholder Interviews

The Dixon court monitoring review team facilitated a series of stakeholder interviews and focus groups. A series of focus groups was held at the larger core service agency providers participating in the Community Services Review in which representatives of the management team, program leaders or supervisors, and frontline staff were interviewed. The executive management team for the Department of Mental Health was also interviewed. One focus group was held with consumers and consumer advocates. Overall, ten focus groups were held to receive input regarding system issues and performance from over 90 individuals.

Overall, the input from the stakeholders was consistent with the results of the individual consumer reviews. The DMH management team reported positive initiatives and steps being taken to address crises services and response, jail diversion and in-jail services, discharge planning from St. Elizabeth's, and more effective forensic coordination and diversion. They also reported increased focus on older adults and transition-age youth. In addition, there is a major initiative underway in co-occurring disorders.

The input from the CSAs/agencies was that there is improved communication with DMH leadership, payment for the delivery of billable services is improved over past years, and more attention is being paid to program issues. They also reported that they continued to receive frequent changes in policy and that access was improved but still presented challenges in the area of consistency and time required. Ongoing deficiencies with the ECURA system were reported, too. In addition, it was reported that the new initiatives present challenges in that payments are not made as expected and they are losing money. Catholic Charities reported that they had to subsidize the service delivery agency with a significant amount because of inadequate reimbursement rates and problems with start up of new initiatives. Providers reported that they are losing money on medication management and psychiatrists reported that they do not have the time to do their jobs the way they should be done. Access to adequate housing was reported as a major problem by all providers and the housing specialists. There continues to be a large waiting list for housing. Agencies and community support workers also reported that there is not enough access to specialized services, such as ACT or other services, such as therapy. There are still

significant problems of communication at the consumer level when multiple providers or specialty services are involved. The information regarding clinical issues does not flow as it needs to around individual consumers. Clinical directors reported that the time spent on outreach to harder to serve and engage clients is hard to get reimbursed.

The judicial input included that patient flow issues continue to be a major challenge and gave examples of persons waiting in inappropriate settings while waiting five months for a nursing home placement or persons waiting in hospitals for an appropriate community placement. There appears to be a revolving door between the community and St. Elizabeth's and jails. It may be because of the lack of adequate community housing and placement supports. Concerns about outpatient commitment and the need for better understanding and training were also expressed.

Overall, the input received reflected that progress was being made. This year's program and quality issues got more attention and "air time" than in the past. There continues to be a commitment from nearly all sectors of the mental health community to the provision of quality services and the continuance of problem solving and making refinements.

Recommendations and Conclusions

There are multiple initiatives underway to improve services at specific points of client flow and for clients with specific characteristics, such as transition-age youth and elder adults. These initiatives need to be fully developed and implemented in the coming year and data need to be gathered to show that improvements have been made.

At the consumer level, team functioning and communication among the persons working with and providing services to consumers needs to be a major program priority. There are simply too many lost opportunities and too many consumers who do not get the proactive interventions that would help them maintain stability and improve their chances of recovery.

There needs to be qualitative assessment of agencies/provider performance to make sure that there is consistency across the system. There continue to be more data collected than are used

and more effort needs to be put into synthesizing data so that data-based decision making and problem solving can be encouraged at all levels of the system.

The continued growth and development of the service system is apparent. The hard work that has occurred over the last five years is beginning to show measurable results. This year, efforts need to focus on refinements to improve communication and proactive planning and intervention with each consumer as consistently as possible. Great care needs to be taken to ensure that the ongoing changes in the business model and in who is responsible for which clients and services does not detract from or mitigate against further progress. The more different entities and parties are involved in decisions about who gets what services and how, the harder it is to achieve highly consistent service delivery quality, performance, and positive outcomes for all consumers. DMH leaders are demonstrating that they can make improvements and it is critical that they oversee and ensure that all parts of the system are working effectively and are well coordinated. While the service array is improving, there are still significant gaps. There are still limited opportunities for adequate and appropriate housing. Work opportunities and services for co-occurring conditions, such as substance abuse and developmental disabilities, are limited. While ACT services have been expanded, even more teams are needed. The range of supports to keep people stable in their living situations needs to be expanded. Increased attention needs to be given by the providers and the funders as to how to develop and retain experienced expertise who have the necessary skill sets to work with the most challenging and demanding clients.

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

Appendix A

Community Services Review for Adult Mental Health

Questions to be Answered

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

Version 4.0

Produced for Use by the
Dixon Court Monitor

by
Human Systems and Outcomes, Inc.

March 2004

Questions Concerning the Status of the Adult Service Consumer

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

Community Living

1. **SAFETY:** • Is this person safe from manageable risks of harm caused by him/herself or others in living, learning, working, and recreational environments? • Are others in the person's environments safe from this person and is the person safe from retribution of others? • Is this person free of abuse, neglect, or exploitation in his/her home or current living arrangement? • Is substance use creating harm or significant risk?
2. **ECONOMIC SECURITY:** • Is this person accessing, receiving, and controlling the economic benefits to which he/she is entitled? • Are his/her income and economic supports sufficient to cover basic living requirements (i.e., shelter, food, clothing, transportation, health care/medicine, leisure, child care)? • Does the person have economic security sufficient for maintaining stability and for effective future life planning?
3. **LIVING ARRANGEMENTS:** • Is this person living in a home that he/she chose, with supports that are necessary and sufficient for safe and successful pursuit of recovery? • If not, is this person residing in a community living arrangement that is necessary to meet the person's therapeutic and recovery needs? • Are the person's culture, language, and living and housemate preferences addressed in an appropriate and supportive manner, consistent with his/her recovery goals?
4. **SOCIAL NETWORK:** • Is this adult connected to a natural support network of family, friends, and peers, consistent with his/her choices and preferences? • Is this adult provided access to peer support and community activities? • Does this adult have opportunities to meet people outside of the service provider organization and to spend time with them?
5. **SATISFACTION WITH SERVICES:** To what extent is the person satisfied with the treatment, support services, respect, and recovery progress that he/she is presently experiencing?

Physical/Emotional Status & Access to Care

6. **HEALTH/PHYSICAL WELL-BEING:** • Is this person in the best attainable health? • Are the person's basic physical needs being met? • Does the person have health care services, as needed?
7. **MENTAL HEALTH STATUS/CARE BENEFIT:** • Is the adult's mental health status currently adequate or improving? • If symptoms of mental illness are present, does the adult have access to mental health care, necessary and sufficient, to reduce symptoms and improve daily functioning? • Is the person benefiting from continuity of care provided across mental health and health care providers?

Meaningful Life Activities

8. **EDUCATION/CAREER PREPARATION:** • Is this adult actively engaged in educational activities (e.g., adult basic education, GED course work, or post-secondary education) or vocational training programs? • Is the person receiving information about work benefits, loss of financial benefits, access to work supports, rights, responsibilities, and advocacy? • If not, does this person have access to such opportunities, subject to the person's needs and preferences?
9. **WORK:** • Is this person actively engaged in employment (competitive, supported, transitional) or in an individual placement with support in a productive situation? • If not, does this person have access to productive opportunities (e.g., consumer-operated services, community center, or library)?
10. **RECOVERY ACTIVITIES:** • Is this person actively engaged in activities necessary to improve capabilities, competencies, coping, self-management, social integration, and recovery? • If not, does this person have access to recovery and relapse prevention opportunities, subject to his/her needs, life ambitions, and personal preferences?
11. **OVERALL STATUS OF THE PERSON:** • Based on the review findings determined for Status Reviews 1–10 above, how well is this person presently doing? [Person's overall status is considered acceptable when specified combinations and levels of review findings are present. A special scoring rubric is used to determine Overall Status using a 6-point rating scale.]

Questions Concerning the Person's Progress

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

1. **SYMPTOM MANAGEMENT:** To what extent are troublesome symptoms of mental illness being reduced, coped with, and personally managed by this individual?
2. **IMPROVED FUNCTIONING/SELF-MANAGEMENT:** • To what extent is the person making progress in key life areas, including self-management in the community, where appropriate?
3. **EDUCATION/WORK PROGRESS:** To what extent is this person presently making progress toward educational course completion - OR - making progress toward getting and keeping a job?
4. **PROGRESS TOWARD RECOVERY GOALS:** To what degree is the person making progress toward attainment of personally selected recovery goals in the individualized recovery plan (IRP)?
5. **RISK REDUCTION:** To what extent is reduction of risks of harm, use of chemical substances, and/or utilization of coercive techniques being accomplished with and for this person?
6. **SUCCESSFUL LIFE ADJUSTMENTS:** Consistent with this person's needs and goals, to what extent is the person making successful transitions and life adjustments between living settings, service providers, levels of care, and from dependency to personal control and direction?
7. **IMPROVEMENT IN SOCIAL GROUP AFFILIATIONS:** • To what degree is this person increasing his/her social affiliation among a variety of social groups (outside of his/her immediate social group) in the community, consistent with IRP goals? • Does the person access services and participate in social group activities available to all citizens? • Does this person affiliate with community groups, with special accommodations and supports, consistent with the person's desires? • Is the person benefiting from social group affiliation in the community?
8. **IMPROVED MEANINGFUL PERSONAL RELATIONSHIPS:** • To what degree is the person improving meaningful personal relationships with peers, friends, and family members, consistent with the person's preferences?
9. **OVERALL PROGRESS PATTERN:** Taking into account the relative degree of progress observed for the person on the above eight progress indicators, what is the overall pattern of progress made by this person: optimal, good, fair, marginal, poor, or adverse? Overall progress is considered acceptable when the overall pattern is deemed to be fair or better.

Questions Concerning Practice Performance

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

Planning Treatment & Support

1. **PARTICIPATION/ENGAGEMENT:** • Is this person actively engaged in service decisions? • Does participation enable the person to express to the service team: (1) preferences about where and with whom to live and where to work, (2) choice of daily routines, (3) wishes about how to spend his/her time and money, (4) choice of service providers, and (5) satisfaction/dissatisfaction with services? • If the person is resistant to participation, are reasonable efforts being made to engage him/her and to support his/her participation?
2. **CULTURALLY APPROPRIATE PRACTICE:** • Are any significant cultural issues for the person being identified and addressed in practice? • Are the behavioral health services provided being made culturally appropriate via special accommodations in the person's engagement, assessment, planning, and service delivery processes?
3. **SERVICE TEAM FORMATION:** • Do the individuals who compose the service team for this person collectively possess the technical skills, knowledge of the person, authority, and access to the resources necessary to organize effective services for a person of this complexity and cultural background? • Did the person select any members of this team?
4. **SERVICE TEAM FUNCTIONING:** • Do members of the person's service team collectively function as a unified team in planning services and evaluating results? • Do actions of the service team reflect a pattern of effective teamwork and collaborative problem solving that benefits the person in a manner consistent with the person's choices and personal life goals? • Is there a shared philosophy among team members about the importance of recovery to the person?

5. **ASSESSMENT & UNDERSTANDING:** • Are the diagnoses used for the person's treatment consistent with current understandings among providers? • Is the relationship between the diagnosis and the person's bio/psycho/social functioning in daily activities well established? • Does the service team have a working understanding of the person's strengths and needs in the context of the person's recovery goals as well as underlying issues that must change for the person to have a safe and satisfying life and to fulfill desired adult roles? • Are any co-occurring conditions identified, including substance abuse? • Does the team understand the person's aspirations for personal power and control in his/her life?
6. **PERSONAL RECOVERY GOALS (PRGs):** • Are there personal recovery goals used for service planning that reflect the person's life and career aspirations? • If met, will these goals lead to the person managing successfully at home, at work, and in the community, with supports and services as necessary, to achieve ongoing recovery?
7. **INDIVIDUALIZED RECOVERY PLAN:** • Is there an IRP for this person that integrates treatment, support strategies, and services across providers and funders? • Is the IRP designed to meet personal recovery goals? • Does the IRP reflect small steps in the right direction toward recovery? • Is the IRP coherent in the assembly of strategies, supports, and services? • Does the IRP state what the person wants in his/her own words?
8. **GOODNESS-OF-SERVICE FIT:** • Are treatment, rehabilitation, and support services assembled into a holistic and coherent mix of services uniquely matched to the person's particular situation and personal recovery goals? • Does the combination and intensity of supports and services fit the person's situation so as to increase recovery results and benefits while limiting any conflicting strategies and inconveniences?

Providing Treatment & Support

9. **RESOURCE AVAILABILITY:** • Are the supports, services, and resources (both informal and formal) necessary to meet the identified needs in the IRP available for use by the person, family supporter, and service team? • Are any unavailable but necessary resources or supports identified by the person, team, or plan? • Are reasonable efforts being undertaken by the team to secure or develop any needed but unavailable supports, services, or resources?
10. **TREATMENT AND SERVICE IMPLEMENTATION:** • Are the planned therapies, services, and supports being implemented with adequate intensity and consistency to achieve stated goals? • Is implementation timely and competent? • Are recovery strategies assigned to the person and the team being implemented? • Is team problem solving any implementation problems that could lead to a failure of efforts to achieve the person's recovery goals?
11. **EMERGENT/URGENT RESPONSE CAPABILITY:** • Is there timely access to and provision of effective services to stabilize or resolve emergent or episodic problems, as needed by this person? • Are crisis services accessed and delivered in a manner that respects and does not demean the person?
12. **MEDICATION MANAGEMENT:** • Is the use of psychotropic medications for this person necessary, safe, and effective? • Does the person have a voice in medication decisions and management? • Is the person routinely screened for medication side effects and treated when side effects are detected? • Have new atypical/current generation drugs been tried, used, and/or appropriately ruled out? • Is the use of medication coordinated with other treatment modalities and with any treatment for any co-occurring conditions (e.g., seizures, diabetes, asthma, HIV)?
13. **SPECIAL PROCEDURES:** • If emergency seclusion or restraint has been used for this person, was each use: (1) Done only in an emergency? (2) Done after less restrictive alternatives were found insufficient or impractical? (3) Ordered by a trained, authorized person? (4) Accomplished with proper techniques that were safely and respectfully performed by qualified staff? (5) Effective in preventing harm? and (6) Properly supervised during use and evaluated afterwards?
14. **PRACTICAL SUPPORTS:** • Is the array of in-home and community-based supports provided to this person sufficient [in design, intensity, and dependability] to meet the person's preferences and assist him/her to achieve recovery goals? • Are supports effective during life change adjustments and in maintaining the person within the home, job, and community? • Where applicable, is individually assigned staff (job coach, respite/crisis worker, skills trainer) receiving the education and supports necessary to maintain an appropriate relationship and support arrangement for the person?

Managing Treatment & Support

15. **SERVICE COORDINATION & CONTINUITY:** • Is there a single point of coordination, accountability, and continuity in the organization, delivery, and results of treatment, supports, and services for this person? • Are IRP-specified services well coordinated across providers, funding agencies, and service settings for this person, especially when entering and leaving intensive service settings?
16. **RECOVERY PLAN ADJUSTMENT:** • Is the service coordinator using monitoring activities to follow this person's progress, changing conditions, consistency and effectiveness of supports, and results achieved? • Does the service coordinator keep all providers informed and discuss IRF 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

<p>Maintenance Zone: 5-6</p> <p>Status is favorable. Efforts should be made to maintain and build upon a positive situation.</p>	<p>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.</p> <p>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.</p>	<p>Acceptable Range: 4-6</p>
<p>Refinement Zone: 3-4</p> <p>Status is minimum or marginal, may be unstable. Further efforts are necessary to refine the situation.</p>	<p>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.</p> <p>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.</p>	
<p>Improvement Zone: 1-2</p> <p>Status is now problematic or risky. Quick action should be taken to improve the situation.</p>	<p>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.</p> <p>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.</p>	<p>Unacceptable Range: 1-3</p>

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CSR Interpretative Guide for Practice Performance

<p>Maintenance Zone: 5-6</p> <p>Performance is effective. Efforts should be made to maintain and build upon a positive practice situation.</p>	<p>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.”]</p> <p>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]</p>	<p>Acceptable Range: 4-6</p>
<p>Refinement Zone: 3-4</p> <p>Performance is minimal or marginal and maybe changing. Further efforts are necessary to refine the practice situation.</p>	<p>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]</p> <p>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.]</p>	
<p>Improvement Zone: 1-2</p> <p>Performance is inadequate. Quick action should be taken to improve practice now.</p>	<p>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.</p> <p>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.</p>	<p>Unacceptable Range: 1-3</p>

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Appendix C

Appendix C

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

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

CSR/Adult Status and Performance

Anchor Mental Health

n= 3

DC Adult - April 2007

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

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

CSR/Adult Status and Performance

Anchor Mental Health

n= 3

DC Adult - April 2007

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

CSR/Adult Status and Performance

CareCo Mental Health

n= 1

DC Adult - April 2007

Status of the Person	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	1	100%	0%	0%	100%
Economic security	1	100%	0%	0%	100%
Living arrangement	1	100%	0%	0%	100%
Social network	1	100%	0%	0%	100%
Satisfaction	1	100%	0%	0%	100%
Health/Phy well-being	1	100%	0%	100%	0%
Mental health status	1	100%	0%	0%	100%
Education/career	1	100%	0%	0%	100%
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%	0%	100%
Improvement self-mgt.	1	100%	0%	0%	100%
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	100%	0%	0%	100%
Meaningful relationship	1	100%	0%	0%	100%
Overall Pattern	1	100%	0%	0%	100%

CSR/Adult Status and Performance

CareCo Mental Health

n= 1

DC Adult - April 2007

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%	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	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

Community Connections

n= 14

DC Adult - April 2007

Status of the Person	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	14	86%	7%	50%	43%
Economic security	14	64%	14%	64%	21%
Living arrangement	14	79%	7%	57%	36%
Social network	14	43%	14%	64%	21%
Satisfaction	13	92%	0%	38%	62%
Health/Phy well-being	14	64%	14%	64%	21%
Mental health status	14	57%	14%	64%	21%
Education/career	7	57%	29%	57%	14%
Work	7	57%	29%	71%	0%
Recovery activities	12	50%	33%	50%	17%
Overall Status	14	71%	21%	71%	7%

Recent Progress	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	14	79%	14%	71%	14%
Improvement self-mgt.	14	50%	29%	50%	21%
Education/wk progress	7	29%	14%	71%	14%
Recovery goals	12	42%	25%	50%	25%
Risk reduction	13	69%	23%	69%	8%
Successful life adj.	13	69%	0%	92%	8%
Social group affilia.	12	42%	17%	83%	0%
Meaningful relationship	12	50%	17%	83%	0%
Overall Pattern	14	50%	21%	79%	0%

CSR/Adult Status and Performance

Community Connections

n= 14

DC Adult - April 2007

Current Practice Performance	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	14	64%	21%	36%	43%
Engagement efforts by staff	14	86%	14%	29%	57%
Culturally appropriate practice	7	86%	0%	29%	71%
Service team formation	14	50%	14%	79%	7%
Service team functioning	14	36%	21%	57%	21%
Assessment & understanding	14	64%	7%	57%	36%
Personal recovery goals	14	64%	14%	64%	21%
IRP	14	71%	7%	79%	14%
Goodness-of-service fit	14	57%	7%	71%	21%
Resource availability	14	71%	7%	50%	43%
Treatment & services implem.	14	64%	14%	50%	36%
Emergent/urgent response	6	67%	0%	67%	33%
Medication management	14	57%	21%	29%	50%
Special procedures					
Practical supports	12	67%	8%	50%	42%
Service coord. & continuity	14	71%	14%	43%	43%
Recovery plan adjustment	14	57%	14%	64%	21%
Overall Practice Performance	14	64%	7%	64%	29%

CSR/Adult Status and Performance

DCCSA

n= 16

DC Adult - April 2007

Status of the Person	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	16	88%	13%	38%	50%
Economic security	16	94%	0%	50%	50%
Living arrangement	16	94%	0%	38%	63%
Social network	16	63%	19%	44%	38%
Satisfaction	14	100%	0%	14%	86%
Health/Phy well-being	16	81%	6%	44%	50%
Mental health status	16	63%	19%	44%	38%
Education/career	7	43%	57%	14%	29%
Work	9	67%	22%	44%	33%
Recovery activities	15	67%	13%	47%	40%
Overall Status	16	75%	13%	44%	44%

Recent Progress	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	16	69%	13%	50%	38%
Improvement self-mgt.	15	73%	13%	60%	27%
Education/wk progress	8	63%	38%	25%	38%
Recovery goals	13	77%	15%	54%	31%
Risk reduction	15	73%	20%	40%	40%
Successful life adj.	15	73%	7%	47%	47%
Social group affilia.	15	60%	40%	27%	33%
Meaningful relationship	14	57%	36%	21%	43%
Overall Pattern	16	69%	13%	50%	38%

CSR/Adult Status and Performance

DCCSA

n= 16

DC Adult - April 2007

Current Practice Performance	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	16	81%	6%	44%	50%
Engagement efforts by staff	16	100%	0%	19%	81%
Culturally appropriate practice	10	100%	0%	30%	70%
Service team formation	16	88%	13%	25%	63%
Service team functioning	16	88%	13%	31%	56%
Assessment & understanding	16	94%	0%	25%	75%
Personal recovery goals	16	81%	13%	50%	38%
IRP	16	94%	6%	50%	44%
Goodness-of-service fit	16	88%	0%	50%	50%
Resource availability	16	94%	0%	38%	63%
Treatment & services implem.	16	88%	6%	31%	63%
Emergent/urgent response	10	100%	0%	40%	60%
Medication management	15	100%	0%	27%	73%
Special procedures	5	80%	0%	40%	60%
Practical supports	15	93%	0%	60%	40%
Service coord. & continuity	16	94%	0%	31%	69%
Recovery plan adjustment	16	94%	0%	44%	56%
Overall Practice Performance	16	94%	0%	44%	56%

CSR/Adult Status and Performance

Deaf Reach

n= 1

DC Adult - April 2007

Status of the Person	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	1	100%	0%	0%	100%
Economic security	1	100%	0%	100%	0%
Living arrangement	1	100%	0%	0%	100%
Social network	1	0%	100%	0%	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%	100%	0%
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%	0%	100%
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	1	100%	0%	0%	100%
Successful life adj.	1	100%	0%	0%	100%
Social group affilia.	1	0%	100%	0%	0%
Meaningful relationship	1	0%	100%	0%	0%
Overall Pattern	1	100%	0%	100%	0%

CSR/Adult Status and Performance

Deaf Reach

n= 1

DC Adult - April 2007

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

Green Door

n= 7

DC Adult - April 2007

Status of the Person	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Safety	7	71%	14%	29%	57%
Economic security	7	71%	29%	29%	43%
Living arrangement	7	86%	14%	29%	57%
Social network	7	71%	29%	43%	29%
Satisfaction	5	80%	0%	20%	80%
Health/Phy well-being	7	71%	0%	57%	43%
Mental health status	7	57%	14%	57%	29%
Education/career	4	75%	0%	25%	75%
Work	6	50%	33%	17%	50%
Recovery activities	5	60%	20%	40%	40%
Overall Status	7	71%	14%	43%	43%

Recent Progress	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Personal management	7	57%	29%	43%	29%
Improvement self-mgt.	6	67%	17%	50%	33%
Education/wk progress	5	60%	20%	20%	60%
Recovery goals	5	60%	20%	40%	40%
Risk reduction	5	80%	20%	20%	60%
Successful life adj.	5	40%	40%	20%	40%
Social group affilia.	5	80%	20%	20%	60%
Meaningful relationship	6	83%	17%	33%	50%
Overall Pattern	7	57%	14%	57%	29%

CSR/Adult Status and Performance

Green Door

n= 7

DC Adult - April 2007

Current Practice Performance	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	7	57%	29%	29%	43%
Engagement efforts by staff	7	71%	14%	14%	71%
Culturally appropriate practice	6	83%	0%	50%	50%
Service team formation	7	71%	14%	43%	43%
Service team functioning	7	57%	29%	43%	29%
Assessment & understanding	7	71%	0%	29%	71%
Personal recovery goals	7	57%	29%	43%	29%
IRP	7	71%	14%	57%	29%
Goodness-of-service fit	7	100%	0%	29%	71%
Resource availability	7	57%	29%	29%	43%
Treatment & services implem.	7	86%	0%	43%	57%
Emergent/urgent response	4	100%	0%	0%	100%
Medication management	7	57%	29%	29%	43%
Special procedures					
Practical supports	6	83%	17%	17%	67%
Service coord. & continuity	7	86%	14%	29%	57%
Recovery plan adjustment	7	71%	29%	29%	43%
Overall Practice Performance	7	86%	14%	57%	29%

CSR/Adult Status and Performance

Life Stride

n= 1

DC Adult - April 2007

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	1	100%	0%	100%	0%
Work	1	100%	0%	100%	0%
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%	0%	100%
Improvement self-mgt.	1	100%	0%	0%	100%
Education/wk progress	1	100%	0%	100%	0%
Recovery goals	1	100%	0%	100%	0%
Risk reduction	1	100%	0%	0%	100%
Successful life adj.	1	100%	0%	100%	0%
Social group affilia.	1	100%	0%	100%	0%
Meaningful relationship	1	100%	0%	100%	0%
Overall Pattern	1	100%	0%	100%	0%

CSR/Adult Status and Performance

Life Stride

n= 1

DC Adult - April 2007

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%	100%	0%
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%	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	1	100%	0%	0%	100%
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

Life Stride

n= 1

DC Adult - April 2007

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%	100%	0%
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%	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	1	100%	0%	0%	100%
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

Pathways to Housing

n= 1

DC Adult - April 2007

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

CSR/Adult Status and Performance

Planned Parenthood

n= 1

DC Adult - April 2007

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

Psychiatric Center

n= 1

DC Adult - April 2007

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

CSR/Adult Status and Performance

Psychiatric Center

n= 1

DC Adult - April 2007

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%	0%	100%
Personal recovery goals	1	100%	0%	0%	100%
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					
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

Psychotherapeutic Outreach n= 1

DC Adult - April 2007

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	0%	100%	0%	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	1	100%	0%	100%	0%
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%	100%	0%
Improvement self-mgt.	1	100%	0%	100%	0%
Education/wk progress					
Recovery goals	1	0%	0%	100%	0%
Risk reduction					
Successful life adj.	1	100%	0%	100%	0%
Social group affilia.	1	0%	100%	0%	0%
Meaningful relationship	1	0%	100%	0%	0%
Overall Pattern	1	100%	0%	100%	0%

CSR/Adult Status and Performance

Psychotherapeutic Outreach

n= 1

DC Adult - April 2007

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

Scruples Corp.

n= 1

DC Adult - April 2007

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

CSR/Adult Status and Performance

Scruples Corp.

n= 1

DC Adult - April 2007

Current Practice Performance	Cases applicable	Percent Acceptable	Improvement	Refinement	Maintenance
Participation in planning	1	0%	0%	100%	0%
Engagement efforts by staff	1	100%	0%	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%	0%	100%	0%
Personal recovery goals	1	0%	0%	100%	0%
IRP	1	100%	0%	100%	0%
Goodness-of-service fit	1	0%	0%	100%	0%
Resource availability	1	0%	100%	0%	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%	100%	0%	0%
Recovery plan adjustment	1	0%	100%	0%	0%
Overall Practice Performance	1	0%	100%	0%	0%

CSR/Adult Status and Performance

Universal Health Care

n= 2

DC Adult - April 2007

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

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

CSR/Adult Status and Performance

Universal Health Care

n= 2

DC Adult - April 2007

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

CSR/Adult Status and Performance

Washington Hospital Center n= 3

DC Adult - April 2007

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

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

CSR/Adult Status and Performance

Washington Hospital Center

n= 3

DC Adult - April 2007

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

CSR/Adult Status and Performance

Woodley House

n= 2

DC Adult - April 2007

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

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

CSR/Adult Status and Performance

Woodley House

n= 2

DC Adult - April 2007

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