QUALITY SERVICES REVIEW
FOR AN ADULT SERVICE PARTICIPANT

A REUSABLE PROTOCOL OR EXAMINATION OF
ADULT MENTAL HEALTH AND ADDICTION SERVICES

TECHNICAL REVIEW VERSION -1.1

DEVELOPED FOR

NEW MEXICO BEHAVIORAL HEALTH SERVICES DIVISION
DEPARTMENT OF HEALTH

BY
HUMAN SYSTEMS AND OUTCOMES, INC.

DECEMBER 2008
THE QUALITY SERVICES REVIEW FOR ADULTS

This protocol is designed for use in a consumer-focused, recovery-oriented, case-based, peer review process developed by Human Systems and Outcomes, Inc. (HSO). It is used for: (1) appraising the current status of persons receiving services (e.g., adults with serious and persistent mental illness or addiction) in key life areas, (2) reviewing recent progress, and (3) determining the adequacy of performance of key practices for these same persons. The protocol examines near-term results for adults with mental illness or addiction and the contribution made by local providers and the service system in producing those results. Consumer-based review findings will be used to assess current practice and to stimulate and support efforts to improve services for adult consumers who are residents of New Mexico.

These working papers, collectively referred to as the Quality Services Review Protocol, are used to support a professional appraisal of adult participant status and service system performance for specific persons in a specific service area and at a given point in time. This protocol is not a traditional measurement instrument designed with psychometric properties and should not be taken to be so. Localized versions of quality service review protocols are prepared for and licensed to service agencies for their use. The QSR is based on a body of work by Ray Foster, PhD and Ivor Groves, PhD of HSO.

Proper use of the Consumer Services Review Protocol and other QSR processes requires reviewer training, certification, and supervision. Supplementary materials provided during training are necessary for reviewer use during case review and reporting activities. Persons interested in gaining further information about this process may contact an HSO representative at:

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INTRODUCTION TO THE QUALITY SERVICES REVIEW PROTOCOL

TABLE OF CONTENTS

Listed below is the table of contents for this QSR protocol. In addition to these materials, reviewers are provided a set of additional working papers that are used for reference and job aids used for particular tasks conducted during the review.

Protocol Sections and Areas

<table>
<thead>
<tr>
<th>Section 1: Introduction</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 2: Person Status Indicators</td>
<td>11</td>
</tr>
<tr>
<td>Community Living</td>
<td></td>
</tr>
<tr>
<td>1. Safety from Harm by Others</td>
<td>12</td>
</tr>
<tr>
<td>2. Behavioral Risk to Self/Others</td>
<td>14</td>
</tr>
<tr>
<td>3. Income Adequacy &amp; Personal Control</td>
<td>16</td>
</tr>
<tr>
<td>4. Living Arrangement</td>
<td>18</td>
</tr>
<tr>
<td>5. Social Network</td>
<td>20</td>
</tr>
<tr>
<td>Well-Being Status</td>
<td></td>
</tr>
<tr>
<td>6. Health/Physical Well-being</td>
<td>22</td>
</tr>
<tr>
<td>7. Substance Use</td>
<td>24</td>
</tr>
<tr>
<td>8. Mental Health Status</td>
<td>26</td>
</tr>
<tr>
<td>Meaningful Life Activities</td>
<td></td>
</tr>
<tr>
<td>9. Voice &amp; Role in Decisions</td>
<td>28</td>
</tr>
<tr>
<td>10. Education/Career Development</td>
<td>30</td>
</tr>
<tr>
<td>11. Work</td>
<td>32</td>
</tr>
<tr>
<td>12. Recovery Activities</td>
<td>34</td>
</tr>
<tr>
<td>Section 3: Progress Indicators</td>
<td>37</td>
</tr>
<tr>
<td>1. Reduction of Psychiatric Symptoms</td>
<td>38</td>
</tr>
<tr>
<td>2. Reduction of Substance Abuse Impairment</td>
<td>39</td>
</tr>
<tr>
<td>3. Improved Self Management</td>
<td>40</td>
</tr>
<tr>
<td>4. Risk Reduction</td>
<td>41</td>
</tr>
<tr>
<td>5. Progress Toward Recovery Goals</td>
<td>42</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 4: Practice Performance Indicators</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Practice Functions</td>
<td></td>
</tr>
<tr>
<td>1. Engaging</td>
<td>44</td>
</tr>
<tr>
<td>2. Teaming &amp; Coordinating</td>
<td>46</td>
</tr>
<tr>
<td>3. Assessing &amp; Understanding</td>
<td>50</td>
</tr>
<tr>
<td>4. Setting Personal Recovery Goals</td>
<td>52</td>
</tr>
<tr>
<td>5. Planning Intervention Strategies for:</td>
<td></td>
</tr>
<tr>
<td>a. Symptom reduction</td>
<td></td>
</tr>
<tr>
<td>b. Addiction recovery</td>
<td></td>
</tr>
<tr>
<td>c. Relapse prevention</td>
<td></td>
</tr>
<tr>
<td>d. Protection</td>
<td></td>
</tr>
<tr>
<td>e. Income/basic necessities</td>
<td></td>
</tr>
<tr>
<td>f. Adult role fulfillment</td>
<td></td>
</tr>
<tr>
<td>6. Resourcing Interventions</td>
<td>56</td>
</tr>
<tr>
<td>7. Delivering Adequate Interventions</td>
<td>58</td>
</tr>
<tr>
<td>8. Tracking &amp; Adjusting</td>
<td>60</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 5: Overall Pattern Instructions With Related Working Papers</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Overall Person Status</td>
<td>78</td>
</tr>
<tr>
<td>2. Overall Progress Pattern</td>
<td>79</td>
</tr>
<tr>
<td>3. Overall Practice Performance</td>
<td>80</td>
</tr>
<tr>
<td>4. Six-Month Prognosis</td>
<td>81</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 6: Reporting Outlines</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Oral case presentation outline</td>
<td>84</td>
</tr>
<tr>
<td>2. Written case summary outline</td>
<td>85</td>
</tr>
</tbody>
</table>
Understanding Practice and Results

The Quality Services Review (QSR) uses an in-depth case review method. It applies a performance appraisal process to find out how participants are benefiting from services received and how well local services are working for a sample of participants at a point in time. Each person served is a unique “test” of the service system. Small representative groups of service participants are reviewed to determine their current status and related system performance results.

Questions about how an adult service participant is doing include:

◆ Is the person safe from manageable risks of harm caused by others or by him/herself? Is he/she free from abuse/neglect?

◆ Does the person have adequate living arrangements and income to cover basic living requirements?

◆ Are the person’s basic physical and health needs met?

◆ Does the person have the opportunity to pursue personal goals and aspirations in rehabilitation, recovery, education, and career?

◆ Is the person connected to a natural support network of friends, family, and peers?

◆ Is the person making progress in symptom management, recovery, and personal goals?

Positive answers to these questions show that persons served by local staff and service providers are doing well. When negative patterns are found, improvements can and should be made to strengthen frontline practice, working conditions, and services.

Questions about how well the service system is working include:

◆ Does the person, clinicians, supporters, and service providers share a “big picture” understanding of the person’s situation, needs, strengths, preferences, and goals so that sensible supports and services can be provided?

◆ Do the “service partners” know and understand the personal recovery goals and how to use services to enable the person to achieve his/her therapeutic and personal recovery goals?

◆ Does the person have an individualized service plan that organizes treatment strategies, supports, and services to be provided, spans all involved service providers, and is responsive to the person’s directions, preferences, and goals?

◆ Are services and service approaches integrated across providers and settings to achieve positive results for the person?

◆ Are family members or significant others getting the information and assistance necessary for them to be effective supports while allowing the person to pursue his/her personal and recovery goals?

◆ Are the person’s services being coordinated effectively across settings, providers, and agencies?

◆ Are the supports and services provided reducing risks and improving daily functioning? Are needed emergency services provided on a timely, competent, and respectful basis?

◆ Are services and results tracked frequently with services modified to reflect changing needs and life circumstances? Are services effective in improving well-being and functioning while reducing risks of harm, restriction, or decompensation?

The QSR provides a close-up way of seeing how individual participants are doing in the areas that matter most. It provides a penetrating view of practice and what is contributing to results.

What’s Learned through the QSR

The QSR involves case reviews, observations, and interviews with the person and people important to the person. Results provide a rich array of learnings for next-step action and improvement. These include:

◆ Detailed stories of practice and results in real situations and recurrent patterns observed across persons reviewed.

◆ Deep understandings of contextual factors that are affecting daily frontline practice in a site or agency being reviewed.

◆ Quantitative patterns of consumer status and practice performance results, based on key measures.

◆ Noteworthy accomplishments and success stories.

◆ Emerging problems, issues, and challenges in current practice situations explained in local context.

◆ Critical learning and input for next-step actions and for improving program design, practice, and working conditions.

◆ Repeated measures revealing the degree to which important service system transformation aspirations are being being fulfilled in daily frontline recovery-oriented practice for adult consumers of mental health and addiction services.

General Information

Persons using this protocol should have completed the classroom training program (12 hours). Candidate reviewers should be using the protocol in a shadowing/mentoring sequence involving two consecutive case review situations conducted in the field with an inter-rater agreement check made with the second case. The trainee’s first case analysis and ratings, feedback
Introduction to the Quality Services Review Protocol

session with frontline staff, oral case presentation, and first case write-up should be coached by a qualified mentor. With the recommendation of the mentor, trainees who have successfully completed these steps will be granted review privileges on a review team under the supervision of the team leader and the case judge who approves written reports.

Trainees may be certified after three successful reviews and successfully meeting the rating standards set by the expert review panel on the certification simulation. Any other users of this protocol should be certified reviewers. Users of this protocol should remember the following points:

◆ The case review made using this protocol is a professional appraisal of the: (1) status of a person on key indicators; (2) recent progress made on applicable change indicators; and (3) adequacy of performance of essential service functions for that person. Each person served is a unique and valid point-in-time “test” of frontline practice performance in a local system of care.

◆ Reviewers are expected to use sound professional judgment, critical discernment of practice, and due professional care in applying case review methods using this protocol and in developing status, recent progress, and practice performance findings. Conclusions should be based on objective evaluation of pertinent evidence gathered during the review.

◆ Reviewers are to apply the following timeframes when making ratings for indicators: (1) person status ratings should reflect the dominant pattern found over the past 30 days; (2) progress pattern ratings on applicable items should reflect change occurring over the past 180 days (or since admission if less than 180 days); and (3) service system practice and performance item ratings should reflect the dominant pattern/flow over the past 90 days. [See display provided below.]

◆ Apply the 6-point rating scale for status, progress, and practice performance for each examination. The rating scale values are described in greater detail in the pages that follow. Mark the appropriate ratings in the protocol, then transfer the ratings to the QSR Profile Sheet, also referred to as the “roll-up sheet.”

◆ IT IS IMPERATIVE THAT REVIEWERS "CALL IT AS THEY SEE IT" and reflect their honest and informed appraisals in their ratings and report summary. When a reviewer mentions a concern about a participant in the oral debriefing, that same problem should be reflected in the reviewer’s ratings in the protocol examination booklet and noted in the written summary.

◆ Report any risks of harm or possible abuse/neglect to the review team leader immediately. The reviewer and team leader will identify appropriate authorities and report the situation.

◆ If, while reviewing the case record material and conducting the interviews, the reviewer determines the need to interview an individual not on the review schedule, the reviewer should request that the interview be arranged, if possible. It may be possible to arrange a telephone interview when a face-to-face interview cannot be made.

Timeframes of Interest in Case Reviews

<table>
<thead>
<tr>
<th>Past</th>
<th>Present</th>
<th>Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>180 days</td>
<td>90 days</td>
<td>180 days</td>
</tr>
<tr>
<td></td>
<td>Status Window:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Current 30 Day</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Period</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Active Transition Events Window: Ongoing Actions Having to be Completed in the Next 90 Days to Achieve Near-Term Transitions</td>
<td></td>
</tr>
<tr>
<td>Progress Pattern Window: Past 180 Days or Since Admission, if less than 180 days</td>
<td>System Performance Window: Current 90 Day Period in which Practice Actions and Service Processes are unfolding</td>
<td>6-Month Forecast Window: Next 180 Days; beyond current admission if closure is near</td>
</tr>
</tbody>
</table>
new...
• **Level 1 - Adverse or Poor and Worsening Status.** The person's status situation has been substantially inadequate and potentially harmful, with indications that the situation may be worsening at the time of review. The situation may be dynamic with a high probability of fluctuation or a great need for immediate improvement at the present time. The observed pattern may have endured or may have recently become unacceptable, substantially inadequate, and worsening.

**SERVICE SYSTEM PERFORMANCE INDICATOR RATINGS**

The same general logic is applied to performance indicator rating levels as is used with the status indicators. The general interpretations for performance indicator ratings are defined as follows:

• **Level 6 - Optimal and Enduring Performance.** The service system practice/system performance situation observed for the person has been generally optimal with a consistent and enduring pattern evident, without ever being less than good (level 5) at any point or in any essential aspect. The practice situation may have had brief moments of minor fluctuation, but performance in this area has remained generally optimal and stable. This excellent level of performance may be considered “best practice” for the system function, practice, or attribute being measured in the indicator and worthy of sharing with others.

• **Level 5 - Good and Stable Performance.** The service system practice/system performance situation observed for the person has been substantially and consistently good with indications of stability evident, without ever being less than fair (level 4) at any moment or in any essential aspect. The situation may have had some moments of minor fluctuation, but performance in this area has remained generally good and stable. This level of performance may be considered “good practice or performance” that is noteworthy for affirmation and positive reinforcement.

• **Level 4 - Minimally Adequate to Fair Performance.** The service system practice/system performance situation observed for the person has been at least minimally adequate at all times over the past 30 days, without being inadequate (level 3 or lower) at any moment or in any essential aspect over that time period. The performance situation may be somewhat dynamic with the possibility of fluctuation or need for adjustment within the near term. The observed performance pattern may not endure long term or may have been less than minimally acceptable in the recent past, but not within the past 30 days. This level of performance may be regarded as the lowest range of the acceptable performance spectrum that would have a reasonable prospect of helping achieve desired outcomes given that this performance level continues or improves. Some refinement efforts are indicated at this level of performance at this time.

• **Level 3 - Marginally Inadequate Performance.** The service system practice/system performance situation observed for the person has been somewhat limited or inconsistent, being inadequate at some moments in time or in some essential aspect(s) over this time period. The situation may be dynamic with a probability of fluctuation or need for adjustment at the present time. The observed pattern may have been less than minimally acceptable (level 3 or lower) in the recent past and somewhat inadequate. This level of performance may be regarded as falling below the range of acceptable performance and would not have a reasonable prospect of helping achieve desired outcomes. Substantial refinement efforts are indicated at this time.

• **Level 2 - Substantially Poor Performance.** The service system practice/system performance situation observed for the child/youth or parent has been substantially limited or inconsistent, being inadequate at some or many moments in time or in some essential aspect(s) recently. The situation may be dynamic with a probability of fluctuation or need for improvement at the present time. The observed pattern may have endured for a while or may have become inadequate and unacceptable in the recent past and substantially inadequate. This level of inadequate performance warrants prompt attention and improvement.

• **Level 1 - Absent, Adverse, or Poor Worsening Performance.** The service system performance situation observed for the child/youth or parent has been missing, inappropriately performed, and/or substantially inadequate and potentially harmful, with indications that the situation may be worsening at the time of review. The situation may be dynamic with a high probability of fluctuation or a great need for immediate improvement at the present time. This level of absent or adverse performance warrants immediate action or intervention to address the gravity of the situation.

**INTRODUCTION TO THE QUALITY SERVICES REVIEW PROTOCOL**
INTRODUCTION TO THE QUALITY SERVICES REVIEW PROTOCOL

ORGANIZATION OF THE QSR PROTOCOL BOOKLET

This protocol booklet is organized into the following sections:

◆ **Introduction**: This first section of the protocol provides a basic explanation of the review process and protocol design.

◆ **Person Status Indicators**: The second section provides the 12 status indicators used in the review.

◆ **Progress Indicators**: The third section provides the five progress indicators used in the review.

◆ **Practice Performance Indicators**: The fourth section provides eight indicators for measuring core practice functions and six indicators for examining specialized areas of practice. These 14 indicators provide the basis for a review of practice for the focus person who is the subject of review.

◆ **Overall Patterns**: The fifth section provides the working papers that the reviewer uses to determine the overall patterns for the person domain, progress domain, and practice performance domain. In addition, this section includes the instructions for making the six-month prognosis.

◆ **Reporting Outlines**: The sixth section provides the outlines that reviewers are to use in developing and presenting the ten-minute oral summary of case findings and the written summary report to be submitted following the review.

◆ **Appendix**: The appendix contains a copy of the QSR Profile Sheet or “roll-up sheet.” This section provides a copy of the roll-up sheet to be completed and submitted by the reviewer for each case reviewed. Reviewers will be supplied with separate copies of the roll-up sheets to be used in the field for completion and submission.
QSR Interpretative Guide for Status Indicator Ratings

**Maintenance Zone: 5-6**

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

6 = OPTIMAL & ENDURING STATUS. The best or most favorable status presently attainable for this person in this area (taking age and ability into account). The person is continuing to do great in this area. Confidence is high that long-term needs or outcomes will be or are being met in this area.

5 = GOOD & CONTINUING STATUS. Substantially and dependably positive status for the person in this area with an ongoing positive pattern. This status level is generally consistent with attainment of long-term needs or outcomes in an area. Status is “looking good” and likely to continue.

**Refinement Zone: 3-4**

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

4 = FAIR STATUS. Status is at least minimally or temporarily sufficient for the person to meet short-term needs or objectives in this area. Status has been no less than minimally adequate at any time in the past 30 days, but may be short-term due to changing circumstances, requiring change soon.

3 = MARGINALLY INADEQUATE STATUS. Status is mixed, limited, or inconsistent and not quite sufficient to meet the person’s short-term needs or objectives now in this area. Status in this area has been somewhat inadequate at points in time or in some aspects over the past 30 days. Any risks may be minimal.

**Improvement Zone: 1-2**

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

2 = POOR STATUS. Status is now and may continue to be poor and unacceptable. The person may seem to be “stuck” or “lost” with status not improving. Any risks may be mild to serious.

1 = ADVERSE STATUS. The person’s status in this area is poor and worsening. Any risks of harm, restriction, separation, disruption, regression, and/or other poor outcomes may be substantial and increasing.

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QSR Interpretative Guide for Practice Performance Indicator Ratings

**Maintenance Zone: 5-6**

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

6 = OPTIMAL & ENDURING PERFORMANCE. Excellent, consistent, effective practice for this person in this function area. This level of performance is indicative of well-sustained exemplary practice and results for the person.

5 = GOOD ONGOING PERFORMANCE. At this level, the system function is working dependably for this person, under changing conditions and over time. Effectiveness level is generally consistent with meeting long-term needs and goals for the person.

**Refinement Zone: 3-4**

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

4 = FAIR PERFORMANCE. Performance is minimally or temporarily sufficient to meet short-term need or objectives. Performance in this area of practice has been no less than minimally adequate at any time in the past 30 days, but may be short-term due to changing circumstances, requiring change soon.

3 = MARGINALLY INADEQUATE PERFORMANCE. Practice at this level may be under-powered, inconsistent or not well-matched to need. Performance is insufficient at times or in some aspects for the person to meet short-term needs or objectives. With refinement, this could become acceptable in the near future.

**Improvement Zone: 1-2**

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

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

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

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Acceptable Range: 4-6

Unacceptable Range: 1-3
# Section 2

## Person’s Status

[Over the Past 30 Days]

### Community Living

1. Safety from Harm by Others 12
2. Behavioral Risk to Self or Others 14
3. Income Adequacy & Personal Control 16
4. Living Arrangement 18
5. Social Network 20

### Well-Being

6. Health/Physical Well-being 22
7. Substance Use 24
8. Mental Health Status 26

### Meaningful Life Activities

9. Voice & Role in Decisions 28
10. Education/Career Development 30
11. Work 32
12. Recovery Activities 34
Focus Measure

SAFETY: To what degree is the focus person free from external risks of harm, inclusive of such factors as abuse, neglect, intimidation, and/or exploitation by others?

Core Concepts

Safety is defined as freedom from harm, with harm being circumstances or outcomes that are injurious to the focus person and possibly to those around him/her. Harm is broadly conceptualized to include physical injury, emotional/psychological abuse, intimidation causing fear of harm or actual harm, and other material damage. Harm can result from actions of commission, such as crime, abuse and exploitation; acts of omission, such as neglect; or from features of the environment, such as harm due to infection, accident, or exposure to harmful substances. (Note: Harm due to self-neglect is covered under Status Indicator 2: Behavioral Risk)

Reviewers should consider each of these various dimensions of potential harm when considering the safety of an individual. In situations where the focus individual is dependent on the protection or oversight of a caregiver or caregivers, attention should be given to the capacity of such caregivers to recognize and protect the individual from imminent risks of harm. This consideration extends to the realistic effectiveness of any protective strategies.

Probes: Determine from Informants, Observations, Plans, and Records

Risks of Commission:

1. Is the focus individual currently, or was he/she recently, a victim of maltreatment such as physical, sexual or emotional abuse, neglect, or exploitation (including financial exploitation) in the home or community? How many instances/reports of maltreatment have occurred in the previous 18 months? Were such reports substantiated? If any reports were substantiated, were corrective actions taken (e.g., safety plan)? If so, what is the status of corrective plans (are they up to date, practical, understood by key persons, and effective in actual use)?

2. Is the focus individual fearful, intimidated, or at a high risk of harm in any of his/her current daily settings and activities? If so, what is the source of harm? Were mitigating steps implemented to reduce the fear and/or risk of harm?

Risks of Omission:

3. If the focus individual is dependent on others, is he/she receiving an appropriate level of care, supervision, and protection from caregivers and other adults, relative to age and special needs, to keep him/her safe? Is the individual's care or supervision situation currently compromised by the caregivers' behavior or characteristics (e.g., pattern of violent behavior, abuse/addiction to drugs and/or alcohol, mental illness/emotional instability, criminal activity, developmental status, cognitive ability, or being overwhelmed by other responsibilities)? Is the focus individual protected from known and realistic risks of harm?

Risks from the Environment:

4. Does the focus individual have his/her immediate food, clothing, shelter, and medical/mental health needs met? Are physical living conditions hazardous or threatening to his/her safety?

5. Is the focus individual at realistic risk of harm from elements in his/her environment? Reviewers should consider toxins, diseases, crime, and other environmental factors that could realistically lead to imminent harm.
## Status Review 1: Safety from Harm by Others

### Description and Rating of the Person's Current Status

<table>
<thead>
<tr>
<th>Description of the Status Situation Observed for the Person</th>
<th>Rating Level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Optimal Safety Situation.</strong> The focus person has a very low risk living situation. Any protective strategies needed are fully operative and dependable in maintaining excellent and safe living conditions. The individual is fully free from intimidation and exploitation at home and in other daily settings.</td>
<td>6</td>
</tr>
<tr>
<td><strong>Good Safety Situation.</strong> The focus person has a generally low risk living situation. Any protective strategies needed are generally operative and dependable in maintaining acceptably safe conditions. The individual is generally free from intimidation and exploitation at home and in other daily settings.</td>
<td>5</td>
</tr>
<tr>
<td><strong>Fair Safety Situation.</strong> The focus person is at least minimally free from serious risks in his/her living situation and other daily settings. Any protective strategies needed are at least minimally adequate in reducing risks of harm, intimidation, and exploitation.</td>
<td>4</td>
</tr>
<tr>
<td><strong>Marginally Inadequate Safety Situation.</strong> The focus person may be exposed to occasional risks of harm in his/her home and/or in other daily settings. Any necessary protective strategies may not be implemented or effective in reducing risks of harm, intimidation, and exploitation.</td>
<td>3</td>
</tr>
<tr>
<td><strong>Substantially Inadequate Safety Situation.</strong> The focus person may be exposed to substantial and continuing risks of harm in his/her home and/or in other daily settings. Any necessary protective strategies may be limited or inconsistent in reducing risks of harm, intimidation, and exploitation.</td>
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<tr>
<td><strong>High Safety Risk Situation.</strong> The focus person may be exposed to continuing and increasingly serious intimidation, exploitation, abuse, and/or neglect. Any necessary protective strategies may not be implemented or effective, leaving the individual at risk of serious, continuing, and possibly worsening harm.</td>
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</tr>
</tbody>
</table>
Status Indicator 2: Behavioral Risk to Self or Others

Focus Measure

BEHAVIORAL RISK: The what degree does the focus individual avoid self-endangering situations and refrain from using behaviors that may put him/her or others at risk of harm?

Core Concepts

Throughout stages of human development, children, youth, and adults learn to follow rules, values, norms, and laws established in the home, school, and community, while learning to avoid behaviors that can put themselves or others at risk of harm. This indicator examines the focus individual's choices, decisions, subsequent behaviors, and activities, and whether or not those choices engage him/her in risky or potentially harmful activities. It addresses behavioral risks, including self-endangerment and risk of harm to others, and considers the individual's engagement in lawful community behavior and socially appropriate activities, and avoidance of risky and illegal activities, such as alcohol/substance abuse.

For children or for persons having serious developmental delays or cognitive limitations, examples of potentially harmful activities include:

- Running away or leaving supervision for extended periods
- Extreme tantrums that may result in harm to self or others
- Playing with fire
- Aggressive biting or pulling hair
- Hitting others or fighting
- Cruelty to animals

For older youths or adults, examples of potentially harmful activities include:

- Running away (adolescents)
- Dangerous thrill-seeking activities
- Bulimia and/or anorexia
- Use of weapons
- Suicidality, self-mutilation, or other forms of self-injurious behaviors (e.g., pica, head-banging, eye-gouging)
- Placing him/herself in dangerous environments and situations or neglecting essential self-care requirements for maintaining well-being
- Neglecting dependent care requirements
- Stealing
- Serious property destruction, including fire setting
- Gang affiliation and related activities
- Abuse of alcohol/addictive substances

If the older youth or adult is already involved with the criminal justice system, the focus should be placed on:

- Avoiding re-offending
- Following rules, societal norms, and laws

This indicator is rated for the focus individual and for others who may be harmed by the focus individual.

Probes: Determine from Informants, Observations, Plans, and Records

1. Does the focus individual present a recent or current pattern of self-endangering behaviors or danger to others? • If yes, what are these behaviors? [Self-neglect of basic needs to a degree that harm occurs is regarded as a form of self-endangerment]

2. Does the focus individual regularly associate with peers known for engaging in illegal or high risk activities?

3. Does the focus individual engage in any high-risk behaviors, such as verbal or physical aggression, running away, robbery, car theft, drug use/sale, having unprotected sex or prostitution? • Is the individual involved with the juvenile/criminal justice system? • Is the individual in a special education or mental health program to address behavior that puts the individual or others at risk?

4. Has the focus individual made suicidal gestures, threatened suicide or made a suicide attempt? • Does the individual need and/or have a Safety Plan?

5. Is the focus individual presently placed in a specialized treatment or detention setting?
6. Were seclusion or restraint (physical or chemical, i.e., PRN or as need medications to control behavior – See Specialized Practice Indicator 6: Emergency Control Procedures) used within the past 90 days to prevent harm to self or others? • If so, how frequently was seclusion or restraint used and for what reasons? • Was the use of any crisis intervention techniques reduced over the past 90 days? • Has 911 been called because of the individual’s behavior within the last three months?

7. Does the focus individual have responsibility for dependents? • If so, is he/she providing an appropriate level of care, supervision, and protection (relative to age and special needs) to keep them from risk of harm? • Is the dependent’s safety compromised by the focus individual’s behavior or characteristics?

Rating of the Individual’s Current Status

<table>
<thead>
<tr>
<th>Description of the Behavioral Risk Status Observed for the Focus Person</th>
<th>Rating Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>◆ <strong>Optimal Status.</strong> The focus individual is optimally and consistently avoiding behaviors that cause harm to self, others, or the community. He/she has no history, diagnosis, or presentation of behavioral risk and is continuing this healthy pattern. - OR- The individual may have had a related history, diagnoses, or behavioral risk presentation in the past but has not presented risk behaviors at any time during the past six months.</td>
<td>6</td>
</tr>
<tr>
<td>◆ <strong>Good Status.</strong> The focus individual is generally and substantially avoiding behaviors that cause harm to self, others, or the community. This individual may have had a limited history, diagnosis, or presentation of behavioral risk that is not significant now. - OR- The individual may have had significant history, diagnoses, or presentation of behavioral risk in the past but has not presented the risk behaviors at any time during the past three months.</td>
<td>5</td>
</tr>
<tr>
<td>◆ <strong>Fair Status.</strong> The focus individual is usually avoiding behaviors that cause harm to self, others, or the community but may rarely present a behavior that has low or mild risk of harm. The individual may have had a related history, diagnoses, or presentation of behavioral risk in the past, but has presented mild risk behaviors at a much reduced level over the past 30 days, and never at a level where actual harm occurred.</td>
<td>4</td>
</tr>
<tr>
<td>◆ <strong>Marginally Inadequate Status.</strong> The focus individual is working to avoid behaviors that cause harm to self, others, or the community, but occasionally may present a behavior that has low or moderate risk of harm. The individual may have had a related history, diagnoses, or presentation of behavioral risk in the past, but has presented risk behaviors at a somewhat lower risk or reduced level of harm during the past 30 days. The focus individual’s behavioral risk status is of concern to others involved with him/her.</td>
<td>3</td>
</tr>
<tr>
<td>◆ <strong>Substantially Inadequate Status.</strong> The focus individual presents substantial risk behaviors that may cause harm to self, others, or the community. His/her pattern and frequency of risk behaviors suggest a moderate to high risk of harm. The focus individual’s behavioral and diagnostic history over the past 30 days suggests he/she is at a serious level of at risk and/or is at risk to harm him/herself and others.</td>
<td>2</td>
</tr>
<tr>
<td>◆ <strong>Serious and Worsening Status.</strong> The focus individual presents a pattern of increased and/or progressively deteriorating behavior that causes serious harm to him/herself, others, or the community. These increasingly frequent or severe presentations of risk behavior demonstrate a moderate to high risk of harm. The focus individual has a behavioral and diagnostic history over the past 30 days that suggests that his/her behavior is deteriorating and he/she is at a serious and heightened level of risk of harming him/herself and/or others. The potential for further harm is substantial and increasing.</td>
<td>1</td>
</tr>
</tbody>
</table>
Focus Measure

**INCOME & CONTROL:** To what degree: • Are the person’s earned income and economic supports adequate to cover basic living requirements (i.e., shelter, food, clothing, transportation, health care/medicine, leisure, child care)? • Is this person accessing, receiving, and controlling the economic benefits to which he/she is entitled? • Does the person have economic security sufficient for maintaining stability and for effective future life planning?

Core Concepts

Adults aspire to have adequate income and personal control over their finances. Income may be earned and also may come from other sources. A person with a serious and persistent mental illness may earn income and/or be entitled to a variety of economic benefits and sources of income. Among these are Supplemental Security Income (SSI or SSDI, SSDAC, VA), Medicaid, HUD housing subsidy, food stamps, subsidized child care, Temporary Assistance to Needy Families (TANF), and possibly other economic supports, depending on eligibility and need. Such economic supports are intended to cover basic living requirements and other necessities for daily living, child care (as appropriate), and competitive, integrated employment (a setting typically found in the community in which individuals with disabilities interact with non-disabled individuals). Together, these sources of income and support should provide a level of economic security that enables a person to achieve and maintain a reasonable degree of stability in his/her living situation. Stability in income, housing, nutrition, and health care provides a foundation for effective future life planning for the person.

A person living with mental illness may require assistance from knowledgeable persons in securing benefits to which he/she is entitled. Such assistance may be provided by a case manager or social worker via a helping agency serving the person. General expectations in this review concerning the status of the person and practice in his/her case are that: (1) to the greatest extent possible, the person is earning income and controlling his/her assets; (2) the person has been/is being assisted in accessing all sources of income and economic security to which the person is entitled, (3) follow-up activities are conducted to ensure that the person is continuing to access the full array of benefits to which the person is entitled, (4) assessments are made to determine that economic supports are adequate to cover the person’s basic living requirements, (5) advocacy is undertaken to address any important unmet needs, and (6) the person has a reasonable degree of economic security sufficient to achieve and maintain stability in conditions of daily living. The focus in this review is placed on the person’s current status of income adequacy to meet needs and degree of control over his/her money and other assets.

Probes: Determine from Informants, Observations, Plans, and Records

1. What are this person’s basic living requirements (e.g., shelter, food, clothing, health care, medications) and other necessities of daily living (e.g., transportation, child care, education, or employment-related necessities)?

2. Does this person have dependent children in his/her care? • What is this person’s current earned income? • For what types of economic assistance is this person/family eligible? • What other agencies are involved in providing services and supports to this person/family? • What economic assistance is being provided by other agencies? • What degree of personal control does this person exercise over his or her resources?

3. Are the person’s basic living requirements, medications, and other necessities known and understood by the case manager, therapist, or counselor who is coordinating services for this person? • What assessment, follow-up, and advocacy has the staff done on behalf of this person? • Are the person’s resources sufficient for future planning?

4. How effective are current efforts in securing the economic and support resources for meeting this person’s basic living requirements and other necessities of daily living?

5. Does this person have a degree of economic security sufficient to achieve and maintain stability in conditions of daily living for him/herself and for any children in his/her care?

6. Has this person lost housing, child custody, or employment due to the lack of income or the ability to meet basic living requirements or other necessities of daily living?

7. What steps are being taken, if necessary, to prevent future disruptions (e.g., eviction) and/or to achieve stable living conditions for this person/family?

8. If continued instability is present, is it caused by unresolved income and economic security issues? • If so, what steps are being taken to resolve these matters (e.g., creative assistance in managing limited funds)? • Does the focus person have or need a representative payee or guardian?
Description and Rating of the Person's Current Status

Description of the Status Situation Observed for the Person

Optimal Income Adequacy & Control. The person is earning income and/or accessing and receiving all benefits to which he/she is entitled. Income and economic supports are sufficient to cover basic living requirements and other necessities. The level of economic security is excellent when the amount and source of funds are considered. There is no recent history of loss of income or benefits. The person may control funds. The person’s resources may be more than adequate as well as sufficiently stable for optimal and effective future planning.

Good Income Adequacy & Control. The person is earning income and/or accessing and receiving most economic benefits to which he/she is entitled. Income and economic supports are generally sufficient to cover basic living requirements for the most part or except in extreme emergencies. The level of economic security is sufficient for maintaining stability. The person may control most of the funds most of the time. The person’s resources may be substantially adequate as well as generally stable for reliable future planning.

Fair Income Adequacy & Control. The person is earning income and/or accessing and receiving some economic benefits to which he/she is entitled. Income and economic supports are minimally sufficient to cover basic living requirements and other necessities of daily living. The level of economic security is minimal for maintaining stability. The person may control some of the funds at least some of the time. The person’s resources may be minimally adequate and somewhat stable for future planning.

Marginally Inadequate Income Adequacy & Control. The person is earning limited income and/or accessing and receiving limited economic benefits to which he/she is entitled. Income and economic supports are somewhat inadequate in meeting basic living requirements and other necessities of daily living. The level of economic security is not sufficient for maintaining stability. Economic inadequacies causing disruptions may have occurred in the recent past and the risk of future disruption may be present. Causes of economic disruption are known, but solutions have not been found. The person may have limited control over funds. The person’s resources may be somewhat inadequate and inconsistent for future planning.

Poor Income Adequacy & Control. The person has substantial problems of economic security and is not receiving the range of economic benefits to which he/she is entitled. Current economic security is insufficient for maintaining stability. Causes of economic disruption are known and present but are not adequately or realistically addressed in current plans or remedial actions are not being implemented on a timely and competent basis. The person may have little, if any, control over even a small portion of the funds. The person’s resources may be substantially inadequate now and uncertain for future planning.

Adverse Income Adequacy & Control. The person has serious and worsening problems of economic security. Because he/she is not receiving entitled benefits, the person is experiencing serious but avoidable hardships and life disruptions (e.g., eviction, loss of children, unemployment). Life disruptions may be continuing. Causes of economic disruption may be complex or not adequately understood or not realistically addressed with current casework or supportive services at this time. The person has no control over any of the funds. The person’s resources may be grossly inadequate now and uncertain for future planning.
Focus Measure

LIVING SITUATION - 1. APPROPRIATENESS: To what degree is the focus individual living in the most appropriate living arrangement that is consistent with his/her physical and emotional needs, age, ability, special needs, family/tribal/social relationships, and peer group affiliation?

LIVING SITUATION - 2. STABILITY: To what degree does the stability of the living situation meet the focus individual's ongoing needs for continuity in connections to his/her language and culture, community, faith, extended family, tribe, social activities, and peer group?

Core Concepts

This indicator applies to the focus individual's present living arrangement and to any other home setting where he/she may be staying periodically. “Home” refers to a place where the focus individual has lived for an extended period of time, and includes, not merely the immediate physical dwelling in which a person resides, but also the larger community. The community often provides a basis for identity, culture, sense of belonging, and connections with other people and things that provide meaning and purpose to life. The concept of home represents both practical and emotional elements. The reviewer should consider the appropriateness of various aspects of the focus individual's home, including the:

- Physical environment, including furniture, sanitation, and utilities.
- Emotional environment, including the degree to which the home is perceived as a place of comfort and safety.
- Relationships in the home, including the presence and/or absence of persons that contribute to the well-being of the individual.
- Community, including the immediate vicinity of the home and the larger social and cultural network in which the home is situated.

If the focus individual has a disability or is in temporary out-of-home care, consider whether or not the living situation places any unnecessary restrictions on his/her independence and autonomy, as appropriate to age and ability. For a focus individual in out-of-home care, the living arrangement can be a group home, a residential treatment or medical facility, a long-term care unit, detention facility, or any other type of congregate service setting. Having special needs may require temporary services in a therapeutic setting, which should be the least restrictive, most appropriate, and inclusive living arrangement necessary to meet the focus individual's needs and circumstances. Additionally, to thrive and enjoy a satisfactory living situation, the focus individual should achieve and maintain stability. Stability applies to the consistency, dependability, and continuity in daily activities, routines, rhythms of life, and relationships that contribute positive and enduring conditions for daily living.

Probes: Determine from Informants, Observations, Plans, and Records

1. Is the focus individual living in his/her own home or in the home of his/her family? • If not, does the living arrangement facilitate connections to his/her culture, community, faith, extended family, and social relationships?

2. Is the individual's home an appropriate environment for daily living, which meets any of the special needs that he/she might have? • If applicable, are caregivers able to meet the individual's needs for care and nurturing? • If the individual has special needs, do caregiver(s) have the capacity/supports necessary to address those special needs?

3. If the focus individual is in a temporary out-of-home living arrangement, the following points should be considered in determining the appropriateness of the setting:

- Is the focus individual living close to friends and family members? Is this home consistent with the individual's language and culture?
- Does the placement provide continuity in connections to home, work, extended family, and/or culture?
- Is the placement conducive to maintaining family connections and does the out-of-home caregiver support these activities?
- Does the focus individual feel safe and well cared for in this setting?
- Does the out-of-home caregiver encourage the focus individual to participate in activities that are appropriate to his/her age and abilities (i.e., sports, creative activities), and support his/her need to socialize with others?
- Is there a service plan in place that includes strategies for assisting the focus individual with obtaining an appropriate permanent home?

4. If the focus individual is living in a group care or residential care center, the reviewer should consider the following:

- Does the focus individual feel safe and well cared for in this setting?
**Status Review 4: Living Arrangement**

- Is this the least restrictive and most inclusive setting available to meet the focus individual's needs?
- Does the placement provide for the appropriate level of supervision, supports, and therapeutic services?
- Does the placement provide for family/friendship connections and linkages to the community? If the focus individual is placed away from his/her own home, was this placement necessary to provide a specialized service that might have been appropriately provided in the home or a more community-based environment?

5. How long has the focus individual remained in the same living arrangement? • To what extent has he/she achieved and maintained an adequate and stable home and living arrangement? • If the focus individual has experienced a recent pattern of moves or instabilities in his/her living arrangement, is this disruptive pattern likely to continue in the near-term future? • If instability in the focus individual's living arrangement is evident, what are the primary factors leading to disruptions?

### Rating of the Focus Individual’s Current Status

**Description of the Status Situation Observed.**

- **Optimal Living Situation.** The focus individual is living in the most appropriate setting to address his/her needs and support family connections. The setting is optimal for his/her age, ability, culture, language, and faith-based practices. Additionally, if the focus individual is in a group home or residential care center, he/she is in the least restrictive environment necessary to address his/her needs. The focus individual has had a stable living arrangement free of disruption for at least 12 months.

- **Good Living Situation.** The focus individual is living in a setting that substantially meets his/her needs and supports family connections. The setting is consistent with his/her age, ability, culture, language, and faith-based practices. Additionally, if the focus individual is in a group home or residential care center, he/she is in the least restrictive environment necessary to address his/her needs. The focus individual has had a stable living arrangement free of disruption for at least six months.

- **Fair Living Situation.** The focus individual is living in a setting that is minimally consistent with his/her needs, age, ability, culture, language, and faith-based practices, and minimally supports his/her family connections. Additionally, if the focus individual is in a group home or residential care center, he/she is in the least restrictive environment necessary to address his/her needs. The focus individual has had a stable living arrangement free of disruption for at least three months.

- **Marginally Inadequate Living Situation.** The focus individual is living in a setting that only partially addresses his/her needs and supports family connections. The setting is partially consistent with his/her age, ability, culture, language, and faith-based practices. If the focus individual is in a group home or residential care center, he/she is not in the least restrictive setting. The level of care or degree of restrictiveness may be slightly higher or lower than necessary to address the scope and intensity of his/her needs. The focus individual may have experienced a disruption in living arrangements within the past three months.

- **Poor Living Situation.** The focus individual is living in an inadequate home or setting to address his/her needs and support family connections. The setting is inconsistent with his/her age, ability, culture, language, and faith-based practices. If the focus individual is in a group home or residential care center, the level of care or degree of restrictiveness is substantially more or less than necessary to meet his/her needs. The focus individual may have experienced one or more disruptions in living arrangements within the past three months.

- **Adverse Living Situation.** The focus individual is living in an inappropriate home or setting for his/her needs. The necessary level of supports for educational needs, family relationships, supervision, supports, and services to address his/her needs may be absent or adverse in nature. If the focus individual is in a group home, detention facility, or residential care center, the environment is much more restrictive than is necessary to meet his/her needs or protect others from any behavioral risks the individual may present. The focus individual may be without a stable living arrangement and may have had an ongoing pattern of disruption or movement in recent months. • OR• The individual may be homeless, residing in a homeless shelter, a runaway, or in temporary shelter care for more than 30 days.

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**Status Review 4: Living Arrangement**

- **Rating Level**
  - 6
  - 5
  - 4
  - 3
  - 2
  - 1

- **Appropriate**
- **Stability**
STATUS REVIEW 4: SOCIAL NETWORK

Focus Measure

SOCIAL NETWORK: To what degree: • Is this person connected to a support network of family, friends, and peers, consistent with his/her choices and preferences? • Is this person provided access to peer support and community activities? • Does this person have opportunities to meet people outside of the service provider organization and to spend time with them? • Does the social network support recovery efforts?

Core Concepts

As a social species, human beings seek, value, and maintain relationships with others, often for a lifetime. Affiliation gives one's life identity, purpose, and connections. Community is the place where we meet and join with others in life's meaningful activities. Interactions with others provides a sense of belonging and social participation. The focus here is placed upon the person's social connections and natural supports and the extent to which he/she is provided access to peer support and community activities.

Because a person with a mental illness or addiction may rely on service providers for assistance necessary to maintain existing positive social connections and develop new ones, concern is placed on having opportunities to meet and get to know people outside the service provider organization. Where the person may require encouragement, supports, and structured opportunities to form and maintain social connections with friends, family, co-workers, and others in the community, how well is the service provider meeting the support requirements? Two essential components of the social network are the size of the person's network (or number of family, friend, work, school, etc., ties) and the extent the person's social network actively supports or discourages recovery efforts.

Probes: Determine from Informants, Observations, Plans, and Records

1. How well is this person connected to a natural support network consisting of family, friends, and peers? • What is the overall size of the support network? Is the network supportive of recovery activities?
   - Which family members are part of this person's support network?
   - Which friends (outside the provider agency and service population) are part of this person's support network?
   - Which peers does this person see on a regular basis?

2. Does this person have friends and opportunities to interact with other members of the community in positive ways, subject to his/her preferences? • What stage of change is this person at now with respect to recovery and social integration possibilities?

3. Is this person connected with a local faith community (e.g., church, synagogue, mosque, tribe) or with other ways of meeting his/her spiritual needs? • Does the person have transportation to and from church-related activities?

4. What kinds of peer support and community activities are provided to this person? • To what degree does this person accept and use the peer support and community activities that are currently provided?

5. What specific goals and strategies contained within the person's recovery plan are directed toward improving social connections and supports for this person?

6. What effect are any goals and strategies directed toward improving the person's social connections and supports having? • What strategies or activities have worked in the past for this person?

7. Does this person have an informal support person who helps in times of crisis? • Does this person have an advance directive to guide helpers in times of crisis?

8. Does this person experience negative influences or effects from persons in his/her social network? • What steps are being taken to minimize any problems?

9. What are the characteristics of the person's social network? Is the network actively engaged in/or supportive of recovery efforts?
Status Review 4: Social Network

Description and Rating of the Focus Person’s Social Network

Description of the Status Situation Observed for the Person

◆ **Optimal Social Network/Positive Support.** This person has a wide, substantial, and continuing social support network. It may consist of many friends, family, and/or peers. Forming and maintaining this social network may be the result of excellent access to peer support and community activities offered by provider agencies. He/she may have many ongoing opportunities to meet people outside of the service provider organization and to spend time with them. The network actively supports the person’s recovery goals and provides positive ties for treatment and participation of both leisure activities and routine care.

◆ **Good Social Network/Good Support.** This person has a meaningful and dependable social support network. It may consist of friends, family, and/or peers. Forming and maintaining this social network may be the result of good access to peer support and community activities offered by provider agencies. He/she may have regular ongoing opportunities to meet people outside of the service provider organization and to spend time with them. Overall, the person’s network provides good solid support for social and recovery goals.

◆ **Fair Social Network/Good Support.** This person has a small or minimal social support network. It may consist of some friends, family, and/or peers. Forming and maintaining this social network may be the result of minimally adequate access to peer support and community activities offered by provider agencies. He/she may have occasional opportunities to meet people outside of the service provider organization and to spend time with them. The network offers some support for social and recovery goals.

◆ **Marginally Inadequate Social Network/Limited Support.** This person has a limited or inconsistent social support network. It may consist of a few friends, family, and/or acquaintances. Forming and maintaining this social network may reflect marginal access to peer support and community activities offered by provider agencies or to limited interest by the person. He/she may have few opportunities to meet people outside of the service provider organization and to spend time with them. Individuals in the social network neither support nor discourage recovery goals. The network may provide some positive and some negative influences from members. - OR - The network as a whole is not involved at a level that will sustain social and recovery goals.

◆ **Poor Social Network/Inadequate Support.** This person has a social support network that consists of limited or inconsistent contact with friends, family, and/or acquaintances. Forming and maintaining this social network may reflect poor access to peer support and community activities offered by provider agencies or to the person’s preferences. He/she may have rare opportunities to meet people outside of the service provider organization and to spend time with them. - OR - He/she may occasionally form acquaintances around risky or harmful activities. The person’s network rarely supports treatment or recovery goals.

◆ **Absent Social Network/Absent Support.** This person has no or very few ties to a support network. The person may have acquaintances who engage or join the person in risky or harmful activities. Absence of a network support or only the presence of negative ties may reflect lack of access to peer support and community activities offered by provider agencies or to the person’s preferences. He/she may have no opportunities to meet positive people outside of the service provider organization and to spend time with them. - OR - The person may have ongoing acquaintance patterns that result in risky or illegal activities with individuals that discourage participation in treatment and derail recovery efforts.
Focus Measure

HEALTH: To what degree is the focus person achieving and maintaining his/her best attainable level of health? If the individual has a serious or chronic physical illness, to what degree is the individual achieving his/her best attainable health status given any disease diagnosis and prognosis.

Core Concepts

To achieve and maintain the best possible health, people need proper nutrition, exercise, rest, fresh air/sunlight, and good hygiene. Preventive health care should include periodic examinations, immunizations, and dental hygiene. Note: If these basic health needs are not met, it may be an indication of neglect (failure to provide critical care to a dependent individual), or self-neglect. Neglect is covered under Status Indicator 2: Behavioral Risk.

Health care education should address health issues pertinent to specific needs, age groups and cultures. The focus individual's prescribed medications should be carefully monitored and he/she should be instructed on the purpose of the medications, the importance of taking them, and the correct dosage, timing and possible side effects. When indicated, the focus individual should be given self-managed medication dispensers. When educating a focus individual on treatment and medications, the health professional must consider his/her ability to understand and follow through with instructions and recommendations. During the assessment stage, consideration should be given to providing any adaptive equipment or other special procedures that would enable the focus individual to fully benefit from the health care being offered.

Probes: Determine from Informants, Observations, Plans, and Records

1. Are the focus individual's basic physical needs being adequately met on a daily basis, including:
   - Food, adequate diet and nutrition, restful sleep, and adequate daily exercise to promote health and wellness?
   - Sanitary housing that is free of safety hazards?
   - Daily care, such as hygiene, dental care, grooming, and clean clothing?

2. Are the focus individual's immunizations complete and up to date? • Does he/she miss school or work due to illness more than often than should be expected? • Does he/she have any recurrent health problems, such as infections, sexually transmitted disease, colds, or injuries? • Does the focus individual have chronic medical conditions, such as hypertension, obesity, or diabetes? • Does she/he have recurrent health complaints, and if so, are they addressed (including dental, eye sight, hearing, shortness of breath, heart palpitations, leg cramps, dizziness, fatigue etc.)? • Does he/she appear to be the appropriate weight?

3. What medication is the focus individual taking and for what purpose? • Is an appropriate adult/caregiver responsible for monitoring the use of the focus individual's medication, is he/she ensuring that it is taken properly, watching for signs of effectiveness or side effects, providing feedback to the physician, and making changes as warranted? • Is the focus individual, at the level that she/he is capable, informed about his/her condition? • Does he/she understand how to self-manage the condition, understand the purpose and impact of the medication, and is he/she able to self-administer medication with supervision?

4. Is the focus individual or (if the individual is dependent) his/her caregiver aware of and ready to address any implications of a chronic or serious medical condition, such as the expected challenges associated with diabetes onset during adolescence or a likely terminal illness?

* The person should be experiencing his/her best attainable health status taking age and any chronic condition or life-threatening diagnosis into account. Even at the end-stage of a terminal illness, the person may have adequate physical care and nutrition, and benefit from excellent palliative health services provided via hospice.

Consider whether the person presents risk factors for disease, disability, or premature death. Such factors may include: heavy tobacco use, substance abuse, tardive dyskinesia, medication side effects, obesity, unsafe sex, lack of family planning, and other high risk behaviors (e.g., sharing needles).

Consider whether the person has access to “wellness” choices (e.g., good diet and exercise) for a positive and healthful lifestyle.

Take the person's age and existing health conditions into account when conducting this review.
STATUS REVIEW 5: HEALTH/PHYSICAL WELL-BEING

Rating of the Focus Person's Current Health Status

Description of the Status Situation Observed

◆ **Optimal Health Status.** The focus individual demonstrates excellent health or, if he/she has a chronic condition, is attaining the best possible health status given that health condition. His/her height and weight are well within age-appropriate expectations. There is no significant health history. The focus individual's needs for nutrition, exercise, sleep, and hygiene are fully met, and he/she appears to be in excellent physical health.

◆ **Good Health Status.** The focus individual demonstrates a good, steady health pattern, considering any chronic health conditions he/she may have. His/her height and weight are generally consistent with age-appropriate expectations. Any previous or current health concerns are addressed and have no lasting impact, or there is no significant health history. His/her nutrition, exercise, sleep, and hygiene needs are substantially met. The focus individual appears to be in good physical health.

◆ **Minimally Adequate to Fair Health Status.** The focus individual demonstrates a minimally adequate to fair level of health, considering any chronic conditions he/she may have. His/her physical health is relatively close to normal for his/her age, height, and weight. Any previous or current health concerns are not adversely affecting his/her functioning. His/her needs for nutrition, exercise, sleep, and hygiene are usually being met. The focus individual appears to be in fair physical health.

◆ **Marginally Inadequate Health Status.** The focus individual demonstrates a limited, inconsistent, or somewhat inadequate level of health. Any chronic condition may be becoming somewhat problematic. The focus individual's physical health is somewhat outside of normal limits for his/her age, height, and appropriate weight range. Any previous or current health concerns may be adversely affecting his/her functioning. His/her needs for nutrition, exercise, sleep, and hygiene may be inconsistently met. The focus individual appears to be in marginally inadequate physical health.

◆ **Poor Health Status.** The focus individual demonstrates a consistently poor level of health. Any chronic conditions he/she may have may be continuing with adverse effects, possibly with presentation of acute episodes (e.g., diabetes, seizures, and hypertension). The individual's physical health may be significantly outside of normal limits for his/her age, height, and appropriate weight range. Any previous or current health concerns may be significantly affecting his/her functioning. His/her needs for nutrition, exercise, sleep, and hygiene may not be met, and that may be significantly impacting his/her ability to function. The focus individual appears to be in poor physical health and physical health is not improving, but is remaining at the current poor level.

◆ **Worsening Health Status.** The focus individual demonstrates a poor and declining level of health. Any chronic conditions he/she may have may be increasing and uncontrolled, with presentation of acute episodes that increase health risks. The individual's physical health is profoundly beyond normal limits for his/her age, height, and appropriate weight range. Any previous or current health conditions may be profoundly affecting his/her functioning. His/her needs for nutrition, exercise, sleep, and hygiene may not be met, with profound impact. The focus individual appears to be in poor physical condition and his/her health status is declining, and may be at risk of more serious health issues or death.
STATUS REVIEW 7: SUBSTANCE USE

Focus Measure

SUBSTANCE USE: • To what degree is the person free from substance use impairment? • If the person is in recovery from a substance use disorder or addiction, is the living arrangement and social environment supportive of recovery efforts?

Core Concepts

While any alcohol or substance use is problematic and warrants attention, there are varying degrees and types of substance use resulting in subsequent life impairment. Substance is defined as an illicit substance, misuse of over-the-counter medications, misuse of prescribed medications, and/or misuse of chemicals, including misuse of alcohol. Individuals with substance use disorders often have impaired parenting abilities and social skills. Early identification and treatment of substance use disorders will contribute to improved functioning and positive outcomes.

Impairment arising from substance use poses potential harm to physical and emotional well-being. If using substances, the person should be making reasonable progress toward recognizing problems with substance use, increasing motivation to “take charge” of reducing their own substance use, lowering the impairment and risks associated with substance use, and decreasing the use of substances. Recovery efforts may involve active treatment (e.g., medication and/or psycho-social intervention), participation in support groups, changing daily activity patterns and social connections, moving to another area away from sources of addictive substances, and creating an environment (physical and social) that is supportive of recovery efforts. This review focuses on the person’s pattern of substance use and reliance on supports for recovery.

This indicator is applicable only to adults who have histories of substance use impairment. This indicator does not apply to a person who has no history of substance use impairment.

Probes: Determine from Informants, Observations, Plans, and Records

1. Has the person been screened for substance use disorder? • If yes, what methods are being used? • What are the screening results over the past six months for this person?

2. Is there any alcohol or substance use by the person? • If yes, what type of substance is used, what method is used, how often is the substance used, and what are the consequent life problems?

3. Does the person have a substance use disorder? • Is the climate in the home/community supportive of treatment and recovery efforts?

4. Is the person using substances in isolation, with family, or with a peer group?

5. Is substance use related to other high risk behavior (needle sharing, sexual activity, DUI, etc.)?

6. Is substance use causing functional impairment (problems with family, peers, or citizens in the community, or difficulty with employment)? • Does the individual recognize the impact of his/her use/abuse of substance?

7. Has substance use led to criminal activity or involvement with police or courts? • If yes, what is this person’s current legal status?

8. What level of motivation does the person have for obtaining/maintaining a substance-free lifestyle? • What stage of change is this person operating at now with respect to recovery and relapse prevention possibilities?

9. Is the person currently receiving treatment for substance use? • Has the person needed and/or received treatment for substance use within the past year?

10. If treatment for substance use has been received and completed, has relapse presented as a problem? • If so, how often? • Is relapse prevention being pursued?

11. Is this person parenting dependent children? • If so, are these children under protective supervision or out-of-home care (e.g., kinship care or foster care) by the child welfare system? • If so, is the person’s recovery and relapse prevention strategies and plans being coordinated with the safe reunification efforts and child/family safety plans being made by the child welfare agency so that this person may get his/her children back home again?
**STATUS REVIEW 7: SUBSTANCE USE**

**Description and Rating of the Person's Current Status**

**Description of the Status Situation Observed for the Person**

**Rating Level**

- **Optimal Status.** The person is fully free from substance use impairment at this time. If the person has experienced substance use impairment in the past, the person has maintained sobriety for at least 12 months without relapse. The social climate in the home and support network is fully supportive of recovery efforts. The person enjoys life and feels connected with others of importance in his/her life. - AND - Any co-occurring mental health or physical health concerns are fully understood and being managed with excellent results for the person.

- **Good Status.** The person is free from substance use impairment at this time. If the person has experienced substance use impairment in the past, the person has maintained sobriety for at least six months without relapse. The social climate in the home and support network is generally supportive of recovery efforts. - AND - Any co-occurring mental health or physical health concerns are generally understood and being managed with substantially good results for the person.

- **Fair Status.** The person may have had recent substance use, but impairment is substantially reduced or limited and daily functioning is at a minimally adequate level. The person may be actively participating in an appropriate treatment program. The person may be showing progress in treatment. The social climate in the home and support network is somewhat supportive of recovery efforts. - AND - Any co-occurring mental health or physical health concerns are somewhat understood and being managed with minimally adequate to fair results for the person.

- **Marginally Inadequate Status.** The person has mild to moderate substance use impairment that may result in some negative consequences or adversely affects functioning in daily settings. The person may be receiving treatment but may be making little progress. The social climate in the home and support network may not be very supportive of recovery efforts. - OR - The person has co-occurring mental health or physical health concerns that are not very well addressed.

- **Poor Status.** The person may have an established pattern of substantial and continuing substance use impairment. The person has moderate to serious substance use that results in very negative consequences and/or substantial functioning limitations. The person may be continuing to use substances and may not be making progress in a treatment program. The social climate in the home may substantially undermine recovery efforts. The person's support network is not functioning or there is no network in place for this person. - OR - The person has co-occurring mental health or physical health concerns that are poorly understood or addressed in present treatment efforts.

- **Adverse Status.** The person has serious and worsening substance use impairment. The person has serious life-threatening substance use patterns that result in significant negative consequences and/or major functional limitations and may cause restriction in an institutional setting. The person's substance use is worsening. The social climate around the person may actively support continued substance use and possibly other illegal activities. - OR - The person has serious co-occurring mental health or physical health concerns that undermine other treatment efforts.

- **Not Applicable.** The person does not have a history of alcohol or substance use impairment. This indicator does not apply at this time.
Focus Measure

MENTAL HEALTH STATUS: • 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?

Core Concepts

Mental health status and emotional well-being are essential for adequate functioning in a person’s daily life settings. To do well in life, a person should:

• Present an affect pattern appropriate to time, place, person, and situation.
• Have a sense of belonging and affiliation with others rather than being isolated or alienated.
• Socialize with others in various group situations as appropriate to age and ability.
• Be capable of participating in major life activities and decisions that affect him/her.
• Be free of or reducing major clinical symptoms of emotional/behavioral/thought disorders that interfere with daily activities.
• Benefit from continuity of care between health care and mental health service providers, especially when the person has chronic health needs that must be managed concurrent with psychiatric needs.

For a person with mental health needs who requires special care, treatment, rehabilitation, or support in order to make progress toward stable and adequate functioning in daily settings, the person should be receiving necessary services and demonstrating progress toward adequate functioning in most aspects of life. Some persons may require well-coordinated health care and mental health services to be successful. Others may require income assistance or support services. Timely and adequate provision and coordination of supports and services should enable the person to benefit from treatment and make progress toward recovery.

Probes: Determine from Informants, Observations, Plans, and Records

1. Is the person currently presenting psychiatric symptoms or behavioral problems in daily settings? • If so, which settings and what are the problems? • What stage of change is this person at now with respect to recovery and relapse prevention possibilities?

   Stages of Change: • Precontemplation: no intention to change behavior; may be unaware of problems or opportunities. • Contemplation: is aware of problems or opportunities; thinks about acting upon it but has not made a commitment to take action. • Preparation: combines intention with early behaviors; planning to take action within the next month. • Action: activities are being undertaken to modify behavior and take advantage of opportunities with commitment of time and energy. • Maintenance: person works to make and consolidate gains while acting to prevent relapse or loss; may enter this stage within six months of behavior change.

2. Does the person receive treatment and rehabilitation services? • If so, are symptoms being reduced or managed? • Is the person’s level of functioning improving? • Is the person learning how to cope with troublesome symptoms?

3. Does the person have a serious behavior problem? • If so, are maladaptive or high risk behaviors being reduced and replaced with functional behaviors?

4. Does the person present an affect pattern appropriate to time, place, person, and situation? • If not, how are mood and/or anxiety problems being addressed?

5. Is the person receiving supportive counseling and, where necessary, special assistance in daily settings consistent with his/her needs for success?

6. Does the person receive medication education? • Is this person managing his/her own medications? If so, how reliably?

7. Does this person resist medications? • Does he/she present any adverse side effects of medications?

8. Is the person making progress toward recovery? • Is the person receiving insight-oriented therapy to build coping skills and life management understandings?

9. Does the person receive services, as necessary, to prevent relapse?

10. Does the person enjoy life and feel connected with others?
STATUS REVIEW 8: MENTAL HEALTH STATUS

Description and Rating of the Person’s Current Status

Description of the Status Situation Observed for the Person

◆ Optimal Mental Health Status. The person is fully stable, maintaining, and functioning very well across settings. The person may enjoy many positive and enduring supports from a variety of people. He/she may socialize well with others in various group situations, as appropriate, to ability and preferences. He/she may be participating at a high and consistent level in major life activities and decisions that affect him/her. The person enjoys life and feels connected with others of importance in his/her life. - AND - Any co-occurring alcohol, substance use, and/or physical health concerns are fully understood and being well managed with excellent results for the person.

◆ Good Mental Health Status. The person is substantially stable and functioning adequately across settings. The person may have some positive and enduring supports from a variety of people. He/she may socialize in generally acceptable ways with others in various group situations, as appropriate to ability and preferences. He/she may be participating at a substantial level in major life activities and decisions that affect him/her. - AND - Any co-occurring substance use or physical health concerns are fully understood and being well managed with excellent results for the person. Any co-occurring alcohol, substance use, and/or physical health concerns are generally understood and being managed with substantially good results for the person.

◆ Fair Mental Health Status. The person is functioning with no more than expectable reactions to social stressors and no more than slight impairment. The person may have a few positive and enduring supports, mostly from staff or family. He/she may socialize occasionally in at least minimal ways with others in group situations, as appropriate to ability and preferences. He/she may participate at a minimal level in major life activities and decisions that affect him/her. - AND - Any co-occurring alcohol, substance use, and/or physical health concerns are somewhat understood and being managed with minimally adequate to fair results for the person.

◆ Marginally Inadequate Mental Health Status. The person is functioning with some symptoms or some difficulties in social situations. The person may have a few positive and enduring relationships. He/she may socialize occasionally or marginally with others in group situations, as appropriate to ability and preferences. He/she may be participating at a marginal level in major life activities and decisions that affect him/her. At this level, staff may be working diligently, but may be doing things that don’t work for this person. - OR - The person has co-occurring alcohol, substance use, and/or physical health concerns that are not well addressed in current treatment efforts.

◆ Poor Mental Health Status. The person is functioning with moderate-to-serious symptoms or substantial difficulties in social situations. The person may have a few relationships with rare or unpleasant contacts. He/she may not socialize with others in group situations. He/she may not be participating in major life activities and decisions that affect him/her. At this level, staff may be working, but may be doing things that don’t work for this person. - OR - Efforts may be substantially inconsistent across health and mental health providers. - OR - The person has serious co-occurring alcohol, substance use, and/or physical health concerns that are poorly understood or addressed, thus, limiting current treatment efforts.

◆ Adverse/Worsening Mental Health Status. The person is functioning with serious-to-severe impairments and with potentially dangerous symptoms. The person may be socially isolated or withdrawn. He/she may not be capable of participating in major life activities and decisions that affect him/her. The person may be experiencing an absence of appropriate treatment or breakdown in coordination of treatment modalities with no continuity in care by health and mental health providers. - OR - The person has unrecognized or ignored co-occurring alcohol, substance use, and/or physical health concerns of a serious nature that undermine current treatment efforts.

◆ Not Applicable. The person does not have a history of mental illness or emotional/behavioral impairments. This indicator does not apply at this time.
Focus Measure

**ROLE & VOICE:** To what degree is the focus person an active ongoing participant (e.g., having a significant role, voice, and influence) in decisions made about intervention goals, strategies, services, and results?

Core Concepts

The appropriateness of Role and Voice to the case is determined by consideration of the focus individual's developmental stage (age and/or mental capacity). The focus person (if appropriate to the case) should be a full and effective partner on the team of service providers, fully participating in all aspects of assessment, service planning, implementation, monitoring, and evaluation of results. Ownership, leadership, full participation, commitment, and follow-through by the focus individual are essential to creating a workable and effective change process for him/her.

The focus person should have an active role in developing goals and objectives, as well as in the development and implementation of plans. His/her role includes, but is not limited to:

- Knowing and explaining his/her strengths, needs, preferences, and challenges so that others may understand and assist.
- Understanding, accepting, and working toward any non-negotiable conditions that are essential for safety and well-being.
- Attending team meetings and shaping key decisions about goals, intervention strategies, special services, and essential supports.
- Advocating for needs, supports, and services.
- Doing any necessary following through on interventions.

Probes: Determine from Informants, Observations, Plans, and Records

1. To what degree is the focus person in control of the intervention/change process? • Does the person want an active role and voice in decisions?

2. How well is the focus individual fulfilling a lead role in advocating for needs, supports and services? • If a caregiver is representing the needs of the focus individual, how was this person selected? • Can the caregiver speak freely and express his/her wants and needs? • Do others listen?

3. At what level is the focus individual's voice heard and used to influence key decisions? • Does the focus individual understand and accept any non-negotiable requirements or conditions necessary for safety and well-being?

4. How often does the focus individual attend team meetings and other activities?

5. Are there factors that substantially and repeatedly prevent or reduce the caregiver's opportunity or ability to function as an advocate? • If so, what are these factors? • What supports are provided to enhance the caregiver's role and voice in decisions?

6. If there are factors that substantially and repeatedly impede the caregiver's opportunity or ability to function effectively in matters related to the focus individual's service needs, has agency staff offered special accommodations or supports to the caregiver to facilitate his/her effective participation? • If so, have they been accepted by the caregiver and has this improved his/her participation? • If accommodations or supports have not been offered, why not?
Rating of the Focus Person’s Current Role and Voice in Decision Making

Description of the Focus Person’s Role and Voice (as appropriate to the case under review)  
Rating Level

◆ **Optimal Role & Voice.** The focus individual is a full and effective partner on the team of service providers, fully participating in all aspects of assessment, service planning, implementation, monitoring and evaluation of results. The focus individual (as appropriate) has a central and directive role, providing a voice that shapes the course and pace of decisions.

◆ **Good Role & Voice.** The focus individual is a substantial contributing partner on the team of service providers, generally participating in most aspects of assessment, service planning, implementation, monitoring, and evaluation of results. The focus individual (as appropriate) has a present and effective role, providing a voice that influences the course and pace of decisions made by the team.

◆ **Fair Role & Voice.** The focus individual minimally participates in some aspects of team decision making, assessment, service planning, implementation, monitoring, and evaluation of results. The focus individual (as appropriate) has a minimally effective role, providing a voice that suggests and affirms the course and pace of decisions made by the team.

◆ **Marginally Inadequate Role & Voice.** The focus individual is a limited or inconsistent participant in a few aspects of assessment, service planning, implementation, monitoring, and evaluation of results. The focus individual may have limiting circumstances, may not have been offered accommodations or supports, or may not wish greater participation even when offered accommodations or assistance. The focus individual (as appropriate) has a marginal role, providing a somewhat passive voice that acknowledges or accepts the course and pace of decisions made by the team of service providers.

◆ **Substantially Inadequate Role & Voice.** The focus individual seldom participates in any aspects of assessment, service planning, implementation, monitoring, and evaluation of results. The focus individual may have challenging circumstances, may not have been offered acceptable accommodations or supports, or may not wish greater participation even when offered accommodations or assistance. The focus individual (as appropriate) has a missing or silent role and a missing or passive voice that tacitly accepts or possibly rejects the course and pace of decisions made by the team of service providers.

◆ **No Role & Voice.** The focus individual has not participated in any aspects of assessment, service planning, implementation, monitoring, and evaluation of results within the past six months or since the last team meeting (whichever is the more recent time event). The focus individual may be experiencing overwhelming life circumstances, without the benefit of special accommodations for support or participation. Note: If the focus individual requires an advocate but does not have an advocate, then the focus individual would be considered to be without a role or voice in decisions being made about him/her.

◆ **Not Applicable.** The focus individual cannot exercise a role and voice at this time.
Focus Measure

EDUCATION/CAREER DEVELOPMENT: • Is this person actively engaged in educational activities (e.g., adult basic education, GED course work, or post-secondary education), vocational training programs, or transitional employment? • Is the person receiving information about work 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?

Core Concepts

Opportunities to improve one’s skills, knowledge, and life potential are important for all adults. Education and training are ways that people use to promote life-long learning, enhance life opportunities, and advance career possibilities. Subject to ability, choice, and support, a person with mental illness should be able to access learning activities available within the community. Learning activities include adult basic education, GED classes, post-secondary education (via community college, university, online courses) and vocational training programs for career preparation or advancement. Under provisions of Section 504, Rehabilitation Act, 1973, persons with disabilities may request and receive special accommodations from educational institutions that enable them to participate in and benefit from educational opportunities. Educational advocacy by a case manager, social worker, or counselor may be necessary to secure opportunities and accommodations for an adult with mental illness who meets enrollment criteria and who chooses to advance his/her education or career skill status.

The focus of this review is placed upon the person’s participation in adult learning opportunities available within the community and/or treatment setting. Concerns in this review include whether the person: (1) is aware of learning opportunities; (2) is assisted in enrollment and securing accommodations (including GED club houses; tutoring services; access to computers; consumer education about benefits, losses, access, rights, responsibilities, advocacy, and mental health programs), if eligible and interested; and (3) is participating with any special supports or services that may be necessary for the person’s success. This review is not applicable for persons who, by choice, are not currently participating in such activities. Consideration of the person’s stage of change would be useful in understanding a person’s refusal of opportunities.

Probes: Determine from Informants, Observations, Plans, and Records

1. Is the person aware of the learning activities and opportunities currently available in his/her community and/or treatment setting?
2. Does the person meet enrollment requirements to participate in and benefit from learning activities in the community that are of interest to the person?
3. Is the person currently accessing and participating in a community learning activity? • If so, what advocacy, support, or special accommodations are being provided to this person?
4. Is the person receiving consumer education information and advice on the financial and social benefits gained from employment, possible losses of SSI, SSDI, or Medicaid benefits, rights and responsibilities related to employment, and information about sources of advocacy and assistance?
5. If given assistance or support, would this person be interested and willing to continue his/her education?
6. Does this person need educational advocacy to gain access to learning activities, with special accommodations as necessary for participation and success? • If so, has educational advocacy been offered or provided to this person?
7. Does this person’s life situation (e.g., parent of a newborn infant, hospitalized, or elderly) or current work schedule prevent the person from pursuing learning opportunities at this time?
8. Has this person been offered educational opportunities recently but declined participation? • At what stage of change is this person now operating?
STATUS REVIEW 10: EDUCATION/CAREER DEVELOPMENT

Description and Rating of the Person’s Current Status

Description of the Status Situation Observed for the Person

◆ **Optimal Education/Career Development.** The person has high aspirations and goals to pursue learning activities in the community. The person is actively and successfully engaged in formal educational activities (e.g., adult basic education, tutorial assistance, GED course work, or post-secondary education/bachelor’s degree) or vocational training. The person may have needed, requested, and received excellent educational advocacy (including financial assistance), support, and/or special accommodations to access and benefit from learning opportunities. The person may be making excellent progress.

◆ **Good Education/Career Development.** The person has many aspirations and goals to pursue learning activities in the community. The person is actively and substantially engaged in formal educational activities (e.g., adult basic education, GED course work, tutorial assistance, or post-secondary education) or vocational training. The person may have needed, requested, and received good educational advocacy (including financial assistance), support, and/or special accommodations to access and benefit from learning opportunities. The person may be making good progress.

◆ **Fair Education/Career Development.** The person has some aspirations and goals to pursue learning activities in the community. The person is somewhat engaged in formal educational activities (e.g., adult basic education, GED course work, or post-secondary education) or vocational training. The person may have needed, requested, and received some educational advocacy, support, and/or special accommodations to access and benefit from learning opportunities. The person may be making fair progress.

◆ **Marginally Inadequate Education/Career Development.** The person has some aspirations and goals to pursue learning activities in the community. The person is marginally engaged in formal educational activities (e.g., adult basic education, GED course work, or post-secondary education) or vocational training. The person may have needed, requested, and received limited or inconsistent educational advocacy, support, and/or special accommodations to access and benefit from learning opportunities. The person may be making little progress.

◆ **Poor Education/Career Development.** The person has some aspirations and goals to pursue learning activities in the community. The person is poorly or inconsistently engaged in formal educational activities or vocational training. The person may have needed, requested, and received inadequate educational advocacy, support, and/or special accommodations necessary to access and benefit from learning opportunities. The person may be making poor or no progress.

◆ **Absent Education/Career Development.** The person has some aspirations and goals to pursue learning activities in the community. The person is not engaged in formal educational activities or vocational training. The person may have needed, requested, but received no educational advocacy, support, and/or special accommodations necessary to access and benefit from learning opportunities. The person is lacking the opportunity to make progress.

◆ **Not Applicable.** EITHER: The person is presently employed without need for further education or career preparation. - **OR** - The person made an informed choice not to participate at this time. - **OR** - The person may have a condition or situation that would prevent participation at this time (e.g., serious illness, incarceration, physical disability, traumatic brain injury, or advanced age–frail elderly).
Focus Measure

WORK: • As appropriate to life stage and health status, is this person actively engaged in employment, competitive or supported (earning federal minimum wage or above, in an integrated community setting), or in an individual placement with supports in a productive situation? • If not, is the person exploring productive opportunities in consumer-operated services, an internationally accredited club house, community center, or library?

Core Concepts

Work gives meaning and value to one's life. Work provides a respected social role and a way to participate in and interact with others in the community. Work provides natural forms of affiliation and a way to develop friends via meaningful social contribution. Opportunities to offer one's skills, knowledge, and time for good purpose and personal benefit are important for adults. Subject to choice, a person with mental illness or in addiction recovery should be able to access and participate in productive activities available within the community. Activities may include various forms of work (competitive, supported, full or part-time) or job training-related activities that lead to employment. Under provision of Section 504, Rehabilitation Act, 1973 and the Americans with Disabilities Act (ADA), persons with disabilities may request and receive special accommodations from employers that enable them to participate in and benefit from employment opportunities. Advocacy and assistance by a case manager, social worker, employment support specialist/job coach or counselor may be necessary to secure work or volunteer opportunities and accommodations for the person who seeks employment opportunities. Some individuals may require special supports to which they may be entitled through various government programs, such as Vocational Rehabilitation, Social Security Administration (Ticket to Work), or Temporary Assistance to Needy families (TANF).

The focus of this review is placed upon the person's participation in opportunities for work. Concerns here include whether the person: (1) is aware of productive opportunities and supports; (2) is assisted in all phases or choosing, getting, and keeping employment as well as securing accommodations, if eligible and interested; and (3) is participating with any special supports or services that may be necessary for the person's success. This review is not applicable for a person who by choice is not currently participating in work. Yet, for these individuals, a referral to a counselor/primary therapist should be initiated within a few days to discuss the individual's fears, concerns, or anxiety of not wanting to become engaged in employment. Consider the stage of change at which the person is operating.

Probes: Determine from Informants, Observations, Plans, and Records

1. How is this person made aware of employment or work opportunities currently available in his/her community? • Vocational Rehabilitation, Work One Centers, Social Security Administration (Ticket to Work)?
2. How is the person currently accessing and participating in integrated, community-based services and supports? • How is advocacy, support(s), or special accommodations being provided to this person?
3. How was encouragement, engagement, assistance, or support given to the individual in moving towards an attempt at trying/returning to work?
4. How was it determined that the individual needed assistance or advocacy to gain access to productive activities (with special accommodations as necessary) for participation and success? • If needed, how has advocacy been offered to this person?
5. In what ways does the person's life situation or current educational schedule prevent the person from pursuing productive opportunities at this time? • What is being done to assist the individual? • What choice of job, schedule, work site, and supports has the person been offered?
6. How did the person receive options of his/her choice(s), or were options limited to jobs available in a particular program or service?
7. In what ways has educational information about the impact of earned income and gain of benefits been discussed with this person? • Has assistance been offered to offset any losses of benefits? • Does the person have a low income job of a part-time nature (e.g., waitress or farm worker)?
8. Does the person have goals and plans for employment that are specific, measurable, attainable, results oriented, and timeframed that will assist in achieving their vocational ambitions and interest?
9. In what ways does the individual qualify for Vocational Rehabilitation; e.g., receives Social Security benefits, limited functioning in cognitive and learning skills, communication, interpersonal skills, mobility, motor skills, self-care, self-direction, work skills, work tolerance, or underemployed?
10. Is there an absence of job opportunities locally available for someone with this person's ability, skills, and/or legal record?
Description and Rating of the Person's Current Status

Description of the Status Situation Observed for the Person

◆ **Optimal Work/Opportunities.** The person has aspirations and goals to pursue work in the community. And, the person is successfully engaged in activities (e.g., work or job training). The person may have needed, requested, and received excellent assistance, advocacy, support, and/or special accommodations to access and benefit from productive opportunities. The person may be experiencing excellent success in and significant benefits from current work or job training.

◆ **Good Work/Opportunities.** The person has aspirations and goals to pursue work in the community. And, the person is actively and substantially engaged in activities (e.g., work or job training). The person may have needed, requested, and received good levels of assistance, advocacy, support, and/or special accommodations to access and benefit from productive opportunities. The person may be experiencing good success and substantial benefits in his/her work or job training.

◆ **Fair Work/Opportunities.** The person has aspirations and goals to pursue work in the community. And, the person is frequently engaged in activities related to work or job training. The person may have needed, requested, and received minimally adequate levels of assistance, advocacy, support, and/or special accommodations to access and benefit from work related opportunities. The person may be experiencing a fair degree of success and some benefits in his/her work or job training.

◆ **Marginally Inadequate Work/Opportunities.** The person has aspirations and goals to pursue work in the community. But, the person is seldom engaged in work or job training activities. The person may have needed, requested, and received limited or inconsistent assistance, advocacy, support, and/or special accommodations to access and benefit from productive opportunities. The person may be experiencing minor problems with and limited benefits in his/her productive activities. Local work opportunities may be limited.

◆ **Poor Work/Opportunities.** The person has aspirations and goals to pursue work in the community. But, the person is poorly or inconsistently engaged in productive activities. The person may have needed, requested, and received little or poor quality assistance, advocacy, support, and/or special accommodations to access and benefit from productive opportunities. The person may be experiencing significant problems with and few, if any, benefits in his/her productive activities. Local work opportunities may be poor.

◆ **Absent Work/Opportunities.** The person has aspirations and goals to pursue work in the community. But, the person is not engaged in productive activities. The person may have needed and requested, but not received assistance, advocacy, support, and/or special accommodations necessary to access and benefit from productive opportunities. The person is lacking the opportunity to be productive. There are no employment opportunities locally available for someone with this person’s skills or legal record.

◆ **Not Applicable.** EITHER: The person made an informed choice not to participate at this time. - OR - The person may be a full-time homemaker caring for young children in the home and chooses not to work at this time. - OR - The person may have a condition or situation that would prevent participation at this time (e.g., serious illness, incarceration, physical disability, traumatic brain injury, or advanced age—frail elderly).
Focus Measure

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

Core Concepts

Recovery activities may involve use of various forms of medical care along with psychosocial adjustment and vocational training/retraining in an effort to maximize functioning, adjustment, and recovery for a person having serious and persistent mental illness and/or addiction. Recovery aims to prepare the person physically, mentally, socially, and vocationally for the fullest possible life, consistent with his/her abilities, ambitions, and choices. It is an individualized, dynamic, and purposeful process built around skills training and support modalities, as well as directed socialization complementing therapy and retraining.

Recovery activities and services aim to help a person make the best use of his/her capacities within as normal as possible social context. For a person with a serious and persistent mental illness and/or addiction, rehabilitation usually aims to: (1) prevent relapse and rehospitalization by achieving successful community supports and services, (2) improve the person’s quality of life by assisting the person manage his/her life, and (3) achieve valued social roles in the community. Recovery efforts focus on strengthening the person’s skills and developing the environmental supports necessary to sustain the person in the community. Successful recovery depends on a network of community services. The focus in this review is placed on access to and use of recovery and relapse prevention support opportunities. Recovery support activities are oriented toward successful community living and self-directed life management. This review may be deemed not applicable for a person who is functioning independently and successfully in the community or who declines recovery opportunities after reasonable, ongoing efforts to engage the person via outreach with attractive offers of supports and services. Consider the stage of change at which the person is operating.

Probes: Determine from Informants, Observations, Plans, and Records

1. What outreach and engagement efforts are being used to develop this person’s interests in recovery and relapse prevention opportunities?
2. Is this person currently participating in recovery activities? If not, why not?
3. What recovery/relapse prevention opportunities have been offered to this person? • If the person declined participation, what efforts were made to engage the person? • Were reasonable and attractive choices (to the person) offered? • What supports or incentives were offered?
4. What is the nature of recovery activities in which the person is now participating: a general program for a group of participants or individually tailored services and activities designed to meet specific needs and personally selected goals?
5. Do recovery activities offered or used include skills development, social networking, hope, coping, self-agency, self-management, relapse prevention/support, restarting recovery, and choices about where and how to work the process?
6. Given current recovery services, is the person making progress toward achievement of personally selected recovery goals? • Does the person see them as meaningful?
7. Has this person progressed to the self-management and sustainability stage of recovery?
8. Are any of the available recovery activities peer operated?
STATUS REVIEW 12: RECOVERY ACTIVITIES

Description and Rating of the Person's Current Status

Rating Level

◆ Optimal Recovery Activities. The person has the need, ambition, and interest to pursue recovery opportunities. And, the person is highly motivated to participate in rehabilitative activities. The person may have been engaged via an excellent outreach effort and/or a change in his/her mental health status. The person may have needed, requested, and received excellent assistance, advocacy, and support to access and benefit from recovery opportunities. The person may be experiencing excellent progress toward accomplishing personally chosen life goals and recovery.

6

◆ Good Recovery Activities. The person has the need, ambition, and interest to pursue recovery opportunities. And, the person is substantially motivated to participate in rehabilitative activities. The person may have been engaged via a positive outreach effort. The person may have needed, requested, and received good assistance, advocacy, and support to access and benefit from recovery opportunities. The person may be experiencing good and substantial progress toward accomplishing personally chosen life goals and recovery.

5

◆ Fair Recovery Activities. The person has the need, ambition, and interest to pursue recovery opportunities. And, the person is somewhat motivated to participate in rehabilitative activities. The person may have been engaged via a modest outreach effort. The person may have needed, requested, and received minimally adequate assistance, advocacy, and support to access and benefit from recovery opportunities. The person may be experiencing fair progress toward accomplishing personally chosen life goals and recovery.

4

◆ Marginally Inadequate Recovery Activities. The person has the need, ambition, and interest to pursue recovery opportunities. But, the person has difficulty in sustaining motivation to participate in rehabilitative activities. The person may have been engaged via a limited outreach effort. The person may have needed, requested, and received limited or inconsistent assistance, advocacy, and support to access and benefit from recovery opportunities. The person may be experiencing limited progress toward accomplishing goals possibly set by others.

3

◆ Poor Recovery Activities. The person has the need, ambition, and interest to pursue recovery opportunities. But, the person has not been able to sustain motivation to participate in rehabilitative activities. The person may not have been engaged via outreach efforts for a variety of current reasons or may have had a previous negative experience. The person may have needed, requested, and received inadequate assistance, advocacy, and support to access and benefit from recovery opportunities. The person may be experiencing little, if any, progress toward accomplishing goals.

2

◆ Absent Recovery Activities. The person has the need, ambition, and interest to pursue recovery opportunities. But, the person cannot agree to participate in rehabilitative activities. The person may not have been engaged via outreach efforts for a variety of longstanding reasons or may have had previous negative experiences. The person may have needed or requested, but not received any assistance, advocacy, and support to access and benefit from recovery opportunities. The person may be experiencing no progress toward life goals or could be becoming increasingly isolated or disabled.

1

◆ Unable to Participate at this Time. The person may have a condition or situation that would prevent participation at this time (e.g., terminal illness, incarceration, major physical disabilities, traumatic brain injury, or advanced age—frail elderly).

NA
SECTION 3

PROGRESS INDICATORS

[Progress over the Past 180 Days
or Since Admission, if less than 180 days]

Progress Indicators
1. Reduction of Psychiatric Symptoms 38
2. Reduction of Substance Use Impairment 39
3. Improved Self Management 40
4. Risk Reduction 41
5. Progress Toward Recovery Goals 42
Focus Measure

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

Core Concepts

A person receiving treatment for mental illness may have one or more diagnoses based on psychiatric symptoms and other conditions. As a result of treatment intervention (e.g., psychiatric medications), relapse prevention, and recovery support, symptoms of disorders are expected to diminish over time. Effective treatment response is accompanied by reduction in symptoms and, hopefully, restoration of the person to adequate functioning. Persons receiving appropriate treatment are expected to experience reduction in symptoms over the course of treatment and recovery. Medications alone, however, are seldom sufficient to eliminate or prevent the recurrence of some troubling symptoms. For this reason, recovery efforts are aimed at helping the person develop coping strategies that promote the person’s self-management and tolerance of those symptoms without accompanying losses in daily functioning. The purpose of this review is to determine the person’s progress in the reduction and self-management of bothersome symptoms associated with the disorder or condition being treated. The reviewer should use the scale provided below to report the degree of progress in symptom reduction and/or substance use reported by informants and records in this case.

Description and Rating of the Person’s Recent Progress

<table>
<thead>
<tr>
<th>Rating Level</th>
<th>Description of the Progress Observed for the Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td><strong>Optimal Progress.</strong> The person is making excellent progress in or maintaining a high level of symptom reduction, coping, and self-management at a level well above expectation. The disorder may be in partial-to-full remission. There no longer may be any symptoms or signs of disorder or the person is coping exceptionally well with persisting symptoms of a troublesome nature. Functioning is now similar to previous favorable levels.</td>
</tr>
<tr>
<td>5</td>
<td><strong>Good Progress.</strong> The person is making good and substantial progress in or maintaining a good level of symptom reduction, coping, and self-management at a level somewhat above expectation. Coping and self-management are at a good and consistent level. Symptoms do not interfere with the person’s life and pursuit of happiness.</td>
</tr>
<tr>
<td>4</td>
<td><strong>Fair Progress.</strong> The illness is now at a mild-to-moderate level with some symptoms of functional impairments still present in social or work settings. Coping and self-management are at a fair level. Symptoms may sometimes minimally interfere with the person’s life and pursuit of happiness. Recent progress in this area is minimally adequate to fair.</td>
</tr>
<tr>
<td>3</td>
<td><strong>Marginally Inadequate Progress.</strong> The person is making limited or inconsistent progress in symptom reduction, coping, and self-management at a level that is uncomfortable and that reduces or impairs some life functions. Coping and self-management are at a limited or inconsistent level. The illness is now at a moderate level with substantial symptoms or functional impairments present in social or work settings.</td>
</tr>
<tr>
<td>2</td>
<td><strong>No Progress.</strong> The illness is now at a moderate-to-severe level with many symptoms and marked functional impairments present in social or work settings. Coping and self-management remain at an impaired level. Risks of restriction, isolation, increased disability, or injury may be present.</td>
</tr>
<tr>
<td>1</td>
<td><strong>Decline.</strong> The person’s symptoms are increasing. Serious symptoms and increasing functional limitations may be present across settings. Overwhelming symptoms are outrunning the person’s coping capacity and self-management capabilities at the present time. Risks of increased restriction, isolation, disability, or injury are high.</td>
</tr>
<tr>
<td>NA</td>
<td><strong>Not Applicable or Not Indicated.</strong> EITHER: The person was functioning at a good to optimal level at the beginning of the observation period (6 months ago, or since admission—if less that 6 months), has maintained that level over the course of this time period, and did not have this as a treatment goal. - OR - There were/are compelling medical reasons to defer change in this area over the observation period (e.g., hospitalization for a serious physical illness or pregnancy).</td>
</tr>
</tbody>
</table>
Focus Measure

REDUCTION OF SUBSTANCE ABUSE: To what extent is the person making progress in reducing substance use and related impairments, while achieving sobriety, relapse prevention, and improved self-management of life choices that promote recovery?

Core Concepts

Substance use activities, related impairments, and their adverse social consequences may cause significant difficulties for functioning in daily settings and activities. Overcoming addiction and/or substance use impairment and building appropriate functional behavior patterns while reducing behaviors that may cause problems in social and work settings may be addressed through residential treatment, medications, relapse prevention strategies, positive behavioral supports, rehabilitative services, and lifestyle changes developed uniquely for and with the person or through a combination of these modalities. Where appropriate, the person’s recovery should be evaluated on the basis of the person’s improvement over time. The person either should be presenting improved functional behavior patterns in daily settings or should be demonstrating substantial progress toward sobriety, relapse prevention, improved functioning, problem solving, and self-management of recovery.

Persons with substance use impairment may require specialized or intensive supports and services for a period of time to participate in community settings, consistent with the person’s preferences. The person should be learning how to understand and meet daily life challenges encountered at home, at work, and in the community as a part of recovery and increasing self-management. This may include a step-by-step process of meeting short-term goals that increases hope for recovery and demonstrates practical progress in self-management. The reviewer should rate the person’s progress in achieving sobriety and using social and self-management skills in community settings, according to the person’s culture, ambitions, and present opportunities for improvement.

Description and Rating of the Person’s Recent Progress

Description of the Progress Observed for the Person

Rating Level

◆ Optimal Progress. The person is making excellent progress toward or maintaining a high level of sobriety, relapse prevention, coping, and self-management at a level well above expectation. The substance use impairment may be in partial-to-full remission. There no longer may be any symptoms or signs of disorder or the person is coping exceptionally well with persisting symptoms of a troublesome nature. Functioning is now similar to previous favorable levels.

◆ Good Progress. The person is making good and substantial progress toward or maintaining a good level of sobriety, relapse prevention, coping, and self-management at a level somewhat above expectation. Coping and self-management are at a good and consistent level. Symptoms do not interfere with the person’s life and pursuit of happiness.

◆ Fair Progress. The illness is now at a mild-to-moderate level with only minor, infrequent use of functional impairments still present in social or work settings. Progress toward sobriety, relapse prevention, coping, and self-management are at a fair level. Substance use may sometimes minimally interfere with the person’s life.

◆ Marginally Inadequate Progress. The person is making limited or inconsistent progress toward sobriety, relapse prevention, coping, and self-management at a level that is uncomfortable and that reduces or impairs some life functions. Sobriety, coping, and self-management are at a limited or inconsistent level. Substance use may be at a moderate level with substantial functional impairments present in social or work settings.

◆ No Progress. The addiction or substance use pattern is now at a moderate-to-severe level with many marked functional impairments present in social or work settings. Life choices, coping, and self-management remain at an impaired level. Risks of arrest, restriction, isolation, increased disability, or injury may be present.

◆ Decline. The person’s addiction impairments are increasing. Serious substance use and increasing functional limitations may be present across settings. Overwhelming addiction effects are outrunning the person’s coping capacity and self-management capabilities at the present time. Risks of increased harm are high.

◆ Not Applicable or Not Indicated. EITHER: The person was functioning at a good to optimal level at the beginning of the observation period (6 months ago, or since admission—if less that 6 months), has maintained that level over the course of this time period, and was not defined as an intervention goal. - OR - There were/are compelling medical or legal reasons to defer change in this area over the observation period. - OR - The person may be elderly or in physical decline.
Focus Measure

IMPROVED SELF MANAGEMENT: To what extent is the person making progress in key life areas, including use of coping skills, daily functioning, relapse prevention, and self-management in the community?

Core Concepts

Individuals with serious mental illness and/or substance use impairments may encounter more difficulties functioning in daily settings and activities than other persons. Building appropriate functional behavior patterns, changing lifestyle choices, and reducing behaviors that may cause problems in social and work settings may be addressed through inpatient treatment, positive behavioral supports, rehabilitative services developed uniquely for and with the person, use of medications, or a combination of these modalities. Where appropriate, the person's recovery efforts should be evaluated on the basis of his/her improvements in personal responsibilities over time. A person (having goals in this area) either should be presenting functional behavior patterns in daily settings or should be demonstrating substantial progress toward improved functioning, problem solving, relapse prevention, and self-management. Persons with mental illness or addiction may require specialized or intensive supports and services for a period of time to participate in community settings, consistent with the person's preferences. The person should be learning how to understand and meet daily life challenges encountered at home, at work, and in the community as a part of recovery and increasing self-management. This may include a step-by-step process of meeting short-term goals that increases hope for recovery and demonstrates practical progress in self-management. The reviewer should rate the person's progress in acquiring and using social and self-management skills in community settings, according to the person's culture, ambitions, and opportunities for improvement.

Description and Rating of the Person's Recent Progress

Description of the Progress Observed for the Person

Rating Level

◆ Optimal Improvement. The person is performing above expectation or maintaining at an optimum level, based on the person’s hopes, goals, and short-term steps, in settings in which he/she lives, works, and plays. He/she takes full responsibility for his/her life and asks for assistance when needed. There is evidence of excellent progress in recovery efforts related to better community functioning and independent self-management.

◆ Good Improvement. The person is performing at expectation or maintaining at a good and consistent level, based on the person’s hopes, goals, and short-term steps, in settings in which he/she lives, works, and plays. He/she takes some responsibility consistently for his/her life and occasionally asks for assistance when needed. There is evidence of good progress in recovery efforts related to better community functioning and independent self-management.

◆ Fair Improvement. The person is performing near expectation, based on the person’s hopes, goals, and short-term steps, in daily settings. He/she takes some responsibility intermittently for his/her life and still relies on staff for assistance in many aspects of his/her life. There is evidence of minimally adequate to fair progress in recovery related to community functioning and independent self-management.

◆ Marginally Inadequate Improvement. The person is performing below expectation, based on the person’s hopes, goals, and short-term steps, in settings in which he/she lives, works, and plays. He/she rarely or intermittently takes responsibility for his/her life and has not reduced reliance on staff assistance. There is evidence of limited or inconsistent progress in recovery efforts related to community functioning and independent self-management.

◆ Poor Improvement. The person is performing far below expectation, based on the person’s hopes, goals, and short-term steps, in settings in which he/she lives, works, and plays. He/she continues to use staff assistance to a large degree for task support and decisions. There is little, if any, evidence of progress in recovery efforts related to community functioning and independent self-management.

◆ No Improvement or Decline. The person is not improving or may be declining in daily functioning in the settings where he/she lives, works, and plays, based on reports from informants, progress notes, and other evidence.

◆ Not Applicable. EITHER: The person was functioning at a good to optimal level at the beginning of the observation period (6 months ago, or since admission—if less that 6 months) and has maintained that level over the course of this time period. - OR - There were/are compelling medical or legal reasons to defer change in this area over the observation period.
Focus Measure

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

Core Concepts

Due to a combination of life circumstances and/or functional limitations, some persons with mental illness or substance use impairment may be at risk of physical harm, arrest, poor recovery outcomes, or high utilization of restrictive services and coercive techniques. If the person is at elevated risk of harm (e.g., health crisis, physical abuse, substance use, or self-injury) or at elevated risk of an undesirable outcome (e.g., disease, addiction, arrest, acute inpatient hospitalization, homelessness), then such risks and their reduction should be addressed in the treatment and recovery process.

Identification of risks for a person should include case history of past harmful events, present risk factors, life stressors, and service utilization patterns. Due diligence in practice requires that clinicians, case managers, and support providers spot and respond to serious risks. Recognized risks (e.g., serious physical abuse via domestic violence in the home) should be reduced and potentially harmful events (e.g., self-injurious behavior) should be prevented or managed over time via interventions and supports. History is the best predictor of risk and persons should be involved in describing their risks and managing them.

Not all persons with mental illness or substance use impairments present such risks. In a case where diligent assessment is made and no risks are identified, this review is deemed not applicable.

Description and Rating of the Person’s Recent Progress

<table>
<thead>
<tr>
<th>Description of the Progress Observed for the Person</th>
<th>Rating Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>◆ Optimal Risk Reduction. Excellent ongoing identification and mitigation of risks have occurred over the past six months. Known risks have been very well managed, risk patterns have declined significantly, and likelihood of harm or poor outcomes is being prevented or significantly reduced.</td>
<td>6</td>
</tr>
<tr>
<td>◆ Good Risk Reduction. Good and consistent identification and mitigation of risks have occurred over the past six months. Known risks have been generally well managed, risk patterns have declined substantially, and likelihood of harm or poor outcomes is being substantially reduced.</td>
<td>5</td>
</tr>
<tr>
<td>◆ Fair Risk Reduction. Minimally adequate to fair identification and mitigation of risks have occurred over the past six months. Known risks have been at least minimally managed, risk patterns have declined somewhat, and likelihood of harm or poor outcomes is being somewhat reduced.</td>
<td>4</td>
</tr>
<tr>
<td>◆ Marginally Inadequate Risk Reduction. Identification of risks may be spotty, shallow, or inconsistent, leading to a confusing picture. Known risks have been marginally managed, risk patterns have declined to a limited or inconsistent degree, and likelihood of harm or poor outcomes is present but at a somewhat lower level of probability.</td>
<td>3</td>
</tr>
<tr>
<td>◆ Poor Risk Reduction. Identification of risk is poor, e.g., incomplete, conflictual, or questionable. Responses to identified or suspected risks may be delayed, misdirected, ineffective, or uncoordinated. Risks may be misunderstood or undetected. Risks have not been reduced to any consequential degree. The likelihood of harm or poor outcomes may be present at a moderate-to-high level of probability.</td>
<td>2</td>
</tr>
<tr>
<td>◆ Adverse Risk Reduction. Identification of risk is erroneous, is obsolete, or may be entirely missing. Responses to identified or suspected risks may be missing, contrary to good practice; ineffective, adverse in effect, or not performed when needed. Risks have not been reduced over the past six months. Risks of harm to the person may be high and increasing.</td>
<td>1</td>
</tr>
<tr>
<td>◆ Not Applicable. No evidence of risk is revealed after a diligent assessment by treatment staff and an appropriate review of the person and his/her circumstances. This review is deemed not applicable to the person at this time.</td>
<td>NA</td>
</tr>
</tbody>
</table>
Focus Measure

PROGRESS TOWARD PERSONAL RECOVERY GOALS: To what degree is the person making progress toward attainment of personally selected recovery goals that may be stated in his/her recovery plan?

Core Concepts

To achieve and maintain good health, reduce psychiatric symptoms, attain sobriety, and/or to make recovery progress in key life areas (e.g., communications, self-care, mobility in the community, coping, self-management, social connection/affiliation, capacity for independent living, employment), a person with mental illness or substance use impairment may choose [subject to medical necessity] clinical services (e.g., nursing, physical therapy, speech therapy, occupational therapy, psychiatric services), psycho-social rehabilitative services, education or training, and/or supportive services to improve his/her life situation. Such services may be necessary in order for a person to participate in and benefit from other life opportunities, such as education, work, or social integration in the community. Recovery-related services should be supportive of the person’s self-selected life goals expressed in his/her recovery plans. Depending on the person’s needs, support may be required to master a broad range of potential goals, from basic functional behaviors (e.g., mobility following an injury) to sophisticated social behaviors (e.g., respectful social interactions in group situations) to self-management of troublesome symptoms. Recovery goals should define competencies to be achieved with clinical, psychosocial, or supportive services targeting skill acquisition, social network development, and life management. Progress may be assessed via a variety of procedures including, but not limited to, observation, functional data collection, self-report, and formal or informal assessments. The focus in this review is on the person’s progress made toward the achievement of personally selected goals that may be expressed in his/her recovery plans. The expectation is that the person is or should be receiving treatment/support related to those goals. If the person does not wish to pursue recovery goals at the present time, this review is not applicable.

Description and Rating of the Person’s Recent Progress

<table>
<thead>
<tr>
<th>Description of the Progress Observed for the Person</th>
<th>Rating Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>◆ Optimal Recovery Progress. The person wishes to achieve life goals in areas that may require clinical services and/or psychosocial supports and is willing to actively participate in those services at this time. The person is progressing above expectation or maintaining at an optimum level based on the person’s hopes, goals, and short-term steps in achieving recovery goals. The person is making excellent progress in all recovery goal areas.</td>
<td>6</td>
</tr>
<tr>
<td>◆ Good Recovery Progress. The person wishes to achieve life goals in areas that may require clinical services and/or psychosocial supports and is willing to actively participate in those services at this time. The person is at expectation, based on the person’s hopes, goals, and short-term steps, in achieving recovery goals. The person is making good and continuing progress in most goal areas.</td>
<td>5</td>
</tr>
<tr>
<td>◆ Fair Recovery Progress. The person wishes to achieve life goals in areas that may require clinical services and/or psychosocial supports and is willing to actively participate in those services at this time. The person is near expectation, based on the person’s hopes, goals, and short-term steps, in achieving recovery goals. The person is making minimally adequate to fair progress in at least some goal areas.</td>
<td>4</td>
</tr>
<tr>
<td>◆ Marginally Inadequate Recovery Progress. The person wishes to achieve life goals in areas that may require clinical services and/or psychosocial supports and is somewhat willing to actively participate in those services at this time. The person is somewhat below expectation, based on the person’s hopes, goals, and short-term steps, in achieving recovery goals. The person is making limited or inconsistent progress in some goal areas.</td>
<td>3</td>
</tr>
<tr>
<td>◆ Poor Recovery Progress. The person wishes to achieve life goals in areas that may require clinical services and/or psychosocial supports and is somewhat willing to actively participate in those services at this time. The person is far below expectation, based on the person’s hopes, goals, and short-term steps, in achieving recovery goals. The person is making slight or erratic progress in at least a few goal areas.</td>
<td>2</td>
</tr>
<tr>
<td>◆ No Progress or Decline. The person wishes to achieve life goals in areas that may require clinical services and/or psychosocial supports and is inconsistently willing and/or able to actively participate in those services at this time. The person is not progressing or may be declining in some or many recovery goal areas.</td>
<td>1</td>
</tr>
<tr>
<td>◆ Not Applicable. EITHER: The person was functioning at a good to optimal level at the beginning of the observation period (6 months ago, or since admission—if less that 6 months) and has maintained that level over the course of this time period. - OR - There were/are compelling life-stage, medical, or legal reasons to defer change in this area over this time.</td>
<td>NA</td>
</tr>
</tbody>
</table>
SECTION 4

PRACTICE PERFORMANCE INDICATORS

[PERFORMANCE OBSERVED OVER THE PAST 90 DAYS]

Core Practice Functions

1. Engaging
2. Teaming & Coordinating
3. Assessing & Understanding
4. Setting Personal Recovery Goals
5. Planning Intervention Strategies
6. Resourcing Interventions
7. Providing Adequate Interventions
8. Tracking Progress & Adjusting Interventions
Focus Measure

ENGAGEMENT - To what degree are:

• Service providers using effective outreach and engagement strategies to increase the focus individual’s participation in the service process?

• Service providers building and maintaining a trust-based working relationship with the focus individual, and/or others to support ongoing assessment, understanding, and service decisions?

Core Concepts

Effective human services depend on relationships between individuals in need and the service providers who help them meet those needs. Service providers should make active efforts to reach out to the focus individual, engage him/her meaningfully in all aspects of the service process, establish rapport and a trusting relationship, and allow for safe case closure. Engagement strategies should aim to build a mutually beneficial partnership. Engagement strategies vary according to the needs of the focus individual, and should reflect the focus individual’s language and culture. Best practice teaches that service providers should:

• Approach the individual with respect, empathy, and cooperation.

• Engage the individual on concerns for his/her health, safety, recovery, stability or permanency of dependent children, and well-being.

• Focus on the individual's strengths, hopes, and aspirations (e.g., culture, traditions, values, and lifestyles) as building blocks for services, with needs as the catalyst for service delivery. This approach involves eliciting and supporting the voices of family members in the service process.

• Help the individual achieve a clear understanding of safety needs and risks.

• Help the individual determine what he/she can do independently and where external help is required.

• Engage the individual in making decisions about the choice of interventions and the reasons why a particular intervention might be effective. The service provider team may need to change the meeting time, location, and process to facilitate the individual's participation.

For this indicator, the central focus is on the diligence shown by service providers in taking action to engage and build rapport with the focus individual and overcome barriers to his/her participation. Emphasis is placed on the focus individual’s direct, ongoing, active involvement in core service functions, such as conducting assessments, planning interventions, deciding who the service providers will be, monitoring, modifying service plans, and conducting evaluations. Exceptions should be made when services are imposed by court order and when the focus individual has co-occurring conditions that may limit his/her participation.

Probes: Determine from Informants, Observations, Plans, and Records

1. What engagement strategies are service providers using to build a working partnership with the focus individual? • Are special accommodations and convenient meeting times/places made to encourage and support his/her participation and partnership?

2. How well engaged is the focus individual in the service planning and implementation process? • Who sets the agenda for meetings with the team of service providers?

3. Does the focus individual demonstrate hope and enthusiasm about his/her interactions with service providers? • Does he/she report being treated with dignity and respect? • Does he/she have a trust-based working relationship with those providing services?

4. How is the focus individual involved in the ongoing assessment of his/her needs, circumstances, and progress? • Does he/she routinely participate in the monitoring/modification of the service plan and its arrangements?

5. Is the planning and implementation process person-centered/family-centered, community-based, and responsive to this focus individual’s particular cultural values?
PRACTICE INDICATOR 1: ENGAGING

Rating of the Practice Efforts Used for the Focus Person

<table>
<thead>
<tr>
<th>Description of the Practice Performance Situation Observed</th>
<th>Rating Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>◆ Optimal Engagement Efforts. High quality, continuous, culturally appropriate outreach, relationship-building and engagement efforts are made with the focus individual, consistently and persistently over time. The team of service providers schedules meetings at times and locations that are convenient for the focus individual, and that are conducive to individualized problem-solving and building rapport.</td>
<td>6</td>
</tr>
<tr>
<td>◆ Good Engagement Efforts. Substantial, consistent, culturally sensitive outreach, relationship-building and engagement efforts are repeated over time. The team of service providers schedules meetings at times and locations that are convenient for the focus individual, and that are conducive to individualized problem-solving and building rapport.</td>
<td>5</td>
</tr>
<tr>
<td>◆ Fair Engagement Efforts. Minimal engagement efforts may occur from time to time. As a result, the focus individual is a substantial contributing partner on the team of service providers, generally participating in the appropriate aspects of team decision making.</td>
<td>4</td>
</tr>
<tr>
<td>◆ Marginally Inadequate Engagement Efforts. Somewhat inadequate engagement efforts may occur from time to time. The focus individual is a marginal participant in team decision making. The focus individual may not have been offered accommodations or supports, or may not wish greater participation, even when offered accommodations or assistance.</td>
<td>3</td>
</tr>
<tr>
<td>◆ Poor Engagement Efforts. Generally inadequate engagement efforts may occur from time to time. The focus individual seldom participates in any aspects of team decision making. He/she may not have been offered acceptable accommodations or supports, or may not wish greater participation, even when offered accommodations or assistance.</td>
<td>2</td>
</tr>
<tr>
<td>◆ Missing, Inappropriate, or Dangerous Efforts. Little or no outreach or relationship-building efforts are being made to engage/re-engage the focus individual and/or his/her difficult-to-reach family members. - OR - Any engagement efforts made could be inappropriate (e.g., different language/culture) for the focus individual/family or possibly dangerous (e.g., domestic violence situation) given the circumstances.</td>
<td>1</td>
</tr>
<tr>
<td>◆ Not Applicable. The focus individual cannot be engaged at this time or there is no such focus individual in this case.</td>
<td>NA</td>
</tr>
</tbody>
</table>
Focus Measure

- **TEAM FORMATION**: The what degree: (1) Is a group of motivated, qualified people, with skills and knowledge appropriate to the needs of this focus individual, have formed a highly-functioning working team that meets, talks, and plans together; (2) Does the collective team have the ability to organize and execute effective services for this focus individual, given the level of complexity and cultural background required?

- **TEAM FUNCTIONING**: To what degree: (1) Is leadership used effectively in facilitating intervention planning and service decision processes for the focus individual; (2) Are effective coordination, integration, and continuity being used in the assessment, planning, organization, and provision of services to the focus individual; (3) Do members of the team collectively participate in planning services and evaluating results; (4) Do actions of the team reflect effective teamwork and collaborative problem solving that supports the focus individual's capacities and aspirations for independence?

Core Concepts

This review focuses on the structure and performance of the team in collaborative problem solving, providing effective services, and achieving positive results. Effective teamwork provides service integration across service providers and supporters in helping the focus individual to plan and meet personal/family goals.

**Formation**

“Team” refers to a group of people that support the focus individual and includes the focus individual, his/her family members, any informal supporters the focus individual may invite, and others who have a professional treatment or support role in the focus individual's/family's life. Team membership can include: the focus individual, his/her life partner (if applicable), and key family members, in addition to a case manager, guardian or representative payee (if one is assigned), key interveners (e.g., clinician or trainer), a parole or probation officer (if one is involved), and any other persons invited by the focus individual. Professionals providing treatment and other service providers should be included. Broad team representation assures that the focus individual will benefit from people with the range of technical skills, cultural knowledge, competencies, and personal interests necessary to support his/her case. The team should have the technical and cultural competence, knowledge of the individual, authority to act on behalf of funding agencies and to commit resources, and ability to flexibly assemble supports and resources in response to specific needs. Also, members of the team should have the time available to fulfill commitments made to the focus individual.

**Functioning**

The team assists in person-centered/family-centered planning activities and in providing assistance, support, and interventions after plans are made. Working together, the team supports the focus individual in a planned change process that will enable him/her to gain the capacity for increasing independence from the service system.

**Leadership and coordination** are necessary to: (1) engage the team in a change process for the focus individual and/or family; (2) form a person-centered or family-centered team and facilitate teamwork; (3) plan, implement, monitor, modify, and evaluate essential service functions; (4) integrate strategies, activities, resources, and interventions agreed to by the team; (5) measure and share results for the individual and/or family in order to stop or alter strategies that do not work and to determine progress toward and readiness for transitions or case closure; and (6) ensure a unified process involving a shared decision-making approach. Leading and coordinating may be appropriately discharged by a variety of team members. The individual(s) filling these roles should have strong facilitation and, as appropriate, clinical skills in service planning, monitoring and evaluation. Such factors as work schedule, caseload size, and access to key resources should afford the individual the opportunity to adequately manage these responsibilities. In a case where several agencies and providers are involved, negotiation may be necessary to achieve and sustain a coordinated and effective service process. Leadership and coordination responsibilities can also be shared with an empowered and capable service recipient. This may be an appropriate outcome of interventions for the focus individual.

Team functioning and decision-making processes should be consistent with the principles of person-centered/family-centered practice and integrated services. Evidence of effective team functioning over time is demonstrated by the quality of relationships, commitments and unity of effort made by all members of the team, the focus and proper fit of services assembled for the focus individual, dependability of service system performance, and connectedness of the focus individual to critical resources. Team members' status, participation, perceptions and achievement of effective results are important indicators demonstrating the functionality of the team and should be taken into account when making this review.
Probes: Determine from Informants, Observations, Plans, and Records

1. Is the focus individual, along with professionals, funding institutions, and other team members, planning and guiding services? • Are people with cultural and linguistic backgrounds that are similar to those of the focus individual on the team? • Has team leadership addressed the linguistic and cultural needs of the focus individual/family?

2. Which members did the focus individual invite to participate? • Does the focus individual believe that these team members are the “right people” for him/her? Is the focus individual satisfied with the functioning of the team? • Can he/she request a team meeting at any time?

3. Are there any obvious omissions from the team? • Does the team have a common understanding of the needs of the focus individual? • Do the goals set by the team reflect the values of the focus individual?

4. Do team members commit and ensure dependable delivery of services and resources for the focus individual? • Are all members of the team kept fully informed of his/her progress and of the implementation of planned services?

5. Are team decisions coherent in design with efforts unified and integrated across all service agencies involved with the focus individual? • Does the team have and use flexible funding, informal resources, and services as appropriate to achieve the desired outcomes? • Do team actions and decisions follow a pattern of consistent and effective problem solving? • What are the results?

6. Is there a single recognized point of leadership and coordination (“point person”) for facilitation, implementing plans, and linking the involved parties? • If so, has the point person been empowered enough to be successful? • Or is leadership responsibility shared by more than one team member? • If so, is this by design and is it functioning effectively?

7. Does team leadership receive adequate clinical, supervisory, and administrative support in fulfilling this essential role?

8. Does team leadership have sufficient ability and authority to press accountable parties to meet requirements and commitments of service provision responsibilities and also advocate for additional needed resources?

9. Do all involved parties have a common understanding of the plan and related requirements (e.g., AFSA for permanency of dependent children of the focus person)? • Is there a consensus among members on outcomes and requirements for case closure? Do all team members have and use the same information?

10. Where indicated, is the team integrating and coordinating supports and services across all agencies and funding authorities (e.g., primary health care, mental health services, addiction treatment, law enforcement, probation or parole, vocational rehabilitation, housing, and juvenile justice)?

11. Does the team collectively share a sense of accountability for achieving desired outcomes and goals for attaining independence from the service system and case closure? • Are transitions and/or handoffs smooth and seamless to keep the planning process moving forward?

12. Does the team have a mechanism for identifying emerging problems and initiating appropriate responses and adjustments in the planning and implementation processes?

Rating Scale Descriptions follow on the Next Page
Rating of the Practice Efforts Used for the Focus Individual

Description of the Practice Performance Situation Observed for the Focus Individual

◆ **Optimal Team.** FORMATION: All of the right people, with appropriate skills, knowledge, qualifications and cultural competencies, have formed an excellent working team to organize effective services for the individual. FUNCTIONING: Team leadership is highly effective in facilitating the focus individual's team and in fully integrating supports and services across settings and providers. Members of the team collectively function as a fully unified and consistent team in planning services, solving problems and evaluating results. The focus individual is fully involved in the team.

◆ **Good Team.** FORMATION: Most of the right people, with overall good and necessary skills, knowledge, qualifications, and cultural competencies, have formed a good and dependable working team to organize effective services for the individual. FUNCTIONING: Team leadership is generally effective in facilitating the focus individual's team and in generally integrating supports and services across settings and providers. Members of the team generally function as a substantially unified and consistent team in planning services, solving problems, and evaluating results. The focus individual is substantially involved in the team.

◆ **Fair Team.** FORMATION: Some of the right people, with overall minimally adequate to fair skills, knowledge, qualifications, and cultural competencies have formed a minimally adequate to fair working team to organize effective services for the individual. FUNCTIONING: Team leadership is minimally adequate in facilitating the focus individual's team and in minimally integrating supports and services across settings and providers. Members of the team may function as a somewhat unified and consistent team in planning services, solving problems, and evaluating results. The focus individual is somewhat involved in the team.

◆ **Marginally Inadequate Team.** FORMATION: Some of the right people, with overall limited or inconsistently used skills, knowledge, qualifications or cultural competencies, have formed a marginal working group to organize effective services for the individual. FUNCTIONING: There is limited coordination of supports and services with little leadership or team facilitation. Services may be somewhat fragmented across settings and providers. Breakdowns in services may occur occasionally. Team members may function as a somewhat splintered and inconsistent group in planning services, solving problems, and evaluating results. The focus individual is only marginally involved in the team.

◆ **Poor Team.** FORMATION: Few, if any, of the right people, and with overall few or inconsistently used skills, knowledge, qualifications, and cultural competencies, have formed a working group to organize effective services for the individual. FUNCTIONING: Team leadership is substantially inadequate in facilitating the focus individual's team. Supports and services are substantially fragmented across settings. Breakdowns in services may be frequent. Problem-solving efforts are poor, inconsistent, or not in keeping with person-centered or family-centered practice. Team members may often function independently in planning services, solving problems, and evaluating results. The focus individual may not be involved in all aspects of the team.

◆ **Absent or Adverse Team.** There is no evidence of a functional team for this focus individual, with all service providers working independently and in isolation from one another - AND/OR - The actions and decisions made by the group are inappropriate, adverse and/or antithetical to the guiding principles of person-centered/family-centered practice, recovery, and systemic integration of services for the focus individual.
Practice Indicator 3: Assessment & Understanding

Focus Measure

Assessing & Understanding: To what degree:

- Are formal and informal assessments conducted and used to form a broad-based understanding of the focus individual’s situation, strengths, challenges, and aspirations?

- Do assessments uncover underlying issues that should be addressed to help the focus individual achieve and maintain adequate functioning and well-being?

- Do assessments clarify what changes need to be made to fulfill important adult roles?

Core Concepts

This indicator examines how the team of service providers conducts assessments and uses the information gained to help the focus individual meet desired outcomes. Assessment steps should identify the focus individual’s strengths and support requirements. The team of service providers should use an ongoing assessment process to inform their intervention strategies for the focus individual’s case. As appropriate to the situation, assessments should involve a combination of clinical, functional, educational, and informal assessment techniques to determine the focus individual’s condition, aspirations, underlying issues, and any improvements in his/her well-being, functioning, and support. Once gathered, information should be analyzed and synthesized to form a functional assessment of the focus individual. The assessment should include information regarding the focus individual’s strengths, needs, risks, preferences, and daily functioning within the context of his/her regular activities and social network. Assessment techniques, both formal and informal, should be appropriate for the client’s age/life stage, ability, culture, embraced faith, and language. New assessments should be performed promptly when necessary levels of well-being, functioning, and support are met, when emergent needs or problems arise or when changes are necessary. Ongoing assessments and recent monitoring and evaluation results should direct modifications in the strategies, services, and supports used in the intervention process. Ongoing assessment leads to a common understanding of what approaches are working so the team of service providers can achieve a good match of supports and services that best meet the needs of the focus individual.

Probes: Determine from Informants, Observations, Plans, and Records

1. Does the team of service providers understand why the focus individual’s case is open and what it will take to reach desired goals/objectives?

2. How well are active stressors recognized within the context and culture of the focus individual? Some possible stressors include:

   - Earlier life traumas, losses, and disruptions
   - Learning problems affecting school performance
   - Subsistence challenges of the family
   - Risks of harm, abuse, or neglect
   - Developmental delays or disabilities
   - Court-ordered requirements/constraints
   - Recent life disruption (e.g., eviction, bankruptcy)
   - Co-occurring life challenges (mental illness, addiction, domestic violence)
   - Physical, cognitive, and/or behavioral health concerns
   - Recent tragedy, trauma, loss, victimization
   - Problems of attachment and bonding
   - Recent life changes (e.g., new baby) requiring major adjustments
   - Extraordinary caregiver burdens
   - Dislocation due to disasters or changes in the job market

3. What observations, data, formal assessments, or evaluations have been obtained?

4. Are assessments conducted by the team of service providers appropriate for the focus individual? • Are they conducted in natural settings and everyday activities?

5. Are the focus individual’s strengths, needs, risks, and issues understood in a useful manner to support intervention decisions?

6. Do assessments support the long-term goals and intervention strategies planned for the focus individual?

7. Do assessments include history of any abuse (physical, sexual, emotional, exploitative) and use of any special procedures, such as safety plans, no contact orders, Emergency Medical Service calls for health crises, 911 calls for protection or mental health related seclusion, restraint, and/or suicide prevention? • Does this person have an advance care directive, representative payee, caregiver, or guardian? • If so, how did these contribute?
Practice Indicator 3: Assessment & Understanding

8. Has the focus individual received an assessment for suicide risk, especially for the following?

- Depression
- Bipolar disorder
- History of suicidal ideations, plans, or attempts
- Commencement or termination of anti-depressants, new hospital admissions, discharges, or change in clinical status
- Substance/alcohol abuse
- Impulse control disorder

Rating of Practice Performance

Description of the Practice Performance Situation Observed

◆ Optimal Performance: The team of service providers has a comprehensive understanding of the focus individual's history, trajectory, and current situation relative to his/her well-being, functioning, and support system. The team of service providers maintains continuously updated knowledge of the focus individual's strengths, needs, and condition. The team of service providers uses this knowledge and understanding to determine its selection of intervention strategies.

◆ Good Performance: The team of service providers has a substantially current and functional understanding of the focus individual's history, trajectory, and current situation relative to his/her well-being, functioning, and support system. The team of service providers maintains frequently updated knowledge of the focus individual's strengths and needs. The necessary conditions for the focus individual's improved well-being, functioning, support, and transition to independence, self-management with monitoring, or ongoing maintenance are largely understood. Assessment information is well used to determine the team's selection of intervention strategies.

◆ Minimally Adequate to Fair Performance: The team of service providers has at least a minimally functional overall understanding of the focus individual's history, trajectory, and current situation relative to his/her well-being, functioning, and support system. The team's knowledge of the focus individual's strengths, needs, and condition is periodically updated. The necessary conditions for the focus individual's improved well-being, functioning, support, and transition to independence, self-management with monitoring, or ongoing maintenance are somewhat understood. Assessment information is occasionally used to inform the team's selection of intervention strategies.

◆ Marginally Inadequate Performance: The team of service providers does not adequately understand some aspects of the focus individual's history, trajectory, and current situation relative to his/her well-being, functioning, and support system. The team's knowledge of the focus individual's strengths, needs, and condition is not always updated, leaving some minor gaps in understanding. Patterns of strengths, risks, and underlying needs requiring intervention or supports are marginally recognized and somewhat inconsistently discerned. The necessary conditions for the focus individual's improved well-being, functioning, support, and transition to independence, self-management with monitoring, or ongoing maintenance are marginally understood by the team of service providers. Assessment information is limited when used to inform the team's selection of intervention strategies.

◆ Substantially Inadequate Performance: The team of service providers may have obsolete, erroneous, or inadequate knowledge of the focus individual's well-being, functioning, and support system. Information necessary for the team to understand the focus individual's strengths, needs, risks, and context is poorly or inconsistently updated. Uncertainties exist about the focus individual's present conditions, risks, and any underlying needs requiring intervention or support. A fundamental reassessment of the focus individual's situation may be required.

◆ Adverse or Absent Performance: Current assessments used for planned services are absent or incorrect. The team of service providers may have made some adverse associations between the current situation and the focus individual's functioning, well-being, and support system. Glaring uncertainties and conflicting opinions exist among team members about what must be done in order to meet the focus individual's needs, reduce his/her risks or allow him/her to function adequately in normal daily settings. A new and complete assessment must be made for this case to move forward.
Focus Measure

PERSONAL RECOVERY GOALS: To what degree are there clearly stated, well-informed, carefully reasoned, and agreed-upon personal recovery goals to guide the intervention planning process toward attainment of desired outcomes for achieving adequate levels of well-being, functioning, and adult role fulfillment for the focus person?

Core Concepts

Personal recovery goals for a person receiving mental health and human services may vary for different individuals with a wide range of life trajectories:

- An individual experiencing an acute problem, but having no systematic barriers or impediments, should improve quickly and reach desired levels of functioning, independence, well-being, and sustainable supports.

- An individual experiencing a chronic problem with minimal systematic barriers or impediments should achieve adequate levels of stability, functioning, and well-being while self-managing the condition as independently as possible until he/she requires more intensive temporary care or treatment. Once the individual regains adequate levels of stability, functioning, and/or well-being, he/she resumes self-management of the condition with a lower level of ongoing monitoring and support from the system.

- An individual with limited capacities and/or major systematic barriers or impediments will achieve and maintain his/her best attainable level of functioning, well-being, and support until his/her status changes. Individuals having developmental disabilities, serious and persistent schizophrenia, traumatic brain injuries, and the frail elderly often require maintenance via more intensive or specialized long-term care services.

Personal recovery goals specify:

- Levels of well-being, functioning, role fulfillment and/or sustainable supports to be achieved via change-oriented interventions;

- Adult roles (e.g., employee, parent, life partner, grandparent) the person seeks to fulfill including the manner and degree of accomplishment; and

- Requirements to be met before change-oriented interventions are transitioned to either ongoing maintenance services (self-management with monitoring) or independence from the service system.

Personal recovery goals set outcomes for what is to be accomplished. They help the team of service providers select the strategies that are most likely to fit the individual's needs and preferences and work effectively in bringing about the desired changes and outcomes. Items often addressed in goals and objectives include: safety management; stability and permanency; skills and behaviors needed to carry out essential life activities; sustainable supports for living and well-being; resiliency/coping; recovery/relapse prevention; and transitions and adjustments to major changes in the individual's life. This indicator is focused on the clarity of the goals/objectives, the reasonableness of their life-change trajectories, and their utility in directing intervention strategies and efforts toward achieving specific results and outcomes.

Probes: Determine from Informants, Observations, Plans, and Records

1. Are there clearly stated goals and objectives for the focus individual that are known, understood, and supported by all concerned? • If not, why?

2. Are there clear, relevant, and meaningful specifications about desired future levels of well-being, functioning, and/or support?

3. Are there contingency plans in the event that the proposed interventions are not successful? • If applicable, does the contingency plan provide adequately for selection of prospective substitute caregivers, especially for a focus individual with special needs?

4. Where appropriate, is there a connection between long-term goals and objectives and the focus individual's developmental/physical capacity or trajectory? • Are there goals and objectives for the focus individual's success after he/she makes the transitions and life adjustments defined in the intervention strategy?
Practice Indicator 4: Personal Recovery Goals

Rating of Practice Performance

Description of the Practice Performance Situation Observed

◆ **Optimal Personal Recovery Goals for Intervention.** An excellently designed, explicitly-stated set of goals/objectives for the focus individual is fully known, understood, and agreed-upon by all involved. Precise statements of outcomes specify desired levels of well-being, functioning, role fulfillment, and sustainable supports to be achieved via intervention.

◆ **Good Personal Recovery Goals for Intervention.** A generally well-informed, carefully-reasoned, and agreed-upon set of goals/objectives for the focus individual is provided in written plans and in conversations among the team of service providers. Generally clear statements of outcomes specify desired levels of well-being, functioning, role fulfillment, and sustainable supports to be achieved via intervention.

◆ **Fair Personal Recovery Goals for Intervention.** A somewhat informed and accepted set of goals/objectives for the focus individual is found in scattered details of plans and in conversations among the team of service providers. Somewhat understandable statements of outcomes suggest levels of well-being, functioning, role fulfillment, and sustainable supports to be achieved via intervention.

◆ **Marginally Inadequate Personal Recovery Goals for Intervention.** A somewhat inadequate or possibly disputed set of goals/objectives for the focus individual is evident in vaguely written plans and in conversations among the team of service providers. Somewhat incoherent statements of outcomes suggest levels of well-being, functioning, role fulfillment, and sustainable supports to be achieved via intervention.

◆ **Substantially Inadequate Personal Recovery Goals for Intervention.** A poorly-reasoned, inadequate, and/or incomplete set of goals/objectives for the focus individual is confusing or objectionable to those involved. Details are insufficient for guiding intervention and may be in dispute among the team of service providers. Major gaps exist in defining a path for intervention or for setting useful outcomes.

◆ **Absent, Ambiguous, or Adverse Personal Recovery Goals for Intervention.** There are no common goals, outcomes, or requirements to guide the intervention strategy that are accepted and used by the team of service providers. Any goals/objectives for the focus individual are obscure or ambiguous, and team members may be working in isolation with divergent or conflicting intentions. Conflicting goals and tacit expectations, if implemented, could lead to poor results or possibly adverse consequences for the focus individual.
Practice Indicator 5: Planning of Interventions

Focus Measure

PLANNING: To what degree has the team of service providers established clearly specified interventions (i.e., strategies with actions, resources, schedules) detailed in written plans that are used to guide the process for assisting the focus individual in attaining desired outcomes for well-being, functioning, and adult role fulfillment?

Core Concepts

This review focuses on how well the team of service providers have developed reasonable intervention processes to help meet the needs and desired outcomes of the focus person. Personal recovery goals for the focus person guide the service team in intervention planning efforts and define outcomes necessary for the person to achieve and maintain adequate levels of well-being, functioning, and adult role fulfillment. Each outcome may be addressed through one or more interventions. For the purpose of this review, intervention strategies are classified and rated in six general categories of interest:

A. Symptom Reduction - focuses on reducing and managing psychiatric symptoms that impair daily functioning.
B. Addiction Recovery - addresses various aspects of substance use dependence treatment and addiction recovery.
C. Relapse Prevention - covers strategies and supports for reducing the likelihood and severity of relapse episodes including advance directives.
D. Protective Strategies - applies to strategies for keeping persons safe, including protective capacities for dependent children, no contact orders, etc.
E. Income & Basic Necessities - includes strategies for work, earned income, securing and managing benefits, obtaining housing, food stamps, etc.
F. Adult Role Fulfillment - focuses on gaining and using skills for employment, parenting dependent children, being a spouse, being a good citizen.

These areas are rated for the focus person, subject to their applicability to the person at the time of review.

Probes: Determine from Informants, Observations, Plans, and Records

This review focuses on the reasonableness and clarity of specific strategies used to help the focus individual meet desired outcomes and closure requirements. The combination and sequence of strategies in each applicable category are rated by the reviewer using the rating guidance provided.

1. What are the specific intervention strategies planned for the focus person? • In which of the three categories (clinical, protective, and self-sufficiency) are these intervention strategies found? • Which agencies/programs are or should be involved with each of these strategies? • Do the strategies use evidence-based practices?
2. How well-reasoned are the intervention strategies specified by those persons involved with the focus person? • How well do planned interventions match desired outcomes for him/her? • How well do they fit the focus individual's situation?
3. Do plans for the focus person offer the following information for each intervention strategy:
   • The strategies and services to be provided?
   • The agency and persons responsible for providing these services?
   • The timelines for implementation and progress reporting?
   • The authorization of services and resources necessary for implementation?
   • A way of knowing whether the strategy is working or not working?
   • A way of knowing whether the strategy is being implemented as planned?
4. Collectively, are the combination and sequence of intervention strategies in current plans logical and realistic given the focus individual's situation and the desired outcomes? • To what degree is daily practice actually driven by the planned intervention strategies? • Does the planning process have a sense of urgency in working toward increasing well-being, functioning, and supports necessary for gaining independence?
5. Is a written treatment/care/service plan complete and available to the entire team of service providers, including the client/caregiver? • Were the necessary service authorization and procurement documents developed by each agency involved in order to support timely and adequate implementation of planned interventions?
Practice Indicator 5: Planning of Interventions

Rating of Practice Performance

Description of the Practice Performance Situation Observed for Applicable Intervention Categories

◆ Optimal Planning. An excellent, well-reasoned, continuous planning process is fully used to design and implement interventions for the focus individual. Planning provides for precise use of intervention strategies, actions, timelines, and an accountable person for each strategy. Strategies and actions across providers and funding sources are fully aligned and well integrated. Practice is fully guided by the planning process, bringing a great sense of clarity, direction, and urgency to interventions used.

◆ Good Planning. A generally thoughtful ongoing planning process is used to design and implement interventions for the focus individual. Planning provides for well-guided use of intervention strategies, actions, timelines, and an accountable person for each strategy. Strategies and actions across providers and funding sources are substantially aligned and integrated. Practice is substantially guided by the planning process, bringing a good sense of clarity, direction, and urgency to interventions used.

◆ Fair Planning. A somewhat reasoned periodic planning process is at least minimally used to design and implement interventions for the focus individual. Planning provides for minimally adequate to fair understanding of intervention strategies, actions, timelines, and an accountable person for each strategy. Strategies and actions across providers and funding sources are somewhat aligned and integrated. Practice is somewhat guided by the planning process, bringing a limited sense of clarity, direction, and urgency to interventions used.

◆ Marginally Inadequate Planning. A somewhat inadequate planning process is used inconsistently to design and implement interventions for the focus individual. Planning provides for somewhat inadequate use of intervention strategies, actions, and timelines, and there may not be an accountable person for each strategy. Strategies may be inconsistently aligned and actions inadequately integrated across providers and funding sources. Practice is not being adequately guided by the planning process, bringing a lack of clarity and urgency to interventions used.

◆ Substantially Inadequate Planning. Poorly reasoned, inadequate, or obsolete planning is failing to provide and implement interventions for the focus individual. Planning offers inadequate, flawed, or missing strategies, actions, and timelines, and there is not an accountable person for each strategy. Strategies and actions across providers and funding sources may not be aligned and integrated. Practice is not being guided by the planning process, bringing confusion rather than clarity and urgency to actions.

◆ Absent or Misdirected Planning. No clear planning process is operative at this time. - OR - Planning activities are substantially misdirected, conflicting, or insufficient in reasoning or detail to guide an effective intervention and change process for the focus individual.

◆ Not Applicable. One or more planning categories do(es) not apply at this time.
**Practice Review 6: Resourcing Interventions**

**Focus Measure**

RESOURCES: To what degree: • Are the resources (both informal and formal) necessary to action the strategies selected to meet the person’s recovery goals available to and used by the person, interveners, and service team? • Is access and use of these resources of sufficient quality, quantity, duration, and intensity to meet the person’s recovery goals on a timely basis? • Are reasonable efforts being undertaken by the team to secure or develop any needed but unavailable supports, services, or resources?

**Core Concepts**

A combination and sequence of intervention services and supports (formal and informal) and the resources (including authorization and funding) necessary to provide them are required to meet the person’s recovery goals. Supports can range from volunteer reading tutors, peer mentors, recreational activities, and supported employment. Supports may be voluntarily provided by friends, neighbors, and churches or secured from provider organizations. Professional treatment services may be donated, offered through health care plans, or funded by government agencies. A combination of supports and services may be necessary to support and assist the person meet his/her recovery goals. For clinical or rehabilitative service providers to exercise professional judgment and for the person to exercise choice in the selection of treatment services and supports, an array of appropriate alternatives should be locally available. Such alternatives should present a variety of socially or therapeutically appropriate options that are readily accessible, have the power to produce desired results, be available for use when and as needed, and be culturally compatible with the needs and values of the person. An adequate array of services includes social, health, mental health, substance abuse treatment, educational, vocational, recreational, peer support, and organizational services, such as care coordination. An adequate array spans supports and services from all sources that may be needed by the person. Selection of basic supports should begin with informal network supports and generic community resources available to all citizens. Specialized and tailor-made supports and services should be developed or purchased only when necessary to supplement rather than supplant readily available supports and services of a satisfactory nature. Unavailable resources should be systematically identified with reasonable efforts made by the service team to secure or develop any needed but unavailable supports, services, or resources.

**Note:** Assignment of the focus person to a waiting list, exhaustion of a service authorization without goal attainment when substantial progress is being made, and stopping an effective service when substantial progress is being made toward goal attainment when an arbitrary time limit has been reached are all fundamental problems in resource availability or adequacy.

**Probes: Determine from Informants, Observations, Plans, and Records**

1. Are those resources necessary to implement intervention strategies in the following recovery areas available, adequate, and used to meet the recovery goals for this person in:
   - Reducing psychiatric symptoms?
   - Providing addiction recovery?
   - Securing income and living supports?
   - Supporting relapse prevention?
   - Fulfilling important adult roles?

2. To what extent are clinical intervention resources necessary for this person’s treatment and recovery accessible, available, adequate, dependable, and sufficient for reducing psychiatric symptoms and/or substance abuse? • Have any indicated services been denied or cut off?

3. As necessary to meet any recovery goals for securing income, employment, entitled benefits, sustainable living supports, social integration, and transitions, what resources are being used for this person? • How available and dependable are resources in these areas?

4. Did the person have two or more appropriate and attractive options from which to choose when selecting current recovery-oriented services and social supports?

5. Have informal supports been developed or uncovered and used at home, at work, and in the community as a part of the recovery planning and resourcing process?

6. Are informal resources of the family, extended family, neighborhood, civic clubs, churches, charitable organizations, local businesses, and general public services (e.g., recreation, public library, or transportation) used in providing supports? • Were any of the supports and services tailor-made or assembled uniquely for this person? Are they sustainable as needed over time? • Do these resources match the person’s stage of life?

7. Is the combination and sequence of intervention services used for/ by this person dependable and satisfactory from the person’s point of view?
Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for the Person  

Optimal Resources. An excellent array of supports and services is available to help the person reach optimal levels of functioning necessary for him/her to make optimal progress toward recovery. A highly dependable combination of informal and, where necessary, formal supports and services is appropriate, used, and seen as very satisfactory by the person. The array offers a wide range of options that permits use of professional judgment and the person’s experience about appropriate treatment and consumer choice of providers.

Good Resources. A substantial and dependable array of supports and services is available to help the person reach favorable levels of functioning necessary to make good progress toward recovery. A usually dependable combination of informal and formal supports and services is available, appropriate, used, and seen as generally satisfactory by the person. The array provides a good range of options that enables use of professional judgment, the person’s experience, and consumer choice of providers. Steps are being taken to secure or develop additional resources to give the person greater choice and/or provide resources to meet any unmet needs.

Fair Resources. A basic array of supports and services is available to help the person reach minimally acceptable levels of functioning necessary for him/her to make fair progress toward recovery. A set of supports and services is usually available, somewhat appropriate, used, and seen as minimally satisfactory by the person. The array provides few options, limiting professional judgment and consumer choice in the selection of providers. Steps are being considered to mobilize additional resources to give the person greater choice and/or provide resources to meet particular unmet needs, but no steps have been undertaken.

Marginaly Inadequate Resources. An adequate array of supports and services may not be consistently available to help the person reach levels of functioning necessary for him/her to make progress toward recovery. These supports and services may be inconsistently available and may be seen as partially unsatisfactory by the person. The array provides few options, substantially limiting use of professional and consumer judgment and personal choice in the selection of providers. Steps to mobilize additional resources to give the person greater choice and/or provide resources to meet particular unmet needs have not yet been considered.

Poor Resources. An inadequate or insufficient array of supports and services is limiting the person’s opportunity to make progress toward recovery. Few supports and services may be available, dependable, and/or used. Available services may be seen as generally unsatisfactory by the person. The sparse array or limited authorization of rules (or denials/terminations of service) provides very few options or services that are woefully underpowered to meet recovery goals. No effort to address resource problems has been planned or undertaken by the person or team. The person may not have a functioning service team.

Missing or Undependable Resources. Few, if any, appropriate, adequate, or dependable services or supports are provided or used. They may not fit the actual needs of the person well and may be undependable over time. Because informal supports may not be well developed and/or because local services or funding is limited, any services may be offered on a “take it or leave it” basis. The person may be dissatisfied with or refuse services, and lack of service may present a potential risk to the person and/or community. The person and team may be powerless to alter the service availability or use situation or the person may lack a functioning service team at this time.
**Practice Indicator 7: Providing Adequate Interventions**

**Focus Measure**

INTERVENTION ADEQUACY: To what degree is implementation of planned interventions sufficient and effective in helping the focus person reach the levels of well-being, functioning, and adult role fulfillment defined in the recovery goals set with him/her?

**Core Concepts**

The purpose of intervention is helping the focus person to get better and do better in life. Depending on the focus person’s needs and interests, desired outcomes may include moving toward and/or achieving certain improved levels of well-being, functioning, and fulfillment of adult roles. For the purpose of this review, planned intervention strategies should reflect the findings in the previous indicator (“Planning”), and may include the following six general categories:

A. **Symptom Reduction** - focuses on reducing and managing psychiatric symptoms that impair daily functioning.

B. **Addiction Recovery** - addresses various aspects of substance use dependence treatment and addiction recovery.

C. **Relapse Prevention** - covers strategies and supports for reducing the likelihood and severity of relapse episodes including advance directives.

D. **Protective Strategies** - applies to strategies for keeping persons safe, including protective capacities for dependent children, no contact orders, etc.

E. **Income & Basic Necessities** - includes strategies for work, earned income, securing and managing benefits, obtaining housing, food stamps, etc.

F. **Adult Role Fulfillment** - focuses on gaining and using skills for employment, parenting dependent children, being a spouse, being a good citizen.

These intervention areas are rated for the focus person, subject to their applicability to the person at the time of review. The reviewer examines the adequacy of interventions planning and used to help the person achieve applicable personal recovery goals in these areas. Intervention efforts are expected to be of sufficient power and effect to enable the focus person to achieve desired outcomes.

**Probes: Determine from Informants, Observations, Plans, and Records**

1. What are the specific interventions being used for the focus individual? • What is required to effectively implement each intervention?

2. Are the levels of intensity, duration, coordination, and continuity of interventions consistent with desired outcomes? • If not, are there barriers related to rules, regulations, or agency practices that prevent achieving the desired outcomes? • Do the interventions match the desired outcomes to be achieved? If not, what is missing?

3. Are service providers adequately trained, prepared, coordinated, and supervised? • Who supervises and approves interventions?

4. Are any and all urgent needs met through interventions that protect the health and safety of the focus individual?

5. Are there any interventions for the focus individual that cannot be adequately implemented and/or sustained? • If yes, what interventions and why?
Practice Indicator 7: Providing Adequate Interventions

Rating of Practice Performance

Description of the Practice Performance Situation Observed for Applicable Intervention Categories

◆ **Optimal Performance.** The team of service providers has done an excellent job implementing a highly effective intervention strategy, involving an optimal combination of services and resources that help the focus individual make timely progress toward meeting or exceeding desired outcomes.

◆ **Good Performance.** The team of service providers has done a good job implementing an effective intervention strategy, involving a sufficient combination of services and resources that help the focus individual make steady progress toward meeting desired outcomes.

◆ **Fair Performance.** The team of service providers has done an adequate job implementing an intervention strategy involving a minimally sufficient combination of services and resources that help the focus individual make minimal to fair gradual progress toward meeting of some of his/her desired outcomes.

◆ **Marginally Inadequate Performance.** The team of service providers has done an inadequate job implementing an intervention strategy that is somewhat insufficient to meet the focus individual's needs. Intervention efforts may be inconsistent and involve services and resources that are only marginally effective in helping the focus individual make limited progress toward gradual attainment of some of his/her desired outcomes.

◆ **Substantially Inadequate Performance.** The team of service providers has done an inadequate job implementing an intervention strategy that is insufficient to meet the focus individual's needs. Intervention efforts may be inconsistent and involve services and resources that are ineffective in helping the focus individual make progress toward meeting desired outcomes.

◆ **Absent or Adverse Performance.** The currently planned intervention strategies are not being implemented due to coordination or service provider problems. -OR- The wrong intervention strategies are being implemented with adverse effects. -OR- Potentially successful intervention strategies have been planned but the interventions are being thwarted or disrupted by the client or are not implemented due to the ineligibility of the client or unavailability of services.

◆ **Not Applicable.** One or more intervention categories do(es) not apply at this time.

- Optimal Performance:
  - a. Sym reduction
  - b. Addict recovery
  - c. Relapse prevent.
  - d. Protective interv.
  - e. Income/basics
  - f. Adult role fulfill.

- Good Performance:
  - a. Sym reduction
  - b. Addict recovery
  - c. Relapse prevent.
  - d. Protective interv.
  - e. Income/basics
  - f. Adult role fulfill.

- Fair Performance:
  - a. Sym reduction
  - b. Addict recovery
  - c. Relapse prevent.
  - d. Protective interv.
  - e. Income/basics
  - f. Adult role fulfill.

- Marginally Inadequate Performance:
  - a. Sym reduction
  - b. Addict recovery
  - c. Relapse prevent.
  - d. Protective interv.
  - e. Income/basics
  - f. Adult role fulfill.

- Substantially Inadequate Performance:
  - a. Sym reduction
  - b. Addict recovery
  - c. Relapse prevent.
  - d. Protective interv.
  - e. Income/basics
  - f. Adult role fulfill.

- Absent or Adverse Performance:
  - a. Sym reduction
  - b. Addict recovery
  - c. Relapse prevent.
  - d. Protective interv.
  - e. Income/basics
  - f. Adult role fulfill.

- Not Applicable:
Focus Measure

TRACKING AND ADJUSTING: To what extent are the case manager and/or team of service providers:

- TRACKING: Maintaining awareness of the focus individual’s situation, including the emergence of new needs; monitoring the delivery of planned interventions; monitoring the quality and consistency of communication with the focus individual and among team members; monitoring progress made toward desired outcomes; and evaluating the effectiveness of strategies to determine what best benefits the focus individual?

- ADJUSTING: Making adjustments in planned goals, strategies, actions and resources to keep plans relevant to the focus individual’s current situation and assist him/her in achieving desired outcomes?

Core Concepts

What strategies are working now for the focus person? Are desired outcomes being achieved? What needs to be changed? The service team should use an ongoing monitoring and evaluation process to monitor the implementation of the focus individual’s treatment plan, check progress, identify emergent needs and problems, and modify services in a timely manner. Monitoring and evaluation provide an opportunity to review and adjust the treatment process. Intervention strategies, supports and/or services should be modified once objectives are met, strategies are determined to be ineffective, and/or new needs or circumstances arise.

The case manager, along with the team of service providers, should play a central role in tracking and adjusting intervention strategies, services and supports. All team members should apply the knowledge gained through ongoing assessments, monitoring and periodic evaluations to adapt strategies, supports, and services to best meet the focus individual’s needs.

The frequency and intensity of the monitoring and evaluation process should reflect the urgency and complexity of the individual’s case. This ongoing tracking, learning, and change process allows the team to find out what intervention strategies work for the individual. The subsequent planning and adjusting process helps in implementing effective interventions that lead to desired outcomes.

Probes: Determine from Informants, Observations, Plans, and Records

1. How often is the status of the focus individual monitored/reviewed?

2. How is the focus individual’s progress toward attainment of goals and objectives being monitored by the team of service providers (e.g., face-to-face contacts, observations in the home and daily settings, telephone contacts and meetings with the individual and service providers, and reviewing reports from service providers)?

3. How is the team of service providers tracking the implementation of interventions and service processes (i.e., for timeliness, adequacy, consistency and effectiveness)? • Is progress or lack of progress being identified and noted?

4. Does the team of service providers promptly recognize, report and address any problems or changes to the focus individual’s situation?

5. Is the team of service providers consistently making successful adaptive changes to the intervention process in response to information gained through monitoring and evaluation?

6. Is the team of service providers modifying the intervention process as outcomes are met? • Are strategies modified if no progress is being made? • If not, why?

7. Are intervention strategies, supports and services updated as desired levels of well-being, functioning and support are met? • Are necessary plans and service authorizations updated or revised if no progress is being made? If not, why not?

8. How well does the team of service providers update and modify intervention strategies and necessary documents?
Rating of Practice Performance

Description of the Practice Performance Situation Observed (Both Tracking and Adjustment Processes are Rated Together)

◆ **Optimal Tracking and Adjustment Processes.** Intervention strategies, supports and services provided to the individual are highly responsive and appropriate to any changing conditions. Continuous or frequent monitoring, tracking and evaluation occur, and results are reported to the team of service providers. Timely and smart adjustments are made. Highly successful modifications to the intervention process are based on thorough knowledge of what is and is not working for the individual.

◆ **Good Tracking and Adjustment Processes.** Intervention strategies, supports and services provided to the individual are generally responsive to any changing conditions. Monitoring, tracking and evaluation occur regularly, and results are reported to the team of service providers. Generally successful adaptations to the intervention process are based on a basic knowledge of what is and is not working for the individual.

◆ **Fair Tracking and Adjustment Processes.** Intervention strategies, supports and services provided to the individual are minimally responsive to any changing conditions. The team of service providers sometimes monitors, tracks and communicates results for the individual's case, and usually makes fairly successful adaptations to supports and services.

◆ **Marginally Inadequate Tracking and Adjustment Processes.** Intervention strategies, supports and services provided to the individual are only partially responsive or sometimes under-responsive to changing conditions. Occasional monitoring and communication about the individual's status and service results occur. Limited or inconsistent adaptations to the intervention process are based on isolated facts about what is happening to the individual. The individual's status may be adequate in some areas but unacceptable in others. Mild-to-moderate problems are present.

◆ **Substantially Inadequate Tracking and Adjustment Processes.** Poor intervention strategies, supports and services may be provided to the individual and may not be responsive to his/her changing conditions. Insufficient monitoring, poor communication and/or an inadequate service team (in composition or functioning) may be unable to function effectively in planning, providing, monitoring or adapting services to the focus individual. Few effective modifications may be planned or implemented. The individual's status may be poor in several areas. Serious ongoing problems may continue unresolved.

◆ **Absent, Non-Operative, or Misdirected Tracking and Adjustment Processes.** Intervention strategies, supports and services for the individual may be limited, undependable or conflicting. No monitoring or communication may be occurring and/or an inadequate team (in composition or functioning) may be unable to function effectively in planning, providing, monitoring or adapting services. Current supports and services may be ineffective in serving the needs of the individual. The individual's status may be generally poor or worsening. Serious and worsening problems may persist without adequate attention or effective resolution.
### Section 4B

**Practice Review**

**Indicators of Practice Performance**

<table>
<thead>
<tr>
<th>B. Specialized Practices [May Not Apply to Persons]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cultural Accommodations</td>
</tr>
<tr>
<td>2. Supports for Community Integration</td>
</tr>
<tr>
<td>3. Transitions &amp; Life Adjustments</td>
</tr>
<tr>
<td>4. Medication Management</td>
</tr>
<tr>
<td>5. Crisis Management</td>
</tr>
<tr>
<td>6. Emergency Control Procedures</td>
</tr>
</tbody>
</table>
SPECIAL PRACTICE REVIEW 1: CULTURAL COMPETENCE

Focus Measure

CULTURAL COMPETENCE: For the focus person, to what degree: • Are any significant cultural issues being identified and addressed effectively by service providers? • Are behavioral health services provided in a culturally appropriate manner consistent with the person’s cultural and linguistic background?

Core Concepts

As appropriate to the person served, services should be provided in a culturally competent manner. As used here, “culture” is an integrated pattern of human behavior that includes thoughts, communication, actions, customs, beliefs, and values that are unique to race, ethnicity, sexual orientation, religious background, or social group. Cultural competence includes:

• The capacity for people to increase their knowledge and understanding of cultural differences.
• The ability to acknowledge personal cultural assumptions and biases.
• The willingness to make changes in thought and behavior to address those biases.

To increase access and use of services by traditionally underserved populations, providers working directly with consumers should possess the skills and training to provide culturally competent services. Culturally and linguistically competent providers have knowledge of the communities they serve; value cultural diversity; consider how cultural factors might impact consumer functioning, symptom development and behavioral health; and maintain flexibility to adapt services as necessary in order to better meet the needs of culturally diverse populations. Culturally competent service providers regularly assess their service provision through a process of formal and informal self, peer, and consumer evaluation. Culturally competent organizations have access to culturally appropriate treatment strategies (including traditional healing) and bilingual staff or interpreter services, and work to actively recruit and retain culturally competent behavioral health professionals who are willing and able to integrate cultural and linguistic competence into their standard operating procedures and are representative of the diversity of their consumer population.

Probes: Determine from Informants, Observations, Plans, and Records

1. Are the individual’s cultural and linguistic needs identified?

2. Are assessments performed appropriate for the individual’s background?

3. Do the service providers know and respect the individual’s beliefs and customs?

4. Do the service provider and individual share the same cultural and/or linguistic background or does the service provider have adequate knowledge of cultural issues relevant to service delivery for this individual and his/her informal supporters?

5. If the individual has a primary language that is other than English, are bilingual or interpreter services provided?

6. Has the service team explored natural, cultural, or community supports appropriate for this individual?

7. Has the individual expressed any cultural preferences and desires for culturally adapted services? • Specific cultural issues identified and addressed are:

   None: _________________________ Racial: _________________________
   Ethnic: _________________________ Religious: _________________________
   Gender: _________________________ Disability: _________________________
   Sexual Orientation: _________________________ Other: _________________________

8. Are cultural differences impeding working relationships or service results with this individual and his/her informal supporters? • What do they say?

9. If necessary, is the agency or facility able to decide when the rights and preferences of an individual will be limited by the rights and preferences of other individuals in the setting?
## Description and Rating of Practice Performance

### Description of the Practice Performance Situation Observed for the Person

<table>
<thead>
<tr>
<th>Rating Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Optimal Cultural Competency. The person's cultural and linguistic identity is recognized, fully understood, and services are culturally adapted as necessary. Cultural beliefs and customs are fully respected and well integrated into all aspects of service provision. All assessments are culturally appropriate and the service provider's potential cultural biases are identified and acknowledged. Service providers are fully knowledgeable about issues related to the individual's identified culture and shape treatment planning and delivery appropriately. Service providers show evidence of considering all those who may be important to the individual's culture (e.g., family members, traditional healers) and attempts are made to include these individuals in service planning and delivery, at the request and invitation of the individual. As needed, interpreter services are provided in a culturally and linguistically appropriate manner.</td>
</tr>
<tr>
<td>5</td>
<td>Good Cultural Competency. The person's cultural and linguistic identity is recognized and services are generally culturally adapted as necessary. Cultural beliefs and customs are generally respected and taken into consideration for planning services. Assessments are generally conducted in a culturally appropriate manner and the service provider's potential cultural biases are identified and acknowledged. Service providers document attempts to advance their understanding of the individual's identified culture and there is evidence that the service provider has utilized resources relevant to the individual's cultural and linguistic identity in order to assist with treatment planning and service delivery. Those important to the individual's culture are acknowledged and information is obtained from them with the agreement of the individual. If needed, interpreter services are accessed.</td>
</tr>
<tr>
<td>4</td>
<td>Fair Competency. The person's cultural and linguistic identity is recognized and the provider acknowledges this in the assessment, treatment planning, and service delivery process. Cultural beliefs and customs are usually acknowledged and services are planned in an effort to be supportive. For example, the provider might acknowledge other natural community helpers important to the individual's culture and works with the individual to integrate those supports. If needed, interpreter services are usually available.</td>
</tr>
<tr>
<td>3</td>
<td>Marginal Cultural Competency. The individual's cultural and linguistic identity is recognized and the provider acknowledges that while assessment, treatment planning, or services are not a good fit, they are seeking to improve these processes for just this individual. There may be evidence that the behavioral health provider/agency has attempted to integrate culturally adapted practices into their services, although it is limited or inconsistent for this individual. Cultural beliefs and customs are not viewed as relevant by the service provider to the assessment, treatment planning, or service delivery process. If needed, interpreter services are only sporadically available.</td>
</tr>
<tr>
<td>2</td>
<td>Poor Cultural Competency. The person's cultural and linguistic identity is not recognized in the service process by the service provider. Inappropriate assessment, treatment planning, or service delivery processes ignore the individual's cultural beliefs and customs. If needed, interpreter services may be limited or difficult to secure through the behavioral health system. Few, if any, provisions are made for understanding and incorporating the person's cultural beliefs and values.</td>
</tr>
<tr>
<td>1</td>
<td>Adverse Cultural Competency. There is no evidence of cultural or linguistic recognition or the integration of culturally appropriate practices by behavioral health service providers in this case. The individual's cultural and linguistic identity may be treated with disrespect and his/her customs and beliefs may be ignored or treated as irrelevant. Inappropriate assessment, treatment planning, or service delivery processes ignore or violate the individual's cultural beliefs and customs. If needed, interpreter services are not provided by the behavioral health system.</td>
</tr>
<tr>
<td>NA</td>
<td>Not Applicable. The person does not identify any cultural or linguistic needs relevant for service system performance when asked by a service provider.</td>
</tr>
</tbody>
</table>
Focus Measure

SUPPORTS FOR INTEGRATION: • 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, community support specialist) receiving the education and supports necessary to maintain an appropriate relationship and support arrangement for the person?

Core Concepts

Practical supports for community integration consist of agents and/or environmental arrangements that help mediate a gap between a person’s capacities and the performance requirements of an environment so that the person can operate successfully in that environment (home, job, or other social setting) under a range of typical conditions. Persons may require such supports to function successfully in daily settings. An array of supports may be required for a person with a serious mental illness to function within the community. To be effective, arrangements for supports have to be designed specifically for the person and setting and then must operate at a level of consistency, intensity, and dependability. Special supports should be thought of as transitional and as having to be acceptable to the person.

In-home supports for adults with serious mental illness/substance use are usually focused on: (1) crisis situations, i.e., the live-in associate or family member feels overwhelmed by the severity of the symptoms of the illness; (2) respite, i.e., the adults need time away from each other for a variety of reasons; and (3) the person has a skills or social deficit or needs that exceed the capacity of the helper in the home. Live-in associates or family members must receive education and training that increases their effectiveness as helpers. Extra supports may be required for other reasons; i.e., a new job, temporary child care support, attempts at sobriety, or starting a class at college. The person should have as many choices as possible in selecting the provider, in deciding the intensity of supports, and in defining the nature of support. In general, use of in-home/extra supports should be addressed in the person’s recovery plan.

Practical supports may include:

- Personal assistant services
- Child care or daycare for the person’s dependent children
- Recreation and leisure supports
- Case management
- Homemaker services
- Internet access
- Friend and family assistance
- Peer support
- Assistive technology
- Job coach or life coach services
- Transportation

Informal supports from partners, friends, peers, and family members [where appropriate and available] should be sought and used before paid supports are arranged. In some instances, informal supports may not be available or appropriate.

Probes: Determine from Informants, Observations, Plans, and Records

1. Is this person receiving practical supports in his/her daily settings? • If so, how are these designed? • How well do current support arrangements enable the person to function successfully in his/her daily settings?

2. Are current supports consistent with the person’s recovery plan? • Consistent with the person’s preferences/culture? • Dependable from day to day and from setting to setting? • Adjusted to meet changing circumstances? • Sufficient to meet the person’s recovery goals?

3. Are in-home support services appropriate for the situation, the person’s life stage, and accessible when needed, effective when used, and dependable? • Have support services ever been denied? • If so, why?

4. Given these supports, is the provider able to meet the needs of the person? • Is the provider able to maintain the stability of the home and capacity of the person to function adequately over time? • Is the person satisfied with the supports provided? • Have hardships and disruptions been minimized?

5. If this person presently is residing in a group home or residential treatment facility, does the direct care staff have the capacity to meet the support needs of this person on a daily basis?
### Description and Rating of Practice Performance

**Description of the Practice Performance Situation Observed for the Person and Home Provider, if appropriate:**

<table>
<thead>
<tr>
<th>Rating Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td><strong>Optimal Supports.</strong> An excellent array of supports and services is planned with and for the person and covered in the person's recovery plan. These services are immediately and consistently accessible as needed, dependable in use, and truly supportive in nature. The person is benefiting from excellent support arrangements in daily settings, fully consistent with his/her needs and choices. Any home provider is receiving an excellent level of training, assistance, in-home support, and periodic relief necessary for the provider to fully meet the needs of the person and maintain the stability of the home living arrangement. The person and home provider choose all support providers to assure cultural compatibility and quality performance over time.</td>
</tr>
<tr>
<td>5</td>
<td><strong>Good Supports.</strong> A good and substantial array of supports and services is planned with and for the person and covered in the person's recovery plan. These services are generally accessible as needed, dependable in use, and supportive in nature. The person is benefiting from good support arrangements in daily settings, fully consistent with his/her needs and choices. Any home provider is receiving a good level of training, assistance, in-home support, and periodic relief necessary for the provider to meet the needs of the person and maintain the stability of the home living arrangement. The person and home provider choose most support providers to assure cultural compatibility and quality performance over time.</td>
</tr>
<tr>
<td>4</td>
<td><strong>Fair Supports.</strong> A minimally adequate to fair array of supports and services is accessible as needed, adequate in use, and minimally supportive in nature. The person and home provider had minimal involvement in planning supports that are documented in the person's recovery plan. The person is benefiting from fair support arrangements, at least minimally consistent with his/her needs and choices. Any home provider is receiving a minimally adequate to fair level of training, assistance, in-home support, and periodic relief necessary for the provider to meet the needs of the person and maintain the stability of the home living arrangement. The person and home provider choose some support providers to assure cultural compatibility and quality performance over time.</td>
</tr>
<tr>
<td>3</td>
<td><strong>Marginally Inadequate Supports.</strong> There is little evidence that the person or home provider participated in planning of supports. A limited or inconsistent array of supports and services is being provided. The person is receiving marginal support arrangements, somewhat inconsistent with the person's needs and choices. Any home provider is receiving a limited level of training, assistance, in-home support, and periodic relief limiting his/her ability to meet the needs of the person and maintain the stability of the living arrangement. The person and home provider had little, if any, choice in selecting support providers. Cultural compatibility and performance quality of support providers may be somewhat problematic at this time.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Poor Supports.</strong> There is little evidence that the person or home provider participated in planning of supports. A poor set of supports and services is being provided. The person is receiving inadequate support arrangements, substantially inconsistent with the person's needs and choices. Any home provider is receiving a poor and inadequate level of training, assistance, in-home support, and periodic relief, thus, undermining his/her ability to meet the needs of the person and maintain the stability of the living arrangement. Neither the person nor home provider had a choice in selecting support providers. Cultural compatibility and performance quality of support providers may be seriously problematic at this time.</td>
</tr>
<tr>
<td>1</td>
<td><strong>Absent or Adverse Supports.</strong> There is no evidence that the person or home provider participated in planning of supports. Necessary supports and services are either absent or adverse in effect. The person is receiving either no or harmful support arrangements in daily settings, grossly inconsistent with the person's needs and choices. Any home provider is receiving either no or inappropriate training, assistance, in-home support, and no periodic relief. This situation is seriously reducing the home provider's ability to meet the needs of the person while putting the stability of the home living arrangement at risk.</td>
</tr>
<tr>
<td>NA</td>
<td><strong>Not Applicable.</strong> Neither the person nor home provider needs or receives supports at this time.</td>
</tr>
</tbody>
</table>
SPECIAL PRACTICE REVIEW 3: TRANSITIONS & LIFE ADJUSTMENTS

Focus Measure

TRANSITIONS & LIFE ADJUSTMENTS: To what degree: • Is the current or next life change transition for the person being planned, staged, and implemented to assure a timely, smooth, and successful adjustment for the person after the change occurs? • Are transitional staging plans/arrangements being made to assure a successful transition and life adjustment in daily settings? • If the person is returning home and to work following temporary placement in treatment or detention, is the transition and life adjustment sequence working? • Is there follow-along support for the adjustment period?

Core Concepts

A person moves through many life transitions over the course of a life time. Emancipating youth enter adult life. Some adults having a serious mental illnesses move in and out of treatment settings. Other adults parenting minor children may lose them temporarily to the foster care system. Reunification of the children becomes a major transition and life adjustment for the parent and children. In later life, adults lose parents and life partners requiring major life changes and adjustments. In old age, a time comes when former life styles and living arrangements may move to special care settings. Requirements for future success have to be determined and provided in advance of a change to achieve later success in transition and life adjustments. These requirements should be used in setting transition goals and in planning supportive services during the adjustment phase following transition.

Staging and coordination across service settings and providers is essential, especially when a person is served temporarily in a setting away from his/her home and job. Transition plans, problem-solving assistance, and supports may have to be provided. Special arrangements or accommodations may be required for success in a return setting or a new setting. Follow-along monitoring may be required for an adjustment period. Special coordination efforts may be necessary to prevent breakdowns in services and to prevent any adverse effects transition activities may have on the person. To be effective, transition plans and arrangements have to produce successful transitions as determined after the change in settings actually occurs.

Probes: Determine from Informants, Observations, Plans, and Records

1. Is the person anticipating a major transition within the next few months? • Has the case manager or service coordinator identified the person’s next critical transition? If so, what transition plans are being made to accomplish a smooth adjustment? • How are the transitional activities and events being carefully staged and arranged across settings, time, providers, and funding sources?

2. Do permanency plans for this person’s children indicate that the child protection agency is using or considered using trial home visits to facilitate transition from out-of-home care for family reunification? • If so, how are the person’s mental health and/or addiction treatment staff coordinating efforts to ensure a safe, smooth, and successful reunification?

3. If this person has a history of difficult transitions following discharge from hospitalization or incarceration, how is this knowledge being used to improve transitions for this person?

4. If a transition is imminent, is a well-staged transition plan or articulation process currently being implemented for this person?

5. Is this person currently experiencing adverse consequences of a recent transition or change in placement? • If so, what are the reasons and what is being done about it?

6. For what period of time, such as 60-90 days, is the person closely monitored following a transition in home or work to track the person and those supporting the person through the life change and adjustment process, including the predictable “honeymoon” and near-term “crises” of adjustment that often attend the movement and life adjustment process for a person?
Description and Rating of Practice Performance

Description of the System Performance Situation Observed for the Person

◆ **Optimal Transitions.** The person's current/next transition has been implemented/planned consistent with the person's recovery goals. What the person should know, be able to do, and have as supports to be successful after the transition occurs is being developed now. If a transition to another setting (or return to home and work) is imminent, all necessary arrangements (for supports and services) with persons in the receiving settings are being made to assure that the person is successful following the move. If the person has made a transition (or return) within the past six months, the person is fully stable and successful in his/her daily settings.

◆ **Good Transitions.** The person's next transition has been identified and discussed. What the person should know, be able to do, and have as supports to be successful are planned and being addressed. If a transition to another setting (or return to home and work) is imminent, essential arrangements (for supports and services) with persons in the receiving settings are being made to assist the person during and after the move. If the person has made a transition (or return) within the past three months, the person is generally stable and successful in his/her daily settings.

◆ **Minimally Adequate to Fair Transitions.** The person's next transition has been identified. What the person should know, be able to do, and have as supports to be successful are known and being used for planning. If a transition to another setting (or return to home and work) is imminent, basic arrangements (for supports and services) with persons in the receiving settings are minimally in place to assist the person during and after the move. If the person has made a transition (or return) within the past 30 days, the person is stable in his/her daily settings and is not at risk of disruption due to transition problems.

◆ **Marginal Transitions.** The person's next transition has been identified. What the person should know, be able to do, and have as supports to be successful have not been assessed and no plans have been made. If a transition to another setting (or return to home and work) is imminent, few or partial arrangements (for supports and services) with persons in the receiving settings are in place to assist the person during and after the move. If the person has made a transition (or return) within the past 30 days, the person is experiencing mild transition problems in his/her daily settings and is at low risk of disruption.

◆ **Poor Transitions.** The person's next transition has not been addressed. If a transition to another setting (or return to home and work) is imminent, inadequate arrangements (for supports and services) with persons in the receiving settings are in place to assist the person during and after the move. If the person has made a transition (or return) within the past 30 days, the person is experiencing substantial transition problems in his/her daily settings and is at moderate to high risk of disruption.

◆ **Adverse Transitions.** The person's next transition has not been considered. If a transition to another setting (or return to home and work) is imminent, arrangements (for supports and services) with persons in the receiving settings are not in place to assist the person during and after the move. If the person has made a transition (or return) within the past 30 days, the person is experiencing major transition problems in his/her daily settings and is at high risk of disruption.

◆ **Not Applicable.** Identification efforts reveal no evidence of needs to be addressed for transition services for this person at this time. This review indicator is deemed *not applicable* to this person.
Focus Measure

**MEDICATION MANAGEMENT:** • Is the use of psychiatric/addiction control 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-existing conditions (e.g., seizures, diabetes, asthma/COPD, HIV)?

Core Concepts

Use of psychiatric/addiction control medications is one of many treatment modalities that may be used in treating a person having a serious emotional disorder or addiction. When use of such medications is deemed necessary and appropriate, it should conform to standards of good and accepted practice, including informed consent, consultation, most efficacious drug selection, consistency with medication protocols, demonstrated treatment response, and minimal effective dose. Effects and side effects of medication use should be assessed, tracked, and used to inform decision making. Any adverse side effects should be addressed and treated.

Use of medications should be coordinated with other modalities of treatment, including positive behavioral supports, behavioral interventions, counseling, skill development, and social supports. Continuity in medication regimes should be present across treatment settings. The person should have access to necessary specialized health care services, including treatment and care for any co-existing conditions (e.g., seizures, asthma, diabetes, addiction, HIV). The purpose is to determine whether the person receives and benefits from safe medication practices. **This review does not apply to a person who has not taken psychotropic medications within the past 90 days.**

Probes: Determine from Informants, Observations, Plans, and Records

1. Does the person take a psychotropic/addiction control medication?
2. Is there a DSM-IV-R Axis I diagnosis to support each psychotropic medication?
3. Is use consistent with current treatment protocols?
4. Does the person know what each psychotropic/addiction control medication is as well as its intended benefits and possible risks?
5. If multiple psychotropic medications are used with the person, is there written justification by the physician? • Is the primary care physician informed of these medications?
6. Is the purpose for each medication documented and tracked to target symptoms or maladaptive behaviors? • Is each medication consistent with intended use?
7. Has a minimum effective dosage of each medication been determined or are steps being taken to do so? • Who is responsible for medication monitoring and screening for side effects?
8. Is there periodic evaluation of the person’s response to treatment using data to track target symptoms or behaviors?
9. Is there quarterly screening of the person for adverse effects of medications? • If adverse effects have been found, have appropriate countermeasures been implemented?
10. Is medication use coordinated with other treatment modalities?
11. Does the person have access to specialized health care services? • Have coordinating staff consulted with other treating professionals (e.g., neurologists, psychiatrists) for a person having chronic and/or complex health care needs?
12. Is relapse prevention information available to the person? • Is educational information about medications, effects/side effects, and self-medication available?
SPECIAL PRACTICE REVIEW 4: MEDICATION MANAGEMENT

Description and Rating of Practice Performance

<table>
<thead>
<tr>
<th>Description of the Practice Performance Situation Observed for the Person</th>
<th>Rating Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>◆ <strong>Optimal Medication Management.</strong> The person presents symptoms or behaviors that are responding well to current generation medications with no report of bothersome side effects. The person reports good compliance with the prescribed medications and is not requesting any changes at this time. Use of medications is well coordinated with other treatment modalities. The person and physician have an understanding about how he/she is to manage increases/decreases in medications. The person has full and timely access to high quality health care for any serious health co-occurring conditions.</td>
<td>6</td>
</tr>
<tr>
<td>◆ <strong>Good Medication Management.</strong> The person presents symptoms or behaviors that are responding fairly well to current generation medications but reports some mild side effects. The person reports that sometimes medications are not taken as prescribed. Use of medications is sometimes coordinated with other treatment modalities. The person and physician have an understanding about how he/she is to manage increases/decreases in medications. The person has full and timely access to high quality health care for any serious health co-occurring conditions.</td>
<td>5</td>
</tr>
<tr>
<td>◆ <strong>Fair Medication Management.</strong> The person is becoming stable on appropriate medication and presents some symptoms or behaviors of concern and complains of side effects. Use of medication is checked conversationally and staff hint at non-compliance. The person may refuse participation in medication education activities. Medication is minimally coordinated with other treatment modalities. The person has minimally adequate access to fair quality health care for any serious health co-occurring conditions, including specialists with a short waiting period.</td>
<td>4</td>
</tr>
<tr>
<td>◆ <strong>Marginally Inadequate Medication Management.</strong> The person presents symptoms or behaviors that may be responding somewhat to medications. Medication use may be inconsistent. Consents may not have been obtained. Screening for side effects may not be current or mild side effects may be noted but minimally treated. Use of medication is seldom coordinated with other treatment modalities. The person has somewhat limited access to fair-to-poor quality health care for any serious health co-occurring conditions and may receive most care from emergency rooms.</td>
<td>3</td>
</tr>
<tr>
<td>◆ <strong>Poor Medication Management.</strong> The person presents symptoms or behaviors that may not be responding to medications. Medication use may not be well documented or justified. Consents may be missing. Screening for side effects may not be current or moderate side effects may be noted. Use of medication is not coordinated with other treatment modalities. The person has inconsistent or very slow access to health care for any serious health co-occurring conditions. The person’s physical or psychiatric status may be at risk due to inadequate health care for treating co-occurring conditions.</td>
<td>2</td>
</tr>
<tr>
<td>◆ <strong>Absent or Adverse Medication Management.</strong> The person presents increasing symptoms or behaviors that may not be responding to medications. Medication use may be undocumented, not justified, or experimental. Consents may be missing. Screening for side effects may not occur or serious side effects may be present and untreated. Use of medication is conflicting with other treatment modalities. The person has poor or no access to needed health care for any serious health co-occurring conditions. The person’s physical or psychiatric status may be declining due to inadequate health care.</td>
<td>1</td>
</tr>
<tr>
<td>◆ <strong>Not applicable:</strong> The person does not now take psychotropic medications, nor has the person used such medications within the past 90 days. Therefore, this review does not apply.</td>
<td>NA</td>
</tr>
</tbody>
</table>
Focus Measure

CRISIS MANAGEMENT: Is there timely provision of effective services to safely prevent or, if necessary, to manage a recurrent behavioral, health, or safety crisis for the focus person?

Core Concepts

Some persons receiving behavioral health services have recent histories of episodes in which a behavioral, health, or safety crisis has occurred and for whom crisis prevention and management services are required to protect the person’s life or well-being. A behavioral crisis is one in which the person presents behaviors that put himself or others at risk of harm. For example, a person who suffers recurrent major depressive episodes including a history of recent suicide attempts would require crisis prevention and management services. A health crisis is one in which a chronic health condition suddenly becomes acute, putting the person’s life at risk unless immediate medical care is provided. For example, a brittle insulin-dependent diabetic who lapses in medication management would require crisis prevention, monitoring, and management to avert coma or death. A safety crisis is a situation in which another person through intention and action puts the focus person at risk of injury or death. A battered woman in a violent domestic relationship who may be unable to keep a perpetrator from her home requires crisis prevention planning and use of protective capacities and strategies to keep safe.

The recurrent and risky nature of such situations requires advance planning of surveillance or monitoring of the person, preparation of the person and other reliable persons in that person’s life to recognize and respond to early signs of a new episode, and taking preplanned actions to keep the person or others safe as the episode unfolds. Early steps in a crisis prevention/management plan could include calling early responders (e.g., police or EMS) and then taking near-term actions while awaiting the arrival of help. Steps in a person’s crisis management plan may include following advance directives set by the person.

Providing a crisis management capacity requires a planned crisis response capability, designed specifically for the person, that can be activated and implemented immediately at the onset of a new episode. A crisis response capability has to be prepared in advance, be made a part of the service plan or other appropriate crisis response plan, and have prepared persons in the person’s daily settings to be ready to implement the crisis response plan and a follow-along mechanism that tracks the person through the crisis period. The urgency and significance of an emerging need or problem of the person should be met with a timely and commensurate service response (i.e., EMS in 10-minutes, emergency within 1-hour, urgent within 24-hours). The primary concern here is whether the person, caregivers, and service workers have timely access to crisis management services necessary to detect the onset of an episode, respond on a timely basis, and effectively protect those involved from foreseeable and preventable harm.

Note: Suicidality and self-endangerment for persons with depression and bipolar disorders requires higher surveillance:
- For the first six weeks of medication trials of SSRIs and other antidepressants
- For the first 30 days of new treatment
- During the discharge phase of treatment
- When there is a significant change in clinical status or sudden emotional loss

Probes: Determine from Informants, Observations, Plans, and Records

1. Does the person have a recent history (past six months) of behavioral, health, or safety crises? • If not, this indicator may not apply. If so:
   • Did the episode involve harm caused to the focus person by another? If so, Status Indicator 1. Safety from Harm should be rated also.
   • Did the episode involve self-endangerment or harm to others? If so, Status Indicator 2. Behavioral Risk should be rated also.

2. Does this person have a crisis prevention/intervention plan? • If so, how was it designed? • What is the monitoring or surveillance plan? • Is there an alert procedure and crisis response plan for this person specified in the treatment plan or other relevant service documents? • Who is to respond to what cues using what strategies? • Does the plan include any advance directives set by the person? • Are the persons who would send the alert and implement the crisis response plan aware of and ready to fulfill their assigned responsibilities?

3. Are crisis management services available when and as needed? • Have crisis services ever been denied? • If so, why?

4. Have the alert and crisis management processes been used in the past six months for this person or caregiver? • If yes, did they work effectively? • Were such services timely given the urgency of the situation? • Was any relevant advance care directive followed?

5. Does the crisis management plan address transitions? • Is it linked to any transition plan the person may have?
Description and Rating of Practice Performance

Note: This indicator is rated NA when no need or use of a crisis response has been indicated over the past 6 months.

Description of the Special Practice Situation Observed for the Person

◆ **Optimal Crisis Management.** All appropriate people in the focus person’s daily living, learning, work, and therapeutic settings are fully prepared to recognize early indicators of the onset of a crisis episode and to implement the alert, crisis intervention, and follow-along provisions of a well-tested and effective crisis plan for the person. Detection, alert steps, crisis intervention, and follow-along processes, if used in the past 6 months, performed in an excellent, reliable, and effective manner.

◆ **Good Crisis Management.** Key people in the focus person’s daily living, learning, work, and therapeutic settings are generally prepared and ready to recognize early indicators of the onset of a crisis episode and to implement the alert, crisis intervention, and follow-along provisions of the person’s plan. Plan provisions have been successfully tested via simulation or, if used in the past 6 months, worked reliably and acceptably well.

◆ **Fair Crisis Management.** Some people in the focus person’s daily living, learning, work, and therapeutic settings are minimally prepared to recognize early indicators of the onset of a crisis episode and to implement the alert, crisis intervention, and follow-along provisions of the person’s plan. Plan provisions are periodically reviewed with people responsible for implementation. If used recently, the crisis response was at least minimally successful in managing risks and keeping people safe.

◆ **Marginally Inadequate Crisis Management.** Some people in the focus person’s daily living, learning, work, and therapeutic settings are somewhat unprepared to recognize early indicators of the onset of a crisis episode and to implement the alert, crisis intervention, and follow-along provisions of the person’s plan. - OR - Plan provisions are not tested or periodically reviewed with persons responsible for implementation. - OR - If used recently, crisis response revealed some minor to moderate problems in managing risks at an acceptable level or in securing necessary crisis services in an acceptable manner.

◆ **Poor Crisis Management.** Key people in the person’s daily living, learning, work, and therapeutic settings are not adequately prepared to recognize early indicators of the onset of a crisis episode and to implement the alert, crisis intervention, and follow-along provisions of the person’s plan. - OR - Crisis plan provisions are unrealistic, incomplete, unheashed, or untested. - OR - If used recently, crisis response revealed substantial problems in managing risks at an acceptable level or in securing necessary crisis services in an acceptable manner.

◆ **Absent and/or Adverse Crisis Management.** Key people in the person’s daily living, learning, work, and therapeutic settings are unprepared or unwilling to recognize early indicators of the onset of a crisis episode and to implement the alert, crisis intervention, and follow-along provisions of the person’s plan. - OR - A crisis plan and response is necessary for this person but currently does not exist (except to call 911). - OR - If used recently, the crisis response plan failed to manage risks adequately or to provide crisis supports or services in an acceptable manner.

◆ **Not Applicable.** The focus person has no history of psychiatric or medical crises or safety breakdowns within the person’s daily settings over the past 6 months.
SPECIAL PRACTICE REVIEW 6: EMERGENCY CONTROL PROCEDURES

Focus Measure

EMERGENCY CONTROL PROCEDURES (SECLUSION & RERAINT): • 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?

Core Concepts

Respectful relationships, effective communications, and positive behavior management techniques help to create safe therapeutic environments and reduce the emergence of unsafe situations. Staff training, appropriate placements and transfers, and use of advanced directives also minimize the use of emergency control techniques to prevent harm. Special procedures are permitted only when the person is a danger to him/herself or others and when alternative interventions are impractical or insufficient.

Use of these emergency measures must be implemented in the least restrictive manner possible and ended as quickly as possible. During implementation, the person's status and effects of the procedure must be continually assessed, monitored, and evaluated. Seclusion and certain forms of restraint (physical, legal, protective, and medical) may be used under specific conditions, but chemical restraint (medication to immobilize a person) is prohibited. Seclusion is not a treatment modality and is contraindicated for persons who exhibit suicidal or self-injurious behavior. Each use of seclusion or restraint must be ordered on a time-limited basis for a person. Such measures are never authorized by “standing orders” or on an “as needed” (PRN) basis. Certain forms of restraint are prohibited (e.g., restraining nets, ambulatory restraints, face-down restraints, simultaneous use of seclusion and restraint, renewal orders in excess of one hour, use of seclusion or restraints in excess of 24 hours, any restraint around a person’s neck or covering the person’s face). Restraint may be contraindicated for a person who has experienced sexual trauma or physical abuse or who is deaf and cannot communicate without the use of hands.

Staff are to follow specific policies and procedures when using seclusion and restraint. All services, including emergency measures, should be provided with consideration and respect for the person's dignity, autonomy, and privacy. This review applies to a consumer who has experienced the use of an emergency control procedure within the past 90 days.

NOTE: Only licensed facilities with trained and well-supervised staff should use emergency control procedures and then only in conformance with policies and procedures. Monitoring of emergency control measures should be done via an internal quality improvement program.

Probes: Determine from Informants, Observations, Plans, and Records

1. Has the person experienced the use of any emergency control technique within the past 90 days? • If so, what were the circumstances of use?
2. What was the emergency and risk of harm? • What antecedent events were present? • What alternative interventions were found insufficient or impractical at the time?
3. Were respectful relationships, effective communications, and positive behavior management techniques used at the facility to create safe therapeutic environments and to reduce the emergence/recurrence of unsafe situations for the person?
4. Were staff training, appropriate placements and transfers, and use of advanced directives applied to minimize use of emergency control techniques?
5. Were the emergency measures implemented in the least restrictive manner possible and ended as quickly as possible? • During implementation, were the person’s status and effects of the procedure continually assessed, monitored, and evaluated? • If so, by whom? • What do records reflect?
6. Were the forms of seclusion or restraint used with the person consistent with standards of good practice (not using any contraindicated or prohibited techniques) and consistent with the facility's policies and procedures?
7. How has the person’s recovery or treatment plan been modified to reduce the use of special procedures, based on experience gained?
8. Has the rate of use of special procedures been reduced or eliminated?
9. Is relapse prevention information available to the person? • Have advanced directives been used, evaluated, and modified over time, based on experience?
Description and Rating of Practice Performance

**Optimal Use of Emergency Controls.** The person is served in an excellent therapeutic environment that reduces the emergence of unsafe situations via respectful relationships, effective communications, and positive behavioral supports. Excellent use of advanced directives, appropriate placements, and lesser restrictive techniques by highly trained staff minimizes use of special procedures, which, when used in an emergency, are the least restrictive, most appropriate, and most effective techniques possible. Staff actions are highly consistent with facility policies, procedures, and best practice. Based on experience gained, the person and team have modified the treatment plan and advanced directives to minimize unsafe situations. An excellent level of respect for the person’s dignity, autonomy, and privacy is demonstrated by staff in the use of special procedures.

**Rating Level:** 6

**Good Use of Emergency Controls.** The person is served in a generally positive therapeutic environment that reduces the emergence of unsafe situations via respectful relationships, effective communications, and positive behavioral supports. Good use of advanced directives, appropriate placements, and lesser restrictive techniques by well-trained staff minimizes use of special procedures, which, when used in an emergency, are the least restrictive, most appropriate, and most effective techniques possible. Staff actions are generally consistent with facility policies, procedures, and good practice. Based on experience gained, the person and team have modified the treatment plan and advanced directives to minimize unsafe situations. A good and consistent level of respect for the person’s dignity, autonomy, and privacy is demonstrated by staff in the use of special procedures.

**Rating Level:** 5

**Fair Use of Emergency Controls.** The person is served in a fairly positive therapeutic environment that helps to reduce the emergence of unsafe situations via respectful relationships, fair communications, and positive behavioral supports. Minimal use of advanced directives, appropriate placements, and lesser restrictive techniques by some trained staff lowers use of special procedures, which, when used in an emergency, may be the least restrictive, most appropriate, and most effective techniques possible. Staff actions are fairly consistent with facility policies, procedures, and accepted practice. Based on experience gained, the person and team may have modified the treatment plan and advanced directives. A minimal-to-fair level of respect for the person’s dignity, autonomy, and privacy is demonstrated by staff in the use of special procedures.

**Rating Level:** 4

**Marginally Inadequate Use of Emergency Controls.** The person is served in a somewhat problematic environment, having limited or inconsistent relationships, communications, and behavioral supports. Use of advanced directives and lesser restrictive techniques is limited by gaps in staff training. Use of special procedures, which are used only in real emergencies, may not be the least restrictive, most appropriate, and most effective techniques possible. Staff actions are sometimes inconsistent with facility policies, procedures, and accepted practice. Experience gained may have little connection to modifications in the person's treatment plan or any advanced directives. A marginal and inconsistent level of respect for the person's dignity, autonomy, and privacy is demonstrated by staff in the use of special procedures. Risk of harm during use or caused by use of special procedures may be low for this person at this time.

**Rating Level:** 3

**Poor Use of Emergency Controls.** The environment in which the person receives services may be contributing to the emergence of unsafe situations and higher usage of special procedures. Advanced directives and lesser restrictive procedures may not be used due to a poor level of staff training. Special procedures may be over-used or used as a substitute for appropriate treatment. Use of special procedures may be contrary to policies, procedures, and standards of good practice. Respect by staff for the person's dignity, autonomy, and privacy is lacking. Risk of harm during use of special procedures may be moderate.

**Rating Level:** 2

**Adverse or Dangerous Use of Emergency Controls.** There are serious and dangerous breakdowns in the treatment environment for this person. Respectful relationships and good communications are lacking. Special procedures are being used unnecessarily, inappropriately, unsafely, and without adequate training, authorization, or oversight. Risk of harm during use of special procedures may be high.

**Rating Level:** 1

**Not Applicable:** The person has not experienced use of any emergency control measures within the past 90 days. Therefore, this indicator does not apply.
SECTION 5

OVERALL PATTERNS

1. Overall Person Status 78
2. Overall Progress Pattern 79
3. Overall Practice Performance 80
4. Six-Month Prognosis 81
OVERALL PERSON STATUS SCORING PROCEDURE

There are 12 separate qualitative indicators (some having two dimensions) measuring the status of the focus individual that are rated by the reviewer. Once ratings for these indicators have been made, the reviewer relies upon those findings when making a broader “overall rating” of the focus individual’s status. This overall rating answers the question: Overall, how is the focus individual doing now, taking all applicable indicators into account?

The Overall Status Rating is based on the reviewer’s holistic impression that sums up the big picture situation for the focus individual at the time of review. The reviewer considers the unique issues and present context for the focus individual to arrive at a single overall status rating. (1) The reviewer begins by marking the rating value for each status review item on the “roll-up sheet” being prepared for submission. (2) In formulating the overall rating, the reviewer disregards any indicator deemed not applicable in forming the holistic impression. (3) The reviewer then gives weight to those applicable indicators judged to be most important at this time for the focus individual. (4) By focusing on the applicable indicators and judging which ones have the greatest importance to the focus individual at this time, the reviewer determines an “overall rating” based on his/her general impression of the focus individual’s status using the 6-point scale. (5) Once determined, the reviewer marks the box indicating the overall status rating on the roll-up sheet prepared for the focus individual.

The reviewer should remember that an overall status rating cannot be higher than the highest rated indicator nor lower than the lowest rated indicator. It should be reflective of the trend or pattern observed among indicators with added weight to those of greater importance to the focus individual at the time of review. The added weight given in this overall formulation must be explained by the reviewer in the oral and written reports.

<table>
<thead>
<tr>
<th>PERSON STATUS INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INDICATOR ZONES</strong></td>
</tr>
<tr>
<td>Community Living</td>
</tr>
<tr>
<td>1. Safety from harm by others</td>
</tr>
<tr>
<td>2a. Behavioral risk to self</td>
</tr>
<tr>
<td>2b. Behavioral risk to others</td>
</tr>
<tr>
<td>3a. Income adequacy</td>
</tr>
<tr>
<td>3b. Personal income control</td>
</tr>
<tr>
<td>4a. Living arrangement appropriate</td>
</tr>
<tr>
<td>4b. Living arrangement stability</td>
</tr>
<tr>
<td>5a. Social network: composition</td>
</tr>
<tr>
<td>5b. Social network: recovery support</td>
</tr>
<tr>
<td>Physical/Emotional Status</td>
</tr>
<tr>
<td>6. Health/Physical well-being</td>
</tr>
<tr>
<td>7. Substance use</td>
</tr>
<tr>
<td>8. Mental health status</td>
</tr>
<tr>
<td>Meaningful Life Activities</td>
</tr>
<tr>
<td>9. Voice &amp; role in decisions</td>
</tr>
<tr>
<td>10. Education/career</td>
</tr>
<tr>
<td>11. Work</td>
</tr>
<tr>
<td>12. Recovery activities</td>
</tr>
<tr>
<td>OVERALL STATUS</td>
</tr>
</tbody>
</table>
OVERALL PROGRESS PATTERN

OVERALL PROGRESS PATTERN SCORING PROCEDURE

There are five separate qualitative indicators measuring the recent progress of the focus individual that are rated by the reviewer. Once ratings for these indicators have been made, the reviewer relies upon those findings when making a broader “overall rating” of the focus individual’s recent progress. This overall rating answers the question: **Overall, to what degree is the focus person getting better and doing better over the past six months, taking all applicable indicators into account?**

The Overall Progress Rating is based on the reviewer’s holistic impression that sums up the big picture situation for the focus individual at the time of review. The reviewer considers the person’s status six months ago and today to arrive at a single overall rating of the person’s trajectory of change. (1) The reviewer begins by marking the rating value for each progress review item on the “roll-up sheet” being prepared for submission. (2) In formulating the overall rating, the reviewer disregards any indicator deemed not applicable in forming the holistic impression. (3) The reviewer then gives weight to any applicable indicators judged to be most important at this time for the focus individual. (4) By focusing on the applicable indicators and judging which ones have the greatest importance to the focus individual at this time, the reviewer determines an “overall rating” based on his/her general impression of the focus individual’s progress using the 6-point scale. (5) Once determined, the reviewer marks the box indicating the overall progress rating on the roll-up sheet prepared for the focus person.

The reviewer should remember that an overall progress rating cannot be higher than the highest rated indicator nor lower than the lowest rated indicator. It should be reflective of the trend or pattern observed among indicators with added weight to those of greater importance to the focus individual at the time of review. The added weight given in this overall formulation must be explained by the reviewer in the oral and written reports.

<table>
<thead>
<tr>
<th>PERSON’S PROGRESS PATTERN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progress Indicator</td>
</tr>
<tr>
<td>CHANGE OVER TIME</td>
</tr>
<tr>
<td>1. Psychiatric symptoms</td>
</tr>
<tr>
<td>2. Substance use impairment</td>
</tr>
<tr>
<td>3. Self management</td>
</tr>
<tr>
<td>4. Risk reduction</td>
</tr>
<tr>
<td>5. Recovery goals</td>
</tr>
<tr>
<td>OVERALL PROGRESS</td>
</tr>
</tbody>
</table>
OVERALL PRACTICE PERFORMANCE Domain

OVERALL PRACTICE PERFORMANCE SCORING PROCEDURE

There are eight core practice and six specialized practice indicators in the area of Practice Performance. Each review produces a finding reported on a 6-point rating scale. An “overall rating” of practice performance is based on the reviewer’s holistic impression of the appropriate execution of practice functions and the diligence it shows in response to the focus person. Consider the quality with which each practice function is carried out and whether the intent of the function is being achieved. This overall rating answers the question:

Overall, how well is the service system taking necessary steps to appropriately address the things that must be changed and maintained for the focus person to make adequate progress toward achieving recovery goals for well-being, functioning, and fulfillment of adult roles?

(1) The reviewer begins by transferring the rating value for each progress review item from the protocol indicator rating pages to the portion of the roll-up sheet containing the display presented below. (2) The reviewer disregards any indicator elements deemed not applicable in forming the holistic impression. (3) The reviewer gives weight to those practice performance indicators judged to be most important at this time for the focus individual. When weighing-in the applicable elements of Indicators 5 and 7, the reviewer is advised to remember that these elements are sub-components of the planning and implementation functions and that the elements should not take on disproportionate shares of contribution to the big picture view of practice performance when taken as a whole. (4) Focusing on those applicable indicators having the greatest importance to the focus individual at this time, the reviewer determines an “overall rating” based on his or her general impression of the practice performance as a whole. (5) The reviewer then marks the box indicating the overall rating on the roll-up sheet.

The reviewer should remember that an overall rating cannot be higher than the highest rated indicator nor lower than the lowest rated indicator. It should be reflective of the trend or pattern observed among indicators with added weight to those of greater importance to the focus person at the time of review. The added weight given in this overall formulation must be explained by the reviewer in the oral and written reports provided for this case.

### System/Practice Performance [90-day Pattern]

<table>
<thead>
<tr>
<th>Indicator Zones</th>
<th>Improve</th>
<th>Refine</th>
<th>Maintain</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Practice Functions</td>
<td>1 2</td>
<td>3 4</td>
<td>5 6</td>
<td></td>
</tr>
<tr>
<td>1. Engaging</td>
<td></td>
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<tr>
<td>2a. Teaming: formation</td>
<td></td>
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<tr>
<td>2b. Teaming: functioning/coord.</td>
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<tr>
<td>3. Assessing &amp; understanding</td>
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<tr>
<td>4. Setting personal recovery goals</td>
<td></td>
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<tr>
<td>5. Planning interventions for:</td>
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</tr>
<tr>
<td>a. symptom reduction</td>
<td></td>
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<tr>
<td>b. addiction recovery</td>
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<tr>
<td>c. relapse prevention</td>
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<tr>
<td>d. protection from harm</td>
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<tr>
<td>e. income/basic necessities</td>
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<tr>
<td>f. adult role fulfillment</td>
<td></td>
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<tr>
<td>6. Resourcing interventions</td>
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<td>7. Delivering interventions for:</td>
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<td>a. symptom reduction</td>
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<td>b. addiction recovery</td>
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<td>c. relapse prevention</td>
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<td>d. protection from harm</td>
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<td>e. income/basic necessities</td>
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<td>f. adult role fulfillment</td>
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<td>8. Tracking &amp; adjusting</td>
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### Specialized Practices & Attributes

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<th>Indicators</th>
<th>Improve</th>
<th>Refine</th>
<th>Maintain</th>
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<tbody>
<tr>
<td>1. Cultural competence</td>
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<td>2. Supports for community integr.</td>
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<td>3. Transitions &amp; life adjustments</td>
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<td>4. Medication management</td>
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<td>5. Crisis prevention &amp; management</td>
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<td>6. Emergency control procedures</td>
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OVERALL PRACTICE PERFORMANCE

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ESTIMATING THE TRAJECTORY OF THIS CHILD'S/ADULT'S EXPECTED COURSE OF CHANGE

Determination of the person's current status and service system performance is based on the observed current patterns as they emerge from the recent past. This method provides a factual basis for determination of current status and service system performance. Forming a six-month prognosis or forecast is based on predictable future events and informed predictions about the expected course of change over the next six months, grounded on known current status and system performance as well as knowledge of tendency patterns found in case history.

If a case were being reviewed in April, then the trajectory point for consideration would be October. Suppose that the person being reviewed has demonstrated a pattern of serious, complex, and recurrent behavior problems that were just being brought under control in April [Overall Status = 4, meaning person's status is minimally and temporarily acceptable; a fact]. Suppose that this person got into trouble with the law last summer [a fact] while homeless [a fact] and lacked adequate support provided via home [a fact]. Suppose this person is to be discharged from the hospital at the end of May [a fact], but has no transition plan for returning to home with supportive services [a fact] following discharge, no planned daytime program or work situation to keep the person engaged [a fact], continuing health problems [a fact], and no current contact or planning with any residential provider expected to admit and serve the person upon discharge [a fact]. Based on what is now known about this person, what is the probability that the person's status in six months (October) will:

1. Improve from a 4 to a higher level?
2. Stay about the same at level 4?
3. Decline or deteriorate to a level lower than 4?

Given this set of case facts plus the person's tendency patterns described in recent history, most reviewers would make an informed prediction that the case trajectory would be downward and that the person's status is likely to decline or deteriorate. One may “hope” for a different trajectory and a more optimistic situation, but “hope” is not a strategy to change the conditions that are likely to cause a decline. Based on the reviewer's six-month prognosis or forecast for this case, the reviewer offers practical “next step” recommendations to alter an expected decline or to maintain a currently favorable situation over the next six months. Based on what is known about this case and what is likely to occur in the near-term future, the reviewer makes an informed prediction of the prognosis in this case. Mark the appropriate alternative future statement in the space provided below. The facts that lead the reviewer to this view of case trajectory should be reflected in the reviewer's recommendations. Insert your determination in the appropriate space on the roll-up sheet.

Six-Month Prognosis

Based on the person's current status, the current level of system performance, and events expected to occur over the next six months, is the person's OVERALL STATUS likely to maintain at a high level, improve to higher level, remain about the same, or decline over the next six months?

☐ MAINTAIN at a CURRENTLY HIGH STATUS LEVEL (5-6 range)
☐ IMPROVE to a level HIGHER than the current overall status
☐ CONTINUE at the SAME STATUS LEVEL — status quo
☐ DECLINE to a level LOWER than the current overall status
SECTION 6

REPORTING OUTLINES

1. Oral case presentation outline 84
2. Written case summary outline 85
WRITTEN CASE REVIEW SUMMARY

Person’s Status Summary

Facts about the Person Reviewed

- Agency or Office
- Person’s Code
- Reviewer’s Name
- Review Date
- Date of Report
- Person’s Placement

People Interviewed during this Review

Indicate the number and role (person, home provider, live-in associated, service coordinator, therapist, job coach, etc.) of the persons interviewed.

Facts About the Person and Living Arrangement

- Person’s situation and living arrangement
- Reasons for mental health services
- Mental health services received
- Services provided by other agencies

Person’s Current Status

Describe the current status of the person and living arrangement based on status review findings. If any unfavorable status result puts the person at risk of harm, explain the situation. Mention relevant historical facts that are necessary for an understanding of the person’s current status. Use a flowing narrative to tell the “case story” and make sure that it supports and adequately illuminates the Overall Status rating.

Home Provider’s Status

Because the status of the person often is linked to the status of any home provider, indicate whether the provider is receiving the supports necessary to adequately meet the needs of the person and maintain the stability of the living arrangement.

Factors Contributing to Favorable Status

Where status is positive, indicate the contributions that the person’s resiliency, provider capacities, and uses of natural supports and generic community services made to the results.

Factors Contributing to Unfavorable Status

Describe what local conditions seem to be contributing to the current status and how the person may be adversely affected now or in the near-term future, if status is not improved.

System Performance Appraisal Summary

Describe the current performance of the service system for this person using a concise narrative form. Mention any historical facts or local circumstances that are necessary for understanding the situation.

What’s Working Now

Identify and describe which service system functions are now working adequately for this person. Briefly explain the factors that are contributing to the current success of these system functions.

What’s Not Working Now and Why

Identify and describe any service system functions that are not working adequately for this person. Briefly explain the problems that appear to be related to the current failure of these functions.

Six-Month Prognosis/Stability of Findings

Based on current service system performance found in this case, is the person’s overall status likely to improve, stay about the same, or decline over the next six months? Take into account current service quality and important life change adjustments that may occur over this time period. Explain your answer.

Practical Steps to Sustain Success and Overcome Current Problems

Suggest several practical “next steps” that could be taken to sustain and improve successful practice activities over the next six months. Suggest practical steps that could be taken to overcome current problems and to improve poor practices and local working conditions for this person in the next 90 days.

Report Length

The summary should not exceed four or five typed pages, depending on the complexity of the case and the extent of supports and services being provided by various agencies.
Oral Presentation Outline

1. Core Story of the Person 3 minutes
   - Reason for mental health and other services
   - Primary treatment and rehabilitation goals
   - Personal recovery goals expressed by the person
   - Strengths and needs of the person and home provider
   - Services provided by participating agencies

2. Person’s Status and, where appropriate, Caregiver Status 3 minutes
   - Overall status of the person finding/rating
   - Progress made
   - Problems

3. System Practice and Performance 3 minutes
   - Overall system performance finding/rating
   - What’s working now for this person
   - What’s not working and why
   - Six-month prognosis

4. Next Three Steps 1 minutes
   - Recommended important and doable “next steps”
   - Any special concerns or follow-up indicated

Total Presentation Time 10 minutes

Group Questioning of Presenter 3-5 minutes