

**New Mexico's Pilot Quality Service Review
July 13-16, 2009
Las Vegas**

Summary Report and Recommendations

Background

In 2004, Governor Bill Richardson and the New Mexico State Legislature created a cabinet-level entity, called the Collaborative, to bring the behavioral health resources of 15 state agencies together to work as one in an effort to improve mental health and substance abuse services in the state. This year, 2009, marks the fourth year of a ten-year effort to transform the delivery of behavioral health services to adults, children, and their families to a system focused on recovery and resiliency.

All rural, urban, and Native American communities across the state are members of one of 18 local collaboratives. Thirteen are contiguous with the state's judicial districts and five represent the state's sovereign Tribes, Nations, Pueblos, and off-reservation populations. Local collaboratives are responsible for developing and representing a strong local voice in the planning of New Mexico's Interagency Behavioral Health Purchasing Collaborative initiative. Each collaborative is made up of consumers, family members, advocates, and providers. An eight-person team, called the Cross Agency Team (CAT), working across the state supports collaboratives.

An important component of work with local collaboratives was the development of an instrument that would produce a baseline examination of recent results for adults and the contribution made by local service providers and the system of care in producing those results. In the winter of 2009, a design team met with the directors of Human Systems and Outcomes, Inc. (HSO) to develop this case-based quality review process.

The first pilot test of the Quality Service Review Protocol, Version 2.1, occurred in April 2009, in the Region 6 Collaborative in Grant County followed by the second pilot in Region 2, Bernalillo County. Each of these pilot tests reviewed the quality of services for children. A third pilot test occurred the week of June 22, 2009, in Santa Fe and was the first look at adult mental health services. A fourth and final pilot test occurred the week of July 13, 2009, in Las Vegas and also looked at adult mental health services. This report is a reflection of the appraisal of adult status, progress, and practice performance for six adults in Las Vegas, New Mexico.

Methodology

The process for conducting this QSR using the pilot protocol started with a review of each adult's clinical record followed by individual interviews with all of the service providers and family members who are involved with the adult. The interviews typically included therapists, case managers, psychiatrists, physicians, probation officers, employment specialists, family

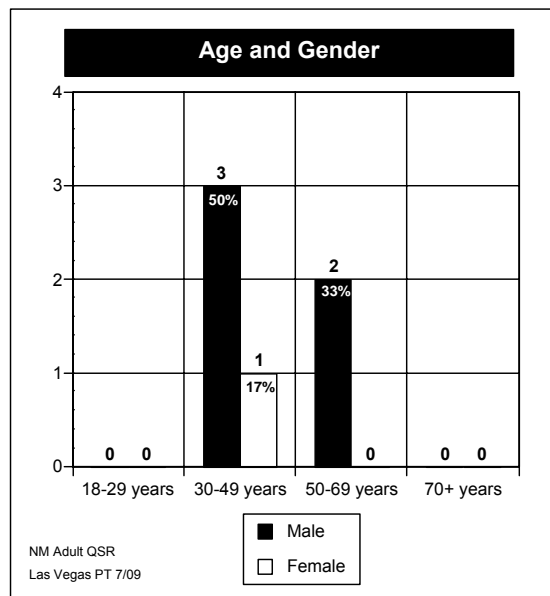
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members and significant others, housing personnel, and others. Reviewers who had been trained and certified in the use of these types of protocols conducted the case reviews. Agency personnel from other areas of the state “shadowed” the reviewers to observe and learn about the process. While reviewers completed interviews, the team leader spoke with stakeholders and held focus group discussions with adult-serving agency personnel. In the evenings during the review week, reviewers met with the team leader to debrief the day’s cases. Data were recorded for each case and sent to the HSO office for aggregation. On Thursday of the review week, the team leader reviewed the week’s data, themes, and trends that evolved during the week at a meeting with stakeholders invited by the local Collaborative.

Prior to this pilot review week, three agencies providing services to adults in Las Vegas identified six adult cases for the pilot review process. The CAT specialist assigned to the region worked with agency personnel to create interview schedules for each of the three reviewers and focus groups for the team leader. The team leader was provided by HSO. Individuals shadowed the reviewers and the team leader on different days during the week. For the six cases reviewed for this pilot, a total of 34 interviews were conducted with an average of 5.7 per case and a range of 4 to 8 interviews per case. Focus groups and interviews were held with staff at each agency being reviewed and a behavioral health collaborative and included frontline workers, administration and leadership, supervisors, judges, a court evaluator, a social worker from the adult detention facility, a representative of the public defender’s office, and consumers. A total of 104 persons participated in the 11 focus group sessions.

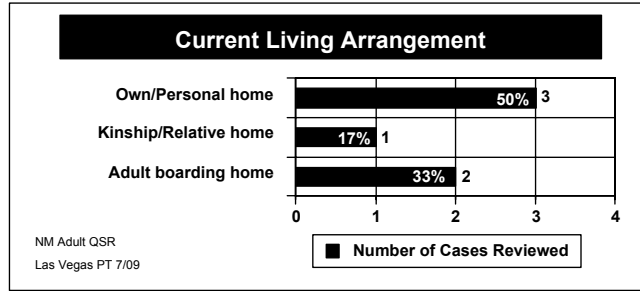
Demographics of the Sample

The sample for this pilot included six adults: one female and five males. As illustrated in the graph below, one female and three males were in the 30-49-year-old age range and two males were in the 50-69-year-old age range.



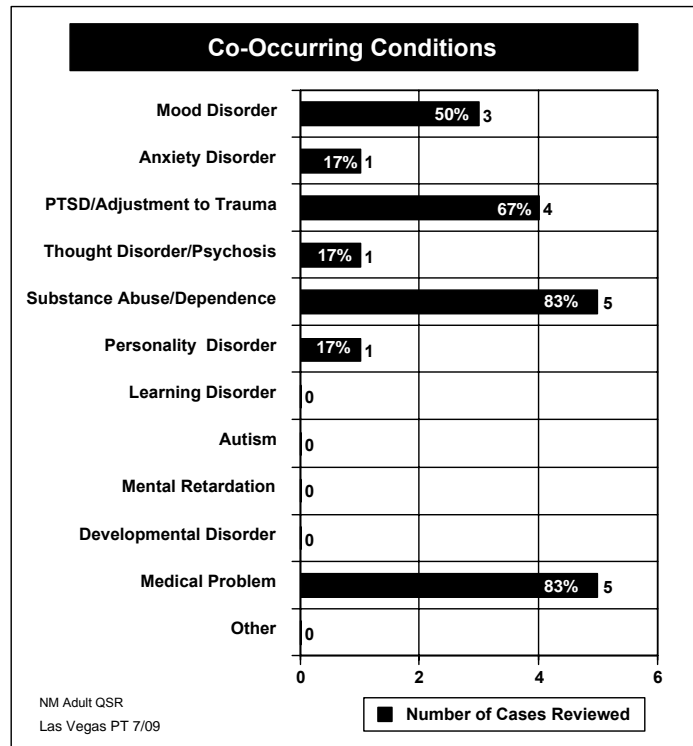
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Three of the adults lived in their own homes or apartments, one adult lived in a relative's home, and two were residing in boarding homes.



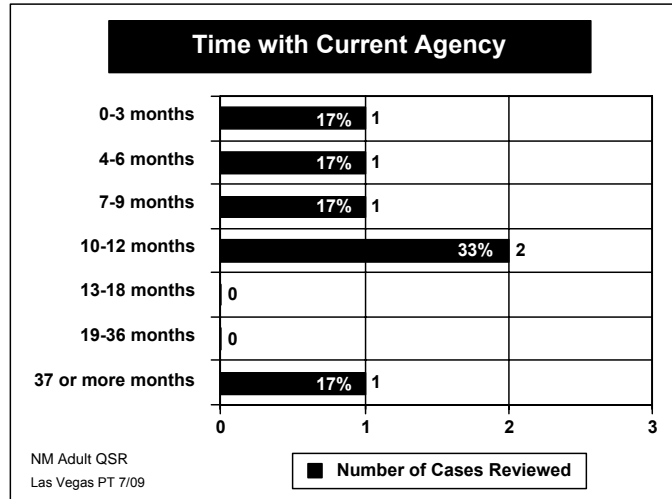
There were two common co-occurring diagnoses among the six adults: substance abuse/dependence and medical issues, with five adults (83%) in each category. The next most frequently co-occurring condition was PTSD, with 67% of the review sample having PTSD symptoms or diagnosis. Half (50%) had a mood disorder. The remaining co-occurring disorders were listed as one adult (17%) with either anxiety disorder, thought disorder, or personality disorder.

Co-occurring medical issues are a predominant theme for adults receiving mental health services. Two-thirds of the review sample had a co-occurring medical issue. These issues included HIV, COPD, arthritis, neuropathy, Hepatitis C, back pain, heart problems, high blood pressure, enlarged liver, and diabetes.



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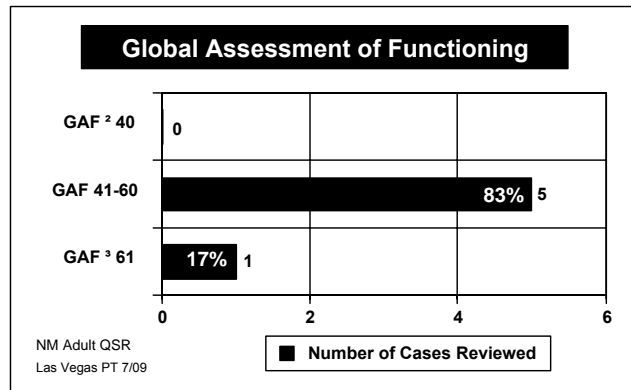
One of the six adults in the sample had received services from their current behavioral health provider for three months or less. Four of the six adults had received services for 4 to 12 months. The remaining adult had been receiving services for 37 months or longer.



The level of need for each member of the sample was noted using the Global Assessment of Functioning Scale (GAF) score. The breakdown for level of need is as follows:

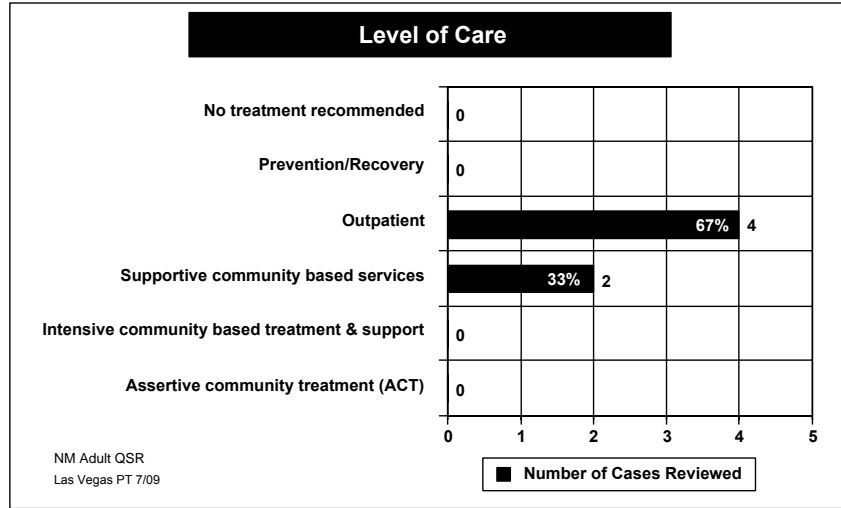
- Low Need: Basic outpatient services (GAF 70 or higher)
- Medium Need: Intensive outpatient or wraparound services (GAF 50-69)
- High Need: Residential or partial hospitalization placement (GAF less than 50)

The GAF scores for members of the sample are shown in the chart below.

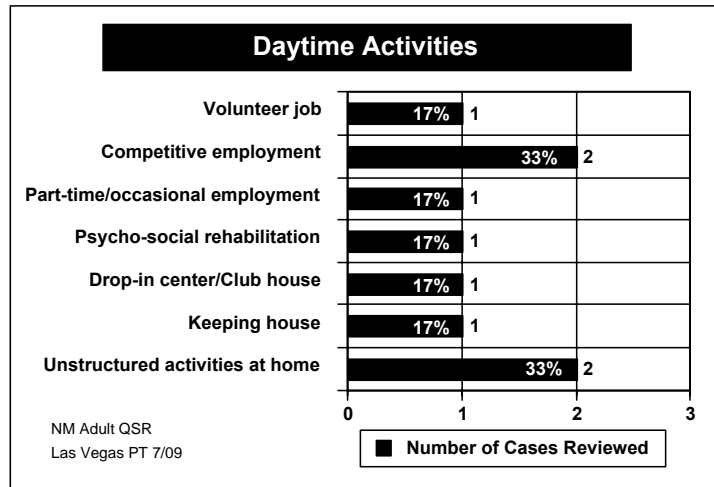


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The six adults reviewed fell into two categories of services: two adults were receiving supportive community-based mental health services and four were receiving outpatient services.

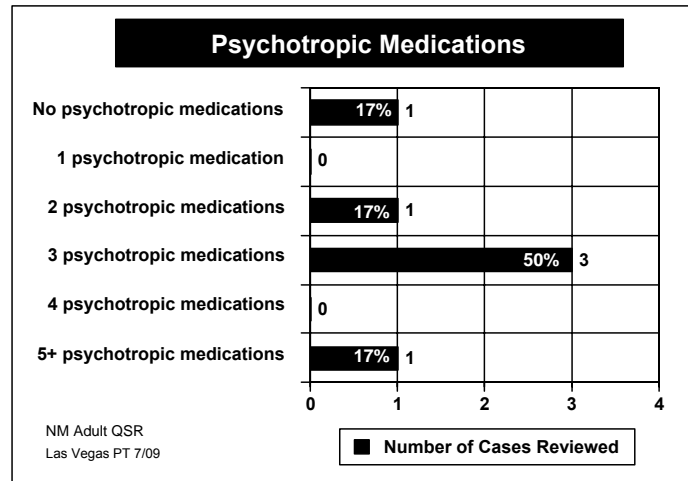


With regard to daytime activities, one each of the adults reported a volunteer job, part-time employment, psychosocial rehabilitation, clubhouse, and keeping house. Two adults reported competitive employment and two adults listed “unstructured activities at home.” Each adult can participate in more than one activity.

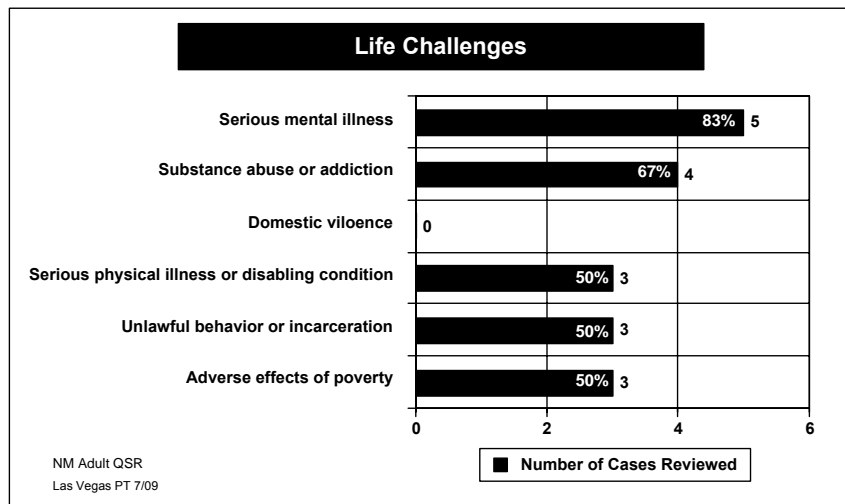


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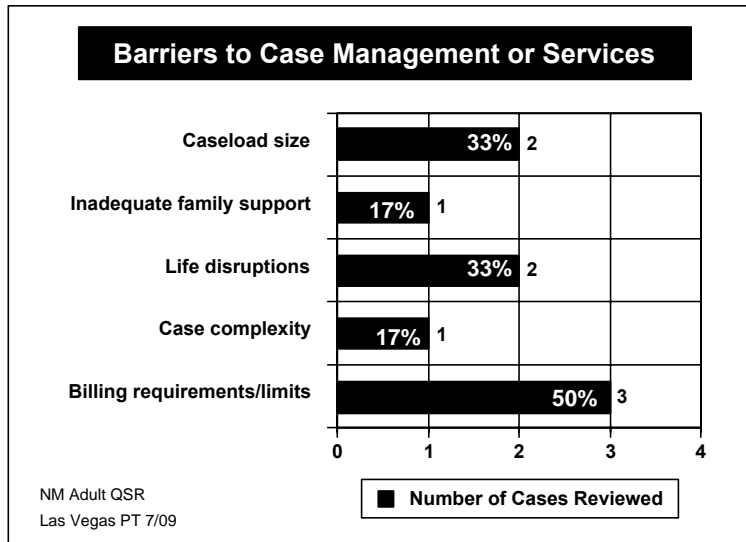
One of the six adults was not prescribed or taking any psychotropic medications, while one was prescribed one medication and three adults were prescribed three psychotropic medications. One of the six adults was prescribed five or more psychotropic medications.



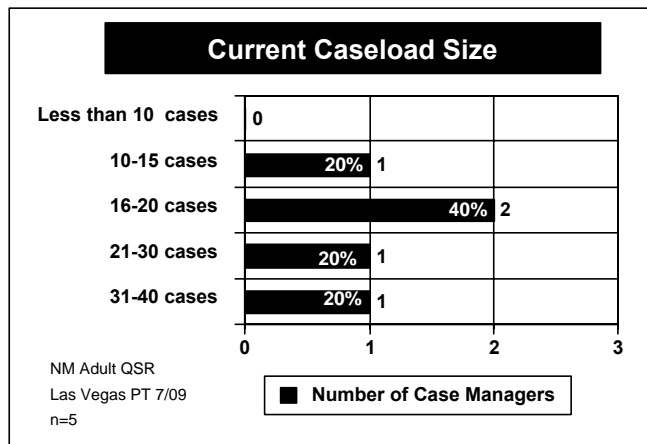
Many adults with mental illness are also faced with other life challenges. The table below illustrates some of the life challenges faced by the six consumers reviewed in Las Vegas. Five of the six adults were diagnosed with a serious and, oftentimes, persistent mental illness. Four consumers each were faced with substance abuse/addiction issues. Three persons each had serious or debilitating physical illness and the effects of incarceration or unlawful behavior. Finally, three adults were dealing with the adverse effects of poverty.



Service providers noted barriers to effective case management. Barriers that were mentioned included caseload size, inadequate family support, life disruptions, case complexity, and billing requirements or service limits.



For this review, there were five case managers interviewed with one case manager having two cases. Caseload sizes were reported by the five case managers with a range of at least ten cases to at least 40 cases on a caseload. Caseload size is further illustrated in the table below.



Adult Status Indicators

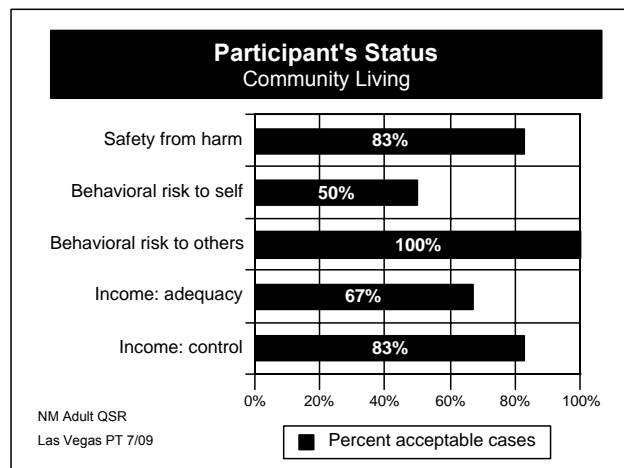
Status indicators are scored on a scale of 1-6 with 5 or 6 considered good or optimal or in the “maintenance” zone, a rating of 3 or 4 is considered fair to marginal or in the “refinement” zone, and a rating of 1 to 2 is considered poor or adverse or in the “improvement” zone. Displayed another way, scores of 4, 5, or 6 are considered to be in the “acceptable” range while scores of 1, 2, or 3 are considered “unacceptable.”

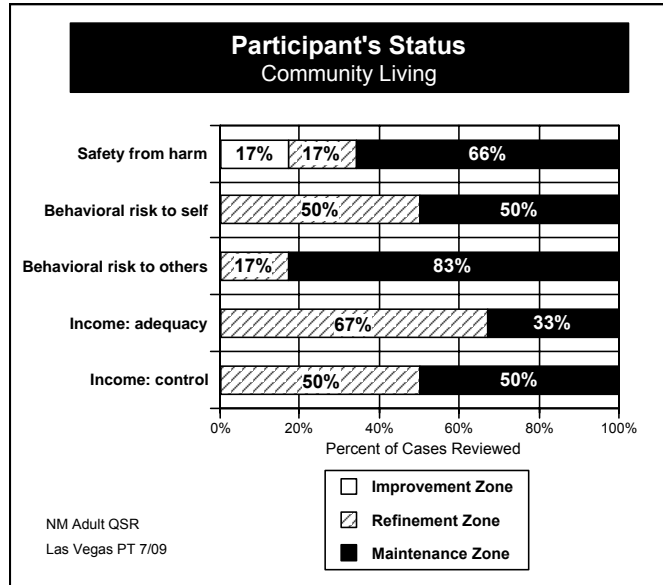
Below are the ratings for each of the adult status indicators for the six adults. These are preceded by a description of the elements considered in rating each indicator as stated in the protocol used for this review. The first graphic displays the acceptable/unacceptable ratings. The second graphic shows the distribution of the 1-6 ratings by the three zones. This is important because although a rating may be in the acceptable range (rating of 4, 5, or 6), a rating of 4 would indicate a need for refinement. The second graphic also displays the percent of cases in the extreme unacceptable range.

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?* Safety was rated acceptable for 83% of the adults reviewed, with 17% in the improvement zone, 17% in the refinement zone, and 66% in the maintenance zone.

BEHAVIORAL RISK - *To 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?* Behavioral risk-others was rated acceptable for 50%, with three persons in the refinement zone and three in the maintenance zone. Risk towards others was acceptable for all six persons, one of which needed refinement and five of which were in the maintenance zone.

INCOME ADEQUACY/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?* Sixty-seven percent of the consumers reviewed were receiving adequate income (67% in the refinement zone and 33% in the maintenance zone) and five out of six persons (83%) had adequate control of their finances (50% in the refinement zone and 50% in the maintenance zone).

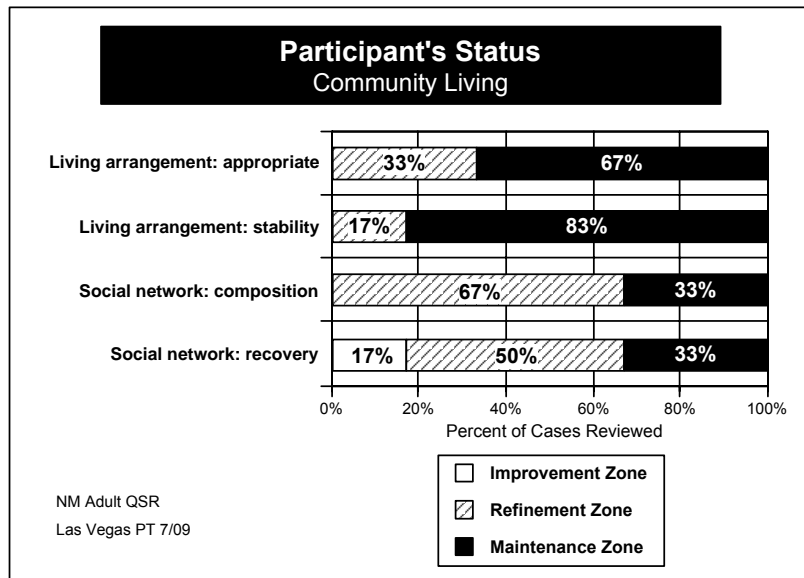
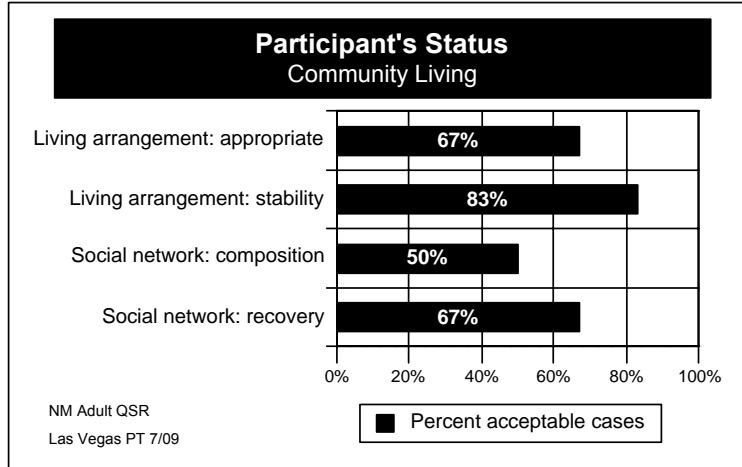




LIVING ARRANGEMENT APPROPRIATENESS/STABILITY: *APPROPRIATENESS: To what degree is the focus individual living in the most appropriate and least restrictive living arrangement that is consistent with his/her physical and emotional needs, age, ability, special needs, family/tribal/social relationships, and peer group affiliation? 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?* Sixty-seven percent of the consumers reviewed had appropriate living arrangements. Four consumers were in the maintenance zone and two consumers were in the refinement zone. Eighty-three percent of the persons had acceptable stability in their living arrangement, with five persons in the maintenance zone and one person in the refinement zone (3-marginal).

SOCIAL NETWORK COMPOSITION/SUPPORT: *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 person's social network support recovery efforts?* Fifty percent of the consumers reviewed in Las Vegas had acceptable composition of social networks. Two-thirds were in the refinement zone and one third in the maintenance zone. Two-thirds of the consumers reviewed had an adequate array of friends and family who support their efforts in recovery. The distribution of these scores is different than the composition ratings in that one person (17%) was in the improvement zone, three persons (50%) were in the refinement zone, and two persons (33%) were in the maintenance zones.

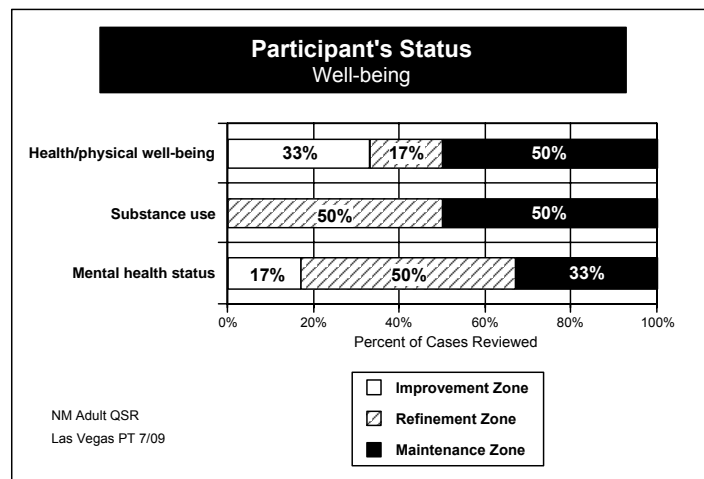
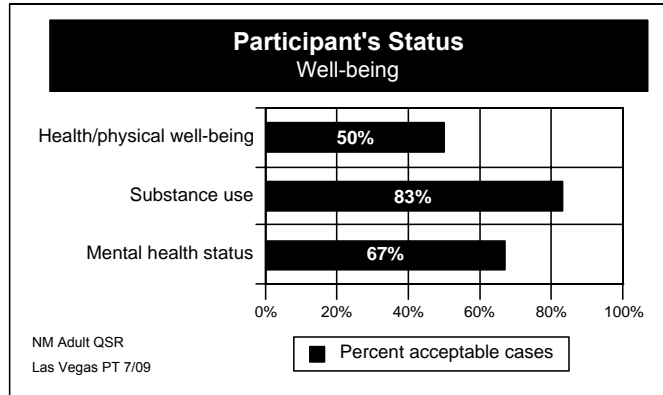
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HEALTH/PHYSICAL WELL-BEING: • *To what degree is the focus person achieving and maintaining his/her best attainable level of health?* • *If the individual has a serious or chronic physical illness, to what degree is the individual achieving his/her best attainable health status given any disease diagnosis and prognosis?* As illustrated in the graphs below, 50% of the adults reviewed had acceptable physical health status, with three being in the maintenance zone. One adult (17%) was in the refinement zone. Two adults (33%) were in need of immediate attention or improvement.

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?* All six of the consumers reviewed had current issues or were actively using substances at the time of review. Of these five adults, 83% had acceptable status in this area, with 50% in the maintenance zone (rated 5 or 6) and 50% in the refinement zone (rated 3 or 4).

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?* This indicator was found applicable for all six adults and acceptable for four adults (67%). Two adults and one additional adult (rated a 3-marginal) were in the refinement zone (50%). One adult (17%) was in the improvement zone and two adults (33%) were in the maintenance zone.



Meaningful Life Activity Indicators

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?* All of the adults reviewed were found to have an acceptable role and voice in treatment activities, with two of the adults in the refinement zone and four adults in the maintenance zone.

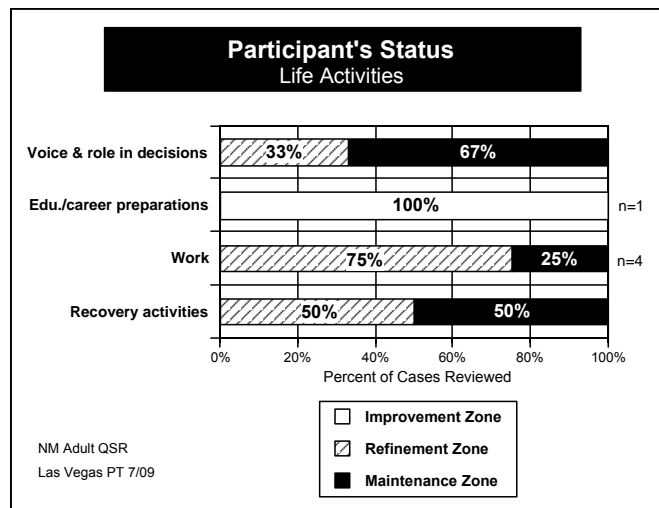
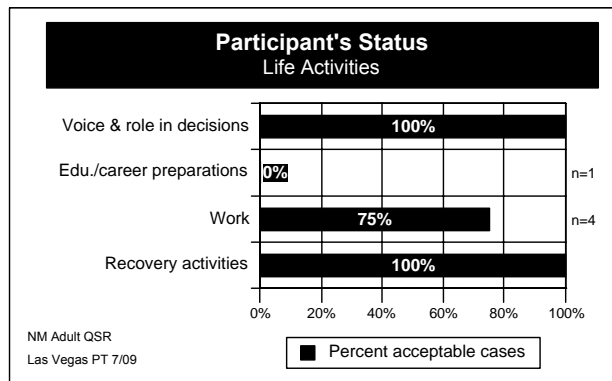
EDUCATION/CAREER DEVELOPMENT: • *Degree to which the focus person:* • *Is actively engaged in educational activities (e.g., adult basic education, GED course work, or post-secondary education), vocational training programs, or transitional employment.* • *Is receiving information about work benefits, access to work supports, rights, responsibilities, and advocacy.*

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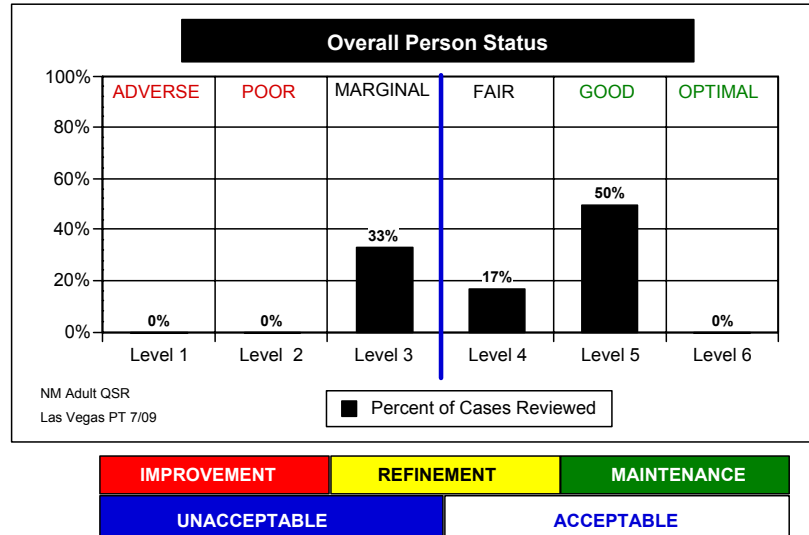
This indicator was found applicable for one adult and rated as needing improvement (rated 1-poor/unacceptable).

WORK: • *As appropriate to life stage and functional status, the degree to which the person is:* • *Actively engaging 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 presently limited by a disabling condition,] The person is exploring productive opportunities in consumer-operated services, an internationally accredited clubhouse, community center, or library.* Four adults were working or were interested in work-related activities. Three adults (75%) had acceptable status in this area; however, needed refinement. One adult (25%) was in the maintenance zone.

RECOVERY ACTIVITIES: • *The degree to which the focus person:* • *Is actively engaged in activities necessary to improve capabilities, competencies, coping, self-management, social integration, and recovery.* • *[If not engaged in recovery efforts,] The person has access to recovery and relapse prevention opportunities, subject to his/her needs, life ambitions, and personal preferences.* All of the six adults reviewed had identified recovery goals and activities and all six were found to be at least minimally engaged in recovery activities. Three persons (50%) were in the refinement zone and three (50%) were in the maintenance zone.



OVERALL STATUS OF THE PERSON: • *Based on the review findings determined for Status Reviews 1–12 above, how well is this person presently doing?* The graph below illustrates the overall ratings for the six adults reviewed across the zones and acceptable/unacceptable status. Four consumers were rated acceptable for overall status with one (17%) rated 4-fair and three (50%) in the maintenance zone rated 5-good. The other two consumers (33%) were rated unacceptable overall status in need of refinement (3-marginal).



Please see the case summaries at the end of the report for descriptions of the six adults in the sample with regard to overall status ratings.

	CM	RL	VB	JB	DG	CN
Overall Adult Status Rating	3	3	5	4	5	5

Adult Progress Indicators

The next set of indicators measures the trajectory and pattern of progress in specific areas. The timeframe for measuring progress is the six months prior to the review and addresses the extent to which the focus adult has demonstrated adequate progress over the past six months, consistent with the adult’s age and ability, in building appropriate coping skills that manage lingering psychiatric symptoms, reducing known risks preventing relapse from substance abuse recovery and/or in gaining functional behaviors and self-management skills.

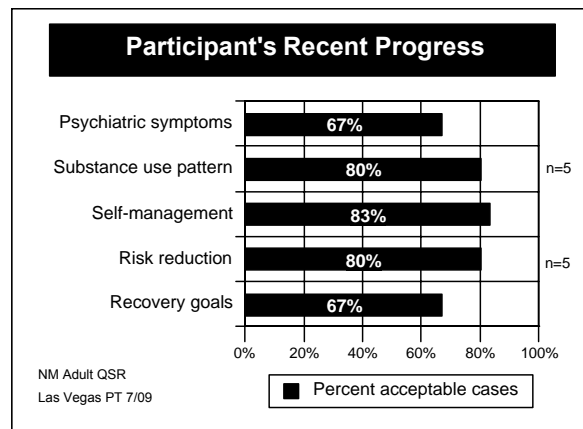
REDUCTION OF SYMPTOMS: • *To what extent are troublesome symptoms of mental illness being reduced, coped with, and personally managed by this individual?* The reduction of psychiatric symptoms was found acceptable for two-thirds (67%) of the consumers reviewed. Half also were in need of refinement in this area, with a rating of 3-marginal or 4-fair. One person (17%) fell in the improvement category and two persons (33%) were in the maintenance category.

SUBSTANCE USE: • *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?* Current or recent substance use was found in five of the six consumers reviewed. Four (80%) of these consumers were making minimally adequate or better progress in reduction of substance use. One person (20%) was making poor to adverse progress and was in the improvement zone.

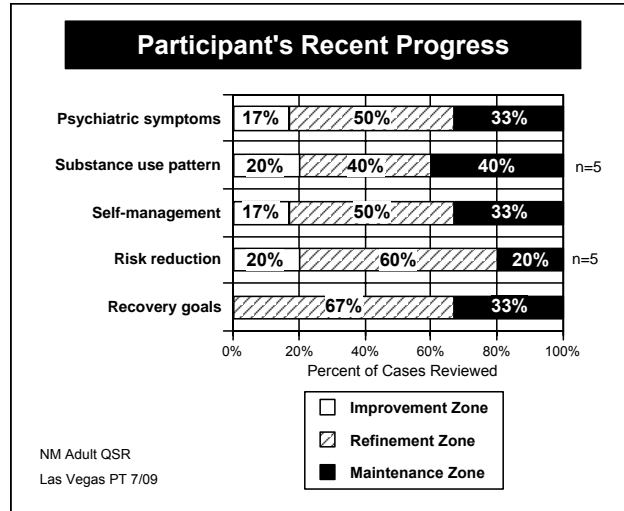
IMPROVED SELF-MANAGEMENT: • *To what extent is the person making progress in key life areas, including use of coping skills, daily functioning, relapse prevention, and self-management in the community?* This indicator was found applicable to all consumers reviewed and at least minimally acceptable for five (83%). Three (50%) of the consumers with acceptable status were also in the refinement zone and two consumers (33%) were in the maintenance zone. One person (17%) was in need of improvement in this area.

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?* Adequate reduction of risks was found in 80% of the cases reviewed. One consumer (20%) was rated as 6-acceptable/maintenance/optimal in the maintenance zone. Three (60%) of the consumers with acceptable status in this area were also in the refinement zone and a rating of 4-acceptable/refinement/fair. One person (20%) had unacceptable progress in this area and was in need of improvement (rating of 2-poor).

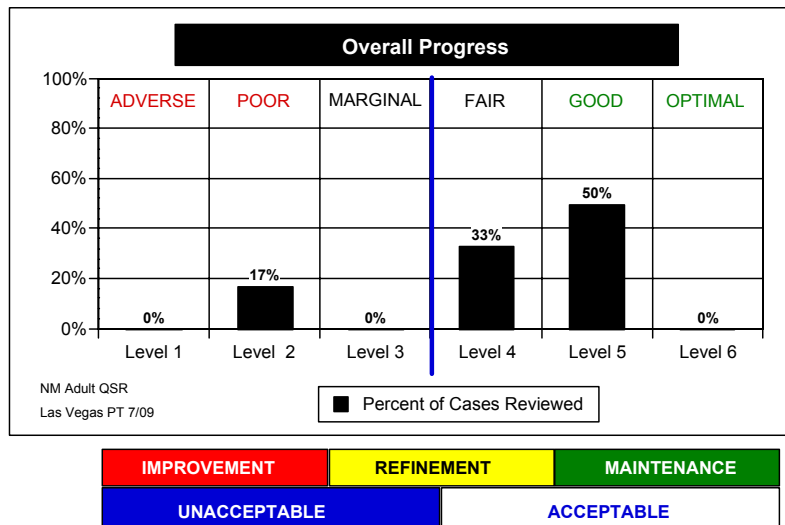
PROGRESS TOWARD PERSONAL RECOVERY GOALS: • *To what degree is the person making progress toward attainment of personally selected recovery goals that may be stated in his/her recovery plan?* Progress on recovery goals was found to be acceptable for four of the six cases reviewed. Two-thirds (67%) had at least minimally acceptable progress in this area. Sixty-seven percent were in the refinement zone with a rating of 3-marginal or 4-fair and two persons were in the maintenance zone with a rating of 5-good.



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OVERALL PROGRESS PATTERN: • *Taking into account the relative degree of progress observed for the person on the above five progress indicators, what is the overall pattern of progress made by this person: optimal, good, fair, marginal, poor, or adverse? Overall progress is considered acceptable when the overall pattern is deemed to be fair or better.* The overall progress pattern for the six adults reviewed is illustrated in the graph below. Eighty-three percent had at least minimally acceptable progress during the past six months with two adults (33%) rated in the refinement zone and 50% rated in the maintenance zone. One person (17%) was in the improvement zone and rated 2-poor.



Please see the case summaries at the end of the report for descriptions of the six adults in the sample with regard to overall adult progress ratings.

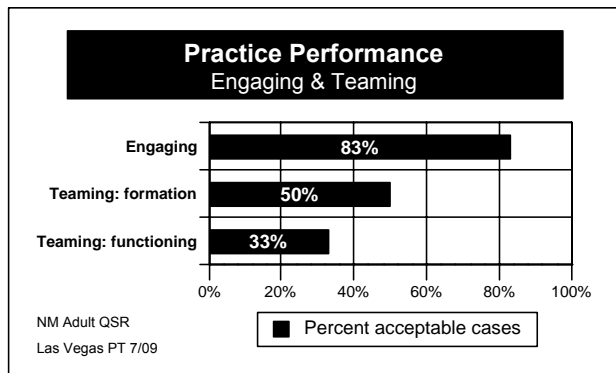
	CM	RL	VB	JB	DG	CN
Overall Adult Progress Rating	4	2	5	4	5	5

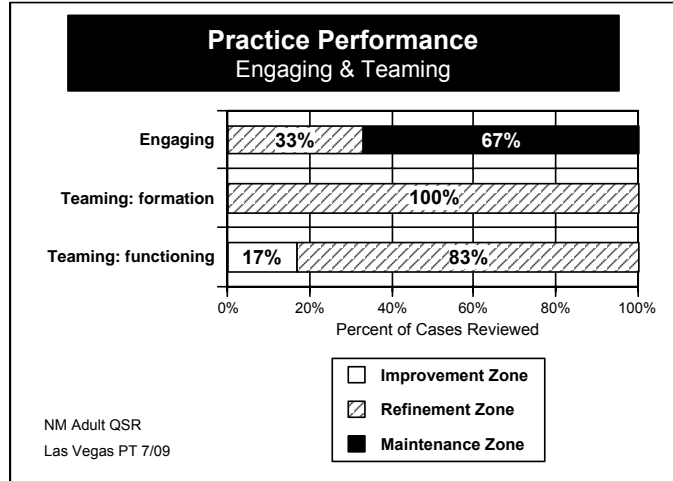
Practice Performance

Planning Treatment & Support

ENGAGING: • *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?* Five of the six adults had acceptable engagement, with 67% in the maintenance zone (rate 5-substantial or 6-optimal) and one adult (17%) in the refinement zone with a rating of 4-fair. One adult (17%) had unacceptable engagement with a rating of 3-marginal in the refinement zone.

TEAMING & COORDINATING: • **TEAM FORMATION:** • *To what degree: (1) Has a group of motivated, qualified people, with skills and knowledge appropriate to the needs of this focus individual, 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?* The ratings for teaming were different across formation and functioning. The forming of teams was stronger, with 50% of the adults reviewed having acceptable teams (4-acceptable/fair/refine). Comparatively, 33% of the consumers reviewed had acceptable functioning teams, with five consumers in the refine zone. One consumer was in the improvement zone with a rating of 2-poor.





ASSESSMENT & 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? This indicator looks not only at assessments in the case files, but also at the level of understanding team members have regarding underlying issues, triggers, health, history, preferences, and goals. How well do team members know the consumers and what information are they using to drive planning and intervention processes? For the consumers reviewed in Las Vegas, 83% had at least minimally acceptable practice in this area. One (17%) of the consumers was in the maintenance zone and two-thirds or four consumers were in need of refinement. The remaining consumer (17%) was in need of improvement in this area.

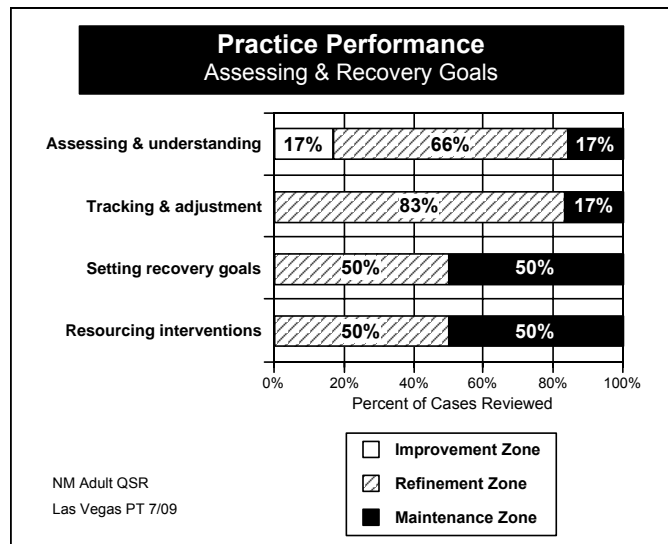
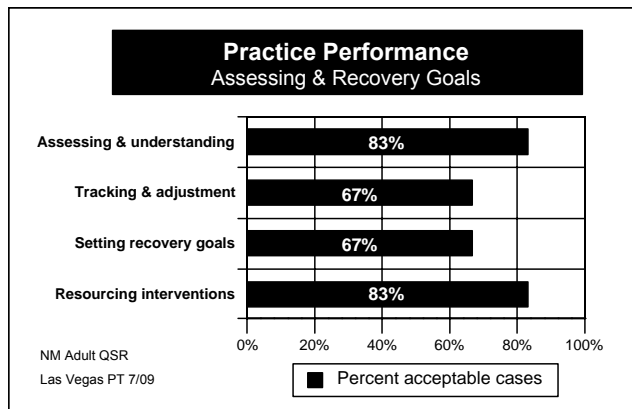
TRACKING AND ADJUSTING: • *To what extent are the case manager and/or team of service providers:* • **TRACKING:** • Maintaining awareness of the focus individual's situation, including the emergence of new needs; • Monitoring the delivery of planned interventions; • Checking the quality and consistency of communication with the focus individual and among team members; • Tracking 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? The tracking and adjusting of goals and interventions was occurring at least minimally for 67% of the consumers reviewed. One consumer (17%) was in the maintenance zone and three consumers (50%) were in the refinement zone with ratings of 4-fair. Tracking and adjusting of goals and interventions was not occurring adequately and in need of refinement for two (33%) of the consumers reviewed with ratings of 3-marginal.

SETTING PERSONAL RECOVERY GOALS (PRGs): • *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?* Goal setting was found acceptable for four (67%) of the six consumers in the review, with three consumers (50%)

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in the maintenance zone and two (33%) in the refinement zone (4-fair). One consumer (17%) was rated as unacceptable in this area and in need of refinement (3-marginal).

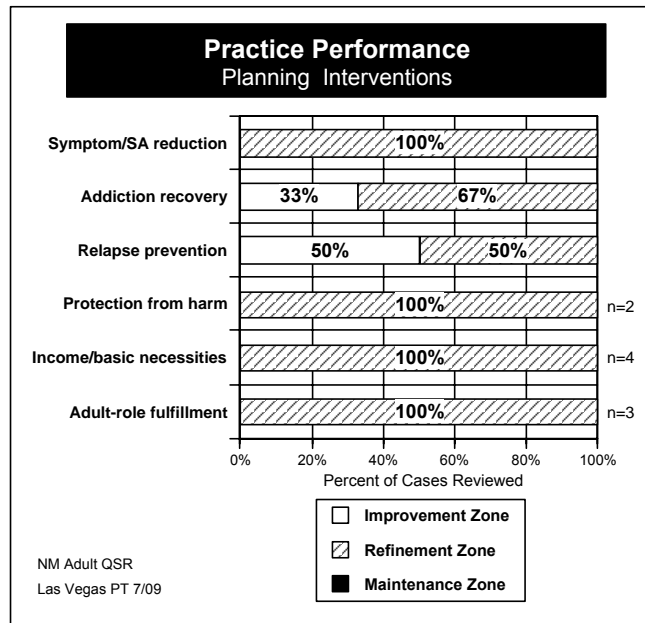
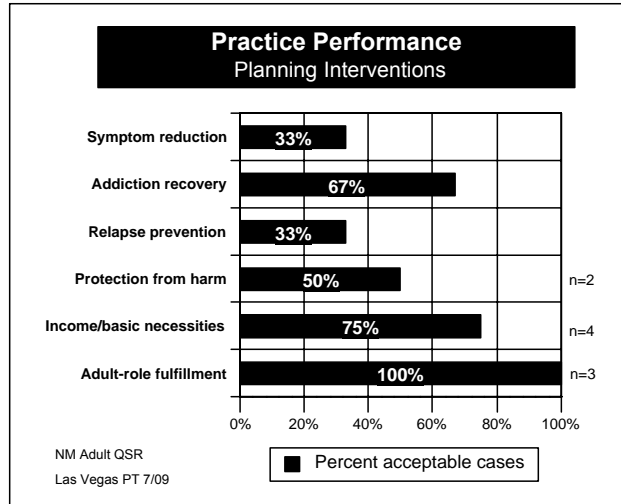
RESOURCING INTERVENTIONS: • *To what degree:* • *Are the resources (both informal and formal) necessary to action the strategies selected to meet the person’s recovery goals available to and used by the person, interveners, and service team?* • *Is access and use of these resources of sufficient quality, 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?* The availability and accessibility of resources was not an issue for the majority of the consumers reviewed. Eighty-three percent had minimally acceptable or better resource availability, with 50% in the refinement zone and 50% in the maintenance zone.



PLANNING INTERVENTIONS: • *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 intervention processes for assisting the focus individual attain desired outcomes for well-being, functioning, sustaining supports, and adult role fulfillment?* There are several sub-indicators for planning that are meant to further describe the planning process. Some of these sub-indicators do not apply to all of the adults reviewed. The

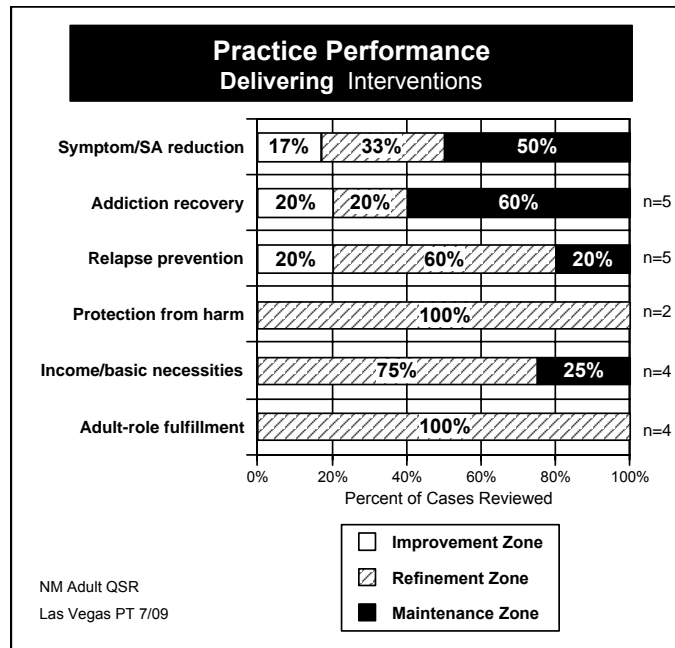
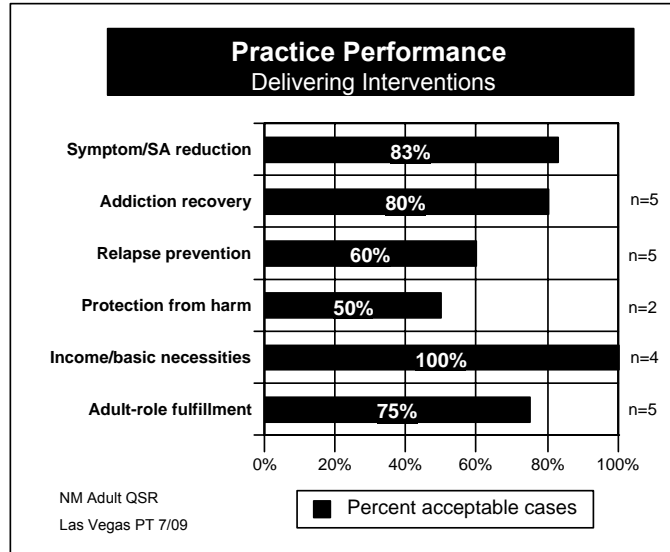
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area with the most strength was in addictions recovery planning, with 67% of the six adults in which this was applicable having acceptable planning efforts. The areas of symptom reduction and relapse prevention were the areas most challenged for agencies and was applicable also for the six adults reviewed. Thirty-three percent of these six adults had acceptable planning in these areas.



DELIVERING ADEQUATE INTERVENTIONS: • *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?* As with the planning indicator, this indicator also has sub-indicators that are designed to assist in better identifying needs and strengths. Substance abuse symptom reduction (83%) and addiction recovery services (80%) were the strongest interventions with five of the adults reviewed having acceptable practice in the area of addiction recovery. Relapse prevention was an area in need of strengthening with 60% having acceptable interventions and the remaining 40% needing

refinement or improvement. Likewise, protection from harm was an area needing refinement for two individuals reviewed.



Specialized Practices & Attributes

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?* This indicator was found applicable to five of the six consumers reviewed, with all five having acceptable practice in the maintenance zone (rated 5-substantial or 6-optimal).

SUPPORTS FOR COMMUNITY 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, are 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?* This indicator was applicable to five of the adults reviewed, 80% of which had acceptable supports.

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?* Four of the adults reviewed had a recent or upcoming transition or major life event. Of these four, half had acceptable processes or a successful transition. Two persons were in the refinement zone (4-fair), indicating that current efforts were working well for these persons. The remaining two consumers were in need of some refinement, either in the planning or execution of the transition (3-marginal).

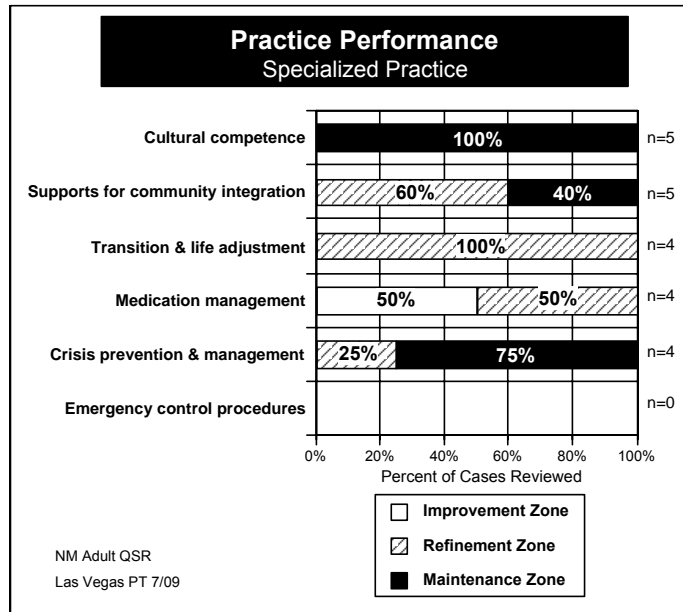
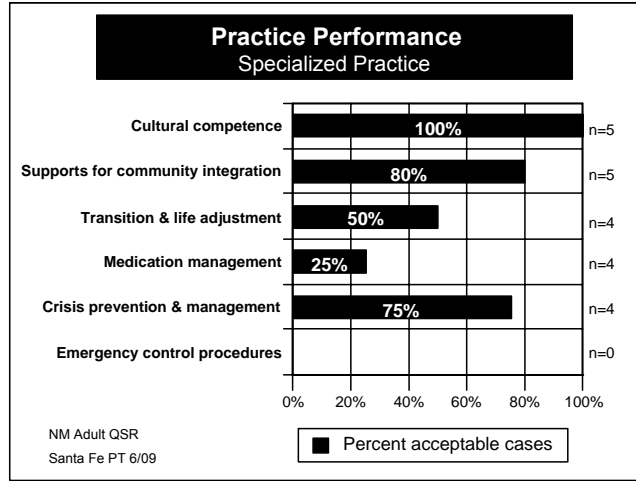
MEDICATION MANAGEMENT: • *Is the use of psychiatric/addiction control medications for this person necessary, safe, and effective? • Does the person have a voice in medication decisions and management? • Is the person routinely screened for medication side effects and treated when side effects are detected? • 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-occurring conditions?* Five of the consumers reviewed were prescribed and/or taking medications. However, only four of the five consumers were rated for this indicator. One consumer was receiving medication for health issues that were deemed outside the scope of responsibility of the agencies involved with treatment. Twenty-five percent of these five adults had at least minimally acceptable medication practices. Fifty percent were in need of improvement and 50% were in the refinement zone with 4-fair or 3-marginal practice.

CRISIS MANAGEMENT: • *To what degree 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?* Four consumers were applicable for measurement in this area. Three of these adults had acceptable practices, with all three rated in the maintenance zone (5-good/acceptable). One person was rated unacceptable, indicating a need for refinement (3-marginal/unacceptable).

EMERGENCY CONTROL PROCEDURES (SECLUSION & RESTRAINT): • *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)*

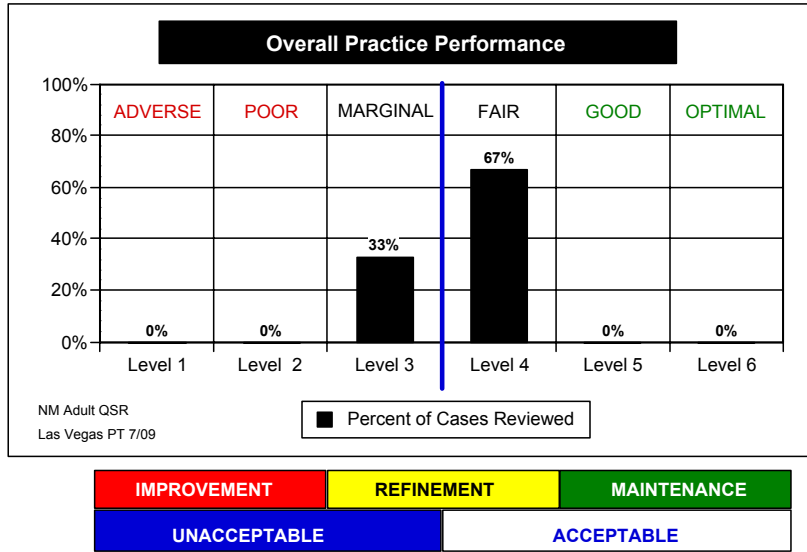
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Properly supervised during use and evaluated afterwards? This indicator was not applicable to any of the adults reviewed.



OVERALL PRACTICE PERFORMANCE: • *Based on the review findings determined for Service Reviews 1-14 (eight Core Practice Functions and six Specialized Practices and Attributes), how well is the service system functioning for this person now?* The overall practice performance for the six consumers reviewed was strong, with 67% having at least minimally acceptable practice. Four adults were rated in the refinement zone with a rating of 4-fair. These ratings indicate acceptable practice for these four consumers. The graphs below illustrate these ratings when distributed by the zones and by acceptable/unacceptable.

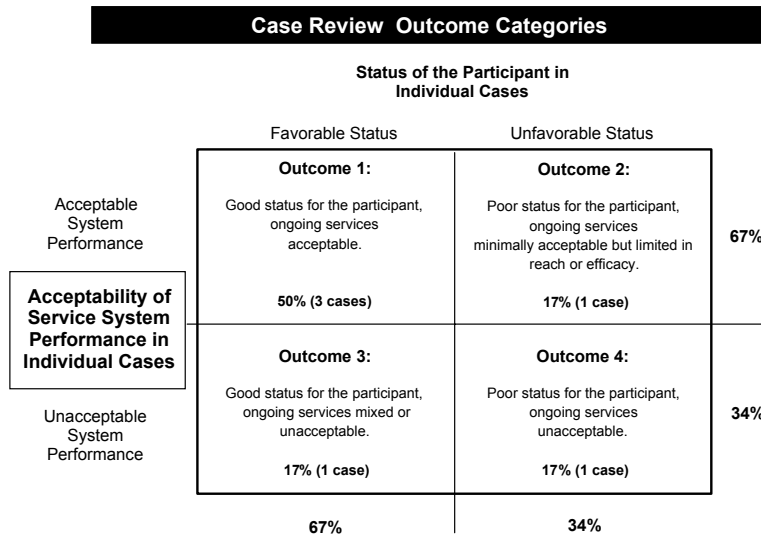
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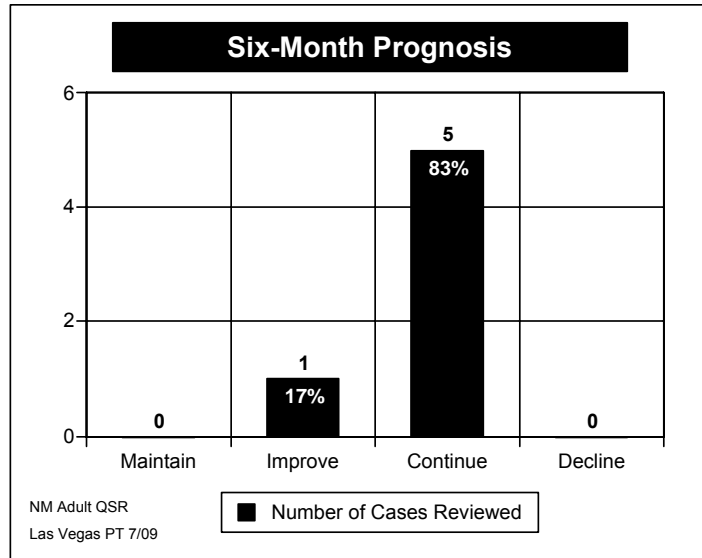
Please see the case summaries at the end of the report for descriptions of the six adults in the sample with regard to overall system performance ratings.

	CM	RL	VB	JB	DG	CN
Overall System Performance Rating	4	3	4	3	4	4

The chart below depicts the interaction of adult status indicators with system performance indicators. For this sample of six adults, Outcome 1: “Good status for adult with ongoing services rated as acceptable” applied to three (50%) of the six adults. Outcome 2: “Poor adult status with ongoing services minimally acceptable but limited in reach or efficacy” applied to one (17%) of the adults. Outcome 3: “Good adult status with ongoing services mixed or unacceptable” applied to one (17%) of the adults. Outcome 4: “Poor status for adult with ongoing services unacceptable” applied to one (17%) of the adults.



Based on the status, the performance of the system, the trajectory of progress, and any known events occurring in the present or near future, reviewers predicted how each adult would be doing six months from the review date. The six-month forecast was rated for all six adults reviewed in Las Vegas. For one adult, the ratings suggest an improvement from the current level was likely. Five adults were likely to continue at the current status, whether current status was acceptable or unacceptable.



Summary of Observations

Interviews with stakeholder groups and input gathered from review team members suggested a variety of strengths in the Las Vegas Collaborative. These strengths included:

1. Service providers were seen as committed to clients, passionate and proud of their work. Many providers and practitioners were seen as “practice heroes,” going above and beyond the 40-hour work week and doing “whatever it takes” to meet the needs of the consumer.
2. Las Vegas is a small community and service providers in the area have positive relationships and they bring an attitude of unconditional positive regard to the consumer community.
3. There is a strong leadership network in the Las Vegas community. That leadership promotes collaboration and mutual respect.
4. Agency collaboration promotes innovative problem solving within and across service areas.
5. Consumers in the Las Vegas area benefit from the State Hospital services.
6. There is an emerging awareness of the impact of trauma.

Challenges

The following is a description of some of the challenges facing the Collaborative, which were identified through the QSR process:

1. Although the sample for this pilot was small, five of the six adults in the sample had current issues with substance use.
2. Some stakeholders expressed concern that there are inconsistencies between the business model and practice model. Limits in the accessibility of a particular type of service, such as case management, do not meet the needs of consumers. The business model appears to be driving treatment more so than a practice model.
3. There are gaps in the service array available to Las Vegas consumers and providers. Las Vegas does not have access to a detoxification center and that creates stress and utilization issues for local police. Housing is an issue and there is a shortage of licensed boarding facilities and the area does not have a domestic violence center. Adequate transportation services are not available to support consumer treatment services.
4. There were discrepancies and confusion regarding the role, function, and expectations of the CCSS position and behavioral health.
5. Substance abuse treatment services and mental health treatment services are not integrated for co-occurring disorders.
6. The community does not have a consistent approach for the management of persons in crisis in need of emergency detention.
7. Transitions, planning, and activities were lacking linkage and follow-through with community supports and services. Some transitions were minimized or under-powered, with some consumers feeling under-supported in major life areas, such as housing, employment, mental health or substance abuse services, transportation, and income.
8. Many of the individuals who are discharged from the State Hospital remain in the Las Vegas area creating a unique situation. Creating and maintaining appropriate aftercare services for this population has been challenging.

Recommendations

At the conclusion of the review week, participants in the final debriefing discussed next steps for the local Collaborative in regard to QSR and system of care development.

1. There could be as many as one to two hundred individuals in the community who could qualify for ACT services. The community of providers could propose innovative strategies for a rural/small town version of ACT or community-based services.

2. Community leadership should consider a cross-agency response to persons in crisis to help local police, ER staff, and behavioral health practitioners work more efficiently.
3. Consider allowing the police to take individuals in need of psychiatric evaluation directly to the hospital.
4. Convene stakeholder meetings to address the salient service issues. Participants in the meeting would include consumers, the service community leadership, and local politicians.
5. Increase training opportunities for local providers on the treatment and management of complex trauma.
6. Move toward an integration of mental health and substance abuse treatment programs. This could be facilitated through cross training and supervision of staffs.

Case Summaries

WRITTEN CASE REVIEW SUMMARY FOR CM

Person's Status Summary

Reviewer's Name: Jim Efstation

Shadow: Sam Baca

Review Date: 7/15/09

Date of Report: 7/22/09

Person's Initials: CM

Living Arrangement: Mother's home

People Interviewed during this Review

The focus person, his mother, the primary IOP counselor, Primary Care Physician, the community based social worker, the community based therapist, IOP group counselor.

Facts About the Person and Family

CM is a fifty-two-year-old Hispanic male who resides in the Las Vegas area with his mother and older brother. CM has been at the agency for about three months. He has a history of alcohol abuse and is currently stable in the program. His current diagnosis is as follows:

- I Post Traumatic Stress Disorder
- Major Depressive Disorder
- Alcohol Dependence
- Poly Substance Abuse
- III Hepatitis B, Hypertension, Hyperlipidemia, Insulin-Dependent Diabetes Mellitus
- IV Primary support group, legal, employment
- V 50

CM is the youngest of seven children in his family or origin. His parents were married for about fifty years although they are no longer living together. CM dropped out of school in at age seventeen and entered the Army. He remained in the Army for three months and then requested and received an honorable discharge. He returned to Las Vegas and began working in restaurants. In 1995 he enlisted in the National Guard and remained with the guard for one year. At age twenty-two he became involved with a woman and she became pregnant. He was not willing to marry or assume responsibility for the child and he left the area. His son is now approximately twenty-five and CM has never seen him. CM subsequently met another women, married and moved to California. The marriage lasted for about seven years and then ended when CM began drinking and he became involved with another woman. He returned to Las Vegas and has lived with his mother for about fifteen years. CM's father was a cook by trade and CM worked with his father; became a cook and worked as cook for about thirty years. His cooking career ended when his drinking increased. He stated missing work and ultimately was fired from his position of cook. CM has a history of heroine abuse. He contracted Hepatitis C through his heroine abuse and shared needles. His also has insulin dependent diabetes.

CM did not complete high school. In 1984 he took the exam for his GED with out preparation and passed the test. He is a talented artist and he decided to enter the arts program and the local community college. He completed all but the last class for successful completion of the program.

CM is dealing with complex trauma issues. He was sexually abused at age twelve by his older brother. He was regularly physically abused by one of his older sisters and his father was a raging alcoholic. CM is now living with his mother and older brother. This is the same older brother who sexually abused CM. Their relationship is reported to be conflicted. CM has a history of suicide attempts and multiple psychiatric admissions. He was hospitalized from January through March of 2009 after a serious suicide attempt. CM drank a fifth of vodka and then passed out outside at his house in on a cold night in January. His plan was to freeze to death. He was found and transported to the hospital. His exposure resulted in severe frostbite to the fingers and toes. He is still dealing with the after effects of the frost bit to his feet. CM was referred for intensive outpatient treatment following his release from the hospital. CM has had multiple incarcerations for DWI, disorderly conduct and public nuisance. His last prison stay was from January 02 through June 03 for aggravated DWI, a 4th degree felony.

CM's work history includes working as a home health attendant for thirteen months and his prior work as a cook. CM is trying to secure SSI although his application was denied and is now in appeal. CM missed his recent DVR intake appointment because he was in jail. He was picked up on an old warrant for failure to pay child support. The order was dropped given his circumstances. If he is awarded SSI there will be a significant back payment. Those funds will be used cover his outstanding child support. CM does receive general assistance in the amount of two hundred forty five dollars per month and food stamps.

CM receives community based support services and medication management from a local agency, he is involved in intensive substance abuse outpatient treatment at the focus agency, and he has been referred for DVR services although he missed his first intake appointment. CM receives medical services through the Veteran's Administration in Albuquerque and he is being followed by a local Physician's Assistant. CM is being medicated with Seroquel, Wellbutrin, Alexia, insulin, lipid and blood pressure medications.

Adult Status - 3

CM's overall status was rated as a 3 in the refine zone. He is not stable in his treatment and he is continuing to intermittently drink and use heroine (behavioral risk to self = 3). He is receiving general assistance and food stamps but his overall income is not adequate to support independent adult status (income adequacy = 3). CM does have control over his income. CM is living with his mother but his older brother who sexually abused CM is in the home making the appropriateness of the living situation unacceptable (3). However, CM is stable in his living situation. CM is isolated and spends all of his time at home. His social network composition and his network recovery support were rated in the refine zone (3). CM is currently sober and he is not using heroine. He continues to struggle with depression and anxiety (mental health status = 3). Everyone working with CM cited his artwork as a major strength. CM is interested in enrolling in art classes and in pursuing his artwork. Efforts have not been made to help CM with his educational interests (education/career = 1). CM wants to work but minimal efforts have been made to facilitate his finding employment (3).

CM had a serious suicide attempt in January of this year. He has made progress (4) in treatment since his release from the hospital. He is still dealing with depression but his overall psychiatric symptoms have improved and he is maintaining his sobriety. CM has recovery goals of pursuing

a career using his art and working with DVR to find a job. Progress in these areas was rated in the refine zone (3) and need an action plan to assist CM in the attainment of his goals.

Home Provider's Status

CM is living with his mother. She is in her eighties and dealing with CM and his older brother. Her concerns for CM include is alcohol abuse and his suicidal behavior. She cited his isolation and that fact that he is not working as major issues. CM will continue to live in the house with his mother.

Factors Contributing to Favorable Status

CM has engaged the staffs at the IOP program in the treatment process. He is receiving regular group sessions with supportive counseling. His work with his primary substance abuse counselor includes work on his sexual abuse and other trauma issues. CM is being productive with his art. He recently solicited input from artists in Santa Fe regarding his work. He received encouragement as well as suggestions for his work. CM is minimally safe from harm.

Factors Contributing to Unfavorable Status

CM continues to deal with his trauma issues. He is in a difficult situation living with his older brother. He is not drinking at present although he recently sold painting and then used the proceeds to buy alcohol and he became drunk. He is minimally safe at this time but he is living with his older brother and not entirely free from intimidation. CM wants to work but health care and food service is not possible given his Hepatitis C. The agency personnel are encouraging CM to pursue a career in art but specific plans have not been made to achieve that goal. CM has not been consistent with his appointments with his community-based worker. She is considering dropping the case. CM needs community based support and case management. He also needs help with his overall motivation.

System Performance Appraisal Summary - 4

The overall system performance was rated as acceptable in the refine zone (4). The staffs at the IOP program have engaged with CM and he is progressing in treatment was a result (5). He program appears to have a good understanding regarding CM and his prior trauma and that understanding is informing planning and treatment (4). CM has personal recovery goals and the IOP staff and the therapist at the community based services program are aware of his goals. CM is working with his art and he is planning to take additional art classes. His income has improved through general assistance and he is pursuing SSI. The workers at the IOP program are offering encouragement for his efforts in those areas. There is a team working with CM but the team does not include all of the essential individuals that are involved with CM. Team formation was rated as a 3. Team functioning (2) was inadequate and is not occurring within the agency or across agencies. Further CM's mother is not a part of the treatment team or the treatment process. Planning has been generally adequate for CM (4) with the exception of relapse prevention (2). An adequate relapse plan does not exist to support CM in his sobriety. Transition and life adjustments and crisis prevention and management were rated in the refine zone and need improvement (3).

What's Working Now

The staffs at the community based treatment program and at the Intensive Outpatient Program have engaged CM in treatment. The system has recognized CM's level of motivation and they are working with him at his current level of involvement. The counselors at the IOP program have ideas for additional community supports and they have made referrals for CM with DVR and they are helping him with his SSI application. Both programs are offering CM supports and encouragement. CM has access to individual and group counseling as well as AA. Everyone working with CM cited his artistic ability as a major strength. His counselors are encouraging him to use his art and his overall self-esteem has improved.

What's Not Working Now and Why

CM has many individuals working with him. While some of the right individuals are working as a loose team, communication and coordination of effort is weak. Team formation was rated in the refine area (3) and team functioning was rated in the improve zone (2). Many people have ideas about CM's future but a long-term view that includes steps for the attainment of his recovery goals have not been developed. CM is medically complex and he is receiving adequate care from his primary care physician. His medical care is not being coordinated with his substance abuse and mental health treatment providers. CM presents with complex trauma. He is currently living with an older brother who abused him as a child. The family situation and dynamics are not being addressed in treatment.

Six-Month Prognosis/Stability of Findings

CM has made progress since is discharge from the hospital. He is sober and his current service system will continue for at least the next six months. His six-month prognosis is continuing at the same status level.

Practical Steps to Sustain Success and Overcome Current Problems

1. The individuals working with CM need to come together and form a functioning team.
2. The team concept should be expanded to include representatives from the involved agencies, an art mentor, CM's mother, a representative from DVR, and the Primary Care Physician.
3. Use the team to identify a long-term view for CM with specific steps for the attainment of his recovery goals.
4. CM is medically complex and coordination with the PCP is essential.

WRITTEN CASE REVIEW SUMMARY FOR RL

Person's Status Summary

Consumer: RL
Reviewer: Sharon Cantrell
Shadow: Gigi Greco
Agency: CBS
Review Date: July 15, 2009
Date of Report: July 15, 2009
Person's Placement: Boarding Home

Persons Interviewed: 4

The consumer, the social worker, the psychiatrist, and the PSR specialist were interviewed. Repeated attempts were made to contact the Treatment Guardian by phone for an interview but he never returned the reviewers phone calls. The psychiatrist was interviewed by phone, however, he stated that he had not seen the consumer and he did not have any information to offer concerning the consumer.

Facts About the Consumer

The consumer is a 38 year old, single, Caucasian male. He has been receiving services from CBS for approximately one year. He was referred to CBS from NMBHI. He has a history of numerous psychiatric hospitalizations with at least two hospitalizations at NMBHI prior to referral to CBS. The consumer continues to present with paranoia, anxiety, mood swings and depression.

The consumer attended PSR classes for approximately a year; until May 2009. Staff reported that there were probably several reasons as to why he stopped attending the classes. He is assigned to a social worker who sees him on a weekly basis. He attends individual therapy approximately twice a month. He has a new psychiatrist that he has not yet seen. His previous psychiatrist left CBS approximately a month ago. The consumer has a Treatment Guardian and is in the process of obtaining a representative payee. He has a primary care physician and he also receives services from an AIDS clinic located in Santa Fe (he has an assigned case manager) and a neurologist in Las Vegas.

Consumer's Current Status

The rating for Person Status is a 3 which is in the unacceptable range.

The consumer has a diagnosis of Bipolar, NOS; PTSD; and HIV with related Dementia. He was diagnosed with HIV in '2002. Past diagnoses include OCD at the age of 18 years old and ADHD. The consumer has a history of COPD, umbilical hernia, and he reports that he had a tumor removed from his left knee. He reports that he currently suffers from arthritis and neuropathy. A record review revealed a neuropsychological evaluation dated '2007 that showed that the consumer had a positive history for head damage – a fracture to the left side – due to a driving accident. In addition, the consumer has a history of suicide attempts, with the most recent occurring in June 2009. His current medications include: Depakote, Lexapro, Trazadone, Trazapine, Klonopin, and

Aricept (for his dementia). He is currently not taking any HIV medications. He reports that he uses an inhaler twice at night and twice in the morning for his COPD.

The consumer has a history of alleged sexual abuse by his biological father, his adoptive grandfather, and his step-father, in addition to alleged neglect by his mother. He is basically estranged from his immediate and extended family reportedly due to his lifestyle choice. His mother and father divorced when he was approximately 6 or 7 years old and have re-married several times. He has two adopted brothers and one sister. The consumer graduated high school and attended two years of college. At age 18 he entered the Air Force but was honorably discharged after approximately six months reportedly due to a suicidal attempt and depression. He has a history of drug use with his drug of choice being cocaine. He attended treatment for 28 days in 1996 for cocaine use dependence. He most recently used in June 2009 when he secured his own rental home but was unable to maintain the housing due to decompensation and stress due to financial issues. He reports having no legal history. He has some work history prior to 2006. He reports that his Bipolar and OCD tendencies prevent him from holding down any substantial employment.

The consumer is described as being “very well mannered, having insight into his diagnosis, being very intelligent, and taking a very active role in his treatment”. He is aware of his current medications and is able to self administer his meds.

He likes to make flower arrangements, go shopping, and watch TV. Since he has stopped attending his PSR classes, he primarily stays at home and sleeps.

The consumer recently moved into a boarding home that is actually operated by another consumer at CBS. Other consumers rent rooms from the Boarding Home Operator (BHO) off and on. The consumer receives monthly SSDI benefits of \$1,035.00. He pays \$525.00 a month for rent and he has Blue Cross/Blue Shield insurance. His medications are provided free through the clinic in Santa Fe. He has several dental needs such as, cavities that need to be filled, replacement of crowns and a root canal. He receives dental care in Santa Fe.

Factors Contributing to Favorable Status

The consumer has adequate housing and a stable source of income which is sufficient to meet his basic needs. He is able to complete his ADL's without any assistance. He has routine care at the AIDS clinic in Santa Fe and is able to receive his HIV medications free through the clinic. He has a primary care physician and a dentist. He has a neurologist that he sees for his neuropathy. He expresses much satisfaction with the services he receives from CBS and he feels that staff are very responsive to his needs. He is able to self-administer his medications and is compliant with his medication routine. He has a Treatment Guardian that monitors any changes in his psychotropic medication. The consumer has good social skills and interacts well with others. He reportedly has been able to maintain lengthy periods of time when he has been abstinent from using cocaine. He is familiar with his crisis plan and uses the crisis number at CBS fairly routinely.

Factors Contributing to Unfavorable Status

On the review date, the consumer was hospitalized reportedly due to a high degree of stress and depression as a result of issues with his BHO. He reported that the plan was for him to be

released within the next two days, however, he stated that he did not want to be released because he would be experiencing the same symptoms of depression and anxiety. The consumer related that he would talk with his social worker about being able to stay longer in the hospital; until he was feeling better. He emphasized that he continues to have conflict with the BHO because she constantly wants to interfere in his business. According to the consumer, he has also been without his HIV medications for approximately six months. He stated that he had stopped taking them due to serious side effects such as diarrhea and that he had an appointment recently at the clinic but the BHO, who was providing transportation to Santa Fe, wanted to go to the casino instead of taking him to the clinic appointment. According to the social worker and therapist, the consumer's current living situation is not good for him.

The consumer reports that he his psychotropic medications have not worked to reduce his symptoms since 2006. He still suffers daily from depression, OCD tendencies and anxiety. Also, he has not been taking any HIV medications and he believes that he only has a couple of years to live. He declined having a drug abuse problem and reported that he does not use cocaine often. He stated that it helps his digestive tract but is too expensive of a habit to maintain. Staff report that after his use in June, that he was offered linkage to substance abuse treatment but he was not willing to accept the referral.

The consumer is basically estranged from his family. He has been having phone contact with his mother during the past four months. Staff mentioned that his mother has taken advantage of him in the past, such as persuading him to sign off on a car loan for her. The consumer has virtually no supportive network in the community with the exception of staff at CBS and at the AIDS clinic. He is easily taken advantage of by his peers. Since he stopped his PSR classes, he is involved in virtually no positive outlets during the day. He primarily depends on his BHO for transportation.

Reportedly the consumer is unable to manage his own finances due to others taking advantage of him. He is in the process of being assigned a representative payee.

System Performance Appraisal Summary

The rating for the Practice Performance is a 3 which is in the unacceptable range.

What's Working Now

It is evident that the consumer has been somewhat engaged in his treatment as he expresses much satisfaction with the CBS staff. He feels very comfortable with his social worker and therapist. The therapist and social worker have some basic knowledge of the consumer's past history, current status, strengths and needs. There is a current Treatment Plan in place and evidence that this Plan is modified on a quarterly basis and that the consumer is included in the development of the plan. The consumer reported having input into the plan and he maintained that he is furnished with a copy of his Treatment Plan on a quarterly basis. He also mentioned that he is invited to his Treatment meetings however, he does not attend due to it being stressful for him. He related that his social worker is able to represent him during his Treatment meeting. It was quite evident that the social worker is very responsive to the consumer's needs. He has been working with the consumer over the past year and he has weekly contact with the consumer. The therapist was

originally having twice weekly contact with the consumer however, this has decreased over the past few months.

The social worker feels supported in his efforts to provide effective services for the consumer. He reports that the therapist, his supervisor and other members of the Treatment Team offer much guidance. The social worker also receives monthly supervision from his supervisor concerning the status of his caseload.

The consumer had a Treatment Guardian assigned to him prior to receiving services at CBS. Staff continue to ensure that the Guardianship is recertified each year. Since the consumer is experiencing financial difficulties and is prone to be exploited by others, his social worker has arranged for him to have a representative payee. He has the choice to cancel this service at any point in time.

What's Not Working Now

The consumer has one recovery goal and that goal is to move to Santa Fe. While this is the consumer's goal and while staff at CBS are responsive to helping the consumer obtain this goal, there are other areas of need that could be addressed and developed into goals with further engagement with the consumer. The consumer reports wanting to decrease his incidences of hospitalization. He also wants to become more stabilized on his medications. His goal of moving to Santa Fe may take a considerable amount of time to accomplish and in the meantime, other treatment issues may not be addressed since this goal is the only focus. In order to establish effective goals for the consumer, there needs to be a thorough assessment of his history and ongoing status. There is a great deal of conflicting information that was presented throughout the review as to the consumer's history. To assist in the assessment, the Treatment Team needs to pull together key providers for the consumer. Key providers would include not only staff at CBS but also the case manager at the AIDS clinic, the consumer's neurologist, primary care physician, family members, the BHO, etc. Clear and consistent communication between team members can increase positive outcomes for this consumer.

The consumer reports that he has been working on learning more effective coping skills and his childhood issues with his therapist. It would seem that his need for therapy is significant, especially concerning the need to deal with his childhood trauma and his active symptoms of depression, anxiety and suicidal feelings. It would seem that there is a need to significantly increase his therapy sessions. His therapist believes he may have some Borderline Personality Disorder along with his Bipolar Disorder. Hopefully this can be conveyed to his new psychiatrist and further clarification of his diagnosis and treatment can occur.

Overall, there is a prediction that the consumer will decompensate further with regard to his HIV status if he does not move to Santa Fe. At the present time, there are no services offered to HIV patients in the Las Vegas area. Transportation is obviously a problem area if the consumer has to continue to rely on his BHO to transport him to Santa Fe to his AIDS clinic appointments.

Six-Month Prognosis

Based on the current service system performance, the consumer's overall status is likely to remain status-quo over the next six months.

Practical Steps to Sustain Success and Overcome Current Problems

The following steps are offered as suggestions to sustain and improve successful practice activities over the next six months:

- * Consider making efforts to solicit a more thorough assessment of the consumer's history. There is conflicting information about the history of sexual abuse, trauma to the brain, medical illnesses, etc. If additional information can be obtained, the Treatment Team may be able to plan more effectively for the consumer;
- * Continue to assist the consumer in transitioning to Santa Fe with wrap around services in place before he moves;
- * Involve other key providers in actively planning for the consumer's recovery. Key providers would include the consumer's primary care physician, the neurologist, the Treatment Guardian, the Boarding Home Operator, his case manager in Santa Fe at the AIDS clinic, etc.
- * If the consumer continues to remain in the same boarding home, steps need to be taken to secure a more reliable means of transportation for the consumer to attend his AIDS clinic appointments. There needs to be more responsiveness to providing prompt medical care to the consumer.
- * The Treatment Team may want to consider strategizing further regarding helping the consumer with his substance use. For example, attend a NA meeting with him.
- * Consider increasing the consumer's individual therapy sessions.

WRITTEN CASE REVIEW SUMMARY FOR VB

Person's Status Summary

Reviewer's Name: Jim Efstation

Shadow: Mark Simpson

Review Date: 7/14/09

Date of Report: 7/18/09

Person's Initials: VB

Living Arrangement: Own Apartment

People Interviewed during this Review - 6

The person, the IOP primary substance abuse counselor, the IOP intake specialist, the person's boyfriend, the IOP group counselor, a counselor at the agency who has a history with the person

Facts About the Person and Family

VB is a forty-year-old Latina who currently resides in her own apartment in the Las Vegas area. VB has been at the agency for approximately nine months. She successfully worked through the sixteen-week program and has been working as a volunteer since the completion of the program. Her current diagnosis is as follows:

- I Mood Disorder NOS
Cocaine dependence
Alcohol dependence
Anxiety and depression by history
- III Hepatitis C, Restless Leg Syndrome, Back Problems
- IV Economic problems, occupational problems, problems with access to health care services
- V 45

VB is originally from the area and was born to single mother. She has one other biological sister. Her father was not involved in her life and she only learned about him when she was seventeen. Her mother married another man when VB was still an infant and the stepfather was whom VB knew as her father. VB had one sister by her mother's first relationship and then two stepsiblings from the mother union with her stepfather. VB had behavior and emotional problems as a child and she began drinking at age seventeen. It was at that time that VB met her biological father and learned that her stepfather was not her biological father. Due to her behavioral problems, her mother sent her to live with her biological father. The arrangement lasted about one week. She dropped out of school at seventeen and was sent to the New Mexico Girls School in Albuquerque. She remained at the school for about two years. During that time she was sent to a drug treatment program where she remained for one month. She was in a GED program at the school but missed passing by one point.

VB returned to the Las Vegas area and then left and went to Denver where she lived for about fourteen years. She married in Denver and had four children by that relationship. She was using substances at the time and the relationship broke down. She lost custody of her children as a result of her substance use. She remarried one year later and found herself in a physically abusive relationship. The marriage ended after six stormy years. She had two children by that

relationship and she lost custody of those children to the children's father's family. VB has had a number of arrests for shoplifting and assault. She has spent time in jail in Colorado and in New Mexico. After the breakdown of her second marriage, VB returned to New Mexico where she plans to remain.

VB has a history of cocaine and alcohol dependence. She has been diagnosed with depression, anxiety and complex trauma. Her trauma includes physical, emotional and sexual abuse. She has also been diagnosed with Hepatitis C. She has a history of suicide attempts. VB has a long history of court involvement secondary to her substance abuse. She has had at least four psychiatric admissions and twelve episodes of treatment. She came to the agency as a self-referral but has a condition of probation. VB was on probation for a domestic violence offence filed against her by her current boyfriend. She has been in this relationship for several years and her boyfriend is a recovering alcoholic and he is supportive of VB.

VB receives services through the IOP program and she is also receiving community support services from another agency in the community as well as medication and medication management services. VB is in her own apartment that is subsidized through Section 8 Housing. She also receives general assistance in the amount of two hundred fifty dollars per month and food stamps. VB has applied for SSI and her application is under appeal.

Adult Status - 5

VB's overall status was rated as a 5 in the maintain area. She successfully completed the sixteen-week IOP program and began volunteering with the agency working as an office assistant. She has received housing assistance and is now living in her own apartment. She continues in her relationship with her boyfriend and occasionally stays at his house. Her boyfriend has a construction roofing business and VB earns extra income working with him as a roofer. VB is committed to her sobriety. She enjoys her volunteer work at the IOP program and the program is looking for funding to hire her as a part time employee. VB has been pleased with her services at the IOP program as well as her connection with her former community based worker.

All of VB's indicators were rated in the maintain zone with the exception of work and Recovery goals which were rated as 4 in the refine zone. VB's recovery goals are to find employment, regain her driver's license, and find a job and to reconnect with her children. She has made some progress toward her goals but the program has not worked with VB to create a step wise plan to achieve the goals. The progress that has been made has been minimal.

Factors Contributing to Favorable Status

VB has engaged in the treatment process. She has made a decision that she no longer wants to live dependent on alcohol. Her boyfriend is in recovery and he is supportive of her treatment. Her depression has improved and she has been sober for one year. VB has developed a strong therapeutic connection to her therapists and has a close personal relationship with another therapist in the program. The staff has worked to create a strong aftercare plan for VB and her involvement at the program continues. She will be receiving individual therapy in the future and there is discussion about including her boyfriend in the process. VB therapist is working with her on issues of trauma. VB's health has improved, she has a stable living arrangement, she has a

social a recovery network that she draws on for support and her overall mental health has improved.

VB does have sufficient income to meet her needs and she has total control of that income. She receives a housing subsidy and monthly general assistance from the state. VB also supplements her income by working in her boyfriend's roofing business on a part time basis. She is looking for a job in the community. She acquired the skill of being a forklift operator while in prison and would like to find a job in a warehouse. She has also demonstrated her skills at office management.

Factors Contributing to Unfavorable Status

VB's boyfriend has not been formally involved in the treatment process. He is supportive but his relationship with VB has not been a part of the therapeutic focus although it was the intensity of the relationship that propelled VB into treatment. The agency and the boyfriend recognize VB's strong intellectual ability. They are encouraging VB to obtain her GED. VB's prior experiences with education were part of her trauma. As a result she is dismissive about the idea of a GED. She wants to work in the community but she has also burned many bridges in the community and her criminal record has also been a roadblock to her employment. The agency has not been proactive in connecting VB with DVR or in assisting her with applications to local employers. VB wants to work with the agency as an office assistant but funding is currently not available to support that plan. VB is currently on probation. Her history is to remain sober until the end of her probation and then to start using alcohol and other substances. Her boyfriend is concerned about that pattern and while she is determined to maintain her sobriety, this issues remains as a difficulty between them. VB is on three psychotropic medications from the community support agency. The boyfriend indicated that she was not taking the medication and he is worried that her failure to be direct with the psychiatrist is an indication of her lack of commitment to her sobriety.

System Performance Appraisal Summary – 4

The overall system performance was rated as a 4 in the refine zone. VB is receiving supportive counseling and group aftercare through the IOP program. She was receiving community support from another agency but the worker left the agency and another worker has not been assigned to VB. VB also receives medication management through the community support agency. VB receives monthly general financial assistance and she receives a housing subsidy. The community support worker was instrumental in helping VB secure housing and financial benefits. The staff the IOP program has engaged VB in treatment and encouraged her continued work in the IOP program. The IOP staffs have served as job coaches for VB in her work at the agency as a volunteer. VB has found a safe place at the IOP program. Her safety has allowed for her engagement and participation. She has been able to set recovery goals and the staffs at the agency are aware of her goals. There is a team of individuals at the agency working with VB but coordination of services has not occurred resulting in confusion over the long-term view for VB. VB has been sober for one year as a result of her determination and the support of the program and services available to her. She will continue receiving services through the program.

What's Working Now

The staffs at the IOP program have strong engagement skills. Services have been available to VB and the intensity and frequency of the services has facilitated her recovery. The program is located close to VB's apartment and the program offers group hours that accommodate VB's schedule. VB has had several emotional crises during her time at the program and the staff has been available to her at those times. The program has a good understanding of VB and her issues and that understanding appears to drive and inform planning. The program has done a good job of understanding VB's personal recovery goals and incorporating those goals into the planning process (5). VB has been receiving supportive counseling as a part of her aftercare and more intense individual sessions might occur in the future to assist in her management of trauma issues. Resources and interventions have been strong for intensity and duration (5). The program atmosphere is pleasant and conducive to the work of recovery. VB is on probation and she was able to complete her community service requirements at the IOP program. The program has offered VB a routine and stability. VB has received as well as given peer support through the program.

What's Not Working Now and Why

Coordination of services between the IOP program and the community-based program is non-existent. There is a team of sorts working with VB at both agencies but the team does not include individuals from the community based program or VB's family. Team functioning is weak (3) and unity of effort is not adequate across providers. The planning process is variable with planning for symptom reduction and relapse prevention rated at a 3. The boyfriend and community based workers were not involved in the IOP planning process.

VB would benefit from completing a GED but she is resistant to going to the community college to learn about the process. The program has not been creative in finding ways to introduce the GED requirements to VB in a neutral or safe setting. VB has a poor and problematic reputation/history in the community. The program has not been a strong advocate for her in her attempt to secure employment in the community. Finally, VB has a mood disorder and has been given three psychotropic medications from the community agency. The IOP program is not in contact with the treating psychiatrist and they are not clear on the impact of the medication on VB progress. Medication management was rated in the improve zone (2).

Six-Month Prognosis/Stability of Findings

The six-month prognosis for VB is Improve to a level higher than the current overall status. VB is committed to her program of sobriety and the current supports will continue for at least the next six months. Her boyfriend is supportive of her work and the staffs at the IOP program are available to VB.

Practical Steps to Sustain Success and Overcome Current Problems

1. The program is planning to offer VB continued individual therapy. The boyfriend needs to be included in the therapy and relationship issues should be identified and made central to the process.

2. The concept of team needs to be expanded to include the community support agency staffs, someone from DVR or work program, an interested employer from the community and VB's boyfriend.
3. The team, with VB, should develop a long-term view for VB that includes a relapse plan and steps for the attainment of her recovery goals.
4. A representative of the GED program could come to the agency to meet with VB in the safety of the IOP environment.
5. VB and the IOP staff would like to see her continue to work at the IOP program as an office assistant. The program should continue trying to find funding to support that possibility.

WRITTEN CASE REVIEW SUMMARY FOR JB

Person's Status Summary

Consumer: JB
Reviewer: Sharon Cantrell
Shadow: Pat Stark
Agency: CBS
Review Date: July 14, 2009
Date of Report: July 14, 2009
Person's Placement: Boarding Home

Persons Interviewed: 5

The consumer, the social worker, the psychiatrist, the PSR specialist and his supervisor were interviewed.

Facts About the Consumer

The consumer is a 32 year old, single, Latino-American male. He originally began receiving services from CBS at age 21 after numerous hospitalizations. He was referred to CBS from the forensic unit at the State Hospital. He has a history of stabbing his younger brother when he was age 15. He also has a history of arrests for public intoxication and stealing. During his hospitalizations, he presented with delusions, auditory hallucinations, paranoia and disorganized thinking.

The consumer attends PSR classes approximately three times a week and on the other two days and Saturday, he attends a drop-in day center. He has an assigned social worker that he sees weekly. He has a new psychiatrist that he sees every three months. He also has a Treatment Guardian.

Consumer's Current Status

The rating for Person Status is a 4 - which is in the acceptable range.

The consumer has a diagnosis of Schizophrenia, Paranoid and Polysubstance Abuse on Axis I, a diagnosis of Dependent Personality and Antisocial Personality Disorder on Axis II, and a diagnosis of COPD, History of obesity, and History of closed head injury on Axis III. His current medications include: Depakote, Risperdal, Seroquel, Haldol, Klonopin, and Cogentin. The consumer has a current GAF of 57.

The consumer is described as being "very verbal, well mannered, having insight into his diagnosis, and he is able to identify his medications". He likes to play basketball, smoke, and listen to music. He has resided in the same boarding home for over 20 years and he has a close relationship with his roommate. The Boarding Home Operator's mother lives next door and she also has a Boarding Home where approximately 17 consumers reside. The consumer receives monthly SSI benefits and his Boarding Home Operator serves as his payee. He receives a monthly allowance of \$45.00. He primarily spends his money on cigarettes. The consumer also has a Treatment Guardian who signs off on all of his psychotropic medication changes. He

receives Medicaid. The consumer has very little contact with his biological mother and two younger siblings, who live out of state. He last saw his mother and brother when they visited him at his boarding home in November 2008.

Factors Contributing to Favorable Status

The consumer has adequate housing and he likes his roommate. He has been in the same home for a significant length of time and expresses that he is very comfortable in the home. The home environment is safe and free from any immediate dangers. The consumer has some chores around the home, such as making his bed and keeping his living area clean. He is provided with daily meals and staff are in the home on a 24/7 basis. He has a stable source of income and his payee manages his monthly funds. He walks to town to attend the drop-in day center or transportation is provided by the Boarding Home Operator. He is transported to and from his PSR classes three times a week on the CBS van. He has a Treatment Guardian who was appointed by the court system in '2007. The Treatment Guardian monitors any changes in the consumer's medication routine. The Boarding Home Operator monitors the consumer's daily medication and ensures that he takes his medication. The consumer has a primary care physician at a local health care clinic. He does not seem to have any active symptoms of COPD. His blood levels are checked routinely. There is no known active alcohol or drug use by the consumer. The consumer reports feeling comfortable with his social worker and the PSR staff.

Factors Contributing to Unfavorable Status

The consumer has very limited income to provide for his personal needs since the majority of his monthly income is used for his rent. He spends all of his allowance on cigarettes and is often discovered at the CBS program bumming cigarettes from the other consumers. Due to his chronic smoking, the consumer is often late for his classes and at times as been suspended from his classes due to his tardiness and disruptive behavior in class. Although the consumer is not actively exhibiting psychotic symptoms and is compliant with his medication routine, staff report that he does exhibit some obsessive compulsive type behaviors and he often has to be re-directed to stay on task.

The consumer has virtually no support network outside CBS or his boarding home. He has only sporadic contact with his family of origin. He does not attend church and is not involved in any active community organizations or events. His only other activity besides attending PSR classes is to go to the local drop-in center on the days that he does not attend the PSR classes.

The consumer often misses scheduled appointments due to the lack of follow through on the part of the Boarding Home Operator to provide reliable transportation. Thus far, this has not presented a significant problem for the consumer however, it is still an inconvenience since appointments have to repeatedly be rescheduled.

System Performance Appraisal Summary

The rating for the Practice Performance is a 3 which is in the unacceptable range.

What's Working Now

It is evident that the consumer has been somewhat engaged in his treatment as he expresses satisfaction with the CBS staff. The PSR staff and Social Worker have some knowledge of the consumer's past history, current status, strengths and needs. There is a current Treatment Plan in place and evidence that this Plan is modified on a quarterly basis and that the consumer is included in the development of the plan to a certain extent. Personal recovery goals are in place in an effort to help the consumer reach an appropriate level of functioning. The consumer has regular attendance at his PSR classes and he actively participates in his classes. He has regular contact with his social worker both in the home and during his classes. His social worker has been working with him for over a two year period. PSR staff have worked with the consumer for a lengthy period of time. The social worker feels supported in her efforts to plan for the consumer's treatment. Along with the quarterly staff meetings, she has monthly supervision where she is able to discuss the consumer's status with her direct supervisor. In addition, she is able to discuss his status informally with her supervisor or other members of the Treatment Team on a daily basis. The consumer's Treatment Guardian believes that the consumer receives adequate services. He reports that staff are responsive to his inquiries as to the consumer's treatment. In addition, staff ensure that the Guardianship is recertified each year. The consumer is maintained on a routine medication regimen which is monitored by his psychiatrist on a regular basis. He is monitored routinely for side effects.

What's Not Working Now

The consumer appears to be receiving more of a maintenance level of service. He has been receiving services for many years at CBS. His treatment goals have changed little through the years and still focus on helping him "maintain his current level of functioning" and "staying off drugs and alcohol". His social worker reported that his goals are to "instruct him about his medications and help him memorize his medications". At the same time, his social worker believes that he will ultimately be able to live independently. His treatment goals do not reflect work towards this possible outcome. He has been in the same boarding home for many years and feels comfortable in this home. Ultimately other members of his Treatment Team believe that his status will remain the same over the next 6 months or longer. His psychiatrist and other staff report no real knowledge of the consumer's drug history and they report that there are no current problems in this area yet, the consumer continues to have a goal in this area.

Although the consumer is compliant with his medication routine, recently there was a discrepancy discovered in his medication routine. Apparently the Boarding Home Operator reported to the social worker that the consumer did not have a refill for his Depakote. Upon investigation, it was found that the pharmacy did not have a prescription for the medication and that the medication had been discharged approximately two years earlier by the consumer's psychiatrist but the consumer was still taking the medication. When the current psychiatrist learned of this error, she ended the medication which then led to the consumer decompensating. The psychiatrist recently began to prescribe the medication again for the consumer and he has become more stabilized with regard to his symptoms. The consumer has only been seen by the current psychiatrist on three occasions. The psychiatrist has yet to sufficiently assess the consumer's status and modify his medications or make any other changes that might be needed. In addition, the psychiatrist indicates that there is no real treatment team in place for the consumer. In reality, the social worker consults with her concerning the consumer's status and

she signs off on the Treatment Plan. In addition, the psychiatrist may or may not make direct contact with the consumer's Treatment Guardian when medication changes are needed.

In addition to the lack of history regarding the consumer's alcohol/drug use, there is a lack of history concerning the consumer's closed head injury and COPD. Further assessment of the brain trauma may lead to a better understanding of the consumer's treatment needs. Ongoing assessment and communication with the consumer's primary care physician may also provide further history and relevant information to plan for the consumer's treatment and recovery.

Six-Month Prognosis

Based on the current service system performance, the consumer's overall status is likely to remain status-quo over the next six months.

Practical Steps to Sustain Success and Overcome Current Problems

The following steps are offered as suggestions to sustain and improve successful practice activities over the next six months:

- * Consider making efforts to solicit more history from the consumer's family especially in regard to his history of head trauma and alcohol/drug use. If additional information can be obtained, the Treatment Team may be able to plan more effective treatment for the consumer. In addition, this consumer is relatively young and has no supportive network to depend on as he ages. Family supports need to be assessed further in order to effectively plan for the consumer's future;
- * Consider referring the consumer to the program's neuropsychologist for further evaluation;
- * Involve other key providers in actively planning for the consumer's recovery during the quarterly update of the consumer's Treatment Plan; key providers would include family members, the consumer's primary care physician, the Treatment Guardian and the Boarding Home Operator;
- * Consider changing the consumer's medication prescriptions to another pharmacy - primarily due to the recent medication error made by the consumer's current pharmacy;
- * Further assess the medication regimen that the consumer is prescribed as he is on a significant amount of medications;
- * Consider case management services for this consumer. He has been receiving services for over a 20 year period and his goals have basically remained the same. His current level of treatment can be provided by case management services.

WRITTEN CASE REVIEW SUMMARY FOR DG

Person's Status Summary

Reviewer's Name: Scott Bischoff

Shadow: Karen Northfield

Review Date: July 14th, 2009

Date of Report: July 20th, 2009

Consumer's Initials: DG

Consumer's Placement: Own home

Persons Interviewed

Consumer, consumer's sister, substance abuse therapist, substance abuse counselor, agency director

Facts about the Consumer

DG is a 55 year old Hispanic male who currently resides in a trailer with his third spouse. He has a diagnosis of alcohol dependence; apparently in early full remission (remission level is not mentioned in the chart). DG's primary diagnosis is alcohol dependency although he has a significant history of intravenous heroin and cocaine use and openly asserts that he is addicted to these substances as well. DG was referred for substance abuse counseling by his probation officer after being released from jail following a third DWI charge. DG has had at least two convictions for possession of controlled substances, as well as a conviction for dealing controlled substances. He currently is attending substance abuse groups three times per week although at present he is only required to attend once per week. DG has completed the intensive outpatient program and is finishing up the "step down" aftercare program. DG receives informal individual therapy on an "as needed" basis and frequently takes advantage of these services. He receives medical care and is prescribed psychotropic medications (Trazadone and Zoloft) through his primary care physician, but receives no other services at the present time.

Consumer's Current Status - 5

DG presents as a Hispanic male of average height and weight. He is currently on probation due to his third DWI and has also been arrested within the last year due to driving while his license is suspended. Despite this arrest, he continues to occasionally drive without a valid license. DG reports he has to attend appointments at the reviewed agency to maintain his sobriety and is thus willing to risk further arrests to do so. Otherwise, he relies on his family for transportation. DG reports a life-long history of chronic anger and conflicts with authority, especially with law officers. He reports experiencing an improvement in his over-all level of anger over the past few months and his family member confirms that his anger appears to be somewhat reduced compared to his past. DG does continue to experience occasional conflicts with local police officers and reports a belief that he is "being harassed" due to his reputation and history of criminal behaviors. Upon further discussion, it appears DG may have a degree of Post-Traumatic Stress Disorder (PTSD) stemming from past conflicts with authority as well as incidents occurring while in prison. DG endorses frequent nightmares, usually involving themes of abuse at the hands of prison guards; insomnia; depressive symptoms; suspiciousness of others; experiencing stimuli that trigger traumatic memories of prison incidents; hypervigilance; and frequent anxiety. DG does report satisfaction with his living arrangement, and reports an improvement in his relationship with his spouse since becoming sober. He reports that his monthly SSI check along with income obtained from odd jobs (working on cars, cutting wood)

earns him sufficient income to cover most expenses. DG does report there is little money left over after basic needs are met. DG receives extensive support from his family, and states he has multiple siblings and cousins in the immediate area that “help me out when I need it”. DG also reports developing strong connections with the staff at the reviewed agency, and believes he is cared for and respected. He asserts that his fellow group members are also supportive, and he has established a degree of trust with his peers. DG reports continued sobriety over the last eight months, and statements made by his family members and agency staff support this assertion. Health issues include a history of high blood pressure, several heart attacks, and an enlarged liver (severity of liver condition not obtained through interviews or chart). DG’s heart condition and blood pressure are monitored by his primary care physician (PCP) and multiple prescribed medications have helped control the majority of DG’s symptoms. DG reports some recurrence of depressive symptoms, although he does report that these symptoms have improved somewhat in the last few months.

Factors Contributing to Favorable Status

DG has been sober for over eight months and reports that this is the longest period of sobriety he has experienced outside of prison. He has developed close connections with agency personnel and with his fellow group members and his family has made strong connections with agency staff as well. DG is an active participant in his therapy and believes he has a strong voice in his treatment. He receives significant support from his family and reports an increase in positive connections within his family and the community since he has become sober. Depressive symptoms have been reduced and DG has also made some improvements in his anger. The reviewed agency has been very effective at engaging DG and he reports feeling respected, cared for, and “listened to” by agency staff. DG frequently utilizes individual counseling when he experiences a recurrence of depression symptoms or experiences a desire to use substances. These informal interventions have been effective at helping DG continue to achieve success in his recovery. Agency staff has been flexible in meeting DG’s needs and have shown a strong understanding of DG as an individual as well as DG’s unique needs.

Factors Contributing to Unfavorable Status

DG has not received any form of follow-up assessment and his symptoms of possible PTSD are not being addressed at the present time. DG’s health continues to be of great concern and his continued incidences of intense anger and chronic anxiety are especially concerning given his cardiac issues and high blood pressure. There has been no communication with DG’s primary care physician, and thus no coordination of services with either his PCP or other agencies that may better address his anger and/or trauma issues.

System Performance Appraisal Summary – 4

The system is largely being effective at meeting DG’s needs, primarily due to the efforts of individuals within the reviewed agency. DG is receiving an appropriate level of substance abuse services and has a long-term, although very informal, aftercare plan (he plans on continuing to attend groups after official completion of treatment, and will be allowed to do so free of charge). DG has received funding to pay for the majority of his substance abuse therapy, and received additional vouchers through the reviewed agency to help him pay for heating and utilities during

his treatment. Services have informally included family members, and services appear to be very appropriate in regards to DG's specific cultural issues/needs.

What's Working

DG reports very strong satisfaction with the services he has been receiving, and the system appears to have been highly effective at engaging this historically difficult individual. The goals being worked towards are DG's goals, and it appears he has been strongly included in the planning and goal setting processes. Agency staff appears to have a strong understanding of DG (although this is not adequately reflected in the written assessment or progress notes).

Interventions appear to have been appropriately robust and effective at enabling DG to continue to advance in his recovery. The services received have been somewhat comprehensive in scope and have helped DG experience reductions in his anger, depressive symptoms, and have allowed him to improve relationships with both his family and the community. When needed, the agency has assisted DG in obtaining resources that have helped him to meet his needs and have allowed him to continue to focus on his sobriety.

What's Not Working and Why

There appears to be no official team formation, and poor team coordination. As a result, agency personnel who may have recognized potential PTSD or depressive disorders have not been involved in DG's case. There is no communication with DG's primary care physician, despite the presence of life threatening medical issues. The reliance of a single initial assessment of this individual by a separate agency has resulted in an incomplete understanding of this individual. This is exacerbated by the fact that there is no formal ongoing assessment process, and thus the treatment plan and chart information do not match the actual treatment taking place, nor do they reflect the true scope of this individuals' challenges. Because of the lack of teaming and of ongoing assessment processes, there may have been missed opportunities to address symptoms connected with past traumas as well as missed opportunities to further decrease depressive symptoms and incidences of intense anger.

Six-Month Prognosis: Status Quo

DG is functioning fairly well at his current level, especially in regards to his ongoing sobriety. If he continues to maintain his current connections with this agency and his group involvement, it is likely that DG will maintain this sobriety and will experience continued improvements in relations with his spouse and family. However, at his current level he will likely continue to experience significant anxiety and anger, and these will likely contribute to difficulties concerning the effective treatment of his high blood pressure and heart conditions. The fact that he continues to be very hostile towards the local police, while continuing to drive without a license, also indicates a likelihood of legal troubles despite his potential maintenance of sobriety.

Practical Steps to Sustain Success

1. Develop a plan for at least an initial brief assessment within the reviewed agency, as well as a process to institute a formal ongoing assessment process to more effectively recognize and address consumer's changing needs.

2. Improve treatment planning processes. Treatment plans should include detailed information concerning the consumer's problems, goals, the treatment methods, and measurements indicating progress. Explore opportunities to involve family in the treatment planning process.
3. Increase team communication and functioning. A formal team meeting with all appropriate members of staff, as well as input from referral sources, the consumer, his physician, and his family is recommended.
4. Communicate with DG's primary care physician to coordinate services and incorporate specific medical concerns/issues into his substance abuse and mental health treatment. For example, relaxation skills can be taught to help reduce blood pressure, his physician may help to explain the relationships between anger and health, potential relapse risks due to medications can be addressed proactively, etc.

WRITTEN CASE REVIEW SUMMARY FOR CN

Person's Status Summary

Reviewer's Name: Scott Bischoff

Shadow: Brian Isakson

Review Date: July 15th, 2009

Date of Report: July 22nd, 2009

Consumer's Initials: CN

Consumer's Placement: Own home

Persons Interviewed

Consumer, consumer's mother, substance abuse therapist, substance abuse counselor, agency director, court diversion monitor, diversion program attorney, batterer's intervention program counselor

Facts about the Consumer

CN is a 35 year old Caucasian male who currently lives by himself in a rented apartment. CN has never been married, although he was in a seven year relationship with the mother of his two daughters (ages nine and four). He has partial custody of his daughters. CN has a diagnosis of alcohol dependence, apparently in early partial remission (remission status not mentioned in chart). CN was initially referred for the Batterer's Intervention Program (BIP) after receiving a domestic battery conviction (a single episode of violence against the mother of his children, reportedly over a custody dispute). During his intake assessment significant substance abuse issues were identified and CN was referred for additional substance abuse services at the same agency. CN endorses a prior DUI conviction and states he attended alcohol education classes due to this conviction at another agency. He denies any other arrests, and denies any other incidences of assaults or other aggressive behavior. He currently is attending a substance abuse group once per week, as well as the Batterers Intervention Program (BIP) once per week. His course of treatment was scheduled to last for 26 weeks and CN reports being near to completion of services.

Consumer's Current Status - 5

CN presents as a Caucasian male of average height and weight, and his appearance is appropriate for his stated age. He is currently on probation due to his battery conviction, although his involvement with the court will end when he has completed services. CN endorses continued sobriety over the last seven months, although his family member interviewed refutes this claim and reports CN has experienced sporadic relapses (alcohol) over the last several months. CN does acknowledge a lengthy history of alcohol problems and believes that he is alcohol dependent. He also reports a long history of marijuana abuse, as well as a history of under-achieving, low self-esteem, and endorses avoidant and passive-aggressive traits. CN denies any history of violence in relationships (excepting the incident resulting in his arrest), but does endorse frequent past episodes of anger and conflicts with the mother of his children. CN is currently employed full-time as a cook. He also helps his father manage a herd of cattle that grazes in a nearby wilderness area. CN reports being close to his family, which currently consists of his father and mother (married) who reside in town, and a sister who lives in a neighboring state. He denies any history of abuse and/or trauma, although his therapist and family report that his upbringing was fairly strict and at times harsh. CN did attend two years of college, pursuing a biology degree. He reports dropping out due to the need for employment after the birth of his

first daughter. CN has no immediate plans to return to school, although he would like to complete his degree “some day”. CN reports general satisfaction with his living arrangement and his employment, although he aspires to gain more competitive employment in a neighboring state (approximately four hours distance from his current residence). He currently has a girlfriend in this neighboring state with whom he visits most weekends. His current primary goal is to obtain joint custody of his daughters and he states he desperately wants to spend more time with them. He also cites these daughters as his primary motivators to pursue treatment and to satisfy court requirements. CN has involved his daughters in his treatment, specifically bringing them to his weekly substance abuse groups. He has not requested that other family members attend groups with him, although his mother reports that both she and his father would have liked very much to be included. CN reports having developed a close connection with agency staff and reports he has learned a great deal from his treatment at the reviewed agency and that he has “taken it serious this time”. He also reports that the battery leading to his last arrest was “a wake-up call”, and that his alcohol use led to his acting in a way that “was not me”. CN denies any current health concerns and denies any current anxiety, depression, or other symptoms suggesting any other mental health concerns.

Factors Contributing to Favorable Status

CN has been sober (or more likely “partially sober”) for over seven months and reports that this is the longest period of sobriety he has had as an adult. He has developed trusting relationships with agency staff as well as his fellow group members and he has been an active participant in his therapy. CN believes he has a strong voice in his treatment and reports he has developed strong insight into his addiction issues. He also reports having developed a desire to maintain his sobriety following treatment. CN reports improvements in his relationships with his family, as well as an increase in his ability to connect with his internal emotional states and his ability to express his needs to others. His mother recognizes changes in CN, and reports he has been less angry and more willing to talk about his problems and problematic emotions. CN reports the inclusion of his children in his treatment has been very positive, and believes his eldest daughter has gained insight into her father’s addiction through her attendance. Agency staff has reported that his eldest daughter has been willing to confront CN regarding his drinking and negative behaviors, and there is a belief that these interactions have increased CN’s “taking his recovery seriously”. CN also reports an increase in his self-esteem since beginning his treatment regimen. The reviewed agency has been very effective at engaging CN; he reports feeling connected with staff, respected and cared about by agency personnel, and believes he has a strong voice in his treatment. Agency staff has been flexible in meeting CN’s needs, and have occasionally engaged CN in individual sessions when he was unable to attend evening groups.

Factors Contributing to Unfavorable Status

Key members of CN’s family have not been included in CN’s treatment. The agency policy is to welcome all family to participate, but this is done through an informal invitation given to the consumers themselves, and this invitation is not effectively followed up on. Because of this lack of inclusion, important information about CN and his progress is not known to agency staff, including the information that CN has likely had sporadic relapses during his treatment and is likely not being entirely honest in his current program. There is also no relapse prevention plan, nor is there any formal aftercare plan in place. The current informal aftercare plan is “he can keep on coming to groups as long as he wants to”, but given CN’s history it is somewhat

unlikely that he will aggressively pursue this option. There is also no plan regarding how CN can continue his success without the motivation of court or legal involvement, nor is there a plan to address a potential relocation to a neighboring state.

System Performance Appraisal Summary - 4

The system has largely been effective at meeting CN's current needs. CN is receiving an appropriate combination of services, which address both his substance abuse problem as well as his relationship and anger issues. CN has received funding to pay for the majority of his services, and there has been a reasonable degree of flexibility within the service structure to work around his employment and visitation requirements. There was a thorough assessment completed on CN, and his treatment plan sufficiently describes a plan to help CN achieve his personally chosen therapeutic goals. Services have included some family members, and appear to have appropriately reflected CN's specific cultural issues/needs.

What's Working

CN reports very strong satisfaction with the services he has received, and the system appears to have been very effective at engaging this individual. This engagement is especially noticeable given CN's history of "playing the game" in a prior treatment episode, and of his tendency to be a very "guarded" individual. CN reports the current treatment approach has been effective at challenging his dysfunctional patterns and self-defeating behaviors and these statements have been backed up by both his family and agency staff, who all recognize significant change in CN. The goals being worked towards are CN's goals, and it appears he has been strongly included in the planning and goal setting process. Agency staff appears to have a good conceptualization of CN, and assessment has been ongoing although somewhat informal. Treatment has been broad in scope, and has addressed multiple facets of CN's life including relationship issues, anger control techniques, self-esteem issues, and sobriety and recovery concerns. Agency staff has helped CN to obtain funding for his treatment, and they have largely worked effectively as an informal team to provide quality treatment.

What's Not Working and Why

There appears to be no formal team formation and poor team coordination. There are inadequate efforts to involve key family members in CN's treatment, and thus the opportunity to develop further sources of support may have been missed. The lack of robust outreach efforts to engage family in CN's treatment may have also resulted in the absence of important information regarding CN's progress; this is especially notable given the reports that CN has had sporadic relapses during the course of his treatment. There is also limited contact with the referral source with the exception of brief attendance reports. However, this appears to be primarily due to the nature of the referral process: CN's case is a court diversion case, meaning the court case is technically still open. Thus effective communication is discouraged because there may be potentially incriminating evidence revealed that may impact a case the court considers to be an ongoing case. There is also insufficient relapse and aftercare planning. There is no written relapse prevention plan, nor is there a written aftercare plan, despite the fact that CN is currently completing services. A formal plan would help CN plan ahead for potential changes in his circumstances, such as a likely future move. A formal plan may also increase the chances of

continued engagement with this individual, whose history suggests he may drift away from treatment connections and recovery activities shortly after his legal motivators are removed.

Six-Month Prognosis: Status Quo

CN has made great progress in terms of his sobriety, his emotion regulation and coping skills, and his improved view of self. However, he has a history of not following through with recovery activities without external motivation, and has likely been somewhat dishonest about his level of sobriety within his current treatment. The lack of a comprehensive aftercare plan, as well as his inability to express his personal “next steps” to maintain recovery, suggest cause for concern regarding any future maintenance of current progress/continued improvement in his personal recovery.

Practical Steps to Sustain Success

- 1.) Develop a formal aftercare plan to help ensure continued recovery progress. This plan should include an emphasis on developing alternate external and strong internal motivators to maintain sobriety and therapeutic progress, and should also address anticipated changes in CN’s life such as how to maintain recovery progress if he moves to a neighboring state or obtains employment in a using environment.
- 2.) Increase team communication and functioning. A formal team meeting with all members of staff, as well as any appropriate input from referral sources, the consumer, and key family members is recommended.
- 3.) Increase efforts to engage family in the treatment process. Revisit the issue with consumers periodically, attempt to obtain consents when appropriate, and examine the reasons behind any resistance or hesitancy to include important family members.