

II: Planning Steps

Table 3 Step 4: Develop Objectives, Strategies and Performance Indicators

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Start Year:

End Year:

Priority	Goal	Strategy	Performance Indicator	Description of Collecting and Measuring Changes in Performance Indicator
Adults with Severe and Persistent Mental Illness	Increase the Percent of homeless persons with SMI receiving services	Targeted Services to Rural and Homeless Population: - Continue to develop strategies to accurately portray the numbers of homeless mentally ill who need services in Maine; - Continue to develop more reliable data that can be used as a baseline for comparison from year to year regarding the homeless population; - Maintain current level of funding for OAMHS support for programs that serve homeless mentally ill individuals.	Adult - Increased Stability in Housing (20%)	Standard data elements within Data Infrastructure Grant.
		Development of a Comprehensive Community-Based Adult Mental Health System. The implementation of a new transition initiative at Riverview Psychiatric Center should result in better community integration of discharged patients and lower 180 day readmission		

Adults with Severe and Persistent Mental Illness

Reduced utilization of state psychiatric inpatient beds.

rates: - State will continue to promote recovery based planning for patients including strengthening connections with community providers; - Foster active involvement of consumers in the planning and delivery of treatment and recovery-based services; - Ongoing utilization review of admissions and discharges and treatment planning, including readmission data from all hospitals with psychiatric beds.

Reduced Utilization of Psychiatric Inpatient Beds - 180 days(21)

DIG Uniform Reporting System Basic Table 20A.

Adults with Severe and Persistent Mental Illness

Increase number of adults with SPMI receiving services

Mental Health System Data Epidemiology - Prepare current FY10 utilization data that represents most components of the adult mental health system. - Analyze and track specific service utilization through using performance based indicators. - Identify current trends in service utilization with reference to previous FY08 and FY09 data. - Commit OAMHS staff to fully participate in the CMHS DIG activities carried out through the DHHS-Office of Quality Improvement. - Prepare service utilization data related to financial expenditure data in order to inform: Department of Health and Human Services Administration; Executive Department Administration; Relevant legislative committees--Appropriations and Financial Affairs and Health and Human Services.

Increased Access to Services (12,000)

DHHS is working through the DIG initiative to develop standard data elements to collect prevalence data in a consistent way. DHHS uses the SAMHSA prevalence figures to establish estimated rates.

<p>Adults with Severe and Persistent Mental Illness</p>	<p>Promotion and support of evidence-based practices.</p>	<p>Development of a Comprehensive Community-Based Adult Mental Health System: - State will continue to promote and support evidence based practices by contracting for these services; - Continue to develop more reliable data regarding evidence based practices that can be used for comparison from year to year; - Continue to track data regarding utilization, age, gender and ethnicity. - OAMHS is currently working with Maine Medical Center's Division of Vocational Rehabilitation to provide employment specialists working in conjunction with the Community Service Network system and benefits specialists.</p>	<p>Evidence Based - Adults with SMI Receiving Supported Employment (550)</p>	<p>Contract Performance Reports</p>
<p>Adults with Severe and Persistent Mental Illness</p>	<p>Promotion and support of evidence-based practices.</p>	<p>Development of a Comprehensive Community-Based Adult Mental Health System: - State will continue to promote and support evidence based practices by contracting for these services; - Continue to develop more reliable data regarding evidence based practices that can be used for comparison from year to year.</p>	<p>Evidence Based - Adults with SMI Receiving Supported Housing (100%)</p>	<p>Contract Performance Reports.</p>
	<p>Increase in</p>	<p>Continue to fund increased numbers of employment specialists statewide as well as training in employment practices for community</p>		

Adults with Severe and Persistent Mental Illness	community support clients employed full time in competitive jobs.	support workers. Develop consistent data collection strategy that captures employment data across all with recipients. Support and promote best practices regarding the Club House Model which supports and encourage employment.	Adult - Increase/Retained Employment (90%)	Contract performance measures
Quality Improvement	Increase access for children and youth served by CBHS who receive services that address their behavioral, emotional and mental health issues	Continue to support access to needed services through cost efficient services , excellent management of services necessity and duration , and elimination of geographic barriers to access .	Total number served according to measure discussed below	Data includes children whose behavioral health services are identified by Medicaid/ MaineCare procedure codes that represent services appropriate to address the treatment needs of these individual children and youth . The number is reported in URS Basic Table 2A .
Quality Improvement	Increase/ maintain Stability of Housing Situation for Children and Youth with social ,emotional or mental health needs	Continue Stability in Housing questions in the OQI annual Survey and track results to see where there are trends over time	Stability is determined as the percentage of all respondants who have remained in the same place or has moved to a single other place over the year	Sources of Information : Reported on URS Table 15 fromthe 2011 Maine Youth &Family Meantal Health & Well-being Survey Measure : Stability is determined as the percentage of all respondants who have remained in the same place or has moved to a single other place over the past year
Quality Improvement	Maintain/Improve the percentage of postitive client (Children's) outcomes reported in an annual OQI Youth /Family Mental Health & Well Being Survey	Analysis of information in Maine OQI survey which is based on information reported in the YSS/Family survey .	Percentage of Children/Families reporting Postitive Outcomes in OQI Survey	Source of Information: DIG Uniform Reporting System , Table 11, specific to Questions 1-6 on the OQI Measure : Denominator: Number of Chidlren/families responding to OQI survey; Numerator: Number of children/families who report positively to the Positive Outcomes of Services (questions 1-6)

Quality Improvement	Reduce recidivism for youth who are incarcerated in one year and who are at risk of re-incarceration in the next year	Data will be reported and analysed on a continuing basis	Percentage of Youth who do not experience recidivism	Source of Information: IRS Table 19A. Incarceration data for youth obtained from the Maine Department of Corrections; data analyzed and reported by the Bristol Observatory (Vermont) under contract with the Maine DOC
Evidence based practices	Decrease percentage of children and youth receiving Therapeutic Foster Care each year	Continue successful efforts to place children and youth from therapeutic foster care setting to more permanent, family like environments while still meeting their behavioral health needs through available community based treatment services. Two proven avenues to accomplish this objective are the Maine Caring Families program(placement with relatives or extended family members) and DHHS adoptive programs where permanency is achieved.	Actual unduplicated number of children in Therapeutic Foster Care placements during the Fiscal Year served by Child Welfare Services	Source of information: DHHS Office of Child & Family Services, Child Welfare Services. Numbers are tracked by the OCFS Residential Services Program Manager and are provided by 10 Maine community agencies under contract with DHHS/OCFS offering this service. Measure: Measured by the number of children in TFC from Fiscal Year to Fiscal Year divided by the estimated number of children with SED (DIG/URS Table 16)
Evidence based practices	Maintain /increase percentage of children and youth receiving Multi-Systemic Therapy	Continue to support the development , implementation and sustainability of MST EBP's for Maine children. This EBP is funded by MaineCare Children's Home and Community Based Treatment (Section 65)	Unduplicated Numbers served under MST by community providers	Source of Information : Numbers in service are obtained from Tri-County Mental Health Services and Kennebec Behavioral Health Services, estimate of SED estimate provided by Maine Data Infrastructure Program for current fiscal year (Table 16) Measure: number served under MST divided by the estimated number of children with SED
Evidence based practices	Maintain or Increase number of Evidence Based Practices (EBP) in the State	Maintain current provider of EBP and increase the number of locations in which EBP is available to children and youth , within the parameters of legislative appropriation and Medicaid/Maine Care rules allowing for higher rate of reimbursement for providers delivering EBP with	Number is from 0 to 3	Source of Information : Community agencies contracting for these services. Measure: Count 1 each for : Therapeutic Foster Care; MultiSystemic Therapy ;Functional Family Therapy

fidelity.

Evidence based practices	Maintain the number and percentage of children and youth receiving Functional Family Therapy at current levels	Continue to support the development ,implementation and sustainability of FFT EBP's for Maine children. This EBP is funded by MaineCare Children's Home & Community Based Treatment (Section 65)	Unduplicated number served under FFT by community providers	Source of information: Numbers inservices is obtained from Catholic Charities and the Spurwink School; estimate of SED is provided by Maine Data Infrastructure Program for current fiscal year (DIG/URS Table 16) Measure: Number served under FFT divided by the estimated number of children with SED
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Footnotes: