

Maine Department of Health and Human Services (DHHS)
Office of Adult Mental Health Services

Performance and Quality Improvement Standards: October 2007

The attached performance standards are primarily for use in monitoring, evaluation and quality assurance of the areas covered by the Consent Decree pertaining to the community mental health system. The standards are intended to offer the parties and the court master a means of measuring system function and improvement over time, and the Department's work towards compliance.

Definitions:

Standard Title: What the standard is intending to measure.

Measure Method: How the standard is being measured.

Baseline: Baseline: The baseline represents the level of performance when the standards were first agreed upon at the end of the calendar year 2004

Current Level: The most recent data available for the Standard.

*****Low Numbers for some of the Measurement Methods in some instances can have an effect on the variance from quarter to quarter.***

Calendar and Fiscal Year Definitions:

CY: Calendar Year - January 1 - December 31.

FY: Fiscal Year - State Fiscal Year July 1, - June 30.

Performance & Quality Improvement Standards: Summary Sheet October 2007

<i>Baseline</i>	<i>Current Level</i>	<i>Standard</i>	<i>Met/Not Met</i>	<i>Baseline</i>	<i>Current Level</i>	<i>Standard</i>	<i>Met/Not Met</i>			
Standard 1. Rights Dignity and Respect				Standard 7. CI/CSS/ Individualized Support Planning						
1. Have providers treated you with dignity and respect?				1a. ISPs reflect the strengths of the consumer?						
91.8%	91.3%	90.0%	MET	79.4%	90.3%	95.0%	NOT MET			
Standard 2. Rights Dignity and Respect				1b. ISPs consider need for crisis intervention and resolution services?						
1. Response to Level II Grievances within 5 days				82.5%				88.3%	No Standard Necessary	
100.0%	100.0%	90.0%	MET	1c. Does the consumer have a crisis plan?						
Standard 3. Rights Dignity and Respect				19.0%				50.5%	No Standard Necessary	
1. Number of Level II Grievances filed/unduplicated # of people.				1d. Has the crisis plan been reviewed every 3 months?						
11/7	13/10	NA	NA	41.7%	26.9%	No Standard Necessary				
2. Number of substantiated Level II Grievances				Standard 8. CI/CSS Individualized Support Planning						
15	13	NA	NA	1. ISP team reconvened after an unmet need was identified						
Standard 4. Rights Dignity and Respect				50.0%				94.4%	90.0%	MET
1. Class Members informed about their rights.				2. ISPs reviewed with unmet needs with established interim plans.						
77.3%	80.0%	90.0%	NOT MET	**	72.2%	95.0%	NOT MET			
1a. Class Members with CIW, informed about their rights.				Standard 9. ISP Service Agreements						
87.0%	87.8%	95.0%	NOT MET	1. ISPs that require Service Agreements that have current S.A.s.						
1b. Class Members with MaineCare informed about their rights.				100.0%				38.5%	90.0%	NOT MET
81.0%	79.2%	90.0%	NOT MET	Standard 10. Case Load Ratios						
2. Consumers given information about their rights				1. ACT Statewide Case Load Ratio						
90.7%	91.4%	90.0%	MET	1:8.3	1:8.4	1:10	MET			
Standard 5. Timeliness of ISP and CI/CSS Assignment				2. Community Integration Statewide Case Load Ratio						
1. Class members requesting a worker who were assigned one.				1:17.9				1:19.9	1:40	MET
100.0%	100.0%	100.0%	MET	3. Intensive Community Integration Statewide Case Load Ratio						
2. Hospitalized class members assigned a worker in 2 days				1:11.3				1:11.7	1:16	MET
92.0%	66.7%	90.0%	NOT MET	4. Intensive Case Management Statewide Case Load Ratio						
3. Non-hospitalized class members assigned a worker in 3 days.				1:9.6				1:7.2	1:16	MET
70.0%	69.4%	90.0%	NOT MET	5. OES Public Ward Case Management Case Load Ratio						
4. Class members not assigned on time, but w/in 1-7 extra days.				1:23.1				1:26.1	1:25	NOT MET
71.0%	38.5%	100.0%	NOT MET	Standard 11. CI/CSS Individualized Support Planning						
5. ISP completed w/in 30 days of service request.				Para 74. Needs of Class Members not in Service						
75.2%	29.7%	90.0%	NOT MET	*No Numerical Standard or Baseline						
6. 90 day ISP review completed within specified time frame				Standard 12. Housing & Residential Support Services						
93.8%	44.8%	90.0%	NOT MET	1. Class Members with ISPs, with unmet Residential Support Needs						
7. Initial ISPs not developed w/in 30 days, but w/in 60 days.				7.2%				17.1%	5% or fewer	NOT MET
30.7%	15.7%	100.0%	NOT MET	2. Lack of Res Supp impedes Riverview discharge w/in 7 days of determin.						
8. ISPs not reviewed w/in 90 days, but w/in 120 days.				98.0%				97.2%	75.0%	MET
45.0%	73.9%	100.0%	NOT MET	3. Lack of Res Support impeding discharge w/in 30 days of determination.						
				98.0%				100.0%	96.0%	MET
				4. Lack of Res Support impeding discharge w/in 45 days of determination.						
				98.0%				100.0%	100.0%	MET

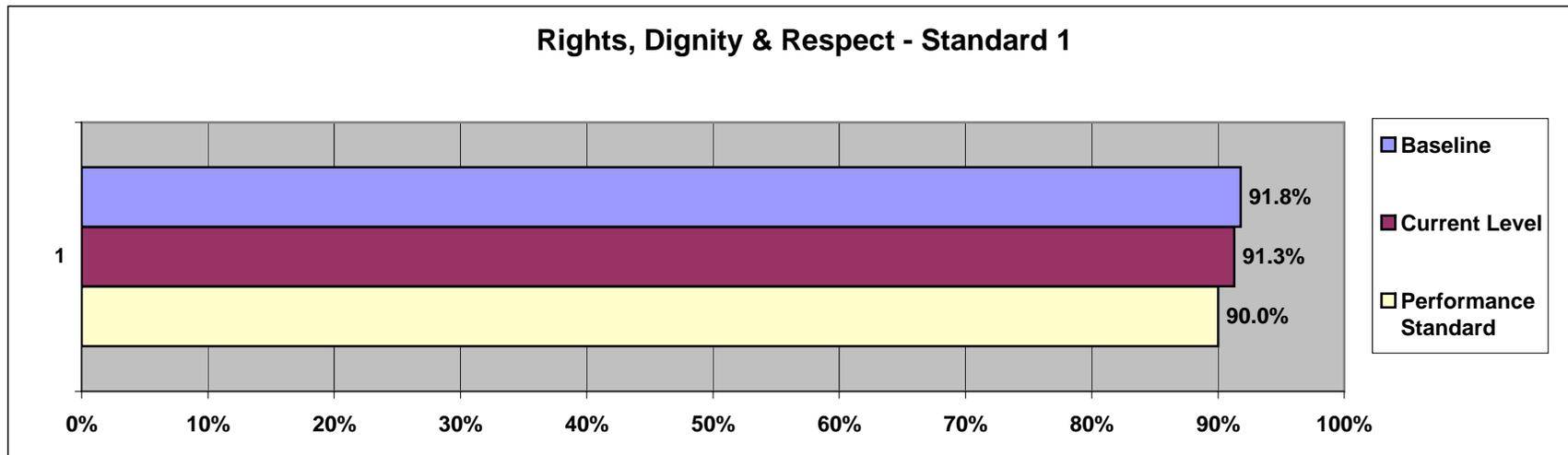
Performance & Quality Improvement Standards: Summary Sheet October 2007

<i>Baseline</i>	<i>Current Level</i>	<i>Standard</i>	<i>Met/Not Met</i>	<i>Baseline</i>	<i>Current Level</i>	<i>Standard</i>	<i>Met/Not Met</i>		
Standard 13. Housing & Residential Support Services				Standard 18. Acute Inpatient Services (Involuntary Class Member)					
1. Class members reporting satisfaction with living situation	80.2%	86.1%	80.0%	MET	1. Admissions for whom hospital obtained ISP	31.6%	0.0%	90.0%	NOT MET
2. Class members reporting satisfaction with res/housing supports	81.4%	81.0%	85.0%	NOT MET	2. Treatment and Discharge plans consistent with ISP	50.0%	0.0%	90.0%	NOT MET
Standard 14. Housing & Residential Support Services				3. CI/ICI/ICM/ACT worker participated in treatment and discharge planning					
1. Class members with unmet housing resource needs.	1.6%	2.8%	10.0%	MET	63.1%	30.8%	90.0%	NOT MET	
2. Class members who were homeless over 12 month period.	8.6%	6.6%	6.0%	NOT MET	Standard 19. Crisis Intervention Services				
3. Class members reporting satisfaction with living arrangement.	80.2%	86.1%	80.0%	MET	1. Face to face crisis contacts that result in hospitalizations.	21.0%	20.5%	20-25%	MET
4. Lack of housing impeding discharge w/in 7 days of determination	98.0%	86.1%	75.0%	MET	2. Face to face crisis contacts resulting in referral to community services.	47.6%	59.4%	To Be Established	
5. Lack of housing impeding discharge w/in 30 days of determination	95.9%	94.4%	96.0%	NOT MET	3. Face to face crisis contacts using pre-developed crisis plan.	12.6%	8.2%	To Be Established	
6. Lack of housing impeding discharge w/in 45 days of determination	67.3%	94.4%	100.0%	NOT MET	4. Face to face crisis contacts in which CI worker was notified of crisis.	78.4%	90.9%	To Be Established	
Standard 15. Housing & Residential Services				Standard 20. Crisis Intervention Services					
1. Class members in homes with more than 8 beds with choice.	92.8%	88.6%	95.0%	NOT MET	1. Class Members reporting they knew how to get help when it was needed.	87.6%	90.2%	90.0%	MET
Standard 16. Acute Inpatient Services (Involuntary Class Member)				2. Class Members reporting crisis services were available when needed.					
1. Inpatient admissions reasonably near community residence.	87.0%	92.3%	90.0%	MET	83.3%	86.6%	85.0%	MET	
Standard 17. Acute Inpatient Services (Involuntary Class Member)				Standard 21. Treatment Services					
1. Admission to community inpatient units with blue paper on file.	94.7%	100.0%	100.0%	MET	1. Class Members with unmet mental health treatment needs.	4.3%	10.5%	5% or less	NOT MET
2. Blue paper was completed and in accordance with terms.	95.7%	100.0%	90.0%	MET	2. Lack of MH Tx impeding Riverview discharge w/in 7 days of determination	94.0%	94.4%	75.0%	MET
2a. Corrective action by UR Nurse when Blue paper not complete	100.0%	100.0%	95.0%	MET	3. Lack of MH Tx impeding Riverview discharge w/in 30 days of determination.	98.0%	100.0%	96.0%	MET
3. Admissions in which 24 hour cert completed.	65.2%	100.0%	95.0%	MET	4. Lack of MH Tx impeding Riverview discharge w/in 45 days of determination	100.0%	100.0%	100.0%	MET
3a. Corrective action by UR Nurse when 24 hour cert not complete	12.5%	100.0%	100.0%	MET	Standard 22. Treatment Services				
4. Admission in which patients' rights were maintained	82.6%	100.0%	90.0%	MET	1. Class members reporting they can get the support that they need.	85.1%	88.2%	85.0%	MET
4a. Corrective action by UR Nurse when rights not maintained	25.0%	100.0%	100.0%	MET	2. Class members reporting satisfaction with MH supports/services.	81.2%	84.8%	85.0%	MET
5. Admissions for which medical necessity has been established.	95.7%	100.0%	90.0%	MET	Standard 23. Family Support Services				
					1. An array of family support services as per settlement agreement	* No numerical standard necessary			
					2. Number and distribution of family support services provided	* No numerical standard necessary			

Performance & Quality Improvement Standards: Summary Sheet October 2007

Baseline	Current Level	Standard	Met/Not Met	Baseline	Current Level	Standard	Met/Not Met		
Standard 24. Family Support Services				Standard 31. Rec/Soc/Avoc/Spiritual					
1. Counseling group participants reporting satisfaction with services	98.7%	100.0%	85.0%	MET	1. ISP identified class member unmet needs in rec/soc/avoc/spiritual.	1.0%	3.1%	10.0%	MET
2. Program participants reporting satisfaction with education programs	100.0%	100.0%	80.0%	MET	2. Class members reporting regular participation in rec/soc/avoc/spiritual.	44.2%	53.2%	60.0%	NOT MET
3. Family participants reporting satisfaction with respite services.	100.0%		80.0%	MET	3. Class members reporting satisfaction with rec/soc/avoc/spiritual.	62.2%	75.2%	80.0%	NOT MET
Standard 25. Family Support Services				Standard 32. Individual Outcomes					
1. Agency contracts with referral mechanism to family support	100.0%		90.0%	MET	1. Consumers with improvement in LOCUS (Baseline to Follow-up)	41.0%	19.2%		To Be Established
2. Families reporting satisfaction with referral process.			85.0%		2. Consumers who have maintained functioning (Baseline to Follow-up)	24.6%	66.0%		To Be Established
Standard 26. Vocational Employment Services				Standard 33. Recovery					
1. Class members with ISPs - Unmet voc employ. Needs.	1.3%	7.8%	10.0%	MET	1. Consumers reporting staff helped them to take charge of managing illness.	70.9%	81.5%	80.0%	MET
2. Class Members in competitive employment in the community.	10.8%	11.8%	15.0%	NOT MET	2. Consumers reporting staff believed they could grow, change, recover	83.5%	76.4%	80.0%	NOT MET
3. Class members in supported or competitive employment.	21.0%	19.1%	20.0%	NOT MET	3. Consumers reporting staff supported their recovery efforts	70.9%	79.0%	80.0%	NOT MET
Standard 27. Vocational Employment Services				Standard 34. Public Education					
1. Class members reporting satisfaction with employment	78.4%	78.4%	80.0%	NOT MET	1. # MH workshops, forums and presentation geared to public participation.	38	56		*
2. Class members reporting voc supports available when needed.	62.4%	61.1%	85.0%	MET	2. #, type of info packets, publications, press releases distributed to public.	37	54		*
Standard 28. Transportation				*Qualitative evaluation; no numerical standard.					
1. Class Members with ISPs - Unmet transportation needs.	1.3%	5.8%	10% or less	MET					
Standard 29. Transportation									
1. Class members due to lack of trans., difficulty with mh/med appts.	19.9%	17.9%	10% or less	NOT MET					
2. Class members due to lack of trans., lack of soc/rec activities.	27.3%	23.8%	20% or less	NOT MET					
Standard 30. Rec/Soc/Avocational/Spiritual Opportunities									
1. Number of Social Clubs/peer center participants by region.	1907	1914		*					
2. Number of other peer support programs	23			*					
*Qualitative evaluation; no numerical standard.									

Rights, Dignity and Respect



Paragraph Standard 1:

Treated with respect for their individuality

32 a. Meas. Method

Class Member Survey Q30. % Yes to "Have Service providers treated you with courtesy and respect?"

Baseline

91.8%

2004 Class Member Survey (N=538)

Current Level

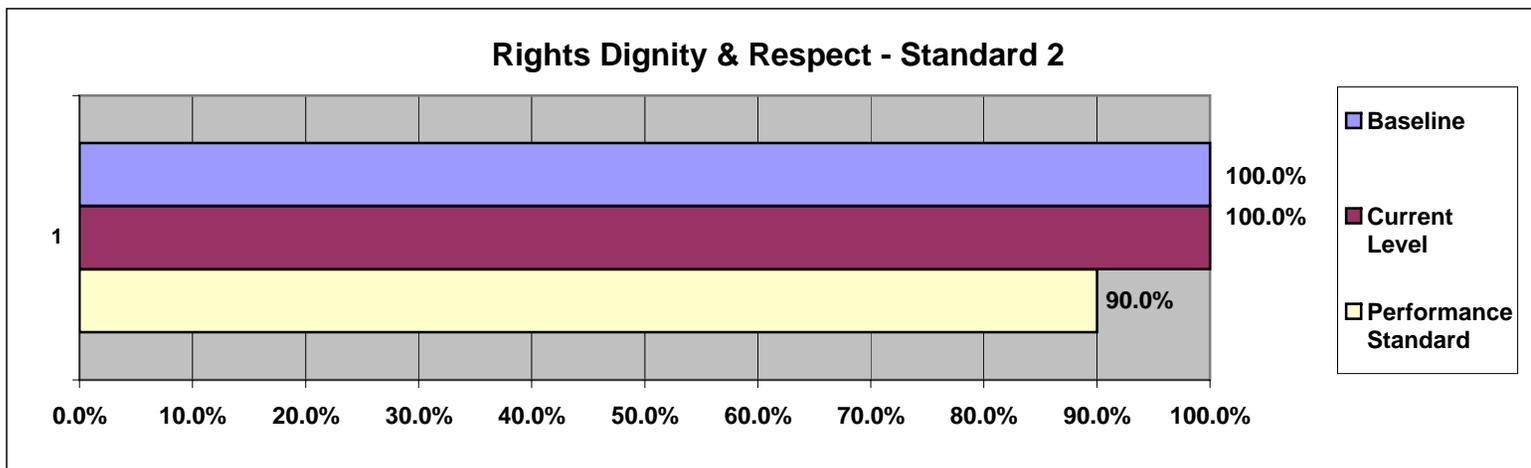
91.3%

2007 Class Member Survey (N=466)

Performance Standard

90.0%

Rights Dignity and Respect



Paragraph Standard 2:

32a Meas. Method

Baseline

Current Level

Performance Standard

Grievances are addressed in a timely manner

DHHS Grievance Tracking System - Response to Level II Grievances w/in 5 days or agreed upon extension.

100.0% CY03 Grievance Tracking data (15 out of 15)

100.0% CY 06 Q1-Q4 Grievance Tracking data (17 out of 17) *

100.0% CY 07 Q1, Q2, Q3 Grievance Tracking data (13 out of 13)

90.0%

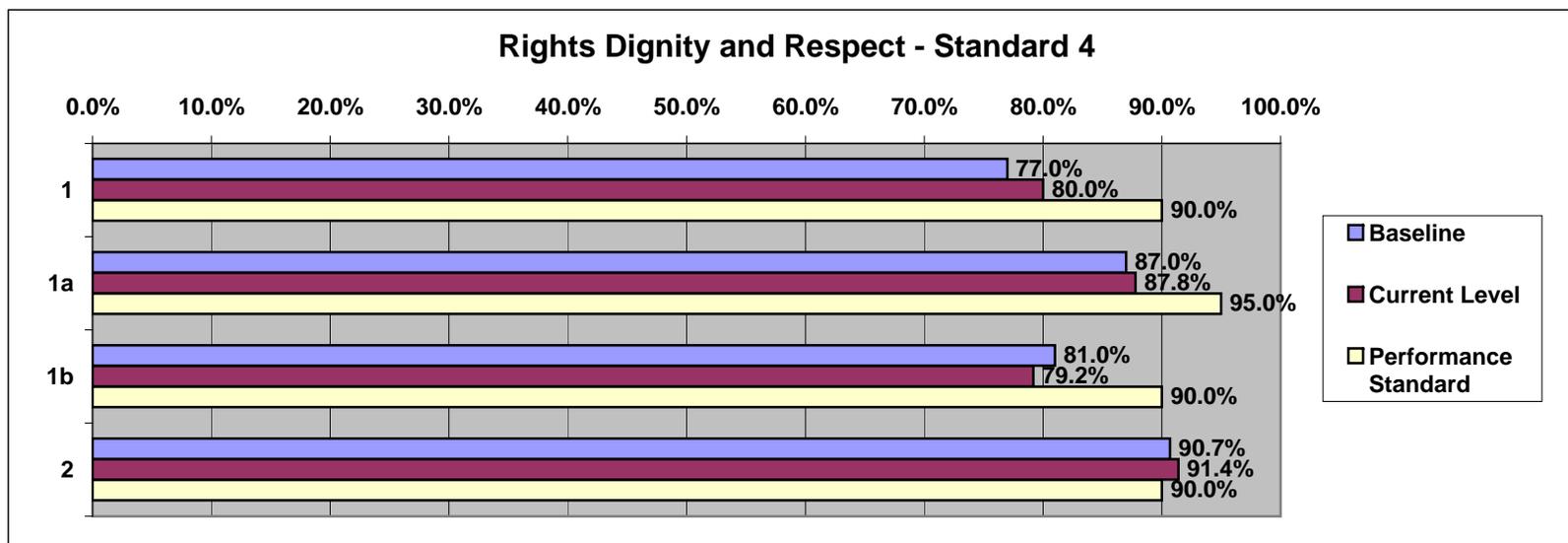
CY=Calender Year

Rights, Dignity and Respect-Standard 3

Graph not available for Standard 3.

<p>Paragraph Standard 3: 27 Meas Method 1:</p>	<p>Demonstrate rights are respected and maintained DHHS Grievance Tracking System, Number of Level II grievances filed and number unduplicated people</p>
<p>Baselines</p>	<p><i>11 Grievances, 7 Unduplicated individuals</i> 2004 Calender Year Grievance Tracking data.</p>
<p>Current Level</p>	<p><i>18 Grievances, 14 Unduplicated individuals</i> 2005 Calender Year Grievance Tracking data. <i>17 Grievances, 15 Unduplicated individuals</i> 2006 Q1-Q4 CY Grievance Tracking data.* <i>13 Grievances, 10 Unduplicated individuals</i> 2007 Q1, Q2, Q3 CY Grievance Tracking data.</p>
<p>Performance Standard</p>	<p>No numerical standards necessary, ongoing monitoring of grievance trends.</p>
<p>** Meas Method 2:</p>	<p>DHHS Grievance Tracking System, Number of Level II grievances filed where violation is substantiated and remedy applied.</p>
<p>Baselines</p>	<p>CY03 Grievance Tracking, 15 grievances filed in 2003, 2 Cases resolved by mediation, 0 required remedies</p>
<p>Current Level</p>	<p>CY07 Q1 -Q3 13 grievances filed, 1 withdrawn after agency disputed resolution, 1 dismissed to lack of jurisdiction 1 dismissed due to lack of jurisdiction 12 found not to be rights violations at Level II. 2 appealed to Level III for hearing. <i>CY=Calender Year</i></p>
<p>Performance Standard</p>	<p>No numerical standards necessary, ongoing monitoring of grievance trends.</p>

Rights, Dignity and Respect



Paragraph Standard 4:

57 Meas. Method 1.

Class Members are informed of their rights

Class Member Survey Q30. % class members informed about rights as a MH consumer in way they could understand.

Baseline	77.3%	2004 Class Member Survey (N=538)
Current Level	80.0%	2007 Class Member Survey (N=466)
Performance Standard	90.0%	

Meas. Method 1a.

Class Member Survey. Qs 26 & 30 % class members who have a CIW reporting they were informed about their rights

Baseline	87.0%	2004 Class Member Survey (N=538)
Current Level	87.8%	2007 Class Member Survey (N=466)
Performance Standard	95.0%	

Meas. Method 1b.

Class Member Survey. Qs 38 & 30 % class members who have MaineCare reporting they were informed about their rights.

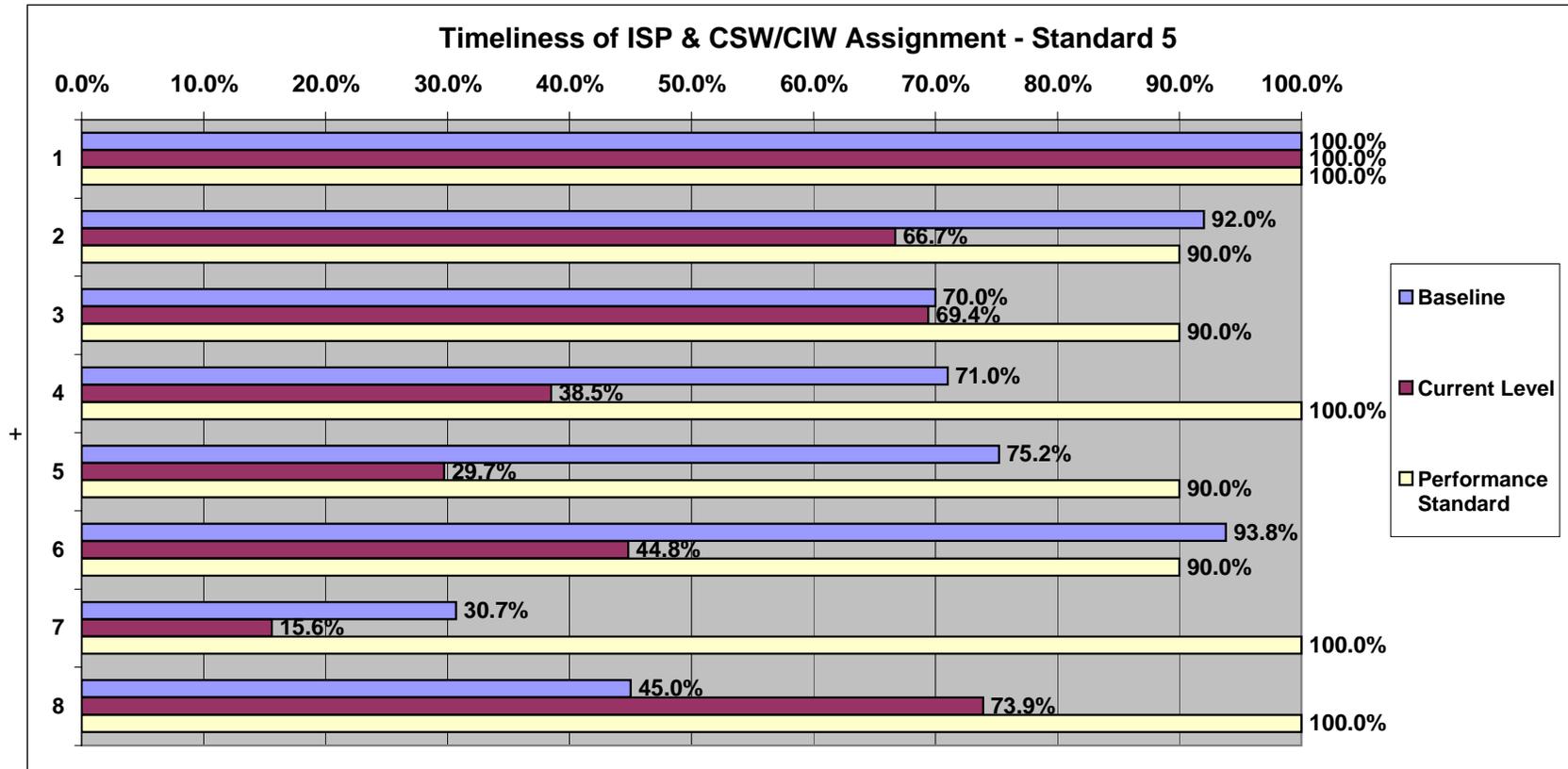
Baseline	81.0%	2004 Class Member Survey (N=538)
Current Level	79.2%	2007 Class Member Survey (N=466)
Performance Standard	90.0%	

Rights, Dignity and Respect

standard 4 cont.

Meas. Method 2.	Data Infrastructure Survey. Percent of consumers reporting they were given information about their rights		
Baseline	90.7%	2003 Data Infrastructure Survey-Q14	(N=748)
Curent Level	91.4%	2006 Data Infrastructure Survey-Q14	(N=1272)
Performance Standard	90.0%	*Next DIG Survey data due 02/08	

Community Integration/Community Support Services/Individualized Support Planning



Paragraph	Standard 5:	Prompt Assignment of CI/CI/ICM/ACT Workers, ISP Timeframes/Attendees at ISP Meetings
49, 55	Meas. Method 1	Percentage of class members requesting a worker who were assigned one.
59, 58	Baseline	100.0% (36 out of 36) FY06 Q4 ISP RDS Data
	Current Level	100.0% (84 out of 84) FY08 Q1 ISP RDS Data
	Performance Standard	100.0%
	Meas. Method 2.	Percentage of hospitalized class members who were assigned a worker within 2 days.
	Baseline	92.0% (12 out of 13) FY06 Q4 ISP RDS Data
	Current Level	66.7% (8 out of 12) FY08 Q1 ISP RDS Data
	Performance Standard	90.0%

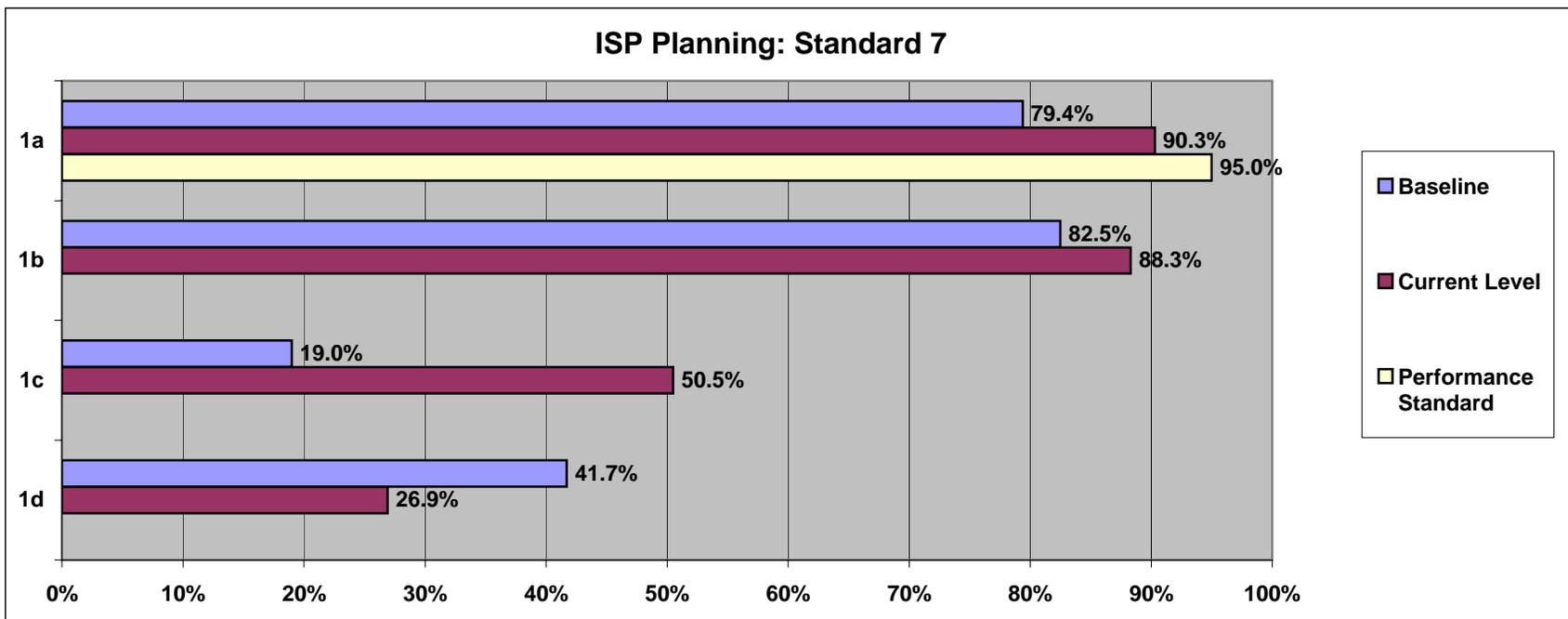
Community Integration/Community Support Services/Individualized Support Planning

Standard 5 Continued

Meas. Method 3.	Percentage of non-hospitalized class members assigned a worker within 3 days.		
Baseline	70.0%	(16 out of 23)	FY06 Q4 ISP RDS Data
Current Level	69.4%	(50 out of 72)	FY08 Q1 ISP RDS Data
Performance Standard	90.0%		
Meas. Method 4.	Percentage of class members in hospital or community not assigned on time but were assigned within 1-7 additional days.		
Baseline	71.0%	(6 out of 7)	FY06 Q4 ISP RDS Data
Current Level	38.5%	(10 out of 26)	FY08 Q1 ISP RDS Data
Performance Standard	100.0%		
Meas. Method 5.	ISP completed within 30 days of service request; Percentage of class members requesting ISP and who received one."		
Baseline	75.2%	(158 out of 210)	FY07 Q1 ISP RDS Data
Current Level	29.7%	(204 out of 686)	FY08 Q1 ISP RDS Data
Performance Standard	90.0%		
Meas. Method 6.	90 day ISP review completed within specified timeframe.		
Baseline	93.8%	December 2004 ISP Overdue Data	
Current Level	44.8%	(387 out of 863)	FY08 Q1 ISP RDS Data
Performance Standard	90.0%		
Meas. Method 7.	Initial ISPs not developed within 30 days, but were developed within 60 days.		
Baseline	30.7%	(16 out of 52)	FY07 Q1 ISP RDS Data
Current Level	15.6%	(75 out of 482)	FY08 Q1 ISP RDS Data
Performance Standard	100.0%		
Meas. Method 8.	ISPs that were not reviewed within 90 days but were reviewed within 120 days.		
Baseline	45.0%	(263 out of 585)	FY07 Q1 ISP RDS Data
Current Level	73.9%	(352 out of 476)	FY08 Q1 ISP RDS Data
Performance Standard	100.0%		

Note: There is no Standard #6 as those aspects are now covered in Standards #5 and #18

Community Integration/Community Support Services/Individualized Support Planning



Paragraph **Standard 7:**
61 Meas. Method 1a.

Demonstrate ISPs are based upon consideration of the class members' strengths & needs

Does the record document that the treatment plan goals reflect the strengths of the consumer receiving services? (IIb)

Baseline 79.4% FY 07 Q3 (50 out of 63)
Current Level 90.3% FY 08 Q1 (93 out of 103)
Performance Standard 95.0%

Meas. Method 1b. Does record document the individual's potential need for crisis intervention and resolution services was considered during treatment planning? (IIc.)

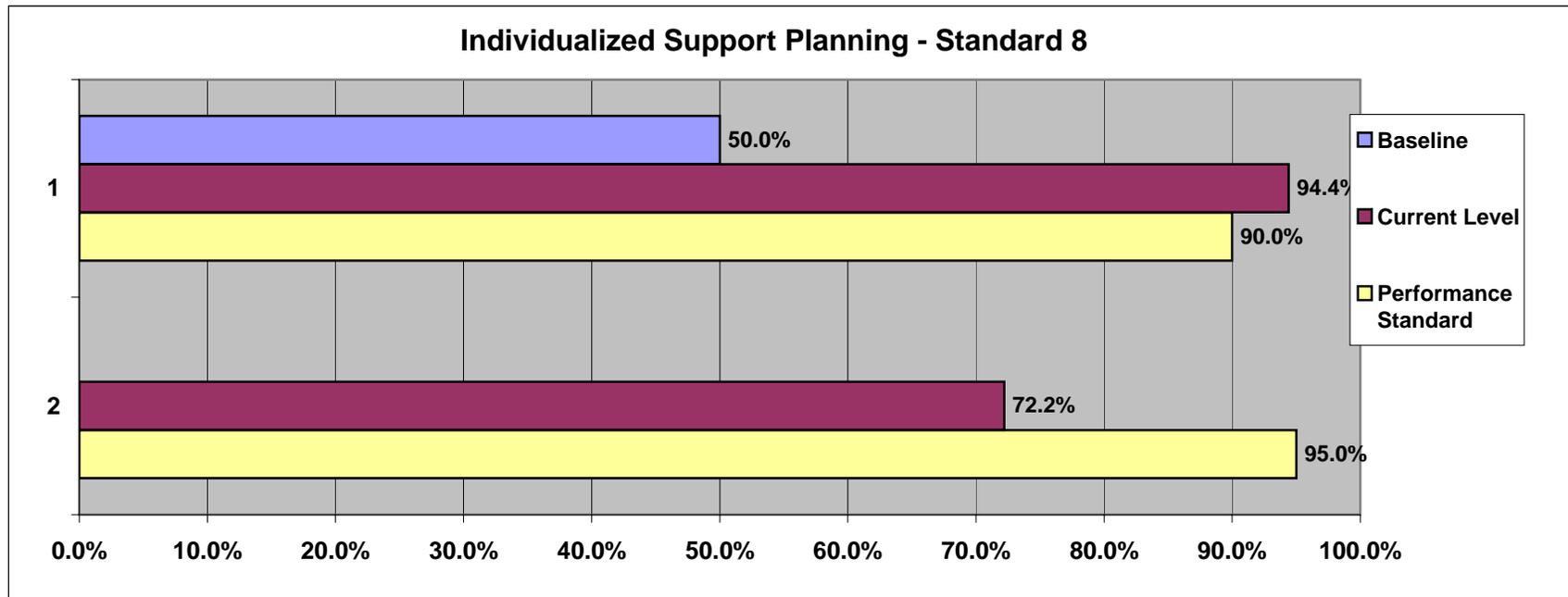
Baseline 82.5% FY 07 Q3 (11 out of 52)
Current Level 88.3% FY 08 Q1 (91 out of 103)
Performance Standard No Numerical Standard Necessary

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Meas. Method 1c. Does the record document that the consumer has a crisis plan? (Ile.)
Baseline 19.0% FY 07 Q3 (12 out of 63)
Current Level 50.5% FY 08 Q1 (52 out of 103)
Performance Standard *No Numerical Standard Necessary*

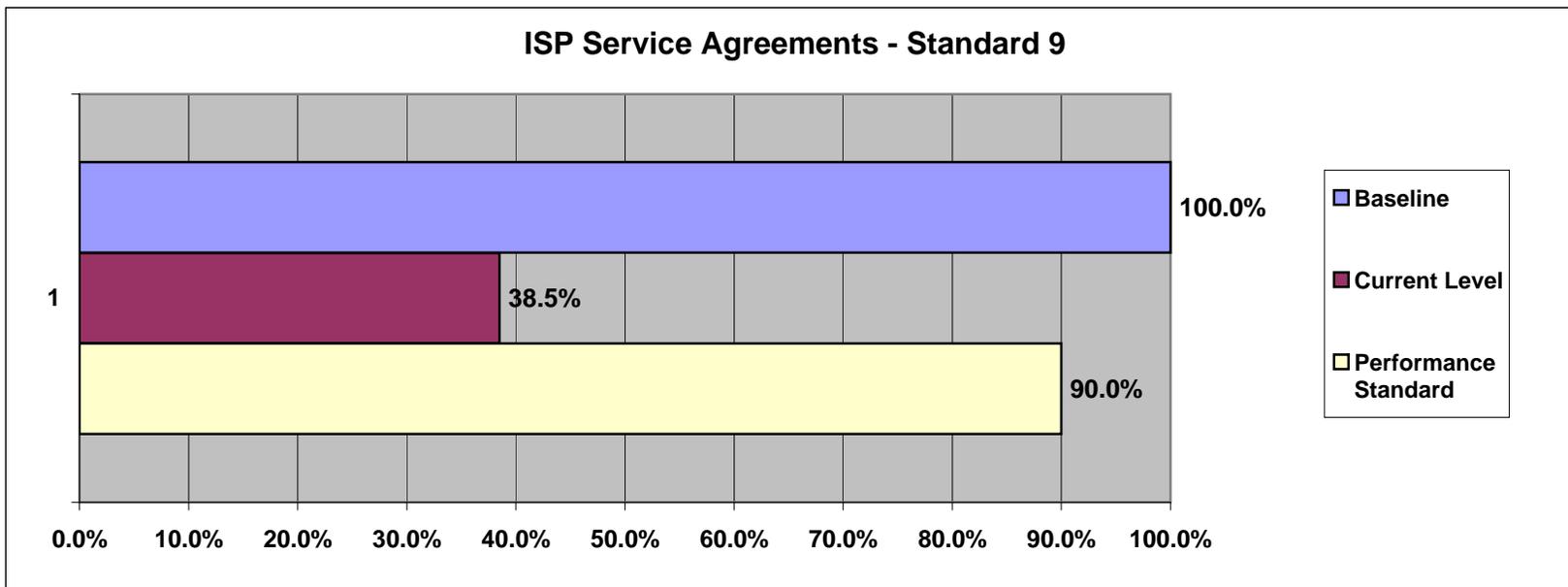
Meas. Method 1d. If the consumer has a crisis plan, "has the crisis plan been reviewed as required, every 3 months?" (Ilg.)
Baseline 41.7% FY 07 Q3 (5 out of 12)
Current Level 26.9% FY 08 Q1 (14 out of 52)
Performance Standard *No Numerical Standard Necessary*

Community Integration/Community Support Services/Individualized Support Planning



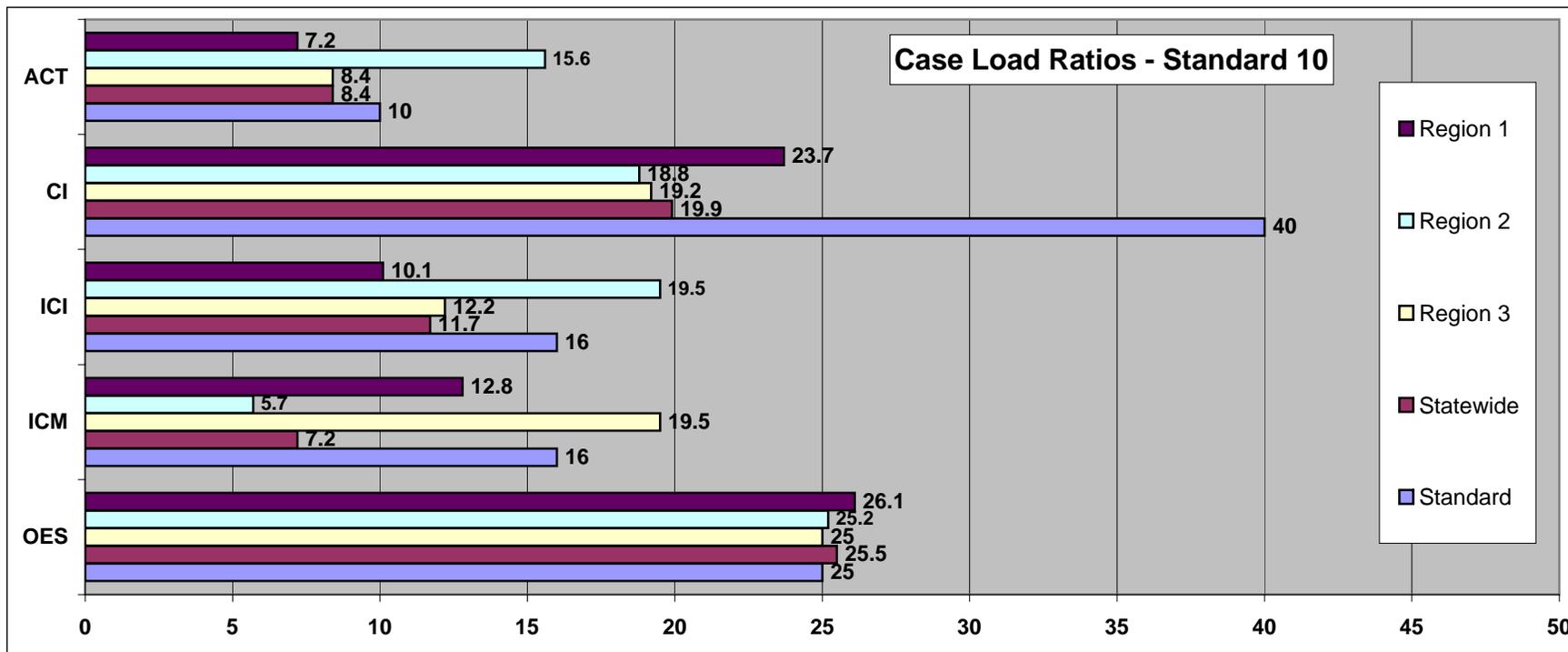
Paragraph Standard 8:		Services are based on actual needs of the class member rather than what services are available	
63	Meas. Method 1.	ISPs reviewed in which there is evidence that the ISP team reconvened after an unmet need was identified.	
	Baseline	50.0%	FY 07 Q3 (5 out of 10 identified unmet needs)
	Current Level	94.4%	FY 08 Q1 (17 out of 18 identified unmet needs and team reconvened)
	Performance Standard	90.0%	New Question: Added to Revised ISP Document Review February 2007. Does the record document that there are needed resources that have become an unmet need? (IIIe.) And If yes, Does the record document that the treatment team reconvened after the unmet need was identified? (IIIg.)
	Meas. Method 2.	ISPs reviewed with identified unmet needs in which interim plans are established.	
	Baseline	**	FY 05 Q2 ** No Unmet Needs Reported.
	Current Level	72.2%	FY 08 Q1 (13 out of 18 identified unmet needs)
	Performance Standard	95%	Question slightly revised in February 2007 Document Review revisions. Does the record document that there are needed resources that have become an unmet need? (IIIe.) And If yes, Does the treatment reflect interim planning. (IIIf.)

Community Integration/Community Support Services/Individualized Support Planning



Paragraph **Standard 9:** **Services to be delivered by an agency funded or licensed by the state.**
69 Meas. Method 1. ISPs with services identified and with a treatment plan signed by each provider.
Baseline 100% (17/17) FY 05 Q2 Question slightly revised in February 2007 Document Review revisions.
Current Level 38.5% (15/39) FY 08 Q1 Does the record document that Service Agreements are Required for this plan? (IVa.)
Performance Standard 90.0% "If yes, have the Service Agreements been acquired?" (IVb.)
 "If yes are the Service Agreements current? (IVc.)
 must be acquired and current

Community Integration/Community Support Services/Individualized Support Planning- Standard 10



Standard 10: September 2007 Case Load Ratio Data Table

	Region 1	Region 2	Region 3	Statewide	Standard
Assertive Community Treatment	7.2	15.6	8.4	8.4	1:10
Community Integration	23.7	18.8	19.2	19.9	1:40
Intensive Community Integration	10.1	19.5	12.2	11.7	1:16
Intensive Case Management	12.8	5.7	1.1	7.2	1:16
OES Public Ward Case Management**	26.1	25.2	25.0	25.5	1:25

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Paragraph	Meas. Method 1.	Community Integration Workers with average caseloads of 40 or fewer.
71	Meas. Method 2.	Intensive Case Managers with average caseloads of 16 or fewer.
	Meas. Method 3.	ACT Providers with average caseloads of 10 or fewer.
	Meas. Method 4.	OES Case Managers with average caseload of 25 or fewer.

Community Integration/Community Support Services/Individualized Support Planning-Standard 11

Paragraph Standard 11: Needs of Class Members not in service are considered in system design and services

74 Meas. Method 1 Number of class members who do not receive services from a community support worker identifying unmet needs in an ISP-related domain area.

Performance Standard *No numerical standard necessary. ISP RDS data will be utilized to guide and inform DHHS service and budget planning.*

Meas. Method 2 Number of unmet needs in each ISP-related domain for class members who do not receive services from a community support worker.

Performance Standard *No numerical standard necessary. ISP RDS data will be utilized to guide and inform DHHS service and budget planning.*

** Measurement methods amended as approved by Court Master on March 29, 2007*

Number of Callers with unmet needs July 1, - Sept 30, 2007

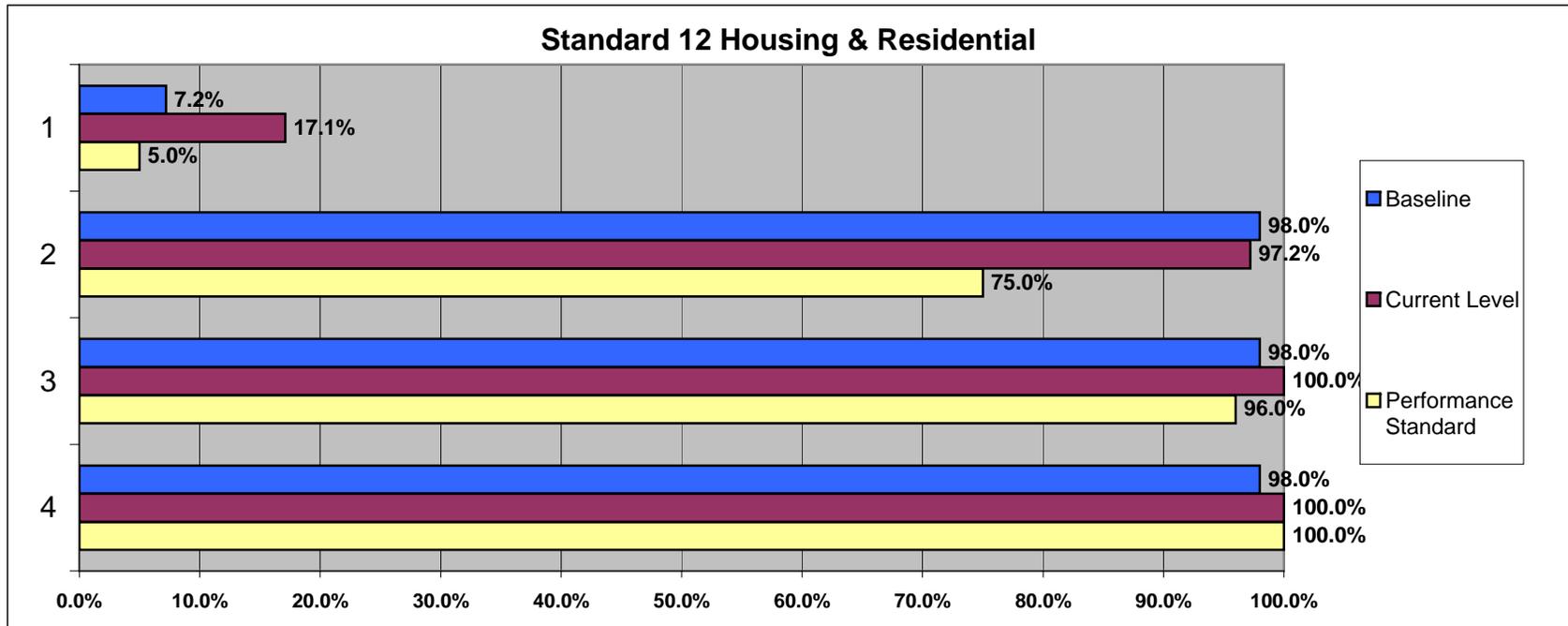
	Region 1	Region 2	Region 3	State
Unique Individuals	0	0	0	0
Unmet Needs:	0	0	0	0

Unmet Needs by Domain

July 1, 2007 ~ September 30, 2007

ISP Goal Areas	State
Housing	0
Financial	0
Education	0
Family	0
Cultural/Gender	0
Recreation/Social	0
Peer Support	0
Transportation	0
Dental	0
Eye Care	0
Hearing	0
Medical	0
Vocational	0
Legal	0
Living Skills	0
Substance Abuse	0
Trauma	0
Emotional/Psychological	0
Psychiatric Medication	0
Crisis	0
Spiritual	0
Outreach	0
Referral to CSS	0
Other	0
Total Needs:	0

Community Resources and Treatment Services
Housing and Residential - Standard 12



Paragraph 97,98 Standard 12: **A flexible array of residential services adequate to meet ISP Identified needs of those ready for discharge**

Meas. Method 1. Class members in community with ISPs with unmet residential support needs

Baseline 7.2% (22 out of 305) FY06 Q4 ISP RDS Data

Current Level 17.1% (137 out of 800) FY08 Q1 ISP RDS Data

Performance Standard 5% or fewer

Meas. Method 2. Of the class members at Riverview determined to have received maximum benefit from inpatient care, lack of residential support services does not impede discharge within 7 days of that determination.

Baseline 98.0% (FY 07 Q1 Out of 49 Patients ready for discharge, 1 could not be discharged due to lack of service)

Current Level 97.2% (FY 08 Q1 Out of 36 Patients ready for discharge, 1 could not be discharged due to lack of service)

Performance Standard 75% (within one week of that determination.)

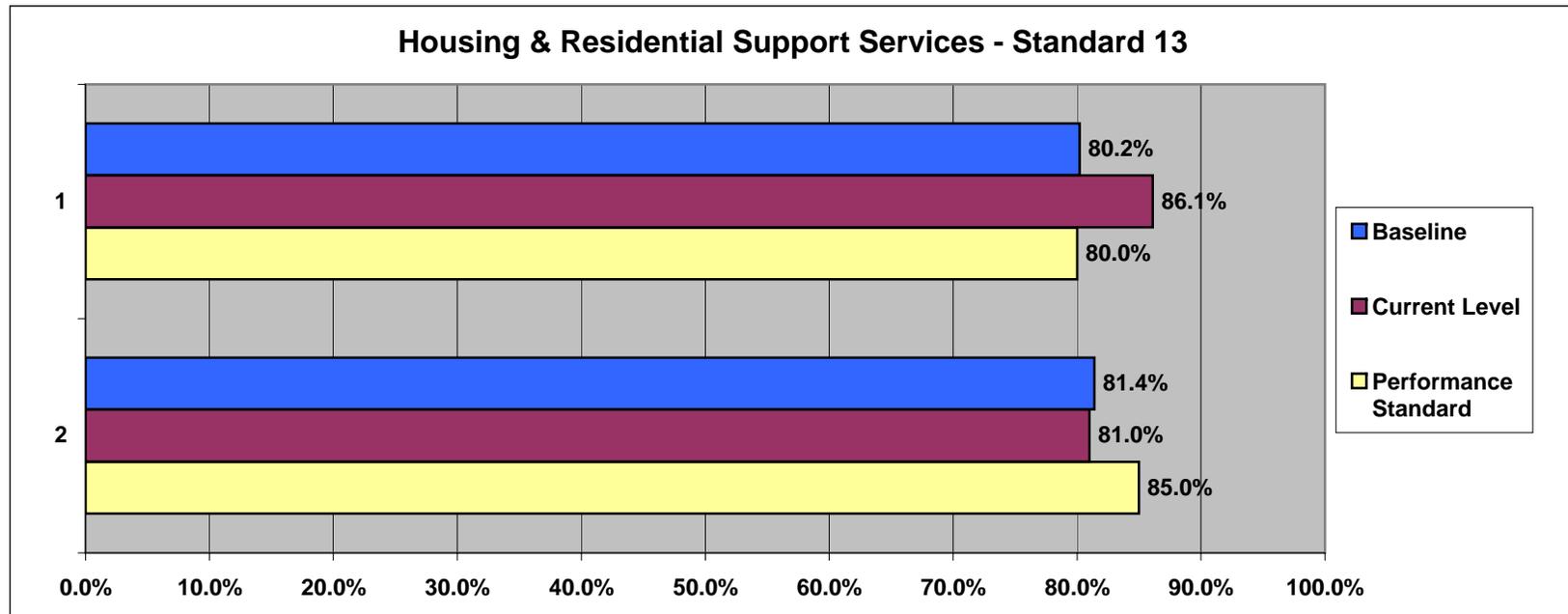
Meas. Method 3. Of the class members at Riverview determined to have received maximum benefit from inpatient care, lack of residential support services does not impede discharge within 30 days of that determination.

Baseline 98.0% (FY 07 Q1 Out of 49 Patients ready for discharge, 1 could not be discharged due to lack of service)
Current Level 100% (FY 08 Q1 Out of 36 Patients ready for discharge, 0 could not be discharged due to lack of service)
Performance Standard 96%-(within 30 days of that determination.)

Meas. Method 4. Of the class members at Riverview determined to have received maximum benefit from inpatient care, lack of residential support services does not impede discharge within 45 days of that determination.

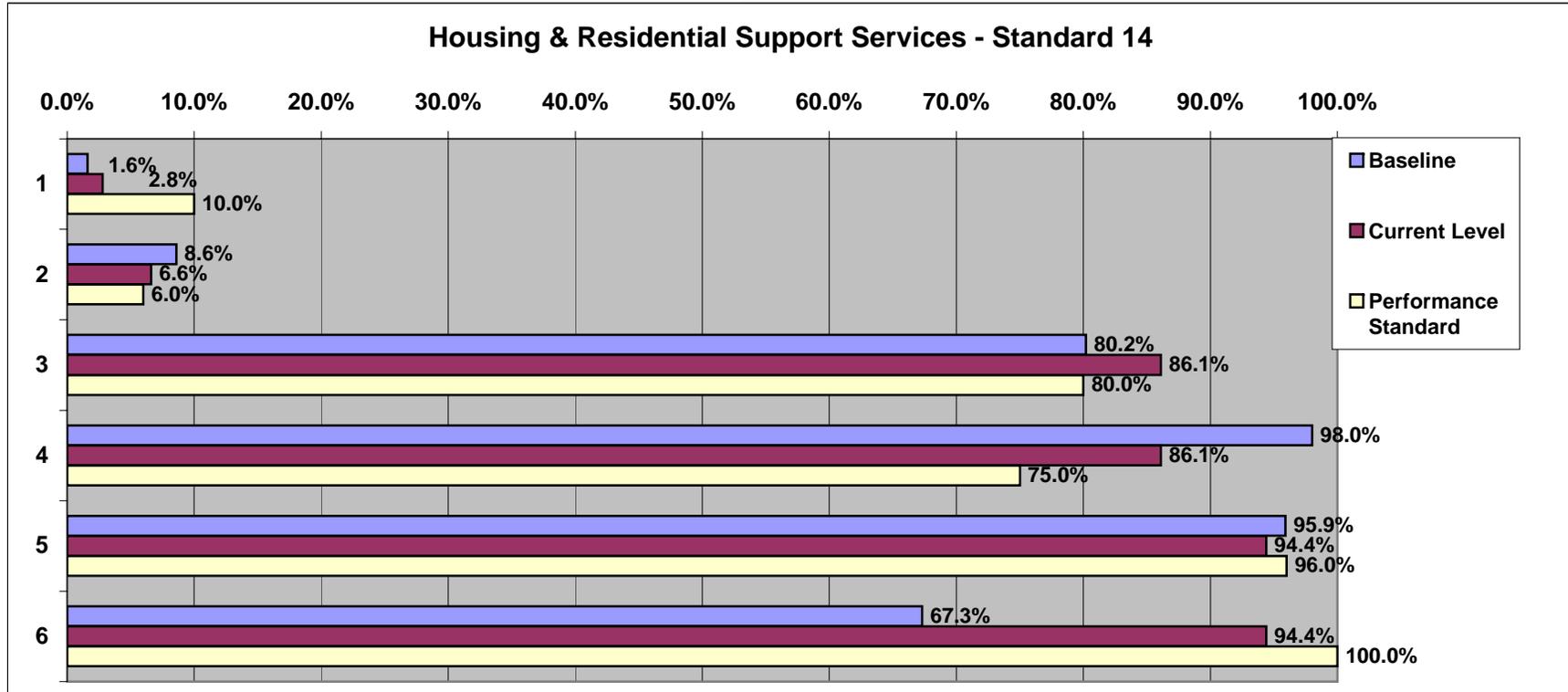
Baseline 98.0% (FY 07 Q1 Out of 49 Patients ready for discharge, 1 could not be discharged due to lack of service)
Current Level 100% (FY 08 Q1 Out of 36 Patients ready for discharge, 0 could not be discharged due to lack of service)
Performance Standard 100%

Community Resources and Treatment Services
Housing and Residential



<p>Paragraph 97,98</p>	<p>Standard 13: Meas. Method 1. <i>Baseline</i> <i>Current Level</i> <i>Performance Standard</i></p>	<p>Demonstrate class member satisfaction with access and quality of residential support services Annual Class Member Survey Q15, Percent reporting satisfaction with their current living situation. 80.2% 2004 Class Member Survey (N=538) 86.1% 2007 Class Member Survey (N=466) 80.0%</p>
	<p>Meas. Method 2. <i>Baseline</i> <i>Current Level</i> <i>Performance Standard</i></p>	<p>Annual Class Member Survey Q17, Class members receiving residential/housing supports who report satisfaction with services. 81.4% 2005 Class Member Survey (N=538) *Question added in 2005 81.0% 2007 Class Member Survey (N=466) 85.0%</p>

Community Resources and Treatment Services
Housing and Residential

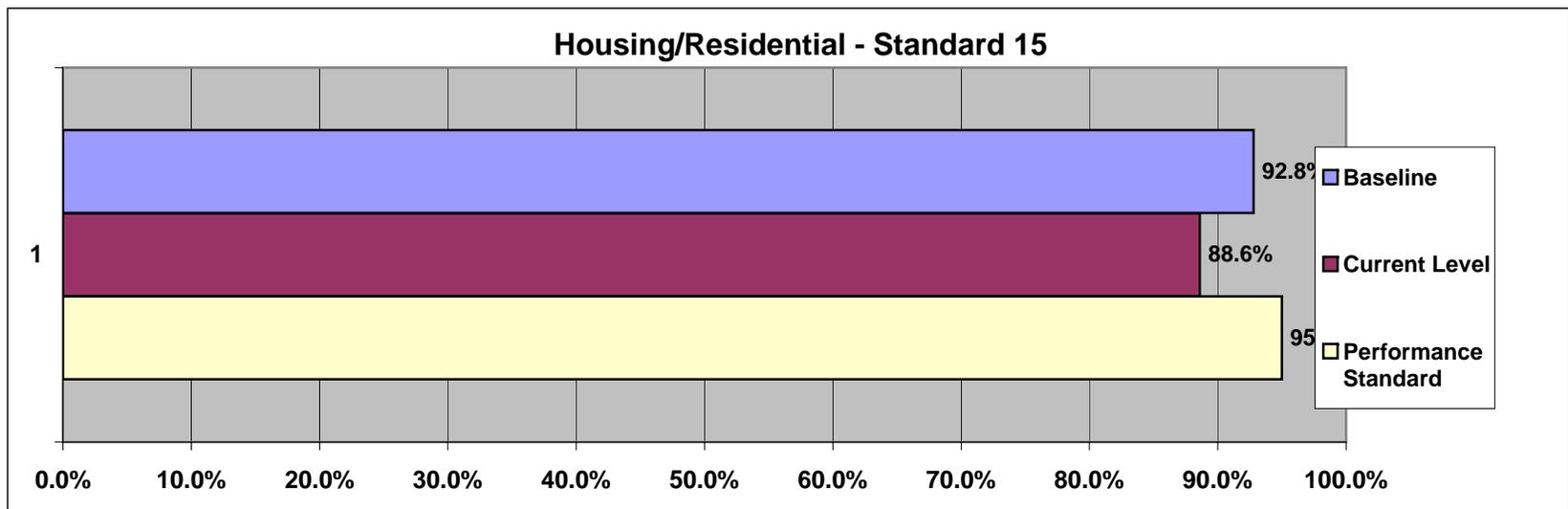


Paragraph 94, 95	Standard 14: Meas. Method 1.	Demonstrate an array of housing alternatives available to meet class member needs. Class members with ISPs with unmet housing needs.
	Baseline	1.6% (5 out of 305) FY06 Q4 ISP RDS Data
	Current Level	2.8% (22 out of 800) FY08 Q1 ISP RDS Data
	Performance Standard	10.0% or fewer

Standard 14 Continued

Meas. Method 2.	Percentage of Class Members who experienced homelessness over 12-month period.	
Baselines	8.6%	2004 Class Member Survey (N=538)
Current Levels	6.6%	2007 Class Member Survey (N=466)
Performance Standard	6.0%	or fewer
Meas. Method 3.	Annual Class Member Survey Q15, Percent reporting satisfaction with their current living arrangement.	
Baseline	80.2%	2004 Class Member Survey (N=538)
Current Level	86.1%	2007 Class Member Survey (N=466)
Performance Standard	80.0%	
Meas. Method 4.	Percentage of class members at Riverview determined to be ready for discharge from Riverview who are discharged within 7 days of that determination.	
Baseline	98.0%	(FY 07 Q1 Out of 49 Patients ready for discharge, 1 could not be discharged due to lack of housing alternatives)
Current Level	86.1%	(FY 08 Q1 Out of 36, 5 could not be discharged.)
Performance Standard	75% (Lack of housing alternatives does not impede discharge within one week of that determination.)	
Meas. Method 5.	Percentage of hospitalized class members determined to be ready for discharge from Riverview who are discharged within 30 days of that determination.	
Baseline	95.9%	(FY 07 Q1 Out of 49 Patients ready for discharge, 2 could not be discharged due to lack of housing alternatives)
Current Level	94.4%	(FY 08 Q1 Out of 36, 2 could not be discharged)
Performance Standard	96%-(Lack of housing alternatives does not impede discharge within 30 days of that determination.)	
Meas. Method 6.	Percentage of hospitalized class members determined to be ready for discharge from Riverview who are discharged within 45 days of that determination.	
Baseline	67.3%	(FY 07 Q1 Out of 49 Patients ready for discharge, 16 could not be discharged due to lack of housing alternatives)
Current Level	94.4%	(FY 08 Q1 Out of 36, 2 could not be discharged)
Performance Standard	100%	

Housing and Residential



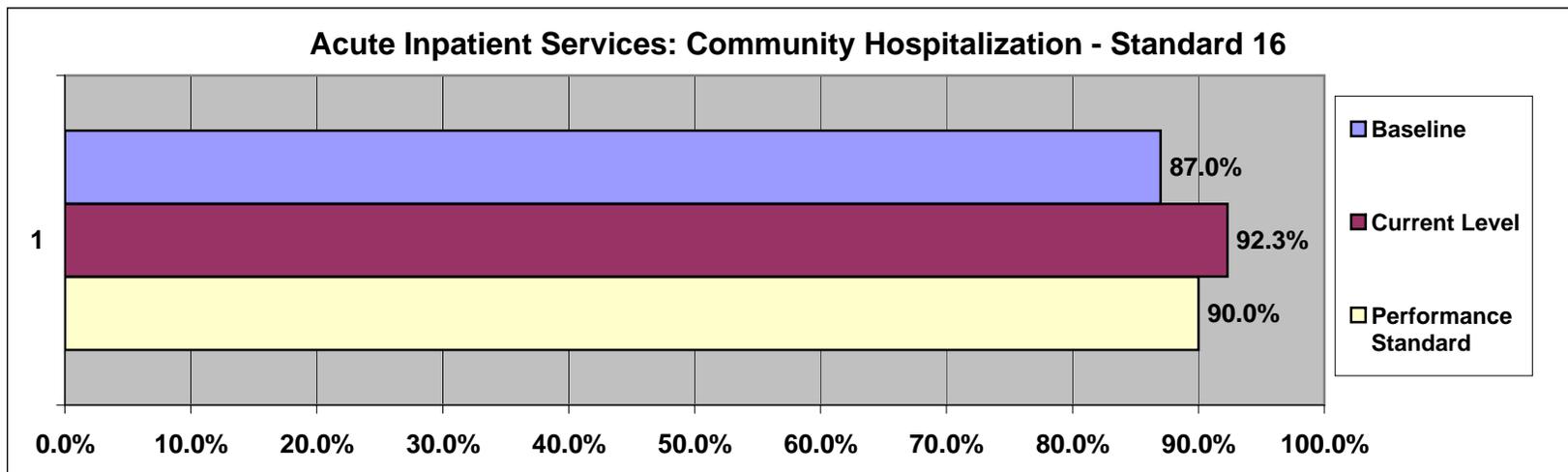
Paragraph **Standard 15:**
96 Meas. Method 1.

Housing is where community services are located/Consumers in Homes with more than 8 beds.
 Class members residing in homes with more than 8 beds in which the class member chooses to reside in that facility is documented.

Baseline	92.8%	CDC Paragraph 96 Tracking - April 2004
Current Level	88.6%	(10 Consumers wish to explore out of 88 consumers who responded)** - November 2006
Performance Standard	95.0%	

Annual review of class members residing in homes with greater than 8 beds to ascertain consent status for the approved protocol is currently being conducted and will be reported in the next quarterly report.

Community Resources and Treatment Services
Acute Inpatient Services: Involuntary Community Hospitalization



Paragraph **Standard 16:**
88 Meas. Method 1.
Baseline
Current Level
Performance Standard

Psychiatric Hospitalization reasonably near an individual's local community.

Class Member admissions determined to be reasonably near an individual's local community of residence.

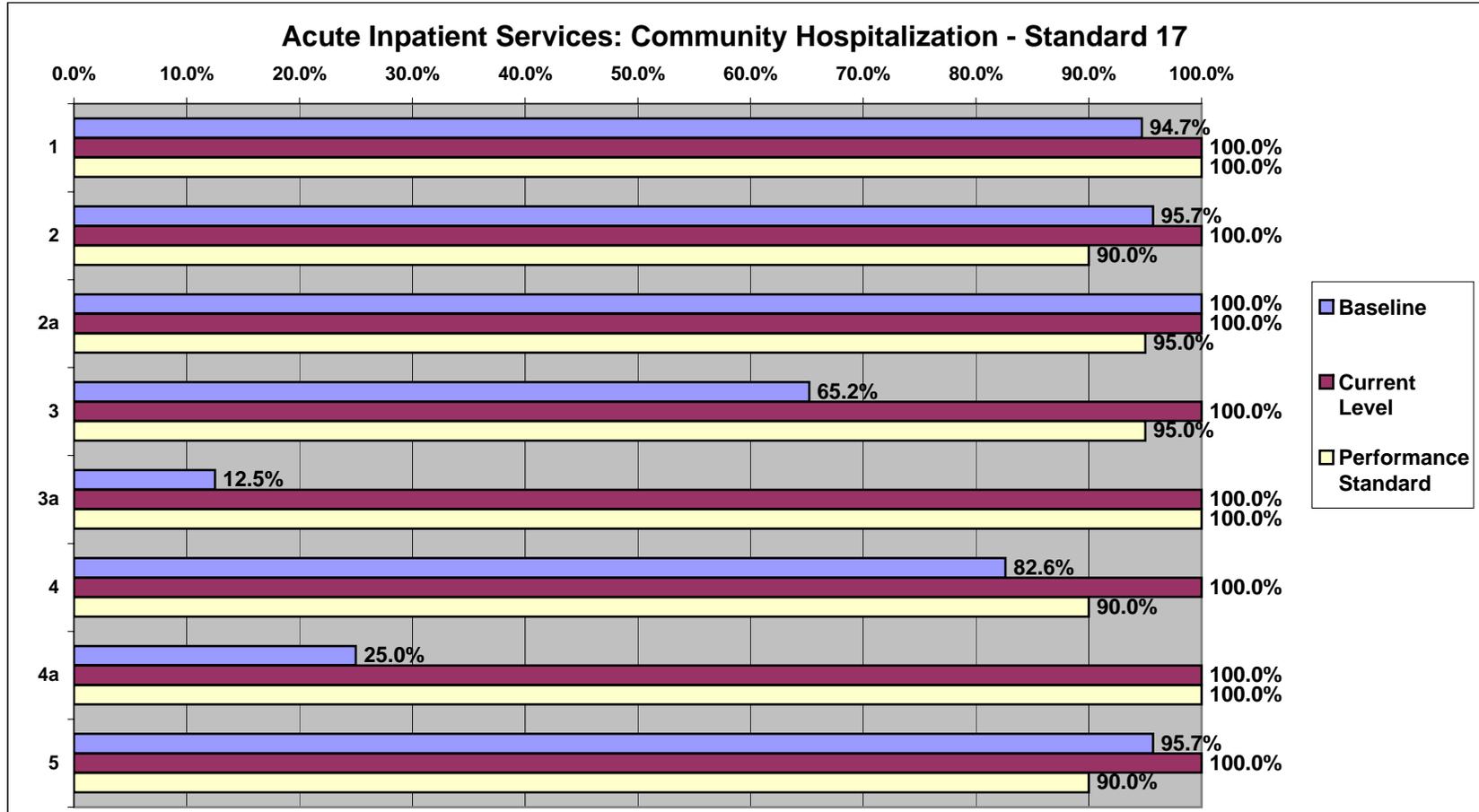
87.0% UR Database Q1-FY '05 (20 out of 23)

92.3% UR Database/EIS Q1 FY 08 (12 out of 13)

90.0%

**Currently defined as a hospitalized in the same county of residence or within a contiguous county.

Community Resources and Treatment Services
Acute Inpatient Services: Involuntary Community Hospitalization



Paragraph Standard 17:

Class member admissions to community involuntary inpatient units are in accordance with law and meet medical necessity criteria

89 Meas. Method 1.

Class member involuntary admissions to community inpatient units have blue paper on file.

Baseline

94.7% UR Database Q4-FY '05 (18 out of 19)

Current Level

100.0% UR Database/EIS Q1 FY 08 (13 out of 13)

Performance Standard

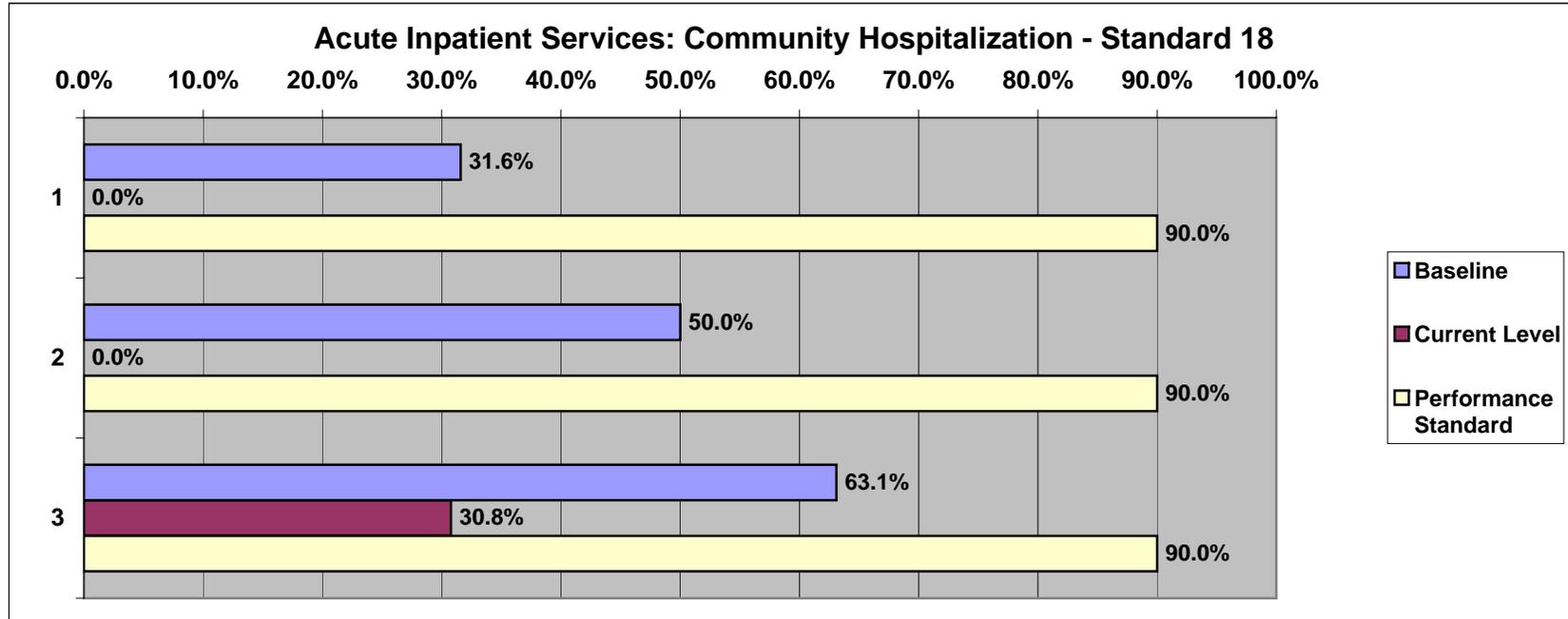
100.0%

DHHS Office of Adult Mental Health Services

Indicator 17 continued

Meas. Method 2.	Blue paper was completed and in accordance with terms.		
Baseline	95.7%	UR Database Q1-FY '05	(22 out of 23)
Current Level	100.0%	UR Database/EIS Q1 FY 08	(13 out of 13)
Performance Standard	90.0%		
Meas. Method 2a.	Corrective action taken by UR nurse where blue paper not completed in accordance with terms.		
Baseline	100.0%	UR Database Q1-FY '05	(4 out of 4)
Current Level	100.0%	UR Database/EIS Q1 FY 08	All Blue Papers reported as completed and in accordance with terms
Performance Standard	95.0%		
Meas. Method 3.	Class member involuntary admissions to community inpatient units in which 24 hour cert completed.		
Baseline	65.2%	UR Database Q1-FY '05	(15 out of 23)
Current Level	100.0%	UR Database/EIS Q1 FY 08	(11 out of 11)
Performance Standard	95.0%		
Meas. Method 3a.	Corrective action taken by UR nurse where 24 hour certification was not completed.		
Baseline	12.5%	UR Database Q1-FY '05	(1 out of 8)
Current Level	100.0%	UR Database/EIS Q1 FY 08	All 24 hour certifications reported as completed.
Performance Standard	100.0%		
Meas. Method 4.	Class member involuntary admisstions to community inpatient units in which patients' rights were maintained.		
Baseline	82.6%	UR Database Q1-FY '05	(19 out of 23)
Current Level	100.0%	UR Database Q4-FY '07	(13 out of 13)
Performance Standard	90.0%		
Meas. Method 4a.	Corrective action taken by UR nurse where documentation showed patients' rights not maintained.		
Baseline	25.0%	UR Database Q1-FY '05	(1 out of 4)
Current Level	100.0%	UR Database/EIS Q1 FY 08	All rights were maintained
Performance Standard	100.0%		
Meas. Method 5.	Class member involuntary admissions for which medical necessity has been established.		
Baseline	95.7%	UR Database Q1-FY '05	(22 out of 23)
Current Level	100.0%	UR Database/EIS Q1 FY 08	(13 out of 13)
Performance Standard	90.0%		

Community Resources and Treatment Services
Acute Inpatient Services: Involuntary Community Hospitalization



Paragraph 90	Standard 18:	Continuity of Treatment is maintained during hospitalization in community inpatient settings		
	Meas. Method 1.	Class members admitted with ISPs for whom hospital obtained ISP.		
	Baseline	31.6%	UR Database Q1-FY '05	(6 out of 19)
	Current Level	0.0%	UR Database/EIS Q1 FY 08	(0 out of 13)*
	Performance Standard	90.0%		*It is not clear if new data system looks only at class members with ISPs & CSWs
	Meas. Method 2.	Treatment and discharge plan were determined to be consistent with ISP goals and objectives.		
	Baseline	50.0%	UR Database Q4-FY '05	(1 out of the 2 received)
	Current Level	0.0%	UR Database/EIS Q1 FY 08	
	Performance Standard	90.0%		

Community Resources and Treatment Services
Acute Inpatient Services

Standard 18 continued

Meas. Method 3.

CI/ICI/ICM/ACT worker participated in hospital treatment and discharge planning.

Baseline

63.1% UR Database Q1-FY '05 (12 out of 19)

Current Level

30.8% UR Database/EIS Q1 FY 08 (4 out of 13)

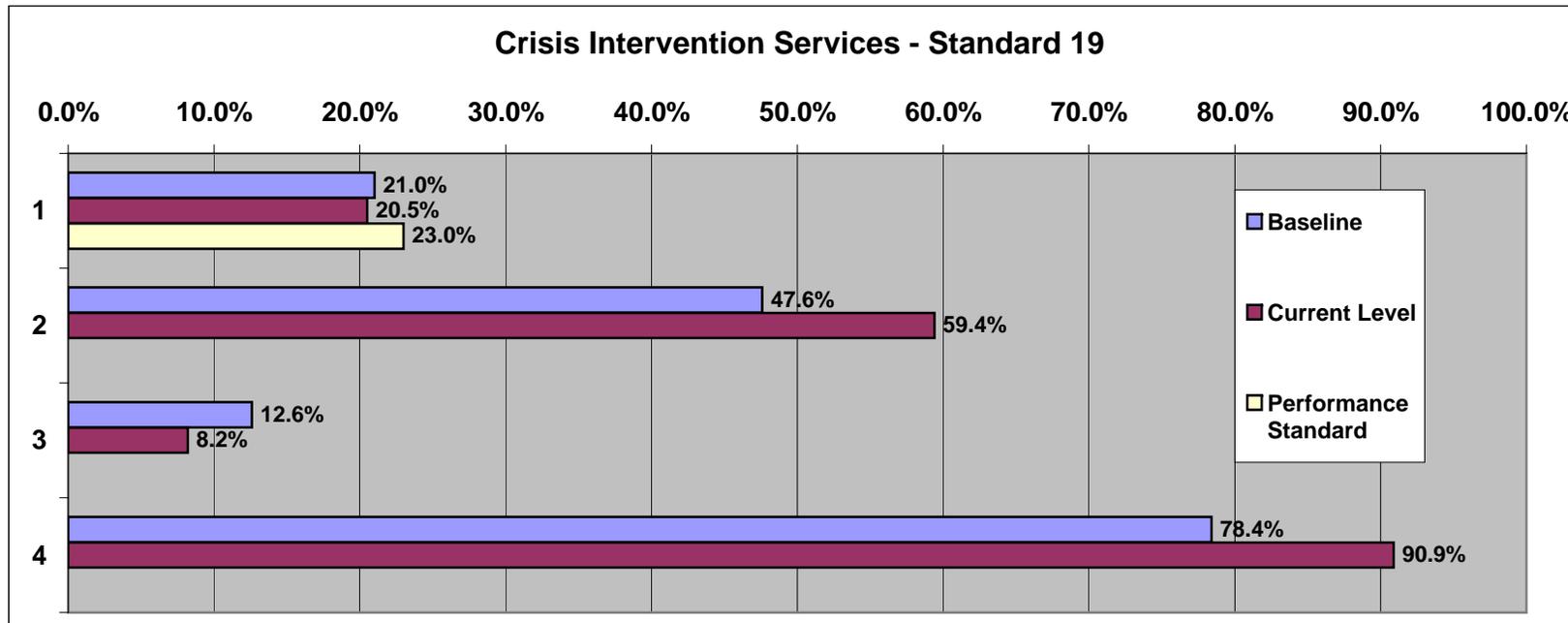
*It is not clear if new data system looks only at class members with ISPs & CSWs

Performance Standard

90.0%

*****Low Ns for some of the Measurement Methods in some instances can have an effect on the variance from quarter to quarter.***

Community Resources and Treatment Services
Crisis Intervention Services



Paragraph Standard 19: **Crisis services are effective and meet Settlement Agreement Standards.**
99, 100 Meas. Method 1. Quarterly Contract Performance Data: Face to face crisis contacts that result in hospitalizations.
Baseline 21.0% Performance Indicator Data - Average quarterly % for first three quarters FY 2004
Current Level 20.5% FY 07 Q4 (1329 out of 6472)
Performance Standard No more than 20 - 25% are hospitalized as result of crisis intervention.

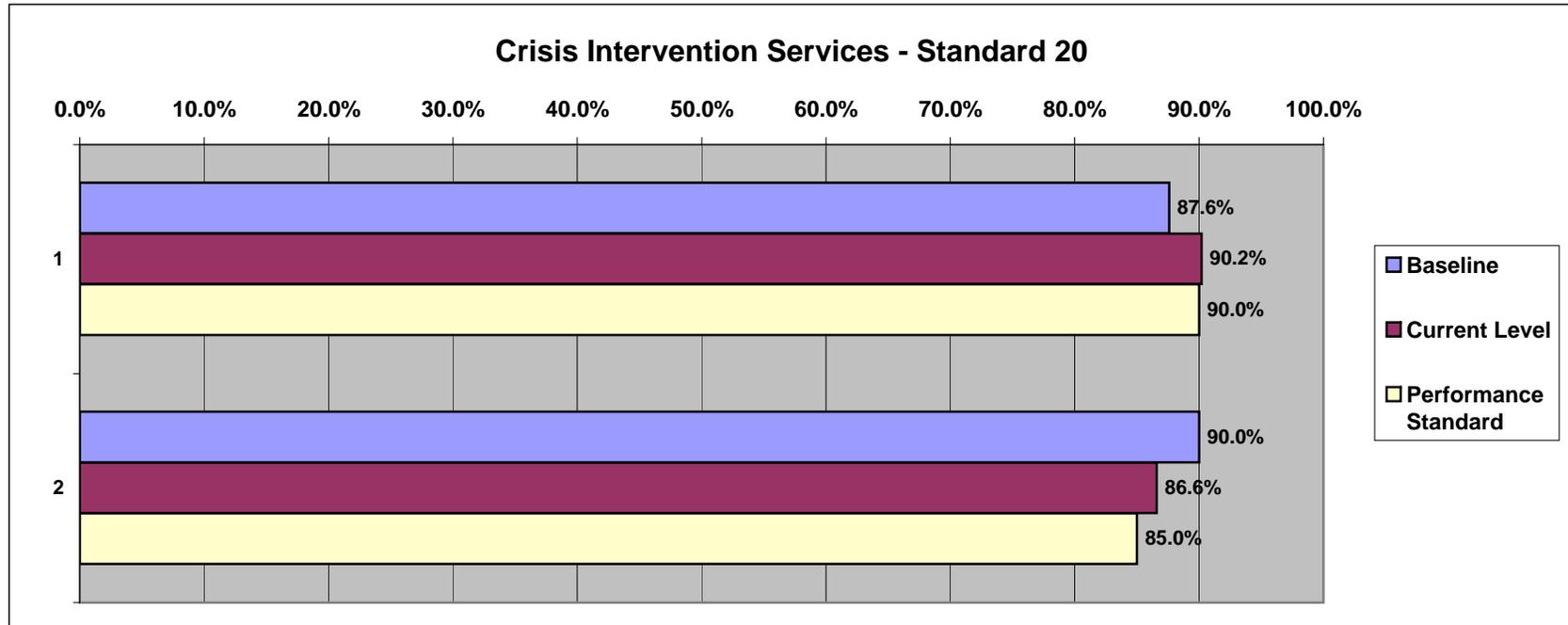
Meas. Method 2. Face to face crisis contacts that result in follow-up and/or referral to community based services.
Baseline 47.6% Performance Indicator Data - Average quarterly % for first three quarters FY 2004
Current Level 59.4% FY 07 Q4 (3847 out of 6472)
Performance Standard To Be Established

Community Resources and Treatment Services
Crisis Intervention Services

Standard 19 continued

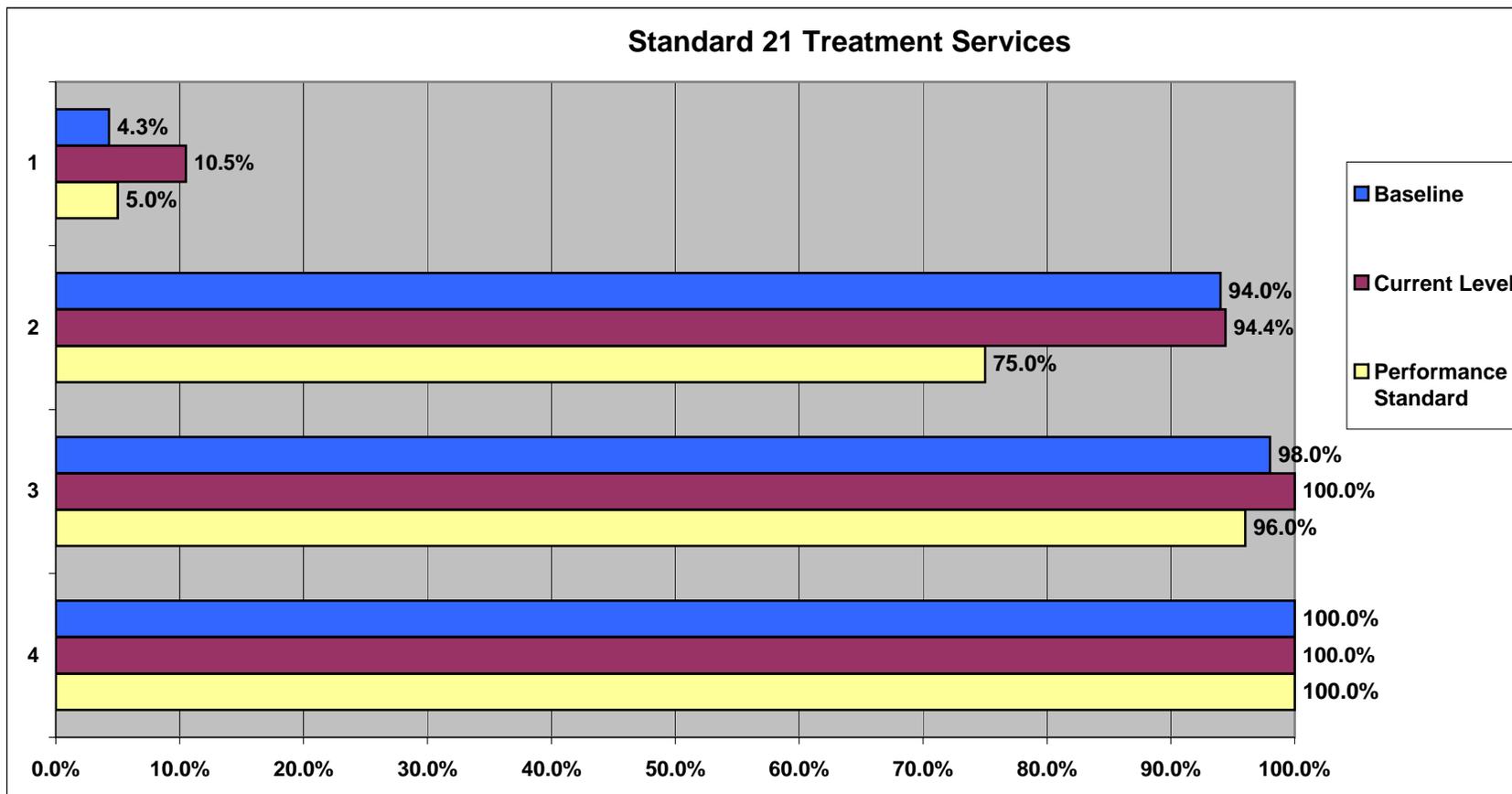
Meas. Method 3.	Face to face crisis contacts in which a previously developed crisis plan was available and used.
Baseline	12.6% Performance Indicator Data - 2nd Qtr FY 06
Current Level	8.2% FY 07 Q4 (532 out of 6472)
Performance Standard	To Be Established
	<i>This represents all consumers who received crisis services, including individuals for whom this may be the first point of contact with MH services and thus would not have a crisis plan.</i>
	32.8% (532 out of 1620) Represents percentage for those who have a Community Support Worker
Meas. Method 4.	Face to face crisis contacts in which client has a CI worker and worker was notified about the crisis.
Baseline	78.4%* Performance Indicator Data - 2nd Qtr FY 06
Current Level	90.9% FY 07 Q4 (1473 out of 1620)
Performance Standard	To Be Established
	<i>*The original Baseline did not exclude consumers who did not have a Community Support Worker. In quarter 3, FY07, the baseline was recalculated to obtain the percentage for those who had a Community Support Worker and whose worker was notified about the crisis.</i>
	78.4% FY 06 Q2 (1342 out of 1712)
	89.8% FY 06 Q3 (1544 out of 1720)
	92.9% FY 06 Q4 (1680 out of 1809)
	90.1% FY 07 Q1 (1785 out of 1981)
	87.6% FY 07 Q2 (1717 out of 1961)
	92.3% FY 07 Q3 (1647 out of 1785)

Community Resources and Treatment Services
Crisis Intervention Services



Paragraph 99, 100	Standard 20:	Class member satisfaction with the availability and quality of crisis intervention services.
	Meas. Method 1.	Class members reporting that they know how to get help in a crisis when they need it-Q2.
	Baseline	87.6% 2004 Class Member Survey (N=538)
	Current Level	90.2% 2007 Class Member Survey (N=466)
	Performance Standard	90.0%
	Meas. Method 2.	Class members reporting that crisis services were available when needed-Q4.
	Baseline	83.3% 2004 Class Member Survey (N=538)
	Current Level	86.6% 2007 Class Member Survey (N=466)
	Performance Standard	85.0%

Community Resources and Treatment Services
Treatment Services - Standard 21



Paragraph Standard 21:

An array of mental health treatment services are available and sufficient to meet ISP needs of class members and the needs of hospitalized class members ready for discharge.

103 Meas. Method 1.

Class members with ISPs with unmet mental health treatment needs

Baseline

4.3% (13 out of 305) FY06 Q4 ISP RDS Data

Current Level

10.5% (84 out of 800) FY08 Q1 ISP RDS Data

Performance Standard

5% or fewer

DHHS Office of Adult Mental Health Services

Meas. Method 2. Patients at Riverview, ready for discharge, who are discharged within 7 days of that determination
Baseline 94.0% (FY 07 Q1 Out of 49 Patients ready for discharge, 3 could not be discharged due to lack of
Current Level 94.4% (FY 08 Q1 Out of 36, 2 could not be discharged) MH treatment)
Performance Standard A lack of MH treatment services does not impede the discharge of 75% of Riverview patients deemed ready for discharge for more than one week of that determination.

Meas. Method 3. Patients at Riverview, ready for discharge, who are discharged within 30 days of that determination
Baseline 98.0% (FY 07 Q1 Out of 49 Patients ready for discharge, 1 could not be discharged due to lack of
Current Level 100.0% (FY 08 Q1 Out of 36, 0 could not be discharged) MH treatment)
Performance Standard 96%-(Lack of MH treatment services does not impede discharge within 30 days of that determination.)

Meas. Method 4. Of the class members at Riverview, determined ready for discharge, lack MH treatment does not impede discharge within 45 days of that determination
Baseline 100.0% (FY 07 Q1 Out of 49 Patients ready for discharge, 0 could not be discharged due to lack of
Current Level 100.0% (FY 08 Q1 Out of 36, 0 could not be discharged) MH treatment)
Performance Standard 100%

Meas. Method 5. MaineCare data demonstrates by mental health service category that class members use an array of mental health treatment services.

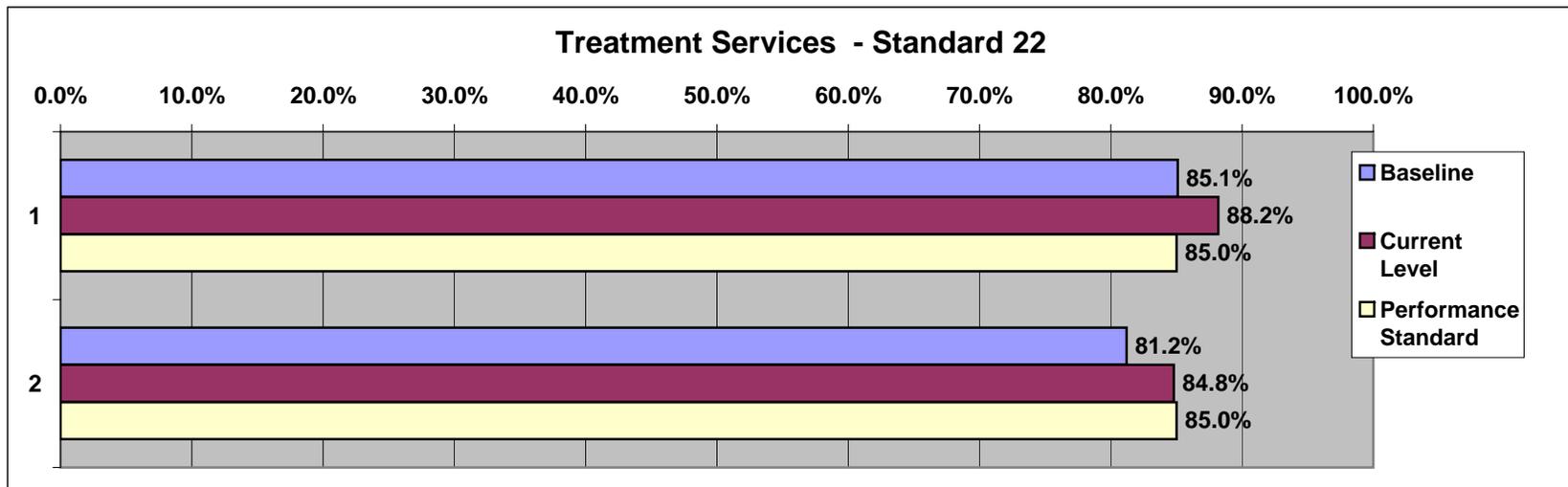
Baseline Enrollment data 7/1/04 - 1/6/06
Performance Standard No Numerical Standard Necessary

<u>Services Received</u>	<u>Number</u>	<u>Percent of 1702</u>
Outpatient Services**	556	32.7%
Medication Management	716	42.1%
Community Integration	1049	61.6%
Intensive Community Integration	93	5.5%
Assertive Community Treatment	185	10.9%
Intensive Case Management	212	12.5%
Daily Living Skills	87	5.1%
Day Support	73	4.3%
Specialized Groups	45	2.6%
PNMI	253	14.9%

Unduplicated Number of Class Members Enrollment Between 7/1/04 and 1/6/06: 1,702
 Represents services received by enrolled class members.

**Taken from MaineCare Data - July 1, 2004 - June 30, 2006.

Community Resources and Treatment Services
Treatment Services



Paragraph Standard 22:

103 Meas. Method 1.

Class members are satisfied with access and quality of MH treatment services received.

Annual Class Member Survey Q1, % Yes "Can you get the mental health services and supports you feel you need?"

Baseline	85.1%	2004 Class Member Survey (N=538)
Current Level	88.2%	2007 Class Member Survey (N=466)
Performance Standard	85.0%	

Meas. Method 2.

Annual Class Member Survey Q12, % reporting satisfaction with MH services/supports received in past year.

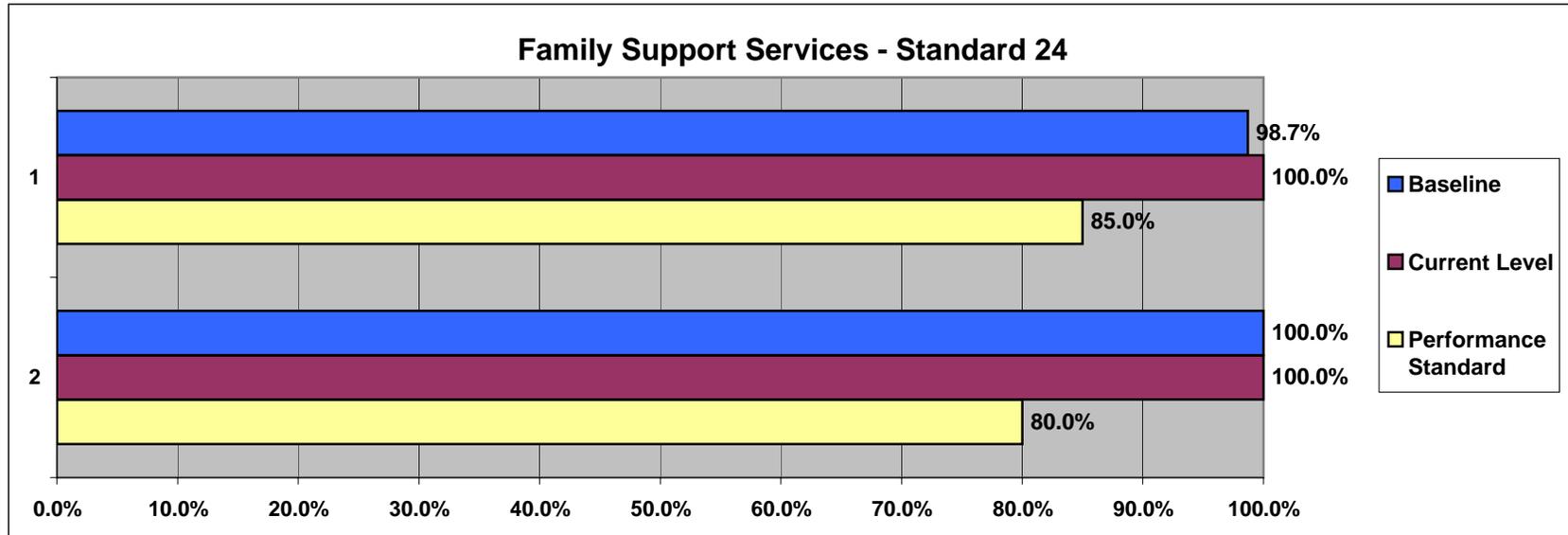
Baseline	81.2%	2004 Class Member Survey (N=538)
Current Level	84.8%	2007 Class Member Survey (N=466)
Performance Standard	85.0%	

Community Resources and Treatment Services
Family Support Services

Graph Not Available for Standard 23

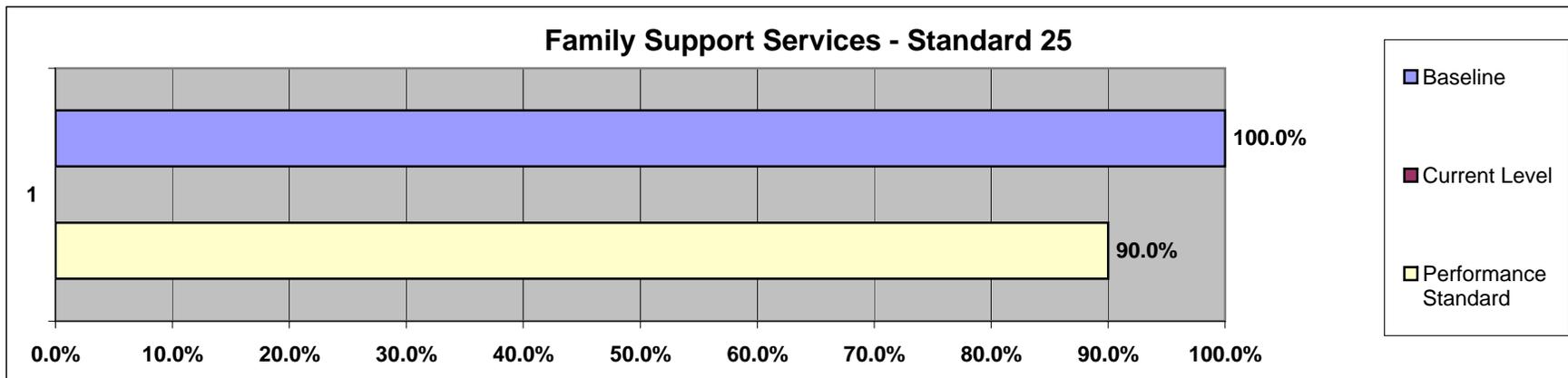
Paragraph 109	Standard 23:	Demonstrate provision of an array of family support services as per Settlement Agreement
	<i>Meas. Method 1.</i>	Number of education programs developed and delivered meeting Settlement Agreement requirements
	<i>Baseline</i>	<i>7, Family To Family Programs offered at 7 separate locations through NAMI statewide in FY 2006</i>
	<i>Current Level</i>	<i>4, Family To Family Programs offered at 5 separate locations through NAMI statewide in FY 2008 to date.</i>
	<i>Performance Standard</i>	<i>No standard necessary</i>
	<i>Meas. Method 2.</i>	Number and distribution of family support services provided
	<i>Baseline</i>	<i>13 services offered at 13 Locations through NAMI statewide in FY 2006</i>
	<i>Current Level</i>	<i>14 services offered at 14 Locations through NAMI statewide in FY 2008 to date.</i>
	<i>Performance Standard</i>	<i>No standard necessary</i>

Community Resources and Treatment Services
Family Support Services



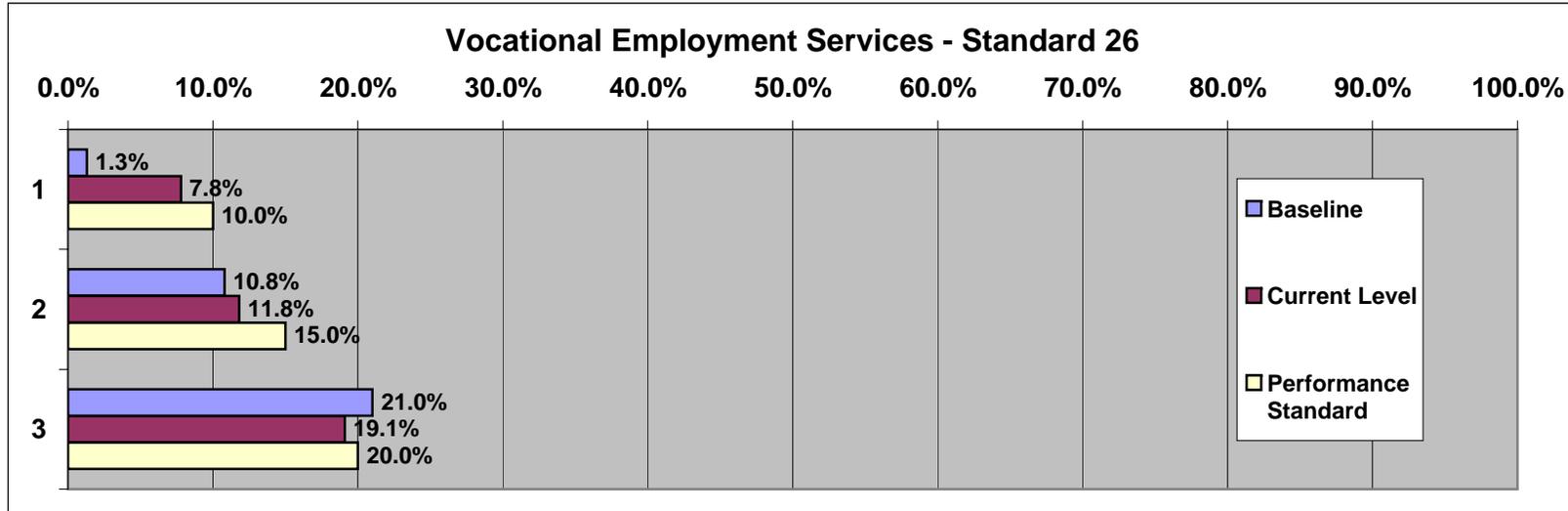
Paragraph 109	Standard 24:	Consumer/family satisfaction with family support and information and referral services.
	Meas. Method 1.	Percentage of support group and group counseling participants reporting satisfaction with services.
	Baseline	98.7% Performance Indicator Data, 2nd QTR FY'06 - Information and Referral Services-NAMI
	Current Level	100% Performance Indicator Data, 4th QTR FY'07 - Information and Referral Services-NAMI
	Performance Standard	85%
	Meas. Method 2.	Percentage of program participants reporting satisfaction with education programs.
	Baseline	100.0% NAMI Satisfaction Instrument, FY 2006
	Current Level	100.0% NAMI Satisfaction Instrument, FY 2007
	Performance Standard	80%
	Meas. Method 3.	Percentage of family participants reporting satisfaction with respite services.
	Baseline	100.0% NAMI Satisfaction Instrument, FY 2007
	Current Level	To be established
	Performance Standard	80%

Community Resources and Treatment Services-Standard 25
Family Support Services



Paragraph 110	Standard 25:	Agencies are referring family members to family support groups
	Meas. Method 1.	Agency contracts reviewed with documented evidence of referral mechanism to family support services.
	Baseline	100.0% February & March 2007 Contract Reviews
	Current Level	To be established
	Performance Standard	90.0%
	Meas. Method 2.	Families receiving referrals for family support services reporting satisfaction with referral process.
	Baseline	To be established
	Current Level	To be established
	Performance Standard	85.0%

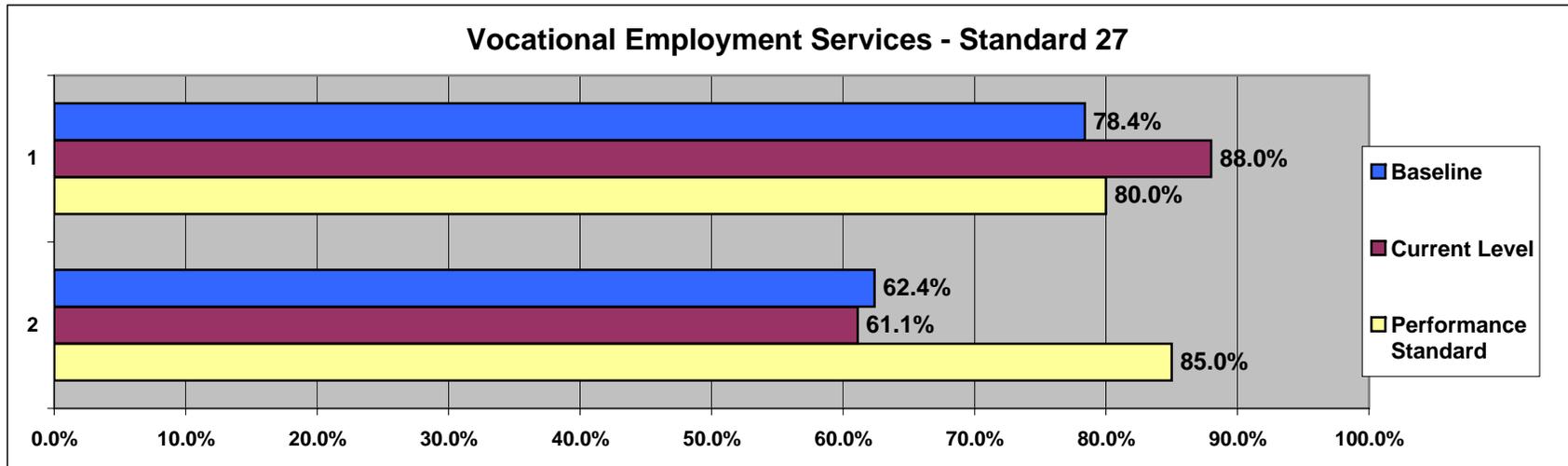
Community Resources and Treatment Services
Vocational Employment Services



<p>Paragraph 101</p>	<p>Standard 26: Meas. Method 1 <i>Baseline</i> <i>Current Level</i> <i>Performance Standard</i></p>	<p>Reasonable efforts to provide array of vocational opportunities to meet ISP identified needs. Class members with ISP identified unmet vocational/employment support needs. 1.3% (11 out of 305) FY06 Q4 ISP RDS Data 7.8% (62 out of 800) FY08 Q1 ISP RDS Data 10.0% or fewer</p>
	<p>Meas. Method 2. <i>Baseline</i> <i>Current Level</i> <i>Performance Standard</i></p>	<p>Class members in competitive employment in the community. 10.8% (82 out of 758) FY 07 Q3 ISP RDS 11.8% (90 out of 762) FY08 Q1 ISP RDS Data 15.0%</p>
	<p>Meas. Method 3. <i>Baseline</i> <i>Current Level</i> <i>Performance Standard</i></p>	<p>Class members in either supported employment or in competitive employment (Part or Full Time). 21.0% 2004 Class Member Survey (N=538) 19.1% 2007 Class Member Survey (N=466) 20.0% in either competitive or supported employment</p>

*Measurement Method 2 data source changed from Annual Class Member Provider Survey to the ISP RDS as approved by the Court Master on March 29, 2007.

Community Resources and Treatment Services
Vocational Employment Services



Paragraph Standard 27:

101 Meas. Method 1.

Baseline

Current Level

Performance Standard

Satisfaction with employment and with vocational support services

Annual Class Member Survey Q20, Class members who report satisfaction with their employment.

78.4% 2004 Class Member Survey (N=538)

88.0% 2007 Class Member Survey (N=466)

80.0%

Meas. Method 2.

Annual Class Member Survey, Q23, Class members reporting that vocational supports were available when needed.

Baseline

Current Level

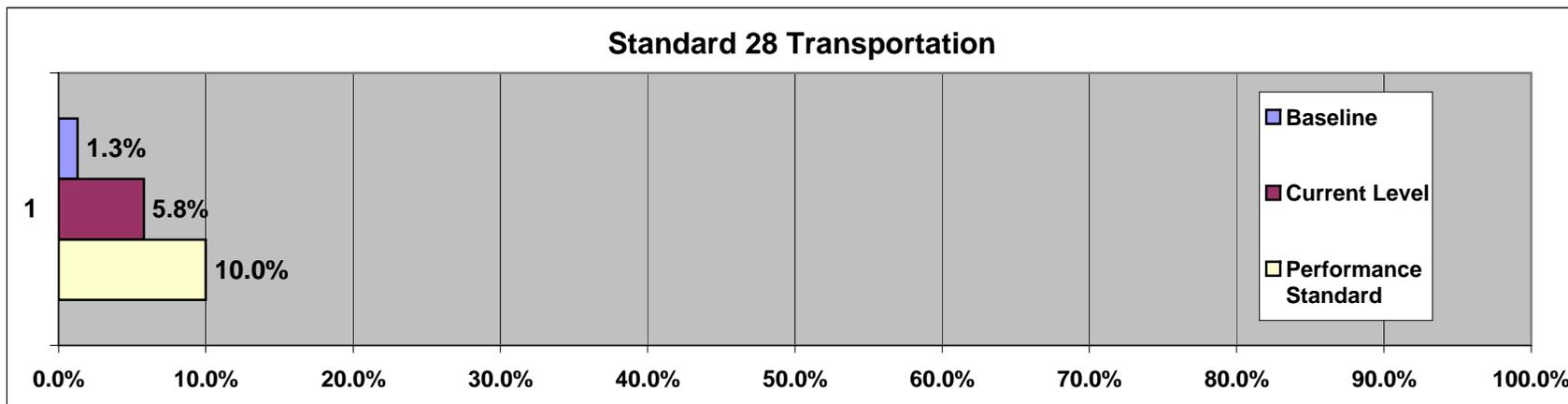
Performance Standard

62.4% 2006 Class Member Survey. (N=507)

61.1% 2007 Class Member Survey (N=466)

85.0%

Community Resources and Treatment Services-Standard 28
Transportation



Paragraph Standard 28:

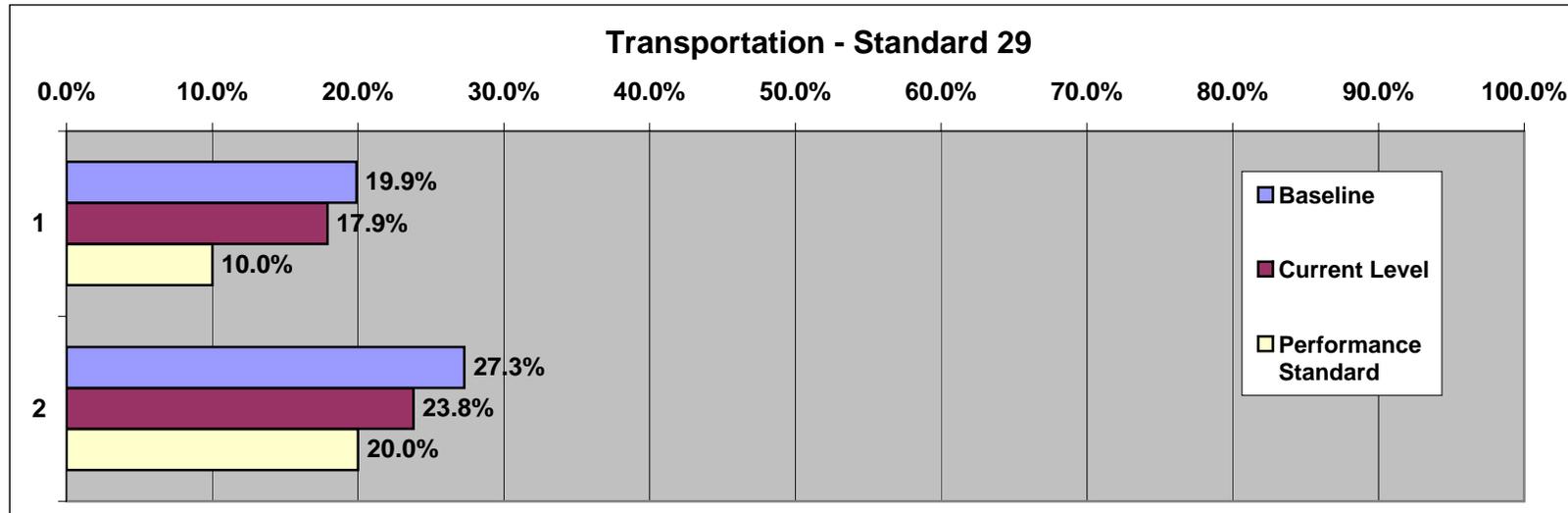
Reasonable efforts to identify and resolve transportation problems that may limit access to services

107 Meas. Method 1.

Percentage of class members with ISP identified unmet transportation needs.

Baseline	1.3% (4 out of 305)	FY06 Q4 ISP RDS Data
Current Level	5.8% (46 out of 800)	FY08 Q1 ISP RDS Data
Performance Standard	10.0% or fewer	

Community Resources and Treatment Services
Transportation



Paragraph **Standard 29:**
107 Meas. Method 1.

Satisfaction with availability of transportation services

Annual Class Member Survey Q6, % reporting difficulty getting to medical/MH appointments due to lack of transportation.

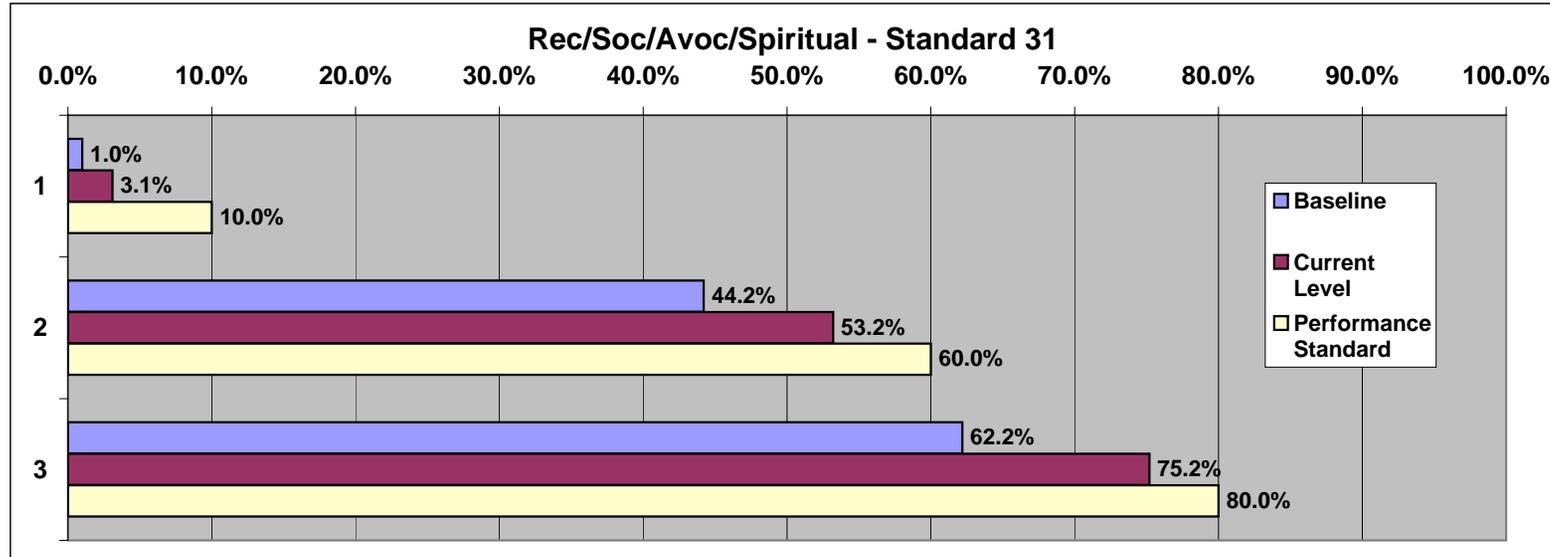
Baseline 19.9% 2004 Class Member Survey (N=538)
Current Level 17.9% 2007 Class Member Survey (N=466)
Performance Standard 10.0% or fewer

Meas. Method 2.

Annual Class Member Survey Q8, % reporting difficulty participating in rec/soc activities due to lack of transportation.

Baseline 27.3% 2004 Class Member Survey (N=538)
Current Level 23.8% 2007 Class Member Survey (N=466)
Performance Standard 20.0% or fewer

**Community Resources and Treatment Services
Recreation/Social/Avocational/Spiritual Opportunities**



Paragraph 105	Standard 31:	Demonstrate class member involvement in personal growth activities and community life.
	Meas. Method 1.	ISP identified class member unmet needs in recreational, social, avocational and spiritual areas.
	<i>Baseline</i>	1.0% (3 out of 305) FY06 Q4 ISP RDS Data
	<i>Current Level</i>	3.1% (25 out of 800) FY08 Q1 ISP RDS Data
	<i>Performance Standard</i>	10.0% or fewer
	Meas. Method 2.	Annual Class Member Survey, Q7, % reporting regular participation in rec/soc, avocational and spiritual areas.
	<i>Baseline</i>	44.2% 2004 Class Member Survey (N=538)
	<i>Current</i>	53.2% 2007 Class Member Survey (N=466)
	<i>Performance Standard</i>	60.0%
	Meas. Method 3.	Annual Class Member Survey, Q9, % reporting satisfaction with recreational and social opportunities available.
	<i>Baseline</i>	62.2% 2004 Class Member Survey (N=538)
	<i>Current Level</i>	75.2% 2007 Class Member Survey (N=466)
	<i>Performance Standard</i>	80.0%

Community Resources and Treatment Services
Recreation/Social/Avocational/Spiritual Opportunities - Standard 30

Paragraph **Standard 30:** **Demonstrate the department has sponsored programs for leisure skills and avocational skills.**
105 Meas. Method 1. Number of social clubs/peer centers and participants by region.
Baseline 1907 Unduplicated participants per 28,210 visits per quarter. Avg of FY O4 Performance Indicators
Current Level 1914 Unduplicated participants per 32,248 visits per quarter. 4th QTR FY 07 Performance Indicators
Performance Standard *Qualitative evaluation; no numerical standard required.*

Meas. Method 2. Number of other peer support programs and participation.
Baseline 23 Peer Support programs statewide. 2007 Office of Consumer Affairs Data.
Current Level
Performance Standard *Qualitative evaluation; no numerical standard .*

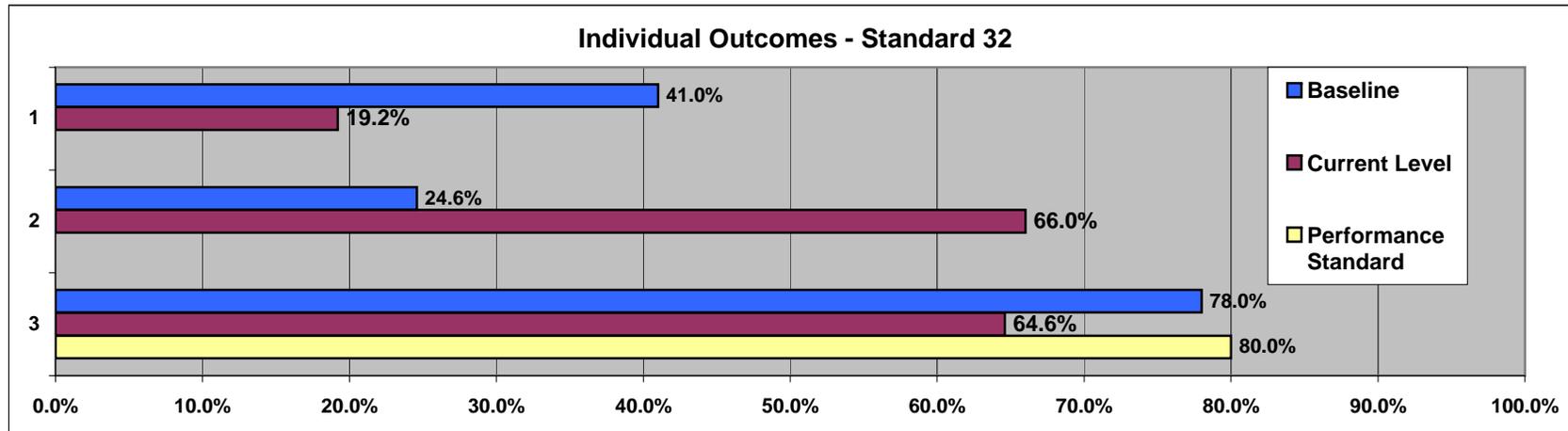
Peer Support Groups funded by DHHS 2007:

Peer Centers and Social Clubs: Amistad--Portland, Beacon House--Rumford
Center for Life Enrichment -- Kittery, Common Connections--Saco, Friends Together --Jay
Harmony Support Center--Sangord, Harvest Social Club -- Caribou, LINC -- Augusta,
100 Pine Street -- Lewiston, Sweetser Peer Center -- Brunswick
Together Place -- Bangor, Valley Social Club -- Madawaska, Waterville Social Club -- Waterville
Club Houses: Capitol Club House -- Augusta, High Hopes -- Waterville

Statewide -- Advocacy Initiative Network

NAMI Support Groups Primarily Attended by consumers: Belfast, Oxford Hills, Portland, Machias, Norway, Newcastle, Saco, Rockland

System Outcomes: Supporting the Recovery of Adults with Mental Illness Recovery



Standard 32:

Demonstrate functional improvements in the lives of class members receiving services

Meas. Method 1.

Consumers demonstrating functional improvement on LOCUS between baseline and 12 month re-certification

Baseline*

41.0% (610/1488) Enrollment data 7/1/04 - 1/6/06 Based on overall composite score.

Current Level**

19.2% (30 out of 156) Enrollment data FY08 Q1 Based on scale score.

Performance Standard

Standard to be established.

Meas. Method 2.

Consumers who have maintained level of functioning between baseline and 12 month re-certification.

Baseline*

24.6% (366/1488) Enrollment data 7/1/04 - 1/6/06 Based on overall composite score.

Current Level**

66.0% (103 out of 156) Enrollment data FY08 Q1 Based on scale score.

Performance Standard

Standard to be established with availability of LOCUS assessment data.

Meas. Method 3.

Consumers reporting positively on functional outcomes on Data Infrastructure Survey outcome items.

Baseline

78.0% 2003 Data Infrastructure Survey (N=748)

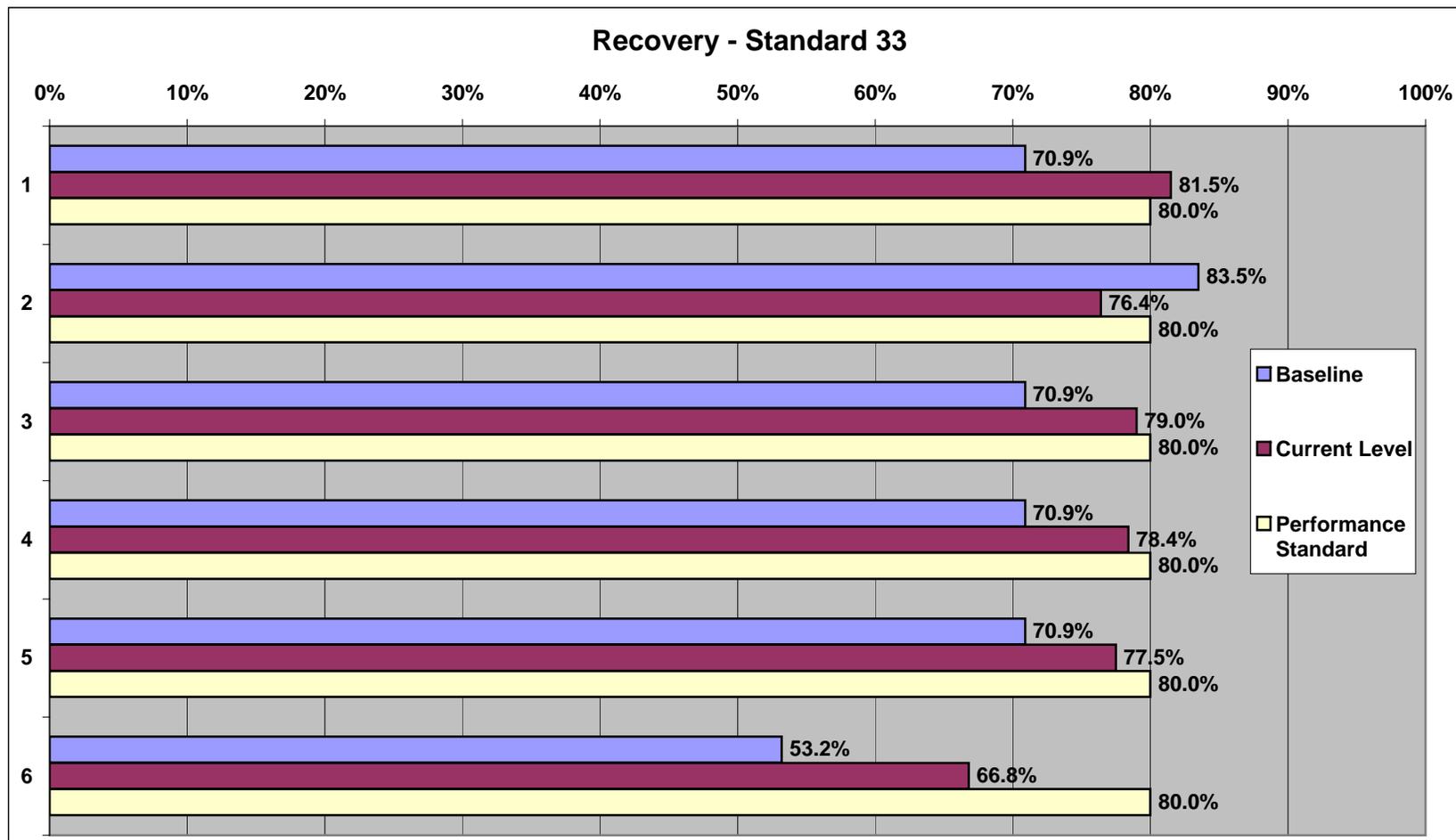
Current Level

64.6% 2006 Data Infrastructure Survey (N=1272)

Performance Standard

80.0%

System Outcomes: Supporting the Recovery of Adults with Mental Illness
Recovery



Standard 33:

Meas. Method 1.

Baseline

Current Level

Performance Standard

Demonstrate that consumers are supported in their recovery process

Consumer reporting that agency staff helped them obtain info needed to take charge of managing illness

70.9% 2003 Data Infrastructure Survey-Q20 (N=748)

81.5% 2006 Data Infrastructure Survey-Q20 (N=1272)

80.0%

System Outcomes: Supporting the Recovery of Adults with Mental Illness *Recovery*

Standard 33 continued

Meas. Method 2.	Consumers reporting that agency staff believe that they can grow, change and recover.		
Baseline	83.5%	2003 Data Infrastructure Survey-Q11	(N=748)
Current Level	76.4%	2006 Data Infrastructure Survey-Q11	(N=1272)
Performance Standard	80.0%		
Meas. Method 3.	Consumers reporting that agency services and staff supported their recovery and wellness efforts and beliefs.		
Baseline	70.9%	2003 Data Infrastructure Survey-Q22	(N=748)
Current Level	79.0%	2006 Data Infrastructure Survey-Q22	(N=1272)
Performance Standard	80.0%		
Meas. Method 4.	Consumers reporting that providers offered opportunities to learn skills to strengthen and maintain wellness.		
Baseline	70.9%	2003 Data Infrastructure Survey-Q23	(N=748)
Current Level	78.4%	2006 Data Infrastructure Survey-Q23	(N=1272)
Performance Standard	80.0%		
Meas. Method 5.	Consumers reporting that service providers stressed natural supports and friendships.		
Baseline	70.9%	2003 Data Infrastructure Survey-Q24	(N=748)
Current Level	77.5%	2005 Data Infrastructure Survey-Q25	(N=758) **Question no longer on survey
Performance Standard	80.0%		
Meas. Method 6.	Consumers reporting that service providers offered mutual support or recovery-oriented groups run by peers.		
Baseline	53.2%	2003 Data Infrastructure Survey-Q25	(N=748)
Current Level	66.8%	2006 Data Infrastructure Survey-Q24	(N=1272)
Performance Standard	80.0%		

*Next DIG Survey data due 02/08

System Outcomes: Supporting the Recovery of Adults with Mental Illness
Public Education - Standard 34

Paragraph 252	Standard 34:	Provision of a variety of public education programs on mental health and illness topics.
	Meas. Method 1.	# of mental health workshops, forums, and presentations geared toward general public and level of participation.
	Baseline	38 FY 06 Q4
	Current Level	56 FY 08 Q1
	Performance Standard	<i>Qualitative evaluation required, no numerical standard necessary.</i>
	Meas. Method 2.	# and type of infor packets, publications, press releases, etc. distributed to public audiences.
	Baseline	37 information packets and 1 Newspaper Article FY 06 Q4
	Current Level	54 information packets** FY 08 Q1
	Performance Standard	<i>Qualitative evaluation required, no numerical standard necessary.</i>

***See Attached List*