



Performance and Quality Improvement Standards: October 2008

The attached compliance and 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. If percentage is within .5% of standard, the standard is considered met.

As of September 1, 2008, enrollment and RDS data is entered by providers into APS Healthcare's CareConnection at the time of the Initial Prior Authorization (PA) request and at all continuing stay reviews. Continuing stay reviews are scheduled to occur every 90 days to correspond with the updating of the consumer's ISP. Data is then fed to EIS on a monthly basis.

The first feed of enrollment and RDS data from APS Healthcare occurred in early October. This feed, and earlier test feeds, identified data collection issues on the APS Healthcare side and OAMHS/EIS mapping issues, both of which affected the integrity of the September data. These issues resulted in a significant number of records being "rejected" by EIS and not being able to be loaded into the system. Staff have spent a great deal of time "cleaning" the data and the "fixes" to remedy the data issues have been identified. For these reasons, it will be difficult to formulate conclusions from the numbers calculated from the RDS/enrollment data, as the data from this quarter is most likely different than it would have been if OAHMS had not experienced challenges in the transition over to APS Healthcare.

Definitions:

Standard Title: What the standard is intending to measure.

Measure Method: How the standard is being measured.

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.

Performance Standard: Standard set as a component of the Department's approved Adult Mental Health Services Plan dated October 13, 2006.

Compliance Standard: Standard set as a component of the Department's approved standards for defining substantial compliance dated October 29, 2007.

Calendar and Fiscal Year Definitions:

CY: Calendar Year - January 1 - December 31.

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

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Compliance and Performance Standards: Summary Sheet July - Sept, 2008

	<i>Baseline</i>	<i>Current Level</i>	<i>Standard</i>	<i>Met/Not Met</i>
Standard 1. Rights Dignity and Respect				
1. Have providers treated you with dignity and respect?	91.8%	91.2%	90%*	MET
Standard 2. Rights Dignity and Respect				
1. Response to Level II Grievances within 5 days	100.0%	100.0%	90%*	MET
Standard 3. Rights Dignity and Respect				
1. Number of Level II Grievances filed/unduplicated # of people.	11/7	6/5	NA	NA
2. Number of substantiated Level II Grievances	0-Jan	0	NA	NA
Standard 4. Rights Dignity and Respect				
1. Class Members informed about their rights.	77.3%	78.6%	90.0%	NOT MET
1a. Class Members with CIW, informed about their rights.	87.0%	86.3%	95.0%	NOT MET
1b. Class Members with MaineCare informed about their rights.	81.0%	81.5%	90.0%	NOT MET
2. Consumers given information about their rights	90.7%	90.5%	90.0%	MET
Standard 5. Timeliness of ISP and CI/CSS Assignment				
1. Class members requesting a worker who were assigned one.	100.0%	100.0%	100%*	MET
2. Hospitalized class members assigned a worker in 2 days	92.0%	54.5%	90.0%	NOT MET
3. Non-hospitalized class members assigned a worker in 3 days.	70.0%	76.2%	90.0%	NOT MET
4. Class members not assigned on time, but w/in 1-7 extra days.	71.0%	40.0%	95.0%	NOT MET
5. ISP completed w/in 30 days of service request.	75.2%	97.8%	90.0%	MET
6. 90 day ISP review completed within specified time frame	93.8%	48.9%	90.0%	NOT MET
7. Initial ISPs not developed w/in 30 days, but w/in 60 days.	30.7%	100.0%	100%*	MET
8. ISPs not reviewed w/in 90 days, but w/in 120 days.	45.0%	93.4%	100%*	NOT MET

* Denotes Performance Standard

	<i>Baseline</i>	<i>Current Level</i>	<i>Standard</i>	<i>Met/Not Met</i>
Standard 7. CI/CSS/ Individualized Support Planning				
1a. ISPs reflect the strengths of the consumer?	79.4%	94.1%	90.0%	Met
1b. ISPs consider need for crisis intervention and resolution services?	82.5%	96.1%	No Numerical Standard	
1c. Does the consumer have a crisis plan?	19.0%	69.6%	No Numerical Standard	
1d. Has the crisis plan been reviewed every 3 months?	41.7%	69.0%	No Numerical Standard	
Standard 8. CI/CSS Individualized Support Planning				
1. ISP team reconvened after an unmet need was identified	50.0%	59.3%	90%*	NOT MET
2. ISPs reviewed with unmet needs with established interim plans.	**	55.6%	90.0%	NOT MET
Standard 9. ISP Service Agreements				
1. ISPs that require Service Agreements that have current S.A.s.	100.0%	54.1%	90.0%	NOT MET
Standard 10. Case Load Ratios				
1. ACT Statewide Case Load Ratio	88.9%	60.0%	90.0%	NOT MET
2. Community Integration Statewide Case Load Ratio	100.0%	96.2%	90.0%	MET
3. Intensive Community Integration Statewide Case Load Ratio				
* Case Load Ratio - ICI Standard 10 Meas. Method 3 has been deleted.				
ICI is no longer a service offered by MaineCare.				
4. Intensive Case Management Statewide Case Load Ratio	100.0%	100.0%	90.0%	MET
5. OES Public Ward Case Management Case Load Ratio	41.9%	66.6%	90.0%	NOT MET
Standard 11. CI/CSS Individualized Support Planning				
Para 74. Needs of Class Members not in Service				
*No Numerical Standard or Baseline				
Standard 12. Housing & Residential Support Services				
1. Class Members with ISPs, with unmet Residential Support Needs	7.2%	3.4%	5% or fewer	MET
2. Lack of Res Supp impedes Riverview discharge w/in 7 days of determin.	98.0%	97.9%	70.0%	MET
3 Lack of Res Support impeding discharge w/in 30 days of determination.	98.0%	100.0%	80.0%	MET
4. Lack of Res Support impeding discharge w/in 45 days of determination.	98.0%	100.0%	90.0%	MET

Compliance and Performance Standards: Summary Sheet July - Sept, 2008

	<i>Baseline</i>	<i>Current Level</i>	<i>Standard</i>	<i>Met/Not Met</i>
Standard 13. Housing & Residential Support Services				
1. Class members reporting satisfaction with living situation	80.2%	82.1%	80%*	MET
2. Class members reporting satisfaction with res/housing supports	81.4%	81.0%	85.0%	NOT MET
Standard 14. Housing & Residential Support Services				
1. Class members with unmet housing resource needs.	1.6%	12.2%	10.0%	NOT MET
2. Class members who were homeless over 12 month period.	8.6%	10.3%	6%*	NOT MET
3. Class members reporting satisfaction with living arrangement.	80.2%	82.1%	80%*	MET
4. Lack of housing impeding discharge w/in 7 days of determination	98.0%	72.3%	70.0%	NOT MET
5. Lack of housing impeding discharge w/in 30 days of determination	95.9%	76.6%	80.0%	NOT MET
6. Lack of housing impeding discharge w/in 45 days of determination	67.3%	83.0%	90.0%	NOT MET
Standard 15. Housing & Residential Services				
1. Class members in homes with more than 8 beds with choice.	92.8%	99.0%	95.0%	MET
Standard 16. Acute Inpatient Services (Involuntary Class Member)				
1. Inpatient admissions reasonably near community residence.	87.0%	90.9%	90.0%	MET
Standard 17. Acute Inpatient Services (Involuntary Class Member)				
1. Admission to community inpatient units with blue paper on file.	94.7%	100.0%	100%*	MET
2. Blue paper was completed and in accordance with terms.	95.7%	100.0%	90%*	MET
2a. Corrective action by UR Nurse when Blue paper not complete	100.0%	100.0%	90.0%	MET
3. Admissions in which 24 hour cert completed.	65.2%	100.0%	90%*	MET
3a. Corrective action by UR Nurse when 24 hour cert not complete	12.5%	100.0%	90.0%	MET
4. Admission in which patients' rights were maintained	82.6%	100.0%	90%*	MET
4a. Corrective action by UR Nurse when rights not maintained	25.0%	100.0%	90.0%	MET
5. Admissions for which medical necessity has been established.	95.7%	100.0%	90%*	MET

* Denotes Performance Standard

	<i>Baseline</i>	<i>Current Level</i>	<i>Standard</i>	<i>Met/Not Met</i>
Standard 18. Acute Inpatient Services (Involuntary Class Member)				
1. Admissions for whom hospital obtained ISP	31.6%	16.7%	90.0%	NOT MET
2. Treatment and Discharge plans consistent with ISP	50.0%	0.0%	90.0%	(no ISPs received)
3. CI/ICI/ICM/ACT worker participated in treatment and discharge planning	63.1%	85.7%	90.0%	NOT MET
Standard 19. Crisis intervention Services				
1. Face to face crisis contacts that result in hospitalizations.	21.0%	24.0%	20-25%	MET
2. Face to face crisis contacts resulting in follow up and/or referral to community services	47.6%	40.8%	To Be Established	
3. Face to face crisis contacts using pre-developed crisis plan.	12.6%	11.6%	To Be Established	
4. Face to face crisis contacts in which CI worker was notified of crisis.	78.4%	92.5%	90.0%	MET
Standard 20. Crisis Intervention Services				
1. Class Members reporting they knew how to get help when it was needed.	87.6%	91.9%	90.0%	MET
2. Class Members reporting crisis services were available when needed.	83.3%	75.6%	85%*	NOT MET
Standard 21. Treatment Services				
1. Class Members with unmet mental health treatment needs.	4.3%	10.5%	5% or less	NOT MET
2. Lack of MH Tx impeding Riverview discharge w/in 7 days of determination	94.0%	93.6%	70.0%	MET
3. Lack of MH Tx impeding Riverview discharge w/in 30 days of determination.	98.0%	95.7%	80.0%	MET
4. Lack of MH Tx impeding Riverview discharge w/in 45 days of determination	100.0%	97.8%	90.0%	MET
Standard 22. Treatment Services				
1. Class members reporting they can get the support that they need.	85.1%	84.7%	85.0%	MET
2. Class members reporting satisfaction with MH supports/services.	81.2%	71.9%	85%*	NOT 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				

Compliance and Performance Standards: Summary Sheet July - Sept, 2008

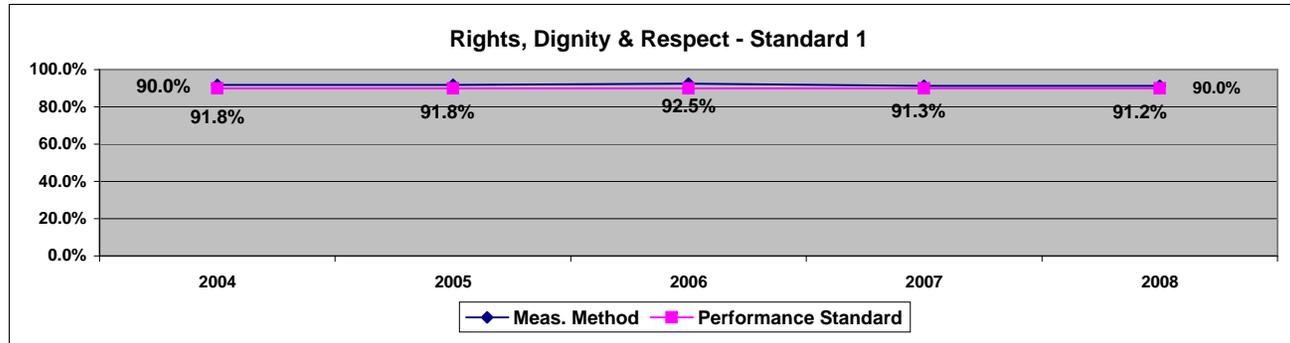
	Baseline	Current Level	Standard	Met/Not Met
Standard 24. Family Support Services				
1. Counseling group participants reporting satisfaction with services	98.7%	100.0%	85%*	MET
2. Program participants reporting satisfaction with education programs	100.0%	100.0%	80%*	MET
3. Family participants reporting satisfaction with respite services.	100.0%	No data this quarter	80%*	
Standard 25. Family Support Services				
1. Agency contracts with referral mechanism to family support	100.0%	100.0%	90.0%	MET
2. Families reporting satisfaction with referral process.			85%*	
Standard 26. Vocational Employment Services				
1. Class members with ISPs - Unmet voc employ. Needs.	1.3%	5.3%	10%*	MET
2. Class Members in competitive employment in the community.	10.8%	10.5%	13.0%	NOT MET
3. Class members in supported or competitive employment.	21.0%	15.5%	13.0%	MET
Standard 27. Vocational Employment Services				
1. Class members reporting satisfaction with employment	78.4%	73.3%	80%*	NOT MET
2. Class members reporting voc supports available when needed.	62.4%	59.7%	85%*	NOT MET
Standard 28. Transportation				
1. Class Members with ISPs - Unmet transportation needs.	1.3%	5.3%	10% or less	MET
Standard 29. Transportation				
1. Class members due to lack of trans., difficulty with mh/med appts.	19.9%	16.2%	10% or less*	NOT MET
2. Class members due to lack of trans., lack of soc/rec activities.	27.3%	24.6%	20% or less*	NOT MET
Standard 30. Rec/Soc/Avocational/Spiritual Opportunities				
1. Number of Social Clubs/peer center participants.	1907	No data this quarter	^	
2. Number of other peer support programs	26		^	
^Qualitative evaluation; no numerical standard.				

* Denotes Performance Standard

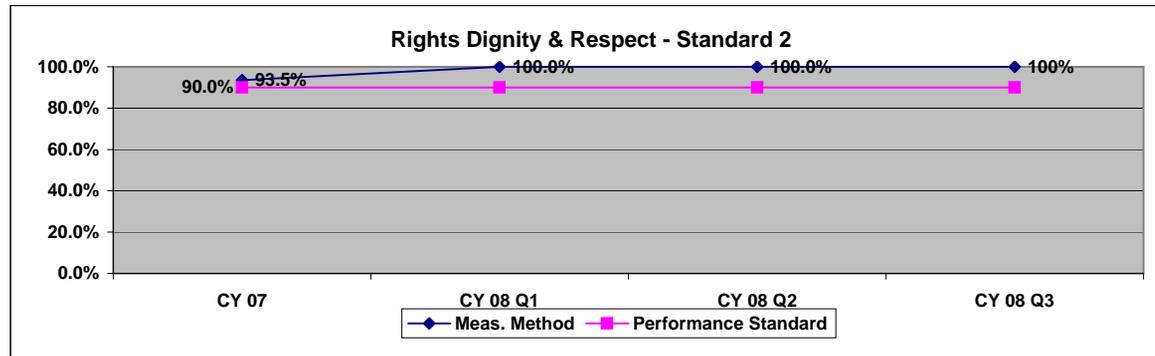
	Baseline	Current Level	Standard	Met/Not Met
Standard 31. Rec/Soc/Avoc/Spiritual				
1. ISP identified class member unmet needs in rec/soc/avoc/spiritual.	1.0%	3.3%	10%*	MET
2. Class members reporting regular participation in rec/soc/avoc/spiritual.	44.2%	48.9%	60%*	NOT MET
3. Class members reporting satisfaction with rec/soc/avoc/spiritual.	62.2%	67.5%	80%*	NOT MET
Standard 32. Individual Outcomes				
1. Consumers with improvement in LOCUS (Baseline to Follow-up)	41.0%	30.7%		To Be Established
2. Consumers who have maintained functioning (Baseline to Follow-up)	24.6%	29.2%		To Be Established
3. Consumers reporting positively on functional outcomes.	78.0%	66.7%	80%*	NOT MET
Standard 33. Recovery				
1. Consumers reporting staff helped them to take charge of managing illness.	70.9%	82.4%	80%*	MET
2. Consumers reporting staff believed they could grow, change, recover	83.5%	77.3%	80%*	NOT MET
3. Consumers reporting staff supported their recovery efforts	70.9%	76.5%	80%*	NOT MET
4. Consumers reporting that providers offered learning opportunities	70.9%	80.2%	80%*	MET
5. Consumers reporting providers stressed natural supports/friendships**	Question eliminated with 2007 DIG Survey.			
6. Consumers reporting providers offered peer recovery groups.	53.2%	64.7%	80%*	NOT MET
Standard 34. Public Education				
1. # MH workshops, forums and presentation geared to public participation.	38	32	*	
2. #, type of info packets, publications, press releases distributed to public.	37	304	*	
*Qualitative evaluation; no numerical standard.				

** Question no longer asked as part of the DIG Survey

Rights, Dignity and Respect



Paragraph Standard 1:	Treated with respect for their individuality	
32 a. Meas. Method	Class Member Survey Q3. % Yes to "Have Service providers treated you with courtesy and respect?"	
Baseline	91.8	2004 Class Member Survey (N=538)
Current Level	91.2	2008 Class Member Survey (N=555)
Performance Standard	90.0	



Paragraph Standard 2:	Grievances are addressed in a timely manner	
32a Meas. Method	DHHS Grievance Tracking System - Response to Level II Grievances within 5 days or agreed upon extension.	
Baseline	100.0%	CY03 Grievance Track (15 out of 15)
	100.0%	CY 06 Q1-Q4 Grievance Tracking data (17 out of 17)
Current Level	100.0%	CY 08 Q3 Grievance Tracking data (6 out of 6)
Performance Standard	90.0%	

CY=Calender Year

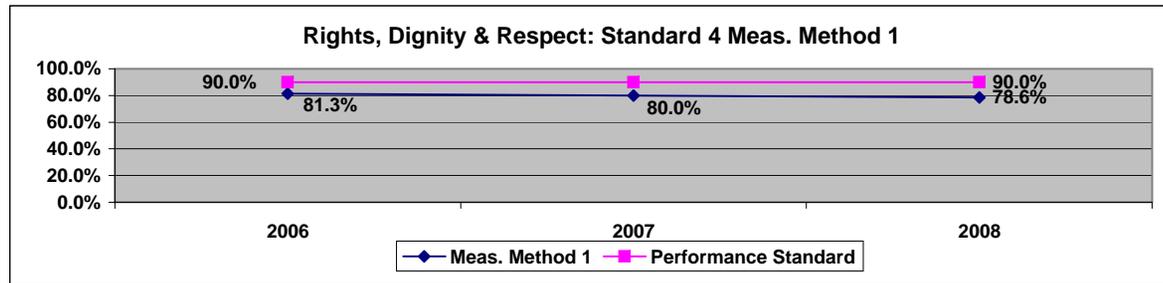
Rights, Dignity and Respect-Standard 3

Graph not available for Standard 3.

Paragraph	Standard 3:	Demonstrate rights are respected and maintained
27	Meas Method 1:	DHHS Grievance Tracking System, Number of Level II grievances filed and number unduplicated people
	Baselines	11 Grievances, 7 Unduplicated individuals 2004 Calender Year Grievance Tracking data. 18 Grievances, 14 Unduplicated individuals 2005 Calender Year Grievance Tracking data.
	Current Level	6 Grievances, 5 Unduplicated individuals 2008 Q3 CY Grievance Tracking data.
	Performance Standard	No numerical standards necessary, ongoing monitoring of grievance trends.
	Meas Method 2:	DHHS Grievance Tracking System, Number of Level II grievances filed where violation is substantiated. and remedy applied.
	Baselines	CY03 Grievance Tracking, 15 grievances filed in 2003, 2 Cases resolved by mediation, 0 required remedies CY07 Q1 -Q4 31 grievances filed, 2 dismissed to lack of jurisdiction, 1 substantiated.
	Current Level	CY 08 Q3 6 grievances filed, 0 substantiated.
	Performance Standard	No numerical standards necessary, ongoing monitoring of grievance trends.

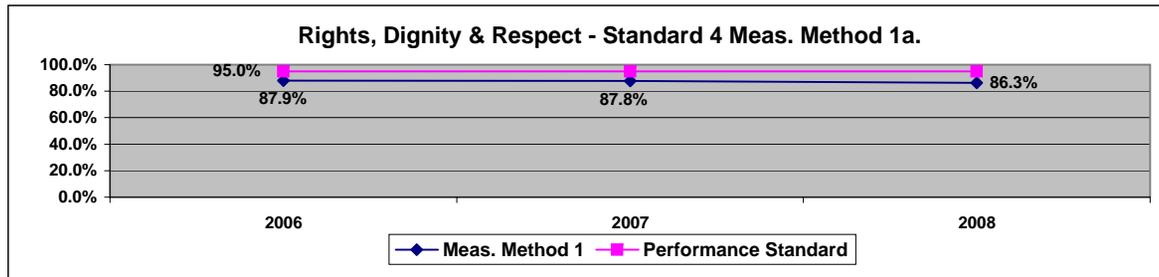
CY=Calender Year

Rights, Dignity and Respect



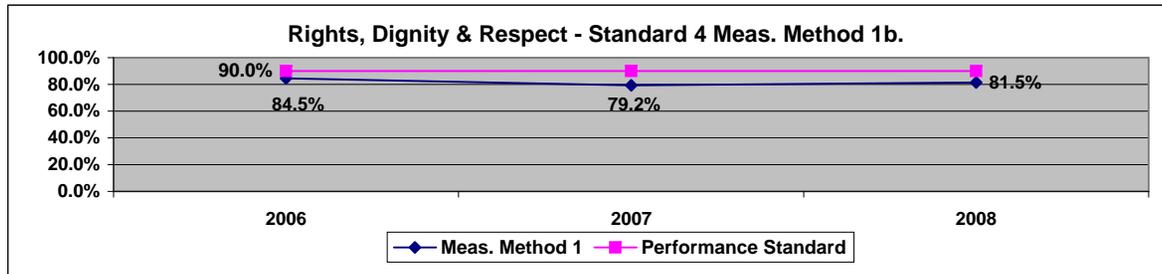
Paragraph 57 **Standard 4:** **Class Members are informed of their rights**
Meas. Method 1. Class Member Survey Q30. % class members informed about rights as a MH consumer in way they could understand.

Baseline	77.3%	2004 Class Member Survey (N=538)
Current Level	78.6%	2008 Class Member Survey (N=555)
Performance Standard	90.0%	
Compliance Standard*	See explanation after Standard 4 Measurement Method 2	



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	86.3%	2008 Class Member Survey (N=555)
Performance Standard	95.0%	
Compliance Standard*	See explanation after Standard 4 Measurement Method 2	



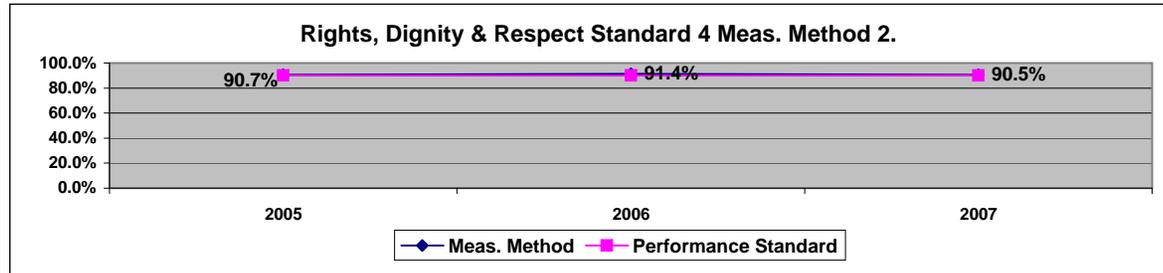
Meas. Method 1b. Class Member Survey. Qs 38 & 30 % class members who have MaineCare reporting they were informed about their rights.

Baseline 81.0% 2004 Class Member Survey (N=538)

Current Level 81.5% 2008 Class Member Survey (N=555)

Performance Standard 90.0%

Compliance Standard* See explanation after Standard 4 Measurement Method 2



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)

Current Level 90.5% 2007 Data Infrastructure Survey-Q13 (N=809)

Performance Standard 90.0%

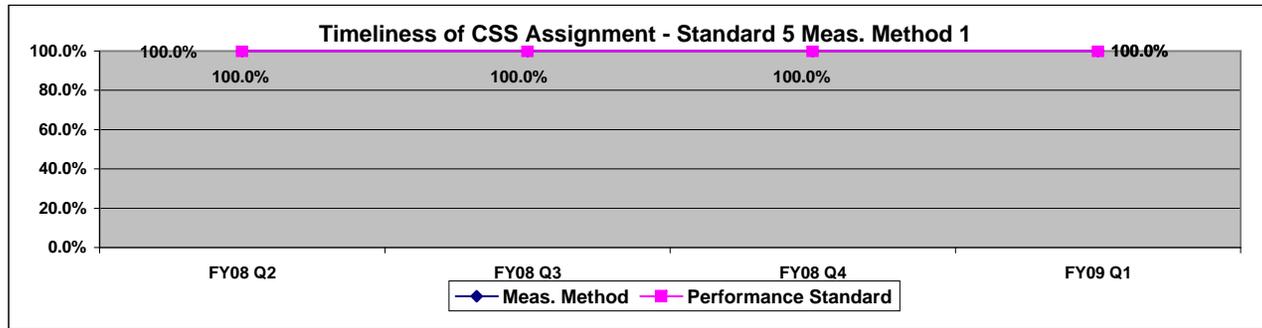
Compliance Standard* See explanation below.

* Compliance standard for 1, 1a, 1b, and 2

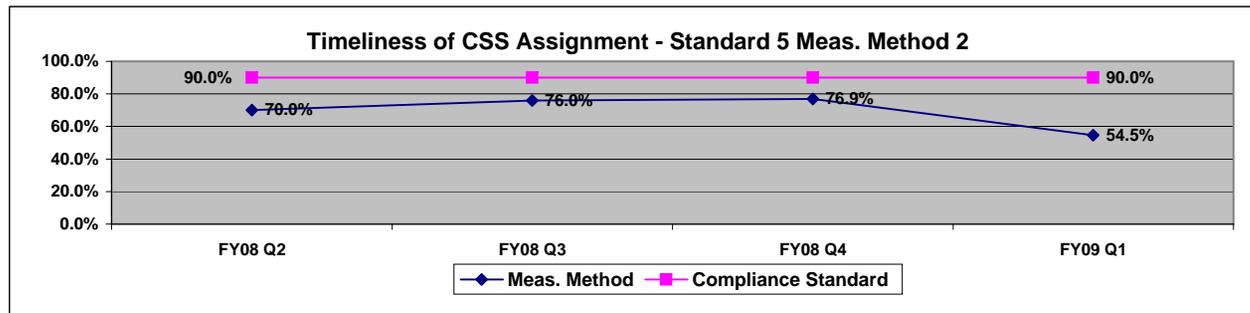
If results fall below performance standard levels, the Department:

- Consults with the consumer council
- Takes corrective action if deemed necessary by the consumer council and
- Develops that corrective action in collaboration with the consumer council

Community Integration/Community Support Services/Individualized Support Planning



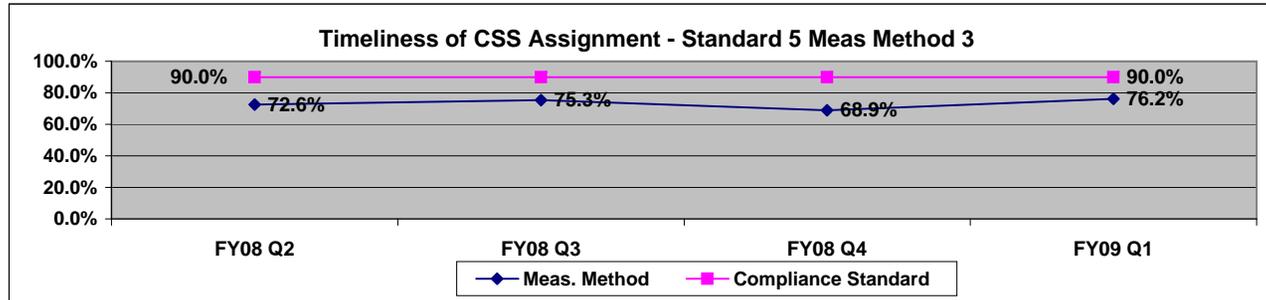
Paragraph 49, 55	Standard 5:	Prompt Assignment of CI/ICI/ICM/ACT Workers, ISP Timeframes/Attendees at ISP Meetings
59, 58	Meas. Method 1	Percentage of class members requesting a worker who were assigned one.
	Baseline	100.0% (36 out of 36) FY06 Q4 ISP RDS Data
	Current Level	100.0% (53 out of 53) FY09 Q1 ISP RDS Data
	Performance Standard	100.0%



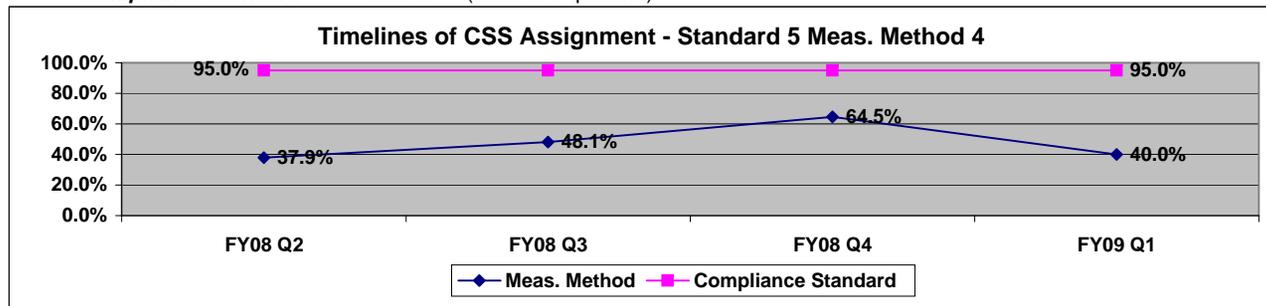
Meas. Method 2.*	Percentage of hospitalized class members who were assigned a worker within 2 working days.	
Baseline	92.0% (12 out of 13)	FY06 Q4 ISP RDS Data
Current Level	54.5% (6 out of 11)	FY09 Q1 ISP RDS Data
Performance Standard	90.0%	
Compliance Standard	90.0%	(3 out of 4 quarters)

*Starting with fiscal year 2009, quarter 1 (July, August, September 2008) all calculations are now based on working days to time of assignment. The prior 3 quarters were re-calculated using this formula.

Community Integration/Community Support Services/Individualized Support Planning

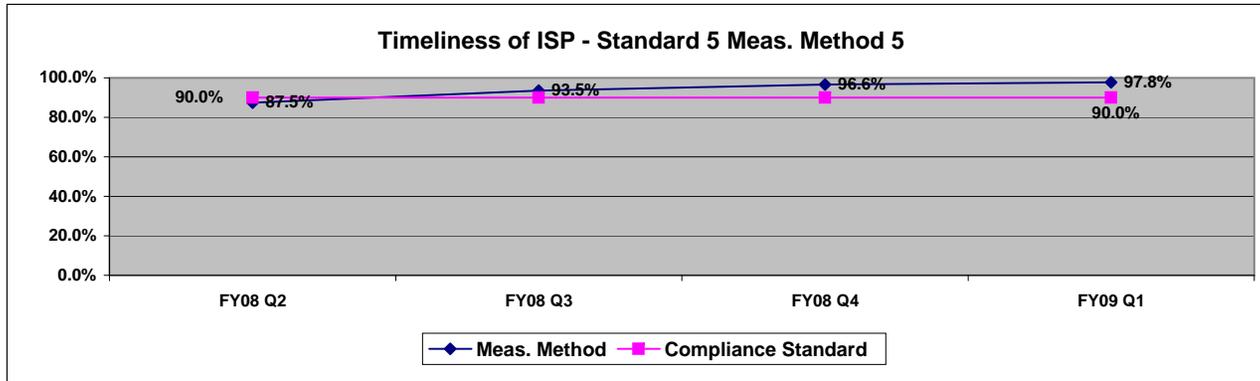


Meas. Method 3.* Percentage of non-hospitalized class members assigned a worker within 3 working days.
Baseline 70.0% (16 out of 23) FY06 Q4 ISP RDS Data
Current Level 76.2% (32 out of 42) FY09 Q1 ISP RDS Data
Performance Standard 90.0%
Compliance Standard 90.0% (3 out of 4 quarters)



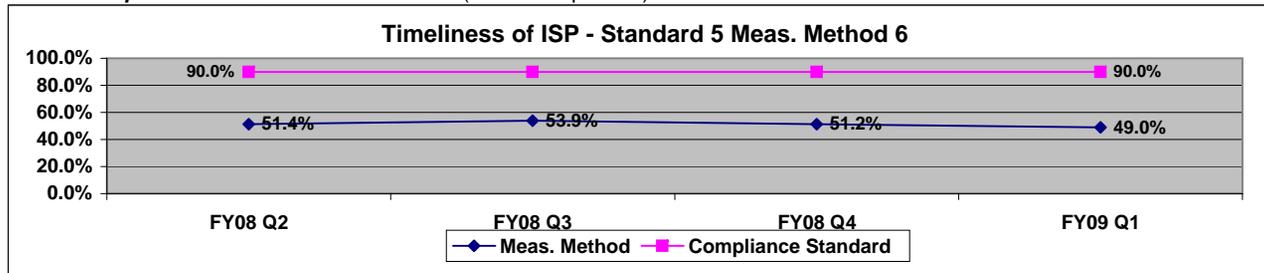
Meas. Method 4.* Percentage of class members in hospital or community not assigned on time but were assigned within an additional 7 working days
Baseline 71.0% (6 out of 7) FY06 Q4 ISP RDS Data
Current Level 40.0% (6 out of 15) FY09 Q1 ISP RDS Data
Performance Standard 100.0%
Compliance Standard 95.0% (3 out of 4 quarters)

*Starting with fiscal year 2009, quarter 1 (July, August, September 2008) all calculations are now based on working days to time of assignment. The prior 3 quarters were re-calculated using this formula.



Meas. Method 5.* ISP completed within 30 days of service request

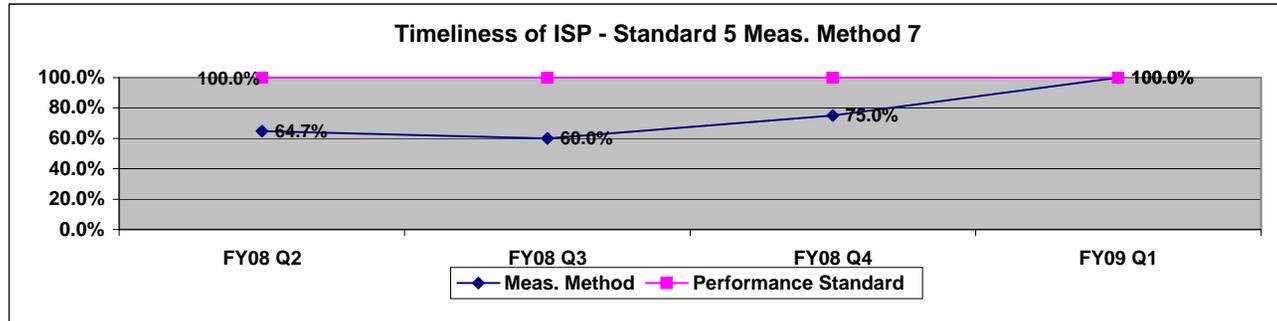
Baseline	75.2%	(158 out of 210)	FY07 Q1 ISP RDS Data
Current Level	97.8%	(45 out of 46)	FY09 Q1 ISP RDS Data
Performance Standard	90.0%		
Compliance Standard	90.0%	(3 out of 4 quarters)	



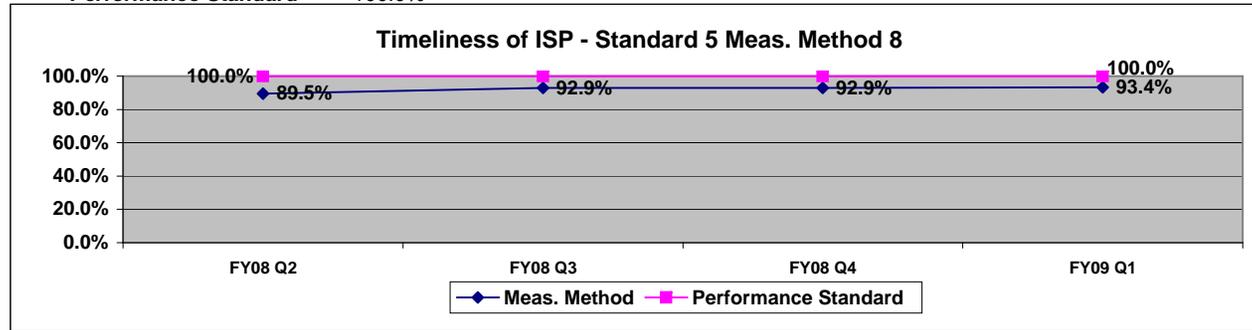
Meas. Method 6.* 90 day ISP review completed within specified timeframe.

Baseline	93.8%	December 2004 ISP Overdue Data
Current Level	48.9%	(478 out of 977) FY09 Q1 ISP RDS Data
Performance Standard	90.0%	
Compliance Standard	90.0%	(3 out of 4 quarters)

*The methodology for calculating this standard was re-designed starting this quarter in order to better define the logic behind the calculations. Percentages for the prior 3 quarters were re-calculated and entered above.



Meas. Method 7.* Initial ISPs not developed within 30 days, but were developed within 60 working days.
Baseline 30.7% (16 out of 52) FY07 Q1 ISP RDS Data
Current Level 100.0% (1 out of 1) FY09 Q1 ISP RDS Data
Performance Standard 100.0%

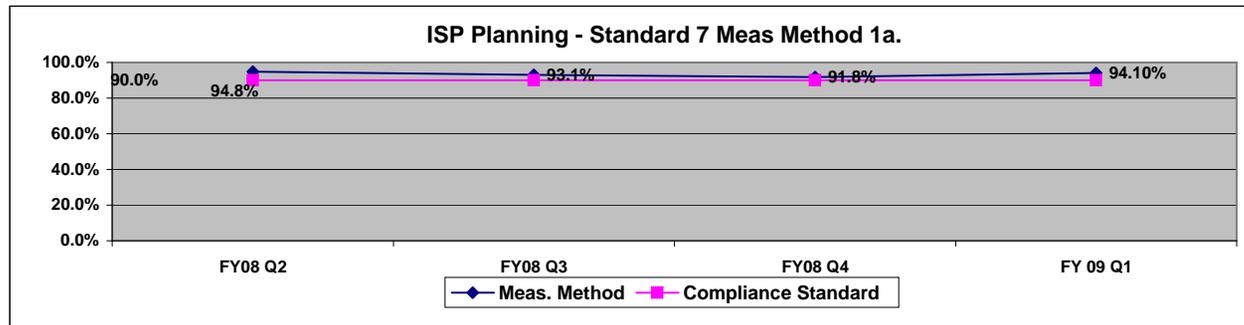


Meas. Method 8.* ISPs that were not reviewed within 90 days but were reviewed within 120 working days.
Baseline 45.0% (263 out of 585) FY07 Q1 ISP RDS Data
Current Level 93.4% (466 Out of 499) FY09 Q1 ISP RDS Data
Performance Standard 100.0%

*The methodology for calculating this standard was re-designed starting this quarter in order to better define the logic behind the calculations. Percentages for the prior 3 quarters were re-calculated and entered above.

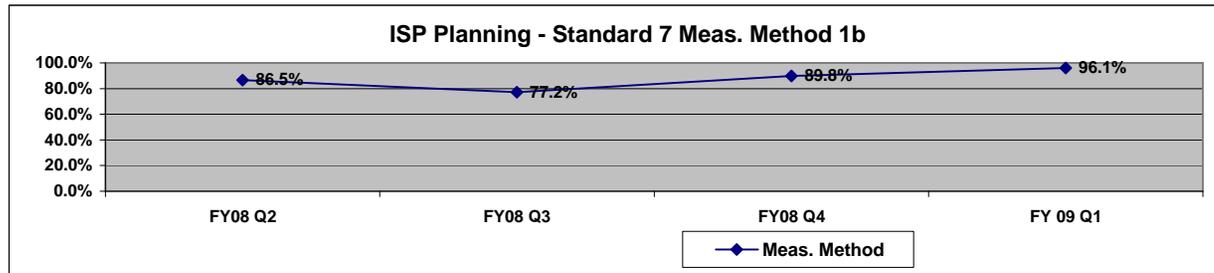
Note: There is no Standard #6 as those aspects are now covered in Standards #5 and #18

Community Integration/Community Support Services/Individualized Support Planning



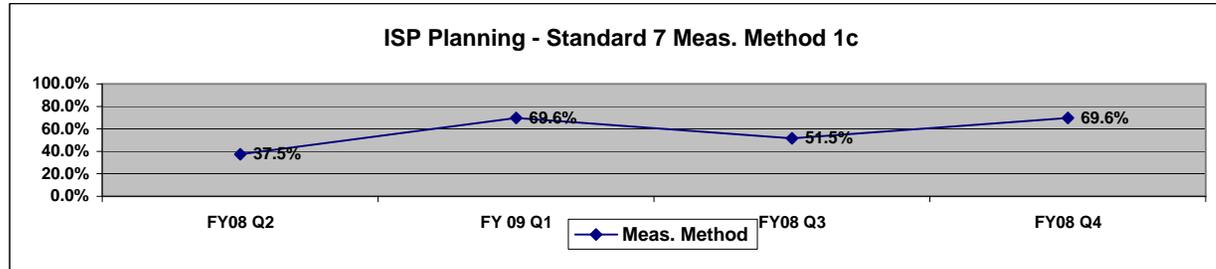
Paragraph **Standard 7:** **Demonstrate ISPs are based upon consideration of the class members' strengths & needs**
61 Meas. Method 1a. Does the record document that the treatment plan goals reflect the strengths of the consumer receiving services? (11b)

Baseline	79.4%	FY 07 Q3	(50 out of 63)
Current Level	94.1%	FY 09 Q1	(96 out of 102)
Performance Standard	95.0%		
Compliance Standard	90.0%	(3 out of 4 quarters)	

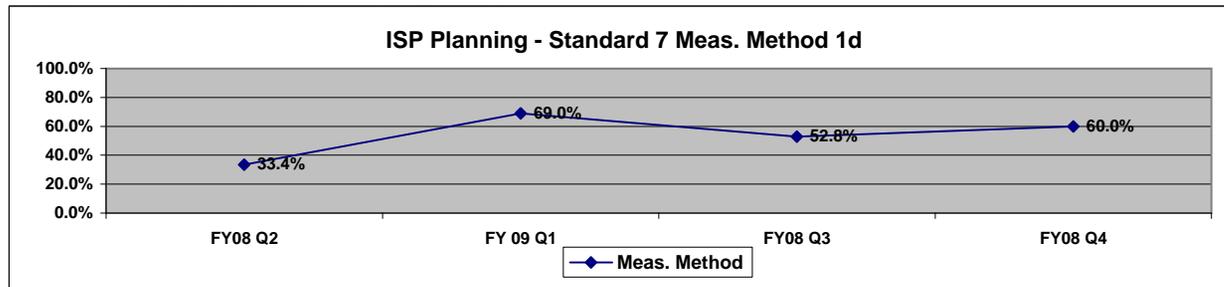


Meas. Method 1b. Does record document the individual's potential need for crisis intervention and resolution services was considered during treatment planning? (11d.)

Baseline	82.5%	FY 07 Q3	(11 out of 52)
Current Level	96.1%	FY 09 Q1	(98 out of 102)
Performance Standard	No Numerical Standard Necessary		

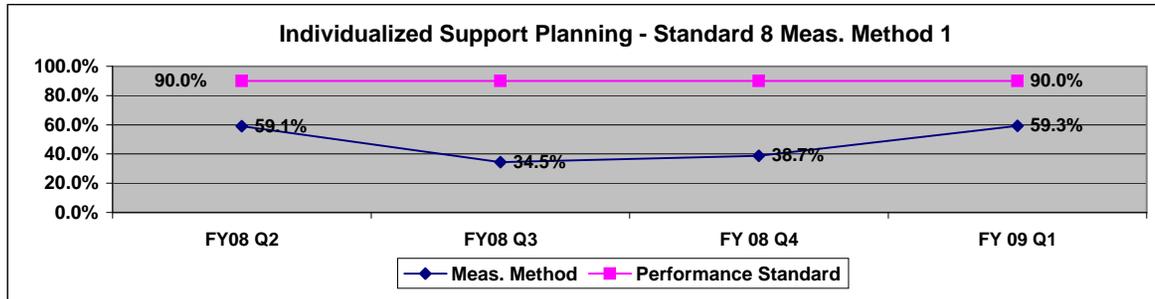


Meas. Method 1c Does the record document that the consumer has a crisis plan? (lie)
Baseline 19.0% FY 07 Q3 (12 out of 63)
Current Level 69.6% FY 09 Q1 (71 out of 102)
Performance Standard No Numerical Standard

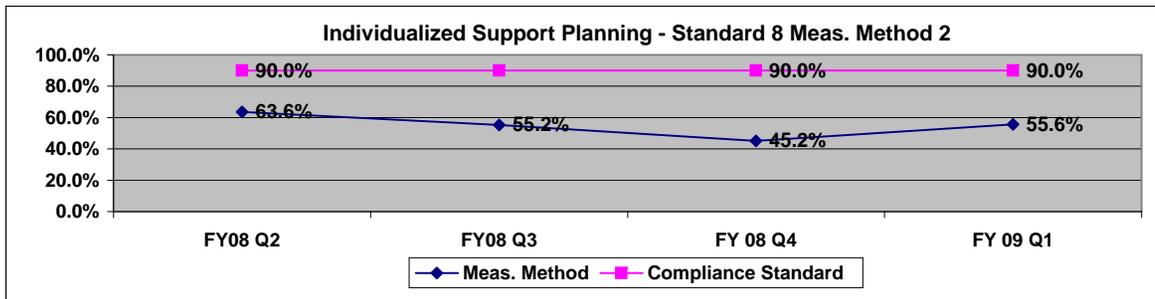


Meas. Method 1d. If the consumer has a crisis plan, "has the crisis plan been reviewed as required, every 3 months?" (Ilg.)
Baseline 41.7% FY 07 Q3 (5 out of 12)
Current Level 69.0% FY 09 Q1 (49 out of 71)
Performance Standard No Numerical Standard

Community Integration/Community Support Services/Individualized Support Planning

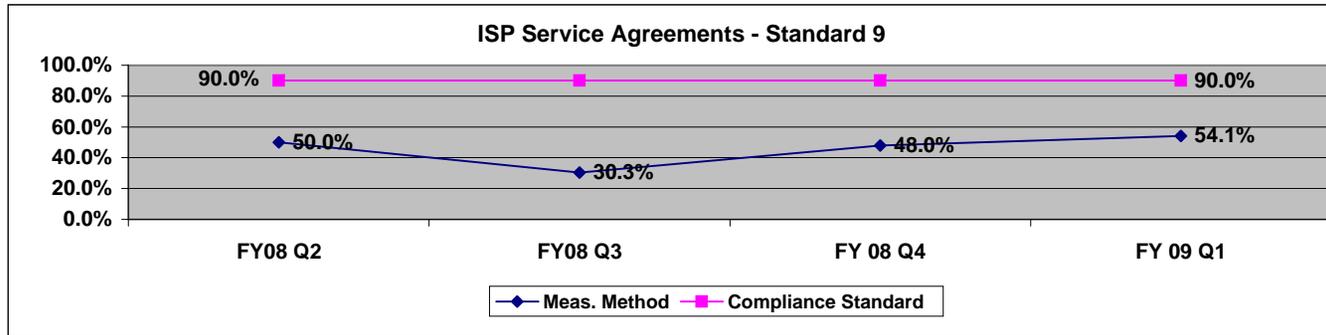


Paragraph 63 **Standard 8:** Services are based on actual needs of the class member rather than what services are available
Meas. Method 1. ISPs reviewed in which there is evidence that the ISP team reconvened after an unmet need was identified.
Baseline 50.0% FY 07 Q3 (5 out of 10 identified unmet needs)
Current Level 59.3% FY 09 Q1 (16 out of 27 identified unmet needs and team reconvened)
Performance Standard 90.0%



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 55.6% FY 09 Q1 (15 out of 27 identified unmet needs)
Performance Standard 95.0%
Compliance Standard 90.0% (3 out of 4 quarters)

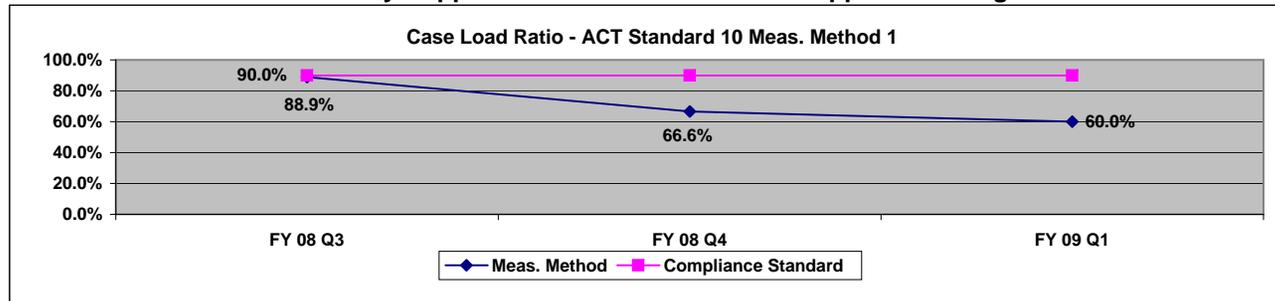
Community Integration/Community Support Services/Individualized Support Planning



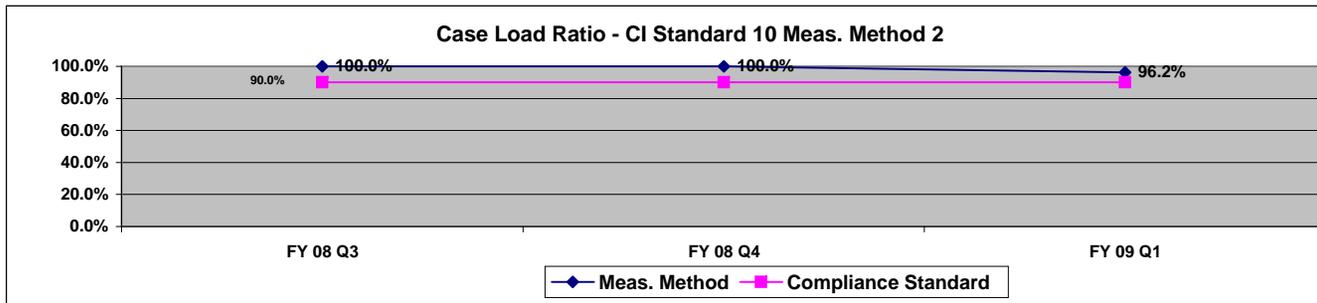
Paragraph	Standard 9:	Services to be delivered by an agency funded or licensed by the state.
69	Meas. Method 1.	ISPs with services identified and with a treatment plan signed by each provider.
	Baseline	100% (17/17) (17/17) FY 05 Q2
	Current Level	54.1% (20/37) FY 09 Q1
	Performance Standard	90.0%
	Compliance Standard	90.0% (3 out of 4 quarters)

Question slightly revised in February 2007 Document Review revisions.
 Does the record document that Service Agreements are Required for this plan? (IVa.)
 "If yes, have the Service Agreements been acquired?" (IVb.)
 "If yes are the Service Agreements current? (IVc.)
 must be acquired and current to meet the standard

Community Support Services/Individualized Support Planning- Standard 10

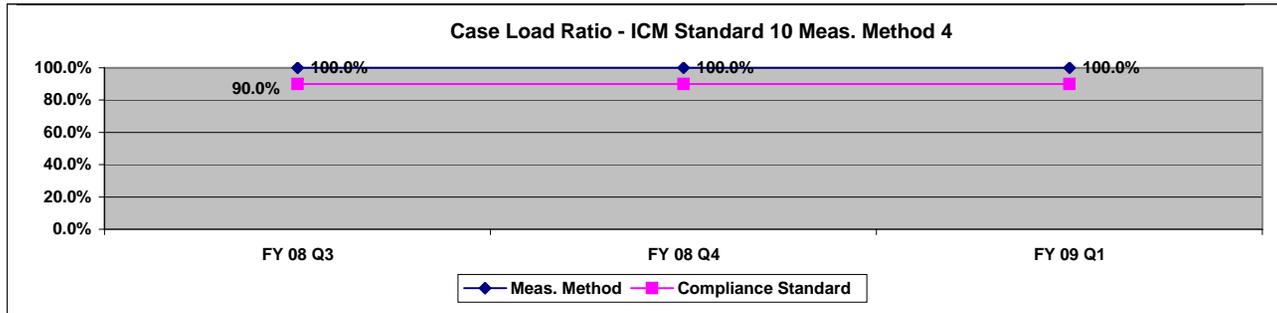


Meas. Method 1. ACT Providers with average caseloads of 10 or fewer.
Baseline 88.9% (8 out of 9) FY08 Q2 Agency Community Support Census/Staffing Ratio Database
Current Level 60.0% (6 out of 10) FY09 Q1 Agency Community Support Census/Staffing Ratio Database
Performance Standard 90.0% of all ACT Teams
Compliance Standard 90.0% of all ACT Teams

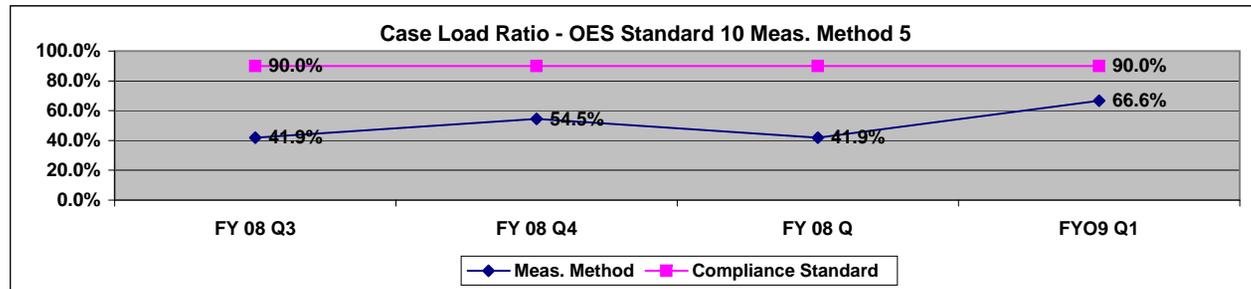


Paragraph 71 Meas. Method 2. Community Integration Workers with average caseloads of 40 or fewer.
Baseline 100.0% (27 out of 27) FY08 Q4 Agency Community Support Census/Staffing Ratio Database
Current Level 100.0% (25 out of 26) FY09 Q1 Agency Community Support Census/Staffing Ratio Database
Performance Standard 90.0% of all CIW Providers
Compliance Standard 90.0% of all CIW Providers

* Case Load Ratio - ICI Standard 10 Meas. Method 3 has been deleted.
 As of July 2008, Intensive Community Integration is no longer a MaineCare service.



Meas. Method 4. Intensive Case Managers with average caseloads of 16 or fewer.
Baseline 100.0% (40 out of 40) FY08 Q2 Agency Community Support Census/Staffing Ratio Database
Current Level 100.0% (38 out of 38) FY 09 Q1 EIS ICM Caseload Data
Performance Standard 90.0% of all ICM Workers with Class Member caseloads
Compliance Standard 90.0% of all ICM Workers with Class Member caseloads



Meas. Method 5. Office of Elder Services Case Managers with average caseload of 25 or fewer.
Baseline 41.9% Dec 08 MAPSIS Case Counts for Workers with Class Members Public Wards
Current Level 66.7% Oct-08 MAPSIS Case Counts for Workers with Class Members Public Wards
Performance Standard 90.0% of all OES Case Managers with Class Member Public Wards
Compliance Standard 90.0% of all OES Case Managers with Class Member Public Wards

OES and ICM is the percentage of workers statewide with caseloads at or below the Measurement Method

ACT and CI are the percentage of programs statewide with an average caseload at or below the Measurement Method.

66.66667

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.

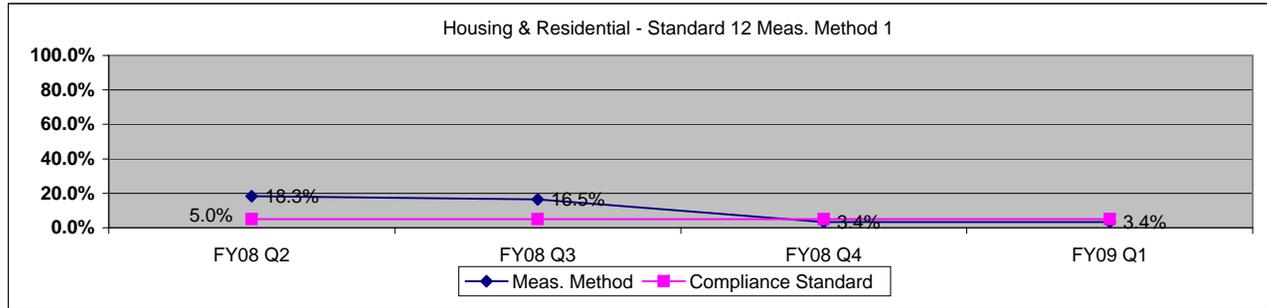
Performance Standard *No numerical standard necessary. ISP RDS data will be utilized to guide and inform DHHS service and budget planning.*

Number of Callers with unmet needs July 1 - Sept 30, 2008

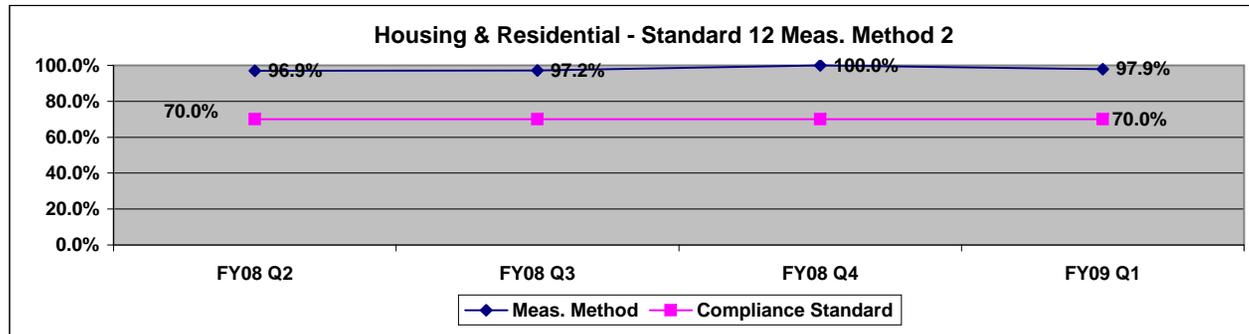
	Region 1	Region 2	Region 3	State
Unique Individuals	34	18	8	60
Unmet Needs:	0	0	0	0

Unmet Needs by Domain July 1 ~Sept 30, 2008	
ISP Domain Areas	State
Mental Health Services	0
MH Crisis Planning Resources	0
Peer, Recovery & Support Resources	0
Substance Abuse Services	0
Housing Resources	0
Health Care Resources	0
Legal Resources	0
Financial Security Resources	0
Education Resources	0
Vocation Employment Resources	0
Living Skills Resources	0
Transportation Resources	0
Personal Growth/Community Participation	0
Total	0

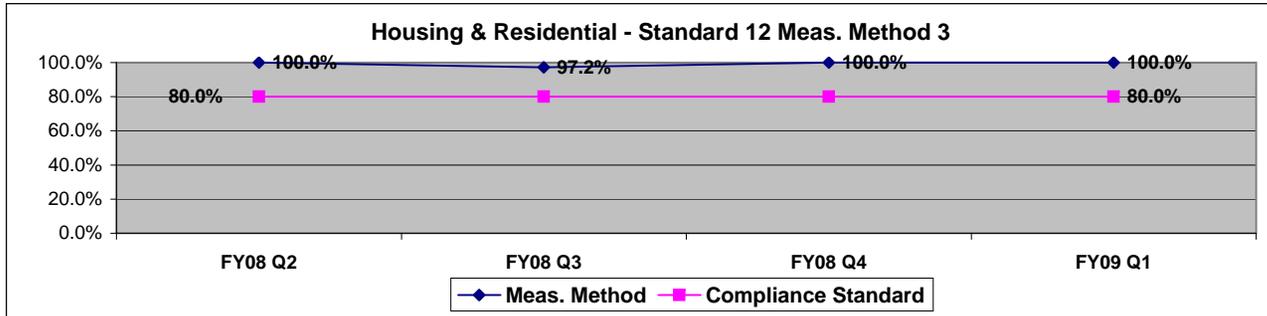
Community Resources and Treatment Services
Housing and Residential - Standard 12



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 3.4% (189 out of 5558) FY09 Q1 ISP RDS Data
Performance Standard 5.0% or fewer
Compliance Standard 5.0% or fewer (3 out of 4 quarters)



Meas. Method 2. Percentage of patients at Riverview determined to be ready for discharge who are discharged within 7 days of that determination. (discharge is not impeded due to lack of residential support services)
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 97.9% (FY 09 Q1 Out of 47 Patients discharged, 1 could not be discharged due to lack of service)
Performance Standard 75.0% (within 7 days of that determination)
Compliance Standard 70.0% (within 7 days of that determination)



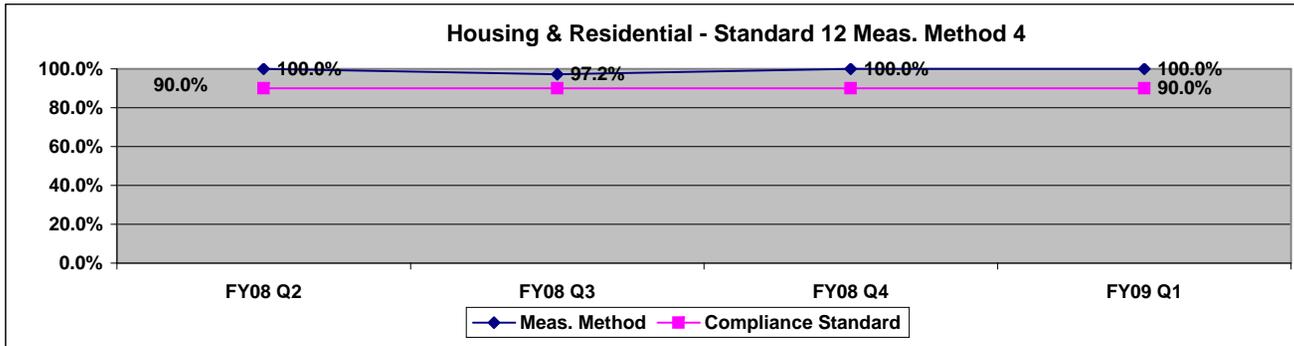
Meas. Method 3. Percentage of patients at Riverview determined to be ready for discharge who are discharged within 30 days of that determination. (discharge is not impeded due to lack of residential support services)

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 100.0% (FY 09 Q1 Out of 47 Patients discharged, 0 could not be discharged due to lack of service)

Performance Standard 96.0% (within 30 days of that determination)

Compliance Standard 80.0% (within 30 days of that determination)



Meas. Method 4. Percentage of patients at Riverview determined to be ready for discharge who are discharged within 45 days of that determination. (discharge is not impeded due to lack of residential support services)

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 100.0% (FY 09 Q1 Out of 47 Patients discharged, 0 could not be discharged due to lack of service)

Performance Standard 100.0% (within 45 days of that determination)

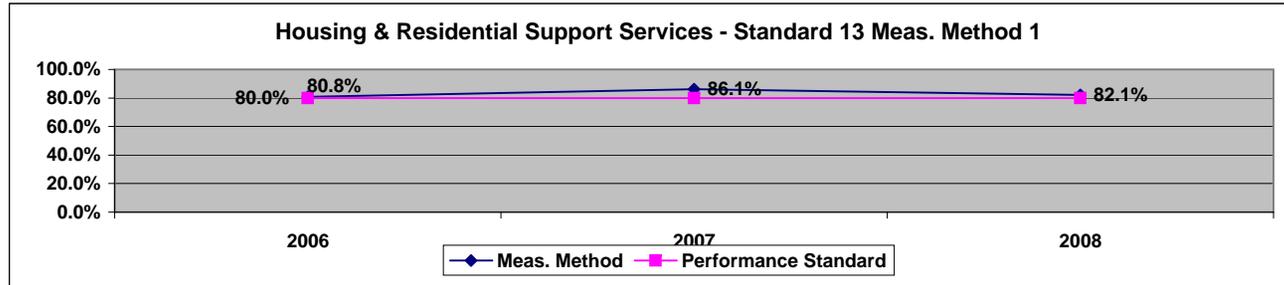
Compliance Standard 90.0% (within 45 days of that determination with certain clients excepted by agreement of the parties and the Court Master)

Riverview Psychiatric Center Discharge Detail to amplify data presented in Standard 12:

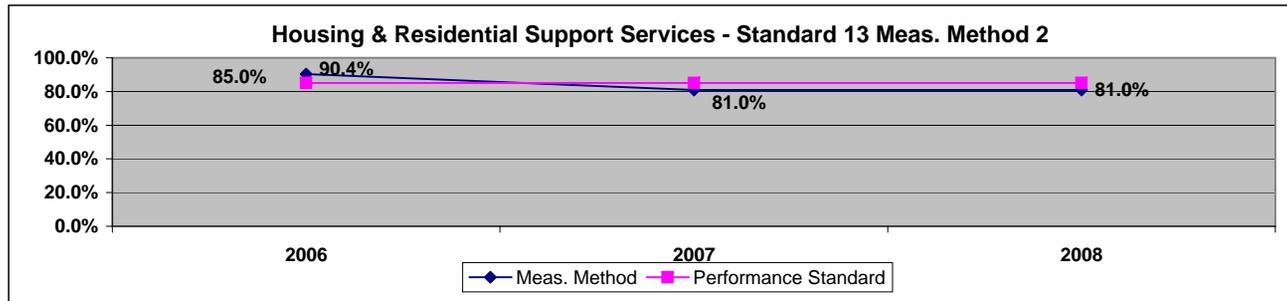
47 Patients discharged in quarter
27 discharged at 7 days (57.4%)
5 discharged 8-30 days (11.6%)
3 discharged 31-45 days (6.4%)
12 discharged post 45 days (25.5%)

Residential Support Services impeded discharge for 1 patient (2%)
1 patient discharged 8-30 days post clinical readiness for discharge

Community Resources and Treatment Services
Housing and Residential

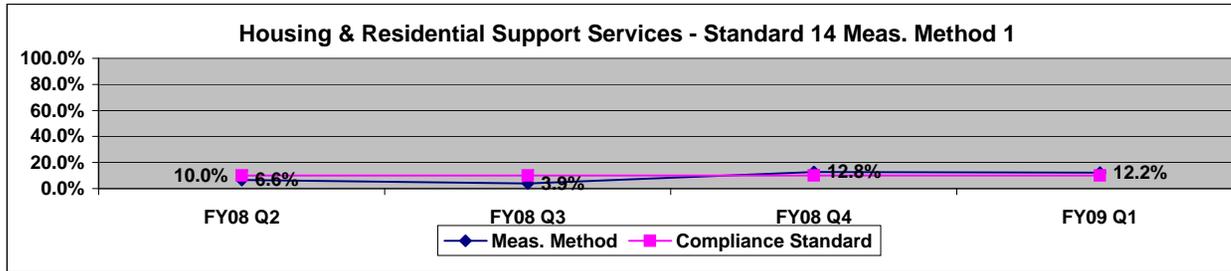


Paragraph 97,98 **Standard 13:** Demonstrate class member satisfaction with access and quality of residential support services
Meas. Method 1. Annual Class Member Survey Q15, Percent reporting satisfaction with their current living situation.
Baseline 80.2% 2004 Class Member Survey (N=538)
Current Level 82.1% 2008 Class Member Survey (N=555)
Performance Standard 80.0%



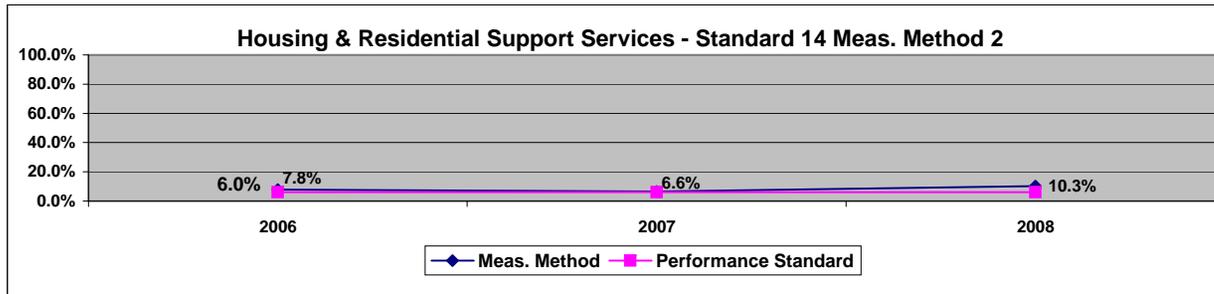
Meas. Method 2. Annual Class Member Survey Q17, Class members receiving residential/housing supports who report satisfaction with services.
Baseline 81.4% 2005 Class Member Survey (N=538) *Question added in 2005
Current Level 81.0% 2008 Class Member Survey (N=555)
Performance Standard 85.0%

Community Resources and Treatment Services
Housing and Residential



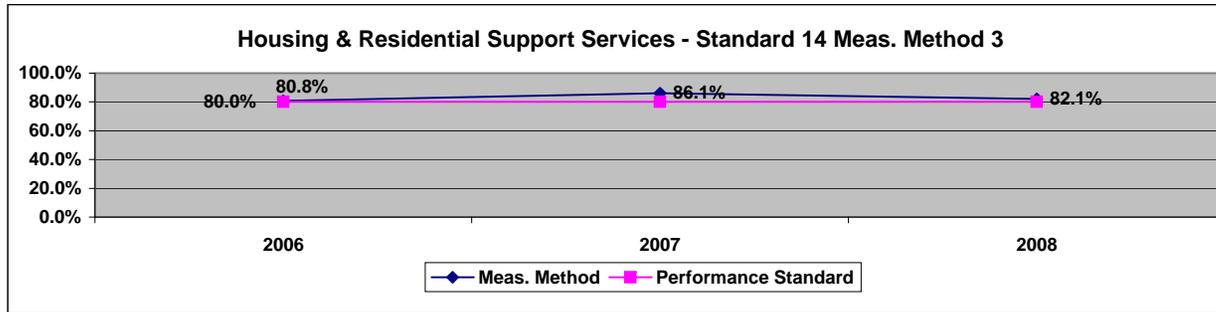
Parag Standard 14: Demonstrate an array of housing alternatives available to meet class member needs.
94, 95 Meas. Method 1. Class members with ISPs with unmet housing needs.

Baseline	1.6%	(5 out of 305)	FY06 Q4 ISP RDS Data
Current Level	12.2%	(679 out of 5558)	FY09 Q1 ISP RDS Data
Performance Standard	10.0%	or fewer	
Compliance Standard	10.0%	or fewer (3 out of 4 quarters)	

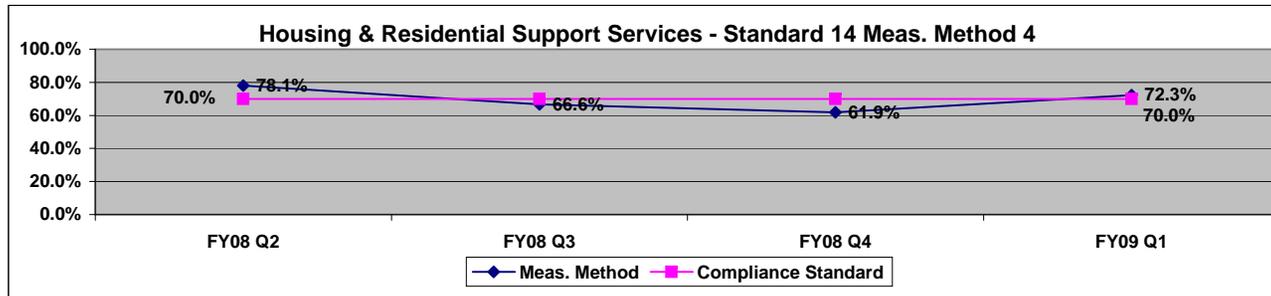


Meas. Method 2. Percentage of Class Members who experienced homelessness over 12-month period.

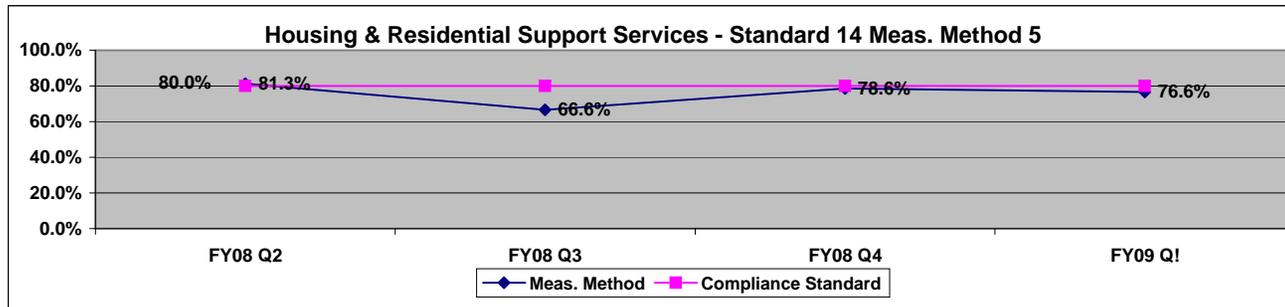
Baselines	8.6%	2004 Class Member Survey (N=538)
Current Levels	10.3%	2008 Class Member Survey (N=555)
Performance Standard	6.0%	or fewer



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 82.1% 2008 Class Member Survey (N=555)
Performance Standard 80.0%



Meas. Method 4. Percentage of patients at Riverview determined to be ready for discharge who are discharged within 7 days of that determination. (discharge not impeded due to lack of housing alternatives)
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 72.3% (FY 09 Q1 Out of 47, 13 could not be discharged)
Performance Standard 75.0% (within 7 days of that determination)
Compliance Standard 70.0% (within 7 days of that determination)



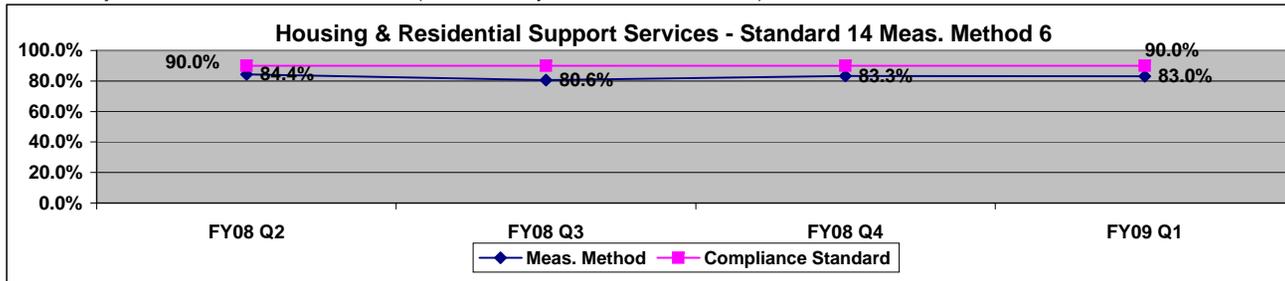
Meas. Method 5. Percentage of patients at Riverview determined to be ready for discharge who are discharged within 30 days of that determination. (discharge not impeded due to lack of housing alternatives)

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 76.6% (FY 09 Q1 Out of 47, 11 could not be discharged)

Performance Standard 96.0% (within 30 days of that determination)

Compliance Standard 80.0% (within 30 days of that determination)



Meas. Method 6. Percentage of patients at Riverview determined to be ready for discharge who are discharged within 45 days of that determination. (discharge not impeded due to lack of housing alternatives)

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 83.0% (FY 09 Q1 Out of 47, 8 could not be discharged)

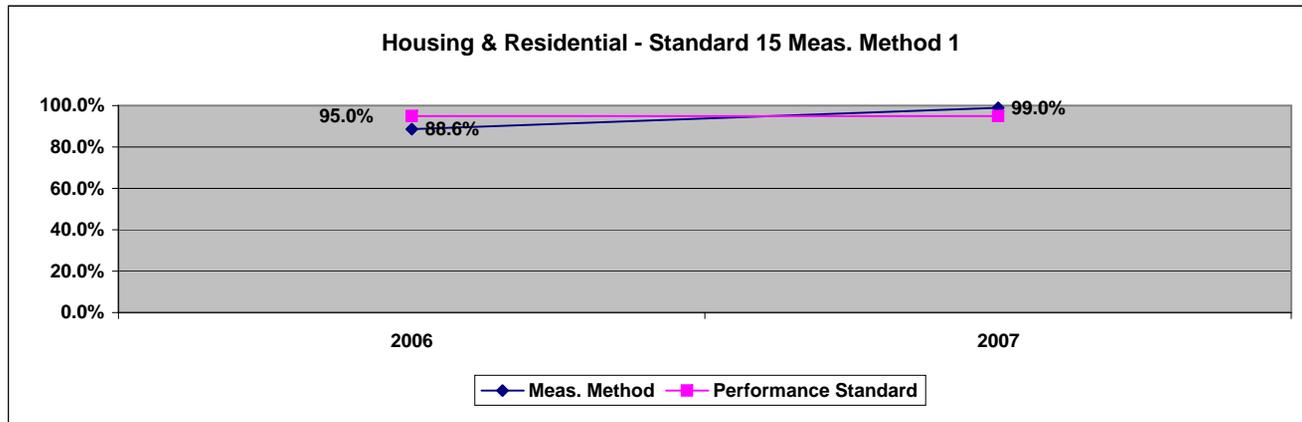
Performance Standard 100.0% (within 45 days of that determination)

Compliance Standard 90.0% (within 45 days of that determination with certain clients excepted by agreement of the parties and the Court Master)

Riverview Psychiatric Center Discharge Detail to amplify data presented above standard 14:

47 Patients discharged in quarter	Housing Alternatives impeded discharge for 13 patients (27%)
27 discharged at 7 days (57.4%)	2 patients discharged 8-30 days post clinical readiness for discharge
5 discharged 8-30 days (11.6%)	3 patients discharged 31-45 days post clinical readiness for discharge
3 discharged 31-45 days (6.4%)	8 patients discharged greater than 45 days post clinical readiness for discharge
12 discharged post 45 days (25.5%)	

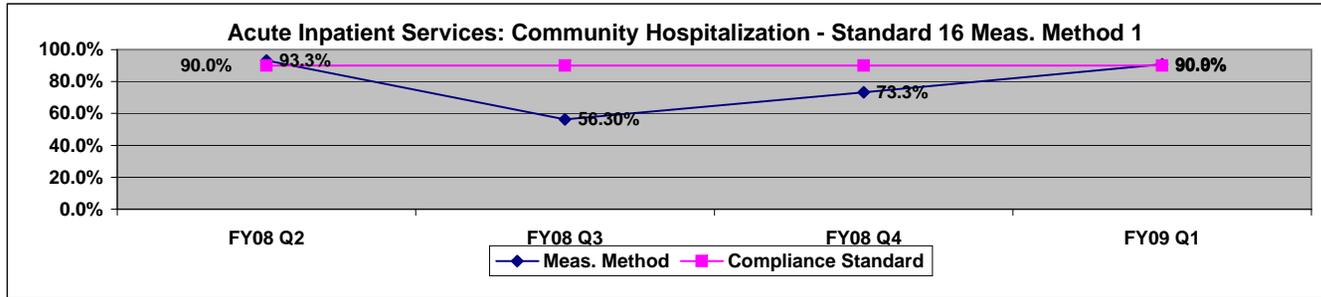
Housing and Residential



<p>Paragraph 96</p> <p>Standard 15:</p> <p>Meas. Method 1.</p> <p>Baseline</p> <p>Current Level</p> <p>Performance Standard</p>	<p>Housing is where community services are located/Consumers in Homes with more than 8 beds.</p> <p>Class members residing in homes with more than 8 beds in which the class member chooses to reside in that facility is documented.</p> <p>92.8% CDC Paragraph 96 Tracking - April 2004</p> <p>99.0% December 2007 - Of the 104 consumers in homes greater than 8 beds, 103 have signed consents and 1 consumer has an active ISP goal to pursue other housing</p> <p>95.0%</p>
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The protocol for obtaining the informed consent of Class Members to live in homes with greater than 8 beds (Settlement Agreement Paragraph 96) is followed annually to track data for this standard.

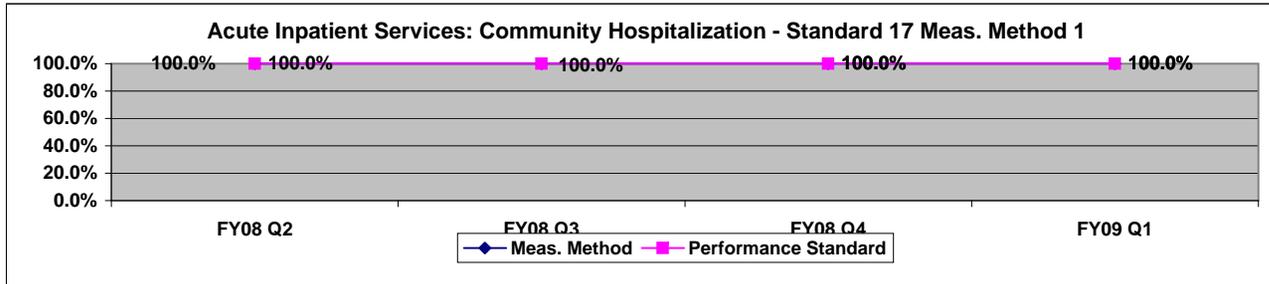
Community Resources and Treatment Services
Acute Inpatient Services: Involuntary Community Hospitalization



Paragraph	Standard 16:	<i>Psychiatric Hospitalization reasonably near an individual's local community.</i>
88	Meas. Method 1.	Class Member admissions determined to be reasonably near an individual's local community of residence.
	Baseline	87.0% UR Database Q1-FY '05 (20 out of 23)
	Current Level	90.9% UR Database/EIS FY09 Q1 (10 out of 11)
	Performance Standard	90.0%
	Compliance Standard	90.0% (3 out of 4 quarters)

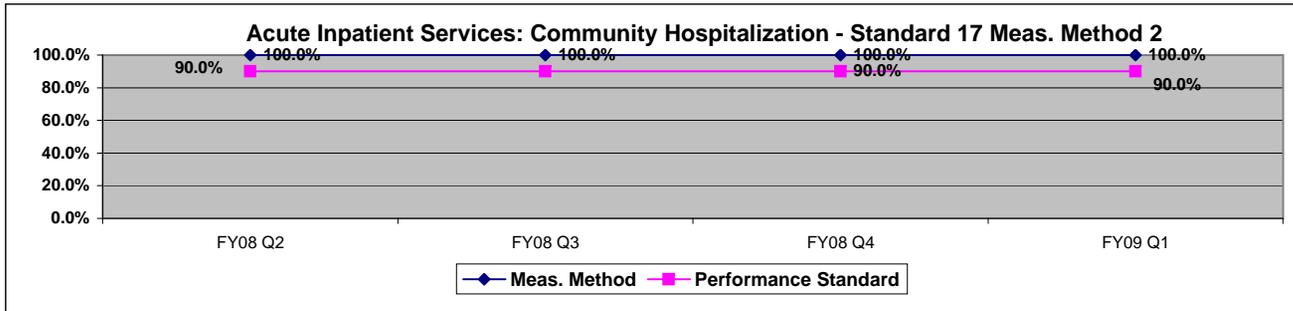
Reasonably Near is defined by Attachment C to the October 29, 2007 approved Compliance Standards.

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

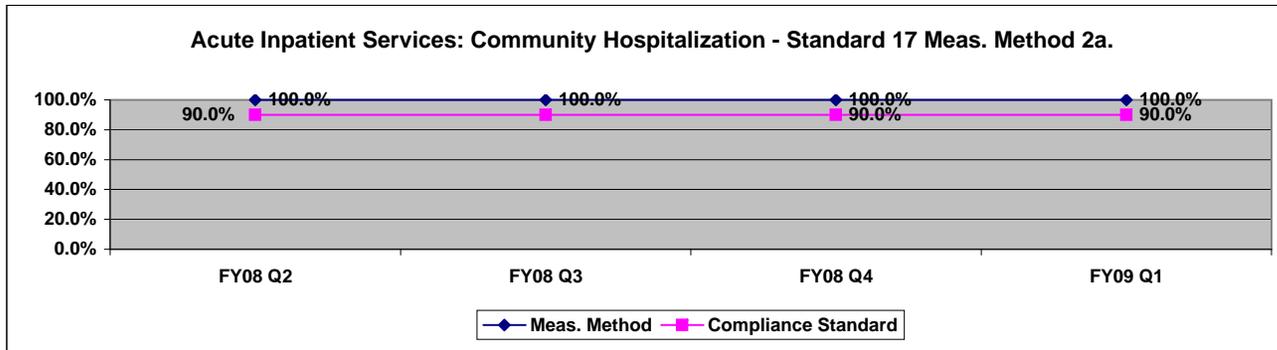


Paragraph Standard 17: Class member admissions to community involuntary inpatient units are in accordance with law and meet medical necessity criteria

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 09 (11 out of 11)
Performance Standard 100.0%



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 09 (11 out of 11)
Performance Standard 90.0%



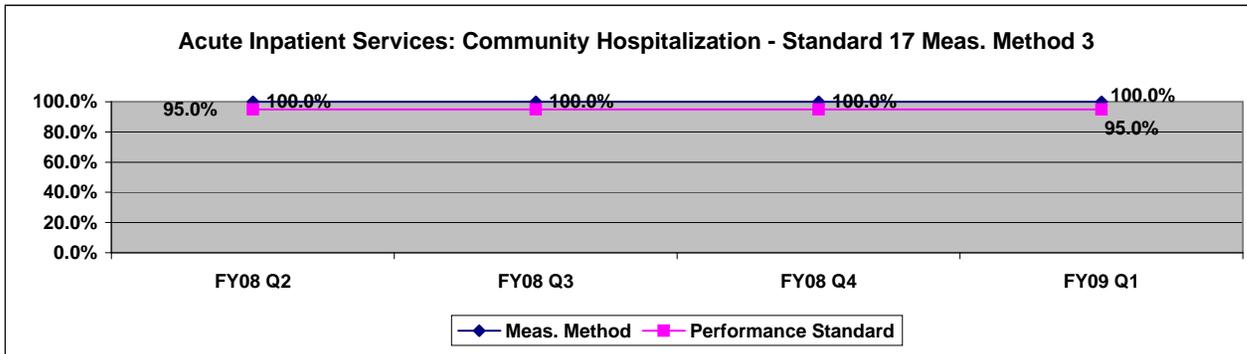
Meas. Method 2a. Corrective action taken by UR nurse where blue paper not completed in accordance with terms.

Baseline 100.0% UR Database Q1-FY '05 (4 out of 4)

Current Level 100.0% UR Database/EIS Q1 FY 09 All Blue Papers reported as completed and in accordance with terms

Performance Standard 95.0%

Compliance Standard 90.0%

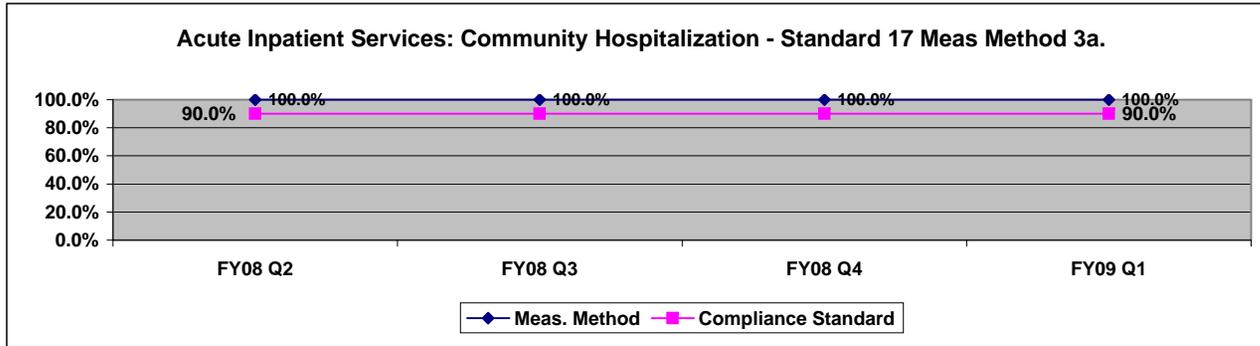


Meas. Method 3. Class member involuntary admissions to community inpatient units in which 24 hour certification was completed.

Baseline 65.2% UR Database Q1-FY '05 (15 out of 23)

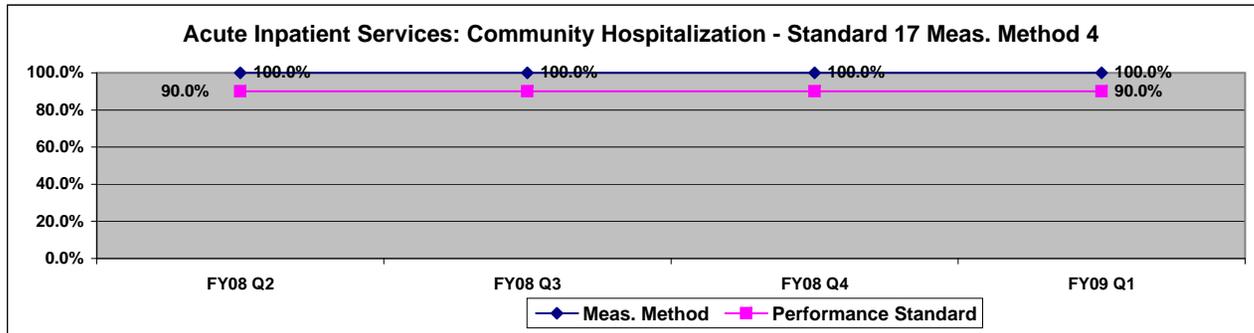
Current Level 100.0% UR Database/EIS Q1 FY 09 (11 out of 11)

Performance Standard 95.0%



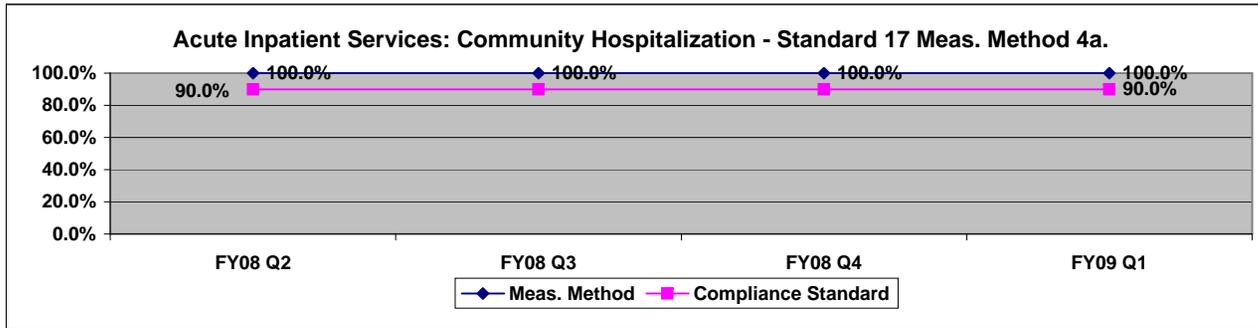
Meas. Method 3a. Corrective action taken by UR nurse where 24 hour certification was not completed.

Baseline	12.5%	UR Database Q1-FY '05	(1 out of 8)
Current Level	100.0%	UR Database/EIS Q1 FY 09	All 24 hour certifications reported as completed.
Performance Standard	100.0%		
Compliance Standard	90.0%		

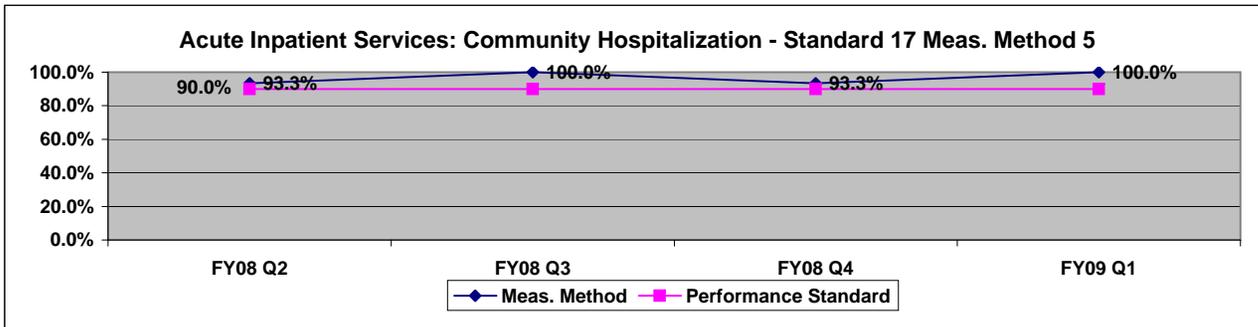


Meas. Method 4. Class member involuntary admissions to community inpatient units in which patients' rights were maintained.

Baseline	82.6%	UR Database Q1-FY '05	(19 out of 23)
Current Level	100.0%	UR Database/EIS Q1 FY 09	(11 out of 11)
Performance Standard	90.0%		

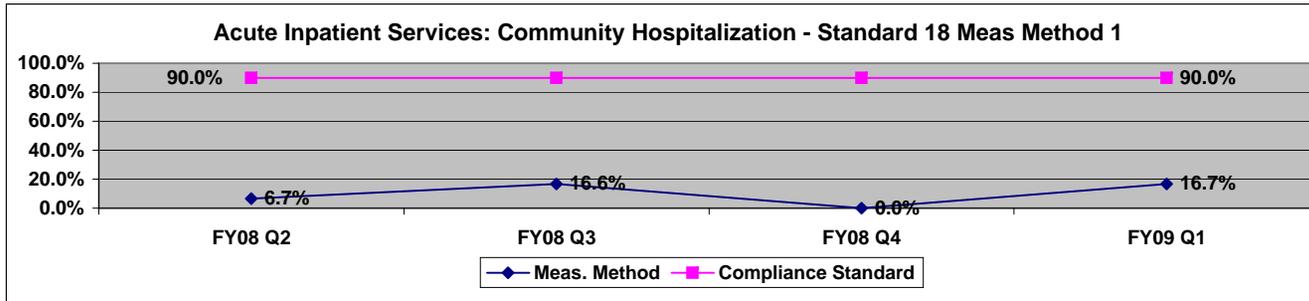


Meas. Method 4a. Corrective action taken by UR nurse where documentation showed patients' rights not maintained.
Baseline 25.0% UR Database Q1-FY '05 (1 out of 4)
Current Level 100.0% UR Database/EIS Q1 FY 09 All rights were maintained
Performance Standard 100.0%
Compliance Standard 90.0%

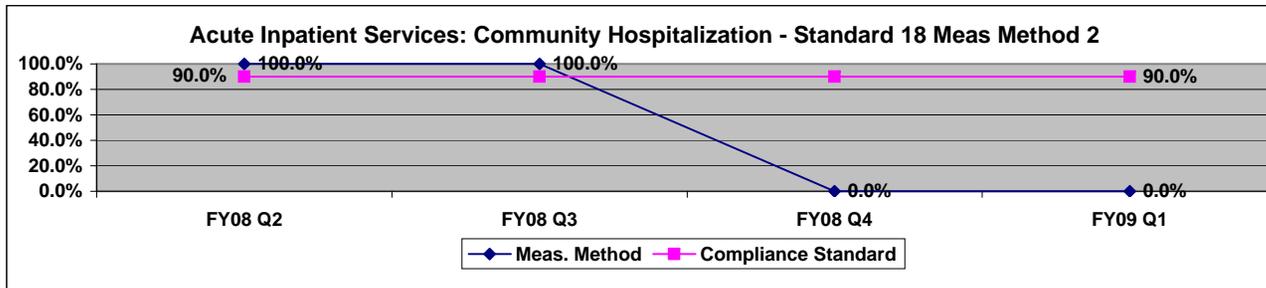


Meas. Method 5. Class member involuntary admissions for which medical necessity has been established.
Baseline 95.7% UR Database Q1-FY '05 (22 out of 23)
Current Level 100.0% UR Database/EIS Q1 FY 09 (11 out of 11)
Performance Standard 90.0%

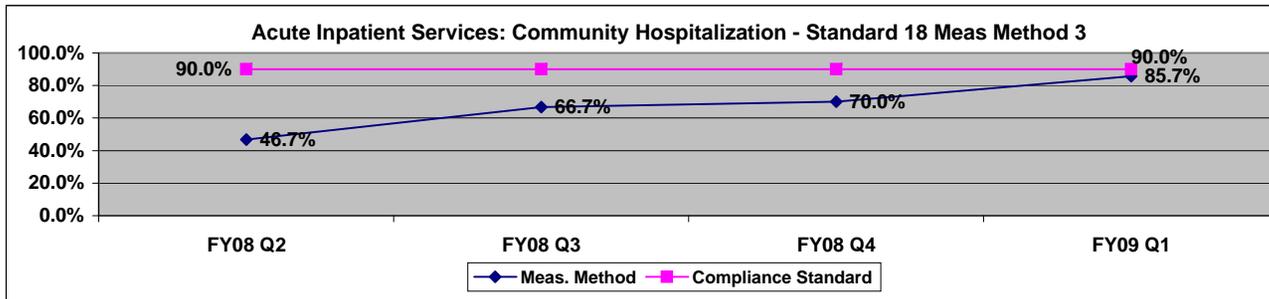
Community Resources and Treatment Services
Acute Inpatient Services: Involuntary Community Hospitalization



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 16.7% UR Database/EIS Q1 FY 09 (1 out of 6)
Performance Standard 90.0%
Compliance Standard 90.0%

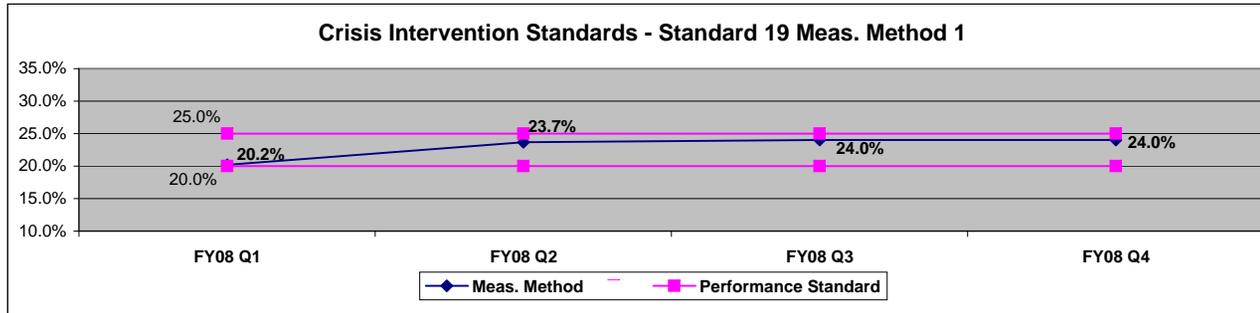


Meas. Method 2. Treatment and discharge plan were determined to be consistent with ISP goals and objectives.
Baseline 50.0% UR Database Q4-FY '05 (1 out of the 2 received)
Current Level 0.0% UR Database/EIS Q1 FY 09 (0 out of 1)
Performance Standard 90.0%
Compliance Standard 90.0%

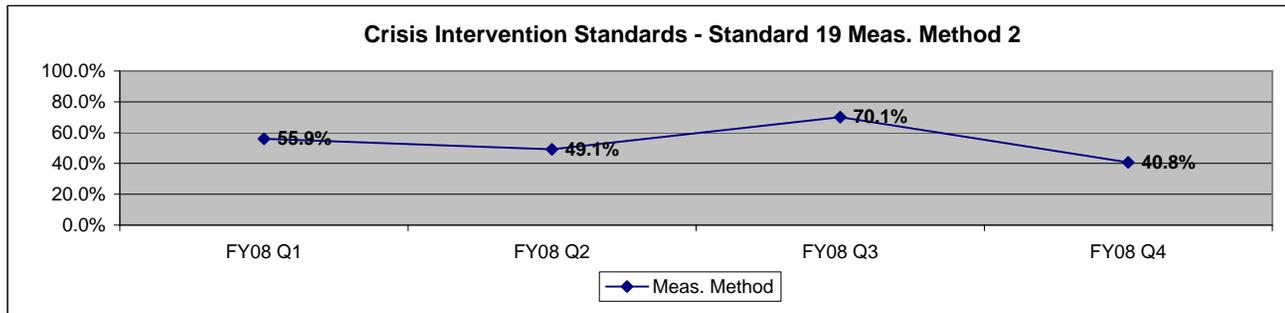


Meas. Method 3.	CI/ICI/ICM/ACT worker participated in hospital treatment and discharge planning.	
Baseline	63.1%	UR Database Q1-FY '05 (12 out of 19)
Current Level	85.7%	UR Database/EIS Q1 FY 09 (6 out of 7)
Performance Standard	90.0%	
Compliance Standard	90.0%	

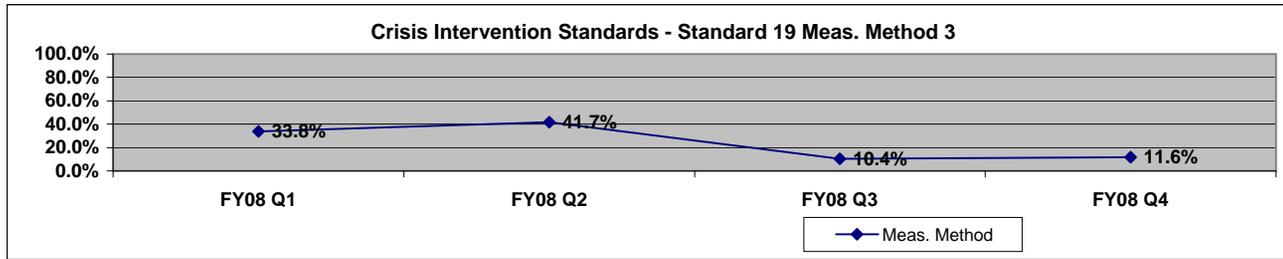
Community Resources and Treatment Services
Crisis Intervention Services



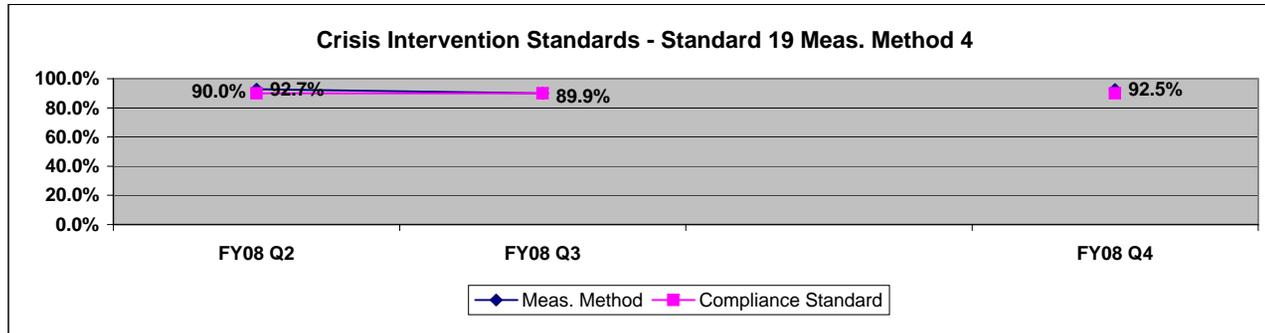
Paragraph Standard 19: Crisis services are effective and meet Settlement Agreement Standards.
99, 100 Meas. Method 1. Quarterly Contract Performance Data: Face to face crisis contacts that result in hospitalizations.
Baseline 21.0% Performance Indicator Data - Average quarterly % for first three quarters FY 2004
Current Level 24.0% FY 08 Q4 (1340 out of 5481)
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 40.8 FY 08 Q4 (2238 out of 5481)
Performance Standard To Be Established

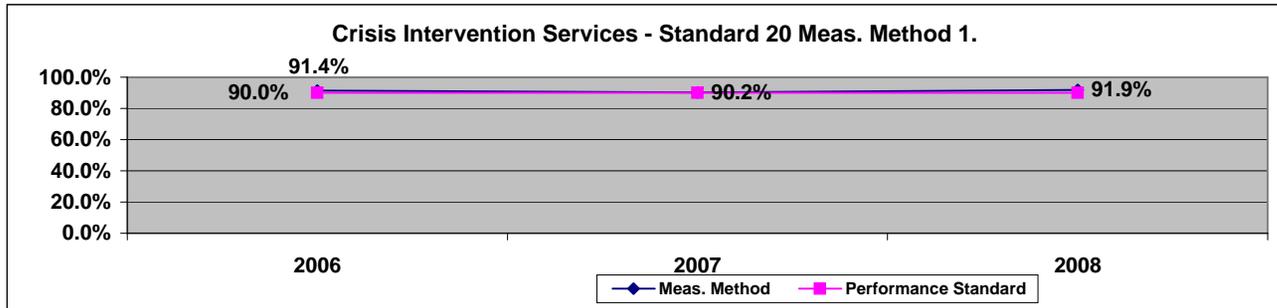


Meas. Method 3. Face to face crisis contacts in which a previously developed crisis plan was available and used.
Baseline 12.6% Performance Indicator Data - 2nd Qtr FY 06
Current Level 11.6% FY 08 Q4 (636 out of 5481)
Performance Standard To Be Established
class members or persons receiving Community Support Services.

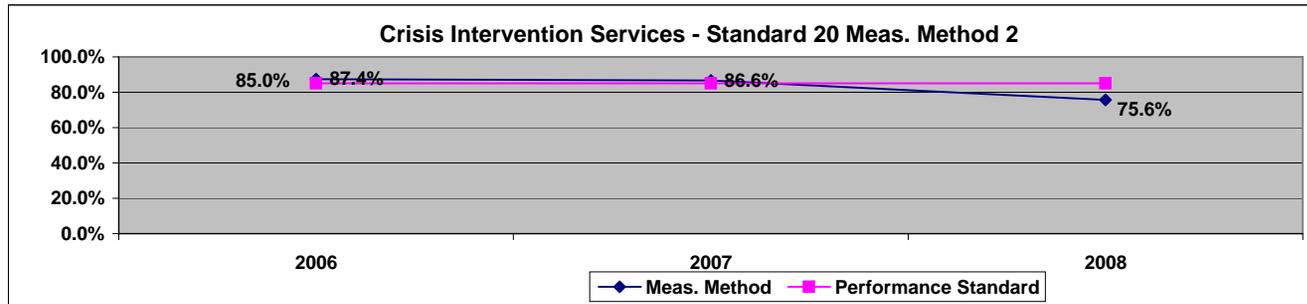


Meas. Method 4. Face to face crisis contacts in which client has a CI worker and worker was notified about the crisis.
Baseline 78.4%* Performance Indicator Data - 2nd Qtr FY 06
Current Level 92.5% FY 08 Q4 (1375 out of 1486)
Compliance Standard 90.0% (3 out of 4 quarters)

Community Resources and Treatment Services
Crisis Intervention Services

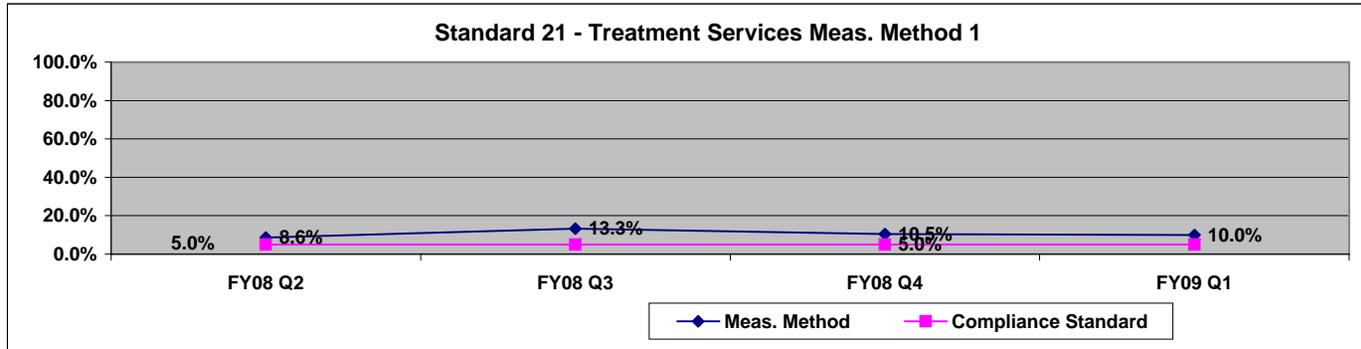


Paragraph **Standard 20:** **Class member satisfaction with the availability and quality of crisis intervention services.**
99, 100 Meas. Method 1. Class members reporting that they know how to get help in a crisis when they need it-Q2.
Baseline 87.6% 2004 Class Member Survey (N=538)
Current Level 91.9% 2008 Class Member Survey (N=555)
Performance Standard 90.0%
Compliance Standard Department conducts further review and takes appropriate corrective action if results fall below Performance Standard Level.



Meas. Method 2. Class members reporting that crisis services were available when needed
Baseline 83.3% 2004 Class Member Survey (N=538)
Current Level 75.6% 2008 Class Member Survey (N=555)
Performance Standard 85.0%

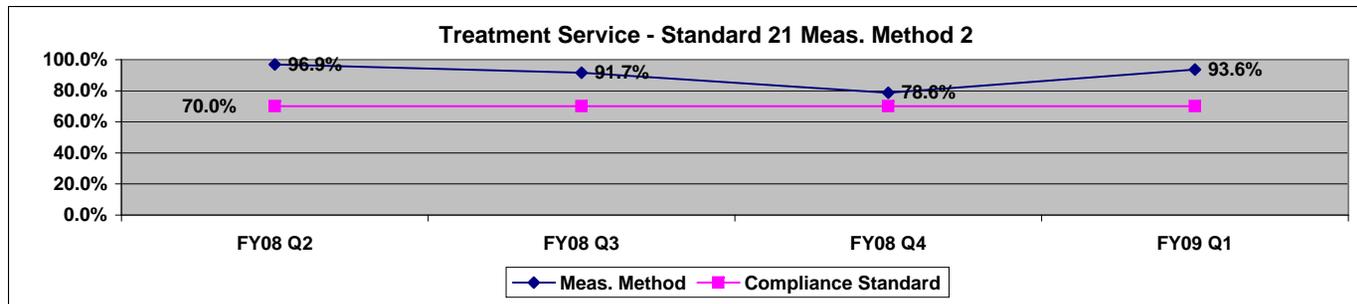
Community Resources and Treatment Services
Treatment Services - Standard 21



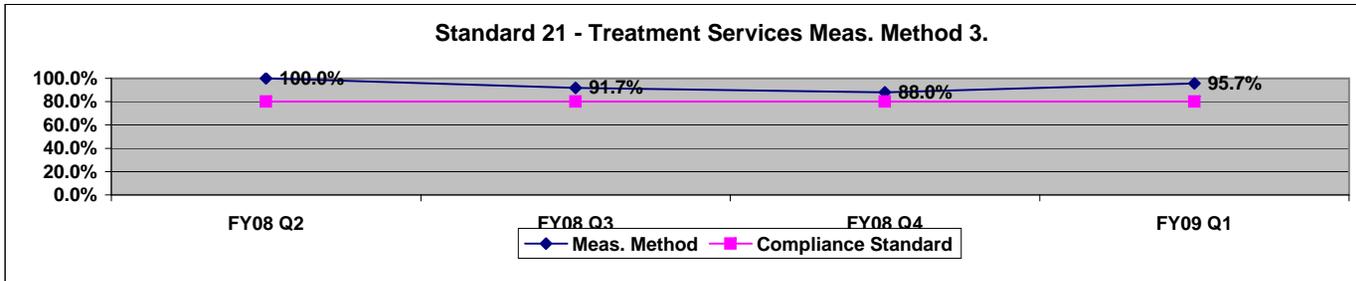
Paragraph Standard 21:

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	10.0% (556 out of 5558)	FY09 Q1 ISP RDS Data
Performance Standard	5.0% or fewer	
Compliance Standard	5.0% or fewer (3 out of 4 quarters)	



Meas. Method 2.	Percentage of patients at Riverview determined to be 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 MH treatment)
Current Level	93.6%	(FY 09 Q1 Out of 47, 3 could not be discharged)
Performance Standard	75.0% (within 7 days of that determination)	
Compliance Standard	70.0% (within 7 days of that determination)	



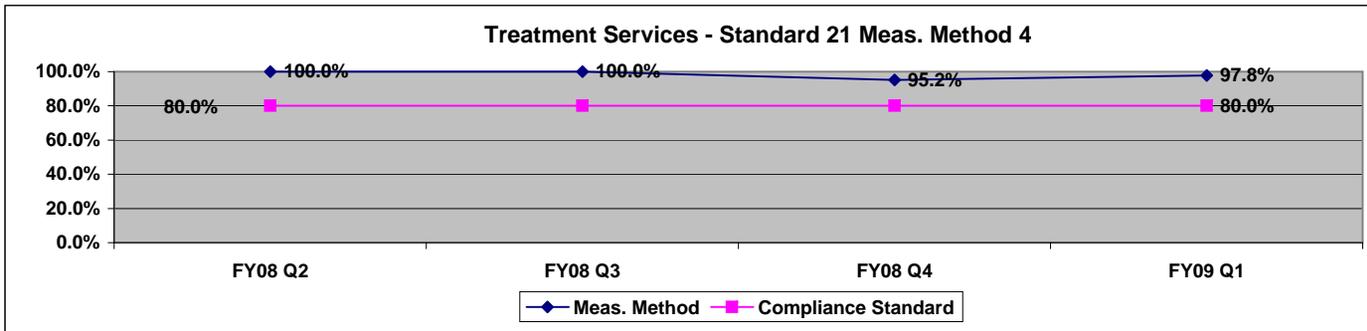
Meas. Method 3. Percentage of patients at Riverview determined to be ready for discharge who are discharged within 30 days of that determination

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

Current Level 95.7% (FY 09 Q1 Out of 47, 2 could not be discharged)

Performance Standard 96.0% (within 30 days of that determination)

Compliance Standard 80.0% (within 30 days of that determination)



Meas. Method 4. Percentage of patients at Riverview determined to be ready for discharge who are discharged 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 MH treatment)

Current Level 97.8% (FY 09 Q1 Out of 47, 1 could not be discharged)

Performance Standard 100.0% (within 45 days of that determination)

Compliance Standard 90.0% (within 45 days of that determination with certain clients excepted by agreement of the parties and the Court Master)

Riverview Psychiatric Center Discharge Detail to amplify data presented in standard 21:

Discharge Detail:

47 Patients discharged in quarter	Mental Health Treatment Services impeded discharge for 3 patients (6.4%)
27 discharged at 7 days (57.4%)	1 patient discharged 8-30 days post clinical readiness for discharge
5 discharged 8-30 days (11.6%)	1 patient discharged 31-45 days post clinical readiness for discharge
3 discharged 31-45 days (6.4%)	1 patient greater than 45 days post clinical readiness for discharge
12 discharged post 45 days (25.5%)	

Standard 21

Meas. Method 5.

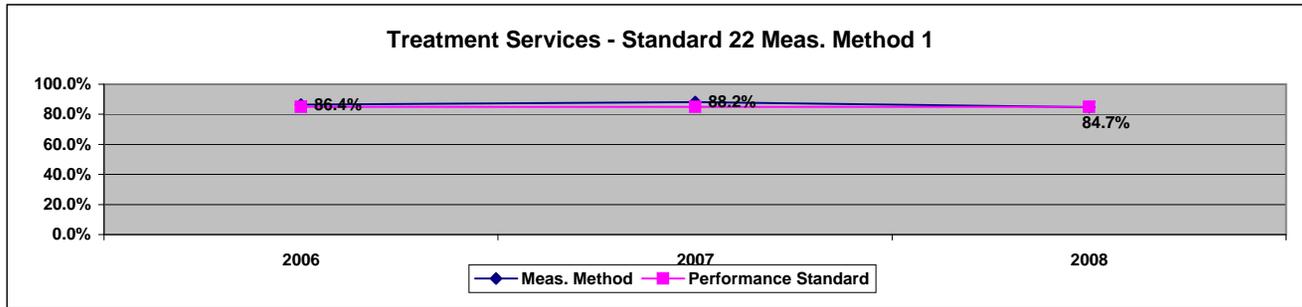
MaineCare data demonstrates by mental health service category that class members use an array of mental health treatment services.

Performance Standard

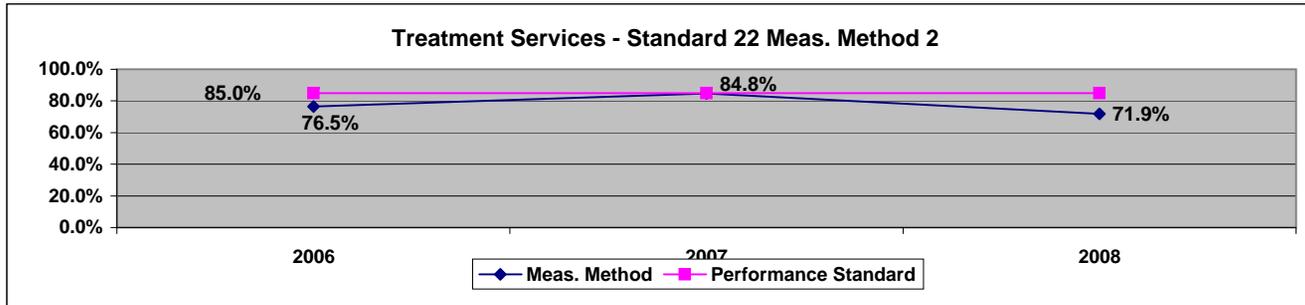
No Numerical Standard Necessary

MaineCare Data FY 2007			
Mental Health Treatment Services Received	Total Number	Total Number of Class Members	Percent of Class Members
Assertive Community Treatment	645	226	35.0%
Community Integration	9,577	1,198	12.5%
Crisis Services	6,044	634	10.5%
Day Treatment	472	123	26.1%
Intensive Case Management	173	118	68.2%
Intensive Comm. Integration	1,194	183	15.3%
Medication Management	12,862	1,050	8.2%
Outpatient	17,790	614	3.5%
Residential	831	367	44.2%
Skills Development	580	162	27.9%
Total Unduplicated Count	28,576	1,868	6.5%

Community Resources and Treatment Services
Treatment Services



Paragraph Standard 22: **Class members are satisfied with access and quality of MH treatment services received.**
103 Meas. Method 1. 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 84.7% 2008 Class Member Survey (N=555)
Performance Standard 85.0%
Compliance Standard OAMHS Conducts further review, takes appropriate action if results fall below defined levels.



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 71.9% 2008 Class Member Survey (N=555)
Performance Standard 85.0%

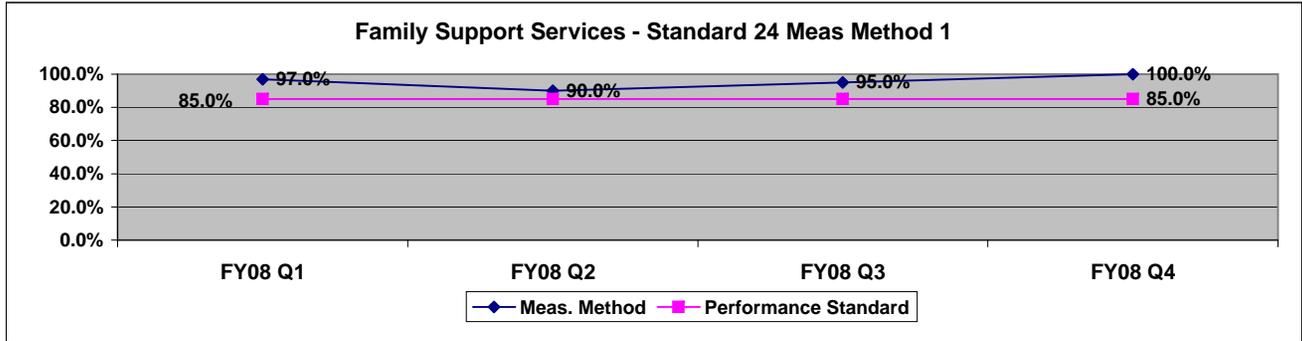
Community Resources and Treatment Services
Family Support Services

Graph Not Available for Standard 23

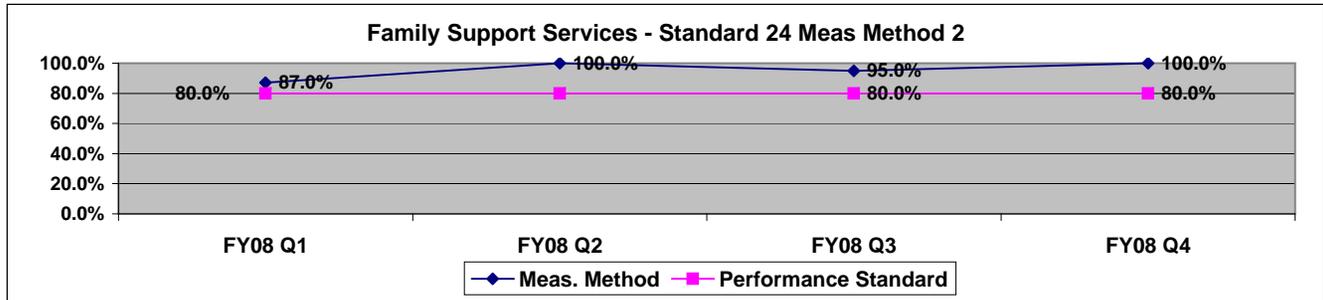
Paragraph 109	Standard 23:	Demonstrate provision of an array of family support services as per Settlement Agreement
	Meas. Method 1.	Number of education programs developed and delivered meeting Settlement Agreement requirements
	Baseline	7, Family To Family Programs offered at 7 separate locations through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

Note: Contracted agencies are allowed one month after the end of the quarter to submit performance indicator data. In the past NAMI Maine has been able to submit the data in less than 30 days. NAMI Maine's performance indicator data for Quarter One will be reported in Quarter Two. As a result, performance indicators for Family Support Services are not yet available for Quarter One.

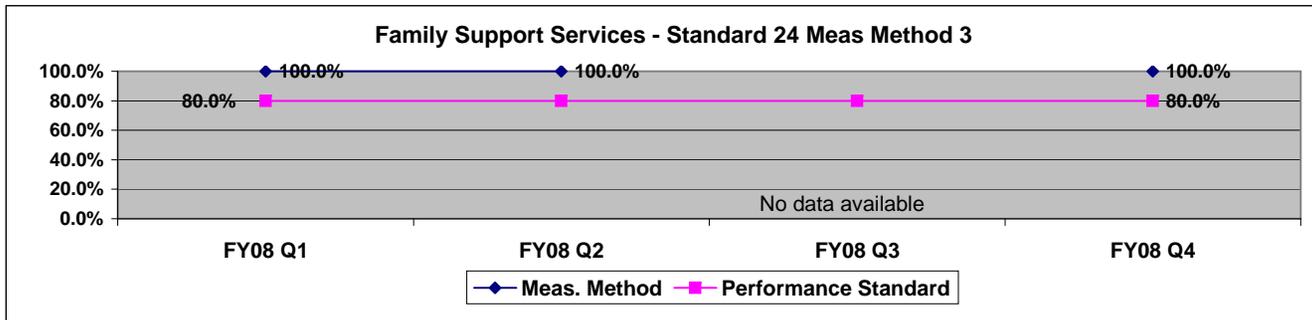
Community Resources and Treatment Services
Family Support Services



Paragraph **Standard 24:** **Consumer/family satisfaction with family support and information and referral services.**
109 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 100.0 Performance Indicator Data, 4th QTR FY'08 - Information and Referral Services-NAMI
Performance Standard 85.0%



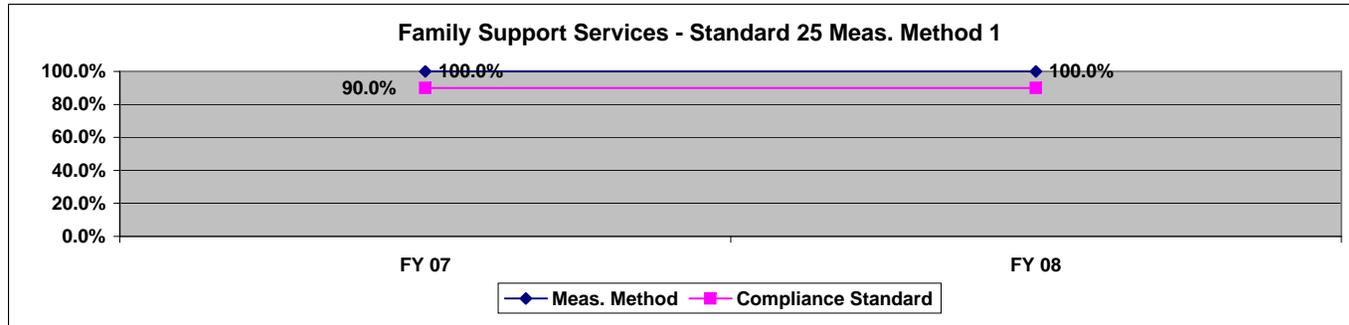
Meas. Method 2. Percentage of program participants reporting satisfaction with education programs.
Baseline 100.0% NAMI Satisfaction Instrument, FY 2006
Current Level 100.0% Performance Indicator Data, 4th QTR FY'08 - Information and Referral Services-NAMI
Performance Standard 80.0%



Meas. Method 3. Percentage of family participants reporting satisfaction with respite services.
Baseline 100.0% NAMI Satisfaction Instrument, FY 2007
Current Level 100.0% Performance Indicator Data, 4th QTR FY'08 - Respite Services, NAMI
Performance Standard 80%

Note: Contracted agencies are allowed one month after the end of the quarter to submit performance indicator data. In the past NAMI Maine has been able to submit the data in less than 30 days. NAMI Maine's performance indicator data for Quarter One will be reported in Quarter Two. As a result, performance indicators for Family Support Services are not yet available for Quarter One.

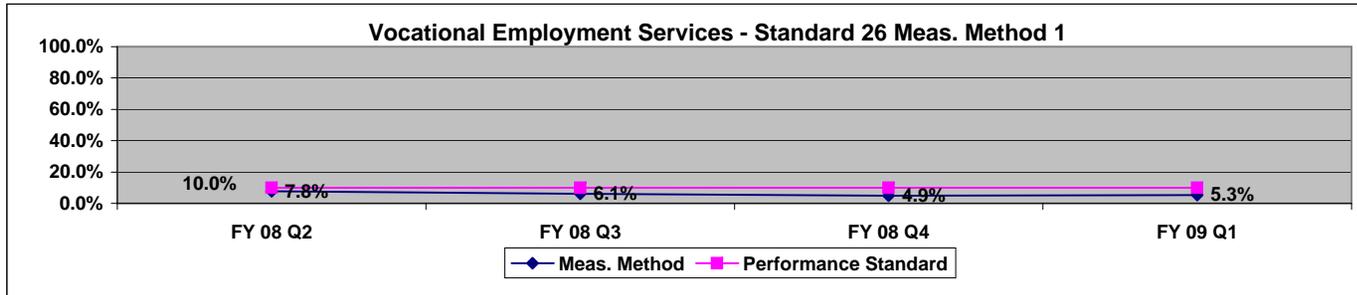
**Community Resources and Treatment Services-Standard 25
Family Support Services**



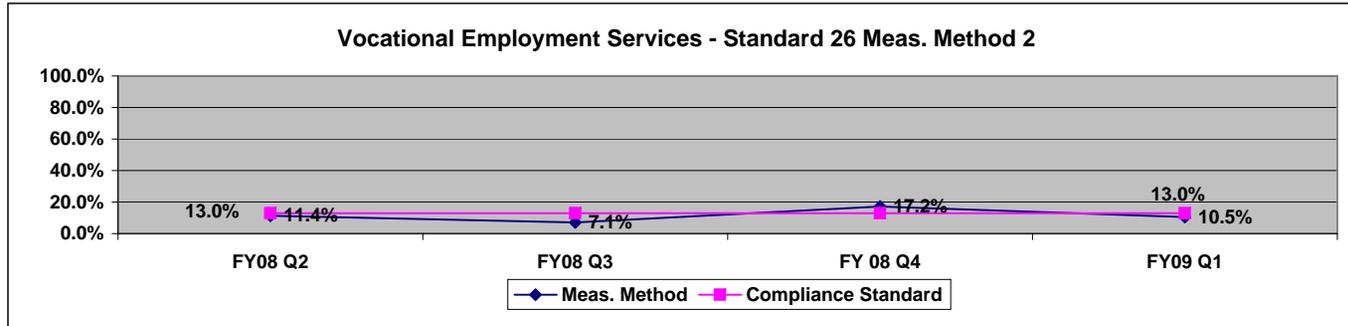
Paragraph	Standard 25:	Agencies are referring family members to family support groups
110	Meas. Method 1.	Agency contracts reviewed with documented evidence of referral mechanism to family support services.
	<i>Baseline</i>	100.0% February & March 2007 Contract Reviews
	<i>Current Level</i>	100.0% February & March 2008 Contract Reviews
	<i>Performance Standard</i>	90.0%
	<i>Compliance Standard</i>	90.0%
	Meas. Method 2.	Families receiving referrals for family support services reporting satisfaction with referral process.
	<i>Baseline</i>	To be established
	<i>Current Level</i>	To be established
	<i>Performance Standard</i>	85.0%

Requirement to collect this data has been added to NAMI's FY 09 contract.

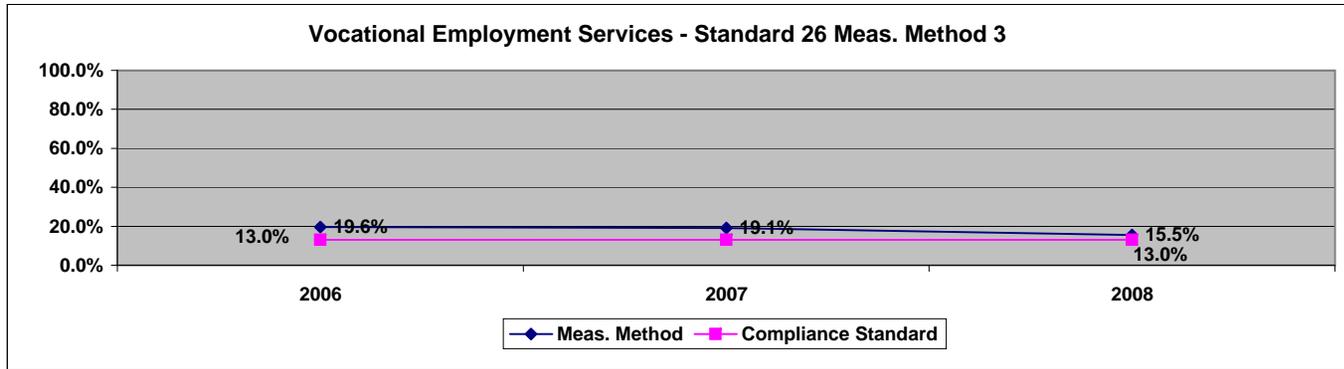
Community Resources and Treatment Services
Vocational Employment Services



Paragraph **Standard 26:** Reasonable efforts to provide array of vocational opportunities to meet ISP identified needs.
101 Meas. Method 1 Class members with ISP identified unmet vocational/employment support needs.
Baseline 1.3% (11 out of 305) FY06 Q4 ISP RDS Data
Current Level 5.3% (292 out of 5558) FY08 Q4 ISP RDS Data
Performance Standard 10.0% or fewer

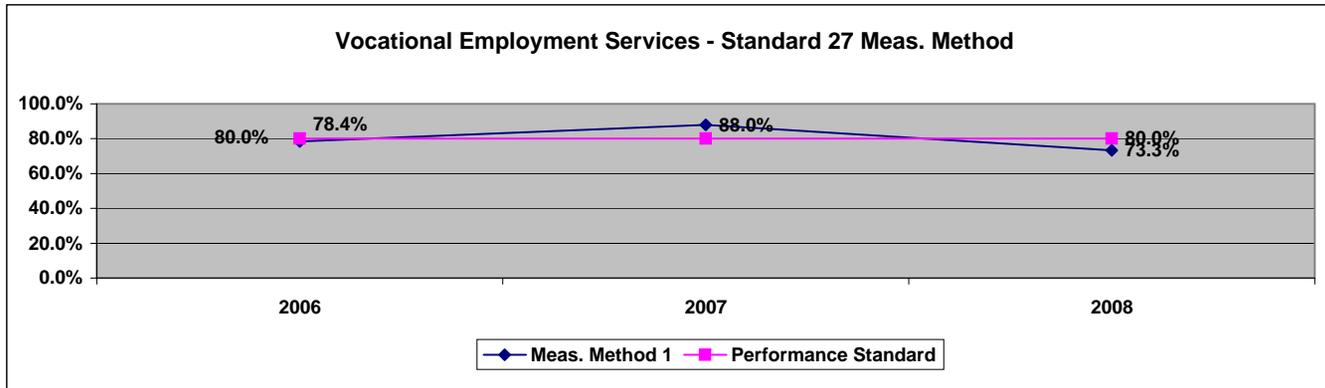


Meas. Method 2. Class members younger than age 62 in competitive employment in the community.
Baseline 10.8% (82 out 758) FY 07 Q3 ISP RDS
Current Level 10.5% (129 out of 1228) FY09 Q1 ISP RDS Data
Performance Standard 15.0% or more
Compliance Standard 13.0% or Baseline: See explanation after Standard 26, Measurement Method 3

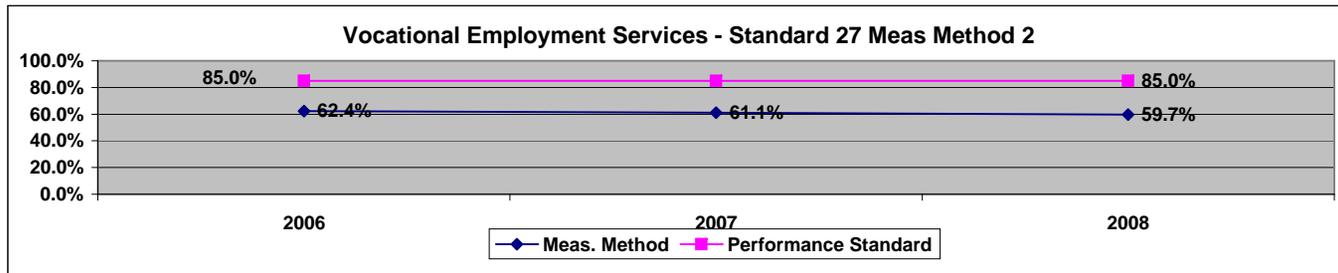


Meas. Method 3. Class members in either supported employment or in competitive employment (Part or Full Time).
Baseline 21.0% 2004 Class Member Survey (N=538)
Current Level 15.5% 2008 Class Member Survey (N=555)
Performance Standard 20.0% in either competitive or supported employment
Compliance Standard 13.0% or Baseline: See explanation below.

OAMHS takes action if the # of Class Members (younger than 62) employed falls below the Compliance Standard.

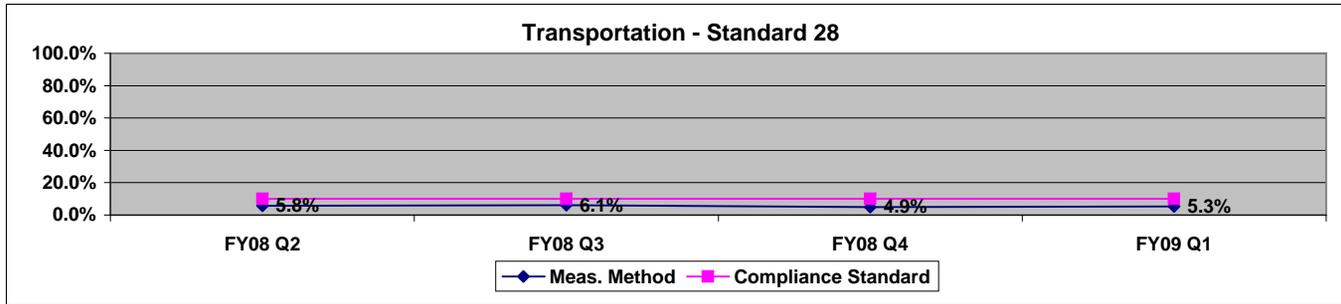


Paragraph **Standard 27:** **Satisfaction with employment and with vocational support services**
101 Meas. Method 1. Annual Class Member Survey Q20, Class members who report satisfaction with their employment.
Baseline 78.4% 2004 Class Member Survey (N=538)
Current Level 73.3% 2008 Class Member Survey (N=555)
Performance Standard 80.0%



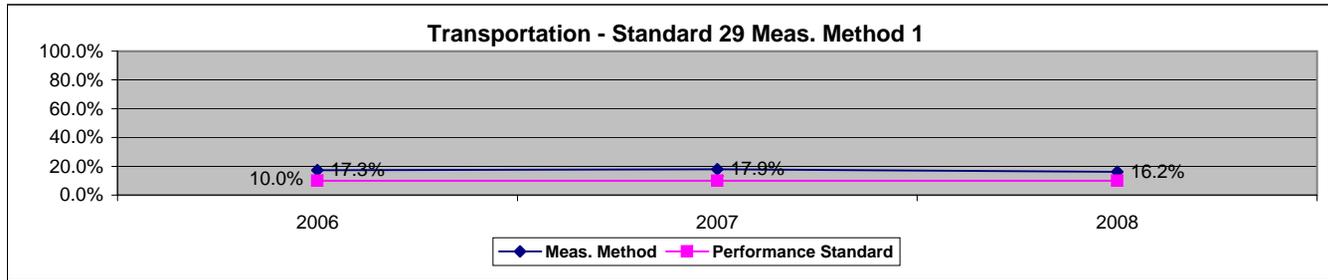
Meas. Method 2. Annual Class Member Survey, Q23, Class members reporting that vocational supports were available when needed.
Baseline 62.4% 2006 Class Member Survey. (N=507)
Current Level 59.7% 2008 Class Member Survey (N=555)
Performance Standard 85.0%

Community Resources and Treatment Services-Standard 28
Transportation



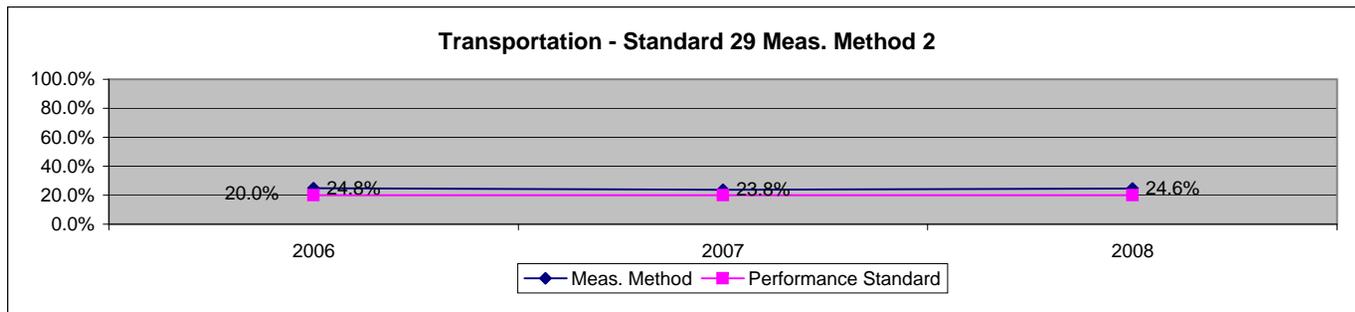
<p>Paragraph Standard 28: 107 Meas. Method 1.</p>	<p>Reasonable efforts to identify and resolve transportation problems that may limit access to services Percentage of class members with ISP identified unmet transportation needs.</p>
<p>Baseline</p>	<p>1.3% (4 out of 305) FY06 Q4 ISP RDS Data</p>
<p>Current Level</p>	<p>5.3% (297 out of 5558) FY09 Q1 ISP RDS Data</p>
<p>Performance Standard</p>	<p>10.0% or fewer</p>
<p>Compliance Standard</p>	<p>10.0% or fewer (3 out of 4 quarters)</p>

Community Resources and Treatment Services
Transportation



Paragraph Standard 29: **Satisfaction with availability of transportation services**
107 Meas. Method 1. 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	16.2%	2008 Class Member Survey (N=555)
Performance Standard	10.0%	or fewer



Meas. Method 2. Annual Class Member Survey Q8, % reporting difficulty participating in recreation or social activities due to lack of transportation.

Baseline	27.3%	2004 Class Member Survey (N=538)
Current Level	24.6%	2008 Class Member Survey (N=555)
Performance Standard	20.0%	or fewer

**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 04 Performance Indicators
	Current Level		4th QTR FY 08 Performance Indicators
	Performance Standard	<i>Qualitative evaluation; no numerical standard required.</i>	
	Meas. Method 2.	Number of other peer support programs and participation.	
	Baseline	26	Peer Support programs statewide. 2007 Office of Consumer Affairs Data.
	Current Level	26	Peer Support programs statewide. 2008 Office of Consumer Affairs Data.
	Performance Standard	<i>Qualitative evaluation; no numerical standard.</i>	

Peer Support Groups funded by DHHS 2008:

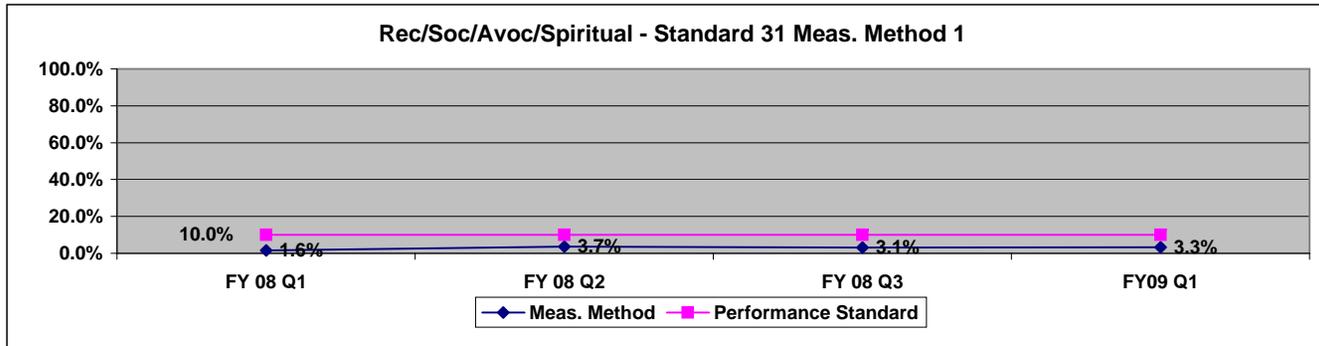
Peer Centers and Social Clubs: Amistad--Portland, Beacon House--Rumford
 Center for Life Enrichment -- Kittery, Common Connections--Saco, Friends Together --Jay
 Harmony Support Center--Sanford, Harvest Social Club -- Caribou, LINC -- Augusta,
 100 Pine Street -- Lewiston, Sweetser Peer Center -- Brunswick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

Statewide -- Advocacy Initiative Network
 Community Connections: Community based recreational opportunities and leisure planning

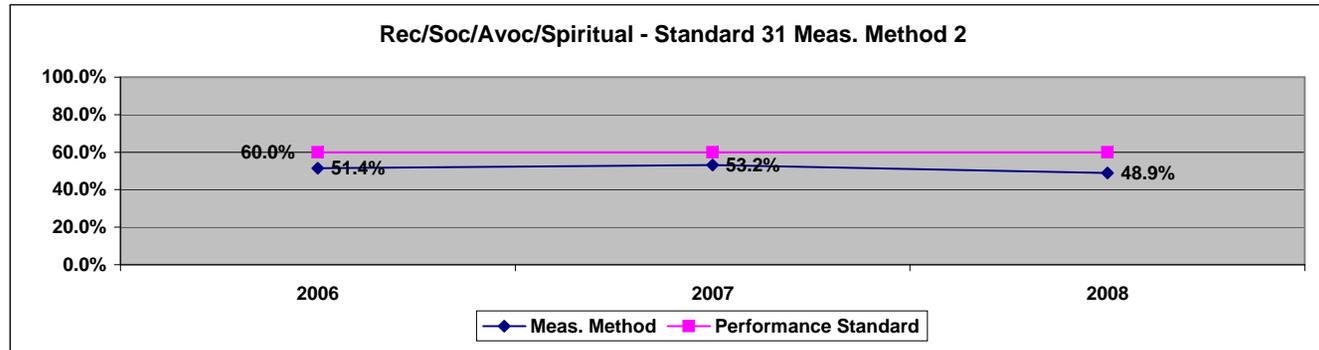
NAMI Support Groups Primarily Attended by consumers: Augusta, Bangor, Belfast, Portland, Machias, Milbridge, Newcastle, Pembroke, Saco, Rockland

*The reporting forms for social clubs and peer programs have been revised to give better information about the activities and programs that happen in peer support programs. It is anticipated that there will be an adjustment period as we switch forms and the data will become more meaningful after a couple of cycles with the new form.

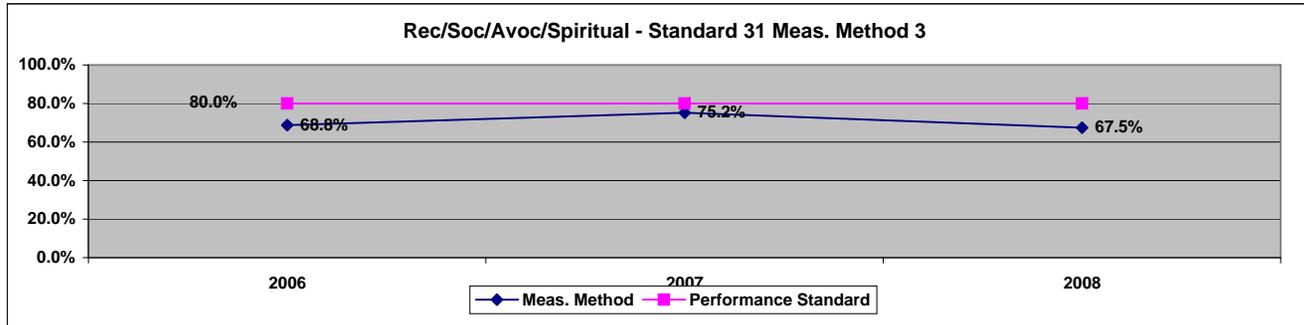
**Community Resources and Treatment Services
Recreation/Social/Avocational/Spiritual Opportunities**



Paragraph **Standard 31:** Demonstrate class member involvement in personal growth activities and community life.
105 Meas. Method 1. ISP identified class member unmet needs in recreational, social, avocational and spiritual areas.
Baseline 1.0% (3 out of 305) FY06 Q4 ISP RDS Data
Current Level 3.3% (185 out of 5558) FY09 Q1 ISP RDS Data
Performance Standard 10.0% or fewer

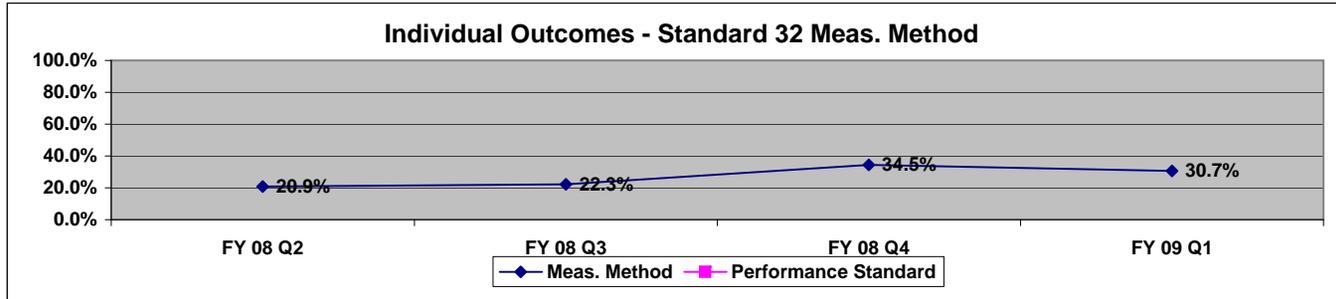


Meas. Method 2. Annual Class Member Survey, Q7, % reporting regular participation in rec/soc, avocational and spiritual areas.
Baseline 44.2% 2004 Class Member Survey (N=538)
Current 48.9% 2008 Class Member Survey (N=555)
Performance Standard 60.0%

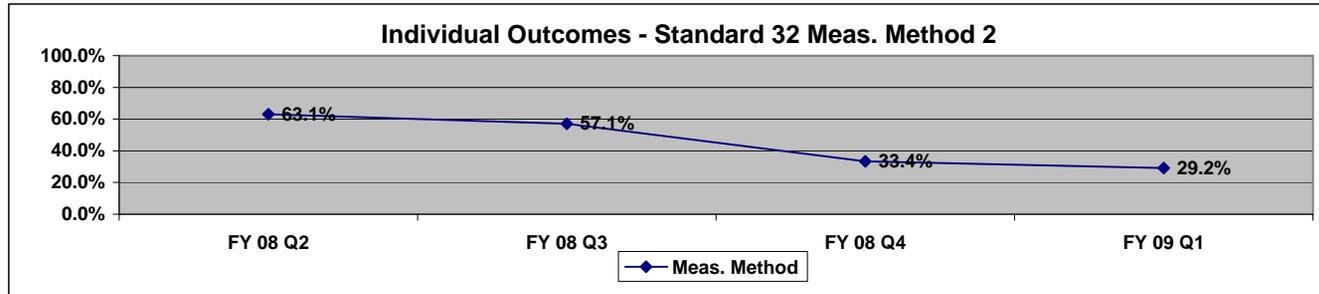


Meas. Method 3. Annual Class Member Survey, Q9, % reporting satisfaction with recreational and social opportunities available.
Baseline 62.2% 2004 Class Member Survey (N=538)
Current Level 67.5% 2008 Class Member Survey (N=555)
Performance Standard 80.0%

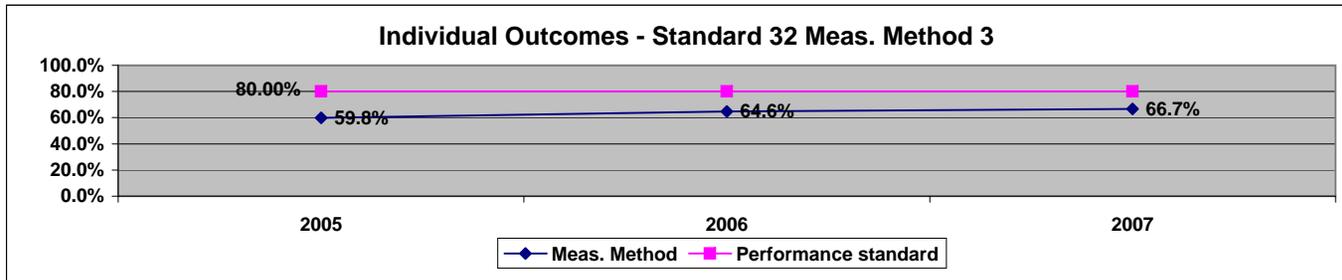
**System Outcomes: Supporting the Recovery of Adults with Mental Illness
Recovery**



Standard 32: Demonstrate functional improvements in the lives of class members receiving services
Meas. Method 1. Class Members 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 30.7% (59 out of 192) Enrollment data FY09 Q1 (Based on overall composite score.)
Performance Standard Standard to be established.



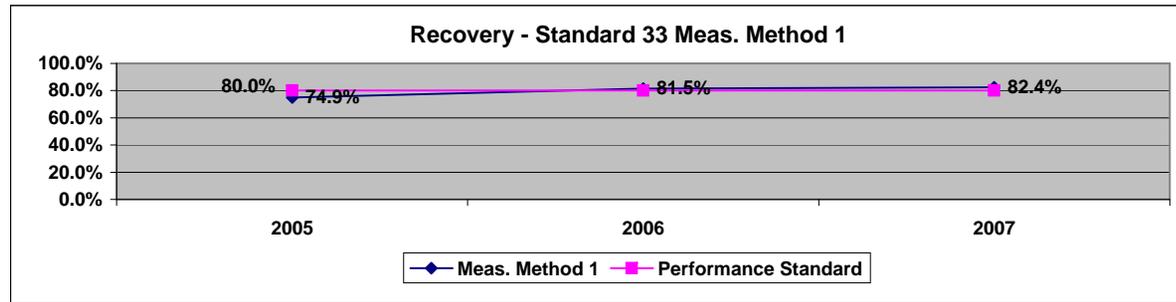
Meas. Method 2. Class Members who have maintained level of functioning between baseline and 12 month re-certification.
Baseline 24.6% (366/1488) Enrollment data 7/1/04 - 1/6/06 (Based on overall composite score.)
Current Level 29.2% (56 out of 192) Enrollment data FY09 Q1 (Based on overall composite score.)
Performance Standard Standard to be established.



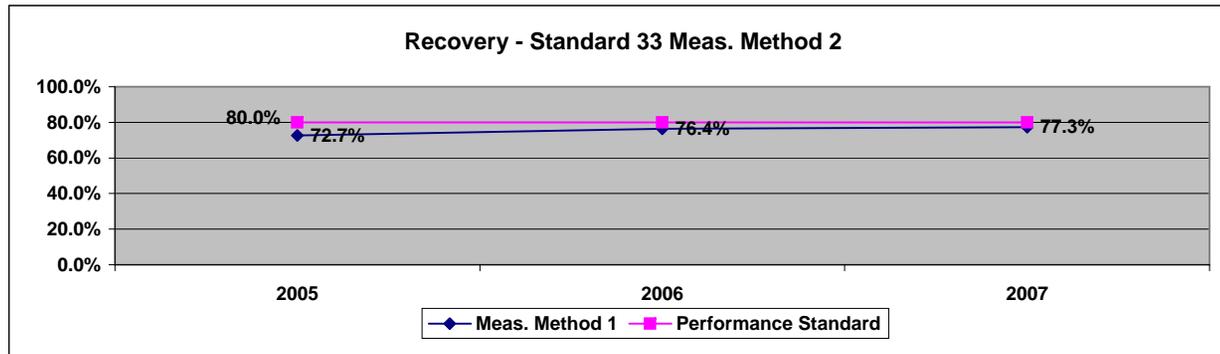
Meas. Method 3. Consumers reporting positively on functional outcomes on Data Infrastructure Survey outcome items.

Baseline	78.0%	2003 Data Infrastructure Survey (N=748)
Current Level	66.7%	2007 Data Infrastructure Survey (N=793)
Performance Standard	80.0%	

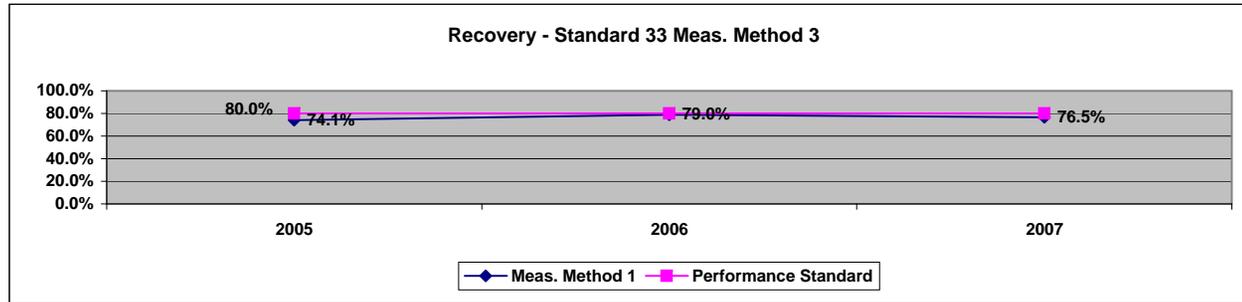
System Outcomes: Supporting the Recovery of Adults with Mental Illness
Recovery



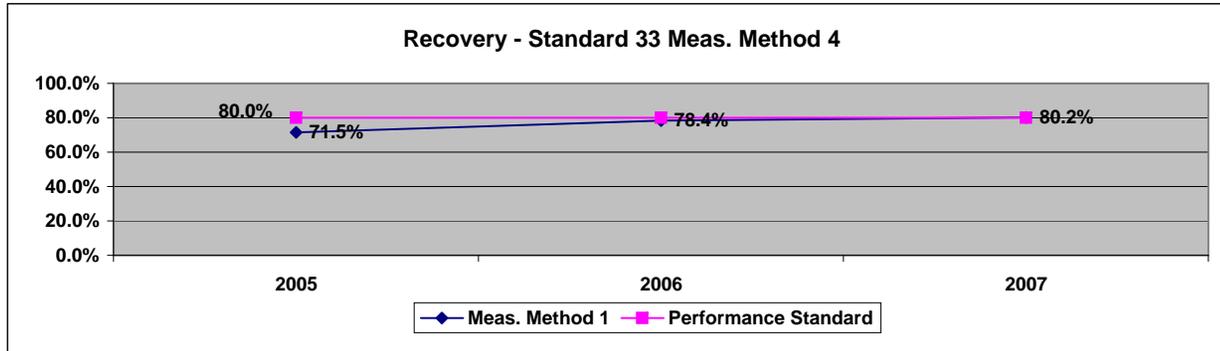
Standard 33: Demonstrate that consumers are supported in their recovery process
Meas. Method 1. Consumer reporting that agency staff helped them obtain info needed to take charge of managing illness
Baseline 70.9% 2003 Data Infrastructure Survey-Q20 (N=748)
Current Level 82.4% 2007 Data Infrastructure Survey-Q19 (N=784)
Performance Standard 80.0%



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 77.3% 2007 Data Infrastructure Survey-Q10 (N=779)
Performance Standard 80.0%

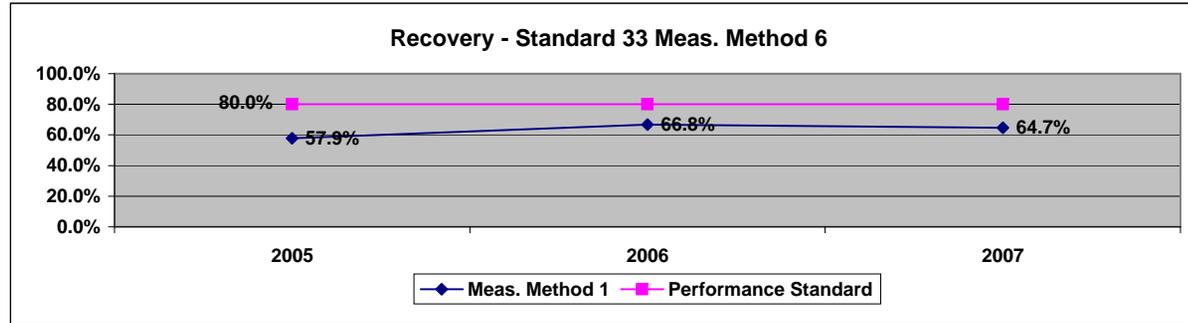


Meas. Method 3. Consumers reporting that agency services and staff supported their recovery and wellness efforts and beliefs.
Baseline 70.9% 2003 Data Infrastructure Survey-Q22 (N=748)
Current Level 76.5% 2007 Data Infrastructure Survey-Q21 (N=778)
Performance Standard 80.0%



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 80.2% 2007 Data Infrastructure Survey-Q23 (N=772)
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 Question eliminated with 2007 Data Infrastructure Grant 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 64.7% 2007 Data Infrastructure Survey-Q24 (N=725)
Performance Standard 80.0%

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

Paragraph 252	Standard 34: Meas. Method 1.	Provision of a variety of public education programs on mental health and illness topics. # of mental health workshops, forums, and presentations geared toward general public and level of participation.
	Baseline	38 FY 06 Q4
	Current Level	32 FY 09 Q1
	Performance Standard	<i>Qualitative evaluation required, no numerical standard necessary. See Attached List</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	304 information packets FY 09 Q1
	Performance Standard	<i>Qualitative evaluation required, no numerical standard necessary.</i>



John E. Baldacci, Governor

Brenda M. Harvey, Commissioner