

**Department of Health and Human Service  
Office of Adult Mental Health Services  
Fourth Quarter State Fiscal Year 2009 (April, May, June 2009)  
Report on Compliance Plan Standards: Community  
August 1, 2009**

	Compliance Standard	Report/Update
<b>I.1</b>	Implementation of all the system development steps in October 2006 Plan	As of the end of the 3 <sup>rd</sup> quarter FY'09, 111 of the 119 original components to the system development portion of the Consent Decree Plan of October 2006 had been accomplished, or deleted per amendment, and are no longer reported. The remaining 8 components are reported in the attached <i>DHHS Consent Decree Quarterly Report (October2006 Plan Components): August 1, 2009</i> . As of the end of the 4 <sup>th</sup> quarter FY'09, 112 components have been completed or deleted per amendment.
<b>I.2</b>	Certify that a system is in place for identifying unmet needs	See attached <i>Cover: Unmet Needs by CSN for FY'09 Q4(July 2009)</i> and <i>Unmet Needs by CSN for FY'09 Q4(July 2009)</i>
<b>I.3</b>	Certify that a system is in place for CSNs and related mechanisms to improve continuity of care	CSNs have been meeting on a regularly scheduled basis since November 2006.
<b>I.4</b>	Certify that a system is in place for Consumer councils	LD 1967 ("An Act to Establish a Consumer Council System of Maine") was passed by both the Maine House and Senate. On April 10 <sup>th</sup> 2008 this bill was signed by Governor Baldacci and became Public Law 592 on June 28 <sup>th</sup> . The Statewide Consumer Council (SCC) is meeting monthly, an executive director has been hired and Local Councils are being developed. OAMHS staff attends a portion of the monthly SCC meetings upon invitation and provides a monthly written brief for the SCC regarding current system issues.
<b>I.5</b>	Certify that a system is in place for new vocational services	See attached <i>DHHS Consent Decree Quarterly Report (October2006 Plan Components): August 1, 2009</i> , component 88.
<b>I.6</b>	Certify that a system is in place for realignment of housing and support services	See attached <i>DHHS Consent Decree Quarterly Report (October2006 Plan Components): August 1, 2009</i> , component 34.
<b>I.7</b>	Certify that a system is in place for a Quality Management system that includes specific components as listed on pages 5 and 6 of the plan	Department of Health and Human Services Office of Adult Mental Health Services Quality Management Plan/Community Based Services (April 2008) has been implemented: a copy of plan was submitted with the May 1, 2008 Quarterly Report.

<b>II.1</b>	Provide documentation that unmet needs data and information (data source list page 4 of compliance plan) is used in planning for resource development and preparing budget requests	See the CSN minutes on the OAMHS website for documentation on the use of data for planning for resource development and budgeting. The website is at: <a href="http://www.maine.gov/dhhs/mh/csn/">www.maine.gov/dhhs/mh/csn/</a>
<b>II.2</b>	Demonstrate reliability of unmet needs data based on evaluation	
<b>II.3</b>	Submission of budget proposals given to Governor reflect use of unmet need data	See <i>Budget Submissions 9/08</i> attached to the November 1, 2008 quarterly report.
<b>II.4</b>	Submission of quarterly reports to the Joint Standing Committee on Health and Human Services	Quarterly reports are delivered electronically to the Senior Analyst in the legislative Office of Policy and Legal Analysis for distribution to the Joint Standing Committee on Health and Human Services concurrent with submission to the Court.
<b>II.5</b>	Annual report of MaineCare Expenditures and grant funds expended broken down by service area	<i>CD Expenditures Report 2/09</i> emailed to Court Master and Plaintiff's Counsel on 2/18/09 and attached to the May 1, 2009 Quarterly Report
<b>III.1</b>	Demonstrate utilizing QM System	
<b>III.1a</b>	Document through quarterly or annual reports the data collected and activities to assure reliability (including ability of EIS to produce accurate data)	Quality Assurance Reports for enrollment/RDS data were produced and sent to providers in March for the first time since the transition to APS Healthcare for the collection of this data and have been sent monthly since that date. Providers have been working directly with the Data Quality Management Team to identify and correct problems relating to data collection.
<b>III.1b</b>	Document how QM data used to develop policy and system improvements	
<b>IV.1</b>	100% of agencies, based on contract and licensing reviews, have protocol/procedures in place for client notification of rights	Based on contract reviews done in the 3 <sup>rd</sup> quarter of FY'09, 100% of agencies in Regions 1, 2 and 3 have protocols/procedures in place for client notification of rights, with documentation in provider files maintained within the regional offices.  100% of licensed mental health agencies have protocols/policies in place for client notification of the <i>Rights of Recipients</i> .
<b>IV.2</b>	If results fall below levels established for Performance and Quality Improvement Standard #4 – 1, 1a, 1b and 2 certain steps are taken <ul style="list-style-type: none"> <li>• 1 = 90% informed about rights in a way they could understand</li> <li>• 1a = 95% with CIW report informed about their rights</li> <li>• 1b = 90% with MaineCare report informed about their rights</li> </ul>	Results for the 2008 annual class member survey show: 4-1 (78.6%), 4-1a (86.3%) and 4-1b (81.5 %) did not meet the standards set; 4-2 (90.5%) did meet the standard. These results were shared with the Statewide Consumer Council of the CCSM in September 2008 along with a request for feedback regarding any need for a corrective action plan or suggested corrective action steps. No feedback was given by the SCC.  See <i>Adult Mental Health Services Annual Class Member</i>

	<ul style="list-style-type: none"> <li>• 2 = 90% of consumers report they were given information about their rights</li> </ul>	<i>Survey 2008</i> attached to the February 1, 2009 Quarterly Report
<b>IV.3</b>	Grievance Tracking data shows response to 90% of Level II grievances within 5 days or extension	Standard met Calendar Years 2006, 2007, 2008 and the first 2 quarters of calendar year 2009.  See attached <i>Performance and Quality Improvement Standards: July 2009, Standard 2</i>
<b>IV.4</b>	Grievance Tracking data shows that for 90% of Level III grievances written reply within 5 days or within 5 days extension if hearing is to be held or if parties concur.	The 1 <sup>st</sup> quarter of calendar year 2008 was the first time that OAMHS reported on this standard. The standard was met at 100% for calendar year 2008 and for the first 2 quarters of calendar year 2009.
<b>IV.5</b>	90% hospitalized class members assigned worker within 2 days of request - <u>must be met for 3 out of 4 quarters</u>	See attached <i>Performance and Quality Improvement Standards: July 2009, Standard 5-2.</i>
<b>IV.6</b>	90% non-hospitalized class members assigned worker within 3 days of request - <u>must be met for 3 out of 4 quarters</u>	See attached <i>Performance and Quality Improvement Standards: July 2009 Standard 5-3.</i>
<b>IV.7</b>	95% of class members in hospital or community not assigned within 2 or 3 days, assigned within an additional 7 days - <u>must be met for 3 out of 4 quarters</u>	See attached <i>Performance and Quality Improvement Standards: July 2009, Standard 5-4</i>
<b>IV.8</b>	90% of class members enrolled in CSS with initial ISP completed within 30 days of enrollment - <u>must be met for 3 out of 4 quarters</u>	The standard was met for the 3 <sup>rd</sup> and 4 <sup>th</sup> quarters FY'08, and all 4 quarters of FY'09.  See attached <i>Performance and Quality Improvement Standards: July 2009, Standard 5-5</i>
<b>IV.9</b>	90% of class members had their 90 day ISP review(s) completed within that time period - <u>must be met for 3 out of 4 quarters</u>	See attached <i>Performance and Quality Improvement Standards: July 2009, Standard 5-6</i>
<b>IV.10</b>	QM system includes documentation that there is follow-up to require corrective actions when ISPs are more than 30 days overdue	Monitoring and reporting of overdue ISPs began again in the third quarter FY'09. See also III.1a for a description of reporting to and work with providers.
<b>IV.11</b>	Data collected once a year shows that no > 5% of class members enrolled in CS did not have their ISP reviewed before the next annual review	Once-a-year report (completed January 2009) showed that 0% of class members enrolled in CS did not have their ISP reviewed before the next annual review.
<b>IV.12</b>	Certify in quarterly reports that DHHS is meeting its obligation re: quarterly mailings	Quarterly mailing for the 4th quarter of FY'09 was completed in May 2009.  See attached <i>Location Effort Report for Quarter 4, State Fiscal Year 2009 (April, May, June 2009)</i>
<b>IV.13</b>	In 90% of ISPs reviewed, all domains were assessed in treatment planning - <u>must be met for 3 out of 4 quarters</u>	See attached <i>Class Member Treatment Planning Review, Question 2A</i>
<b>IV.14</b>	In 90% of ISPs reviewed, treatment goals reflect strengths of the consumer - <u>must be</u>	Standard has been met continuously since the first quarter of FY'08

	<u>met for 3 out of 4 quarters</u>	See attached <i>Performance and Quality Improvement Standards: July 2009</i> , Standard 7-1a and <i>Class Member Treatment Planning Review</i> , Question 2B
<b>IV.15</b>	90% of ISPs reviewed have a crisis plan or documentation as to why one wasn't developed - <u>must be met for 3 out of 4 quarters</u>	Standard met for all quarters of FY'09.  See attached <i>Performance and Quality Improvement Standards: July 2009</i> , Standard 7-1c (does the consumer have a crisis plan) and <i>Class Member Treatment Planning Review</i> , Question 2F
<b>IV.16</b>	QM system documents that OAMHS requires corrective action by the provider agency when document review reveals not all domains assessed	Question added to the Treatment Planning Review and assessed for the first time the 3 <sup>rd</sup> quarter of FY'08.  See attached <i>Class Member Treatment Planning Review</i> , Question 6.a.1
<b>IV.17</b>	In 90% of ISPs reviewed, interim plans developed when resource needs not available within expected response times - <u>must be met for 3 out of 4 quarters</u>	See attached <i>Performance and Quality Improvement Standards: July 2009</i> , Standard 8-2 and <i>Class Member Treatment Plan Review</i> , Question 3F.
<b>IV.18</b>	90% of ISPs review included service agreement/treatment plan - <u>must be met for 3 out of 4 quarters</u>	See attached <i>Performance and Quality Improvement Standards: July 2009</i> , Standard 9-1 and <i>Class Member Treatment Plan Review</i> , Questions 4B & C
<b>IV.19</b>	90% of ACT/ICI/CI providers statewide meet prescribed case load ratios - <u>must be met for 3 out of 4 quarters</u>  Note: As of 7/1/08, ICI is no longer a service provided by DHHS.	Community Integration caseload ratio standard met for the 2 <sup>nd</sup> , 3 <sup>rd</sup> and 4 <sup>th</sup> quarters FY'08 and all 4 quarters of FY'09.  See attached <i>Performance and Quality Improvement Standards: July 2009</i> , Standard 10-2
<b>IV.19</b>	90% of ICMs with class member caseloads meet prescribed case load ratios - <u>must be met for 3 out of 4 quarters</u>	ICMs -- standard met for the 2 <sup>nd</sup> , 3 <sup>rd</sup> and 4 <sup>th</sup> quarters FY'08 and all 4 quarters of FY'09.  See attached <i>Performance and Quality Improvement Standards: July 2009</i> , Standard 10-4
<b>IV.20</b>	90% of OES workers with class member public wards - meet prescribed caseloads (pg 10) <u>must be met for 3 out of 4 quarters</u>	The Office of Elder Services (OES) did not receive approval in the last legislative session for an increase in case workers to bring the caseload ratio into compliance. Additionally, OES is finding the requests for public guardianship and conservatorship are on the rise due in large part to Maine's aging population. Investigations of abuse, neglect, and financial exploitation are also increasing with the difficult economic times.  OAMHS and OES are considering a way to combine a mix of high and lower need cases as an alternative to the 25 to one caseload as well as a plan amendment to change the caseload ratio calculation to something higher. These options, however, may not be a long term solution if the demand for investigations and

		<p>guardianship and conservatorship continue to rise.</p> <p>It should be noted that while the average number of caseworkers with a caseload of 25 or less is 45%, the average caseload per worker is 26.9.</p> <p>See attached <i>Performance and Quality Improvement Standards: July 2009</i>, Standard 1-5</p>
<b>IV.21</b>	Independent review of the ISP process finds that ISPs met a reasonable level of compliance as defined in Attachment B of the Compliance Plan	
<b>IV.22</b>	5% or fewer class members have ISP-identified unmet residential support - <u>must be met for 3 out of 4 quarters</u> <b>and</b>	<p>Standard met for the 4<sup>th</sup> quarter FY'08 and the 1<sup>st</sup>, 3<sup>rd</sup> and 4<sup>th</sup> quarters of FY'09</p> <p>See attached <i>Performance and Quality Improvement Standards: July 2009</i>, Standard 12-1</p>
<b>IV.23</b>	<b>EITHER</b> quarterly unmet residential support needs for one year for qualified (qualified for state financial support) non-class members do not exceed by 15 percentage points those of class members <b>OR</b> if exceeded for one or more quarters, OAMHS produces documentation sufficient to explain cause and to show that cause is not related to class status <b>and</b>	Initial report of unmet residential support need data for the past year (FY'08 Q4, FY'09 Q's 1, 2 and 3) shows that unmet residential support needs for non-class members do not exceed by 15 percentage points those of class members. Report, <i>Consent Decree Compliance Standards IV.23 and IV.43 Report: 2009 Q3</i> , attached to the May 1, 2009 Quarterly Report
<b>IV.24</b>	Meet RPC discharge standards (below); <b>or</b> if not met document reasons and demonstrate that failure not due to lack of residential support services <ul style="list-style-type: none"> <li>• 70% RPC clients who remained ready for discharge were transitioned out within 7 days of determination</li> <li>• 80% within 30 days</li> <li>• 90% within 45 days (with certain exceptions by agreement of parties and court master)</li> </ul>	<p>Standard met for 4 quarters of FY'08 and FY'09</p> <p>See attached <i>Performance and Quality Improvement Standards: July 2009</i>, Standards 12-2, 12-3 and 12-4</p>
<b>IV.25</b>	10% or fewer class members have ISP-identified unmet needs for housing resources - <u>must be met for 3 out of 4 quarters</u> <b>and</b>	<p>Standard met for the 3<sup>rd</sup> quarter FY'09.</p> <p>See attached <i>Performance and Quality Improvement Standards: July 2009</i>, Standard 14-1</p>
<b>IV.26</b>	Meet RPC discharge standards above (IV.24); if don't meet, failure not due to lack of housing alternatives	<p>Standard 14-4 met for all quarters of FY'09; Standard 14-5 met for the 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> quarters; and Standard 14-6 met for the 2<sup>nd</sup> and 4<sup>th</sup> quarters.</p> <p>See attached <i>Performance and Quality Improvement Standards: July 2009</i>, Standard 14-4, 14-5 and 14-6</p>

<b>IV.27</b>	Certify that class members residing in homes > 8 beds have given informed consent in accordance with approved protocol	Standard met 2007 and 2008 (annual review).  See attached <i>Performance and Quality Improvement Standards: July 2009</i> , Standard 15-1
<b>IV.28</b>	90% of class member admissions to community involuntary inpatient units are within the CSN or county listed in attachment C to the Compliance Plan	Standard met for 4 quarters of FY'09.  See attached <i>Performance and Quality Improvement Standards: July 2009</i> , Standard 16-1 and <i>Community Hospital Utilization Review – Class Members for the 4<sup>th</sup> Quarter of Fiscal Year 2009</i> for data as well as an explanation re: data integrity issues identified in the fourth quarter.
<b>IV.29</b>	Contracts with hospitals require compliance with all legal requirements for involuntary clients and with obligations to obtain ISPs and involve CSWs in treatment and discharge planning	Contracts with community hospitals contain the required compliance language. See Sample of contract attached to the May 1, 2008 Quarterly Report.
<b>IV.30</b>	Evaluates compliance with all legal requirements for involuntary clients and with obligations to obtain ISPs and involve CSWs in treatment and discharge planning during contract reviews and imposes sanctions for non-compliance through contract reviews and licensing	To date, these contract reviews with hospitals have not occurred. These contract reviews are anticipated to be undertaken during FY 2010.
<b>IV.31</b>	UR Nurses review all involuntary admissions funded by DHHS, take corrective action when they identify deficiencies and send notices of any violations to the licensing division and to the hospital	OAMHS reviews emergency involuntary admissions at the following hospitals: Maine General (Augusta and Waterville), Spring Harbor, St. Mary's, Mid-Coast Hospital, Southern Maine Medical Center, PenBay Medical Center, Maine Medical Center/P6 and Acadia.  See Standard IV.33 below for data regarding corrective actions.
<b>IV.32</b>	Licensing reviews of hospitals include an evaluation of compliance with patient rights and require a plan of correction to address any deficiencies.	Of the 20 complaints investigated in this quarter, none were found to be in violation of the adult <i>Rights of Recipients of Mental Health Services</i> .
<b>IV.33</b>	<ul style="list-style-type: none"> <li>• 90% of the time corrective action was taken when blue papers were not completed in accordance with terms</li> <li>• 90% of the time corrective action was taken when 24 hour certifications were not completed in accordance with terms</li> <li>• 90% of the time corrective action was taken when patient rights were not maintained</li> </ul>	Standard met for 4 quarters of FY'08 and all 4 quarters of FY'09.  See attached <i>Performance and Quality Improvement Standards: July 2009</i> , Standards 17-2a, 17-3a and 17-4a and <i>Community Hospital Utilization Review – Class Members for the 4th Quarter of Fiscal Year 2009</i> for data as well as an explanation re: data integrity issues identified in the fourth quarter.
<b>IV.34</b>	QM system documents that if hospitals have fallen below the performance standard for any of the following, OAMHS made the information public through CSNs,	Standard 18-3 (CSW participation in hospital treatment and discharge planning) was met this quarter. See attached <i>Performance and Quality Improvement Standards: July 2009</i> , Standards 18-1, 18-2 and 18-3.

	<p>addressed in contract reviews with hospitals and CSS providers, and took appropriate corrective action to enforce responsibilities</p> <ul style="list-style-type: none"> <li>• obtaining ISPs (90%)</li> <li>• creating treatment and discharge plan consistent with ISPs (90%)</li> <li>• involving CIWs in treatment and discharge planning (90%)</li> </ul>	<p>The report displaying data by hospital for community hospitals accepting emergency involuntary clients is shared quarterly with CSNs.</p> <p>See attached report <i>Community Hospital Utilization Review Performance Standard 18-1, 2, 3 by Hospital: Class Members for the 4<sup>th</sup> Quarter of FY'09</i> for data as well as an explanation re: data integrity issues identified in the fourth quarter.</p>
<b>IV.35</b>	<p>No more than 20-25% of face-to-face crisis contacts result in hospitalization – <u>must be met for 3 out of 4 quarters</u></p>	<p>Standard met for 4 quarters FY'08. In the first quarter of FY'09, the definition for 'face-to-face' contact used in calculating this standard changed. Calculations are now based on 'initial' contacts only, not all face to face contacts which, in the past, included follow-up appointments for ongoing support and crisis resolution. The hospitalization rate has run 2 to 3 percentage points higher than the standard since that time.</p> <p>See attached <i>Performance and Quality Improvement Standards: July 2009</i>, Standard 19-1 and <i>Adult Mental Health Quarterly Crisis Report Third Quarter, State Fiscal Year 2009 Summary Report</i>, page 2.</p>
<b>IV.36</b>	<p>90% of crisis phone calls requiring face-to-face assessments are responded to within an average of 30 minutes from the end of the phone call – <u>must be met for 3 out of 4 quarters</u></p>	<p>For fiscal year 2008, this standard was calculated as a percentage of all calls reported by providers as having been seen within 30 minutes. In discussions with providers, it was pointed out that OAMHS had agreed to a crisis standard of 'within an average of 30 minutes' and calculations did not factor this in. Consultation with the Office of Quality Improvement confirmed that we can not calculate the standard as written without collecting data on every phone call separately. Starting with July 2008 reporting from providers, OAMHS began collecting data on the total number of minutes for the response time (calculated from the determination of need for face to face contact or when the individual is ready and able to be seen to when the individual is actually seen) and will be able to figure an average.</p> <p>Average number of minutes statewide for the third quarter of FY'09 was 36.3.</p> <p>See attached <i>Adult Mental Health Quarterly Crisis Report Third Quarter, State Fiscal Year 2009 Summary Report</i>, page 2.</p>
<b>IV.37</b>	<p>90% of all face-to-face assessments result in resolution for the consumer within 8 hours of initiation of the face-to-face assessment – <u>must be met for 3 out of 4 quarters</u></p>	<p>Standard has been met since the 2<sup>nd</sup> quarter of FY'08.</p> <p>See attached <i>Adult Mental Health Quarterly Crisis Report Third Quarter, State Fiscal Year 2009 Summary Report</i>, page 2.</p>

		<i>Report, page 2</i>
<b>IV.38</b>	90% of all face-to-face contacts in which the client has a CI worker, the worker is notified of the crisis – <u>must be met for 3 out of 4 quarters</u>	Standard has been met since the 1 <sup>st</sup> quarter of FY'08.  See attached <i>Performance and Quality Improvement Standards: July 2009</i> , Standard 19-4 and <i>Adult Mental Health Quarterly Crisis Report Third Quarter, State Fiscal Year 2009 Summary Report</i> , page 2
<b>IV.39</b>	QM system documents further review and appropriate corrective action if results fall below performance and quality improvement standard level #20-1 (90%; class members know how to get help in a crisis when they need it)	Standard met for 2006, 2007 and 2008 class member surveys.  See attached <i>Performance and Quality Improvement Standards: July 2009</i> , Standard 20-1
<b>IV.40</b>	Department has implemented the components of the CD plan related to vocational services	See attached <i>DHHS Consent Decree Quarterly Report (October 2006 Plan Components): August 1, 2009</i> , component 88.
<b>IV.41</b>	QM system documents that OAMHS conducts further review and takes appropriate corrective action if quarterly performance measure data shows that the numbers of class members < 62 years old and employed falls below 13% or the baselines established for Standard 26-2 and 3.	Standard 26-2 was not met in FY'09. The vocational contract with MMC is expected to improve the number of people reporting employment.  Standard 26-3 was exceeded for the class member surveys completed in 2006, 2007 and 2008.
<b>IV.42</b>	5% or fewer class members have unmet needs for mental health treatment services – <u>must be met for 3 out of 4 quarters</u> <b>and</b>	See attached <i>Performance and Quality Improvement Standards: July 2009</i> , Standard 21-1
<b>IV.43</b>	<b>EITHER</b> quarterly unmet mental health treatment needs for one year for qualified non-class members do not exceed by 15 percentage points those of class members <b>OR</b> if exceeded for one or more quarters, OAMHS produces documentation sufficient to explain cause and to show that cause is not related to class status	Initial report of unmet mental health treatment need data for the past year (FY'08 Q4, FY'09 Qs 1, 2 and 3) shows that unmet mental health treatment needs for non-class members do not exceed by 15 percentage points those of class members. Report, <i>Consent Decree Compliance Standards IV.23 and IV.43 Report: 2009 Q3</i> , attached to the May 1, 2009 Quarterly Report
<b>IV.44</b>	QM documentation shows that OAMHS conducts further review, takes appropriate corrective action if results of annual consumer survey fall below the levels identified in Standard # 22-1 (85% - whether class members can get the treatment services/supports needed) <b>and</b>	Standard met for 2006, 2007 and 2008 class member surveys.  See attached <i>Performance and Quality Improvement Standards: July 2009</i> , Standard 22-1
<b>IV.45</b>	Meet RPC discharge standards (below); if not met, document that failure to meet is not due to lack of mental health treatment services in the community <ul style="list-style-type: none"> <li>• 70% RPC clients who remained ready for discharge were transitioned out within 7 days of determination</li> </ul>	Standard met for 4 quarters of FY'08 and of FY'09.  See attached <i>Performance and Quality Improvement Standards: July 2009</i> , Standards 21-2, 21-3 and 21-4

	<ul style="list-style-type: none"> <li>• 80% within 30 days</li> <li>• 90% within 45 days (with certain exceptions by agreement of parties and court master)</li> </ul>	
<b>IV.46</b>	OAMHS lists in quarterly reports the programs sponsored that are designed to improve quality of life and community inclusion, including support of peer centers, social clubs, community connections training, wellness programs and leadership and advocacy training programs – list must cover prescribed topics and audiences that fit parameters of ¶105.	See attached <i>Performance and Quality Improvement Standards: July 2009</i> , Standard 30
<b>IV.47</b>	10% or fewer class members have ISP-identified unmet needs for transportation to access mental health services – <u>must be met for 3 out of 4 quarters</u>	Standard met for all quarters of FY'08 and for all quarters of FY'09  See attached <i>Performance and Quality Improvement Standards: July 2009</i> , Standard 28
<b>IV.48</b>	Provide documentation in quarterly reports of funding, developing, recruiting, and supporting an array of family support services that include specific services listed on page 16 of the Compliance Plan	See attached <i>Performance and Quality Improvement Standards: July 2009</i> , Standard 23-1 and 23-2
<b>IV.49</b>	Certify that all contracts with providers include a requirement to refer family members to family support services, and produce documentation that contract reviews include evaluation of compliance with this requirement	See attached <i>Performance and Quality Improvement Standards: July 2009</i> , Standard 25-1  100% of contracts contain this requirement. Annual contract reviews completed in the 3 <sup>rd</sup> quarter of FY'09 in all 3 regions addressed this standard with documentation contained in contract files maintained by the regional office.
<b>IV.50</b>	Lists in quarterly reports the number and types of mental health informational workshops, forums and presentations geared to general public that are designed to reduce myths/stigma and foster community integration (cover prescribed list and fit audience parameters)	See attached <i>Performance and Quality Improvement Standards: July 2009</i> , Standard 34 and attached <i>Public Education Report April-June 2009</i>