



### **Consent Decree Performance and Quality Improvement Standards: July 2010**

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 the percentage is within .5% of standard, the standard is considered met.

All standards utilizing RDS/enrollment data, inclusive of unmet need data, is reported one quarter behind (for example, reporting 3<sup>rd</sup> quarter data in the 4<sup>th</sup> quarter).

Reporting includes, where pertinent, discussion of the data and recommendations.

#### **Definitions:**

- Standard Title: What the standard is intending to measure.  
Measure Method: How the standard is being measured.  
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 approved 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.*

**Compliance and Performance Standards: Summary Sheet  
April - June 2010**

**Standard 1. Rights Dignity and Respect**

Have providers treated you with dignity and respect?

**Standard 2. Rights Dignity and Respect**

Response to Level II Grievances within 5 days

**Standard 3. Rights Dignity and Respect**

1. Number of Level II Grievances filed/unduplicated # of people.
2. Number of substantiated Level II Grievances

**Standard 4. Rights Dignity and Respect**

1. Class Members informed about their rights.
  - 1a. Class Members with CIW informed about their rights.
  - 1b. Class Members with MaineCare informed about their rights.
2. Consumers given information about their rights

**Standard 5. Timeliness of ISP and CI/CSS Assignment**

1. Class members requesting a worker who were assigned one.
2. Hospitalized class members assigned a worker in 2 days
3. Non-hospitalized class members assigned a worker in 3 days.
4. Class members not assigned on time, but within 1-7 extra days.
5. ISP completed within 30 days of service request.
6. 90 day ISP review completed within specified time frame
7. Initial ISPs not developed w/in 30 days, but within 60 days.
8. ISPs not reviewed within 90 days, but within 120 days.

**Standard 7. CI/CSS/ Individualized Support Planning**

- 1a. ISPs reflect the strengths of the consumer?
- 1b. ISPs consider need for crisis intervention and resolution services?
- 1c. Does the consumer have a crisis plan?
- 1d. Has the crisis plan been reviewed every 3 months?

**Standard 8. CI/CSS Individualized Support Planning**

1. ISP team reconvened after an unmet need was identified
2. ISPs reviewed with unmet needs with established interim plans.

**Standard 9. ISP Service Agreements**

ISPs that require Service Agreements that have current Service Agreements

**Compliance and Performance Standards: Summary Sheet  
April - June 2010**

**Standard 10. Case Load Ratios**

1. ACT Statewide Case Load Ratio
2. Community Integration Statewide Case Load Ratio
3. Intensive Community Integration Statewide Case Load Ratio - deleted: ICI is no longer a service offered by MaineCare.
4. Intensive Case Management Statewide Case Load Ratio
5. OES Public Ward Case Management Case Load Ratio

**Standard 11. CI/CSS Individualized Support Planning**

Paragraph 74. Needs of Class Members not in Service

**Standard 12. Housing & Residential Support Services**

1. Class Members with ISPs, with unmet Residential Support Needs
2. Lack of Residential Support impedes Riverview discharge within 7 days of determination of readiness for discharge.
3. Lack of Residential Support impedes discharge within 30 days of determination.
4. Lack of Residential Support impedes discharge within 45 days of determination.

**Standard 13. Housing & Residential Support Services**

1. Class members reporting satisfaction with living situation
2. Class members reporting satisfaction with res/housing supports

**Standard 14. Housing & Residential Support Services**

1. Class members with unmet housing resource needs.
2. Class members who were homeless over 12 month period.
3. Class members reporting satisfaction with living arrangement.
4. Lack of housing impedes Riverview discharge within 7 days of determination of readiness for discharge
5. Lack of housing impedes Riverview discharge within 30 days of determination
6. Lack of housing impedes Riverview discharge within 45 days of determination

**Standard 15. Housing & Residential Services**

Class members in homes with more than 8 beds in which class member's choice to reside in the facility is documented.

**Standard 16. Acute Inpatient Services (Class Member Involuntary Admissions)**

Inpatient admissions reasonably near community residence.

**Compliance and Performance Standards: Summary Sheet  
April - June 2010**

**Standard 17. Acute Inpatient Services (Class Member Involuntary Admissions)**

1. Admission to community inpatient units with blue paper on file.
2. Blue paper was completed and in accordance with terms.
- 2a. Corrective action by UR Nurse when Blue paper not complete
3. Admissions in which 24 hour certification completed.
- 3a. Corrective action by UR Nurse when 24 hour certification not complete
4. Admission in which patients' rights were maintained
- 4a. Corrective action by UR Nurse when rights not maintained
5. Admissions for which medical necessity has been established.

**Standard 18. Acute Inpatient Services (Class Member Involuntary Admissions)**

1. Admissions for whom hospital obtained ISP
2. Treatment and Discharge plans consistent with ISP
3. CI/ICM/ACT worker participated in treatment and discharge planning

**Standard 19. Crisis intervention Services**

1. Face to face crisis contacts that result in hospitalizations.
2. Face to face crisis contacts resulting in follow up and/or referral to community services
3. Face to face crisis contacts using pre-developed crisis plan.
4. Face to face crisis contacts in which CI worker was notified of crisis.

**Standard 20. Crisis Intervention Services**

- 1 Class Members reporting they knew how to get help when it was needed.
2. Class Members reporting crisis services were available when needed.

**Standard 21. Treatment Services**

1. Class Members with unmet mental health treatment needs.
2. Lack of MH Tx impedes Riverview discharge within 7 days of determination of readiness for discharge
3. Lack of MH Tx impedes Riverview discharge within 30 days of determination.
4. Lack of MH Tx impedes Riverview discharge within 45 days of determination
5. Class Members use an array of Mental Health Services

**Standard 22. Treatment Services**

1. Class members reporting they can get the support that they need.
2. Class members reporting satisfaction with MH supports/services.

**Standard 23. Family Support Services**

1. An array of family support services as per settlement agreement
2. Number and distribution of family support services provided

**Compliance and Performance Standards: Summary Sheet  
April - June 2010**

**Standard 24. Family Support Services**

1. Counseling group participants reporting satisfaction with services
2. Program participants reporting satisfaction with education programs
3. Family participants reporting satisfaction with respite services in the community.

**Standard 25. Family Support Services**

1. Agency contracts with referral mechanism to family support
2. Families reporting satisfaction with referral process.

**Standard 26. Vocational Employment Services**

1. Class members with ISPs - Unmet vocational/employment Needs.
2. Class Members in competitive employment in the community.
3. Class members in supported or competitive employment in the community.

**Standard 27. Vocational Employment Services**

1. Class members reporting satisfaction with employment
2. Class members reporting vocational supports available when needed.

**Standard 28. Transportation**

Class Members with ISPs - Unmet transportation needs.

**Standard 29. Transportation**

1. Class members due to lack of transportation, reporting difficulty getting to mental health or medical appointments
2. Class members due to lack of transportation, reporting difficulty participating in social/recreational activities

**Standard 30. Rec/Soc/Avocational/Spiritual Opportunities**

1. Number of Social Clubs/peer center participants.
2. Number of other peer support programs

**Standard 31. Rec/Soc/Avoc/Spiritual**

1. ISP identified class member unmet needs in recreational/social/avocational/spiritual areas
2. Class members reporting regular participation in recreational/social/avocational/spiritual activities
3. Class members reporting satisfaction with recreational/social/avocational/spiritual opportunities.

**Standard 32. Individual Outcomes**

1. Consumers with improvement in LOCUS (Baseline to Follow-up)
2. Consumers who have maintained functioning (Baseline to Follow-up)
3. Consumers reporting positively on functional outcomes.

**Compliance and Performance Standards: Summary Sheet**  
**April - June 2010**

**Standard 33. Recovery**

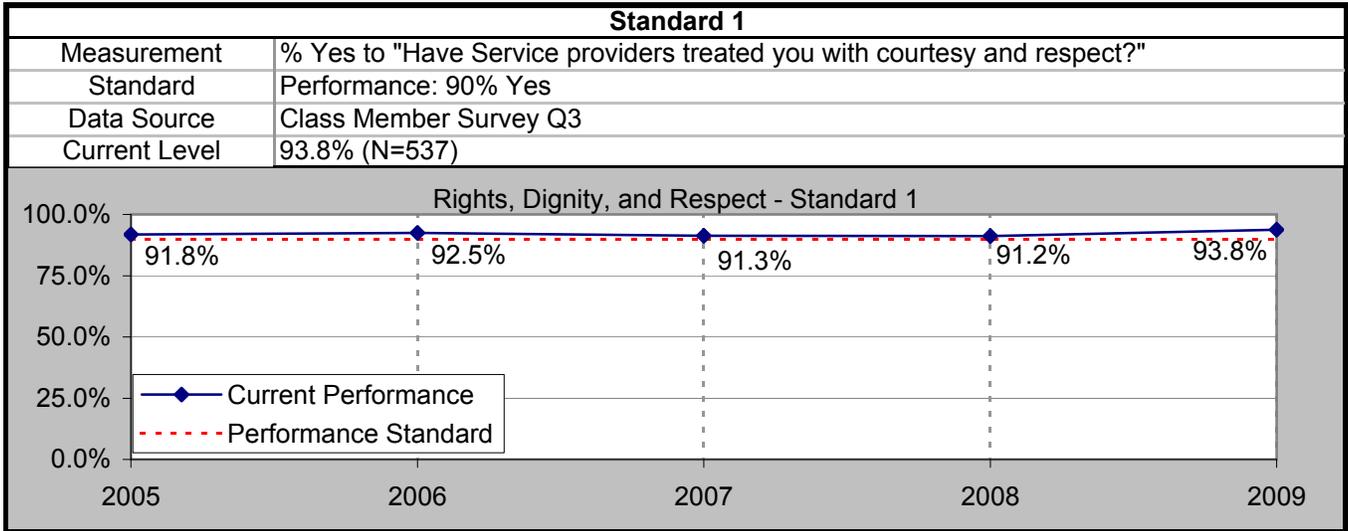
1. Consumers reporting staff helped them to take charge of managing illness.
2. Consumers reporting staff believed they could grow, change, recover
3. Consumers reporting staff supported their recovery efforts
4. Consumers reporting that providers offered learning opportunities: question eliminated with 2007 DIG Survey
5. Consumers reporting providers stressed natural supports/friendships
6. Consumers reporting providers offered peer recovery groups.

**Standard 34. Public Education**

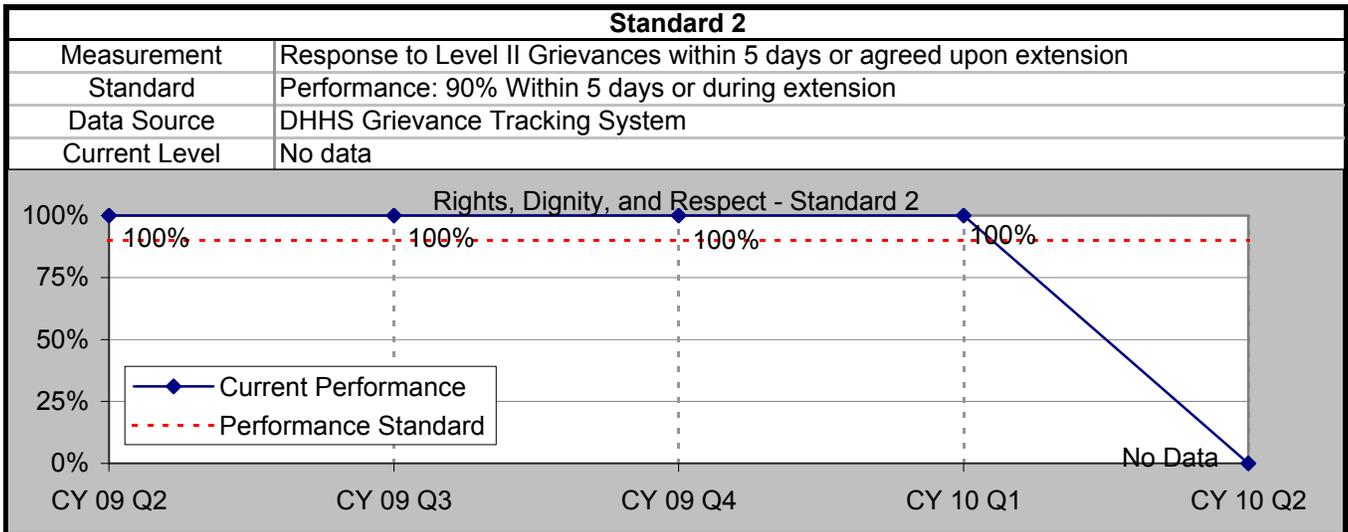
1. # MH workshops, forums and presentations geared to public participation.
2. #, type of information packets, publications, and press releases distributed to public.

**Rights, Dignity, and Respect**

**Standard 1 - Treated with respect for their individuality**



**Standard 2 - Grievances are addressed in a timely manner**



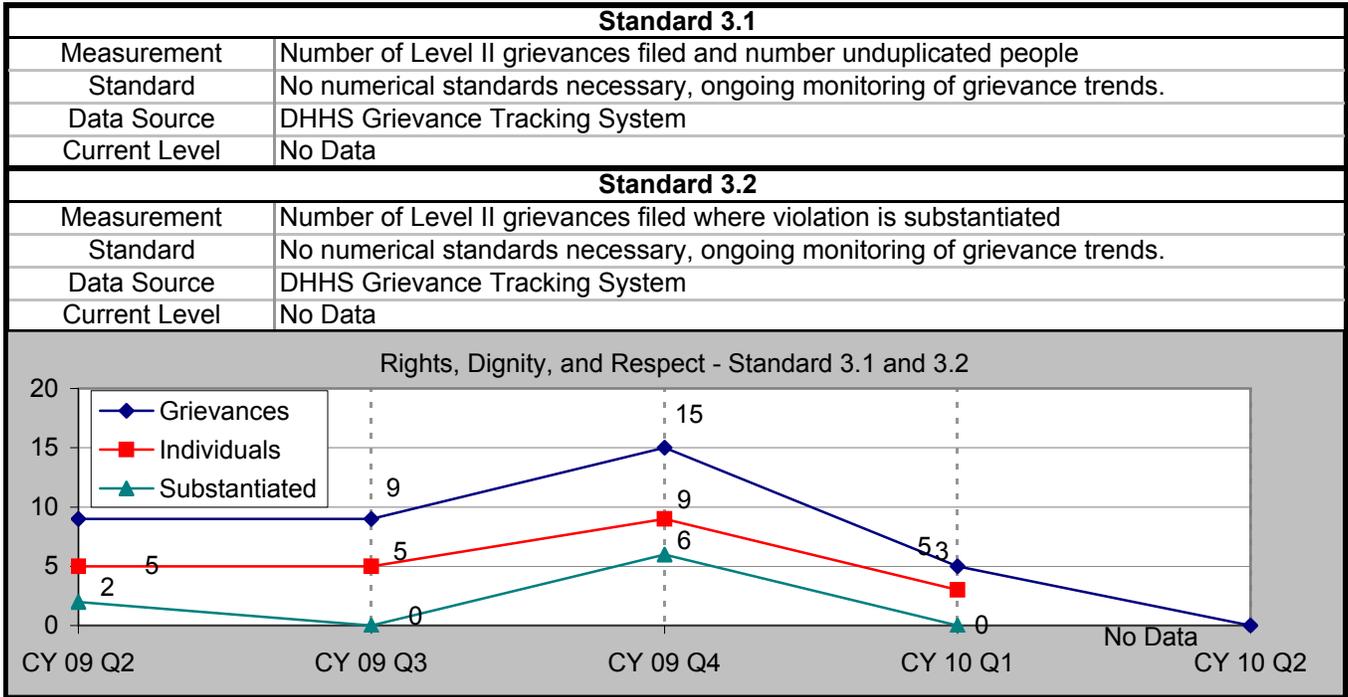
**Discussion:**

Standard 1: Met since the 2004 class member survey

Standard 2: Met from calendar year 2006 thru 1st quarter calendar year 2010

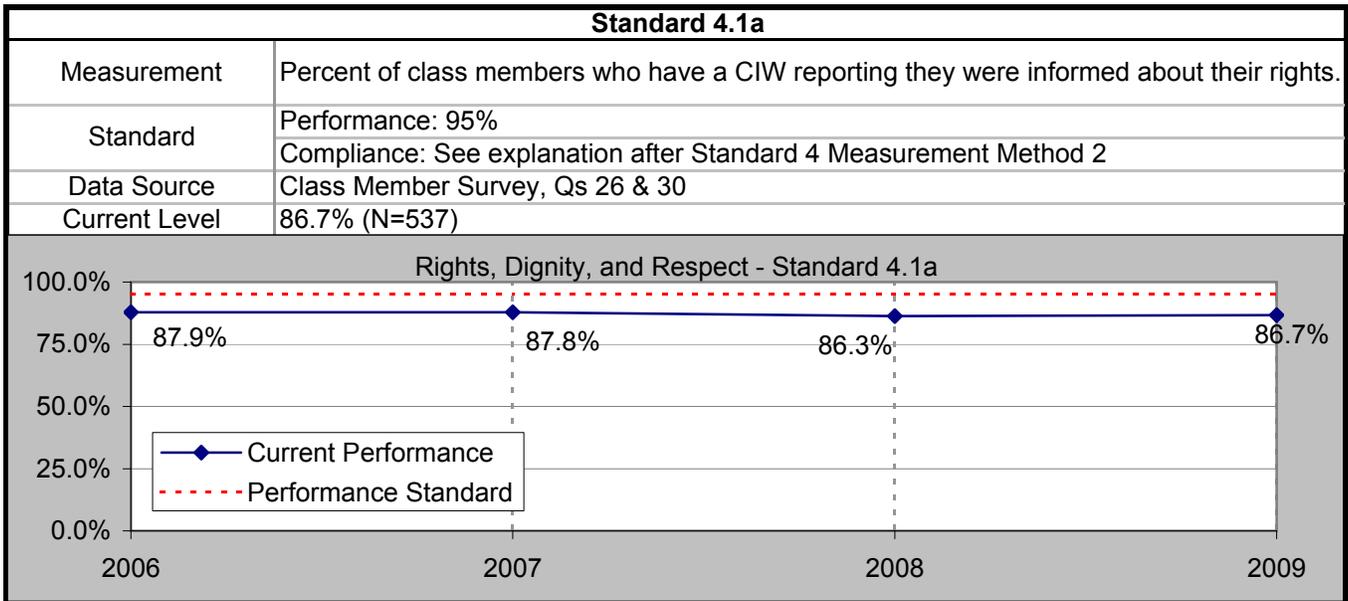
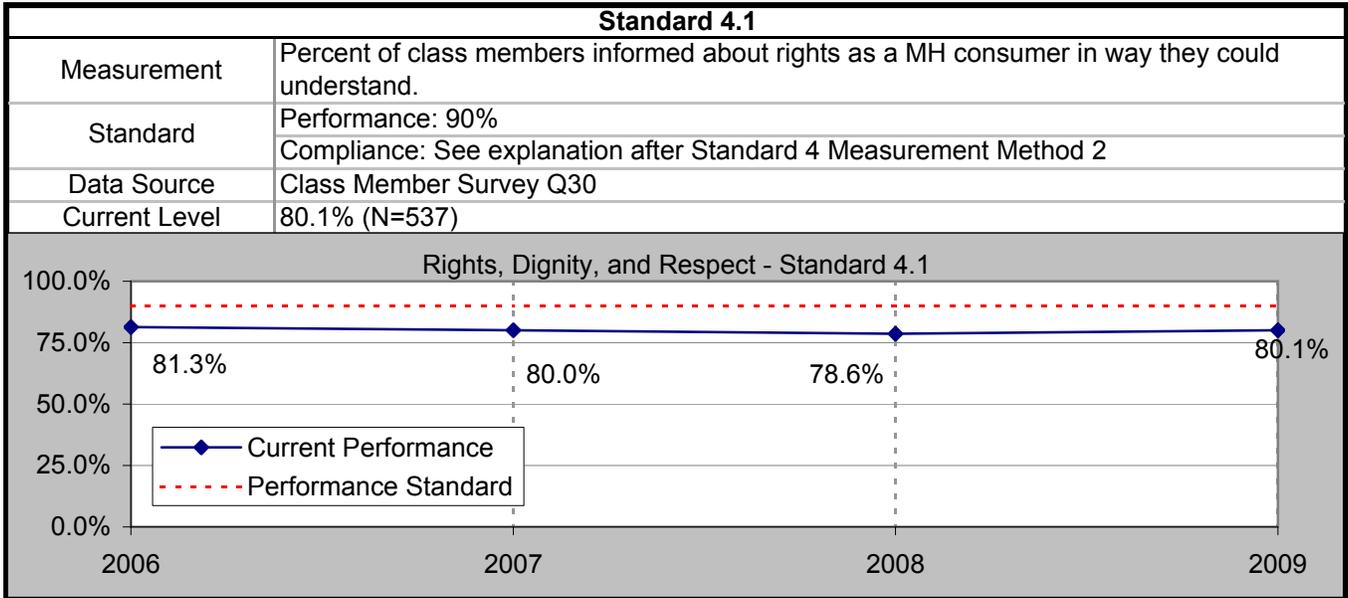
**Rights, Dignity, and Respect**

**Standard 3 - Demonstrate rights are respected and maintained**

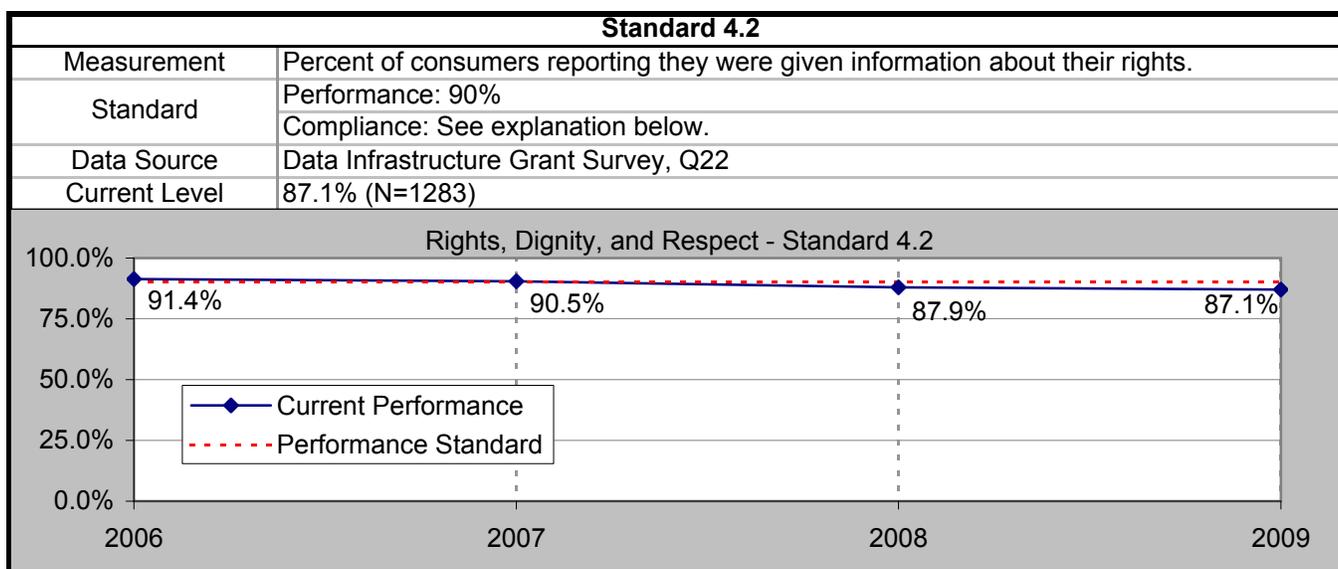
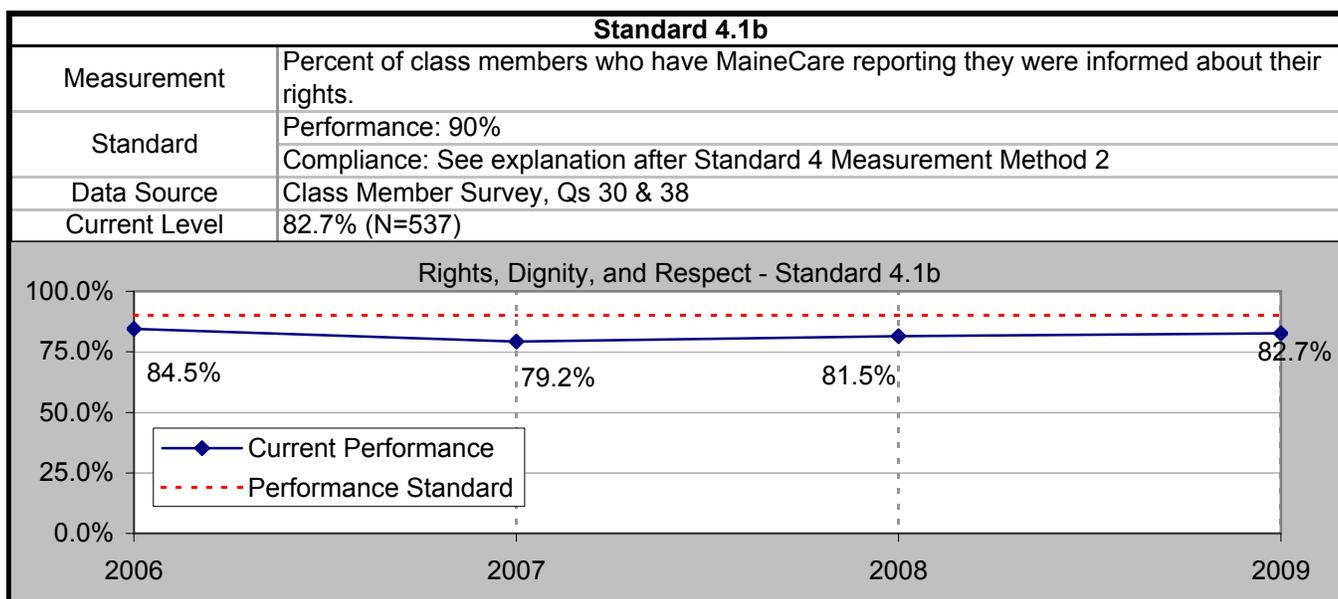


**Rights, Dignity, and Respect**

**Standard 4 - Class Members are informed of their rights**



## Rights, Dignity, and Respect



\* Compliance standard for 4.1, 4.1a, 4.1b, and 4.2

If results fall below performance standard levels, the Department:

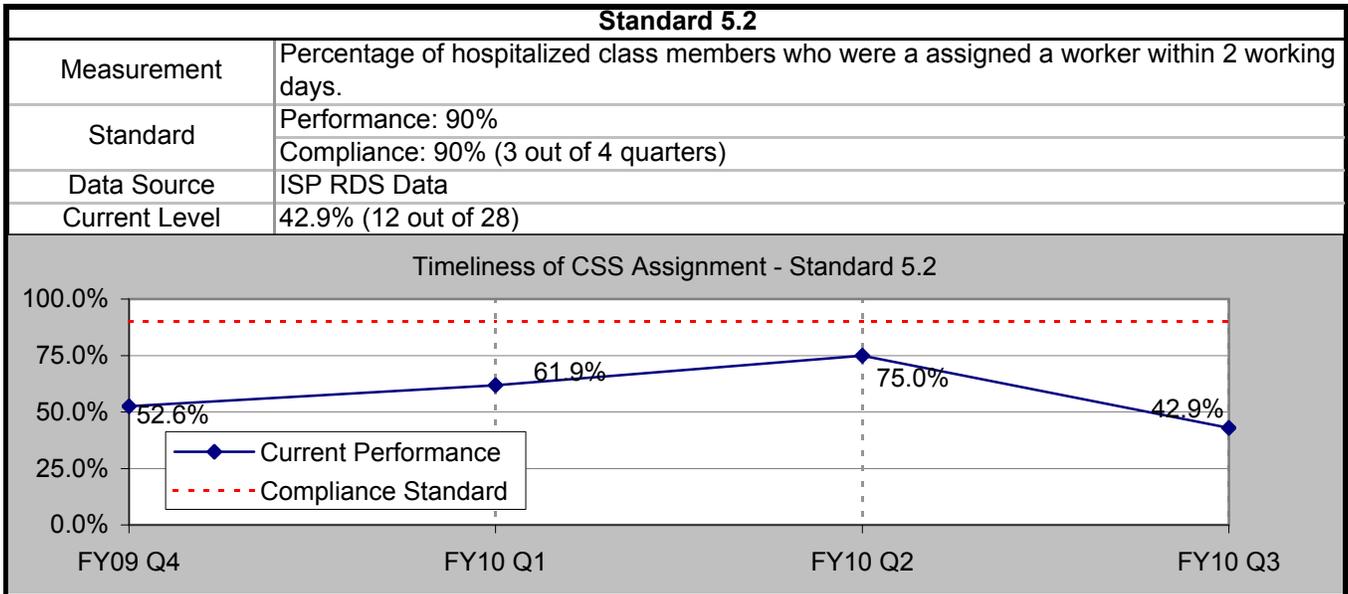
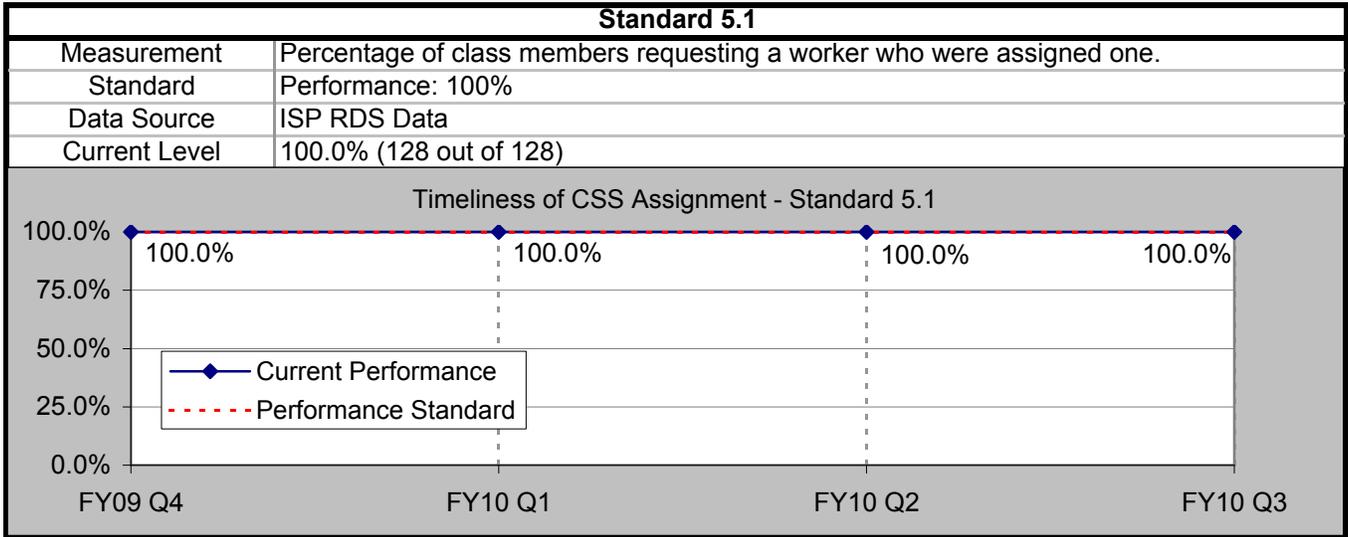
- Consults with the consumer council
- Takes corrective action if deemed necessary by the consumer council and
- Develops that corrective action in collaboration with the consumer council

### Discussion:

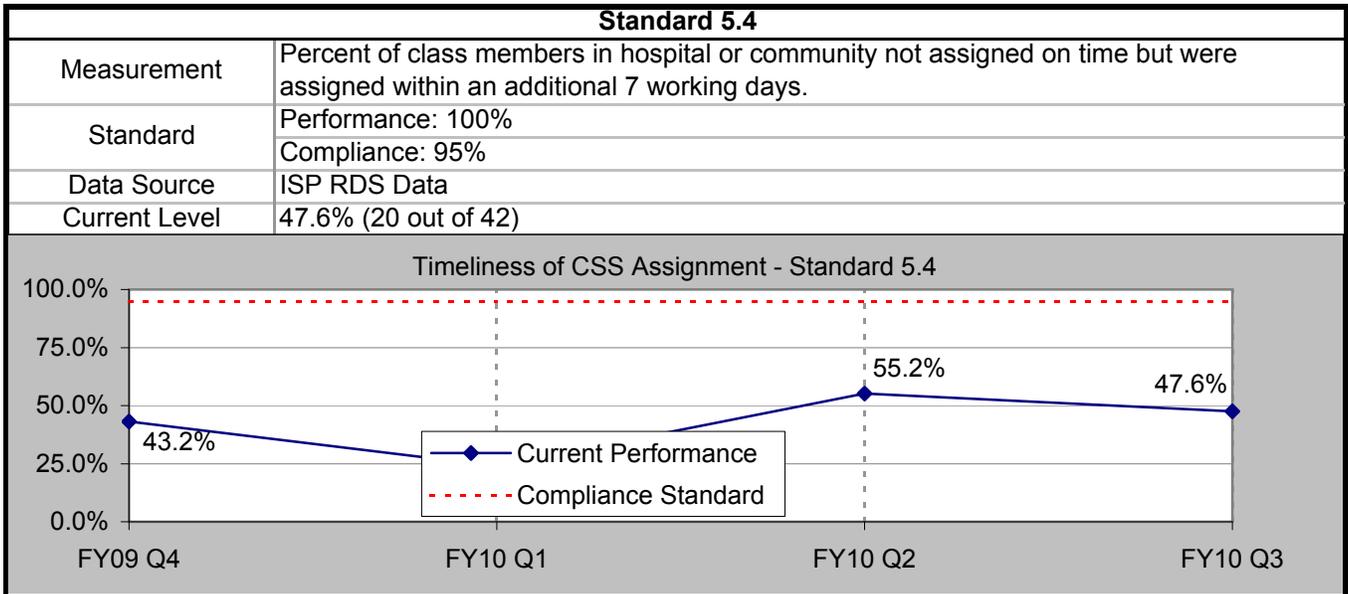
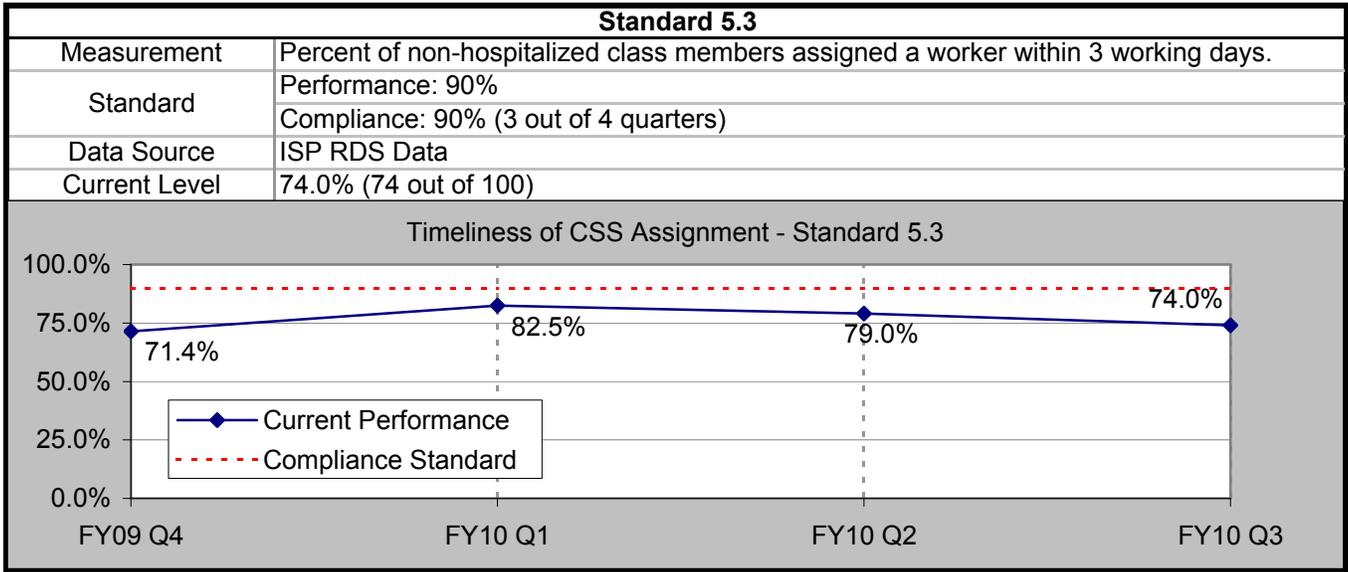
As results for 4.1, 4.1a, 4.1b and 4.2 fell below performance standard levels, results were shared with the statewide consumer council of the Consumer Council System of Maine (CCSM) in December 2009 and February 2010 with a request for feedback. No feedback received from the CCSM to date.

**Community Integration / Community Support Services /  
Individualized Support Planning**

**Standard 5 - Prompt Assignment of CI/ACT Workers, ISP Timeframes/Attendees at ISP Meetings**



**Community Integration / Community Support Services / Individualized Support Planning**

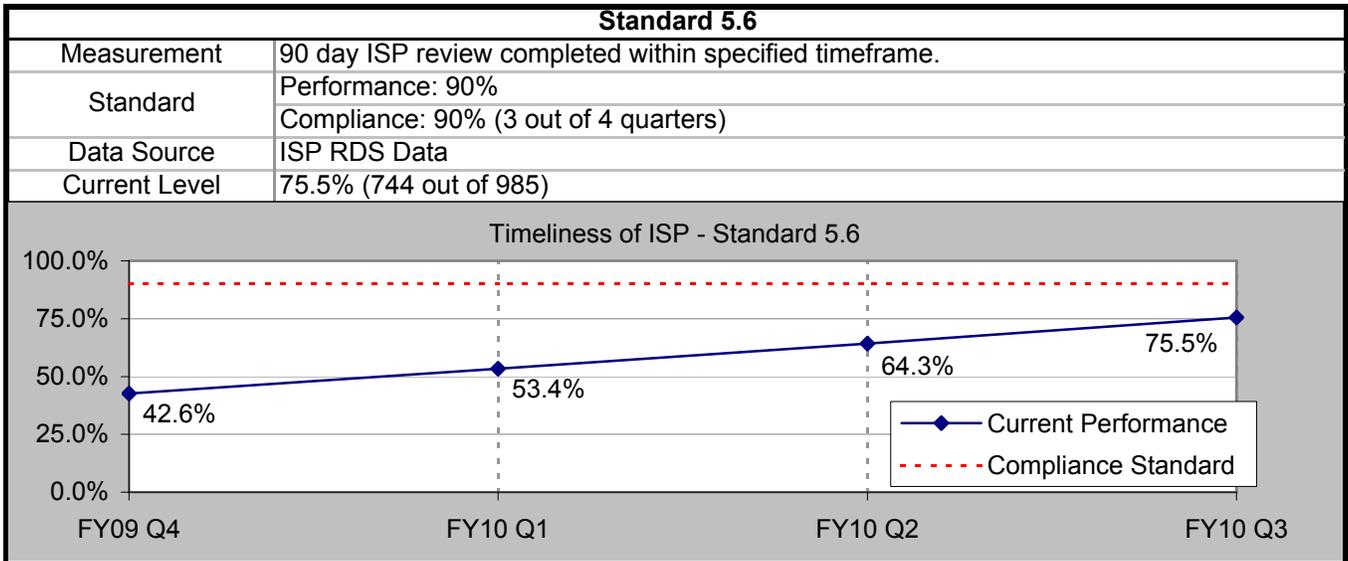
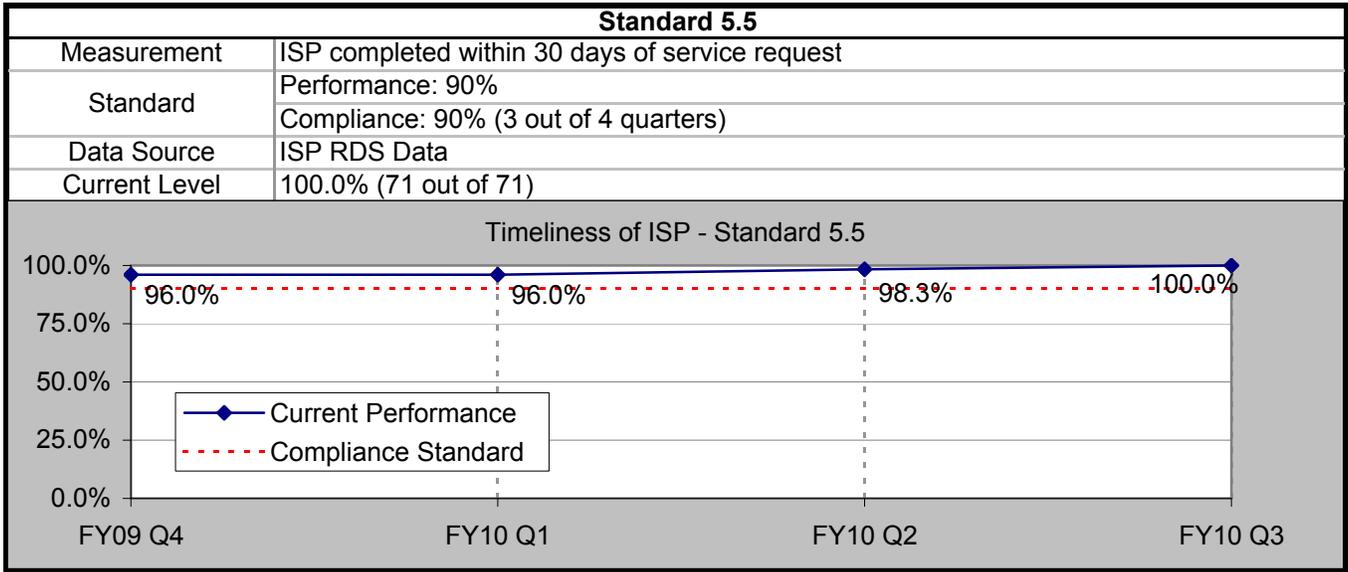


**Discussion:**

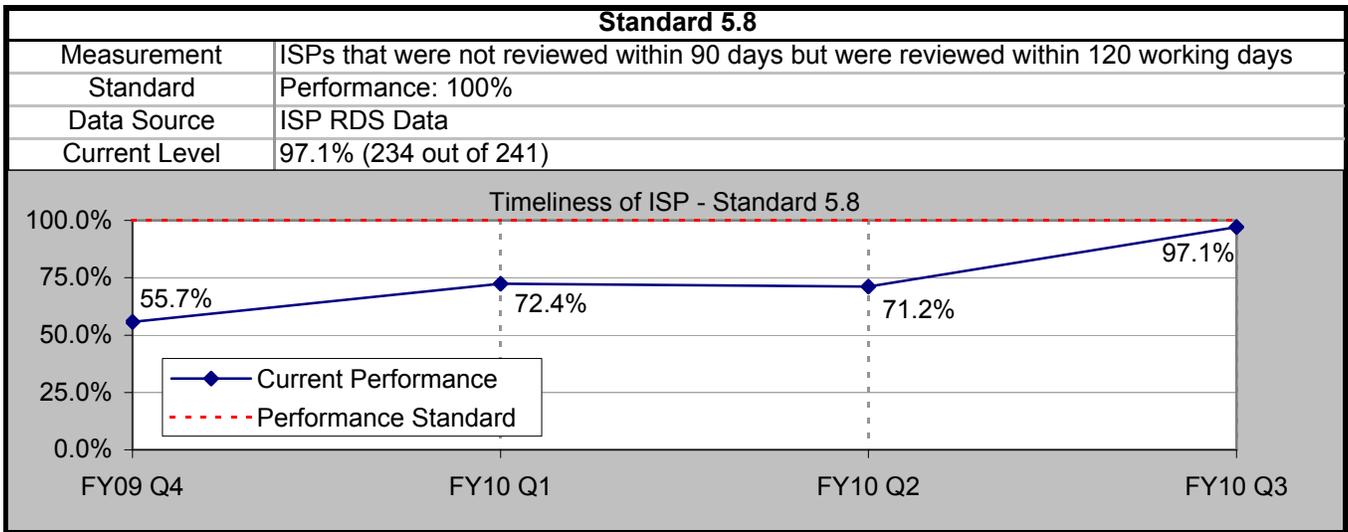
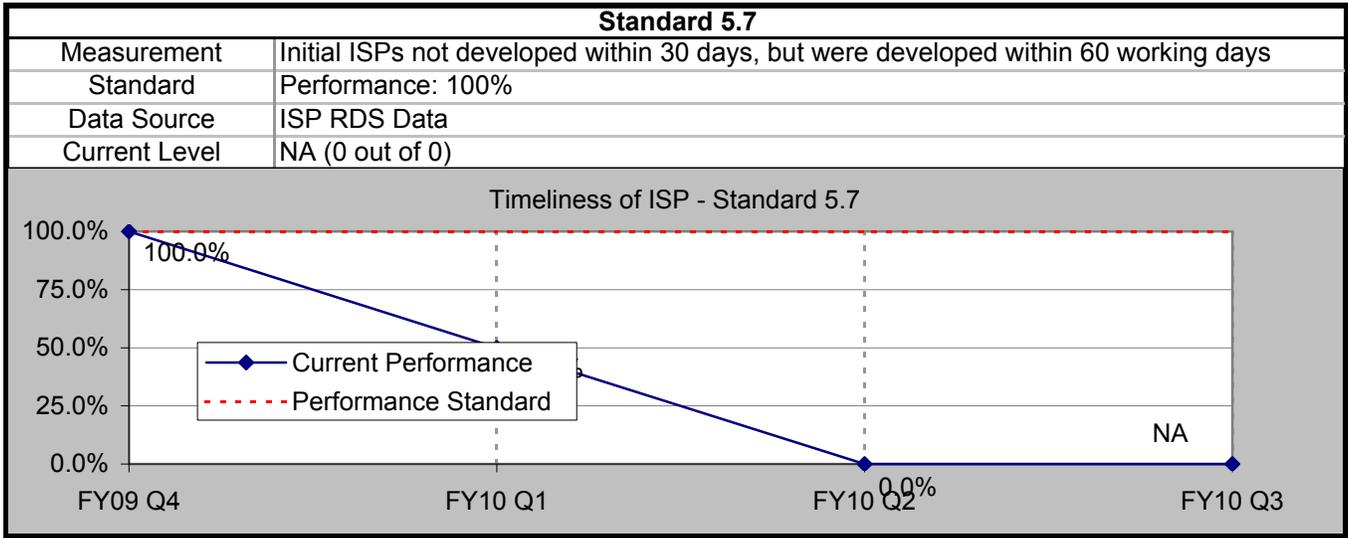
Standard 5.1: As this standard is figured on RDS/enrollment data submitted for persons in service, the standard is always met as, by definition the individual has a community integration worker

Standard 5.2, 5.3, 5.4: Timeliness standards not met

**Community Integration / Community Support Services / Individualized Support Planning**



**Community Integration / Community Support Services / Individualized Support Planning**



**Discussion:**

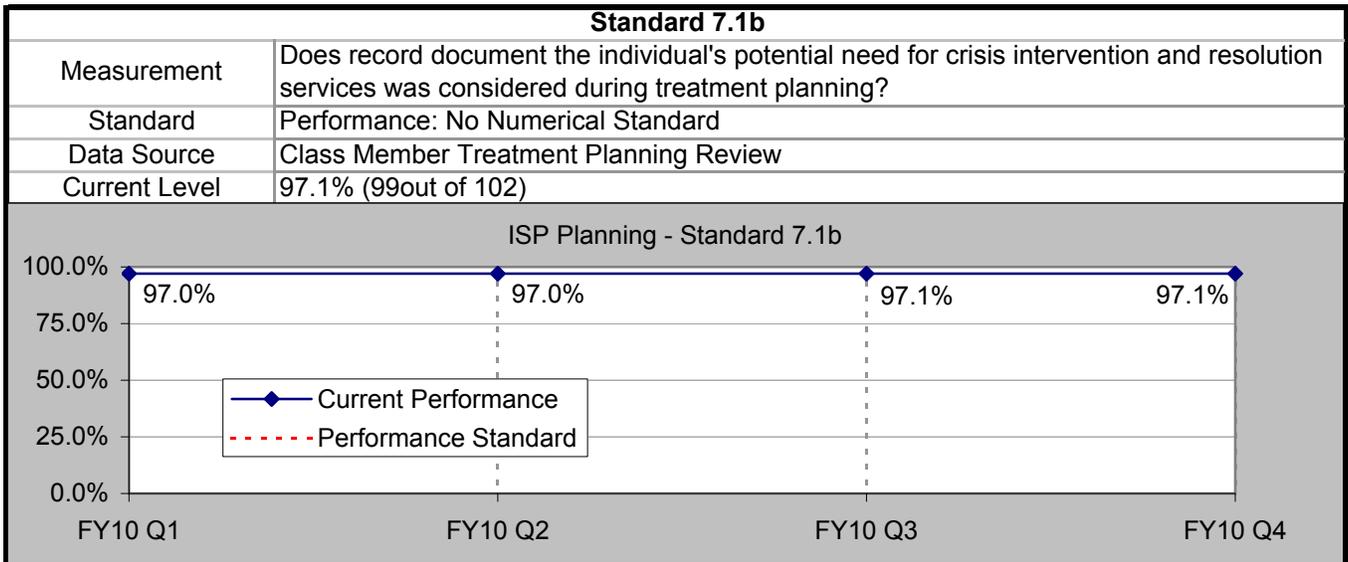
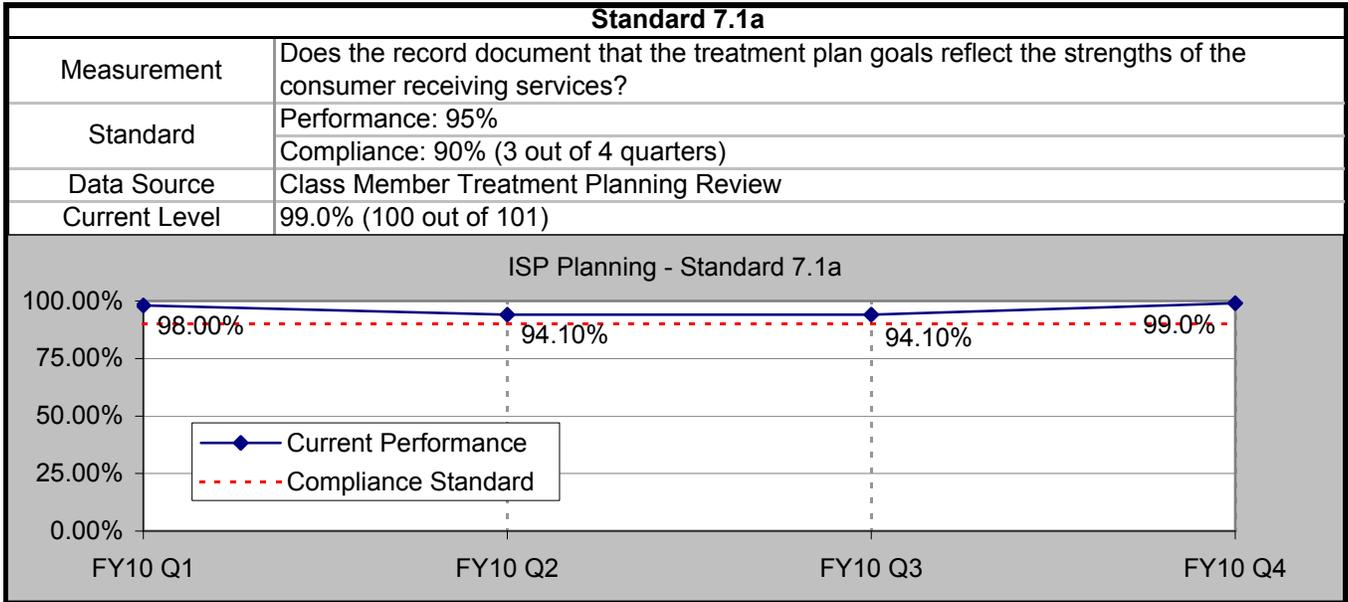
Standard 5.5: Met since the 3rd quarter of FY 08

Standard 5.6: While not met, compliance % has shown continuing improvement over 4 quarters

Standard 5.7: compliance % continues to show improvement and at 97% is 3% points below compliance

**Community Integration / Community Support Services / Individualized Support Planning**

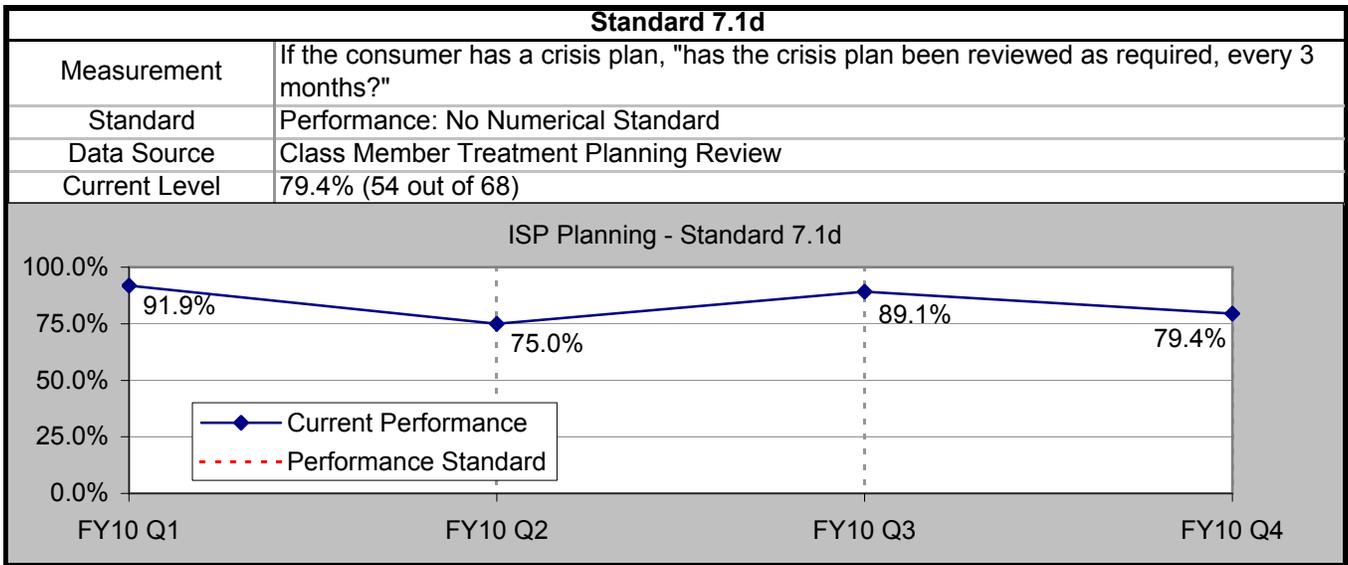
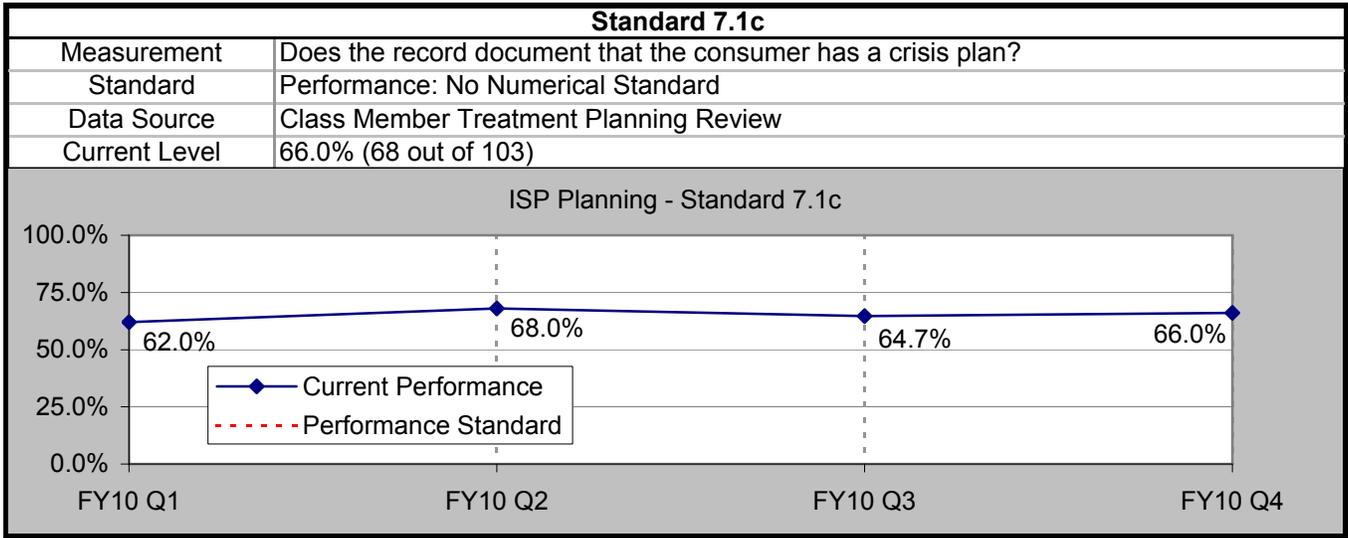
**Standard 7 - ISPs are based on class members' strengths & needs**



**Discussion:**

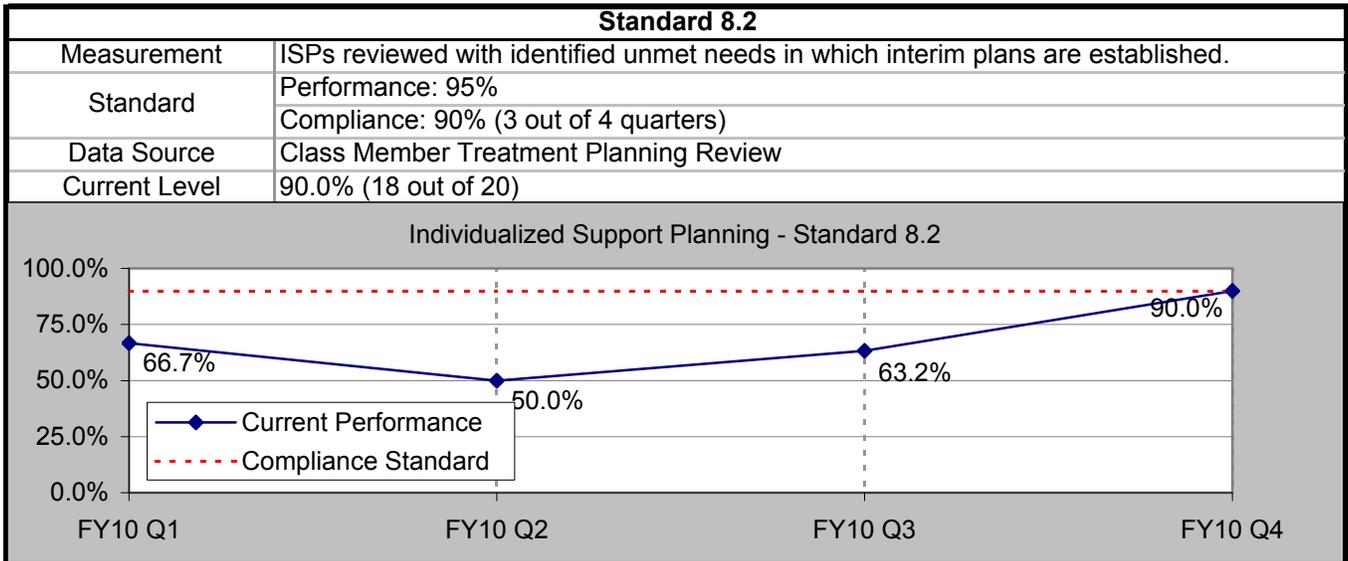
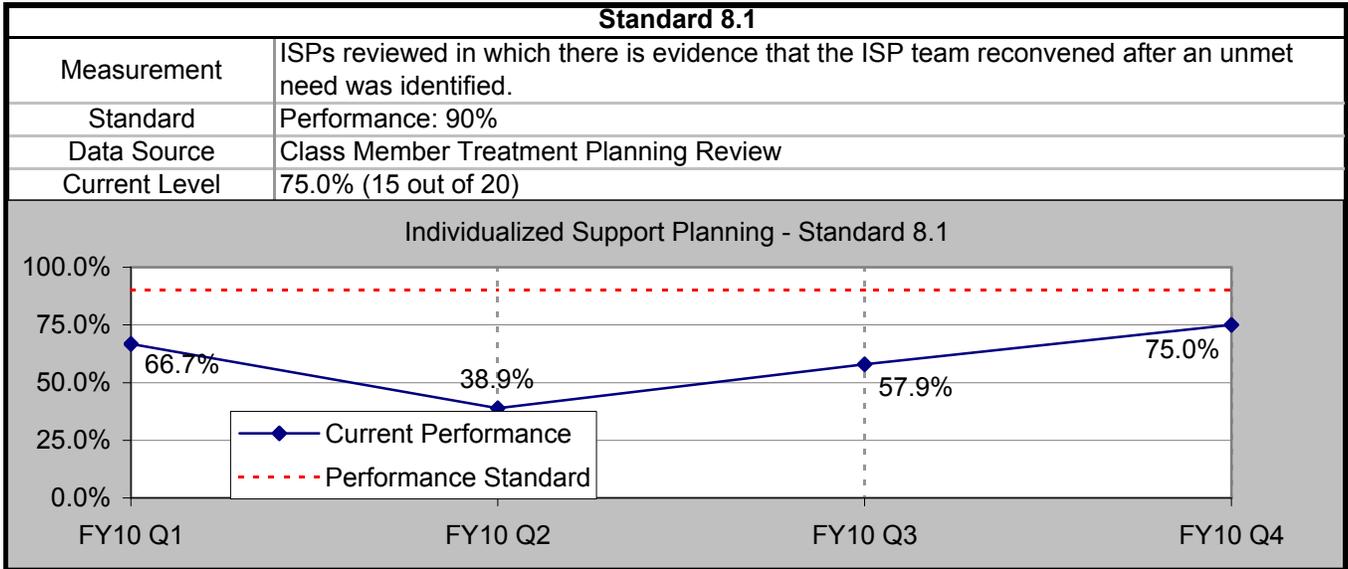
Standard 7.1a: Met continuously since the first quarter of FY 08.

**Community Integration / Community Support Services /  
Individualized Support Planning**



**Community Integration / Community Support Services / Individualized Support Planning**

**Standard 8 - Services based on needs of class member rather than only available services**



**Discussion:**

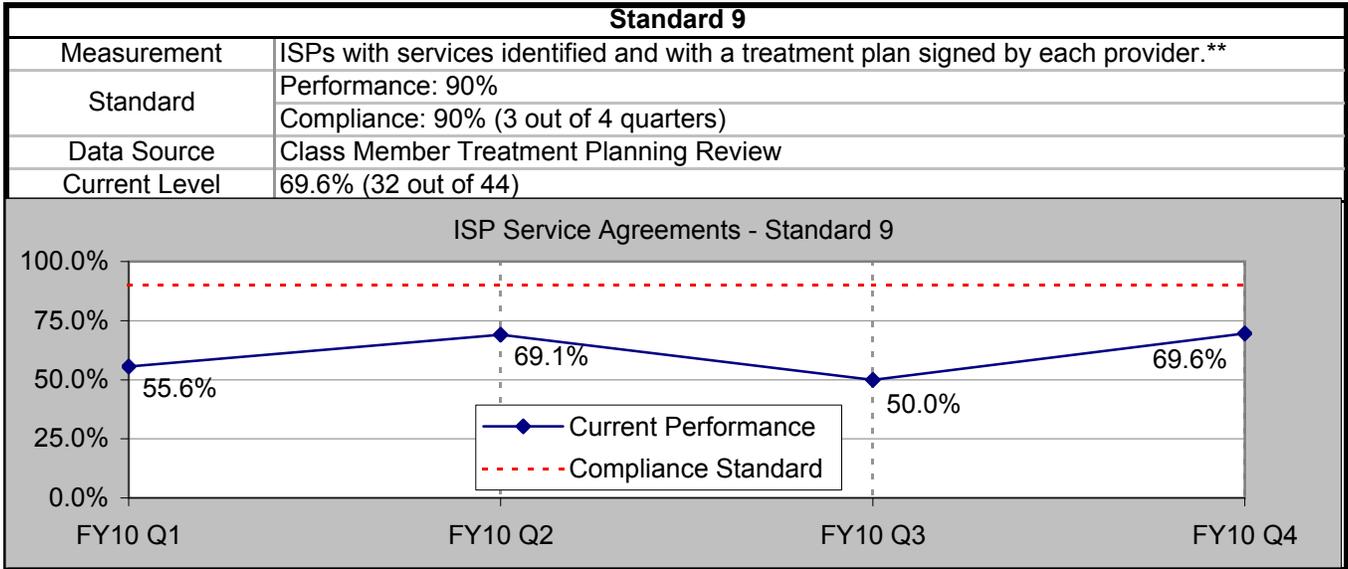
Standards 8.1 and 8.2: While standards have not been met, positive trendlines were noted until FY 10 Q2. Both standards show positive trends for the past 2 quarters and standard 8.2 met the compliance standard of 90%.

**Recommendations:**

Continue to monitor

**Community Integration / Community Support Services /  
Individualized Support Planning**

**Standard 9 - Services to be delivered by an agency funded or licensed by the state**

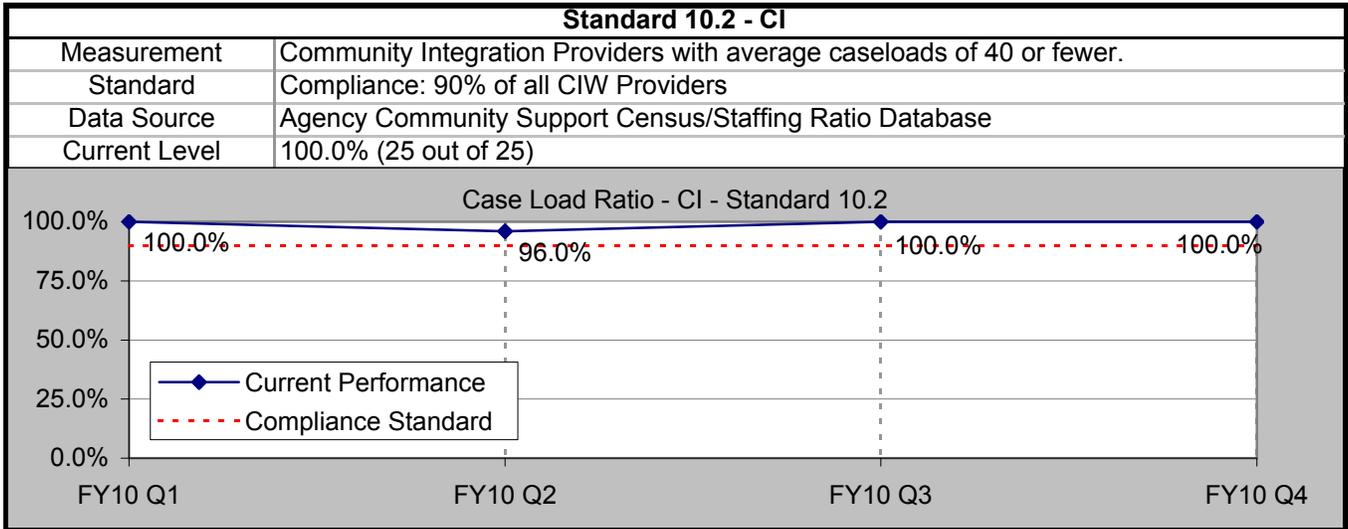
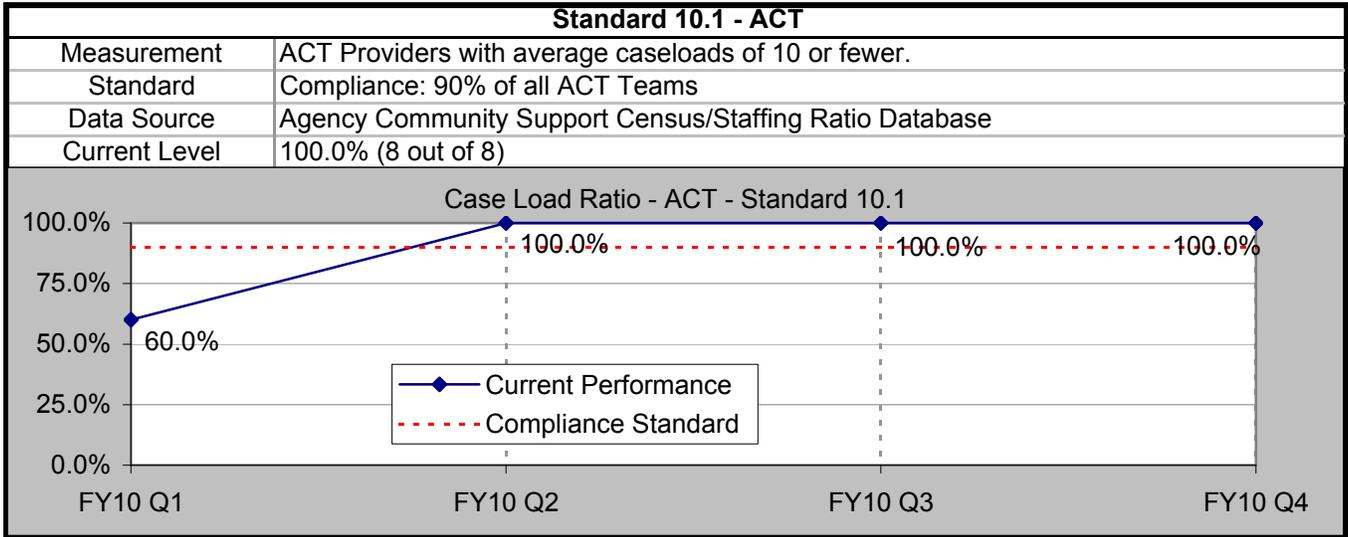


**Discussion:**

Standard 9: Continues not to be met

**Community Integration / Community Support Services / Individualized Support Planning**

**Standard 10 - Case Load Ratio**

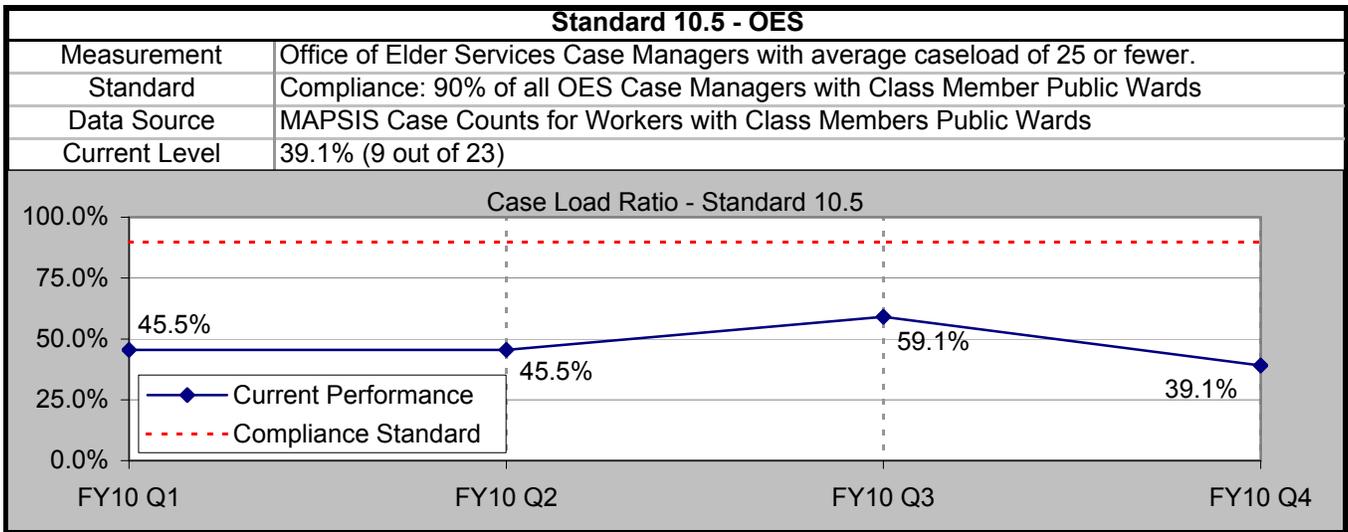
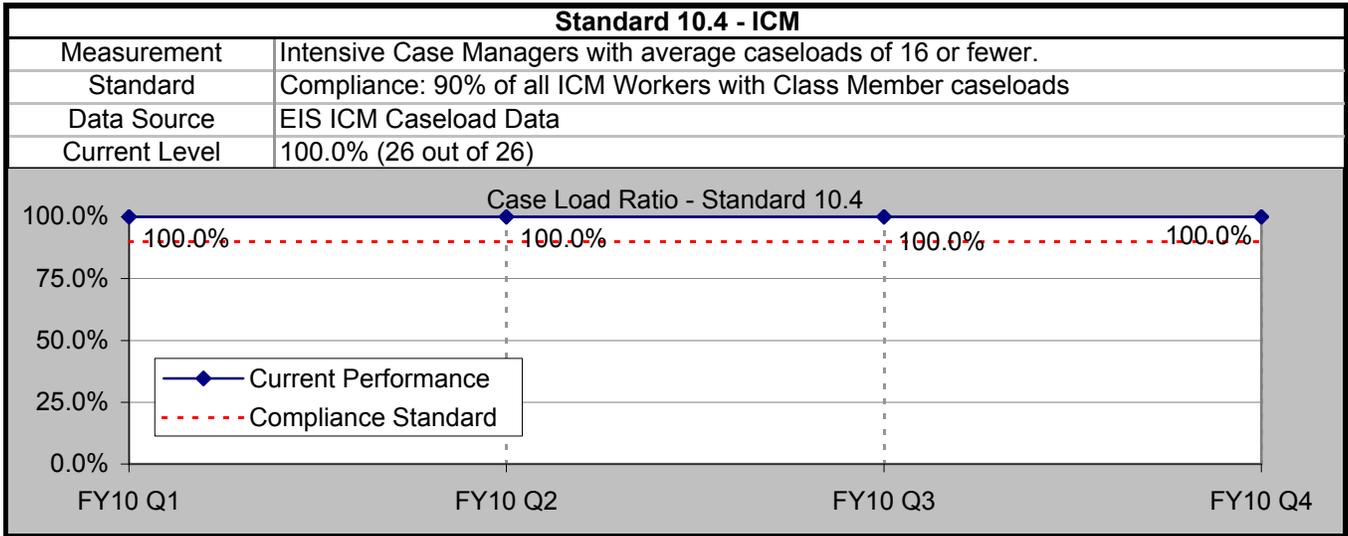


**Discussion:**

Standard 10.1: The 10/01/2009 revision of MaineCare section 17 clearly specified staff to be included in calculating staffing ratios; ratio has now been met for 3 quarters.

Standard 10.2: Community Integration caseload ratios have been met since the 2nd quarter FY 08

**Community Integration / Community Support Services / Individualized Support Planning**



**Discussion:**

Standard 10.4: Standard met since the 2nd quarter of FY 08

Standard 10.5: OES continues not to meet staff/client ratios. OES has 3 vacancies (in various stages of the hiring process) and one staff person on leave. OES expects to be able to meet the standard when fully staffed.

**Community Integration / Community Support Services /  
Individualized Support Planning**

**Standard 11 - Needs of Class Members not in service considered in system design and services**

<b>Standard 11.1</b>	
Measurement	Number of class members who do not receive services from a community support worker identifying resource needs in an ISP-related domain area.
Standard	No numerical standard.
Data Source	Paragraph 74 Protocol
Current Level	See tables below

<b>Standard 11.2</b>	
Measurement	Number of unmet needs in each ISP-related domain for class members who do not receive services from a community support worker.
Standard	No numerical standard.
Data Source	Paragraph 74 Protocol
Current Level	See tables below

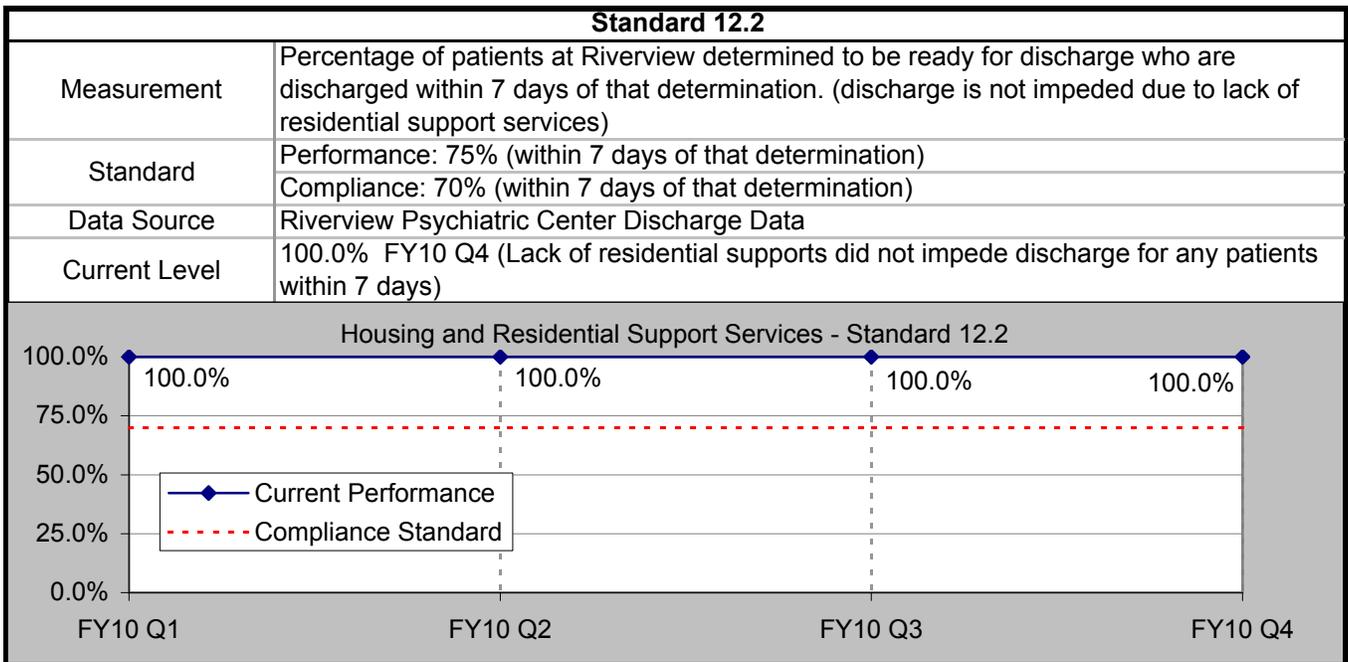
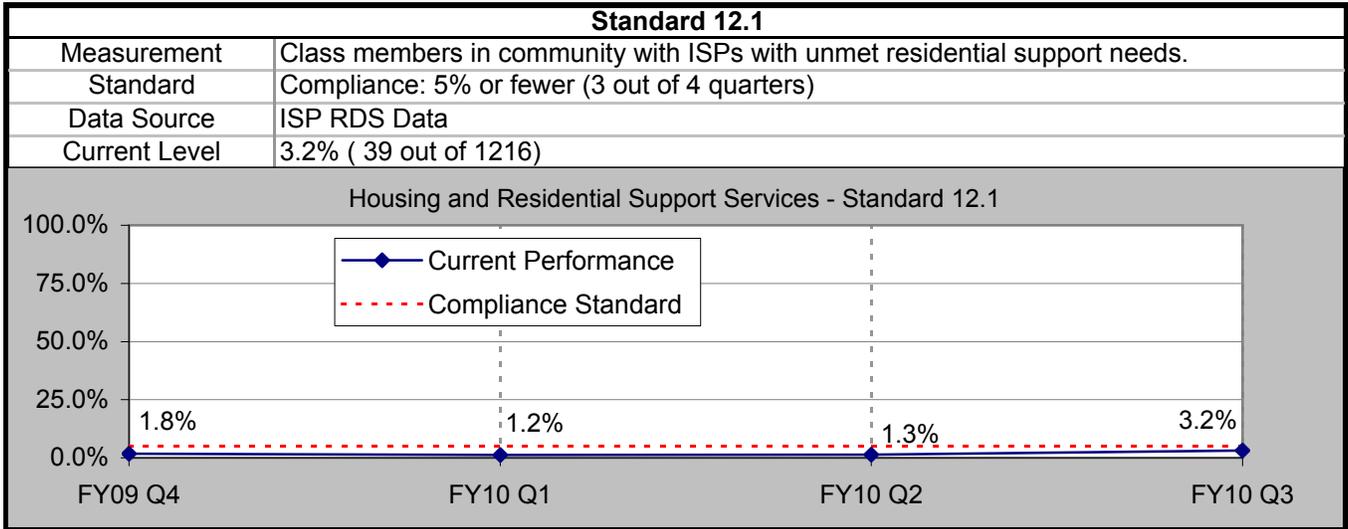
The total of unique individuals for all regions may not equal the total unique individuals for the State as an individual may make a request of a CDC in more than one region.

<b>Number of Callers with resource needs April 1 - June 30, 2010</b>				
	<b>Region 1</b>	<b>Region 2</b>	<b>Region 3</b>	<b>Total</b>
Unique Individuals:	18	9	1	27
Unmet Needs:	0	0	1	1

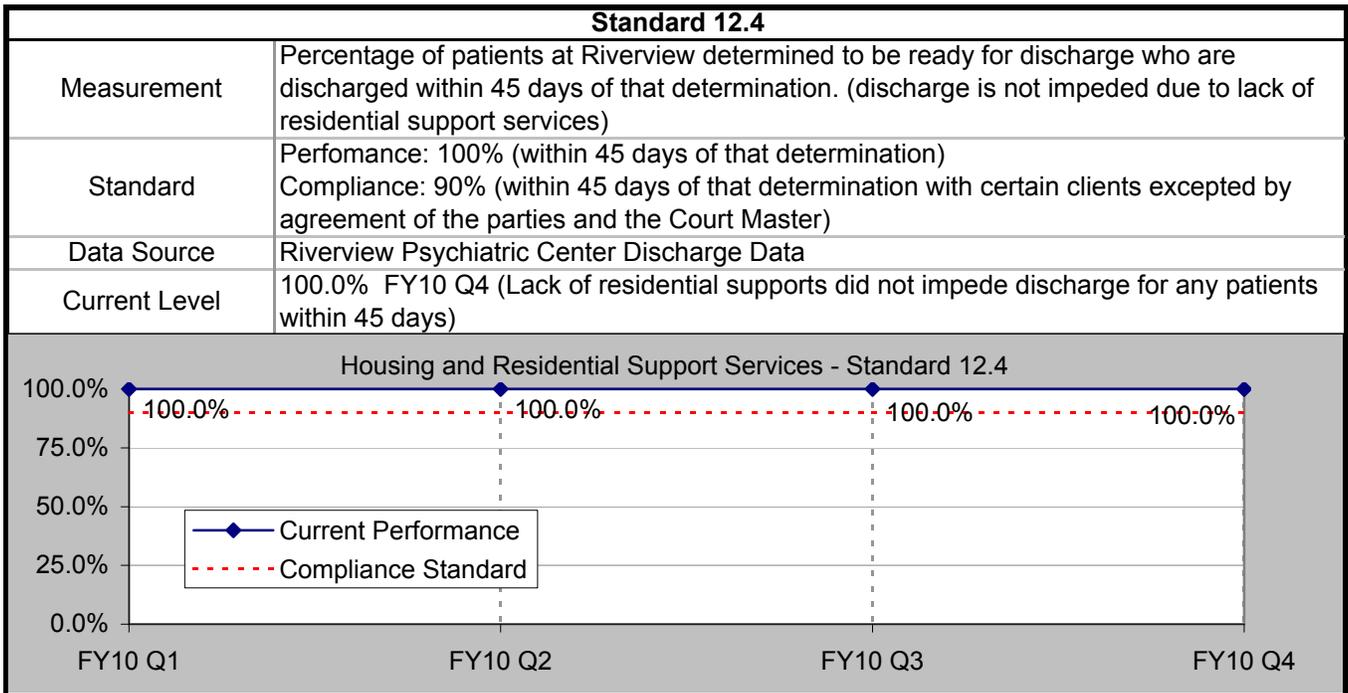
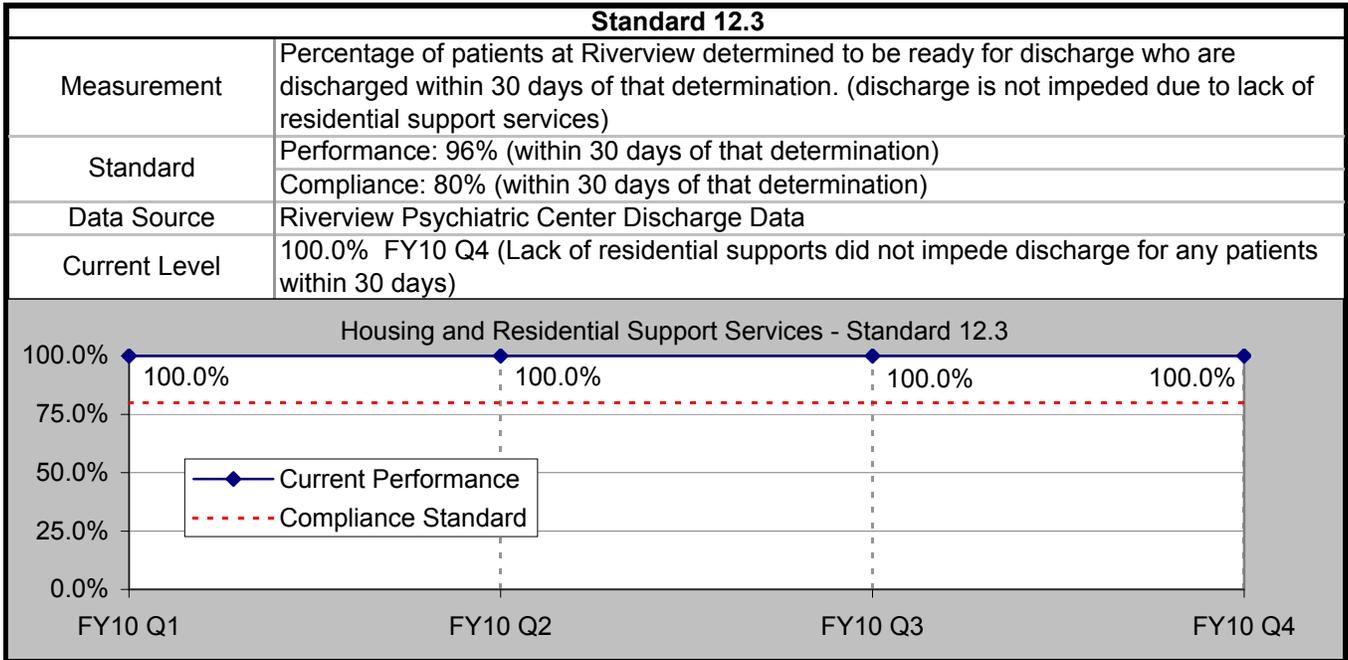
<b>Unmet Needs by Domain</b>	
<b>Apr 1 ~ Jun 30, 2010</b>	
<b>ISP Domain Areas</b>	<b>State</b>
Mental Health Services	0
MH Crisis Planning Resources	0
Peer, Recovery & Support Resources	0
Substance Abuse Services	0
Housing Resources	0
Health Care Resources	0
Legal Resources	0
Financial Security Resources	1
Education Resources	0
Vocation Employment Resources	0
Living Skills Resources	0
Transportation Resources	0
Personal Growth/Community Participation Resources	0
<b>Total</b>	<b>1</b>

**Community Resources and Treatment Services  
Housing and Residential**

**Standard 12 - Residential services adequate to meet ISP needs of those ready for discharge**



**Community Resources and Treatment Services  
Housing and Residential**



DHHS Office of Adult Mental Health Services  
**Community Resources and Treatment Services**  
**Housing and Residential**

**Discussion:**

Standard 12.1: Met since the 4th quarter FY 08 except for 1 quarter (Q2 FY 09)

Standards 12.2, 12.3, 12.4: Met since the 1st quarter of FY 09

Riverview Psychiatric Center Discharge Detail to amplify data presented in Standards 12.2, 12.3, 12.4

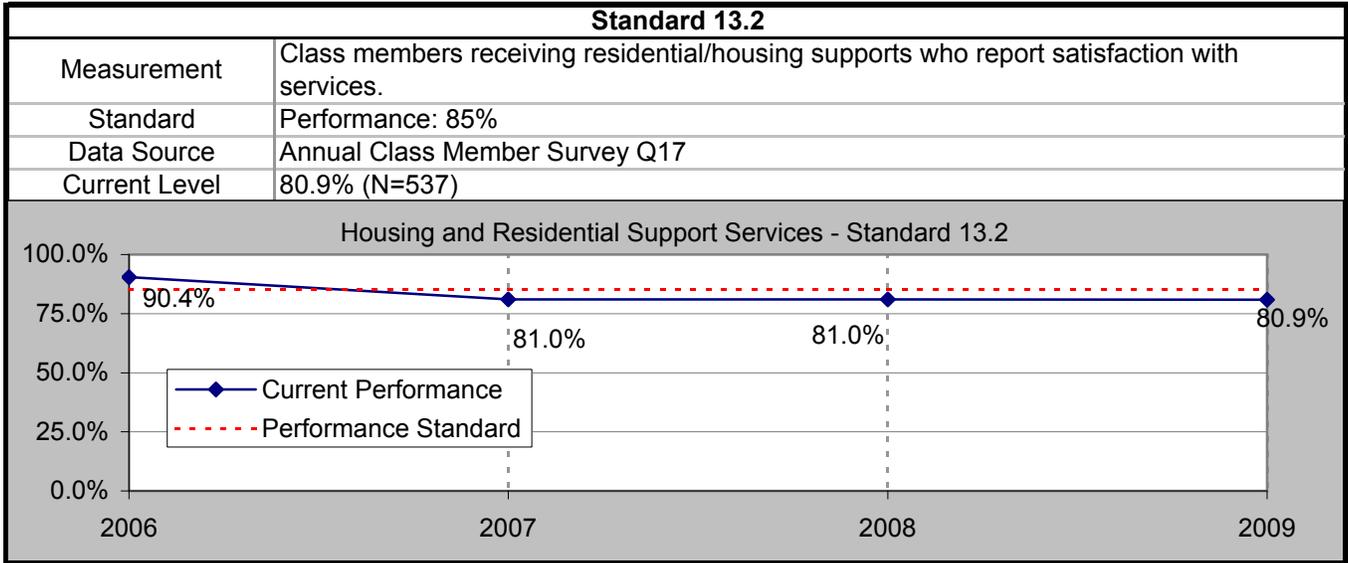
39 Civil Patients discharged in quarter

22 discharged at 7 days (56.4%)  
10 discharged 8-30 days (25.6%)  
1 discharged 31-45 days (2.6%)  
6 discharged post 45 days (15.4%)

Residential Support Services did not impede discharge for any patients post clinical readiness for discharge

**Community Resources and Treatment Services  
Housing and Residential**

**Standard 13.1 - Class member satisfaction with access to and quality of residential support services - Data now reported under standard 14.3**

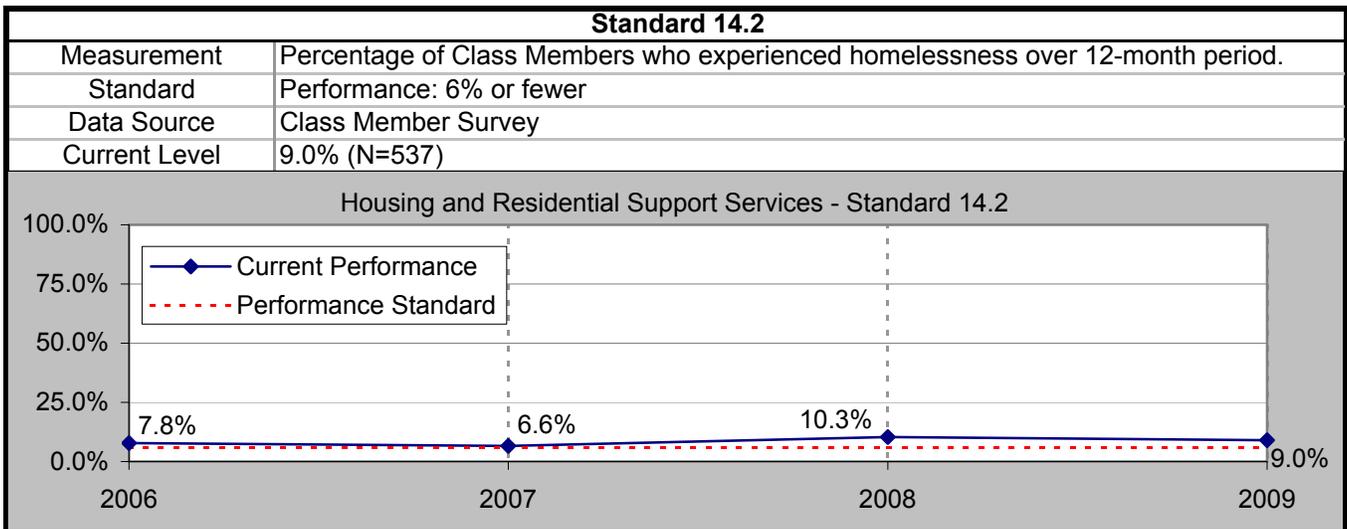
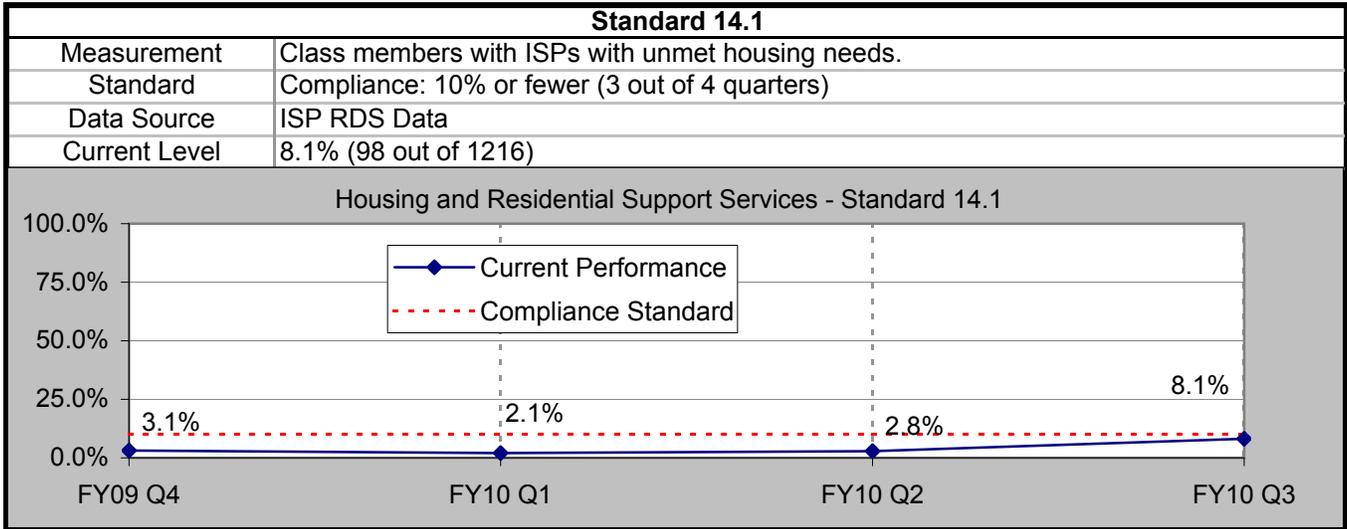


**Discussion:**

Standard not met for last 3 administrations of the annual class member survey.

**Community Resources and Treatment Services  
Housing and Residential**

**Standard 14 - Demonstrate an array of housing alternatives available to meet class member needs.**



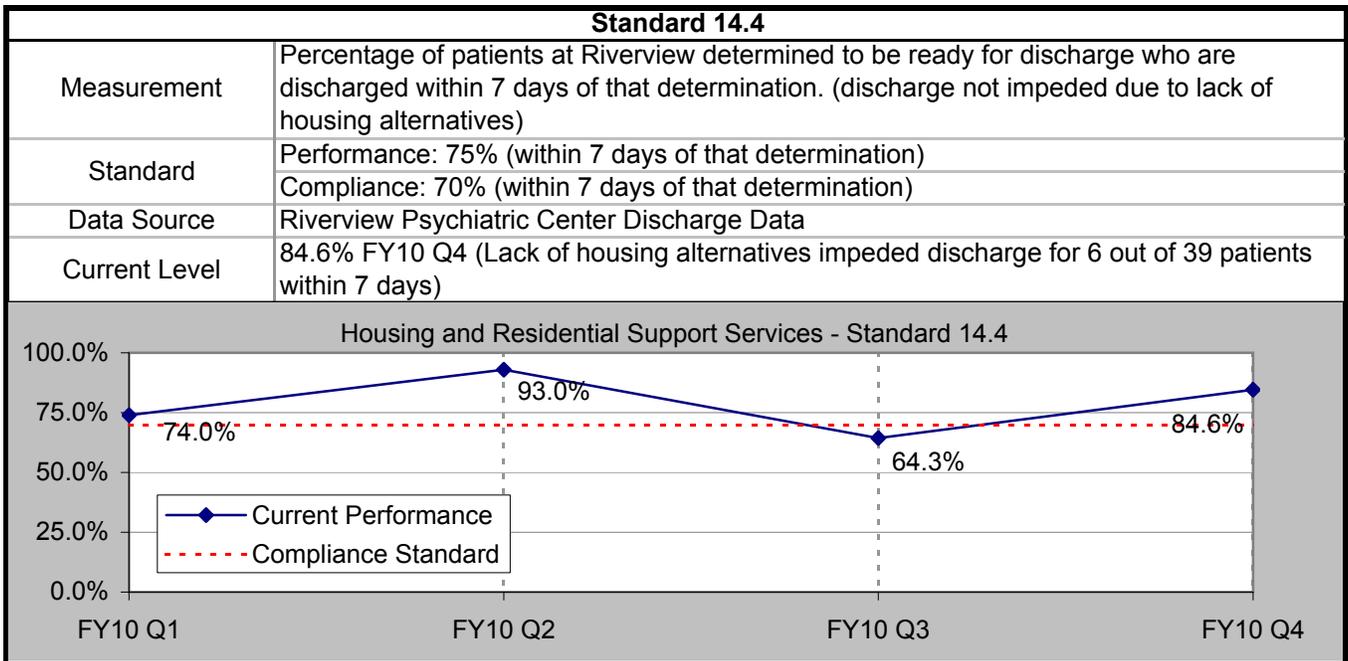
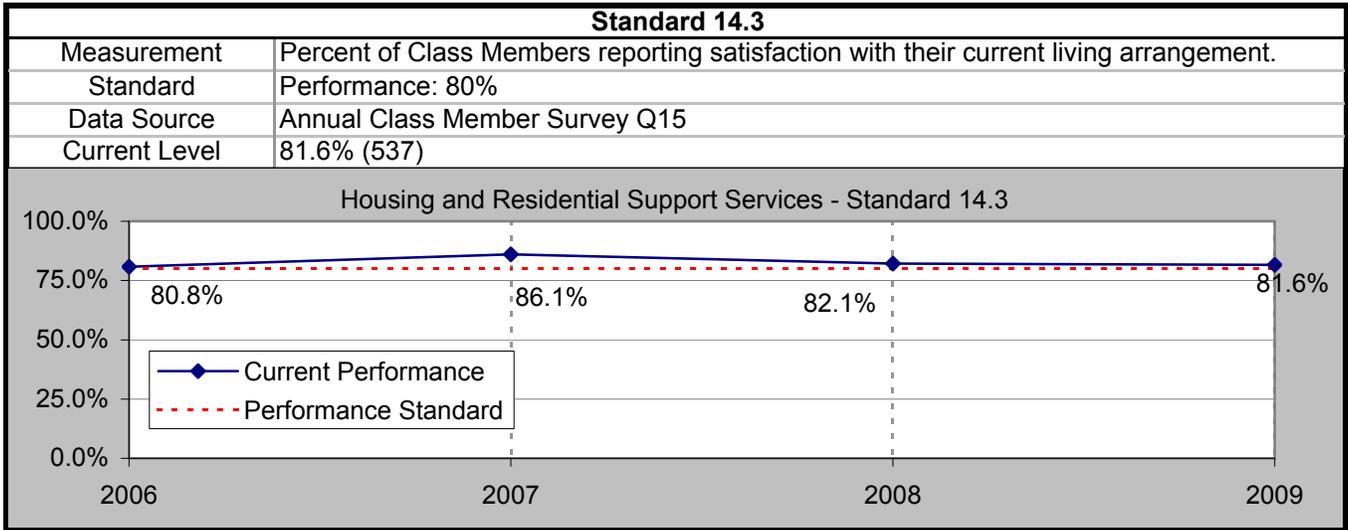
**Discussion:**

Standard 14.1: Met since quarter 3 FY 09. However, there was an increase in the percentage of unmet need 2.8 to 8.1, a 5.3 percentage point change

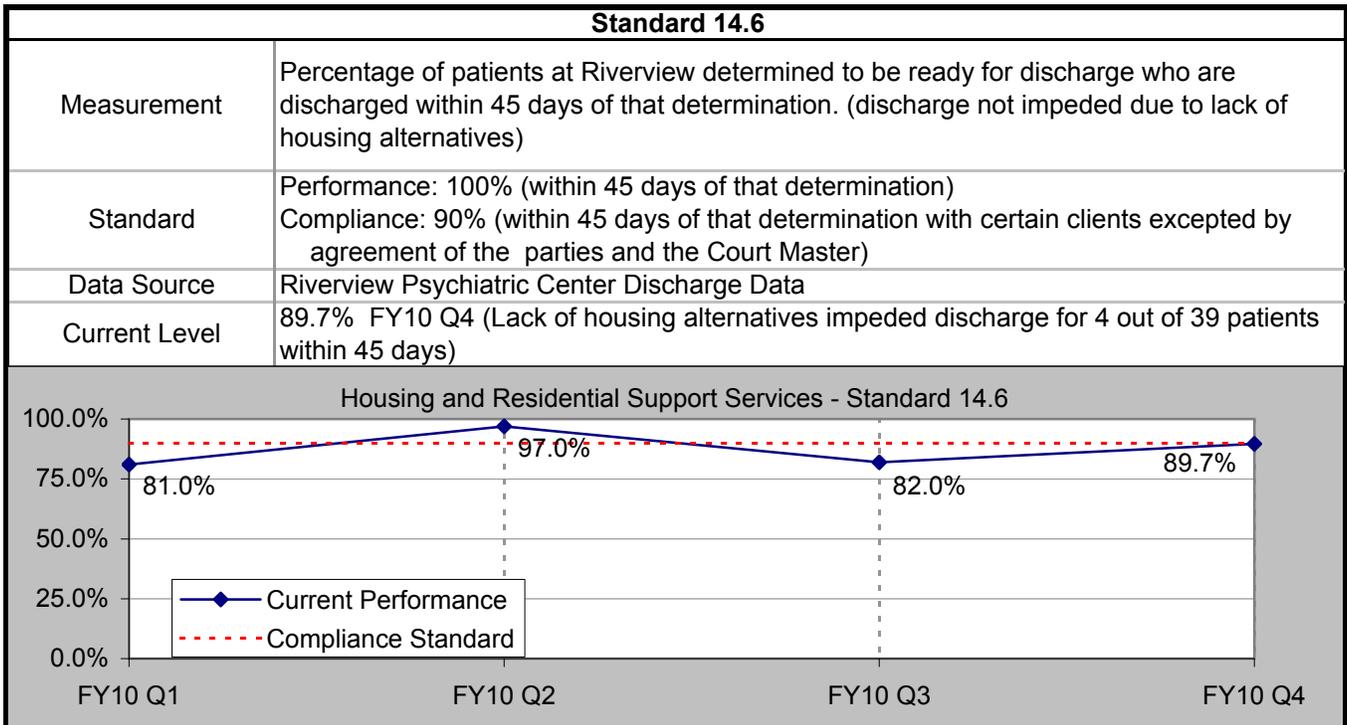
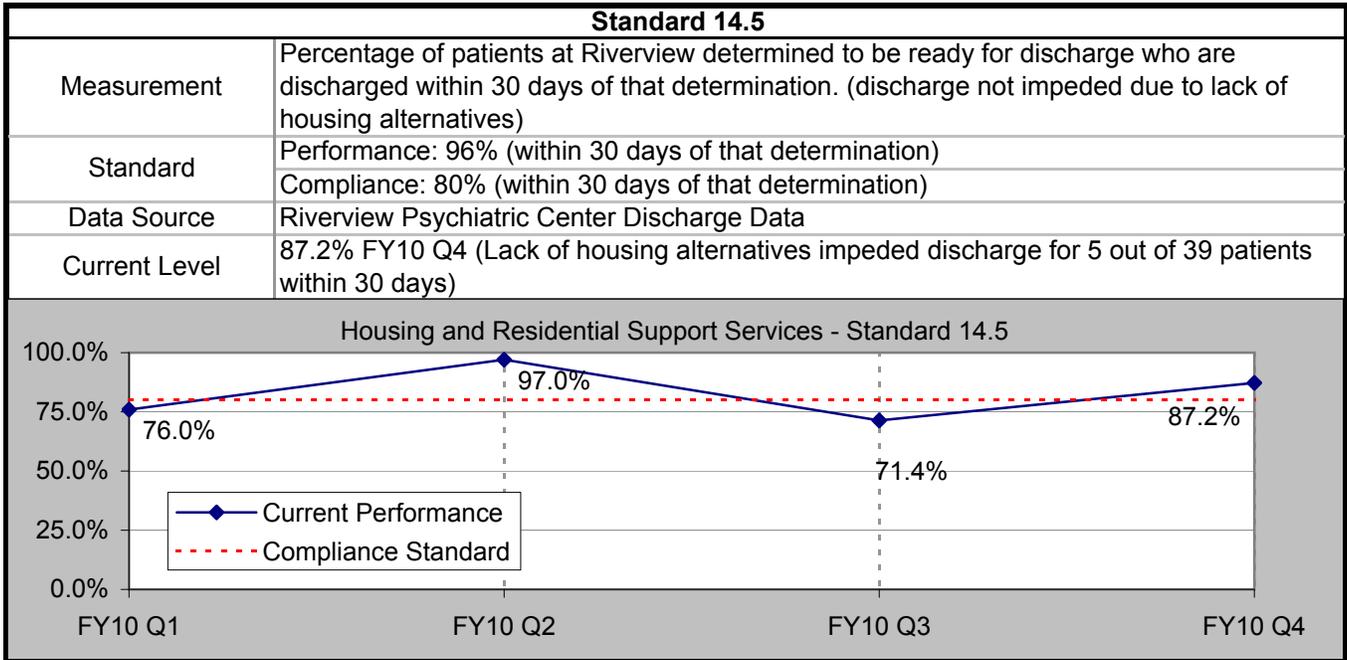
**Recommendations:**

Continue to monitor

**Community Resources and Treatment Services  
Housing and Residential**



**Community Resources and Treatment Services  
Housing and Residential**



DHHS Office of Adult Mental Health Services  
**Community Resources and Treatment Services**  
**Housing and Residential**

**Discussion:**

Standard 14.3: Met since 2006 survey administration

Standard 14.4: Met for all quarters FY 09 and the 1st, 2nd, and 4th quarters of FY 10

Standard 14.5: Met the 3rd and 4th quarters FY 09, and the 2nd and 4th quarters FY 10

Standard 14.6: Met 2nd and 4th quarters FY 09 and 2nd and 4th quarters FY 10

Riverview Psychiatric Center Discharge Detail to amplify data presented in Standards 14.4, 14.5, 14.6:

39 Civil Patients discharged in quarter

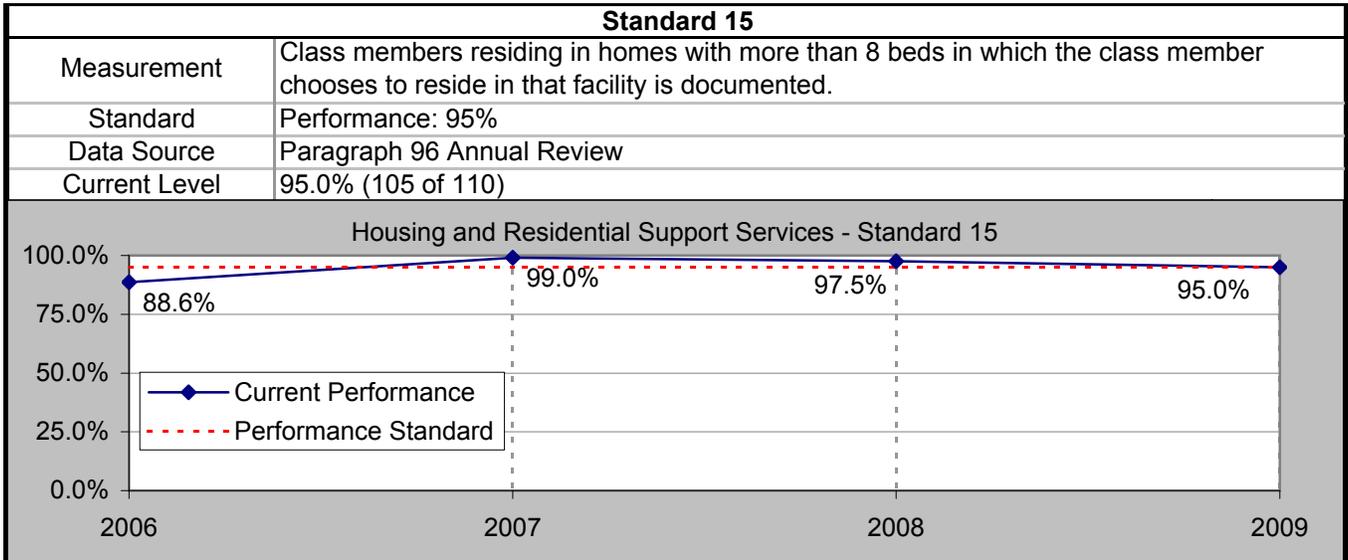
- 22 discharged at 7 days (56.4%)
- 10 discharged 8-30 days (25.6%)
- 1 discharged 31-45 days (2.6%)
- 6 discharged post 45 days (15.4%)

Housing Alternatives impeded discharge for 6 patients (15.4%)

- 1 patients discharged 8-30 days post clinical readiness for discharge
- 1 patients discharged 31-45 days post clinical readiness for discharge
- 4 patients discharged greater than 45 days post clinical readiness for discharge

**Community Resources and Treatment Services  
Housing and Residential**

**Standard 15 - Housing where community services are located / Homes with more than 8 beds**

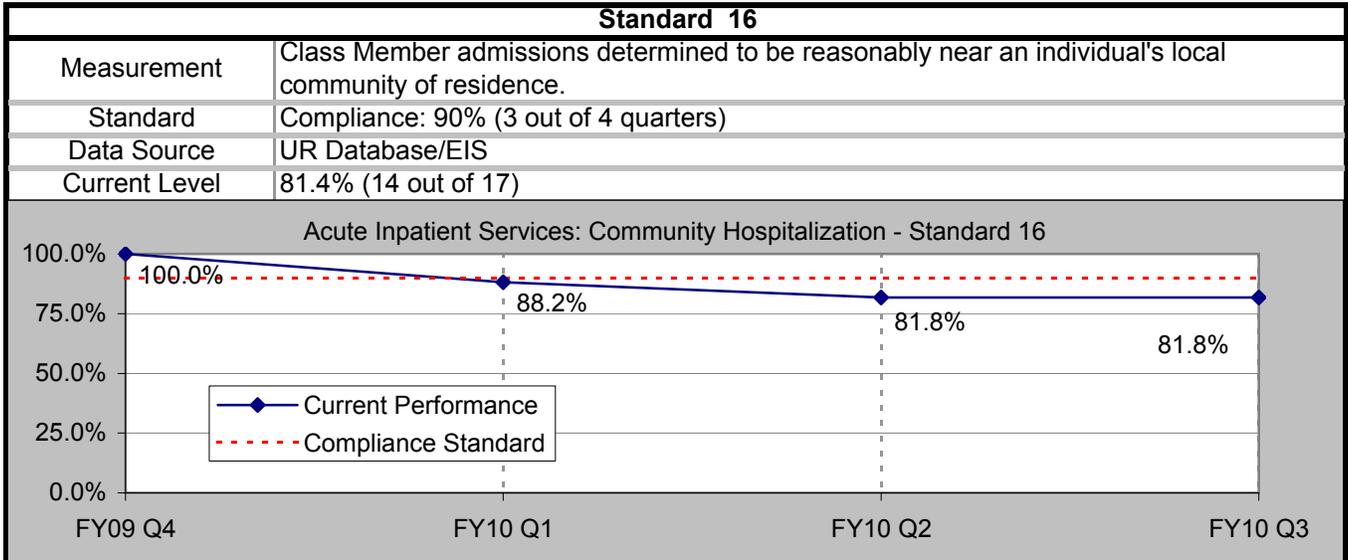


**Discussion:**

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. Standard met since 2007.

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

**Standard 16 - Psychiatric Hospitalization reasonably near an individual's local community**



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

**Discussion:**

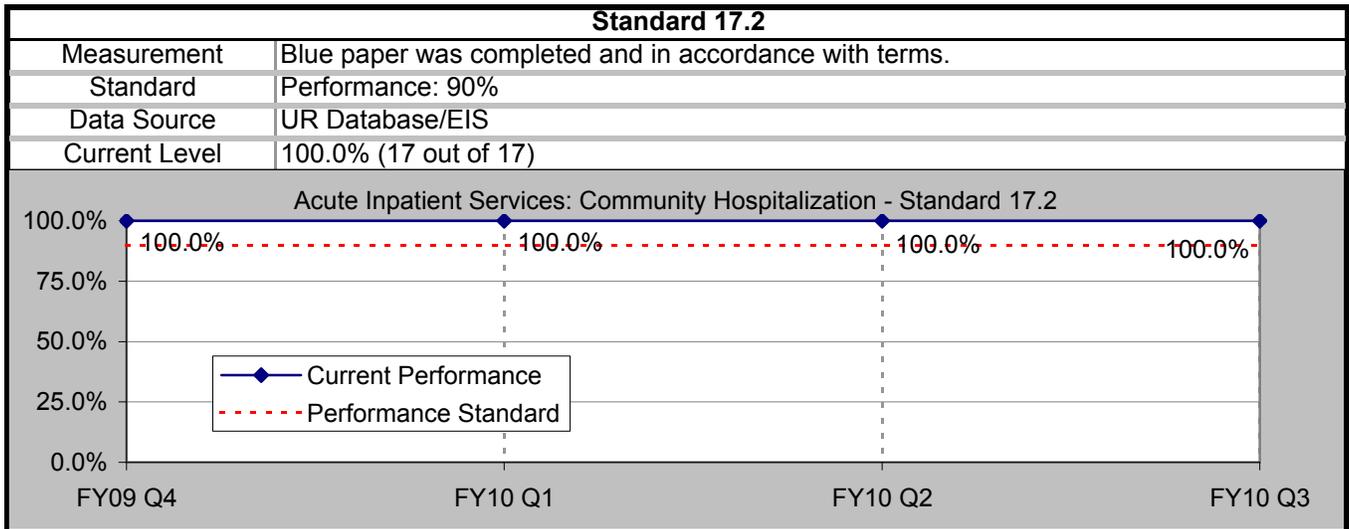
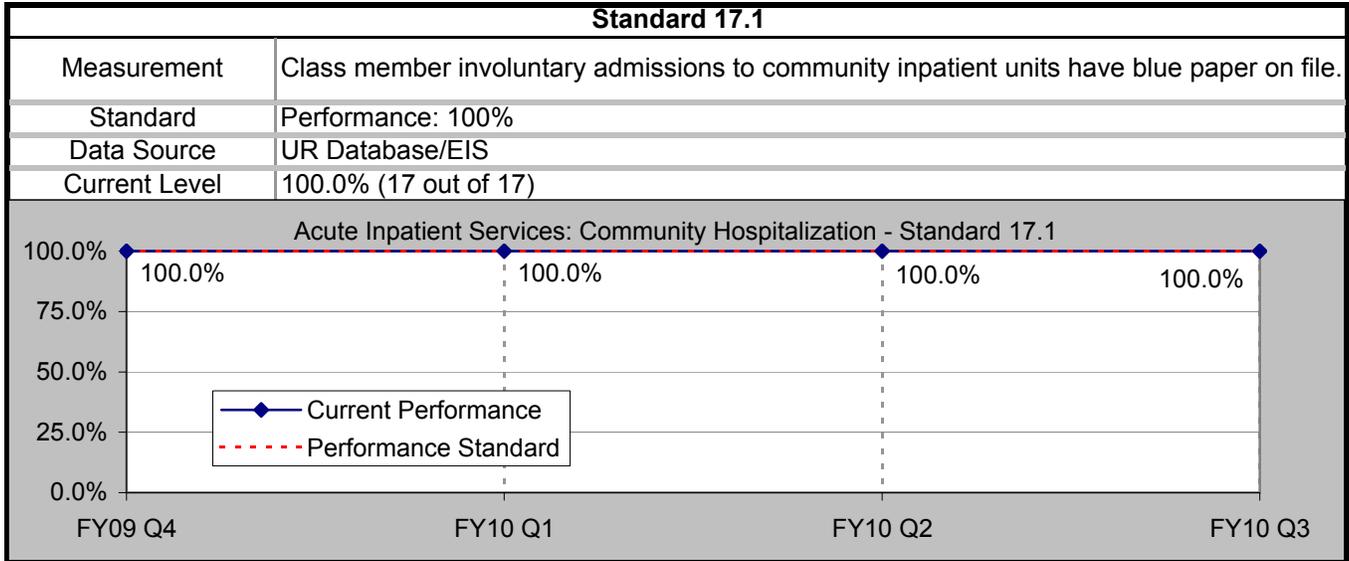
Standard met through quarter 4 FY 09, not met 1st 3 quarters FY 10. The number of class member reviews is small making it difficult to draw conclusions systemically.

**Recommendations:**

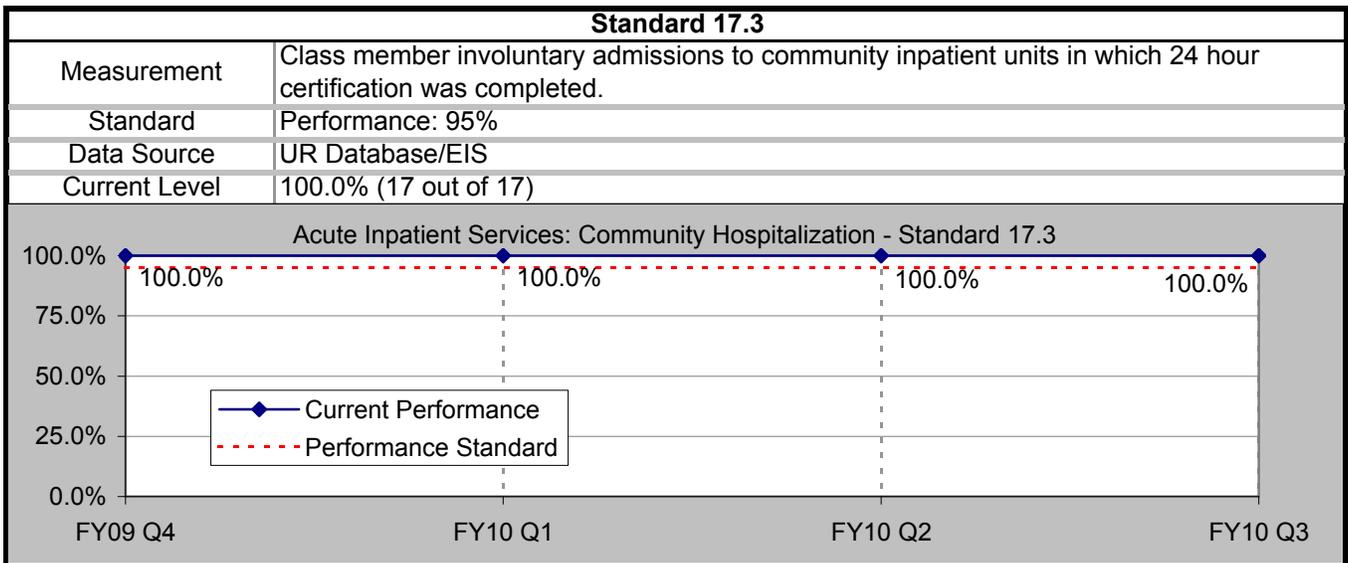
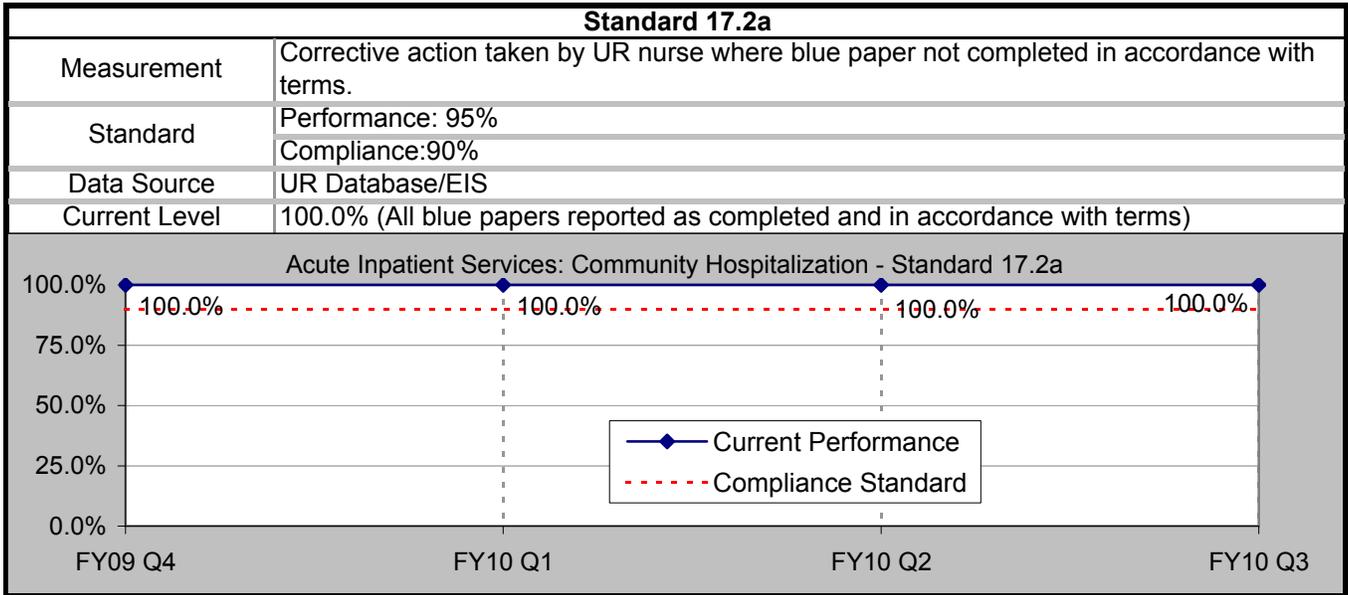
Continue to monitor.

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

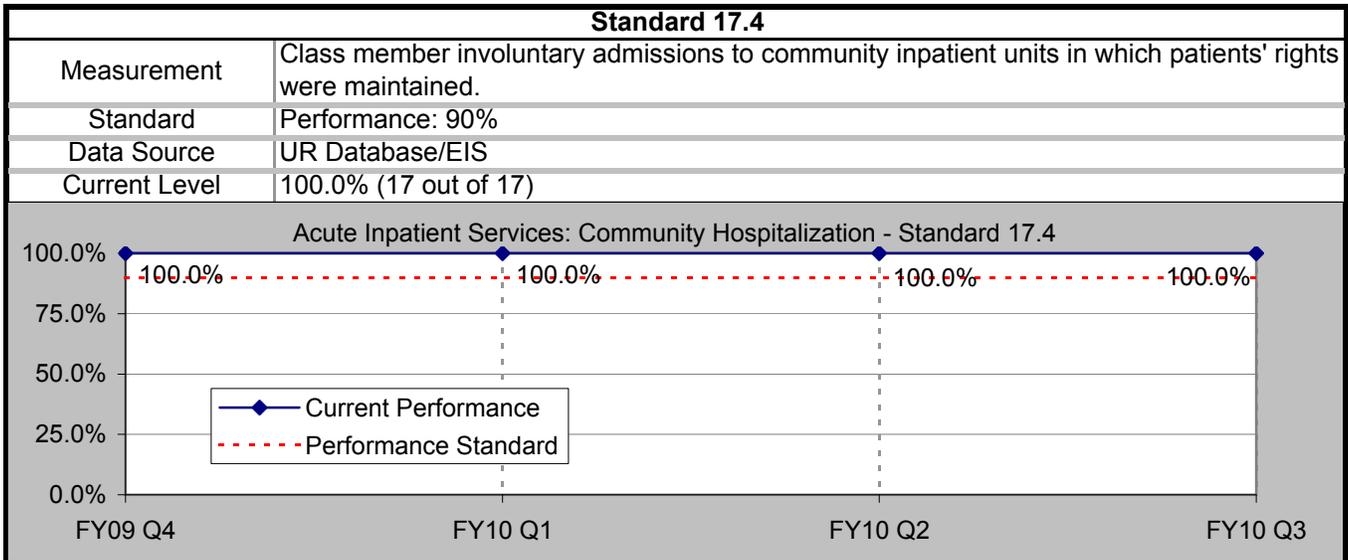
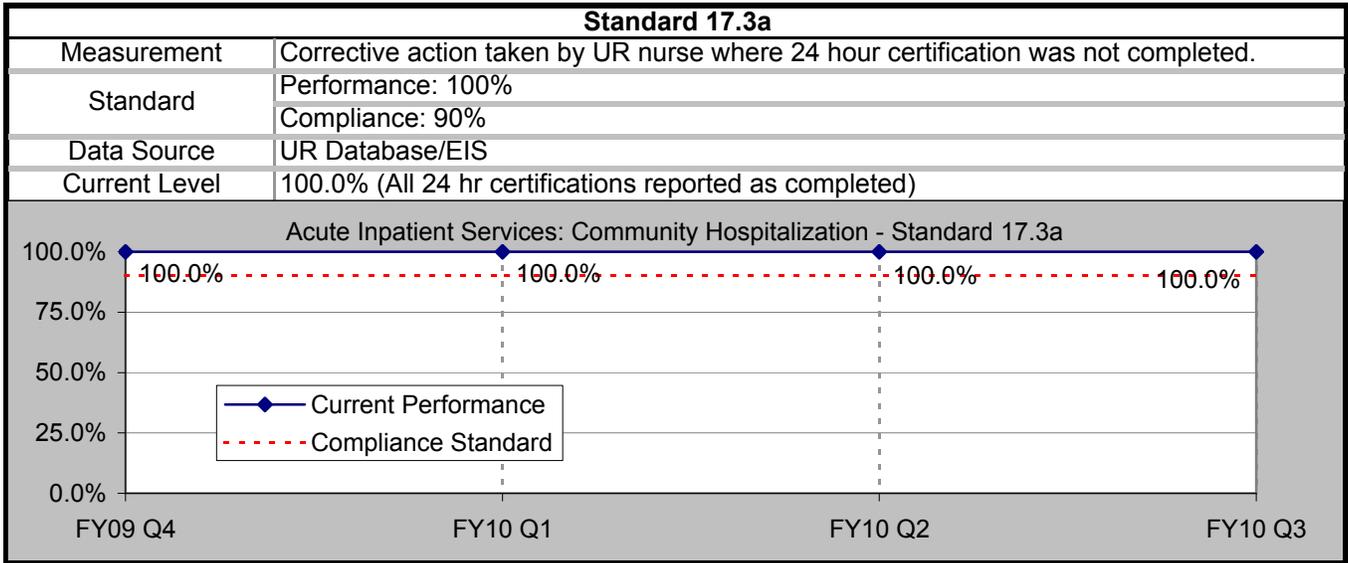
**Standard 17 - Class member admissions to community involuntary inpatient units are in accordance with law and meet medical necessity criteria**



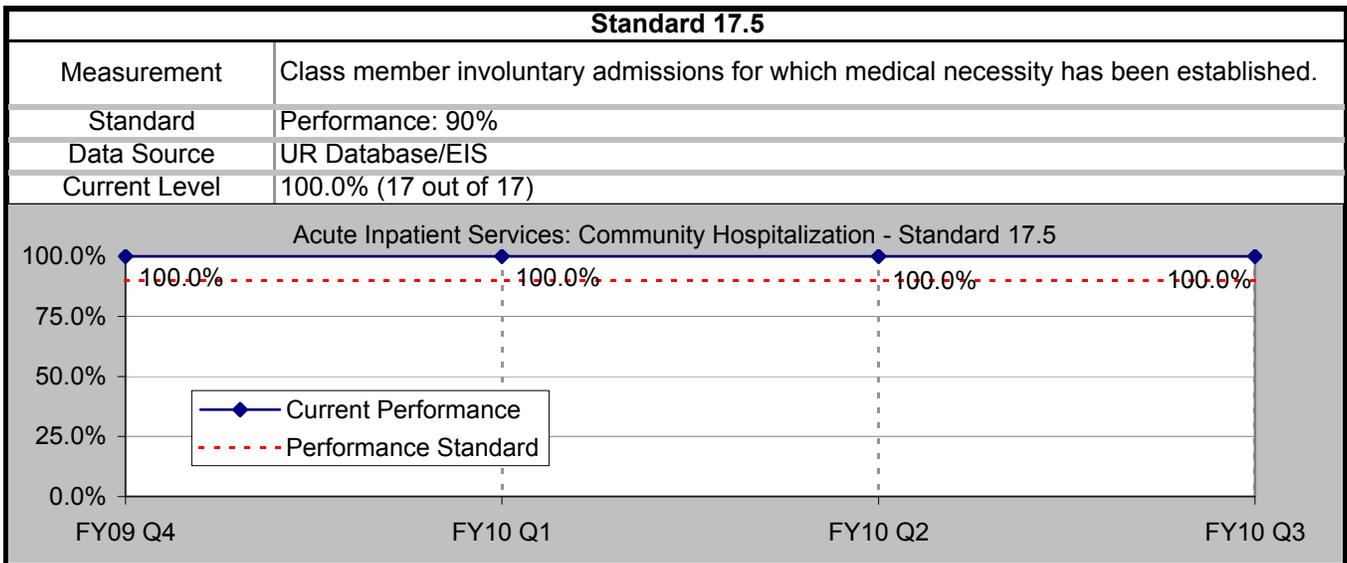
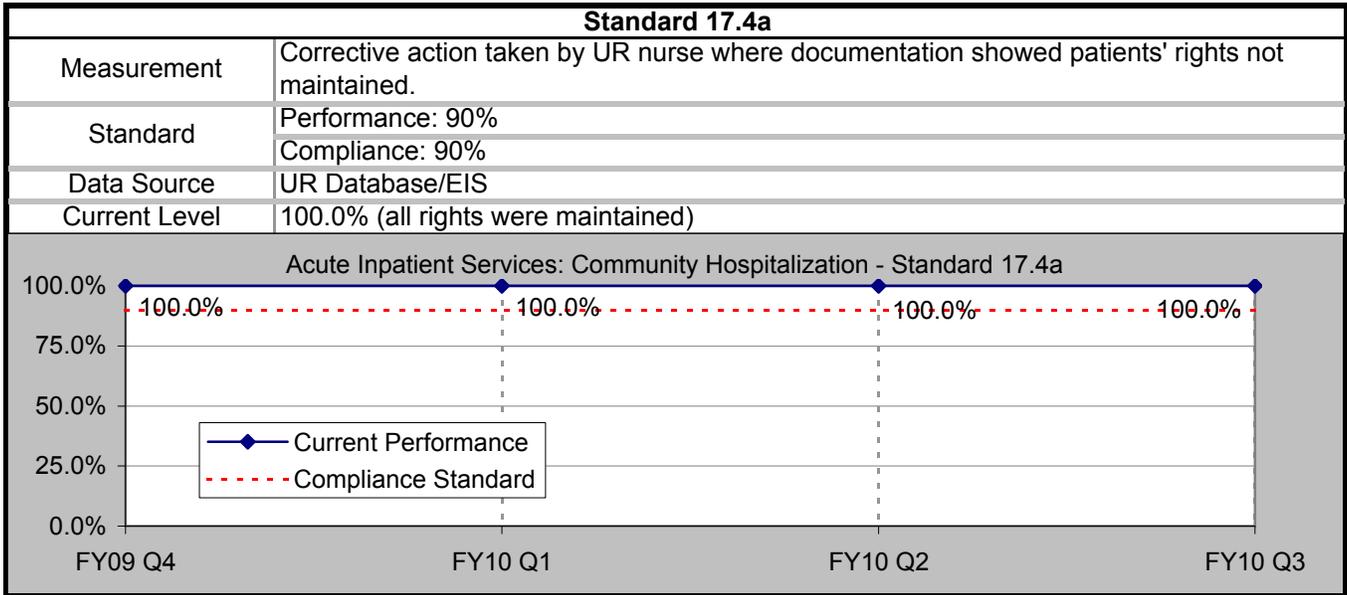
**Community Resources and Treatment Services  
Acute Inpatient Services: Involuntary Community Hospitalization**



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



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



**Discussion:**

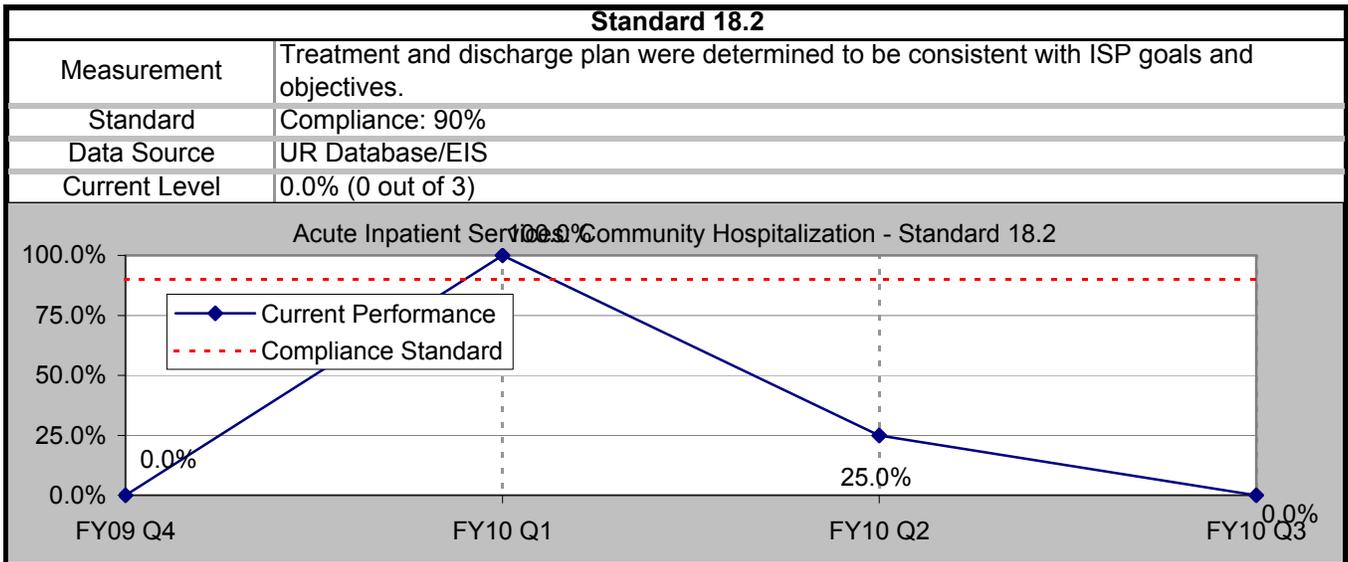
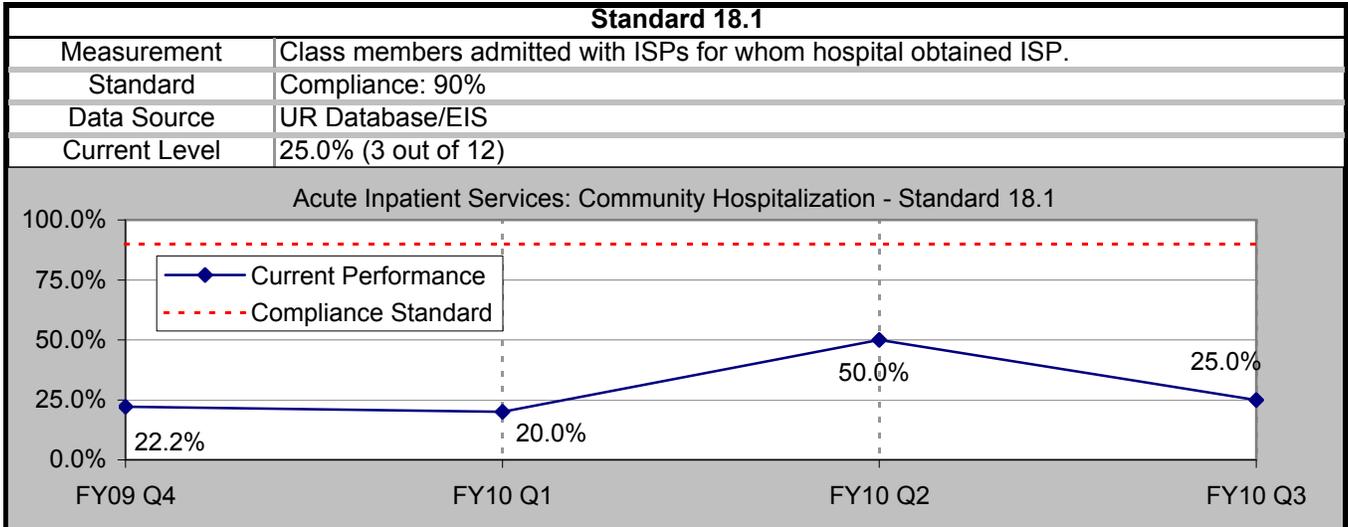
Standards 17.1, 17.2, 17.3, 17.4, 17.4a, and 17.5: Consistently met since the 1st quarter of FY 08

**Recommendations:**

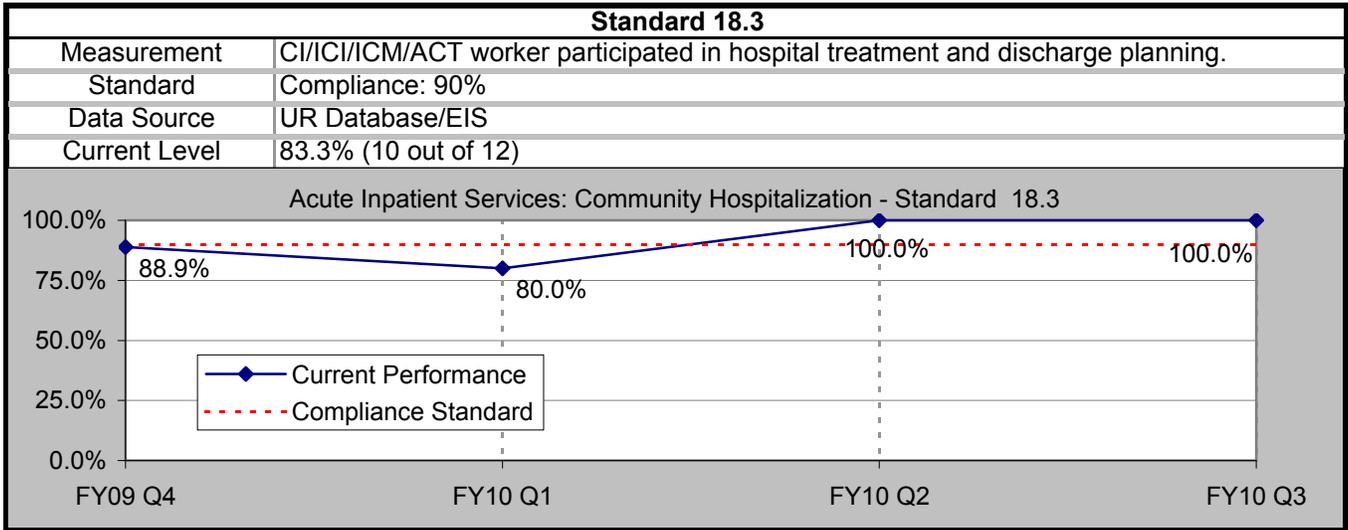
Consider whether it continues to be necessary to review all emergency involuntary admissions; would a sample of admissions be sufficient to measure compliance.

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

**Standard 18 - Continuity of Treatment is maintained during hospitalization in community inpatient settings**



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



**Discussion**

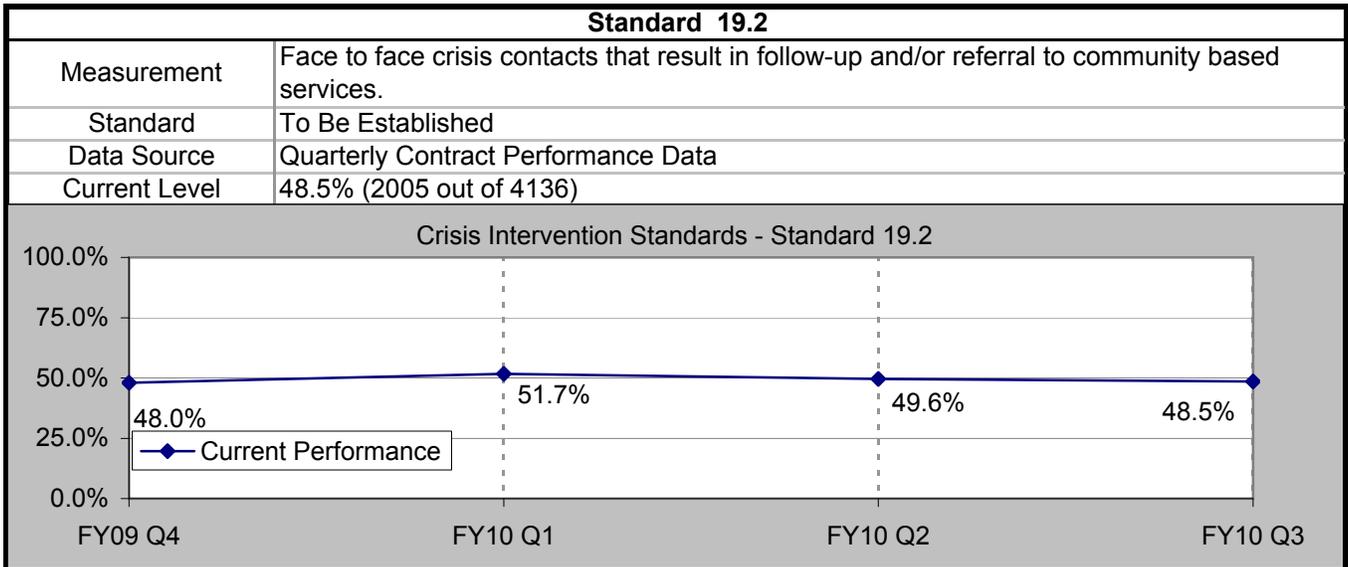
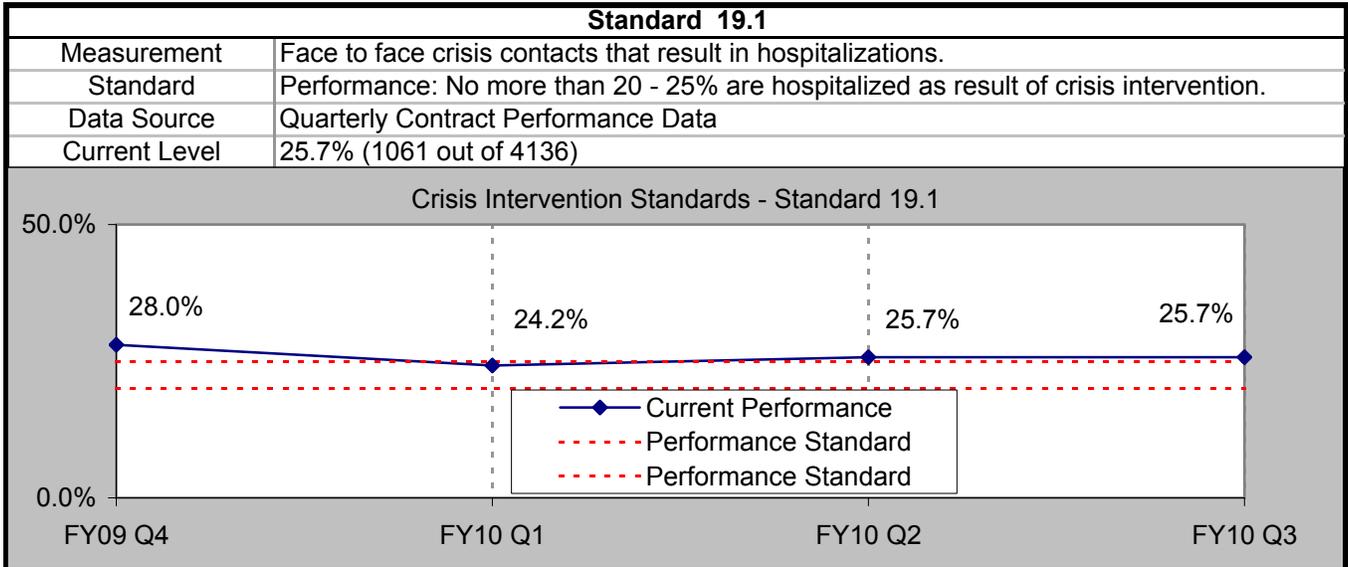
Standards 18.1, 18.2, and 18.3: Each quarter, hospital specific data regarding these standards is shared with each CSN. Numbers for each standard are very small making it difficult to draw definitive conclusions. Worker participation has been higher than the hospital actually receiving the ISP. While worker participation met the standard in the 2nd quarter, it has again decreased below 90%

**Recommendations:**

Continue to monitor and share data with the CSNs.

**Community Resources and Treatment Services  
Crisis Intervention Services**

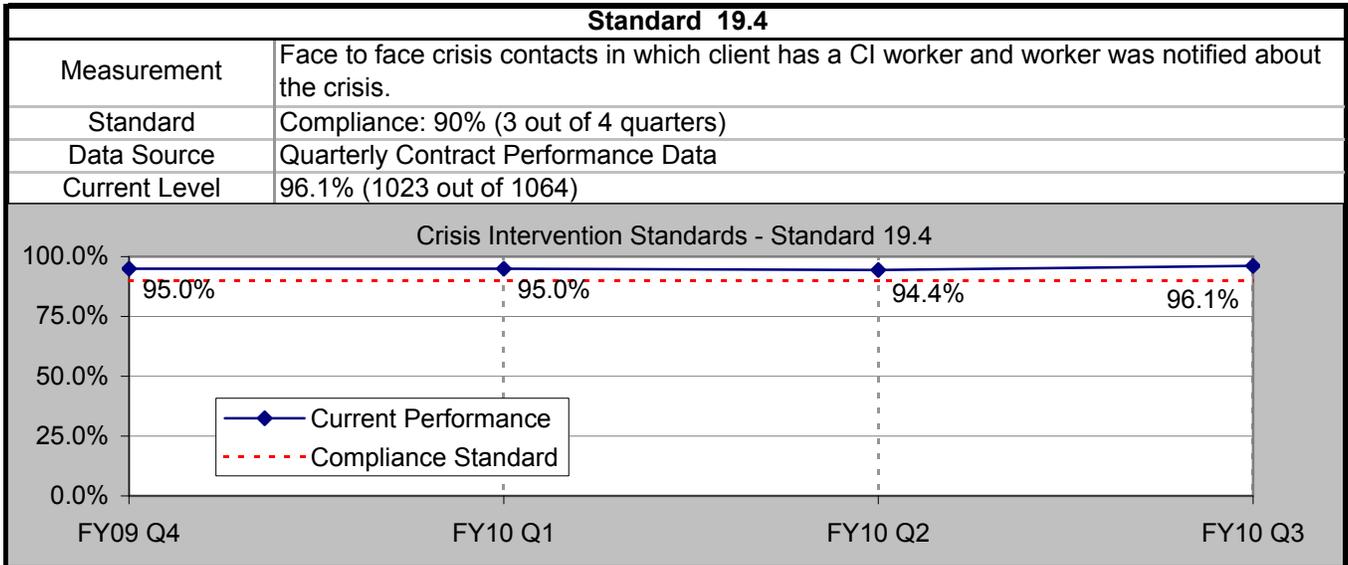
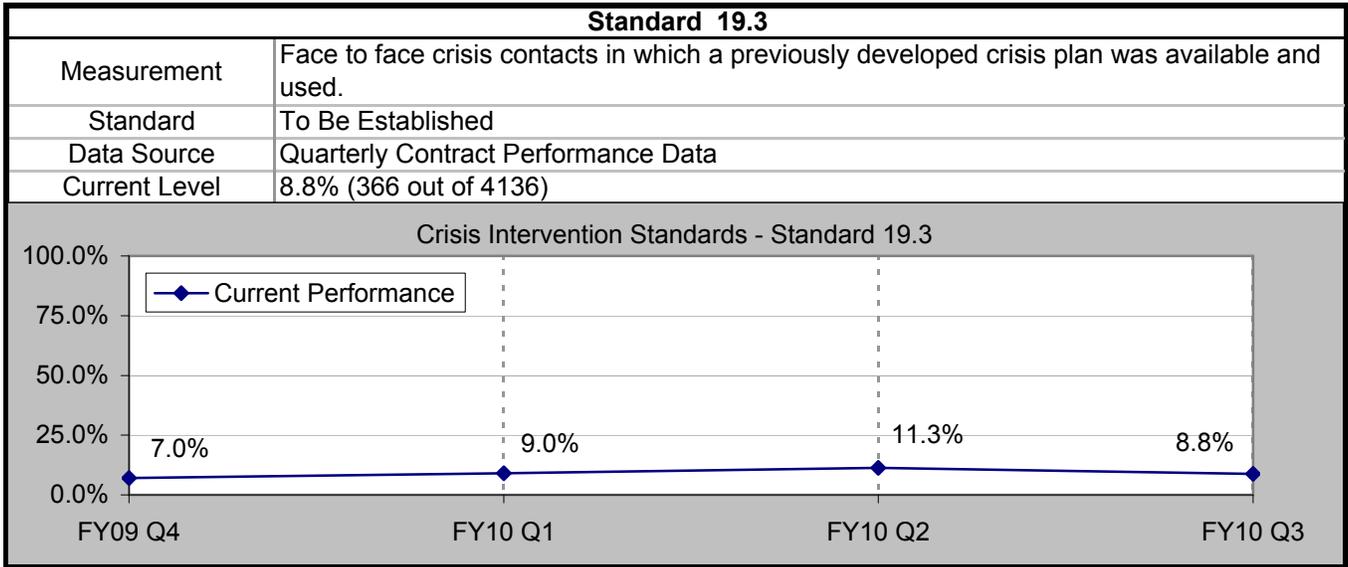
**Standard 19 - Crisis services are effective and meet Settlement Agreement Standards**



**Discussion:**

Standard 19.1: After being met in the 1st quarter, data now running 1 to 3 percentage points higher than the standard as it did in FY' 09.

**Community Resources and Treatment Services  
Crisis Intervention Services**

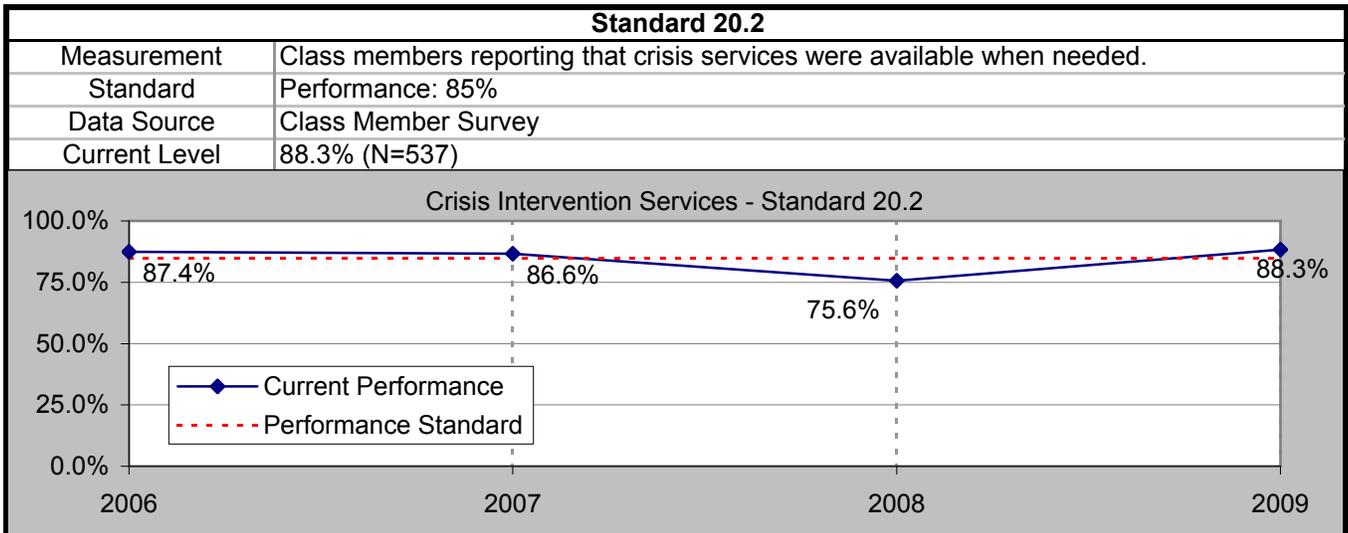
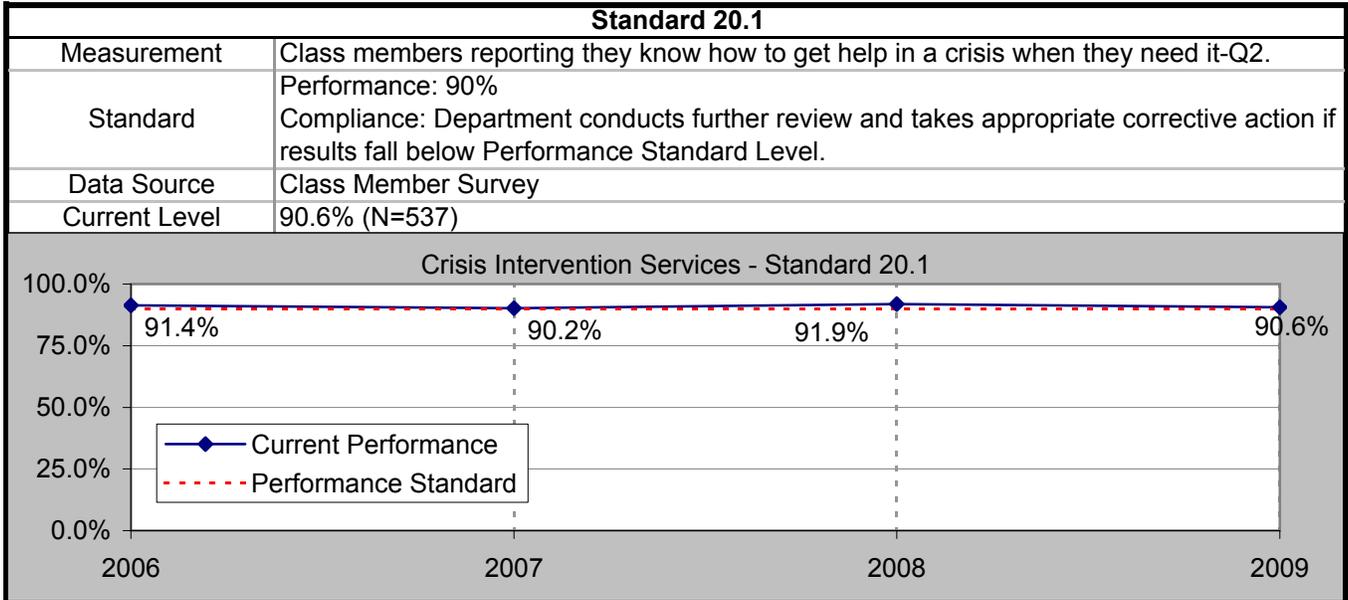


**Discussion:**

Standard 19.4: Met for FY' 09 and the first 3 quarters of FY 10

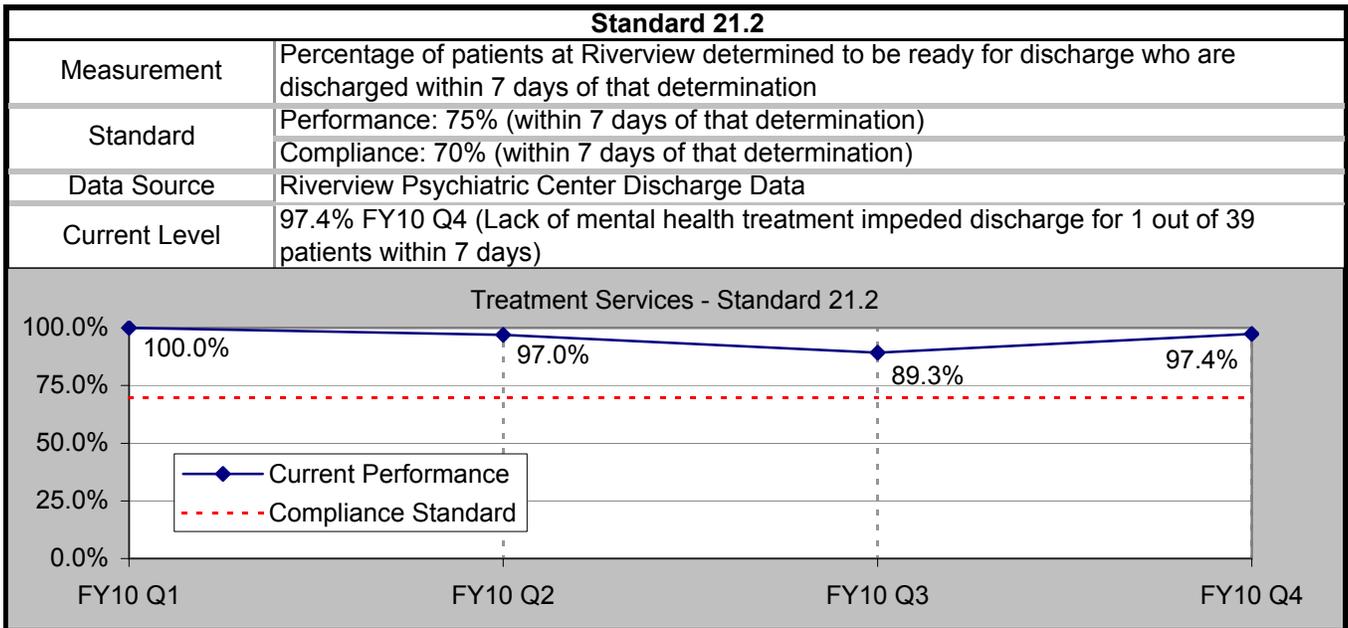
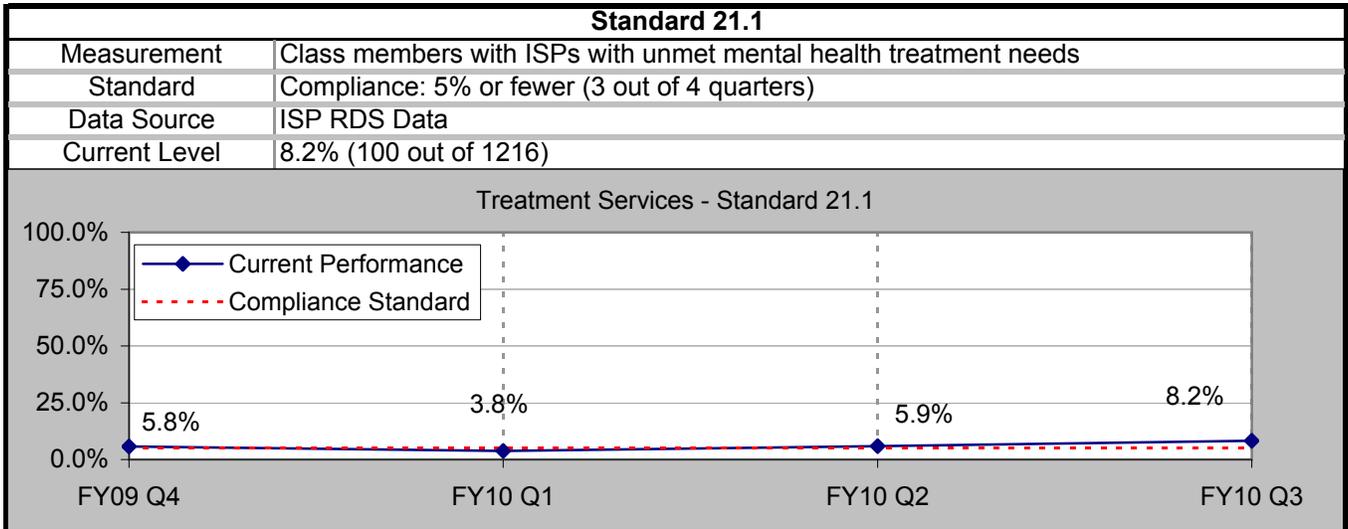
**Community Resources and Treatment Services  
Crisis Intervention Services**

**Standard 20 - Class member satisfaction with availability and quality of crisis intervention services**

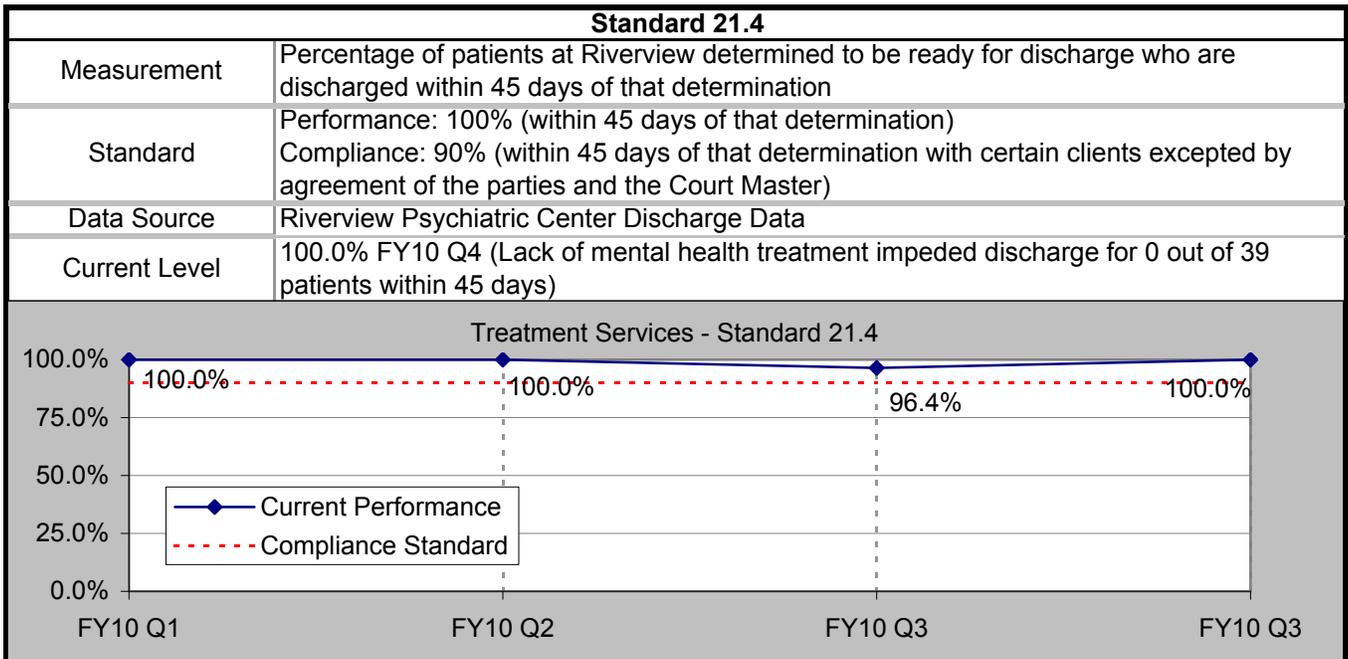
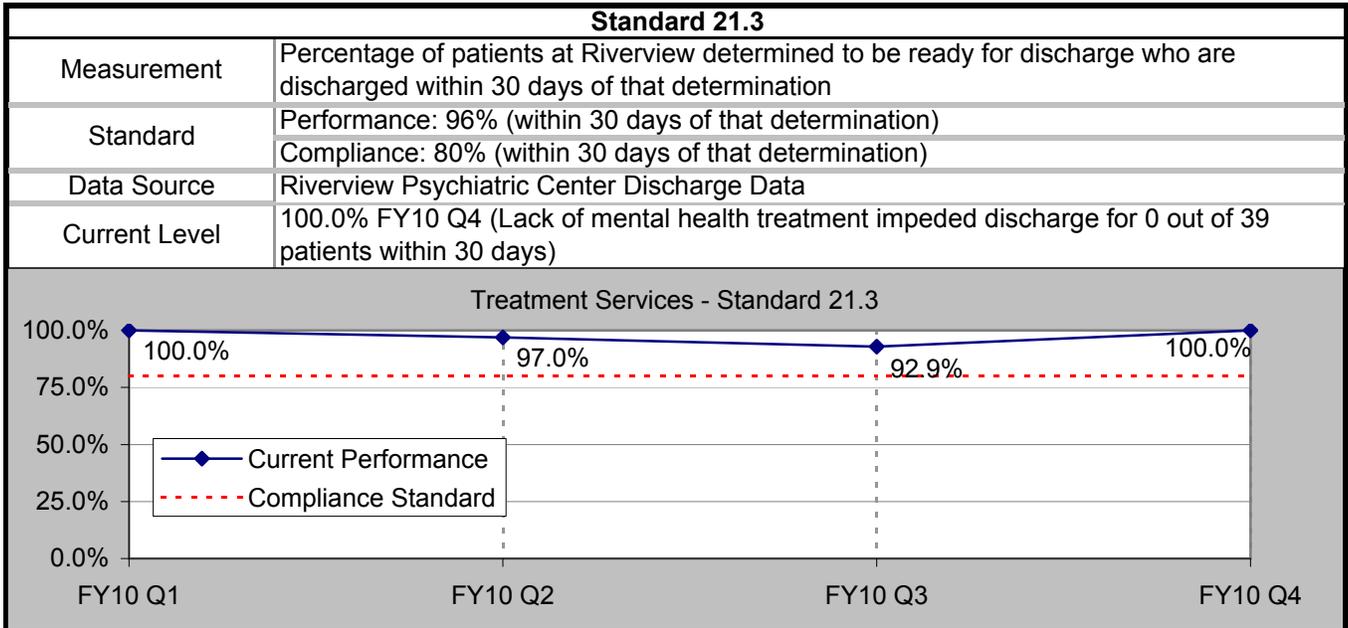


**Community Resources and Treatment Services  
Treatment Services**

**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.**



**Community Resources and Treatment Services  
Treatment Services**



**Discussion:**

Standard 21.1: Met in the 2nd quarter FY 10 with increasing reported unmet need since that time.

Standards 21.2, 21.3, 21.4: Met since the 1st quarter FY 08

DHHS Office of Adult Mental Health Services  
**Community Resources and Treatment Services**  
**Treatment Services**

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Riverview Psychiatric Center Discharge Detail to amplify data presented in Standards 21.2,21.3,21.4

39 Civil Patients discharged in quarter

- 22 discharged at 7 days (56.4%)
- 10 discharged 8-30 days (25.6%)
- 1 discharged 31-45 days (2.6%)
- 6 discharged post 45 days (15.4%)

Mental Health Treatment Services impeded discharge for 1 patients

- 1 discharged 8-30 days post clinical readiness for discharge (2.6%)

**Community Resources and Treatment Services  
Treatment Services**

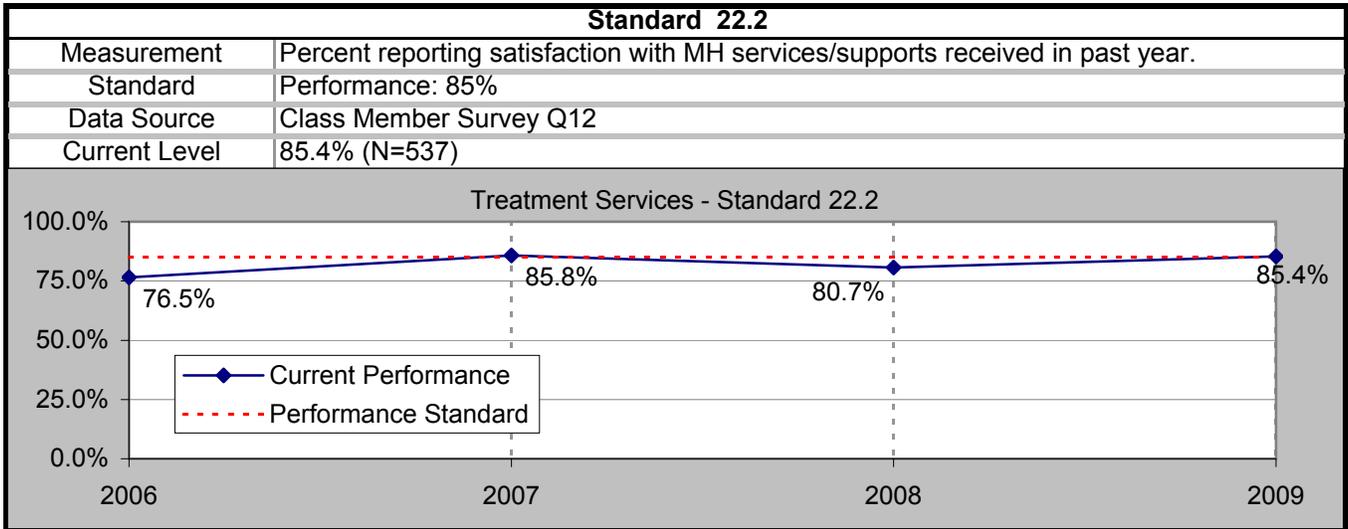
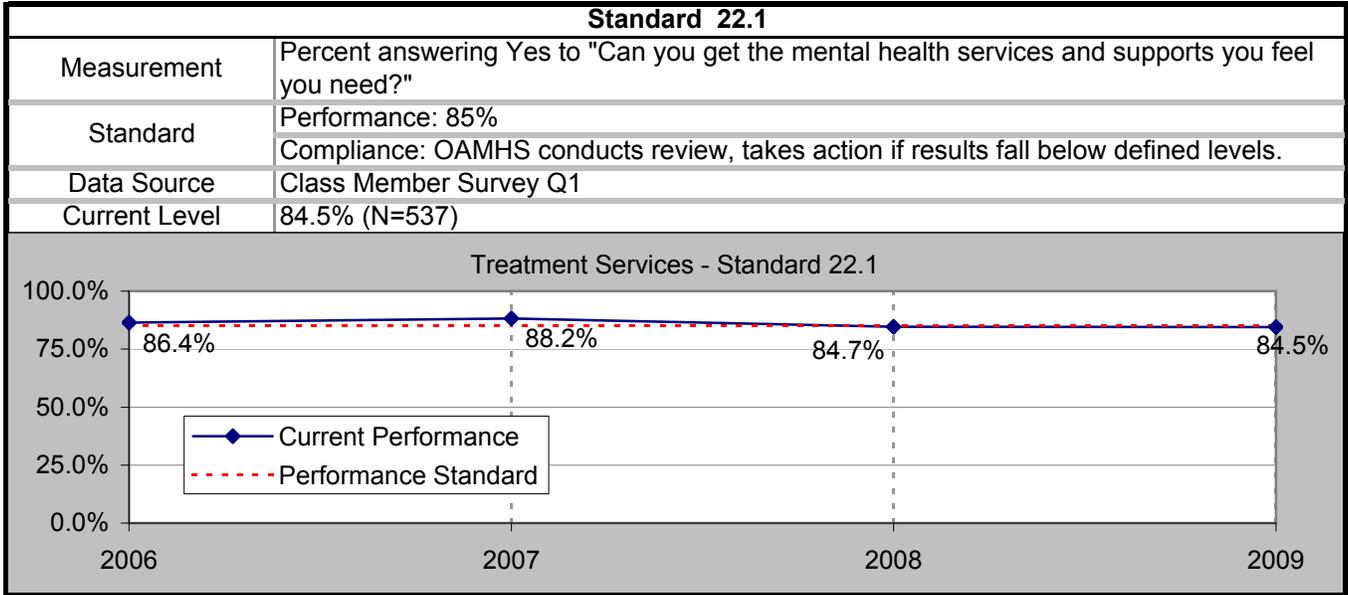
<b>Standard 21.5</b>	
Measurement	MaineCare data demonstrates by mental health service category that class members use an array of mental health treatment services.
Standard	No Numerical Standard Necessary
Data Source	MaineCare

<b>MaineCare Data FY 2009</b>			
<b>Mental Health Treatment Services Received</b>	<b>Total Number</b>	<b>Total Number of Class Members*</b>	<b>Percent of Class Members</b>
Assertive Community Treatment (CBB10)	1,178	349	29.6%
Community Integration (H2015)	9,834	1,232	12.5%
Crisis Services (H2011)	5,121	557	10.9%
Crisis Residential (CSU)(H0018)	1,405	202	14.4%
Day Treatment (H2012)	661	113	17.1%
Intensive Case Management (CBB16)*	0	0	0.0%
Medication Management (H2010)	12,184	974	8.0%
Outpatient (Comp Assess&Therapy)( H2010, H0004)	22,274	674	3.0%
Residential	839	406	48.4%
Skills Development (H2025, H2014)	69	12	17.4%
Daily Living Supports (H2017)	581	129	22.2%
<b>Total Unduplicated Count</b>	<b>54,146</b>	<b>4,648</b>	<b>8.6%</b>

\* Intensive Case Managers now serve primarily in an outreach capacity to correctional facilities and shelters. This work is not billable to MaineCare. Data reported 2nd quarter FY 10.

**Community Resources and Treatment Services  
Treatment Services**

**Standard 22 - Class members satisfied with access and quality of MH treatment services received.**



**Discussion:**

Standards 22.1 met for 2006, 2007, 2008 and 2009 surveys.

**Community Resources and Treatment Services  
Family Support Services**

**Standard 23 - An array of family support services are available as per Settlement Agreement**

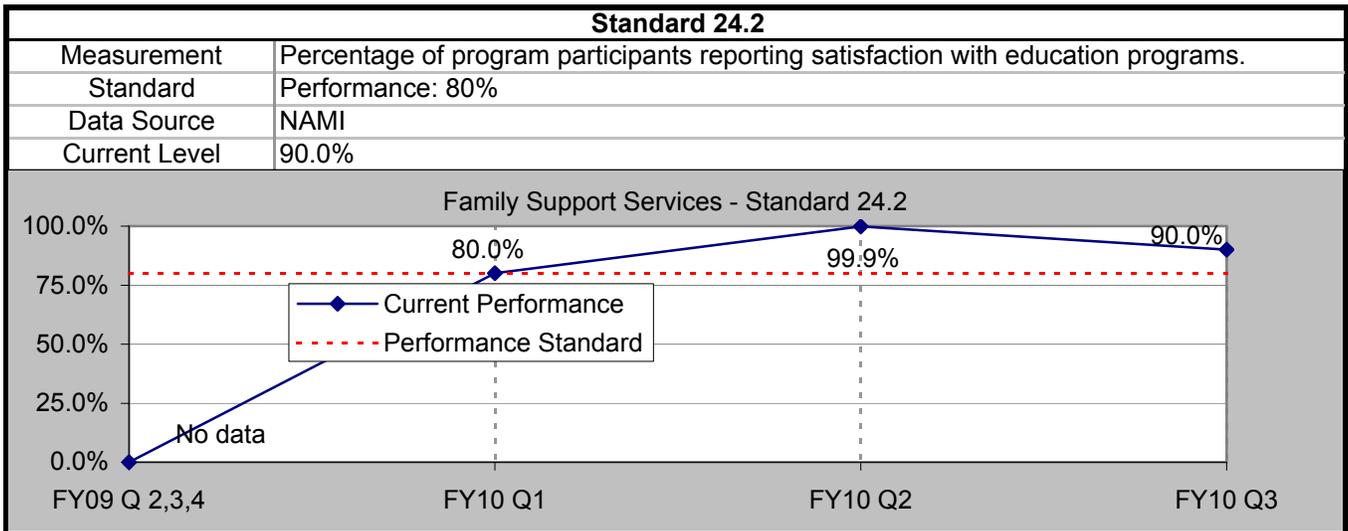
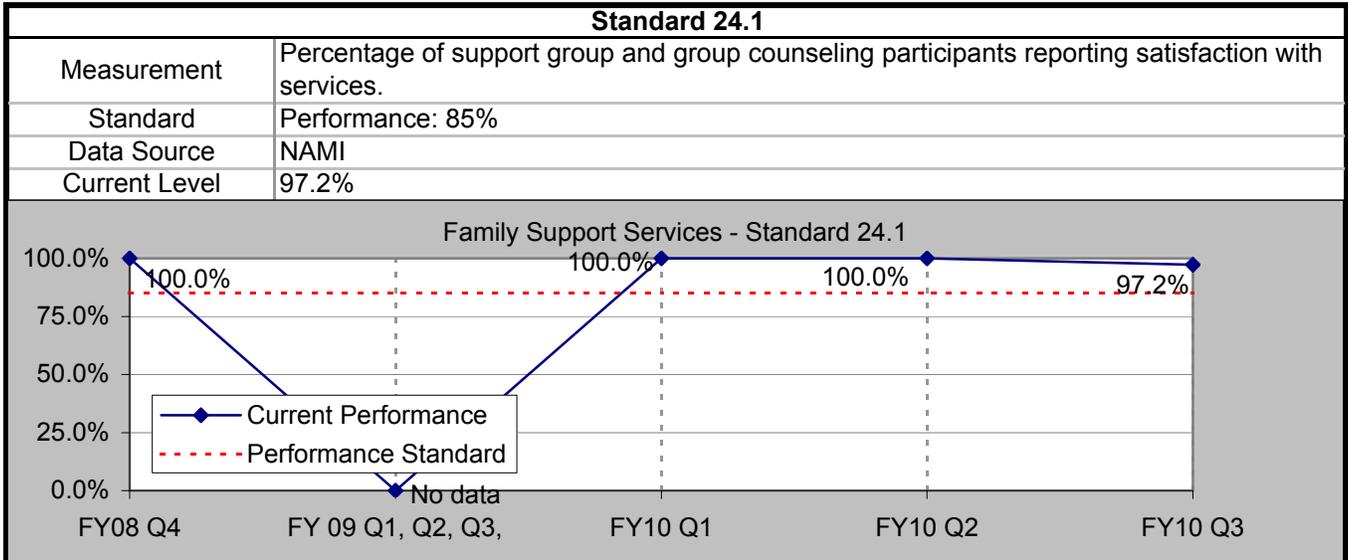
<b>Standard 23.1</b>	
Measurement	Number of education programs developed and delivered meeting Settlement Agreement requirements
Standard	No standard necessary
Data Source	NAMI
Current Level	1 family to family class: Q4 FY 10

<b>Standard 23.2</b>	
Measurement	Number and distribution of family support services provided
Standard	No standard necessary
Data Source	NAMI
Current Level	32 family support groups, 25 sites: Q4 FY 10

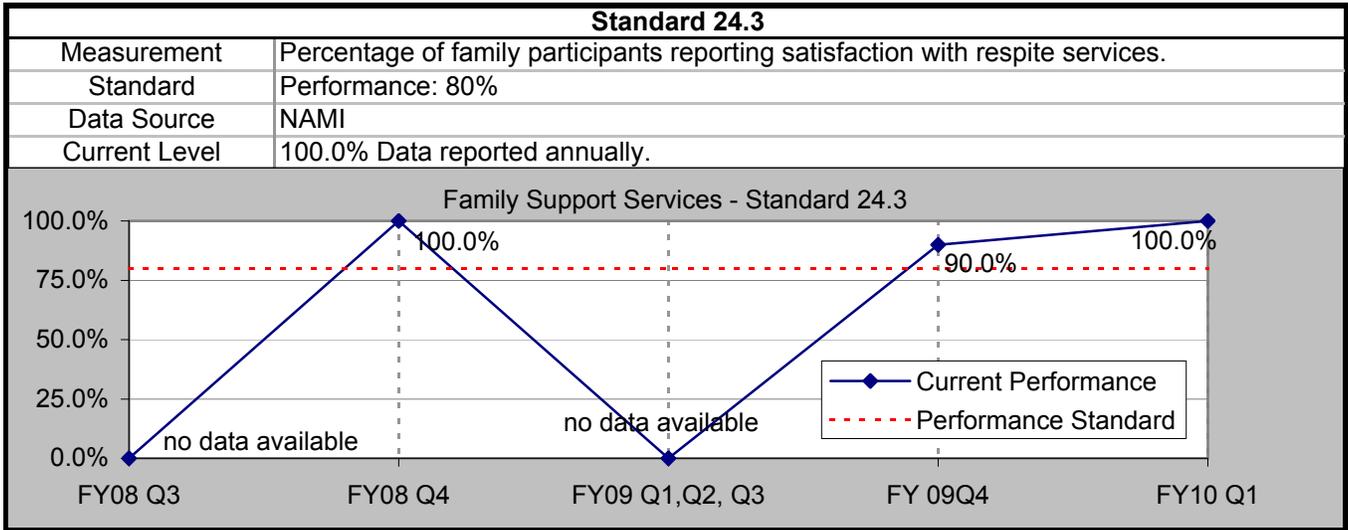
Note: Contracted agencies are allowed one month after the end of the quarter to submit performance indicator data.

**Community Resources and Treatment Services  
Family Support Services**

**Standard 24 - Consumer/family satisfaction with family support, information and referral services**



**Community Resources and Treatment Services  
Family Support Services**

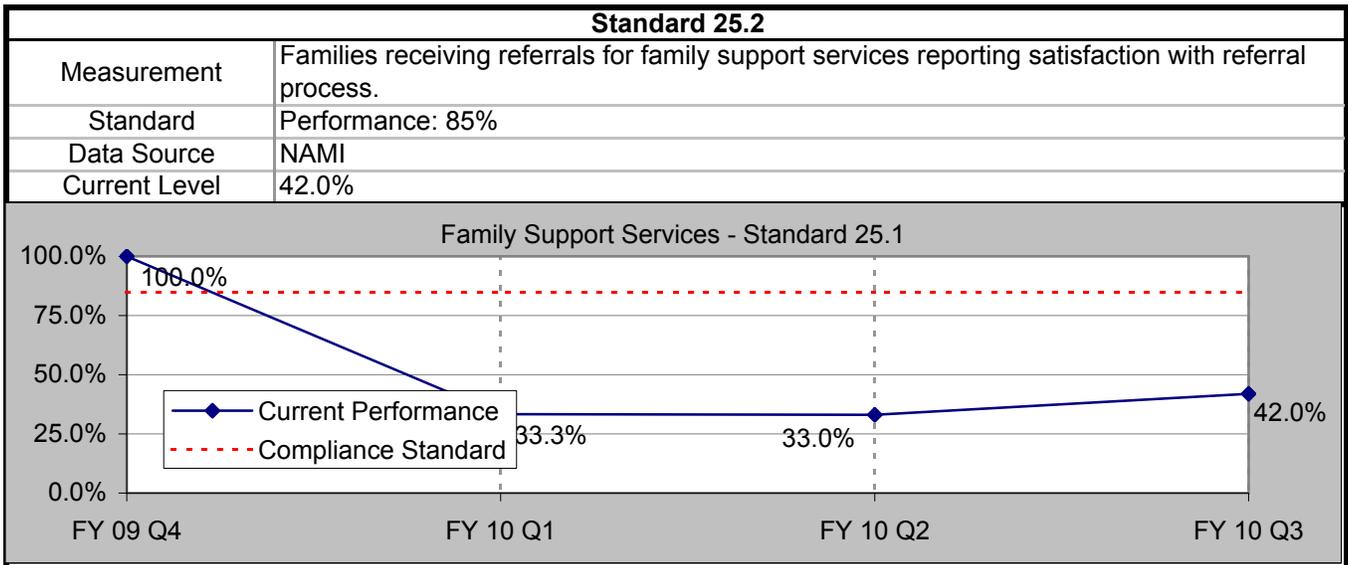
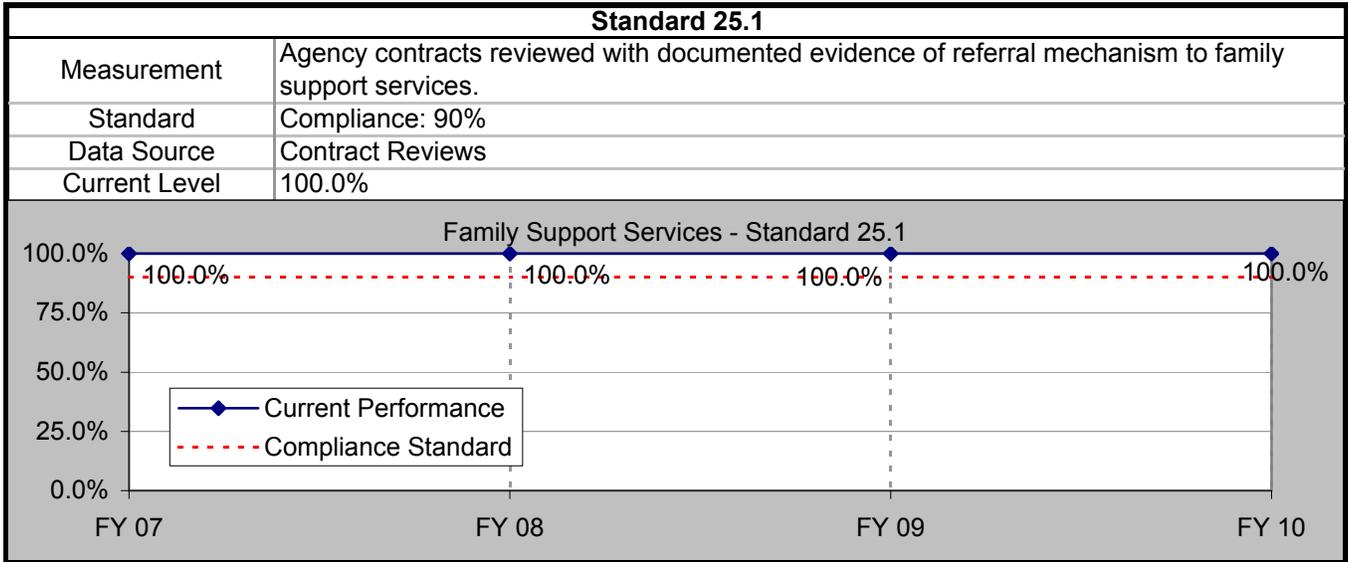


**Discussion:**

NAMI closed it's respite program as of January 2010.

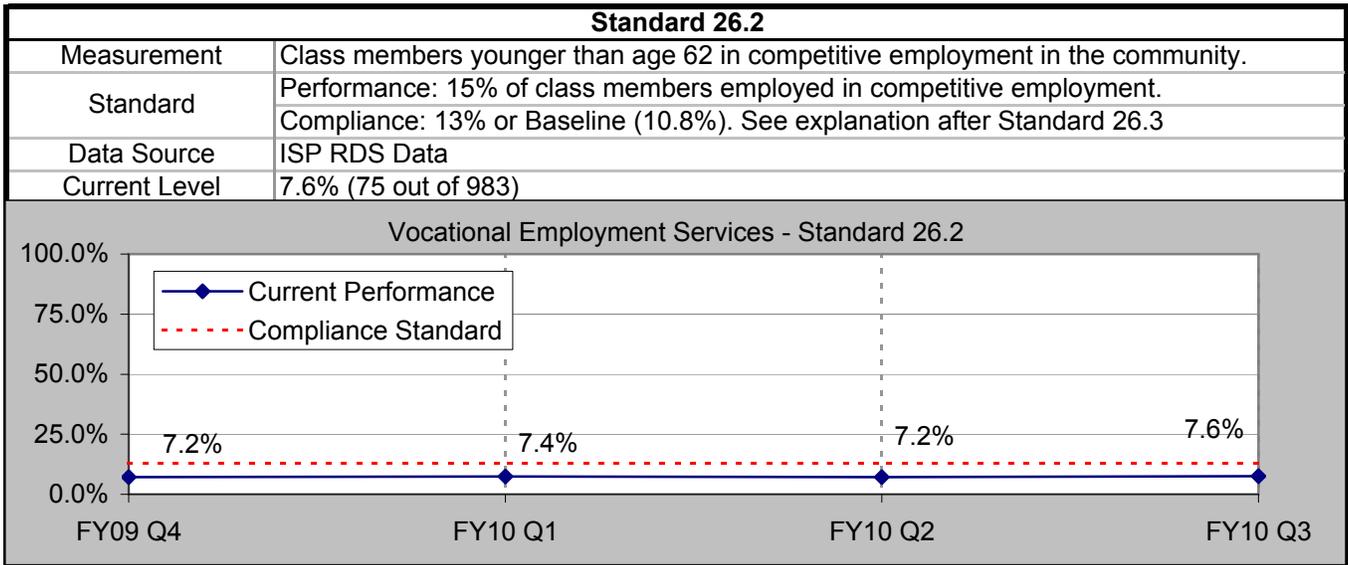
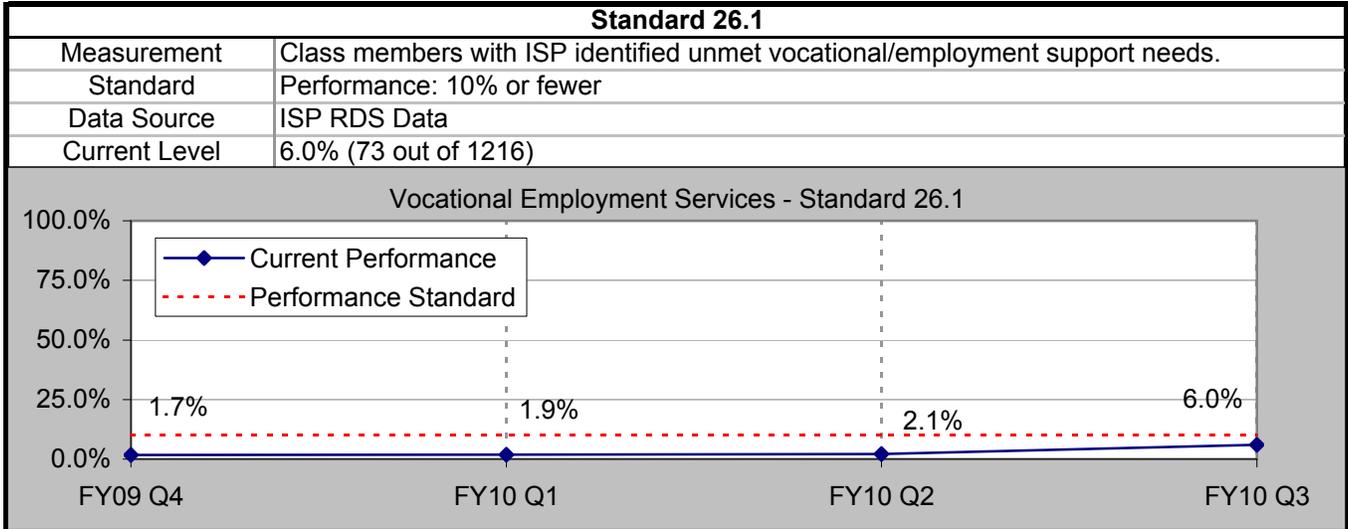
**Community Resources and Treatment Services  
Family Support Services**

**Standard 25 - Agencies are referring family members to family support groups**



**Community Resources and Treatment Services  
Vocational Employment Services**

**Standard 26 - Reasonable efforts to provide array of vocational opportunities to meet ISP needs.**



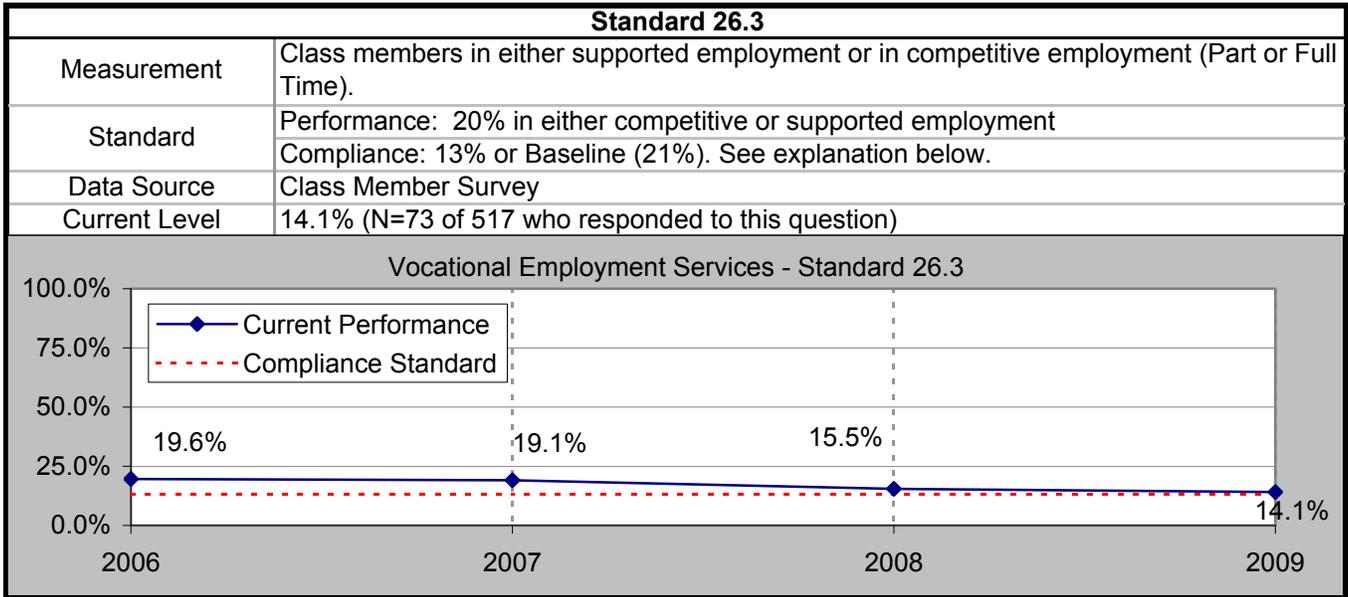
**Discussion:**

Standard 26.1: While standard continues to be met, percentage of unmet need rose from 2.1% to 6% in the 3rd quarter

**Recommendations:**

Continue to monitor

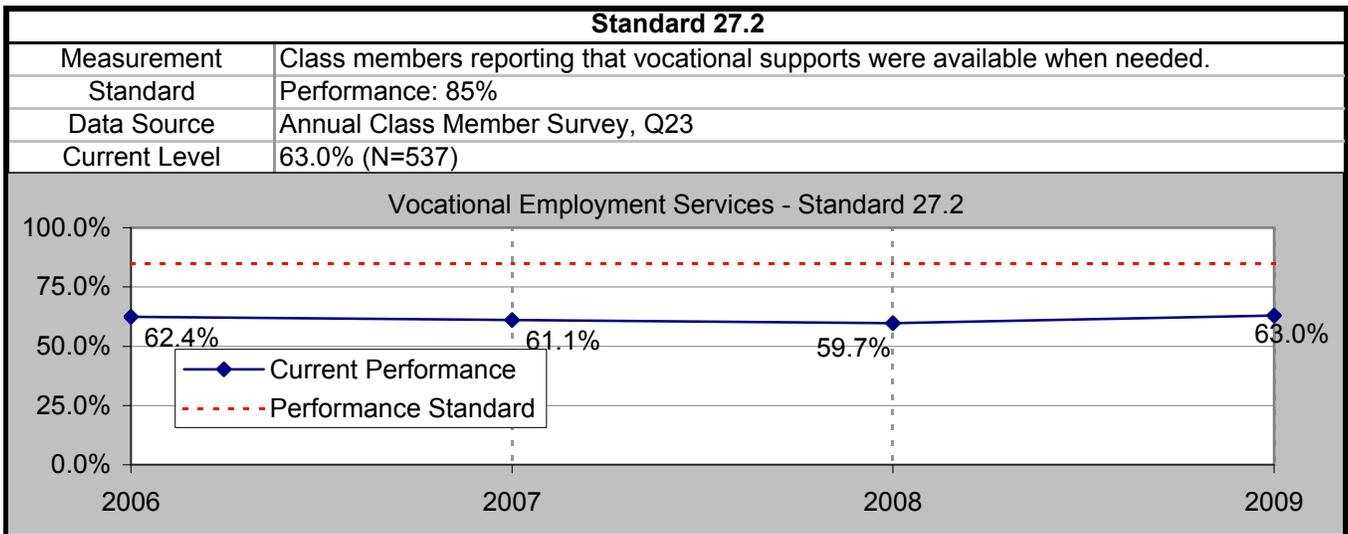
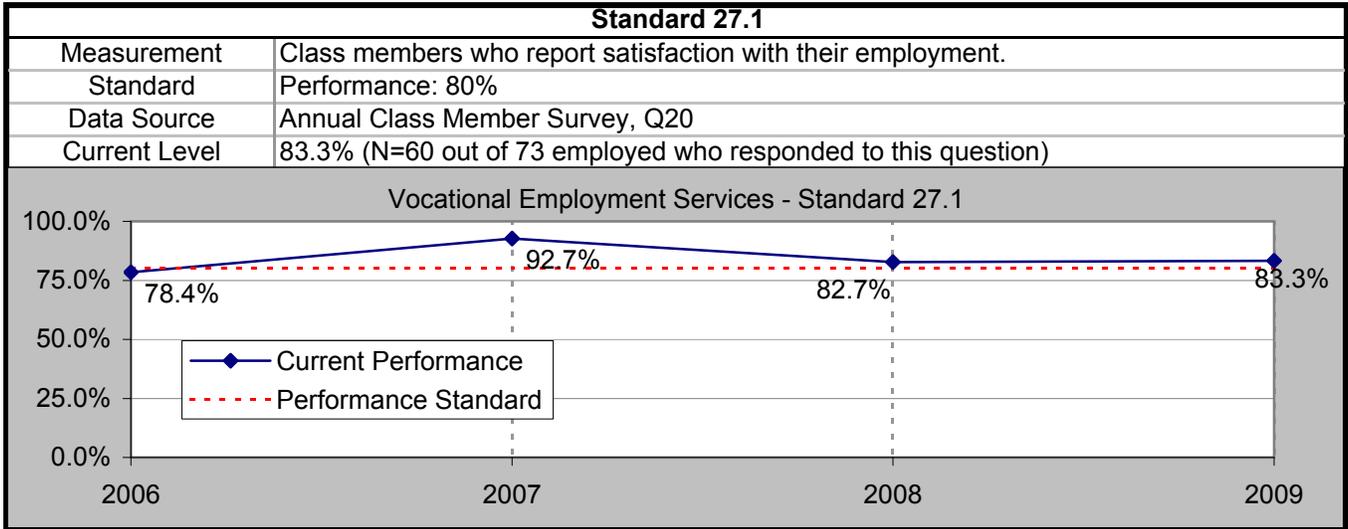
**Community Resources and Treatment Services  
Vocational Employment Services**



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

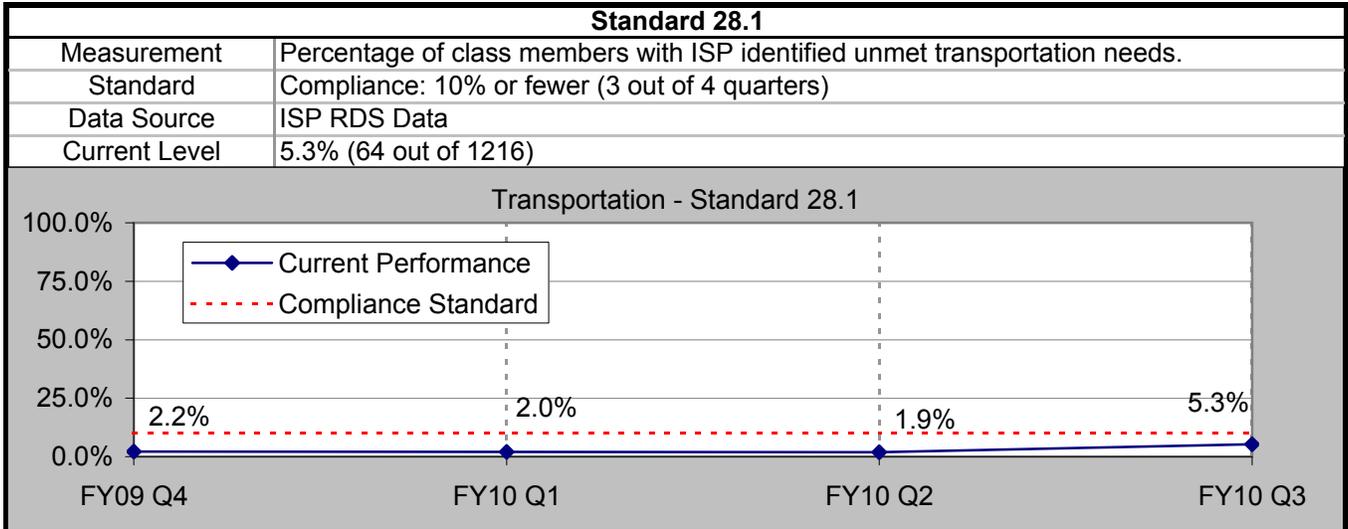
**Community Resources and Treatment Services  
Vocational Employment Services**

**Standard 27 - Satisfaction with employment and with vocational support services**



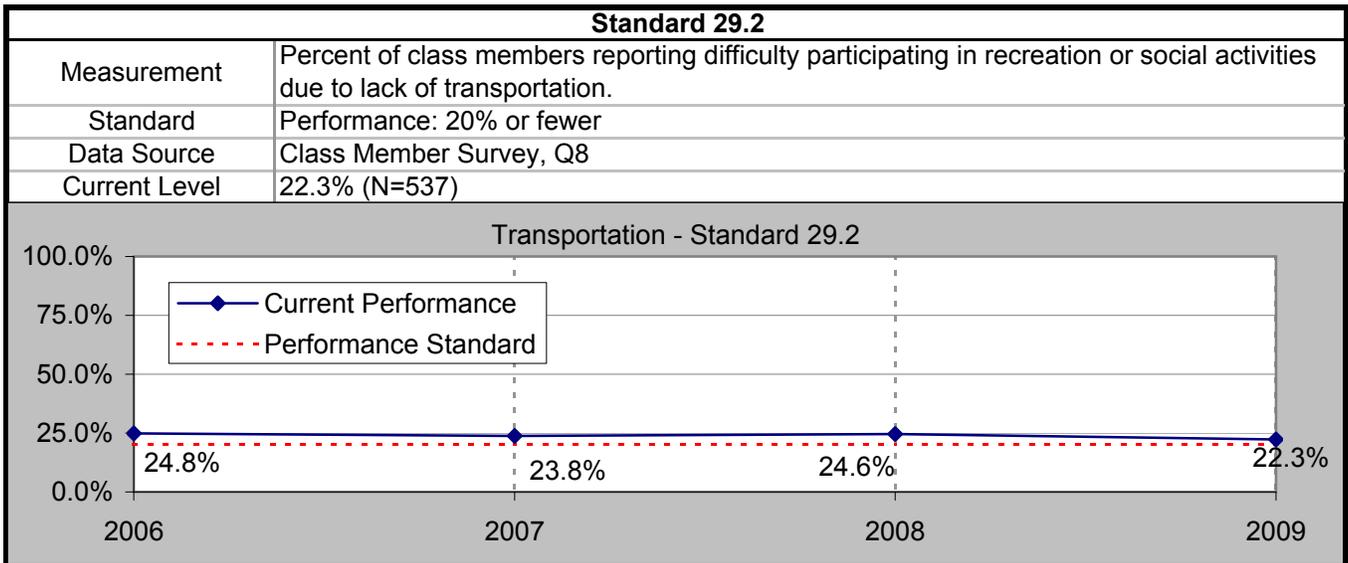
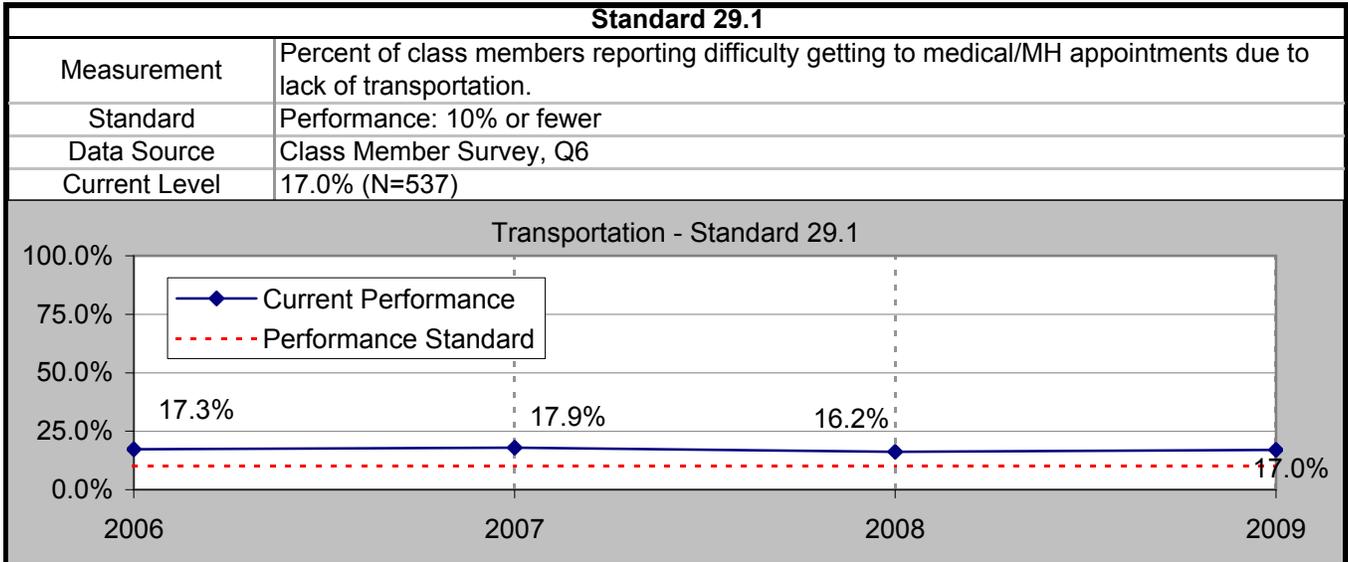
**Community Resources and Treatment Services  
Transportation**

**Standard 28 - Reasonable efforts to identify and resolve transportation problems that may limit access to services**



**Community Resources and Treatment Services  
Transportation**

**Standard 29 - Satisfaction with availability of transportation services**



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

**Standard 30 - Department has sponsored programs for leisure skills and avocational skills.**

<b>Standard 30.1</b>	
Measurement	Number of social clubs/peer centers and participants by region.
Standard	Qualitative evaluation; no numerical standard required.
Data Source	Office of Consumer Affairs Data
Current Level	See below for current social clubs/peer centers. Incomplete FY10 Q3 data received

<b>Standard 30.2</b>	
Measurement	Number of other peer support programs and participation.
Standard	Qualitative evaluation; no numerical standard required.
Data Source	Office of Consumer Affairs Data
Current Level	30 Peer Support programs statewide during 2010. (includes social clubs/peer center): Participation data is not collected for the Statewide Initiatives noted below.

**Peer Support Groups funded by DHHS 2010:**

**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  
Pathways to Recovery -- Portland, Connections Group -- Portland, The Sunday Group -- Portland  
**Club Houses:** Capitol Club House -- Augusta, High Hopes -- Waterville

**Statewide** -- Advocacy Initiative Network

Community Connections: Community based recreational opportunities and leisure planning  
MAPSRC  
DBSA

NAMI Support Groups primarily attended by consumers:

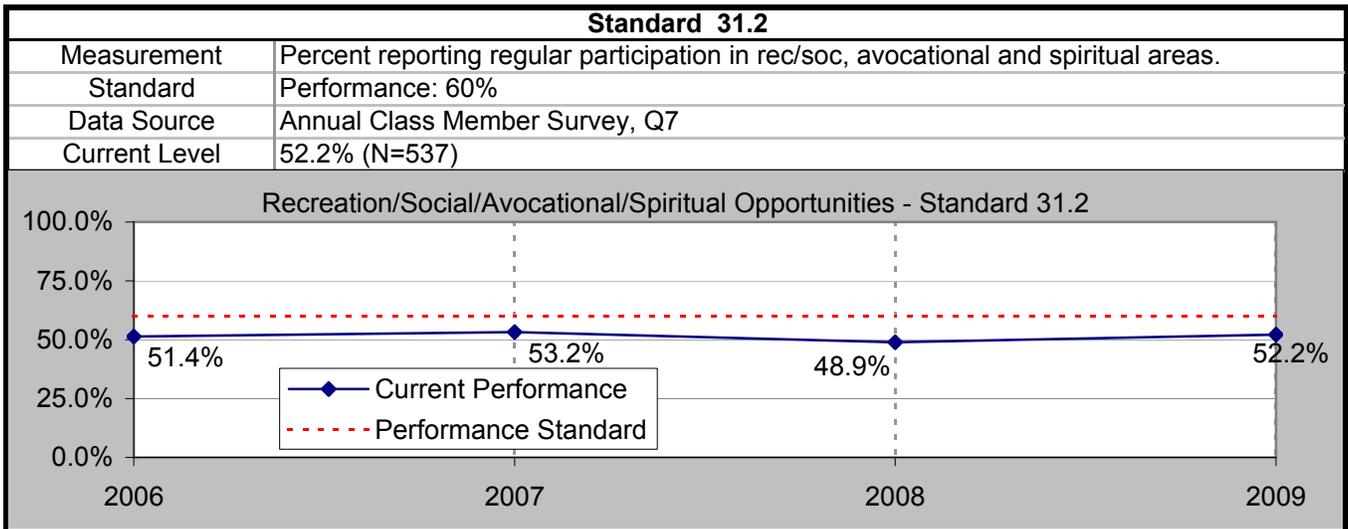
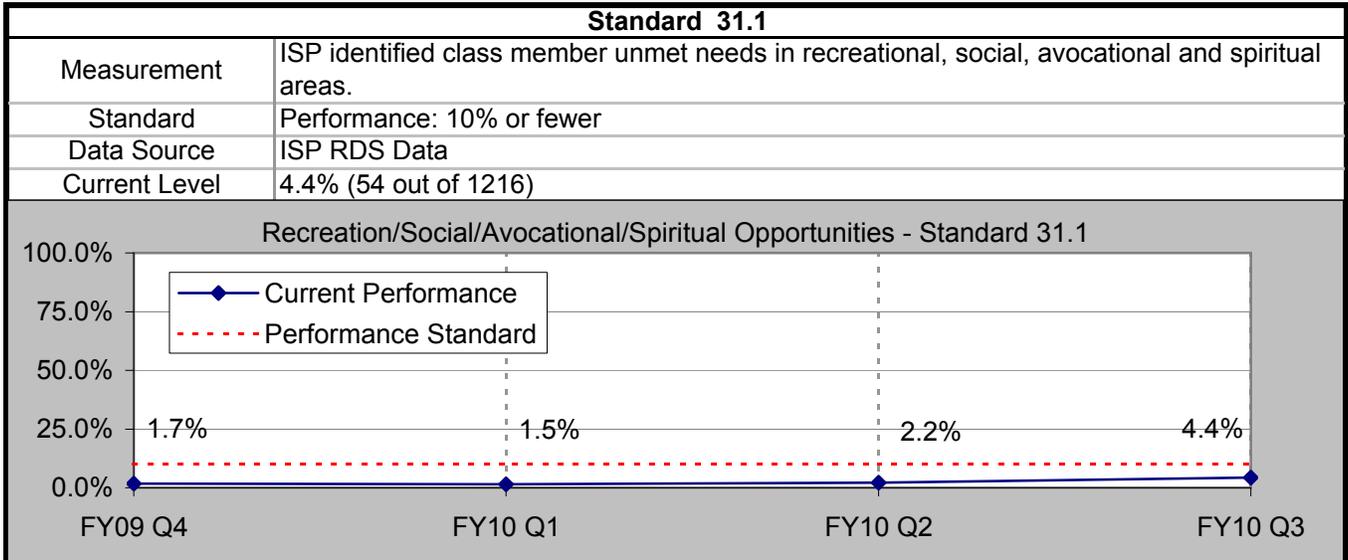
Augusta, Bangor, Damariscotta, Ellsworth, Harrington, Livermore Falls, Machias, Saco, York

**Discussion:**

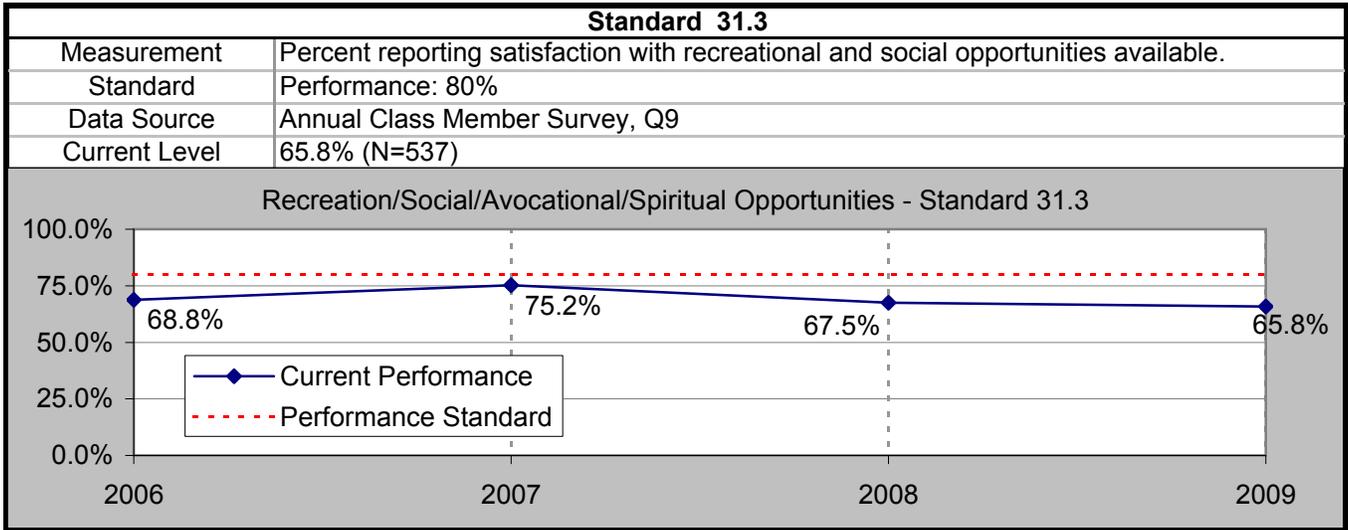
Standard 30.1: Some social clubs and peer programs are still adjusting to the revised quarterly report form. A memo was sent to agencies and the contract review process was used to increase compliance with the reporting requirement. We anticipate that the data will become more and more reliable over time.

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

**Standard 31 - Class member involvement in personal growth activities and community life.**

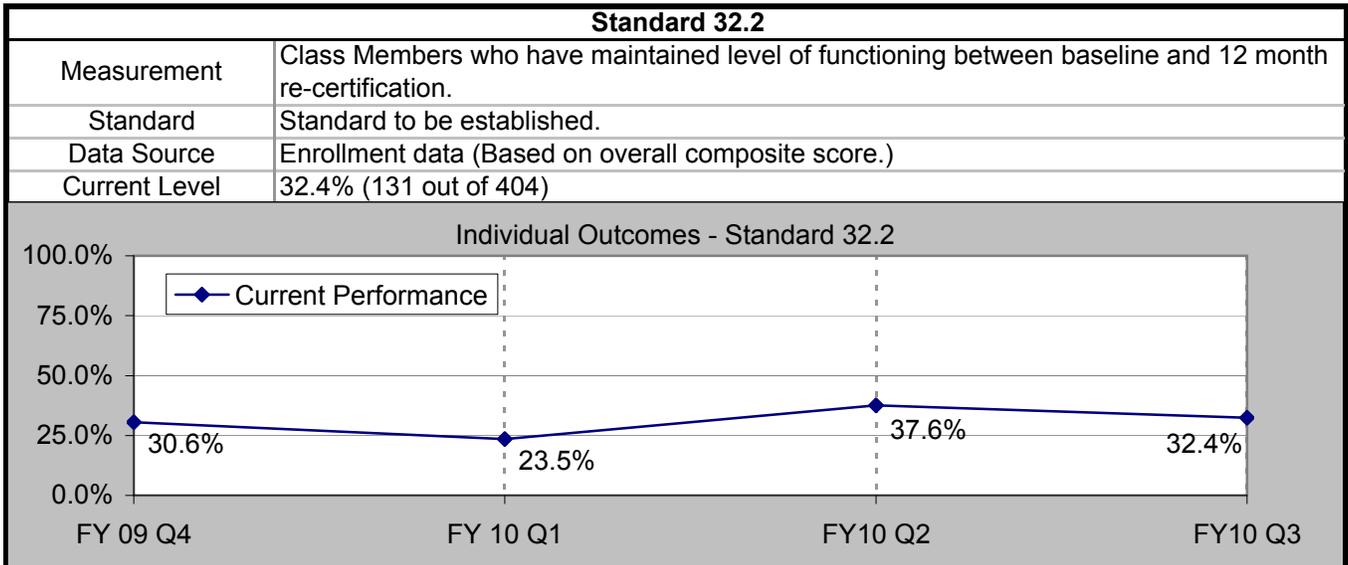
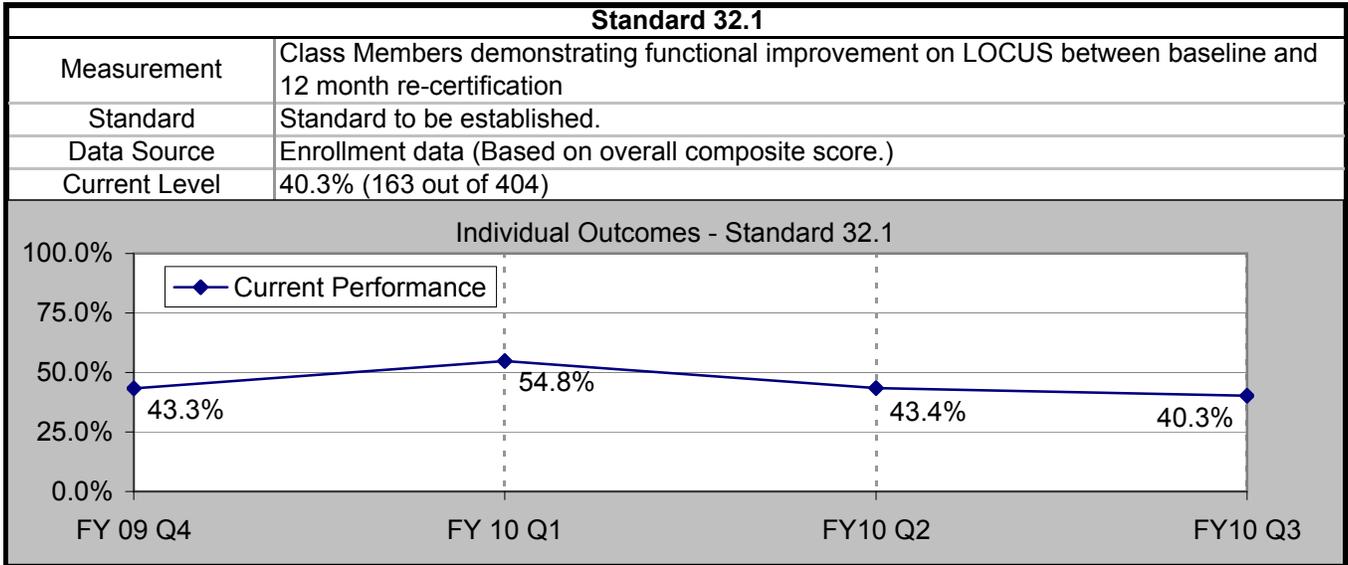


**Community Resources and Treatment Services  
Recreation / Social / Avocational / Spiritual Opportunities**

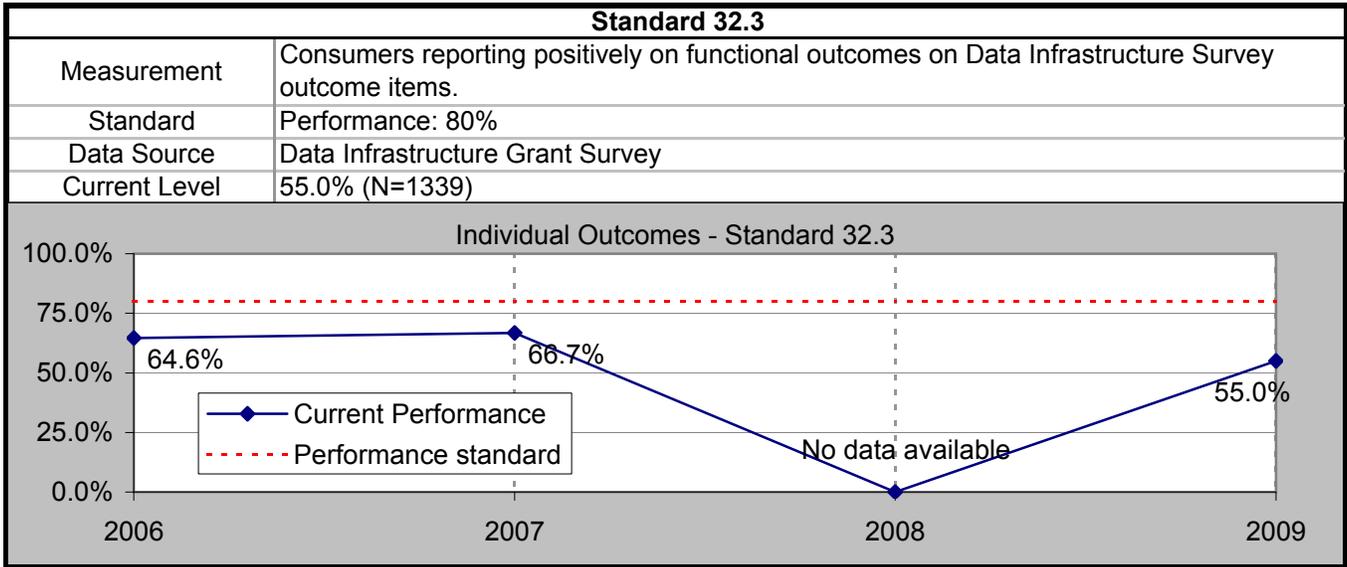


## System Outcomes: Supporting the Recovery of Adults with Mental Illness Recovery

### Standard 32 - Functional improvements in the lives of class members receiving services



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

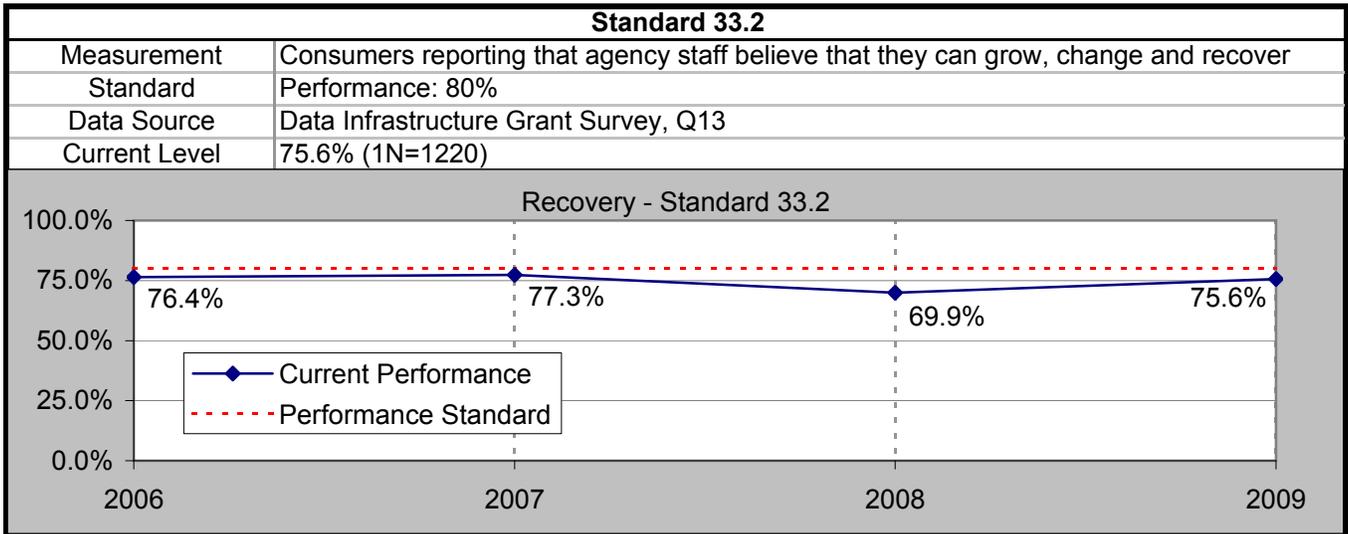
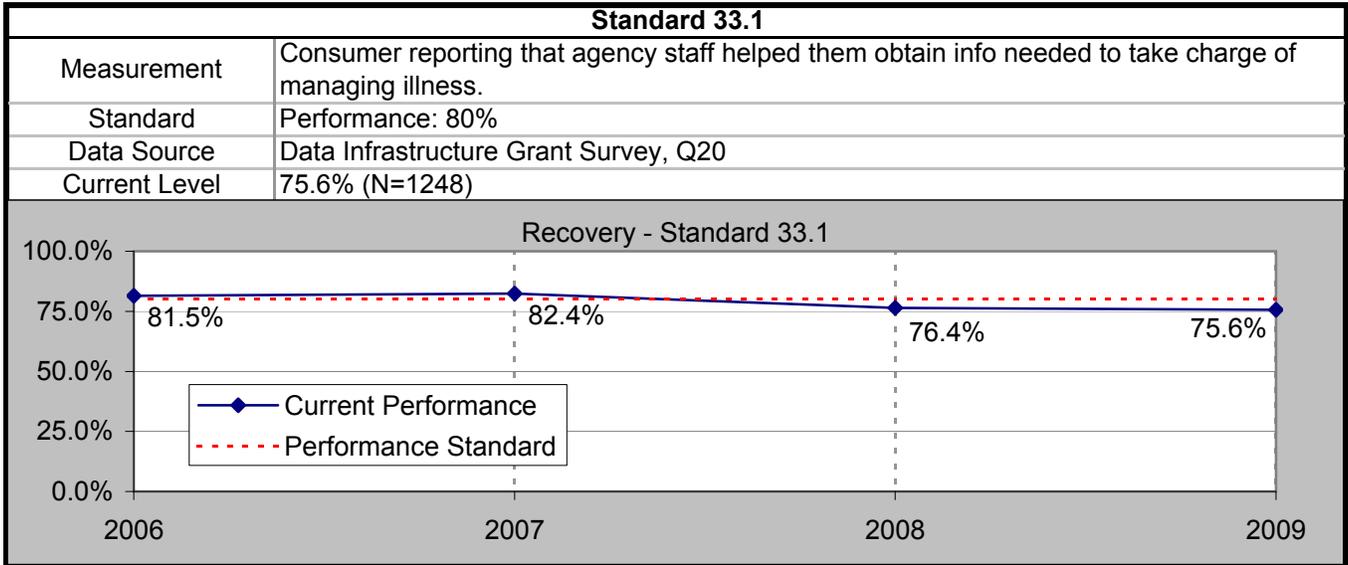


**Discussion:**

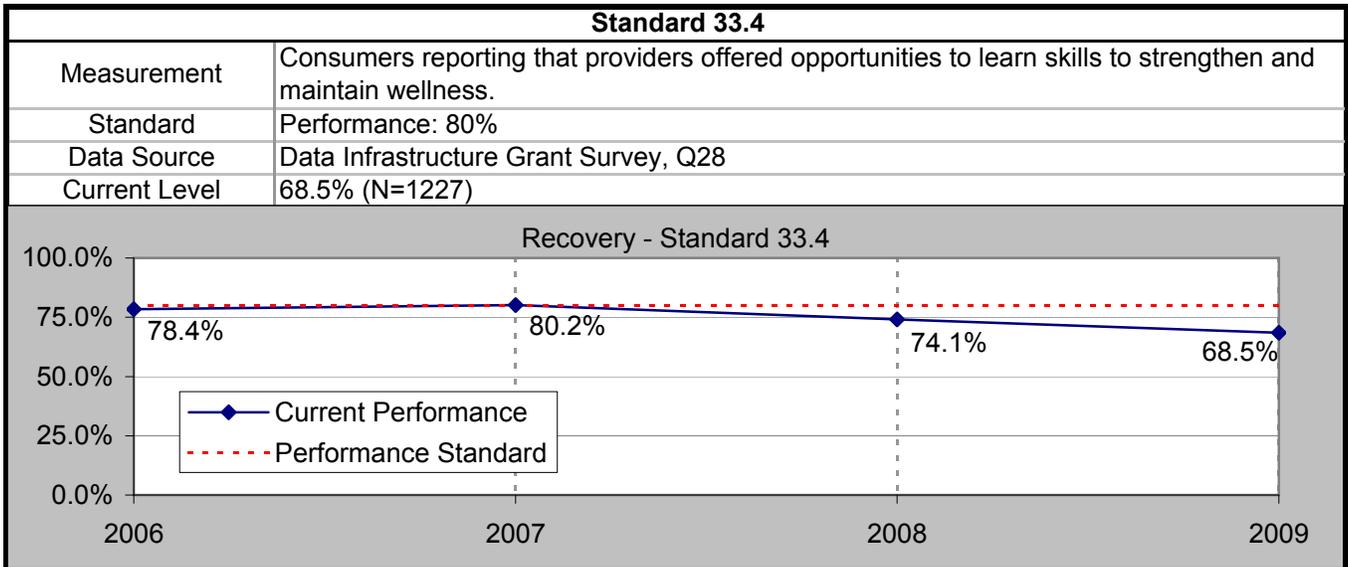
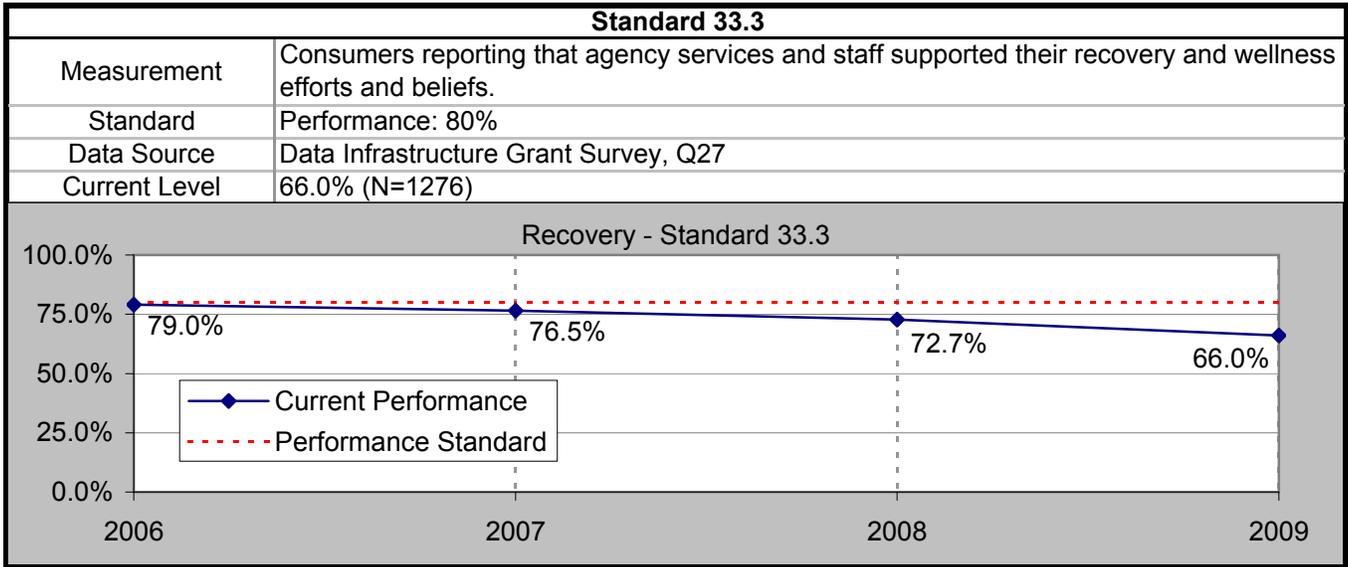
The result of the 2008 DIG Survey pertaining to functional outcomes can not be compared to the results obtained in 2007, and earlier, due to the language change in the header between the two administrations. In 2007, the header read: "As a direct result of your services...". In 2008, the header read: "In order to provide the best possible mental health services, we would like to know the effectiveness of your mental health services during the past 30 days". This change was made in order to move towards using the DIG survey to measure individual outcomes over time by narrowing the timeframe on the information collected. The change in headers resulted in a dramatic change in percentage of individuals reporting positively on functional outcomes.

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

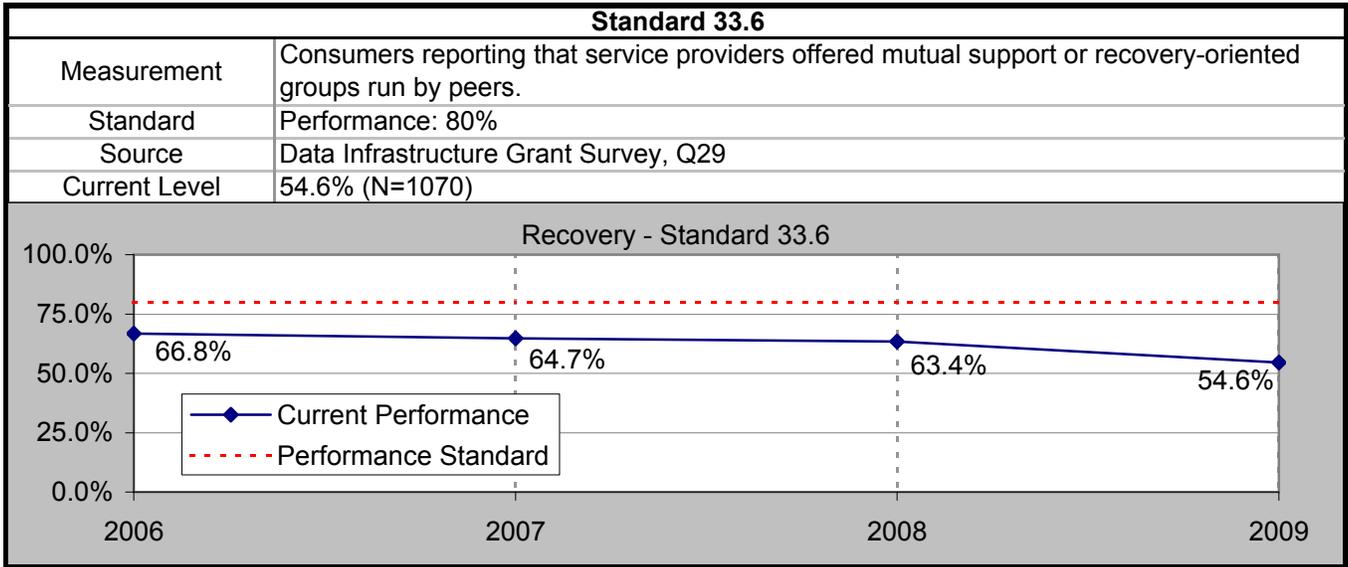
### Standard 33 - Demonstrate that consumers are supported in their recovery process



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



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



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

**Standard 34 - Variety of public education programs on mental health and illness topics.**

<b>Standard 34.1</b>	
Measurement	# of mental health workshops, forums, and presentations geared toward general public and level of participation.
Standard	Qualitative evaluation required, no numerical standard necessary.
Data Source	
Current Level	32 FY 10 Q4 (see attached spreadsheet)

<b>Standard 34.2</b>	
Measurement	Number and type of infor packets, publications, press releases, etc. distributed to public audiences.
Standard	Qualitative evaluation required, no numerical standard necessary.
Data Source	
Current Level	542 FY 10 Q4 (see attached spreadsheet)



*John E. Baldacci, Governor*

*Brenda M. Harvey, Commissioner*