Performance and Quality Improvement Standards: January 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.

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.

Caring..Responsive..Well Managed..We Are DHHS

Compliance and Performance Standards: Summary Sheet January 2008

	Baseline	Current Level	Standard	Met/Not Met
Standard 1. Rights Dignity and Respect				
1. Have providers treated you with dignity and respect?	*91.8%*	*91.3%*	*90%**	*MET*
Standard 2. Rights Dignity and Respect				
1. Response to Level II Grievances within 5 days	*100.0%*	*93.5%*	*90%**	*MET*
Standard 3. Rights Dignity and Respect				
1. Number of Level II Grievances filed/unduplicated # of people.	*11/7*	*31/20*	*NA*	*NA*
2. Number of substantiated Level II Grievances	*0-Jan*	*1*	*NA*	*NA*
Standard 4. Rights Dignity and Respect				
1. Class Members informed about their rights.	*77.3%*	*80.0%*	*90.0%*	*NOT MET*
1a. Class Members with CIW, informed about their rights.	*87.0%*	*87.8%*	*95.0%*	*NOT MET*
1b. Class Members with MaineCare informed about their rights.	*81.0%*	*79.2%*	*90.0%*	*NOT MET*
2. Consumers given information about their rights	*90.7%*	*91.4%*	*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%*	*62.5%*	*90.0%*	*NOT MET*
3. Non-hospitalized class members assigned a worker in 3 days.	*70.0%*	*75.6%*	*90.0%*	*NOT MET*
4. Class members not assigned on time, but w/in 1-7 extra days.	*71.0%*	*0.0%*	*95.0%*	*NOT MET*
5. ISP completed w/in 30 days of service request.	*75.2%*	*39.5%*	*90.0%*	*NOT MET*
6. 90 day ISP review completed within specified time frame	*93.8%*	*48.4%*	*90.0%*	*NOT MET*
7. Initial ISPs not developed w/in 30 days, but w/in 60 days.	*30.7%*	*3.6%*	*100%**	*NOT MET*
8. ISPs not reviewed w/in 90 days, but w/in 120 days.	*45.0%*	*68.5%*	*100%**	*NOT MET*

	Baseline	Current Level	Standard	Met/Not Met
Standard 7. CI/CSS/ Individualized Support Planning				
1a. ISPs reflect the strengths of the consumer?	*79.4%*	*94.8%*	*90.0%*	*Met*
1b. ISPs consider need for crisis intervention and resolution services?	*82.5%*	*86.5%*	*No Numerical Standard*	
1c. Does the consumer have a crisis plan?	*19.0%*	*37.5%*	*No Numerical Standard*	
1d. Has the crisis plan been reviewed every 3 months?	*41.7%*	*33.4%*	*No Numerical Standard*	
Standard 8. CI/CSS Individualized Support Planning				
1. ISP team reconvened after an unmet need was identified	*50.0%*	*59.1%*	*90%**	*MET*
2. ISPs reviewed with unmet needs with established interim plans.	**	*63.6%*	*90.0%*	*NOT MET*
Standard 9. ISP Service Agreements				
1. ISPs that require Service Agreements that have current S.A.s.	*100.0%*	*50.0%*	*90.0%*	*NOT MET*
Standard 10. Case Load Ratios				
1. ACT Statewide Case Load Ratio	*88.9%*	*88.9%*	*90.0%*	*NOT MET*
2. Community Integration Statewide Case Load Ratio	*100.0%*	*100.0%*	*90.0%*	*MET*
3. Intensive Community Integration Statewide Case Load Ratio	*50.0%*	*50.0%*	*90.0%*	*NOT MET*
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%*	*41.9%*	*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%*	*18.3%*	*5% or fewer*	*NOT MET*
2. Lack of Res Supp impedes Riverview discharge w/in 7 days of determin.	*98.0%*	*96.9%*	*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*

*Performance and Quality Improvement Standard: No Compliance Standard Set

Compliance and Performance Standards: Summary Sheet January 2008

	Baseline	Current Level	Standard	Met/Not Met
Standard 13. Housing & Residential Support Services				
1. Class members reporting satisfaction with living situation	*80.2%*	*86.1%*	*80%**	*MET*
2. Class members reporting satisfaction with res/housing supports	*81.4%*	*81.0%*	*85%**	*NOT MET*
Standard 14. Housing & Residential Support Services				
1. Class members with unmet housing resource needs.	*1.6%*	*3.6%*	*10.0%*	*MET*
2. Class members who were homeless over 12 month period.	*8.6%*	*6.6%*	*6%**	*NOT MET*
3. Class members reporting satisfaction with living arrangement.	*80.2%*	*86.1%*	*80%**	*MET*
4. Lack of housing impeding discharge w/in 7 days of determination	*98.0%*	*96.9%*	*70.0%*	*MET*
5. Lack of housing impeding discharge w/in 30 days of determination	*95.9%*	*96.9%*	*80.0%*	*MET*
6. Lack of housing impeding discharge w/in 45 days of determination	*67.3%*	*84.4%*	*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%*	*93.3%*	*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%*	*93.3%*	*90%**	*MET*

	Baseline	Current Level	Standard	Met/Not Met
Standard 18. Acute Inpatient Services (Involuntary Class Member)				
1. Admissions for whom hospital obtained ISP	*31.6%*	*6.7%*	*90.0%*	*NOT MET*
2. Treatment and Discharge plans consistent with ISP	*50.0%*	*100.0%*	*90.0%*	*MET*
3. CI/ICI/ICM/ACT worker participated in treatment and discharge planning	*63.1%*	*46.7%*	*90.0%*	*NOT MET*
Standard 19. Crisis Intervention Services				
1. Face to face crisis contacts that result in hospitalizations.	*21.0%*	*20.2%*	*20-25%*	*MET*
2. Face to face crisis contacts resulting in referral to community services.	*47.6%*	*55.9%*	*To Be Established*	
3. Face to face crisis contacts using pre-developed crisis plan.	*12.6%*	*33.8%*	*To Be Established*	
4. Face to face crisis contacts in which CI worker was notified of crisis.	*78.4%*	*92.7%*	*90.0%*	*MET*
Standard 20. Crisis Intervention Services				
1 Class Members reporting they knew how to get help when it was needed.	*87.6%*	*90.2%*	*90.0%*	*MET*
2. Class Members reporting crisis services were available when needed.	*83.3%*	*86.6%*	*85%**	*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%*	*96.9%*	*70.0%*	*MET*
3. Lack of MH Tx impeding Riverview discharge w/in 30 days of determination.	*98.0%*	*100.0%*	*80.0%*	*MET*
4. Lack of MH Tx impeding Riverview discharge w/in 45 days of determination	*100.0%*	*100.0%*	*90.0%*	*MET*
Standard 22. Treatment Services				
1. Class members reporting they can get the support that they need.	*85.1%*	*88.2%*	*85.0%*	*MET*
2. Class members reporting satisfaction with MH supports/services.	*81.2%*	*84.8%*	*85%**	*MET*
Standard 23. Family Support Services				
1. An array of family support services as per settlement agreement				
* No numerical standard necessary				
2. Number and distribution of family support services provided				
* No numerical standard necessary				

*Performance and Quality Improvement Standard: No Compliance Standard Set

Compliance and Performance Standards: Summary Sheet January 2008

	Baseline	Current Level	Standard	Met/Not Met
Standard 24. Family Support Services				
1. Counseling group participants reporting satisfaction with services	*98.7%*	*97.1%*	*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%*		*80%**	*MET*
Standard 25. Family Support Services				
1. Agency contracts with referral mechanism to family support	*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%*	*7.7%*	*10%**	*MET*
2. Class Members in competitive employment in the community.	*10.8%*	*11.4%*	*15%**	*NOT MET*
3. Class members in supported or competitive employment.	*21.0%*	*19.1%*	*20%**	*NOT MET*
Standard 27. Vocational Employment Services				
1. Class members reporting satisfaction with employment	*78.4%*	*88.0%*	*80%**	*MET*
2. Class members reporting voc supports available when needed.	*62.4%*	*61.1%*	*85%**	*NOT MET*
Standard 28. Transportation				
1. Class Members with ISPs - Unmet transportation needs.	*1.3%*	*6.3%*	*10% or less*	*MET*
Standard 29. Transportation				
1. Class members due to lack of trans., difficulty with mh/med appts.	*19.9%*	*17.9%*	*10% or less**	*NOT MET*
2. Class members due to lack of trans., lack of soc/rec activities.	*27.3%*	*23.8%*	*20% or less**	*NOT MET*
Standard 30. Rec/Soc/Avocational/Spiritual Opportunities				
1. Number of Social Clubs/peer center participants by region.	*1907*	*2679*	*	
2. Number of other peer support programs	*23*		*	

Qualitative evaluation; no numerical standard.

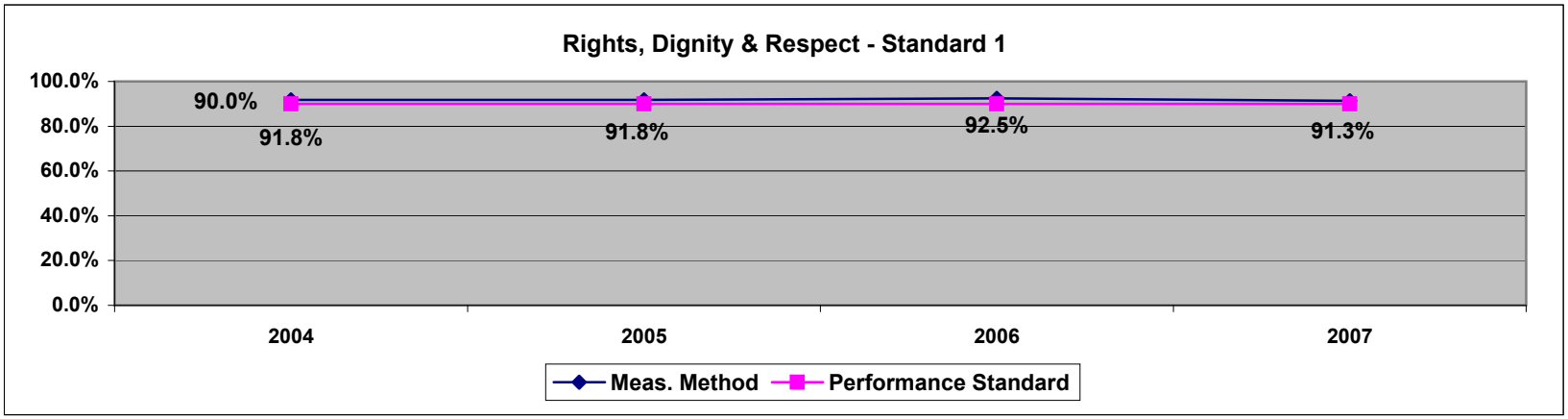
	Baseline	Current Level	Standard	Met/Not Met
Standard 31. Rec/Soc/Avoc/Spirtual				
1. ISP identified class member unmet needs in rec/soc/avoc/spiritual.	*1.0%*	*3.7%*	*10%**	*MET*
2. Class members reporting regular participation in rec/soc/avoc/spiritual.	*44.2%*	*53.2%*	*60%**	*NOT MET*
3. Class members reporting satisfaction with rec/soc/avoc/spiritual.	*62.2%*	*75.2%*	*80%**	*NOT MET*
Standard 32. Individual Outcomes				
1. Consumers with improvement in LOCUS (Baseline to Follow-up)	*41.0%*	*20.9%*		*To Be Established*
2. Consumers who have maintained functioning (Baseline to Follow-up)	*24.6%*	*63.1%*		*To Be Established*
3. Consumers reporting positively on functional outcomes.	*78.0%*	*64.6%*	*80%**	*NOT MET*
Standard 33. Recovery				
1. Consumers reporting staff helped them to take charge of managing illness.	*70.9%*	*81.5%*	*80%**	*MET*
2. Consumers reporting staff believed they could grow, change, recover	*83.5%*	*76.4%*	*80%**	*NOT MET*
3. Consumers reporting staff supported their recovery efforts	*70.9%*	*79.0%*	*80%**	*NOT MET*
4. Consumers reporting that providers offered learning opportunities	*70.9%*	*78.4%*	*80%**	*NOT MET*
5. Consumers reporting providers stressed natural supports/friendships**	*70.9%*	*77.5%***	*80%**	*NOT MET*
6. Consumers reporting providers offered peer recovery groups.	*53.2%*	*66.8%*	*80%**	*NOT MET*
Standard 34. Public Education				
1. # MH workshops, forums and presentation geared to public participation.	*38*	*56*	*	
2. #, type of info packets, publications, press releases distributed to public.	*37*	*54*	*	

Qualitative evaluation; no numerical standard.

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

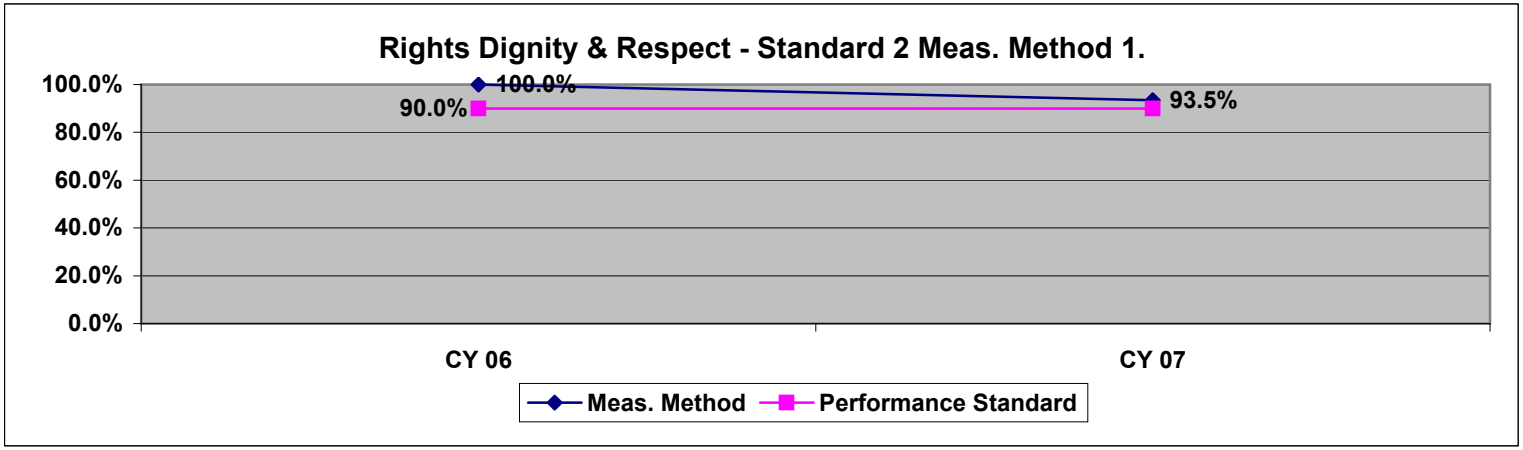
*Performance and Quality Improvement Standard: No Compliance Standard Set

Rights, Dignity and Respect



Paragraph	Standard 1:	Treated with respect for their individuality	
32 a.	Meas. Method	Class Member Survey Q30. % Yes to "Have Service providers treated you with courtesy and respect?"	
	Baseline	91.8%	2004 Class Member Survey (N=538)
	Current Level	91.3%	2007 Class Member Survey (N=466)
	Peformance Standard	90.0%	

Rights Dignity and Respect



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 Tracking data (15 out of 15)
		100.0%	CY 06 Q1-Q4 Grievance Tracking data (17 out of 17)
	Current Level	93.5%	CY 07 Q1-Q4 Grievance Tracking data (29 out of 31)
	Performance Standard	90.0%	
			CY=Calender Year

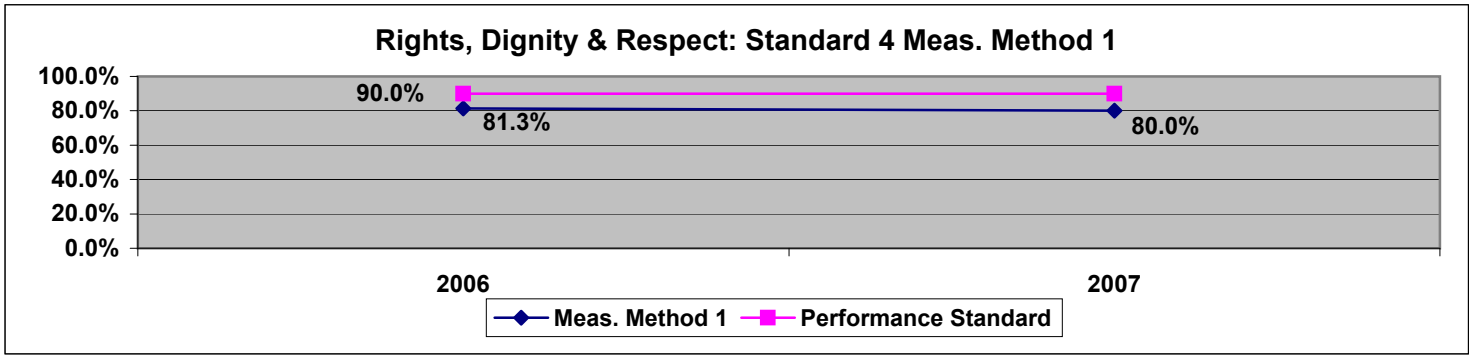
Rights, Dignity and Respect-Standard 3

Graph not available for Standard 3.

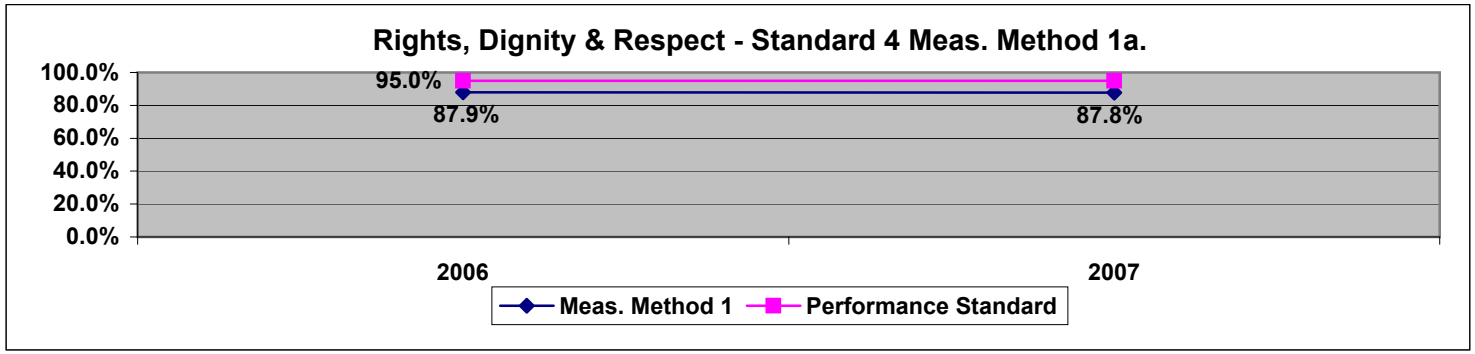
Paragraph			
	Standard 3:	**Demonstrate rights are respected and maintained**	
27	**Meas Method 1:**	DHHS Grievance Tracking System, Number of Level II grievances filed and number unduplicated people	
	Baselines	*11 Grievances, 7 Unduplicated individuals*	2004 Calender Year Grievance Tracking data.
	Current Level	*18 Grievances, 14 Unduplicated individuals*	2005 Calender Year Grievance Tracking data.
		17 Grievances, 15 Unduplicated individuals	2006 Q1-Q4 CY Grievance Tracking data.
		31 Grievances, 20 Unduplicated individuals	2007 Q1-Q4 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	
	Current Level	CY07 Q1 -Q4 31 grievances filed, 2 dismissed to lack of jurisdiction, 1 substantiated.	
	Performance Standard	No numerical standards necessary, ongoing monitoring of grievance trends.	

CY=Calender Year

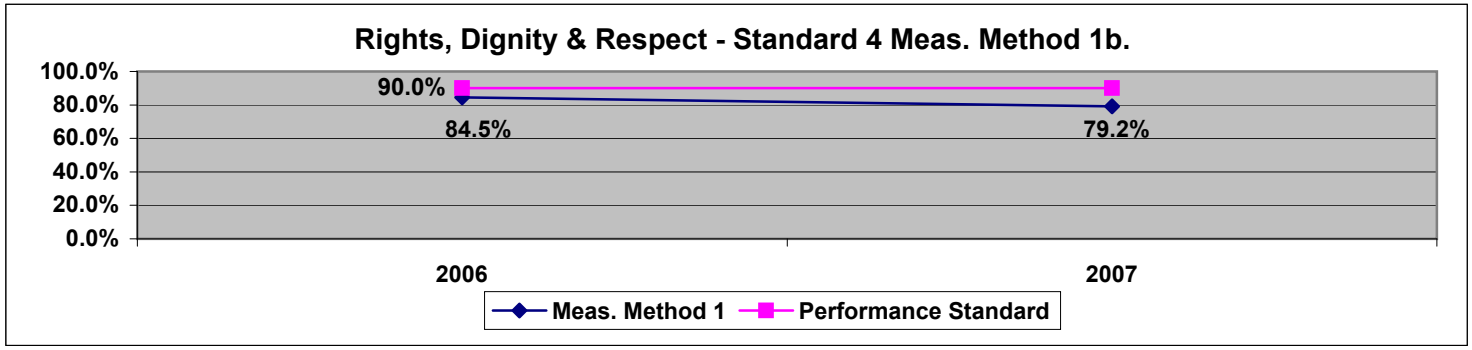
Rights, Dignity and Respect



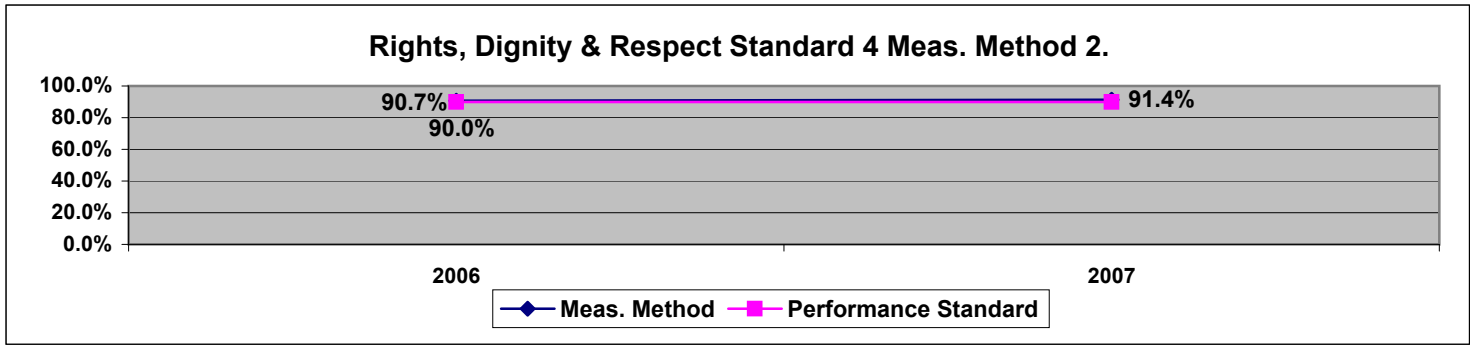
Paragraph			
	Standard 4:	**Class Members are informed of their rights**	
57	**Meas. Method 1.**	Class Member Survey Q30. % class members informed about rights as a MH consumer in way they could understand.	
	Baseline	77.3%	2004 Class Member Survey (N=538)
	Current Level	80.0%	2007 Class Member Survey (N=466)
	Performance Standard	90.0%	
	Compliance Standard*		



Meas. Method 1a.	Class Member Survey. Qs 26 & 30 % class members who have a CIW reporting they were informed about their rights	
Baseline	87.0%	2004 Class Member Survey (N=538)
Current Level	87.8%	2007 Class Member Survey (N=466)
Performance Standard	95.0%	
Compliance Standard*		



Meas. Method 1b.	Class Member Survey. Qs 38 & 30 % class members who have MaineCare reporting they were informed about their rights.	
Baseline	81.0%	2004 Class Member Survey (N=538)
Current Level	79.2%	2007 Class Member Survey (N=466)
Performance Standard	90.0%	
Compliance Standard*		



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	91.4%	2006 Data Infrastructure Survey-Q14	(N=1272)
Performance Standard	90.0%	*Next DIG Survey data due 02/08	
Compliance Standard*			

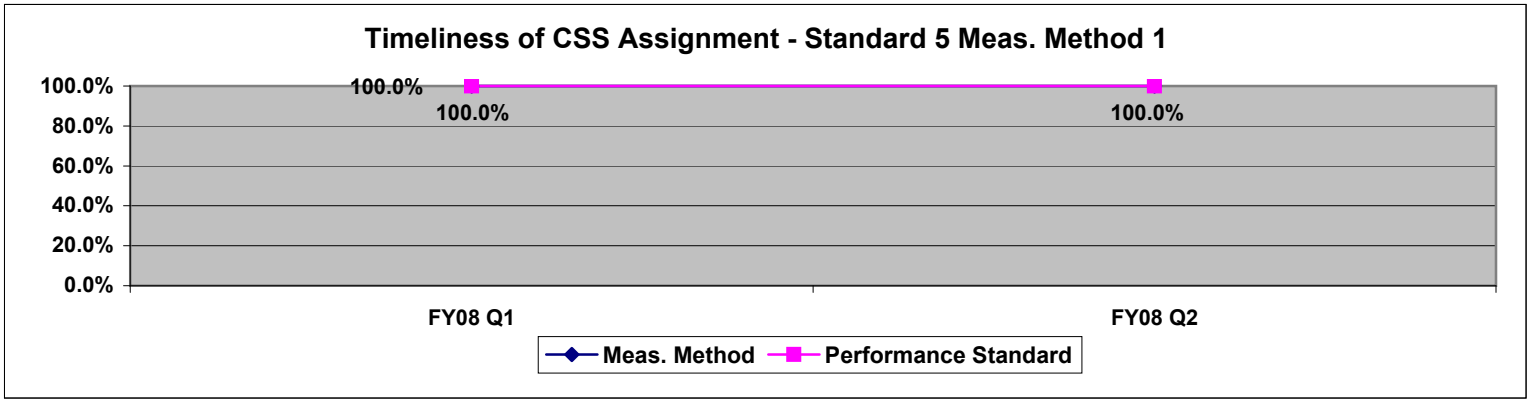
* If results fall below performance standard levels the Department:Compliance standard for 1, 1a, 1b, 2

Consults with the consumer council

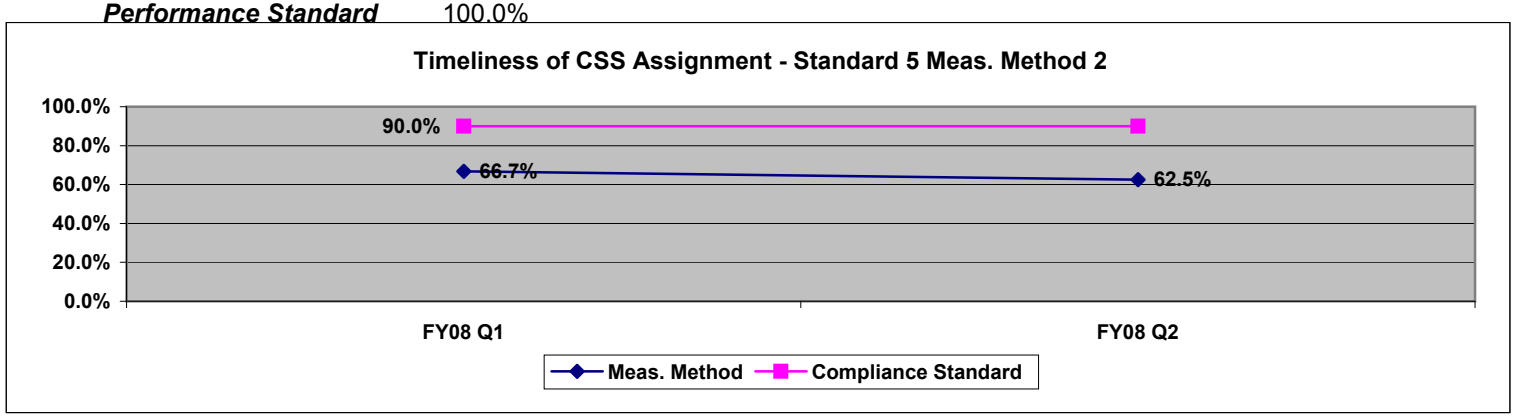
Takes corrective action if deemed necessary by the consumer council

Develops that corrective action in collaboration with the consumer council

Community Integration/Community Support Services/Individualized Support Planning

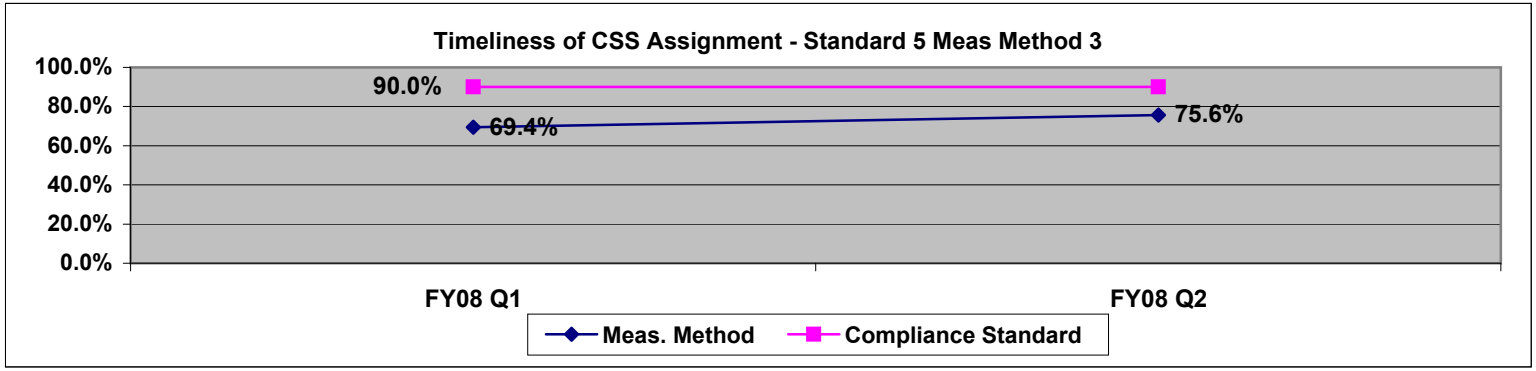


Paragraph	Standard 5:	Prompt Assignment of CI/ICI/ICM/ACT Workers, ISP Timeframes/Attendees at ISP Meetings		
49, 55	Meas. Method 1	Percentage of class members requesting a worker who were assigned one.		
59, 58	*Baseline*	100.0%	(36 out of 36)	FY06 Q4 ISP RDS Data
	Current Level	100.0%	(49 out of 49)	FY08 Q2 ISP RDS Data
	Performance Standard	100.0%		

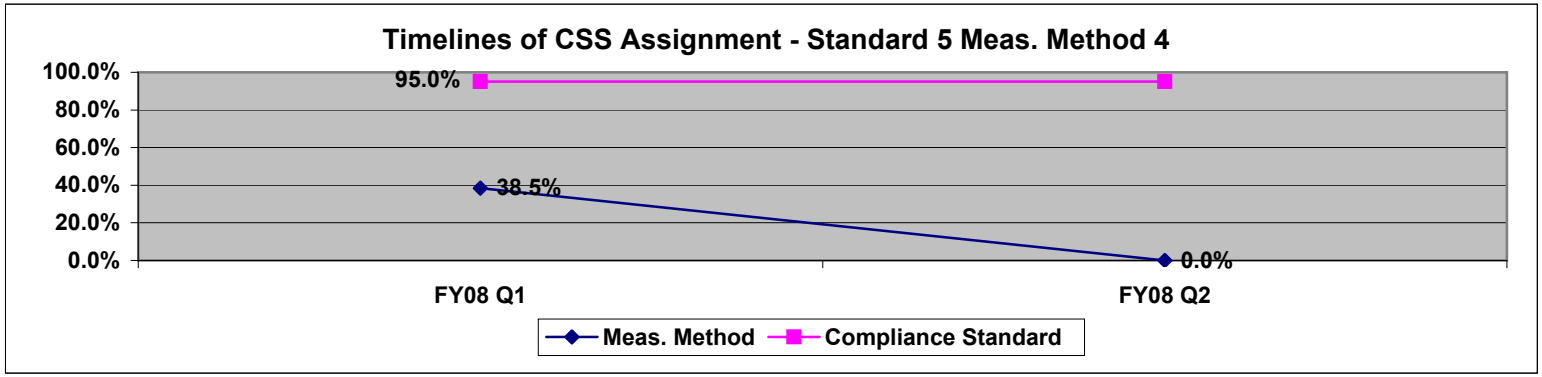


Meas. Method 2.	Percentage of hospitalized class members who were a assigned a worker within 2 days.		
Baseline	92.0%	(12 out of 13)	FY06 Q4 ISP RDS Data
Current Level	62.5%	(5 out of 8)	FY08 Q2 ISP RDS Data
Performance Standard	90.0%		
Compliance Standard	90.0%	(3 out of 4 quarters)	

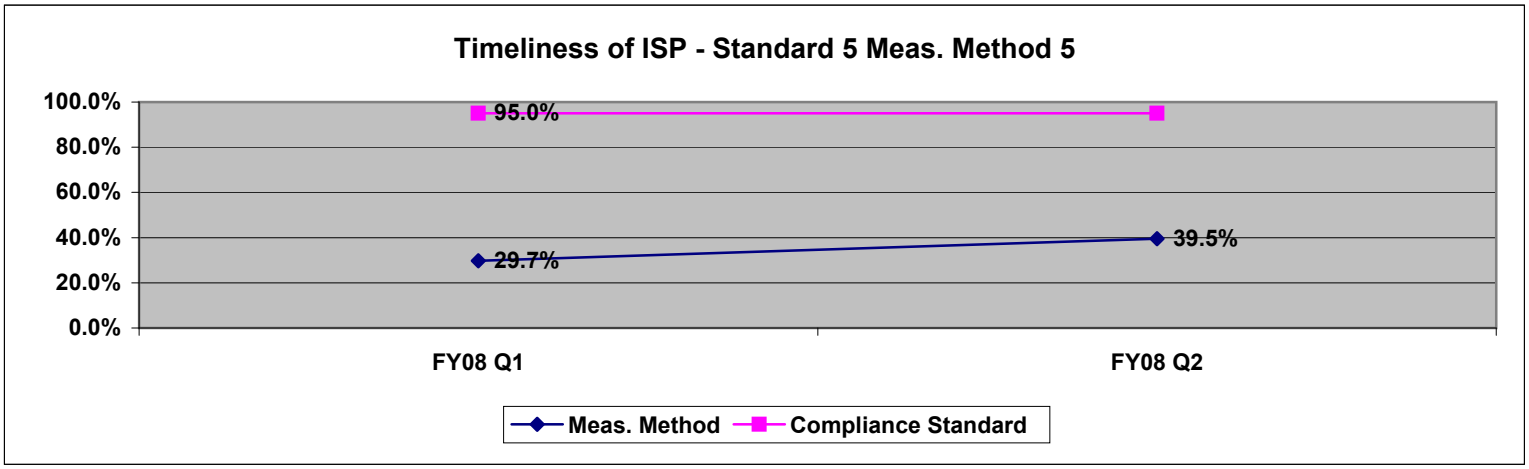
Community Integration/Community Support Services/Individualized Support Planning



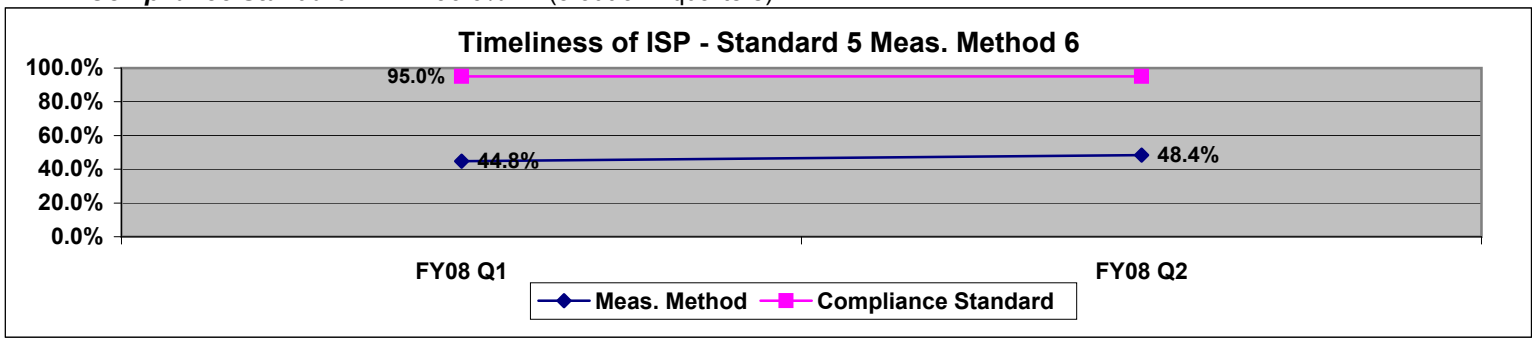
Meas. Method 3.	Percentage of non-hospitalized class members assigned a worker within 3 days.		
Baseline	70.0%	(16 out of 23)	FY06 Q4 ISP RDS Data
Current Level	75.6%	(31 out of 41)	FY08 Q2 ISP RDS Data
Performance Standard	90.0%		
Compliance Standard	90.0%	(3 out of 4 quarters)	



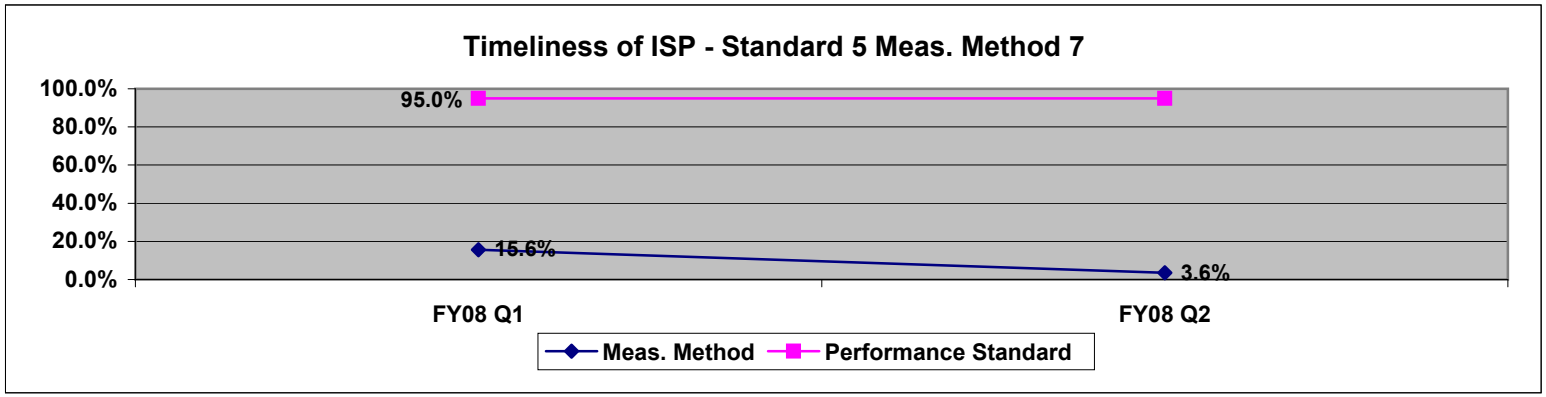
Meas. Method 4.	Percentage of class members in hospital or community not assigned on time but were assigned within 1-7 additional days		
Baseline	71.0%	(6 out of 7)	FY06 Q4 ISP RDS Data
Current Level	0.0%	(0 out of 15)	FY08 Q2 ISP RDS Data
Performance Standard	100.0%		
Compliance Standard	95.0%	(3 out of 4 quarters)	



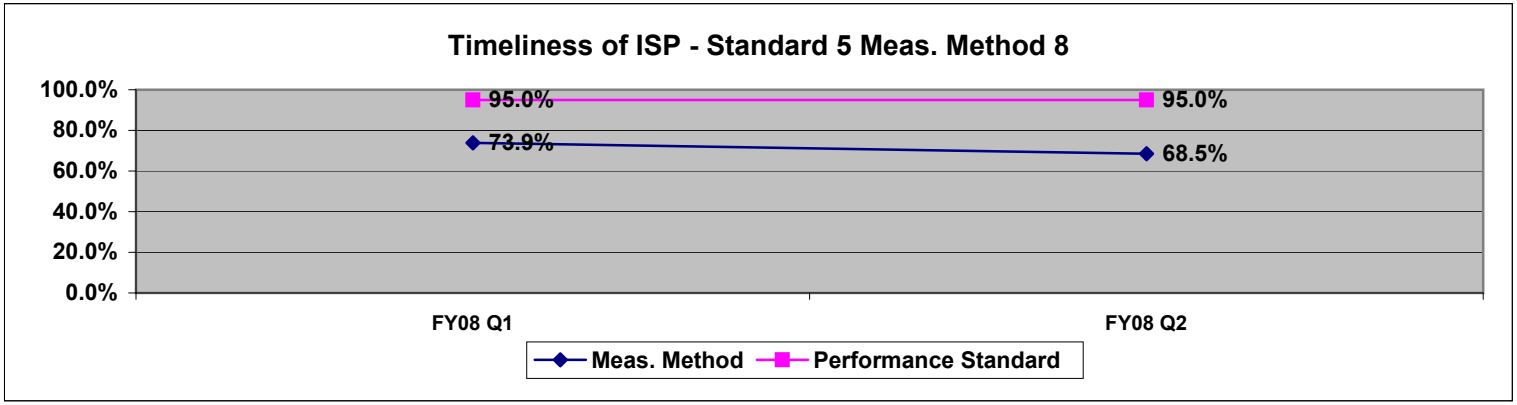
Meas. Method 5.	ISP completed within 30 days of service request; Percentage of class members requesting ISP and who received one."		
Baseline	75.2%	(158 out of 210)	FY07 Q1 ISP RDS Data
Current Level	39.5%	(325 out of 823)	FY08 Q2 ISP RDS Data
Performance Standard	90.0%		
Compliance Standard	90.0%	(3 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	48.4%	(431 out of 891)	FY08 Q2 ISP RDS Data
Performance Standard	90.0%		
Compliance Standard	90.0%	(3 out of 4 quarters)	



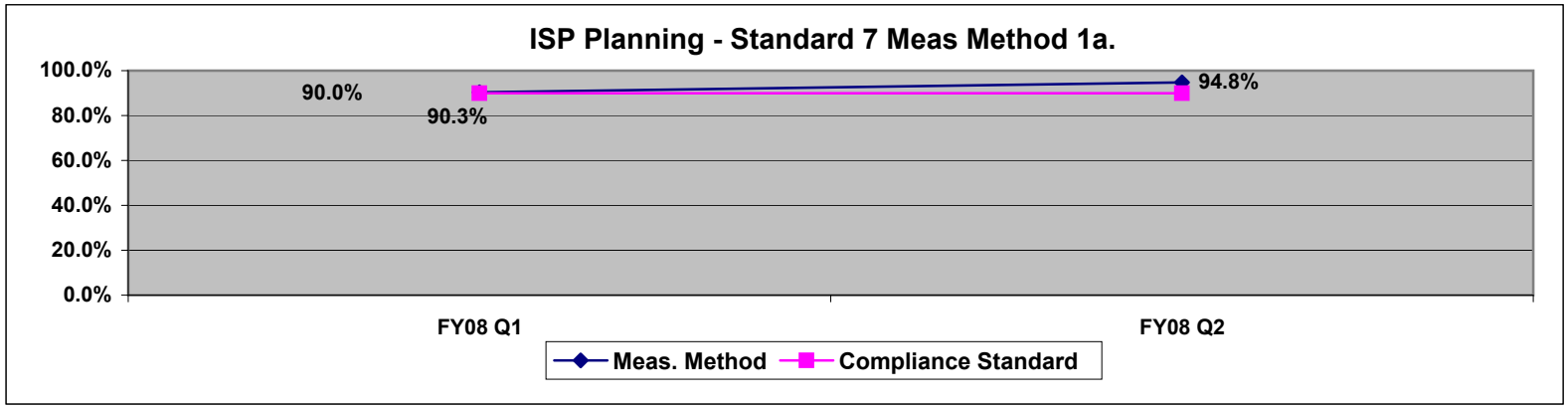
Meas. Method 7.	Initial ISPs not developed within 30 days, but were developed within 60 days.		
Baseline	30.7%	(16 out of 52)	FY07 Q1 ISP RDS Data
Current Level	3.6%	(18 out of 498)	FY08 Q2 ISP RDS Data
Performance Standard	100.0%		



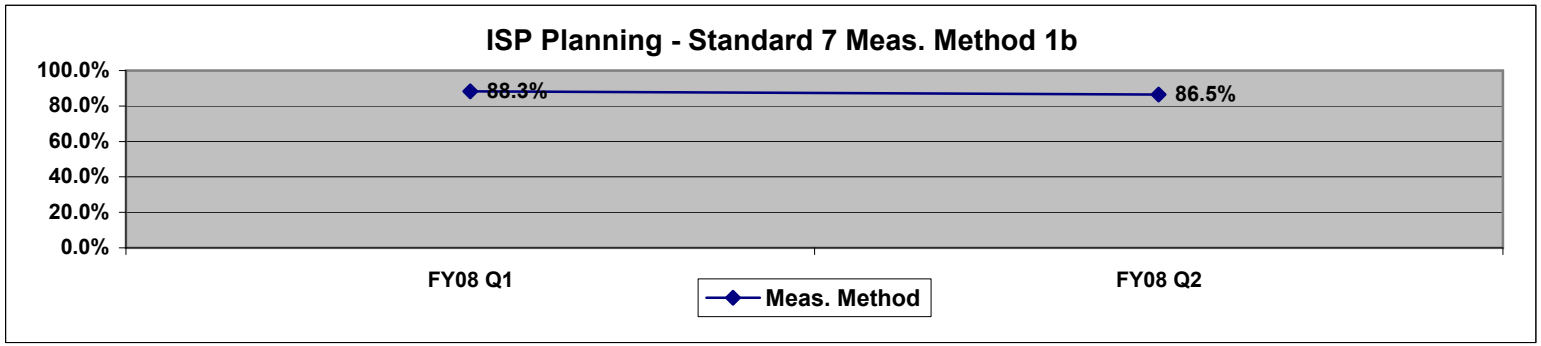
Meas. Method 8.	ISPs that were not reviewed within 90 days but were reviewed within 120 days.		
Baseline	45.0%	(263 out of 585)	FY07 Q1 ISP RDS Data
Current Level	68.5%	(315 out of 460)	FY08 Q2 ISP RDS Data
Performance Standard	100.0%		

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

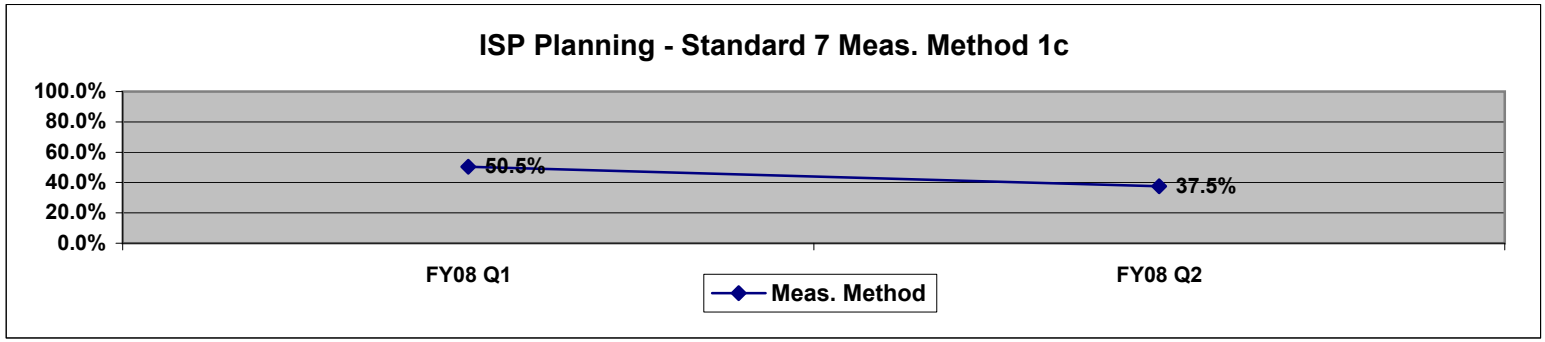
Community Integration/Community Support Services/Individualized Support Planning



Paragraph 61	**Standard 7:**	**Demonstrate ISPs are based upon consideration of the class members' strengths & needs**
	Meas. Method 1a.	Does the record document that the treatment plan goals reflect the strengths of the consumer? receiving services? (IIb)
	Baseline	79.4% FY 07 Q3 (50 out of 63)
	Current Level	94.8% FY 08 Q2 (91 out of 96)
	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? (IId.)
Baseline	82.5% FY 07 Q3 (11 out of 52)
Current Level	86.5% FY 08 Q2 (83 out of 96)
Performance Standard	*No Numerical Standard Necessary*

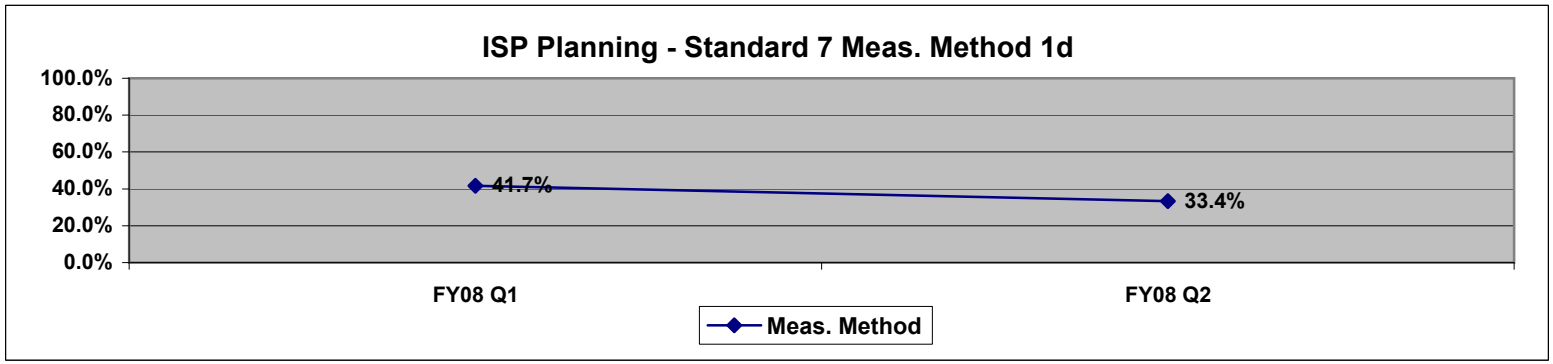


Meas. Method 1c. Does the record document that the consumer has a crisis plan? (IIe.)

Baseline 19.0% FY 07 Q3 (12 out of 63)

Current Level 37.5% FY 08 Q2 (36 out of 96) 0.375

Performance Standard No Numerical Standard



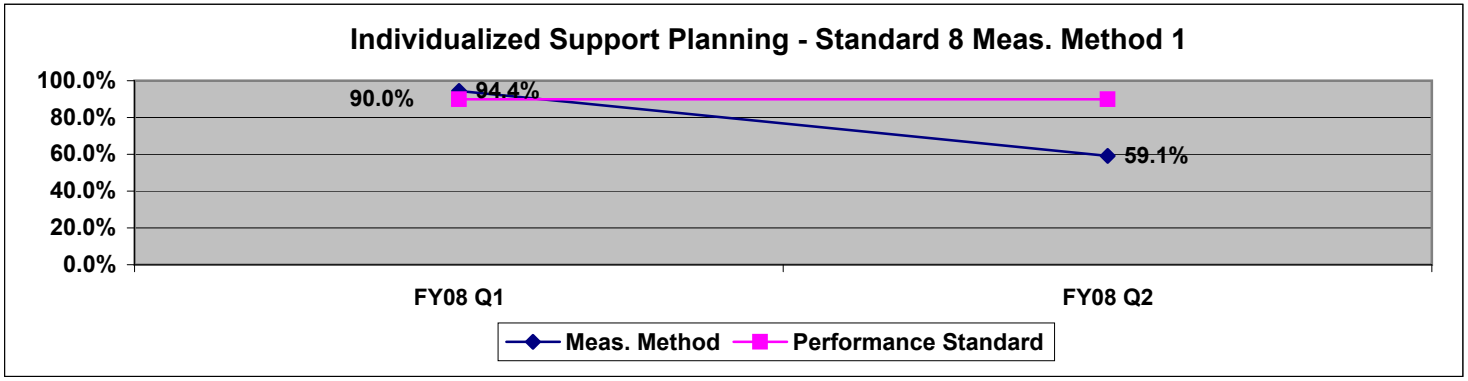
Meas. Method 1d. If the consumer has a crisis plan, "has the crisis plan been reviewed as required, every 3 months?" (IIg.)

Baseline 41.7% FY 07 Q3 (5 out of 12)

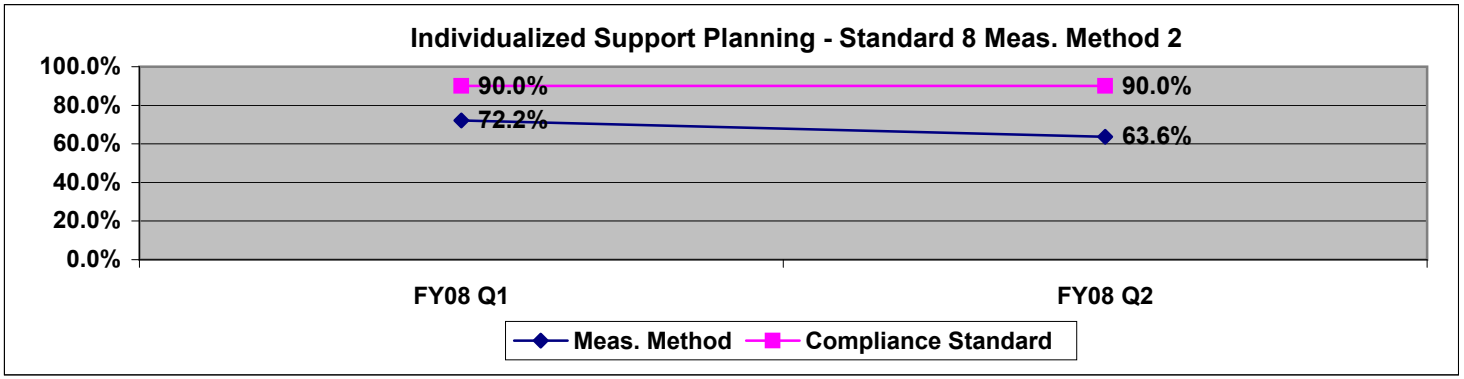
Current Level 33.4% FY 08 Q2 (12 out of 36)

Performance Standard No Numerical Standard

Community Integration/Community Support Services/Individualized Support Planning

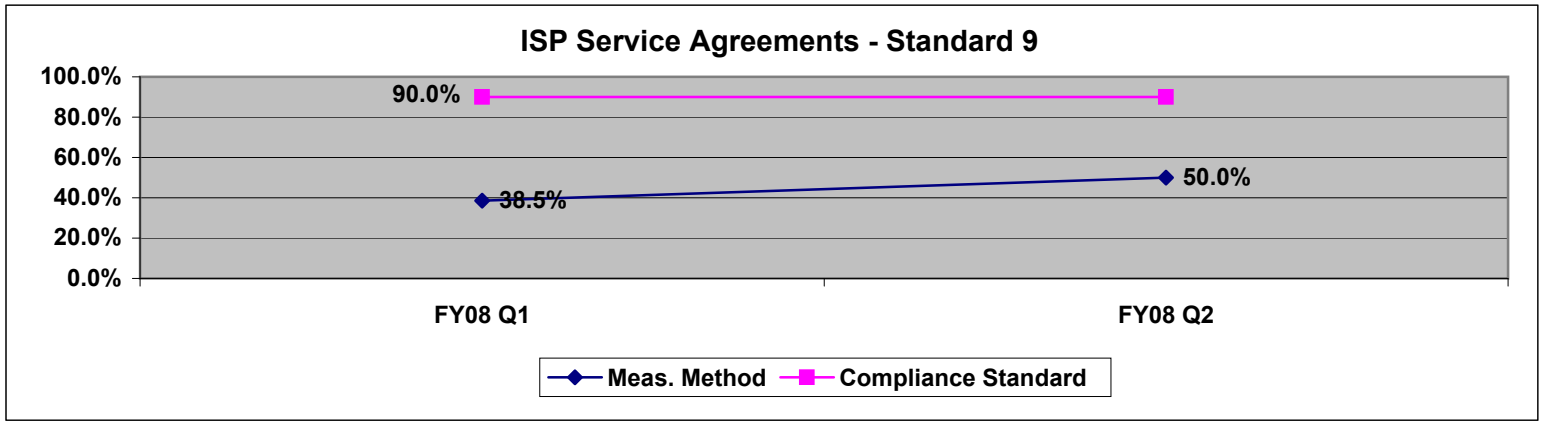


Paragraph 63	**Standard 8:**	**Services are based on actual needs of the class member rather than what services are available**		
	Meas. Method 1.	ISPs reviewed in which there is evidence that the ISP team reconvened after an unmet need was identified.		
	Baseline	*50.0%*	FY 07 Q3	(5 out of 10 identified unmet needs)
	Current Level	*59.1%*	FY 08 Q2	(13 out of 22 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	*63.6%*	FY 08 Q2	(14 out of 22 identified unmet needs)
Performance Standard	*95%*		
Compliance Standard	90.0%	(3 out of 4 quarters)	

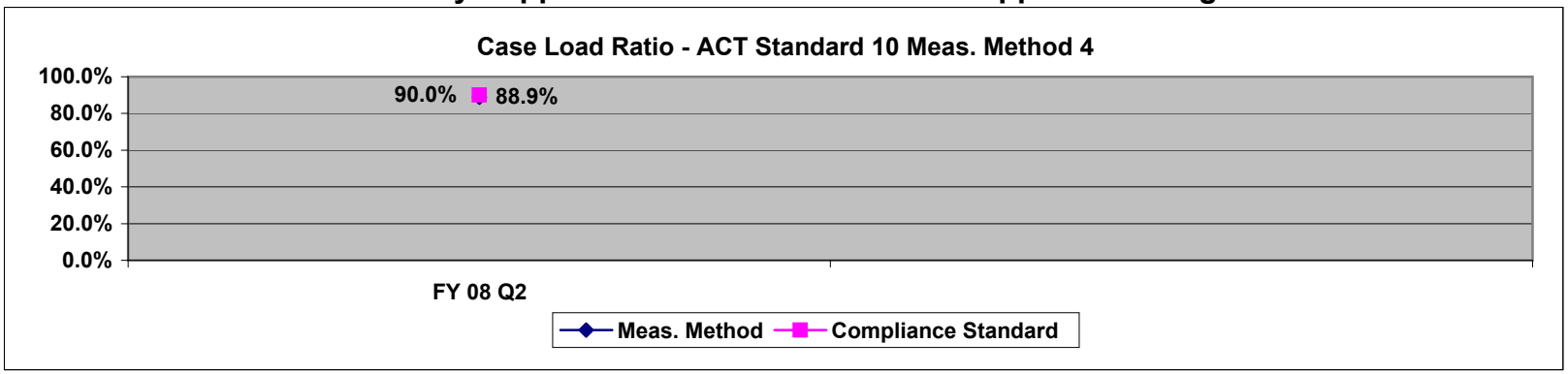
Community Integration/Community Support Services/Individualized Support Planning



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)	FY 05 Q2
	Current Level	50.0% (15/30)	FY 08 Q2
	Performance Standard	90.0%	
	Compliance Standard	90.0%	(3 out of 4 quarters)

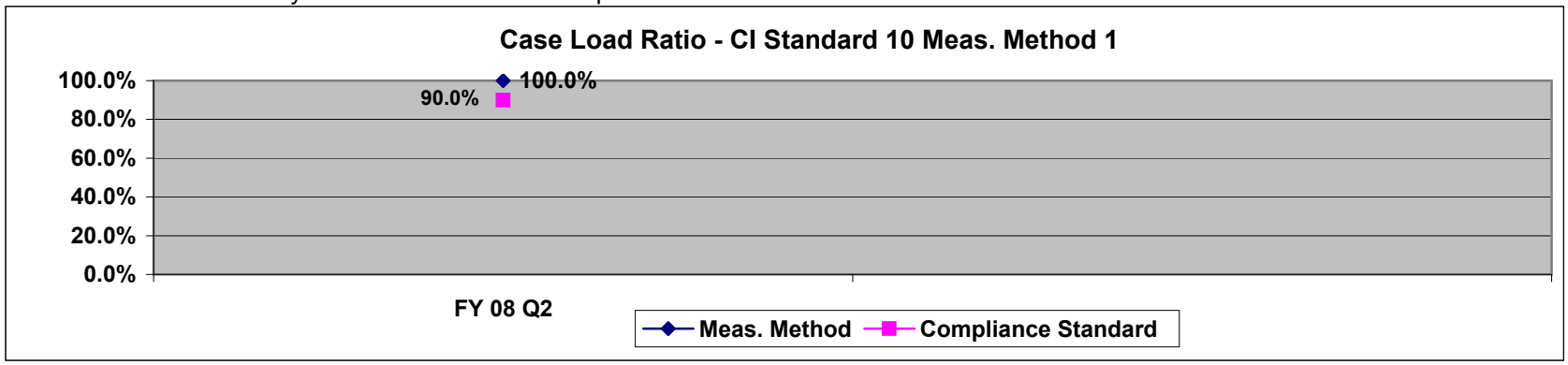
Question slightly revised in February 2007 Document Review revisions.
Does the record document that Service Agreements are Required for this plan? (IVa.)
"If yes, have the Service Agreements been acquired?" (IVb.)
"If yes are the Service Agreements current? (IVc.)
must be acquired and current to meet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

Community Support Services/Individualized Support Planning- Standard 10

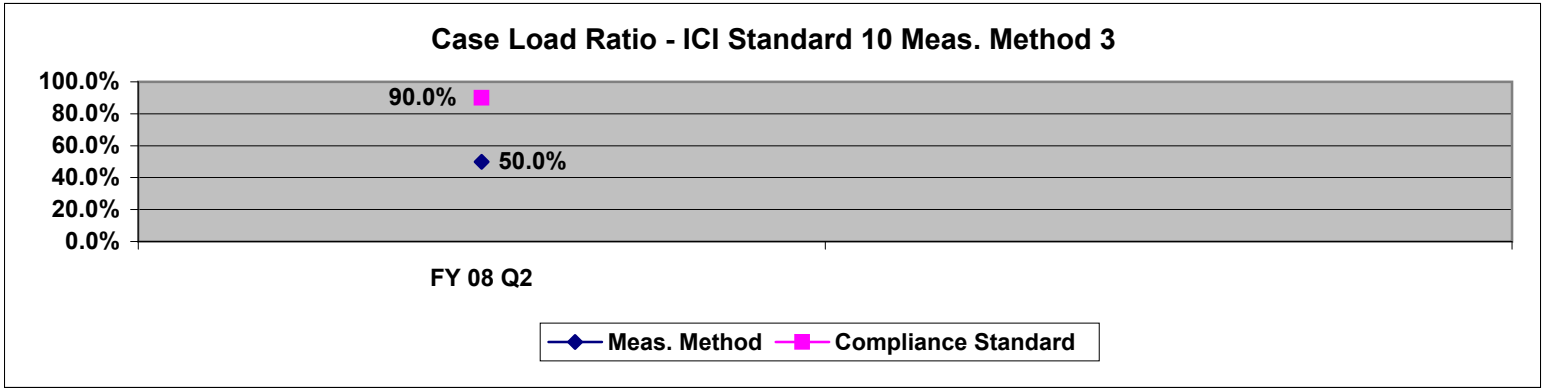


Meas. Method 4.	ACT Provders with average caseloads of 10 or fewer.			
Baseline	88.9%	(8 out of 9)	FY08 Q1	Agency Community Support Census/Staffing Ratio Database
Current Level	88.9%			
Performance Standard	90.0%	of all ACT Teams		
Compliance Standard	90.0%	of all ACT Teams		

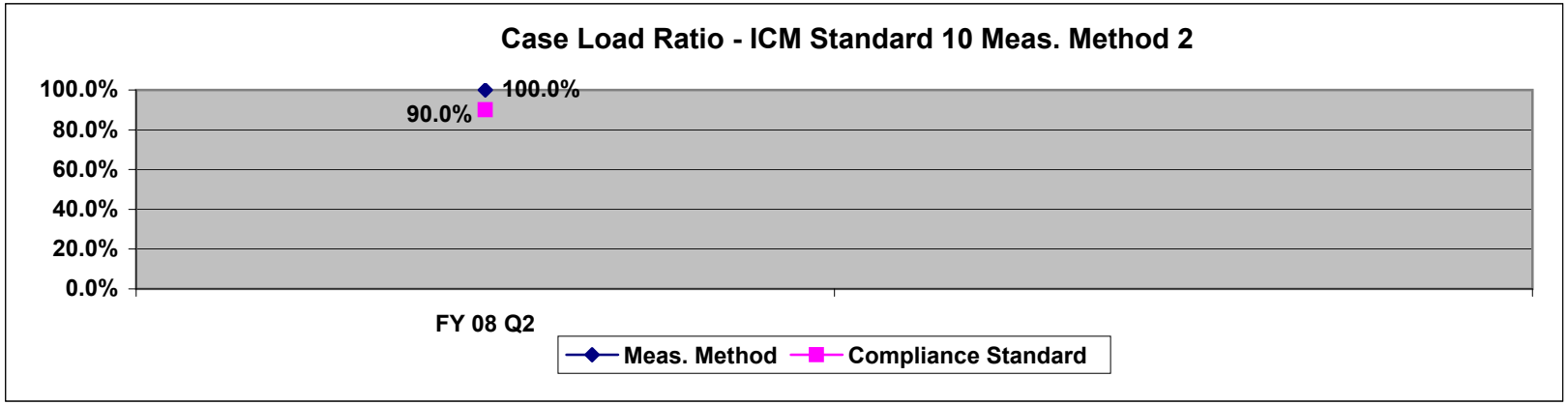
Only 8 out of 10 ACT Teams reported



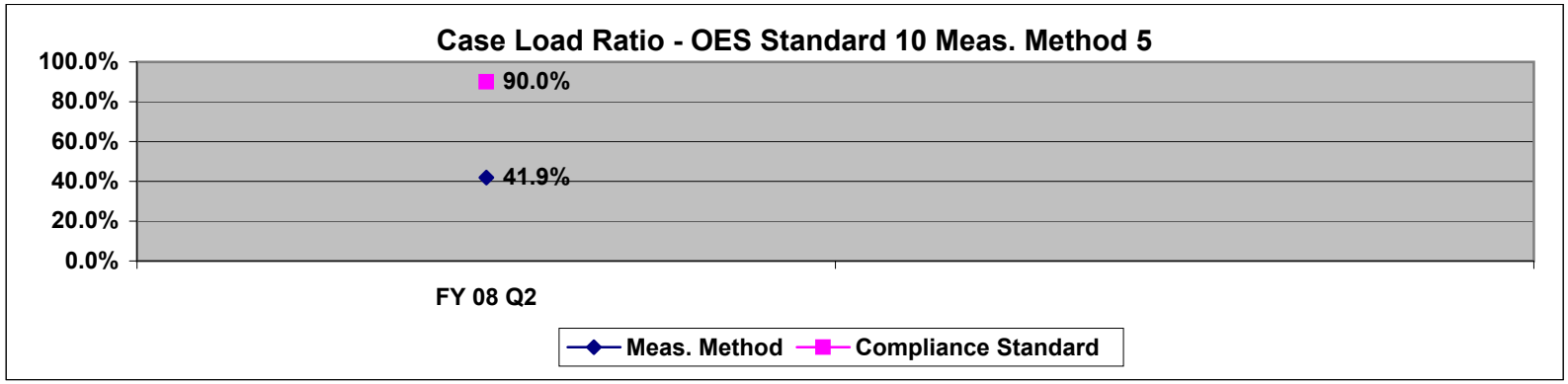
Paragraph 71	**Meas. Method 1.**	Community Integration Workers with average caseloads of 40 or fewer.			
	Baseline	100.0%	(27 out of 27)		
	Current Level	100.0%		FY08 Q1	Agency Community Support Census/Staffing Ratio Database
	Performance Standard	90.0%	of all CIW Providers		
	Compliance Standard	90.0%	of all CIW Providers		



Meas. Method 3.	Intensive Community Integration Provders with average caseloads of 16 or fewer.			
Baseline	50.0%	(4 out of 8)	FY08 Q1	Agency Community Support Census/Staffing Ratio Database
Current Level	50.0%			
Performance Standard	90.0%	of all ICI Teams		
Compliance Standard	90.0%	of all ICI Teams		



Meas. Method 2.	Intensive Case Managers with average caseloads of 16 or fewer.			
Baseline	100.0%	(40 out of 40)	FY08 Q1	Agency Community Support Census/Staffing Ratio Database
Current Level	100.0%			
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	41.9%		
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, ICI and CI are the percentage of programs statewide with an average caseload at or below the Measurement Method.

In the past, reporting was on average caseload ratios by region. This quarter, the reporting is based on the percentage of providers or workers meeting the standard. Baselines were calculated starting this quarter.

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.*

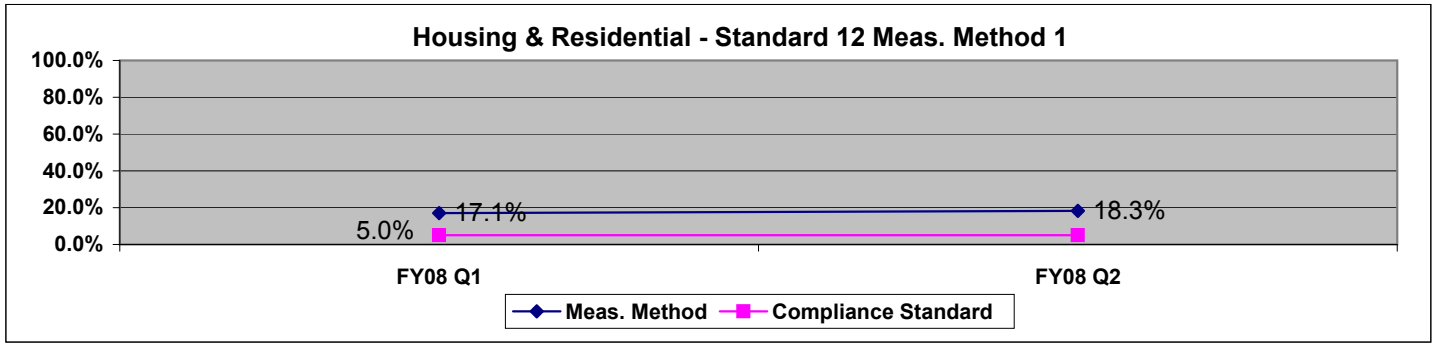
Number of Callers with unmet needs October 1, - Dec 31, 2007

	Region 1	Region 2	Region 3	State
Unique Individuals	4	2	2	8
Unmet Needs:	0	0	0	0

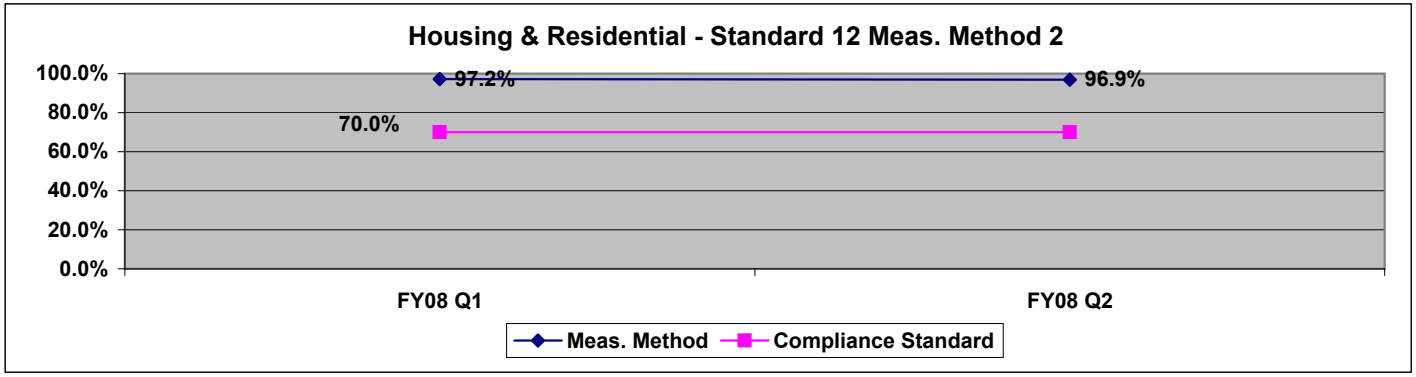
Unmet Needs by Domain October 1 ~ Dec 31, 2007	
ISP Domain Areas	**State**
Mental Health Services	0
MH Crisis Planning Resources	0
Peer, Recovery & Support Resources	0
Substance Abuse Services	0
Housing Resources	0
Health Care Resources	0
Legal Resources	0
Financial Security Resources	0
Education Resources	0
Vocation Employment Resources	0
Living Skills Resources	0
Transportation Resources	0
Personal Growth/Community Participation	0
Total	0

Community Resources and Treatment Services

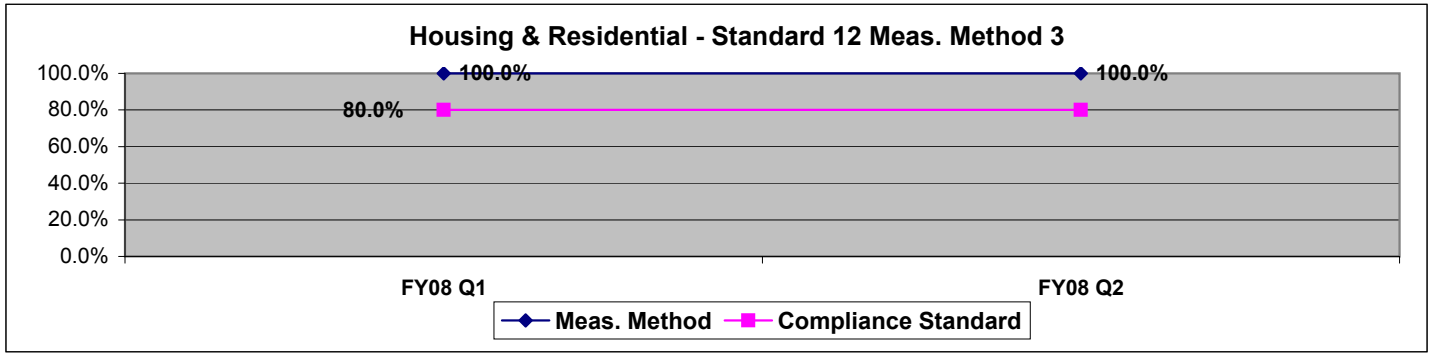
Housing and Residential - Standard 12



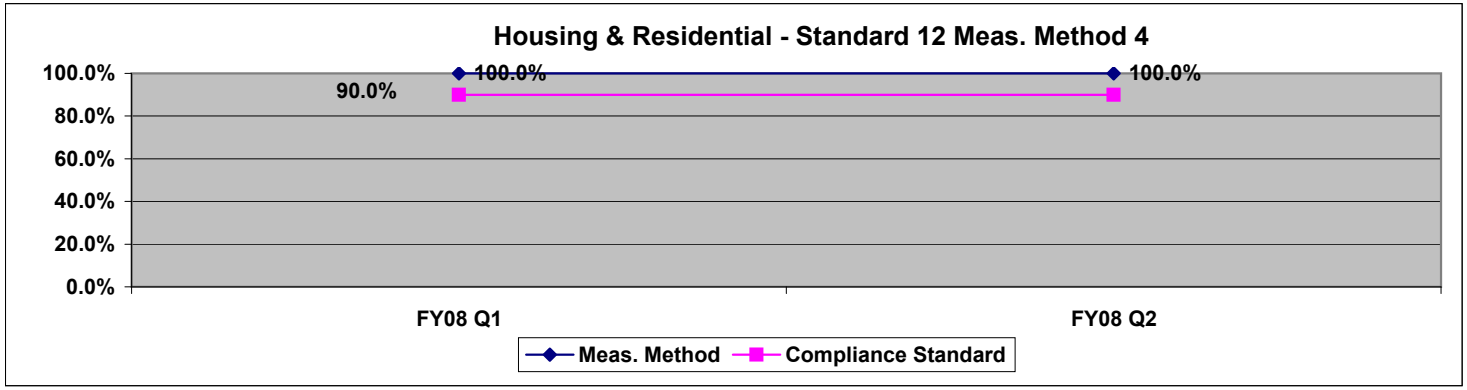
Paragraph	**Standard 12:**	**A flexible array of residential services adequate to meet ISP Identified needs of those ready for discharge**		
97,98	**Meas. Method 1.**	Class members in community with ISPs with unmet residential support needs		
	Baseline	*7.2%*	(22 out of 305)	FY06 Q4 ISP RDS Data
	Current Level	*18.3%*	(150 out of 820)	FY08 Q2 ISP RDS Data
	Performance Standard	*5% or fewer*		
	Compliance Standard	*5% or fewer (3 out of 4 quarters)*		



Meas. Method 2.	Of the class members at Riverview determined to have received maximum benefit from inpatient care, lack of residential support services does not impede discharge within 7 days of that determination.		
Baseline	*98.0%*	(FY 07 Q1 Out of 49 Patients ready for discharge, 1 could not be discharged due to lack of service)	
Current Level	*96.9%*	(FY 08 Q2 Out of 32 Patients ready for discharge, 1 could not be discharged due to lack of service)	
Performance Standard	*75% (within one week of that determination.)*		
Compliance Standard	*70%*	(3 out of 4 quarters)	



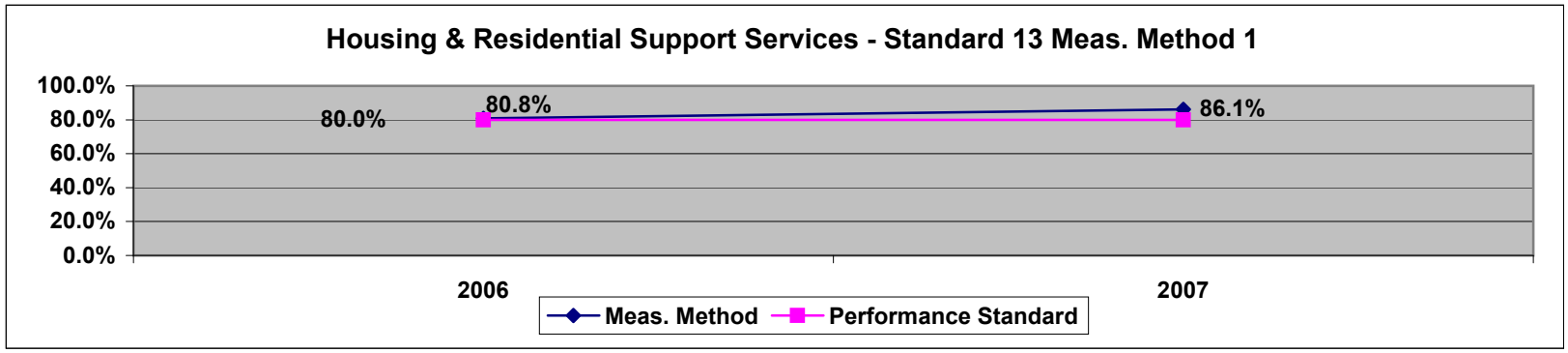
Meas. Method 3.	Of the class members at Riverview determined to have received maximum benefit from inpatient care, lack of residential support services does not impede discharge within 30 days of that determination.	
Baseline	*98.0%*	(FY 07 Q1 Out of 49 Patients ready for discharge, 1 could not be discharged due to lack of service)
Current Level	*100%*	(FY 08 Q2 Out of 32 Patients ready for discharge, 0 could not be discharged due to lack of service)
Performance Standard	*96%-(within 30 days of that determination.)*	
Compliance Standard	*80%*	(3 out of 4 quarters)



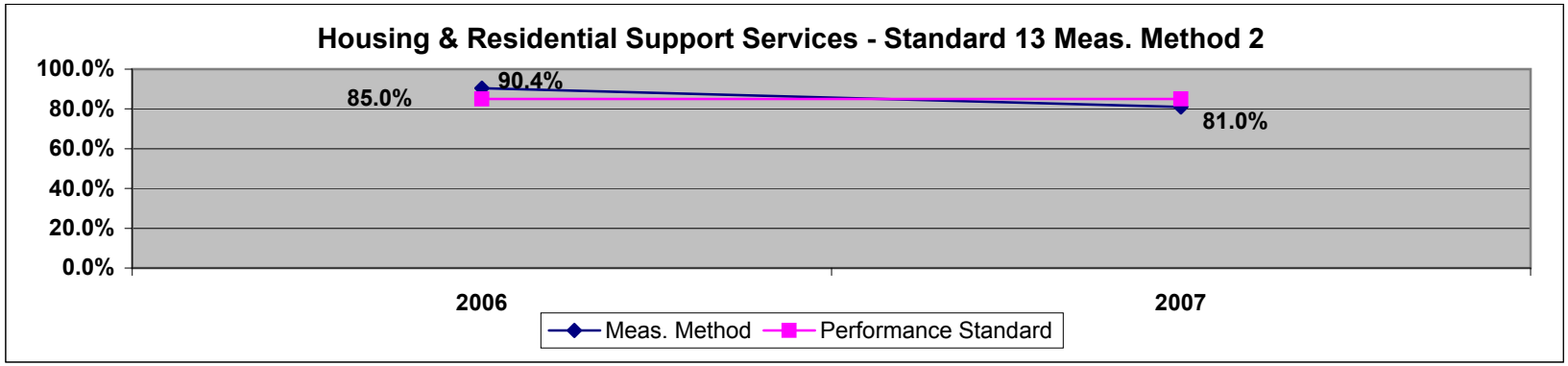
Meas. Method 4.	Of the class members at Riverview determined to have received maximum benefit from inpatient care, lack of residential support services does not impede discharge within 45 days of that determination.	
Baseline	*98.0%*	(FY 07 Q1 Out of 49 Patients ready for discharge, 1 could not be discharged due to lack of service)
Current Level	*100%*	(FY 08 Q2 Out of 36 Patients ready for discharge, 0 could not be discharged due to lack of service)
Performance Standard	*100%*	
Compliance Standard	90%	(with certain clients excepted with agreement of parties and Court Master)

Community Resources and Treatment Services

Housing and Residential



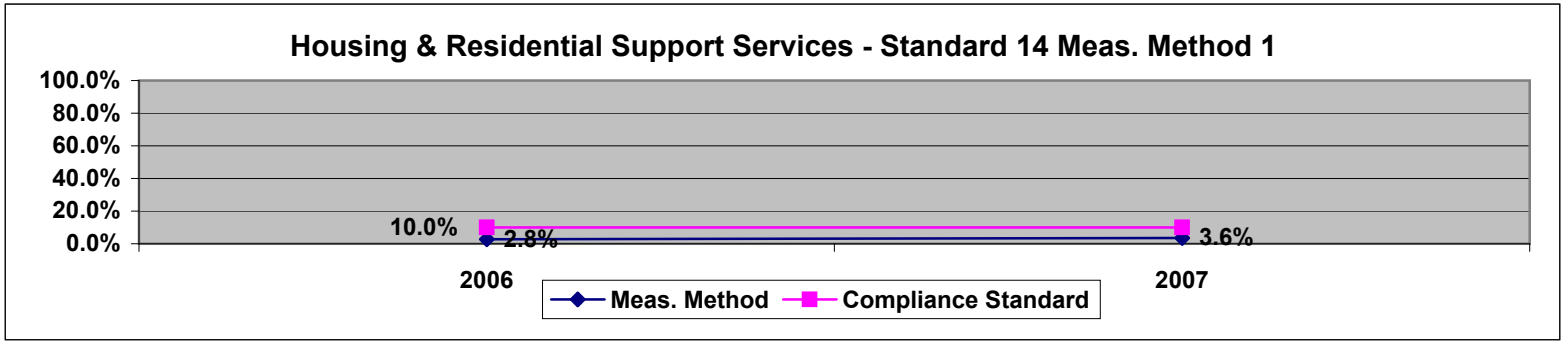
Paragraph		
97,98	**Standard 13:**	**Demonstrate class member satisfaction with access and quality of residential support services**
	Meas. Method 1.	Annual Class Member Survey Q15, Percent reporting satisfaction with their current living situation.
	Baseline	80.2% 2004 Class Member Survey (N=538)
	Current Level	*86.1%* 2007 Class Member Survey (N=466)
	Performance Standard	*80.0%*



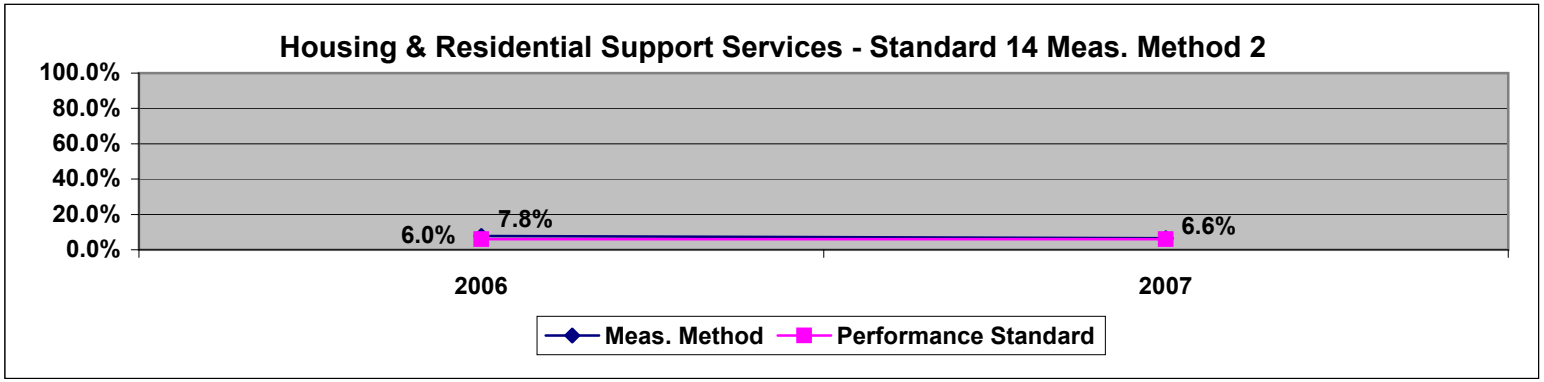
Meas. Method 2.	Annual Class Member Survey Q17, Class members receiving residential/housing supports who report satisfaction with services.
Baseline	*81.4%* 2005 Class Member Survey (N=538) *Question added in 2005
Current Level	*81.0%* 2007 Class Member Survey (N=466)
Perfromance Standard	*85.0%*

Community Resources and Treatment Services

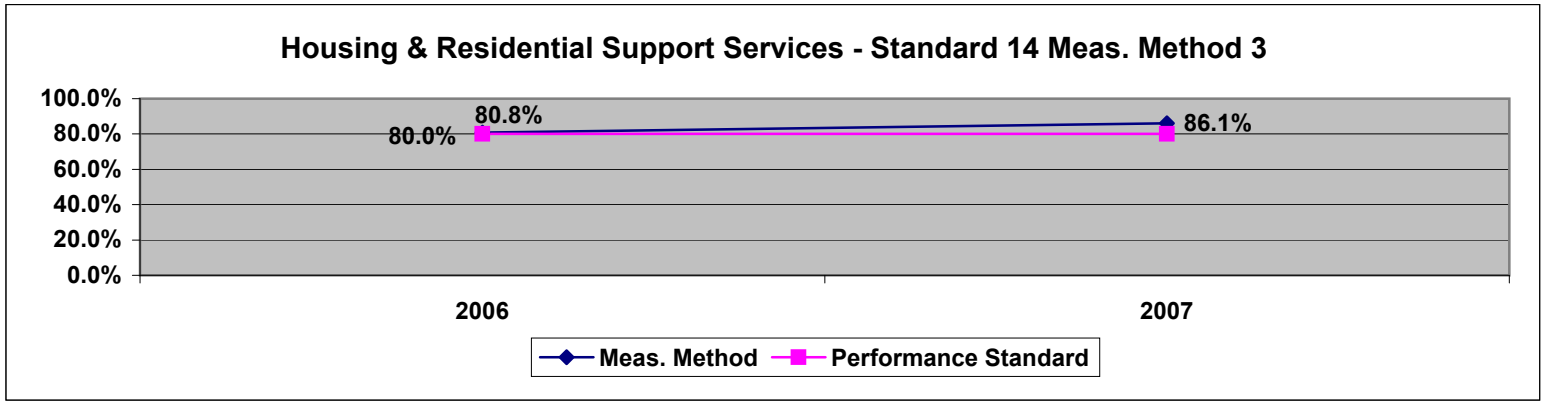
Housing and Residential



Parag 94, 95	**Standard 14:**	**Demonstrate an array of housing alternatives available to meet class member needs.**	
	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	*3.6%*	(30 out of 820) FY08 Q2 ISP RDS Data
	Performance Standard	*10.0%*	or fewer
	Compliance Standard	*10.0%*	or fewer (3 out of 4 quarters)

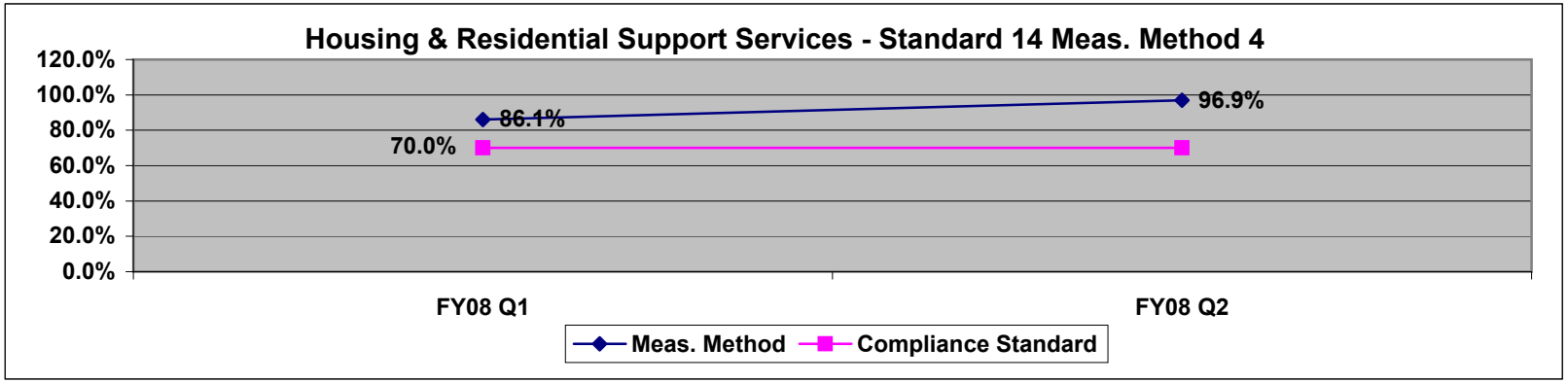


Meas. Method 2.	Percentage of Class Members who experienced homelessness over 12-month period.	
Baselines	8.6%	2004 Class Member Survey (N=538)
Current Levels	*6.6%*	2007 Class Member Survey (N=466)
Performance Standard	*6.0%*	or fewer



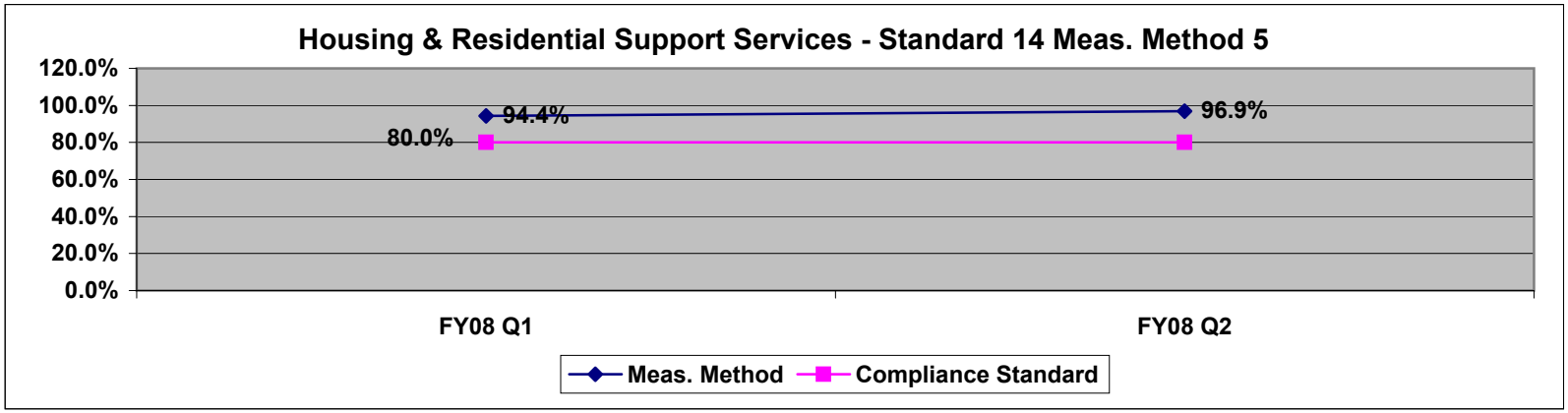
Meas. Method 3. Annual Class Member Survey Q15, Percent reporting satisfaction with their current living arrangement.

Baseline	80.2%	2004 Class Member Survey (N=538)
Current Level	86.1%	2007 Class Member Survey (N=466)
Performance Standard	80.0%	



Meas. Method 4. Percentage of class members at Riverview determined to be ready for discharge from Riverview who are discharged within 7 days of that determination.

Baseline	98.0%	(FY 07 Q1 Out of 49 Patients ready for discharge, 1 could not be discharged due to lack of housing alternatives)
Current Level	*96.9%*	(FY 08 Q2 Out of 32, 1 could not be discharged.)
Performance Standard	*75% (Lack of housing alternatives does not impede discharge within one week of that determination.)*	
Compliance Standard	70.0%	(3 out of 4 quarters)



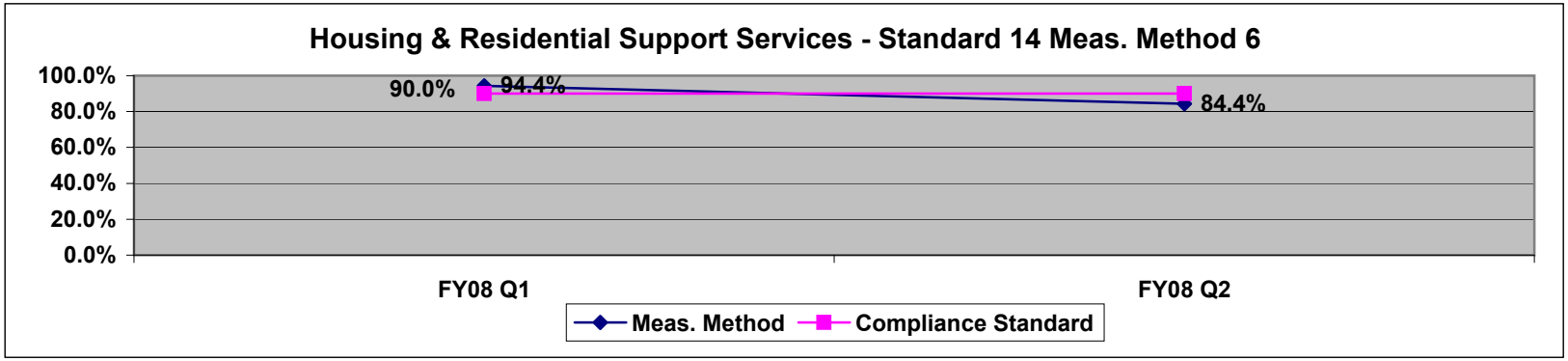
Meas. Method 5. Percentage of hospitalized class members determined to be ready for discharge from Riverview who are discharged within 30 days of that determination.

Baseline 95.9% (FY 07 Q1 Out of 49 Patients ready for discharge, 2 could not be discharged due to lack of housing alternatives)

Current Level *96.9%* (FY 08 Q2 Out of 32, 1 could not be discharged)

Performance Standard *96%-(Lack of housing alternatives does not impede discharge within 30 days of that determination.)*

Compliance Standard 80.0% (3 out of 4 quarters)



Meas. Method 6. Percentage of hospitalized class members determined to be ready for discharge from Riverview who are discharged within 45 days of that determination.

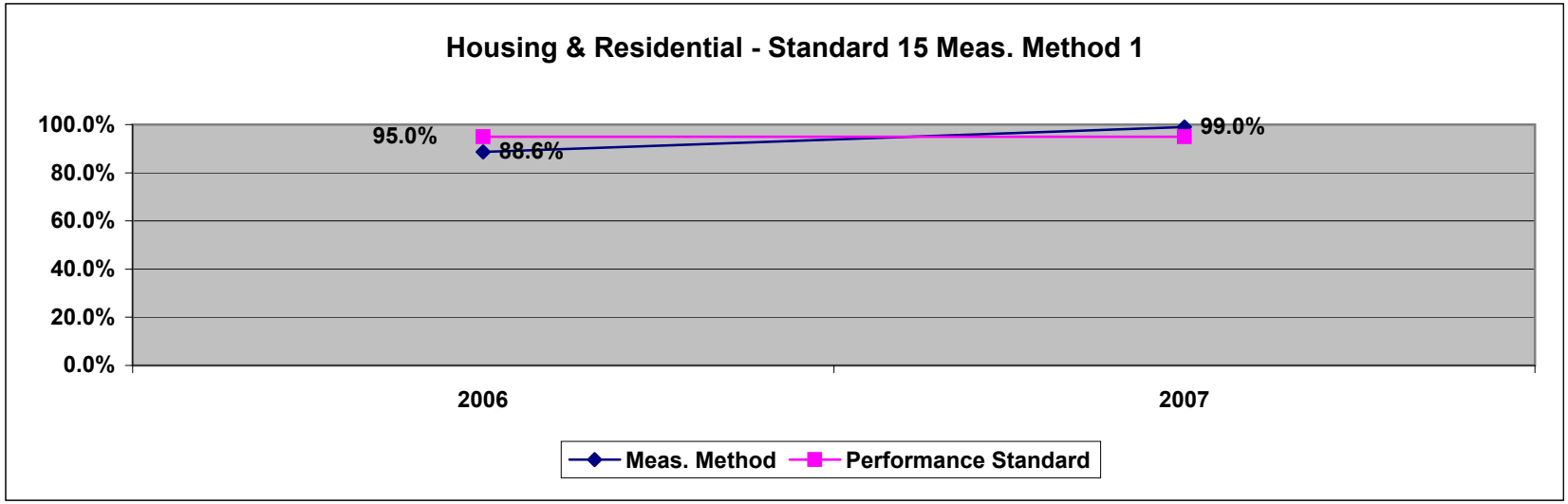
Baseline 67.3% (FY 07 Q1 Out of 49 Patients ready for discharge, 16 could not be discharged due to lack of housing alternatives)

Current Level *84.4%* (FY 08 Q2 Out of 32, 5 could not be discharged)

Performance Standard *100%*

Compliance Standard 90.0% (3 out of 4 quarters)

Housing and Residential



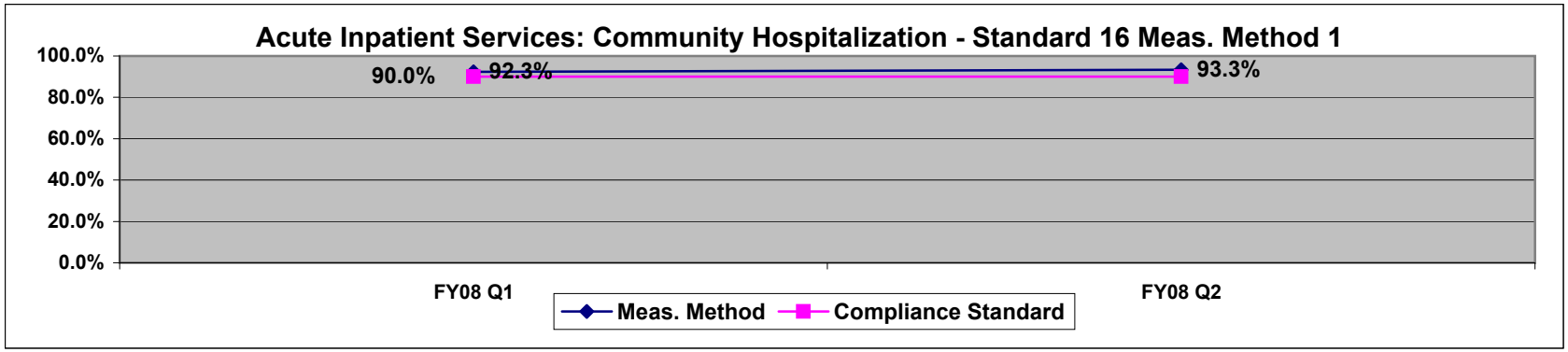
Paragraph	Standard 15:	**Housing is where community services are located/Consumers in Homes with more than 8 beds.**	
96	Meas. Method 1.	Class members residing in homes with more than 8 beds in which the class member chooses to reside in that facility is documented.	
	Baseline	*92.8%*	CDC Paragraph 96 Tracking - April 2004
	Current Level	*99.0%*	December 2007 - Of the 104 consumers in homes greater than 8 beds, 103 have signed consents
	Performance Standard	*95.0%*	and 1 consumer has an active ISP goal to pursue other housing

Per Protocol, consents reviewed and sought annually.

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

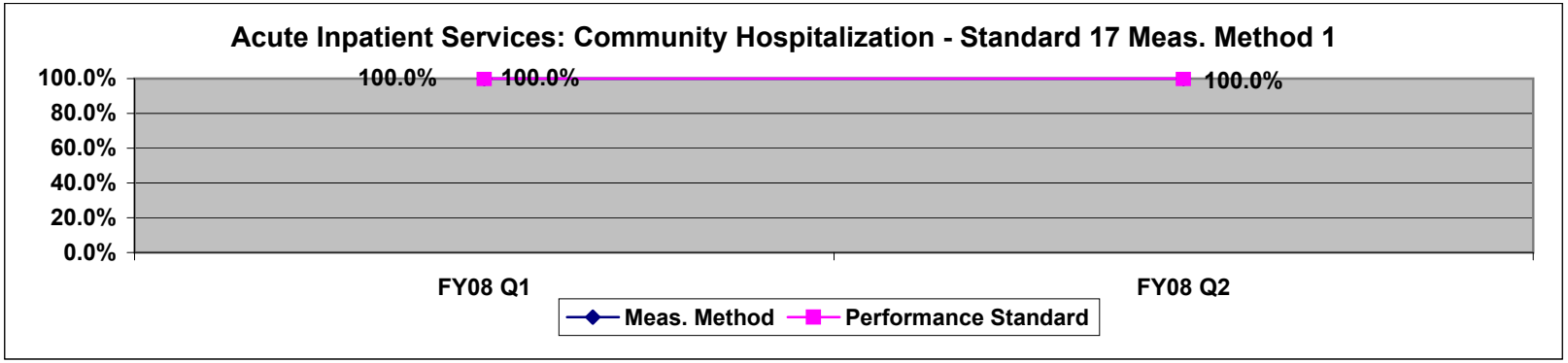


Paragraph				
	Standard 16:	***Psychiatric Hospitalization reasonably near an individual's local community.***		
88	**Meas. Method 1.**	Class Member admissions determined to be reasonably near an individual's local community of residence.		
	Baseline	*87.0%*	UR Database Q1-FY '05	(20 out of 23)
	Current Level	*93.3%*	UR Database/EIS Q3 FY 08	(14 out of 15)
	Performance Standard	*90.0%*		
	Compliance Standard	*90.0%*	(3 out of 4 quarters)	

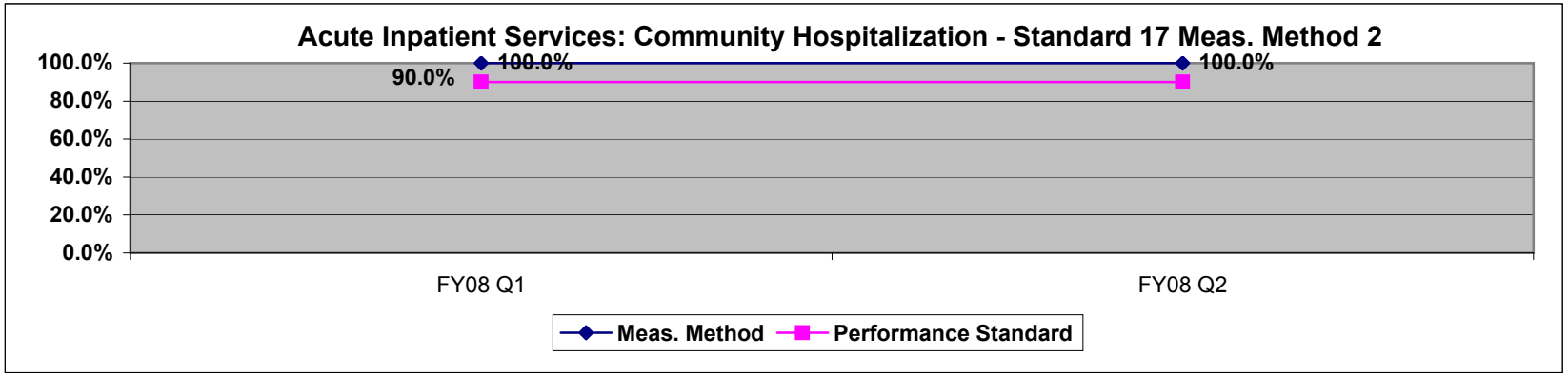
Reasonably Near is defined by Attachment C to the October 29, 2007 approved Compliance Standards.

Community Resources and Treatment Services

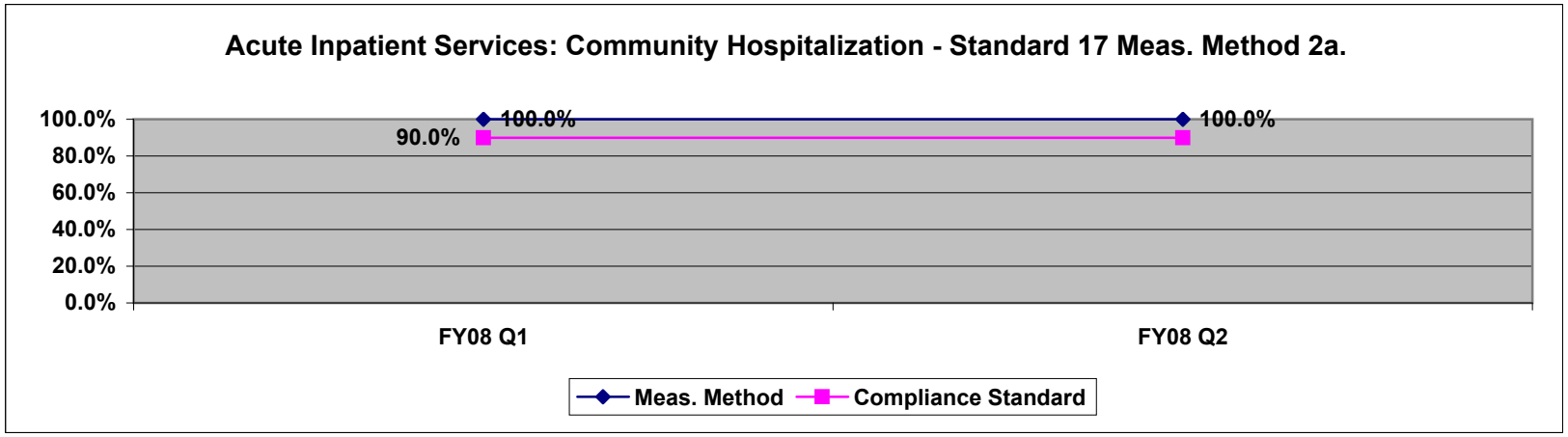
Acute Inpatient Services: Involuntary Community Hospitalization



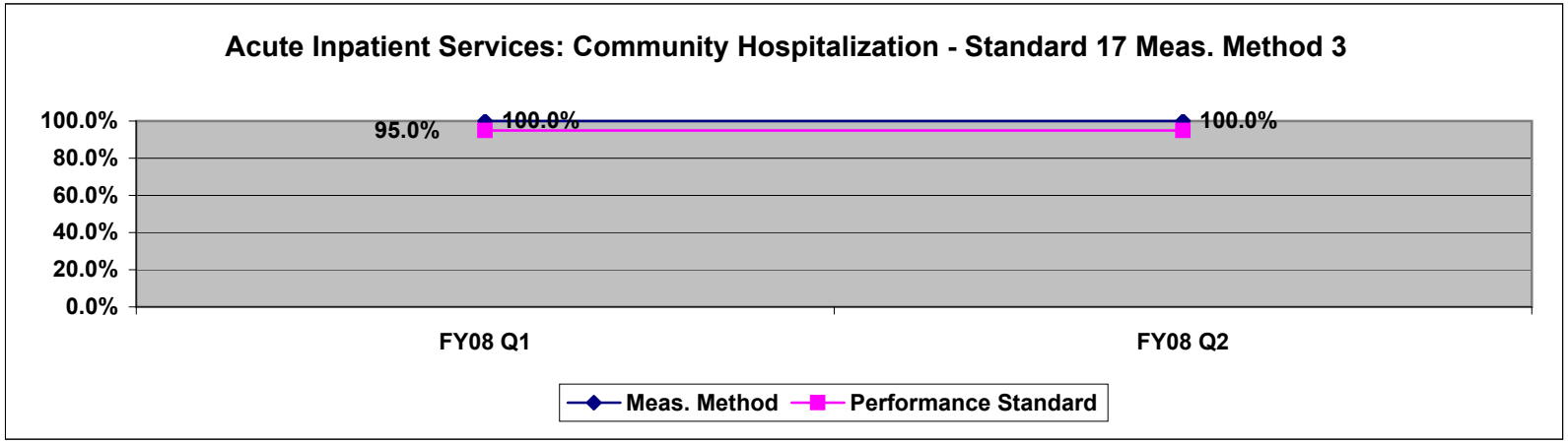
Paragraph	Standard 17:	**Class member admissions to community involuntary inpatient units are in accordance with law and meet medical necessity critieria**		
89	**Meas. Method 1.**	Class member involuntary admissions to community inpatient units have blue paper on file.		
	Baseline	*94.7%*	UR Database Q4-FY '05	(18 out of 19)
	Current Level	*100.0%*	UR Database/EIS Q2 FY 08	(15 out of 15)
	Performance Standard	100.0%		



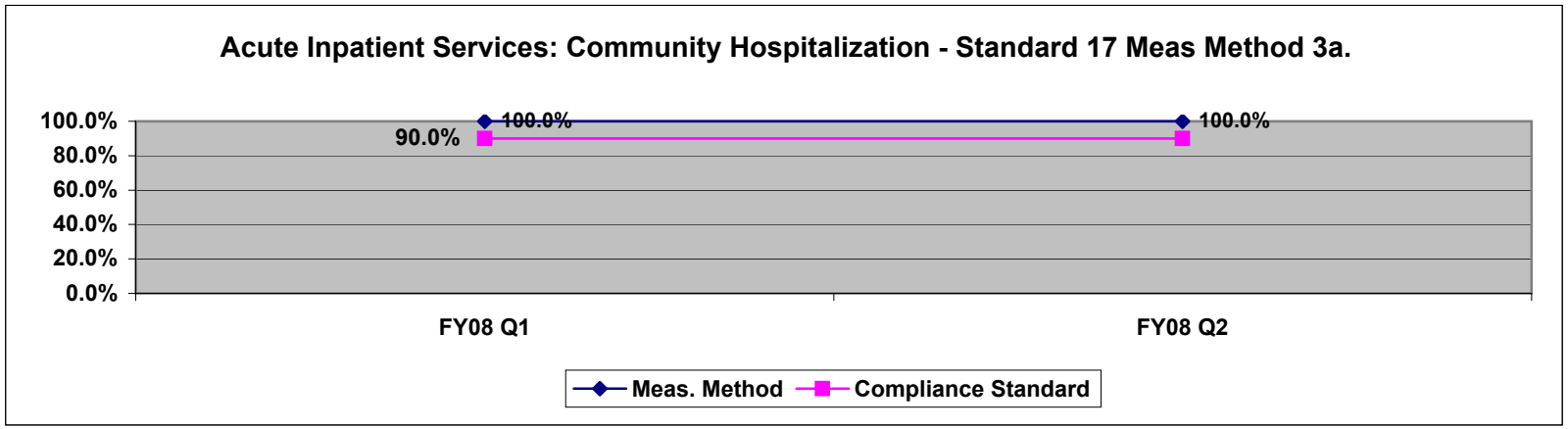
	Meas. Method 2.	Blue paper was completed and in accordance with terms.		
	Baseline	95.7%	UR Database Q1-FY '05	(22 out of 23)
	Current Level	*100.0%*	UR Database/EIS Q2 FY 08	(15 out of 15)
	Performance Standard	90.0%		



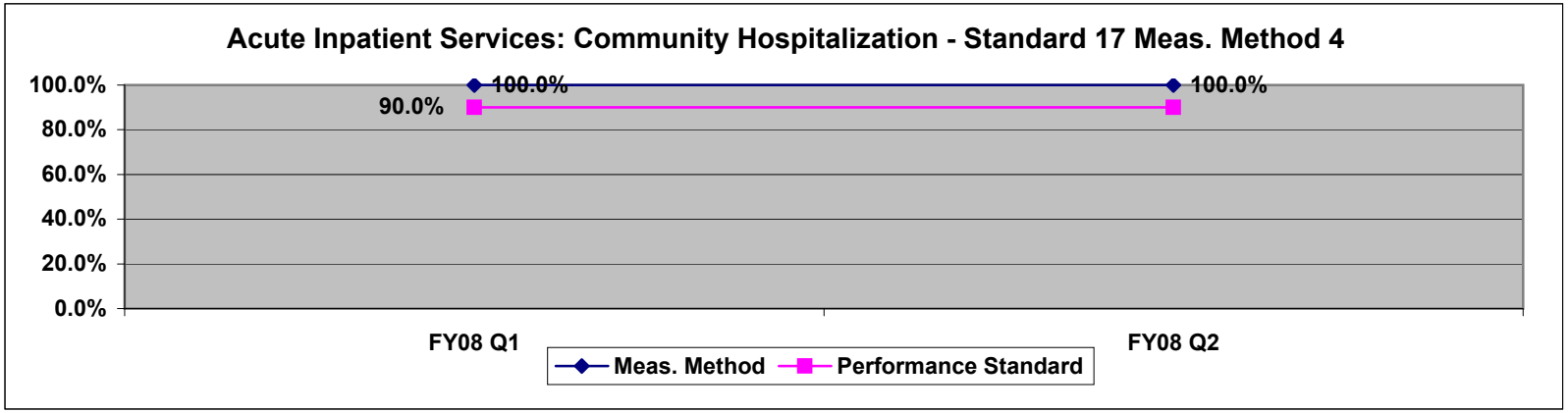
Meas. Method 2a.	Corrective action taken by UR nurse where blue paper not completed in accordance with terms.		
Baseline	*100.0%*	UR Database Q1-FY '05	(4 out of 4)
Current Level	*100.0%*	UR Database/EIS Q2 FY 08	All Blue Papers reported as completed and in accordance with terms
Performance Standard	95.0%		
Compliance Standard	90.0%		



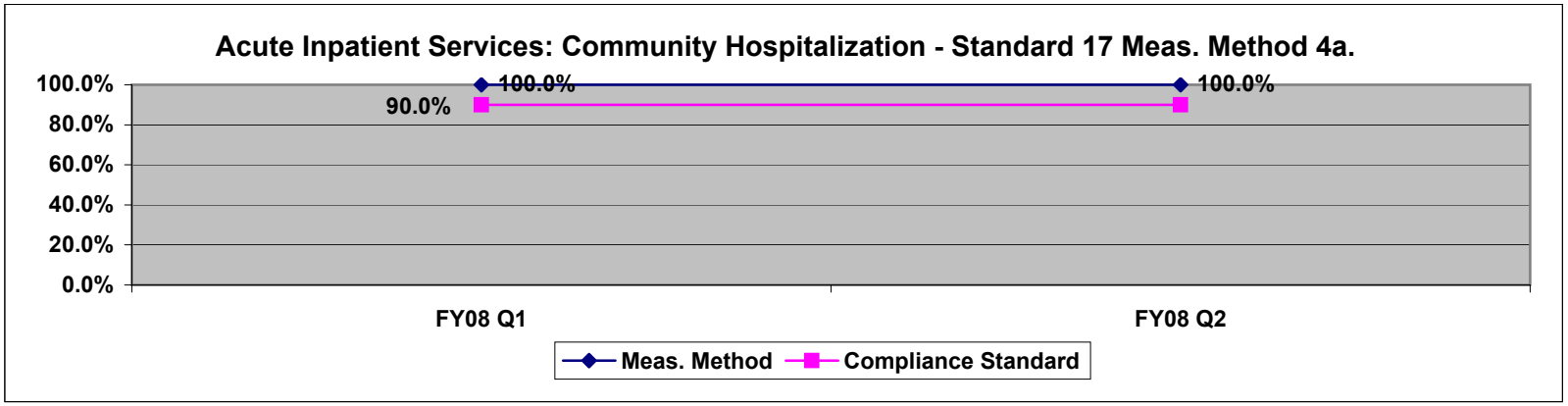
Meas. Method 3.	Class member involuntary admissions to community inpatient units in which 24 hour cert completed.		
Baseline	65.2%	UR Database Q1-FY '05	(15 out of 23)
Current Level	*100.0%*	UR Database/EIS Q2 FY 08	(15 out of 15)
Performance Standard	95.0%		



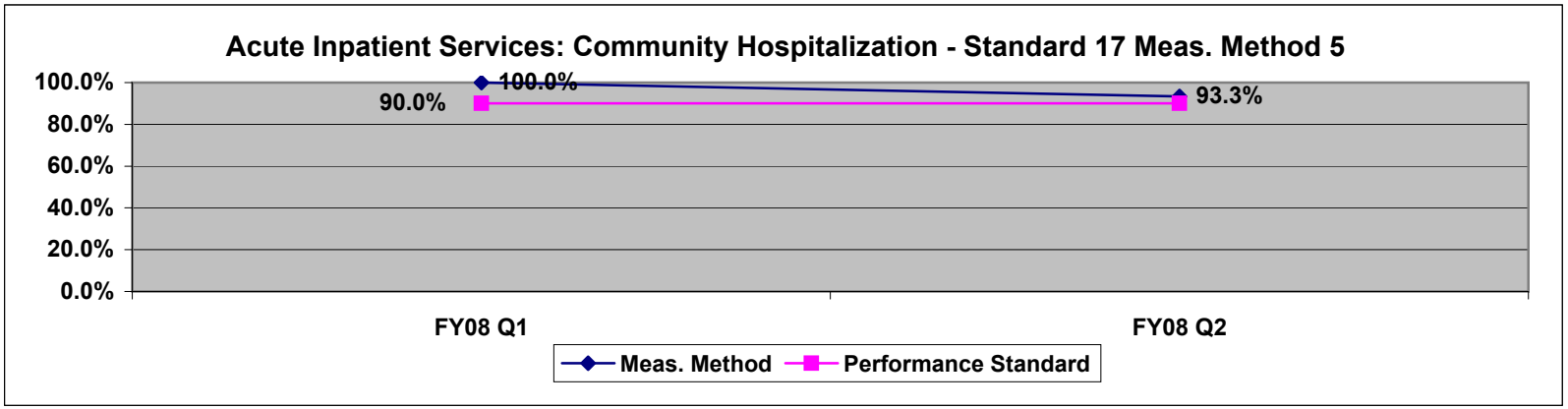
Meas. Method 3a.	Corrective action taken by UR nurse where 24 hour certification was not completed.		
Baseline	12.5%	UR Database Q1-FY '05	(1 out of 8)
Current Level	*100.0%*	UR Database/EIS Q2 FY 08	All 24 hour certifications reported as completed.
Performance Standard	100.0%		
Compliance Standard	90.0%		



Meas. Method 4.	Class member involuntary admisstions to community inpatient units in which patients' rights were maintained.		
Baseline	82.6%	UR Database Q1-FY '05	(19 out of 23)
Current Level	*100.0%*	UR Database/EIS Q2 FY 08	(15 out of 15)
Performance Standard	90.0%		



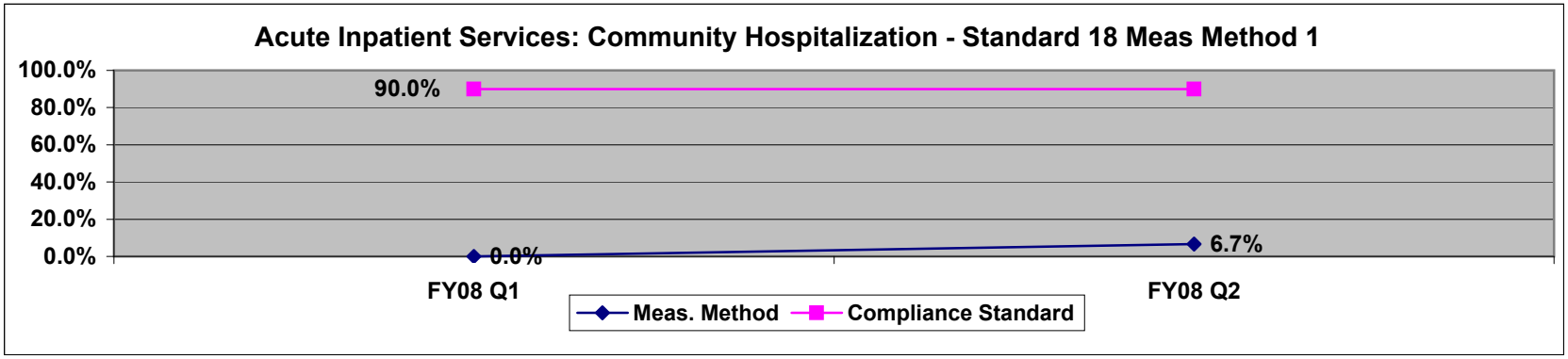
Meas. Method 4a.	Corrective action taken by UR nurse where documentation showed patients' rights not maintained.		
Baseline	25.0%	UR Database Q1-FY '05	(1 out of 4)
Current Level	*100.0%*	UR Database/EIS Q2 FY 08	All rights were maintained
Performance Standard	100.0%		
Compliance Standard	90.0%		



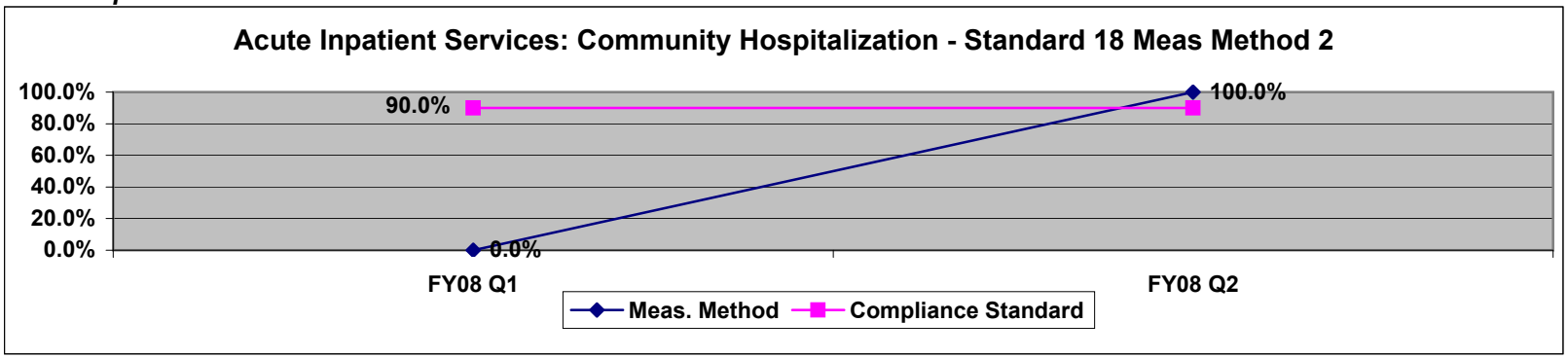
Meas. Method 5.	Class member involuntary admissions for which medical necessity has been established.		
Baseline	95.7%	UR Database Q1-FY '05	(22 out of 23)
Current Level	*93.3%*	UR Database/EIS Q2 FY 08	(14 out of 15)
Performance Standard	90.0%		

Community Resources and Treatment Services

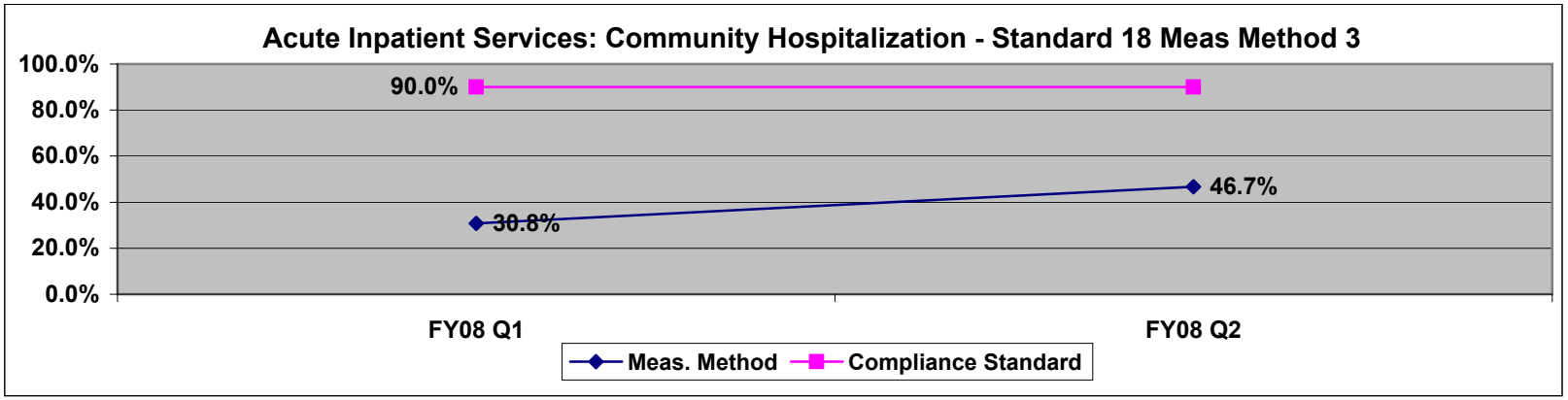
Acute Inpatient Services: Involuntary Community Hospitalization



Paragraph				
	Standard 18:	**Continuity of Treatment is maintained during hospitalization in community inpatient settings**		
90	**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	6.7%	UR Database/EIS Q2 FY 08	(1 out of 15)*
	Performance Standard	90.0%		
	Compliance Standard	90.0%		

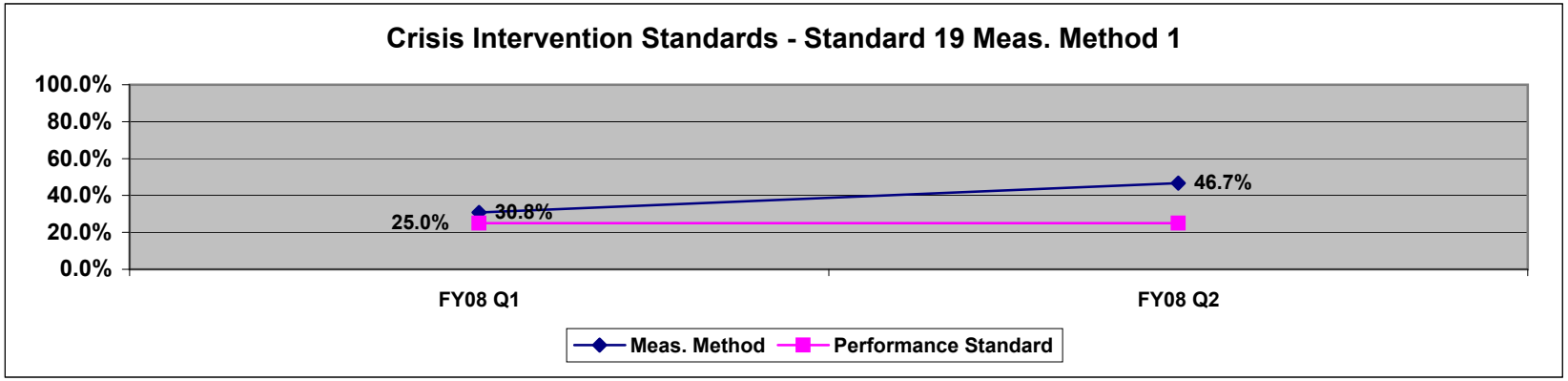


Meas. Method 2.	Treatment and discharge plan were determined to be consistent with ISP goals and objectives.		
Baseline	*50.0%*	UR Database Q4-FY '05	(1 out of the 2 received)
Current Level	*100.0%*	UR Database/EIS Q2 FY 08	(1 out of 1 received)
Performance Standard	90.0%		
Compliance Standard	90.0%		

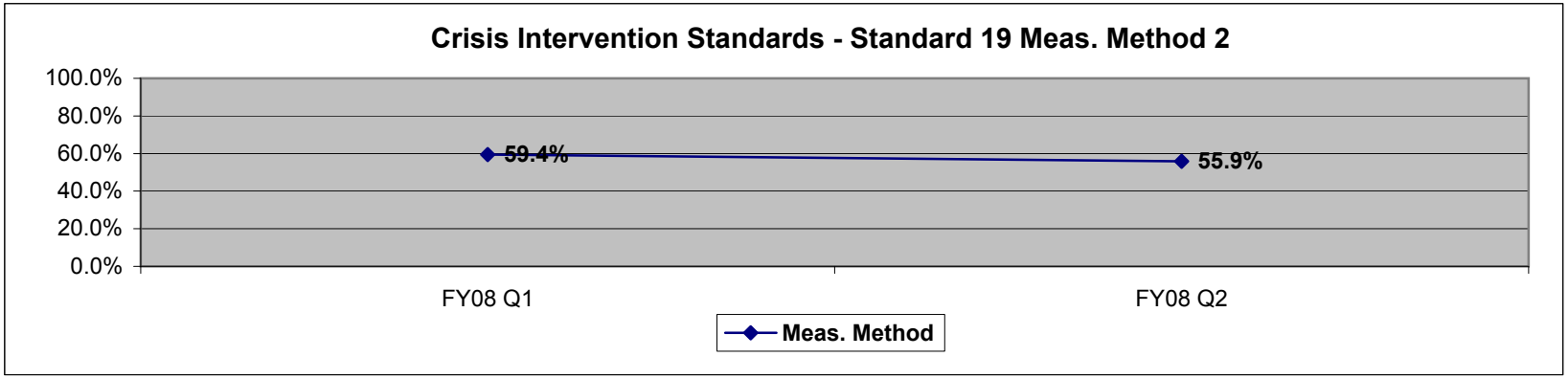


Meas. Method 3.	CI/ICI/ICM/ACT worker participated in hospital treatment and discharge planning.		
Baseline	63.1%	UR Database Q1-FY '05	(12 out of 19)
Current Level	46.7%	UR Database/EIS Q2 FY 08	(7 out of 15)
Performance Standard	90.0%		
Compliance Standard	90.0%		

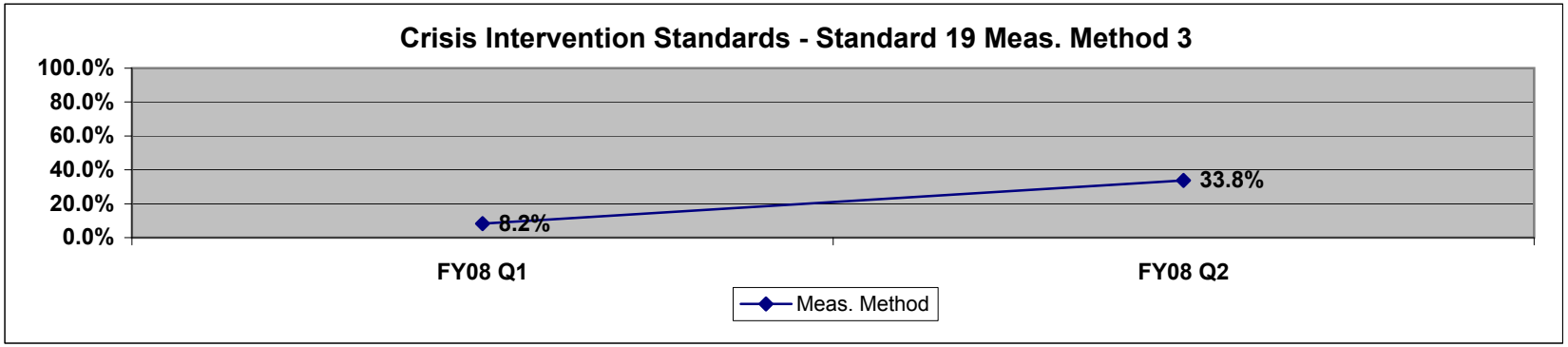
Community Resources and Treatment Services
Crisis Intervention Services



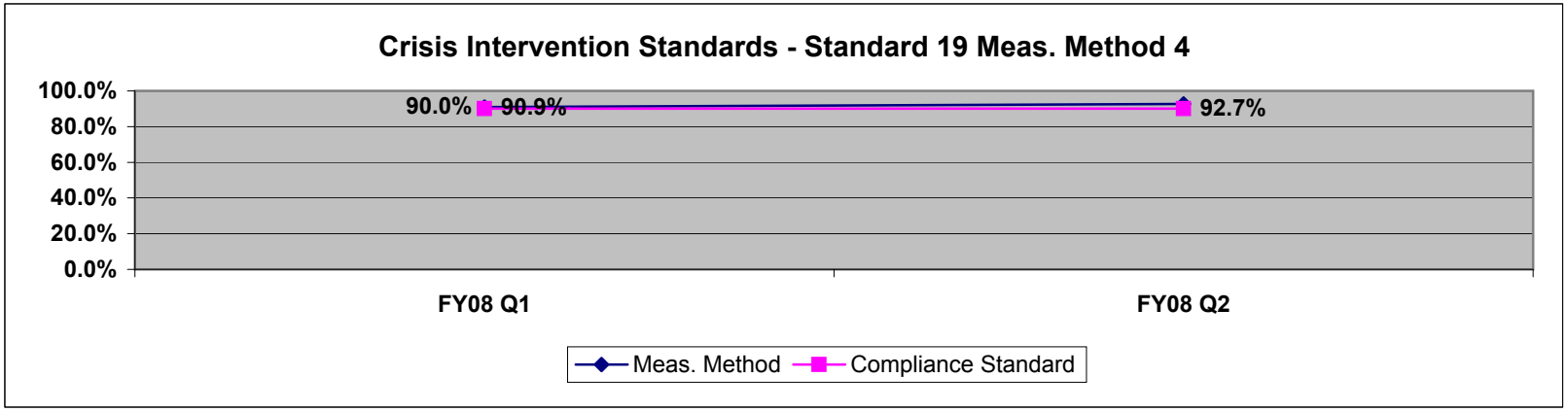
Paragraph	**Standard 19:**	**Crisis services are effective and meet Settlement Agreement Standards.**
99, 100	**Meas. Method 1.**	Quarterly Contract Performance Data: Face to face crisis contacts that result in hospitalizations.
	Baseline	*21.0%* Performance Indicator Data - Average quarterly % for first three quarters FY 2004
	Current Level	*20.2%* FY 08 Q1 (1351 out of 6684)
	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	55.9% FY 08 Q1 (3738 out of 6684)
	Performance Standard	*To Be Established*

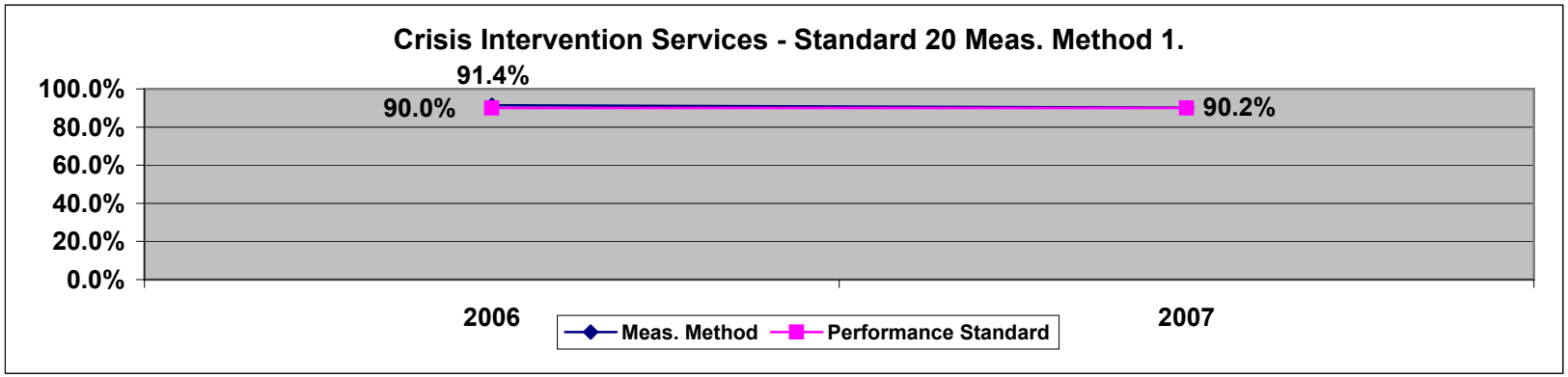


Meas. Method 3.	Face to face crisis contacts in which a previously developed crisis plan was available and used.	
Baseline	*12.6%*	Performance Indicator Data - 2nd Qtr FY 06
Current Level	*33.8%*	FY 08 Q1 (537 out of 1590) (for persons with community support workers)
Performance Standard	*To Be Established*	
	Initially this standard was calculated on all contacts, not just those with Commuminty Support Workers. It is now calculated soley for persons who have a CSW.	

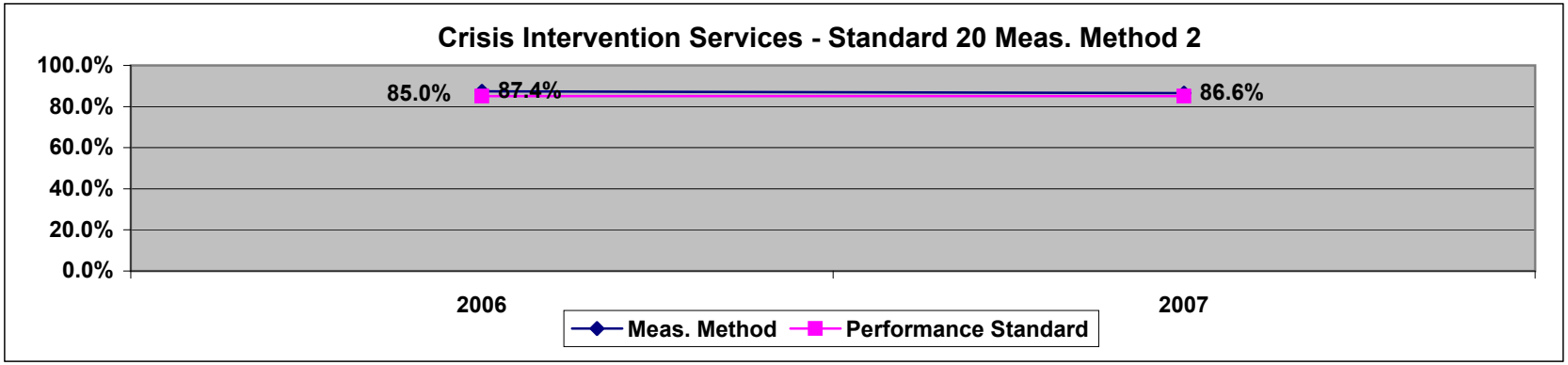


Meas. Method 4.	Face to face crisis contacts in which client has a CI worker and worker was notified about the crisis.	
Baseline	*78.4%**	Performance Indicator Data - 2nd Qtr FY 06
Current Level	*92.7%*	FY 08 Q1 (1474 out of 1590)
Compliance Standard	*90.0%*	(3 out of 4 quarters)

Community Resources and Treatment Services
Crisis Intervention Services

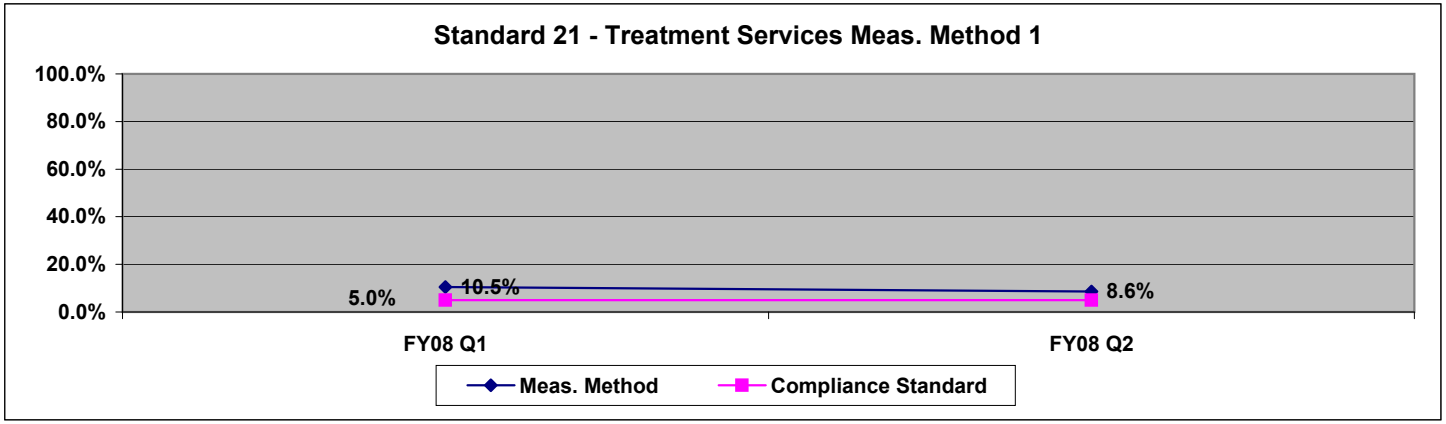


Paragraph 99, 100	**Standard 20:**	**Class member satisfaction with the availability and quality of crisis intervention services.**
	Meas. Method 1.	Class members reporting that they know how to get help in a crisis when they need it-Q2.
	Baseline	87.6% 2004 Class Member Survey (N=538)
	Current Level	90.2% 2007 Class Member Survey (N=466)
	Performance Standard	90.0%
	Compliance Standard	Department conducts further review and takes appropriate corrective action if results fall below Performance Standard Level.

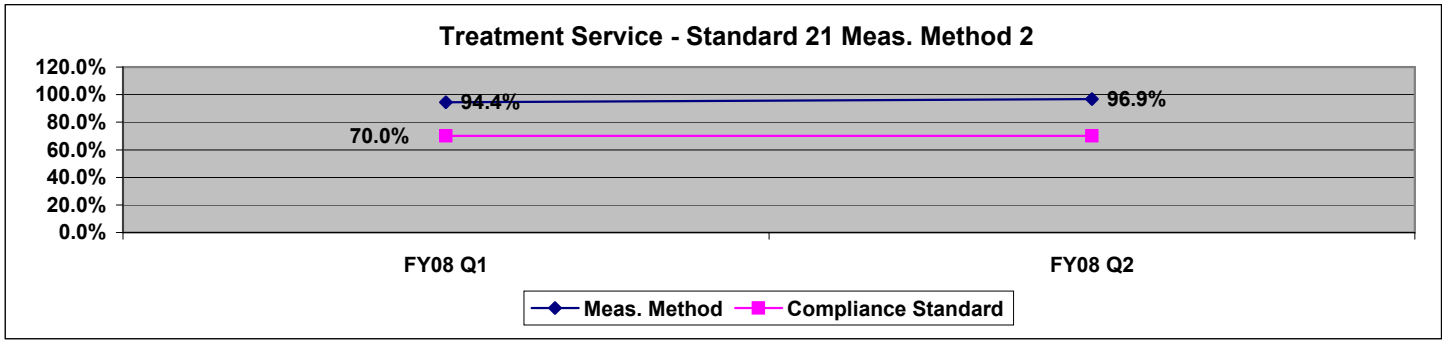


	Meas. Method 2.	Class members reporting that crisis services were available when needed-Q4.
	Baseline	83.3% 2004 Class Member Survey (N=538)
	Current Level	86.6% 2007 Class Member Survey (N=466)
	Performance Standard	*85.0%*

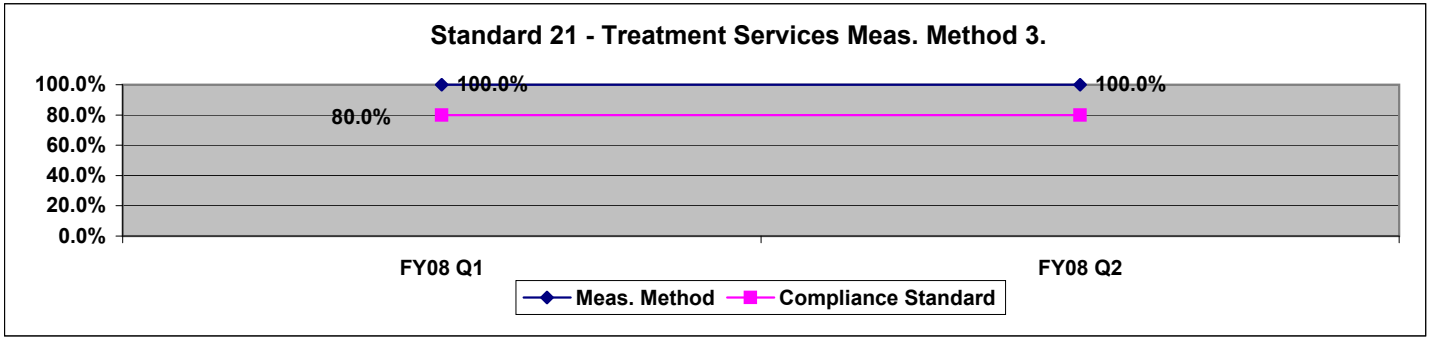
Community Resources and Treatment Services
Treatment Services - Standard 21



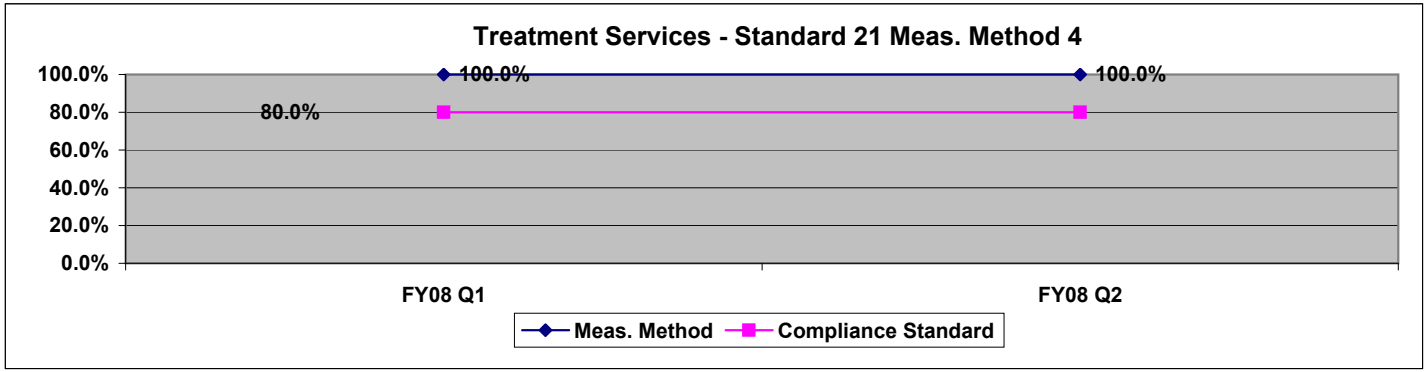
Paragraph	Standard 21:	**An array of mental health treatment services are available and sufficient to meet ISP needs of class members and the needs of hospitalized class members ready for discharge.**		
103	**Meas. Method 1.**	Class members with ISPs with unmet mental health treatment needs		
	Baseline	*4.3%*	(13 out of 305)	FY06 Q4 ISP RDS Data
	Current Level	*12.8%*	(105 out of 820)	FY08 Q2 ISP RDS Data
	Performance Standard	*5%*	or fewer	
	Compliance Standard	*5%*	or fewer (3 out of 4 quarters)	



	Meas. Method 2.	Patients at Riverview, ready for discharge, who are discharged within 7 days of that determination	
	Baseline	94.0%	(FY 07 Q1 Out of 49 Patients ready for discharge, 3 could not be discharged due to lack of
	Current Level	*96.9%*	(FY 08 Q2 Out of 32, 1 could not be discharged) MH treatement)
	Performance Standard	A lack of MH treatment services does not impede the discharge of 75% of Riverview patients deemed ready for discharge for more than one week of that determination.	
	Compliance Standard	70%	



Meas. Method 3.	Patients at Riverview, ready for discharge, who are discharged within 30 days of that determination	
Baseline	98.0%	(FY 07 Q1 Out of 49 Patients ready for discharge, 1 could not be discharged due to lack of MH treatment)
Current Level	*100.0%*	(FY 08 Q2 Out of 32, 0 could not be discharged)
Performance Standard	*96%-(Lack of MH treatment services does not impede discharge within 30 days of that determination.)*	
Compliance Standard	*80%*	



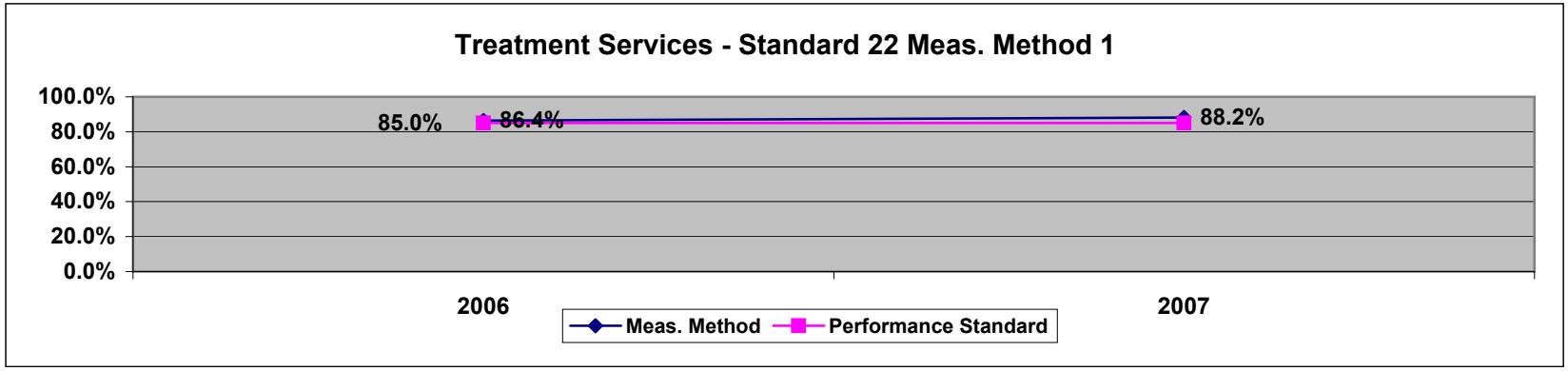
Meas. Method 4.	Of the class members at Riverview, determined ready for discharge, lack MH treatment does not impede discharge within 45 days of that determination	
Baseline	100.0%	(FY 07 Q1 Out of 49 Patients ready for discharge, 0 could not be discharged due to lack of MH treatment)
Current Level	*100.0%*	(FY 08 Q2 Out of 32, 0 could not be discharged)
Performance Standard	100%	
Compliance Standard	90.0%	

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

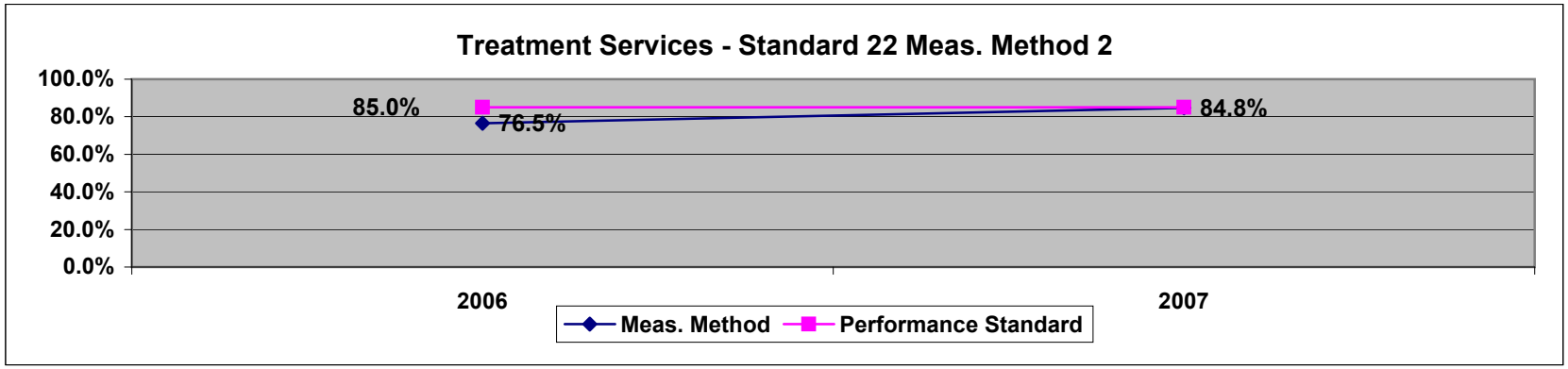
Performance Standard *No Numerical Standard Necessry*

MaineCare Data FY 2007			
Services Received	**Total Number**	**Total Number of Class Members**	**Percent**
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	*88.2%* 2007 Class Member Survey (N=466)
	Performance Standard	*85.0%*
	Compliance Standard	OAMHS Conducts further review, takes appropriate action if results fall below defined levels.



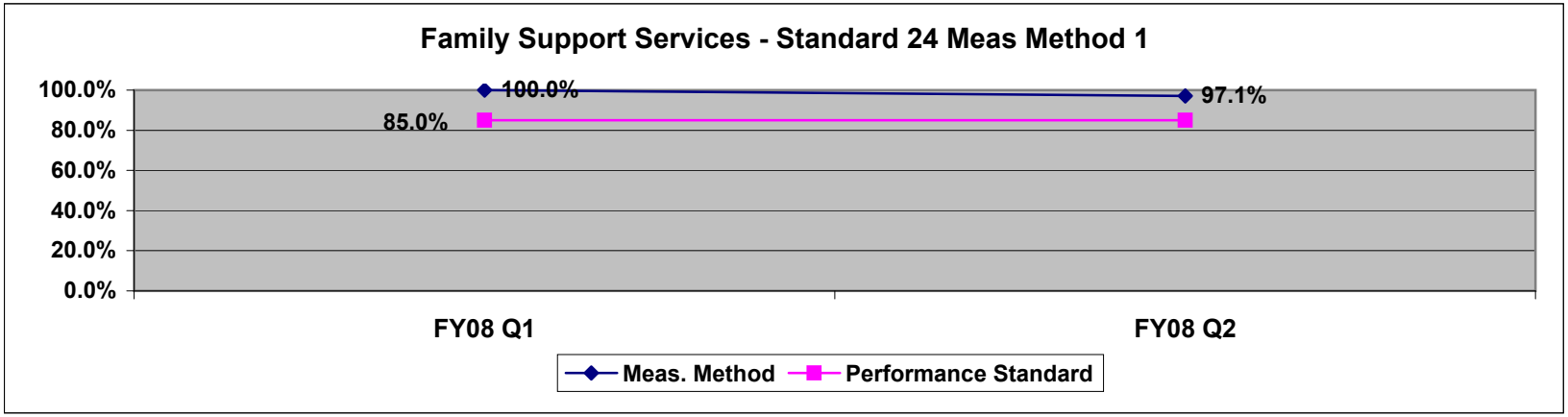
	Meas. Method 2.	Annual Class Member Survey Q12, % reporting satisfaction with MH services/supports received in past year.
	Baseline	*81.2%* 2004 Class Member Survey (N=538)
	Current Level	*84.8%* 2007 Class Member Survey (N=466)
	Performance Standard	*85.0%*

Community Resources and Treatment Services
Family Support Services

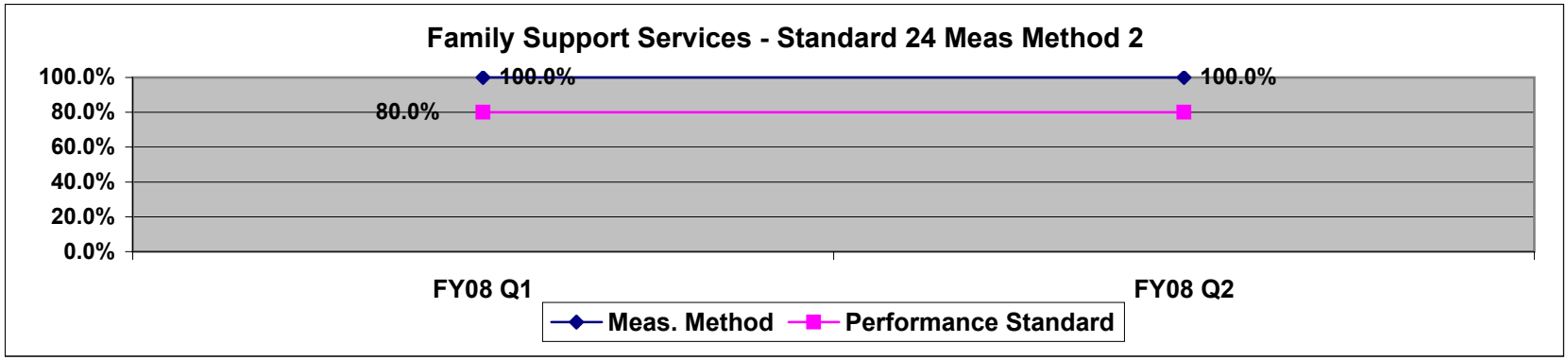
Graph Not Available for Standard 23

Paragraph		
	Standard 23:	**Demonstrate provision of an array of family support services as per Settlement Agreement**
109	***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	*4, Family To Family Programs offered at 5 separate locations through NAMI statewide in FY 2008 to date.*
	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	*14 services offered at 14 Locations through NAMI statewide in FY 2008 to date.*
	Performance Standard	*No standard necessary*

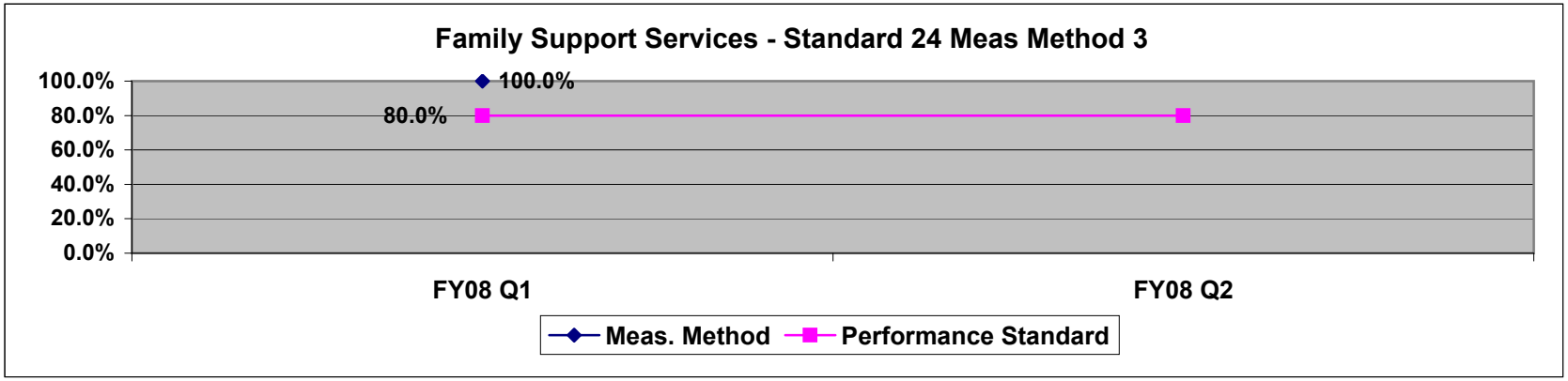
Community Resources and Treatment Services
Family Support Services



Paragraph			
109	**Standard 24:**	**Consumer/family satisfaction with family support and information and referral services.**	
	Meas. Method 1.	Percentage of support group and group counseling participants reporting satisfaction with services.	
	Baseline	*98.7%*	Performance Indicator Data, 2nd QTR FY'O6 - Information and Referral Services-NAMI
	Current Level	*97.1%*	Performance Indicator Data, 1st QTR FY'O8 - Information and Referral Services-NAMI
	Performance Standard	*85%*	

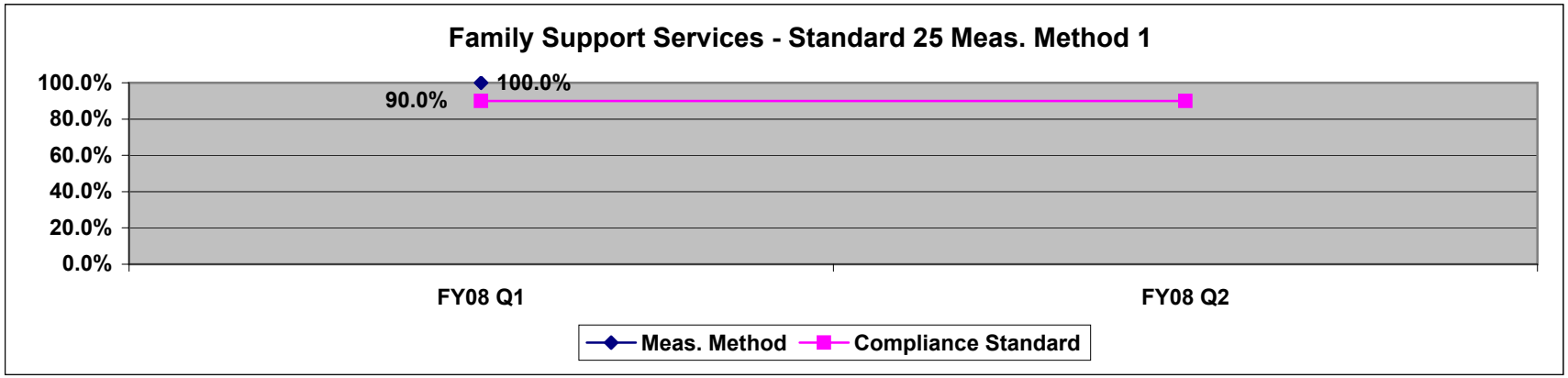


Meas. Method 2.	Percentage of program participants reporting satisfaction with education programs.	
Baseline	*100.0%*	NAMI Satisfaction Instrument, FY 2006
Current Level	*100.0%*	NAMI Satisfaction Instrument, FY 2007
Performance Standard	*80%*	



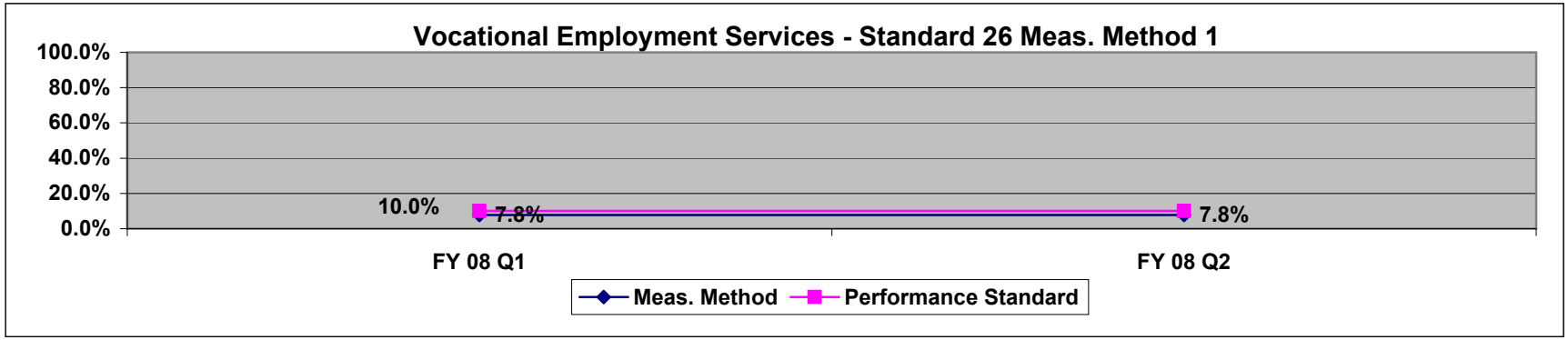
Meas. Method 3.	Percentage of family participants reporting satisfaction with respite services.
Baseline	*100.0%* NAMI Satisfaction Instrument, FY 2007
Current Level	*To be established*
Performance Standard	80%

Community Resources and Treatment Services-Standard 25
Family Support Services

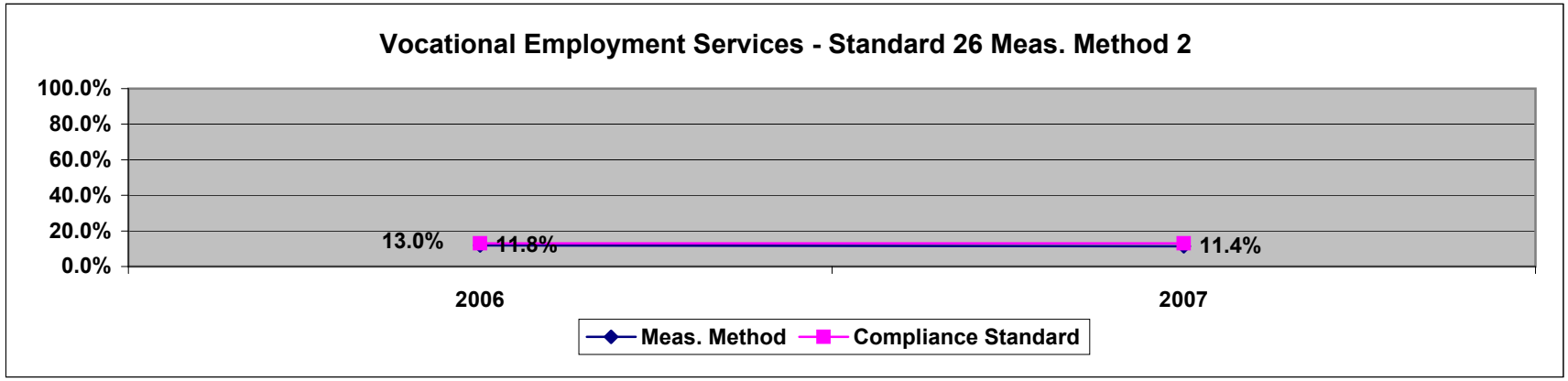


Paragraph			
	Standard 25:	**Agencies are referring family members to family support groups**	
110	**Meas. Method 1.**	Agency contracts reviewed with documented evidence of referral mechanism to family support services.	
	Baseline	*100.0%*	February & March 2007 Contract Reviews
	Current Level	*To be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

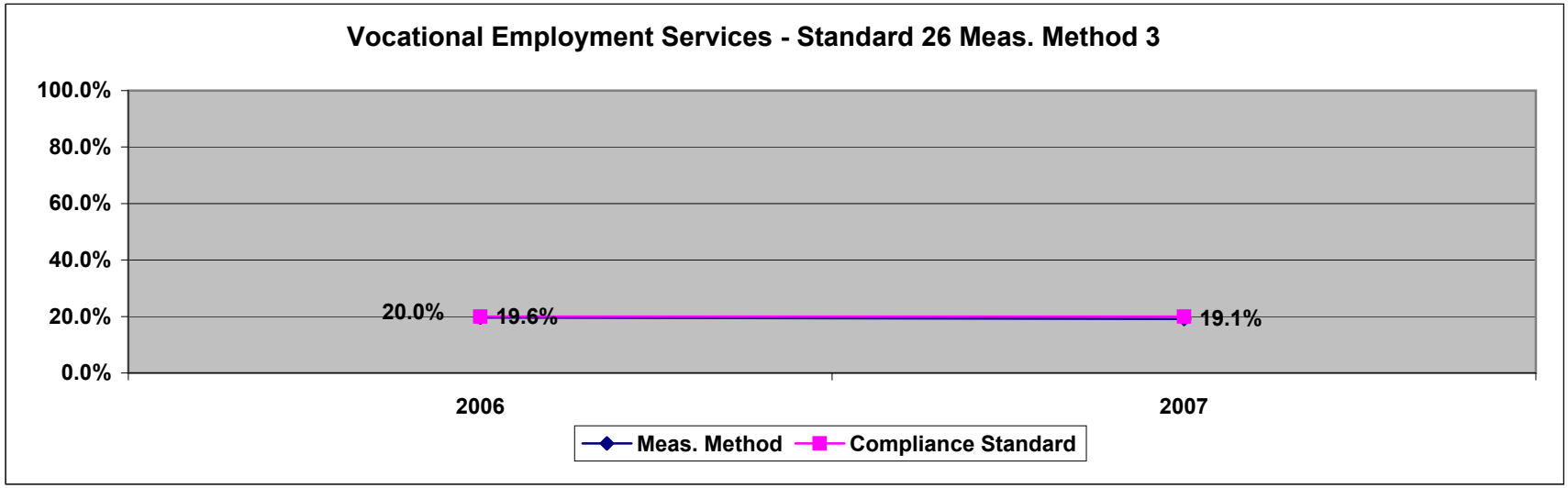
Community Resources and Treatment Services
Vocational Employment Services



Paragraph 101	**Standard 26:**	**Reasonable efforts to provide array of vocational opportunities to meet ISP identified needs.**		
	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	*7.7%*	(63 out of 820)	FY08 Q2 ISP RDS Data
	Performance Standard	*10.0%*	or fewer	



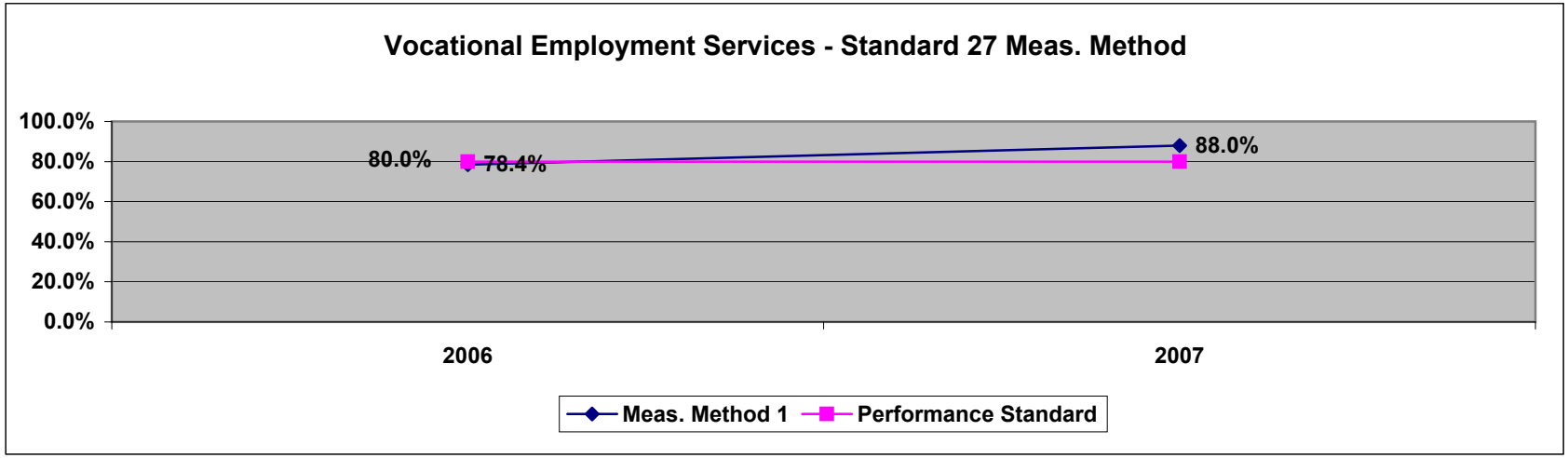
Meas. Method 2.	Class members in competitive employment in the community younger than age 62.		
Baseline	*10.8%*	(82 out 758)	FY 07 Q3 ISP RDS
Current Level	*11.4%*	(91 out of 801)	FY08 Q2 ISP RDS Data
Performance Standard	*15.0%*		
Compliance Standard	13% or Baseline**		



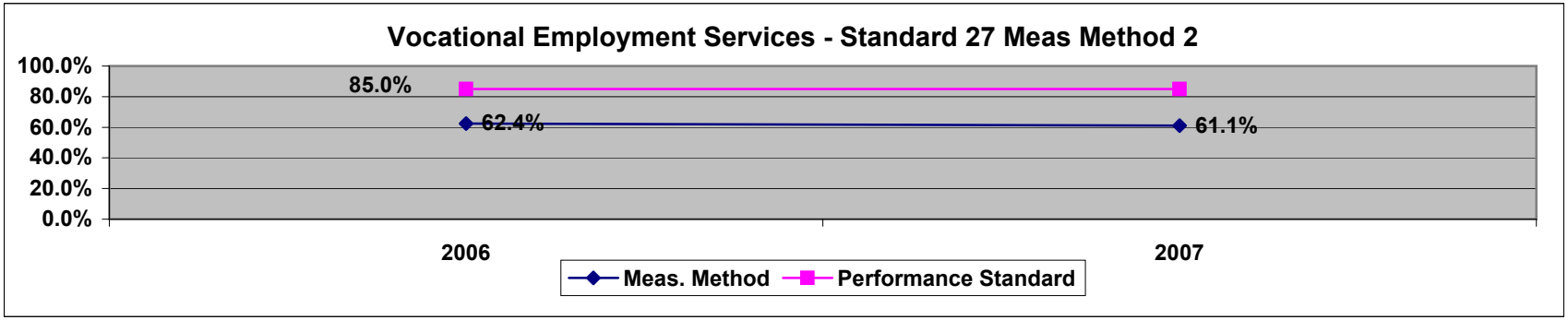
Meas. Method 3.	Class members in either supported employment or in competitive employment (Part or Full Time).	
Baseline	*21.0%*	2004 Class Member Survey (N=538)
Current Level	*19.1%*	2007 Class Member Survey (N=466)
Performance Standard	*20.0%*	in either competitive or supported employment
Compliance Standard	13% or Baseline**	

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

.

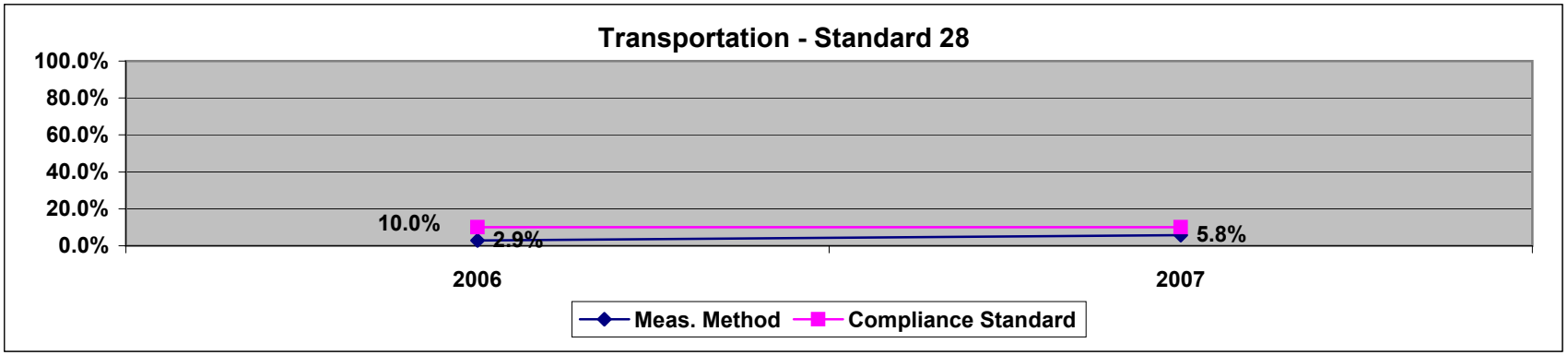


Paragraph			
	Standard 27:	**Satisfaction with employment and with vocational support services**	
101	**Meas. Method 1.**	Annual Class Member Survey Q20, Class members who report satisfaction with their employment.	
	Baseline	*78.4%*	2004 Class Member Survey (N=538)
	Current Level	*88.0%*	2007 Class Member Survey (N=466)
	Performance Standard	*80.0%*	



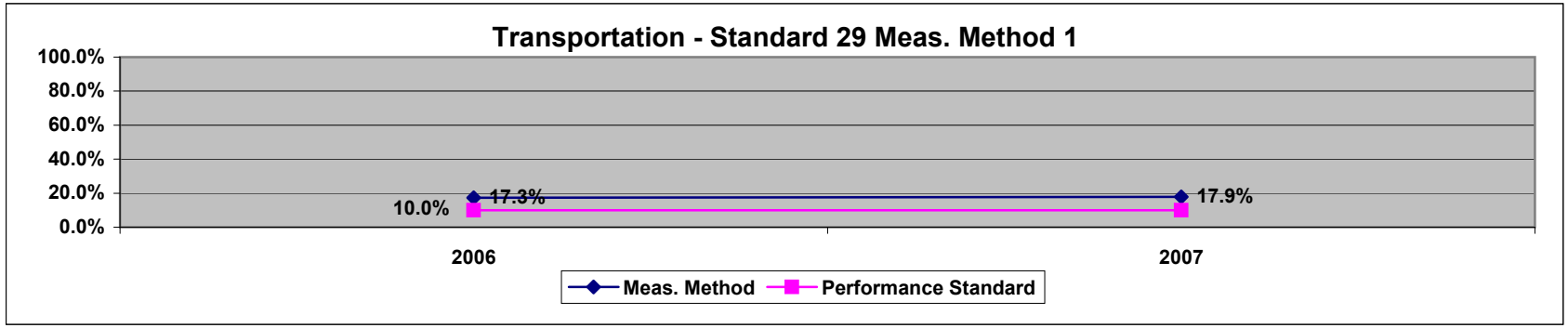
Meas. Method 2.	Annual Class Member Survey, Q23, Class members reporting that vocational supports were available when needed.	
Baseline	*62.4%*	2006 Class Member Survey. (N=507)
Current Level	*61.1%*	2007 Class Member Survey (N=466)
Performance Standard	*85.0%*	

Community Resources and Treatment Services-Standard 28
Transportation

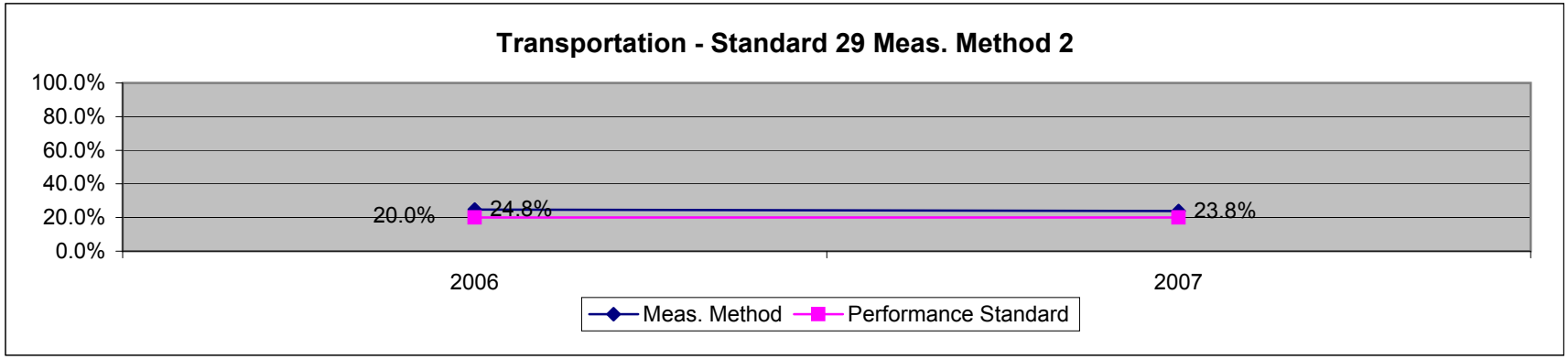


Paragraph				
	Standard 28:	**Reasonable efforts to identify and resolve transportation problems that may limit access to services**		
107	**Meas. Method 1.**	Percentage of class members with ISP identified unmet transportation needs.		
	Baseline	*1.3%*	(4 out of 305)	FY06 Q4 ISP RDS Data
	Current Level	*6.3%*	(52 out of 820)	FY08 Q2 ISP RDS Data
	Performance Standard	*10.0%*	or fewer	
	Compliance Standard	*10% or fewer (3 out of 4 quarters)*		

Community Resources and Treatment Services
Transportation



Paragraph			
107	**Standard 29:**	**Satisfaction with availability of transportation services**	
	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	*17.9%*	2007 Class Member Survey (N=466)
	Performance Standard	*10.0%*	or fewer



Meas. Method 2.	Annual Class Member Survey Q8, % reporting difficulty participating in rec/soc activities due to lack of transportation.	
Baseline	*27.3%*	2004 Class Member Survey (N=538)
Current Level	*23.8%*	2007 Class Member Survey (N=466)
Performance Standard	*20.0%*	or fewer

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

Paragraph				
	Standard 30:	**Demonstrate the department has sponsored programs for leisure skills and avocational skills.**		
105	**Meas. Method 1.**	Number of social clubs/peer centers and participants by region.		
	Baseline	1907	Unduplicated participants per 28,210 visits per quarter.	Avg of FY O4 Performance Indicators
	Current Level	*2679*	Unduplicated participants per 32,946 visits per quarter.	1st QTR FY 08 Performance Indicators
	Performance Standard	*Qualitative evaluation; no numerical standard required.*		
	Meas. Method 2.	Number of other peer support programs and participation.		
	Baseline	23	Peer Support programs statewide.	2007 Office of Consumer Affairs Data.
	Current Level			
	Performance Standard	*Qualitative evaluation; no numerical standard* .		

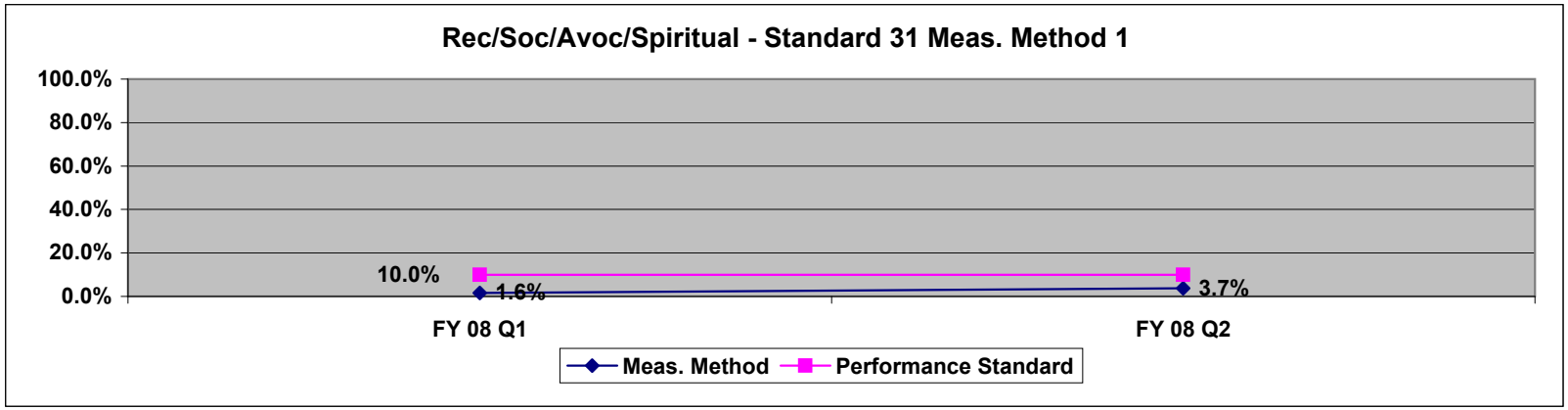
Peer Support Groups funded by DHHS 2007:

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

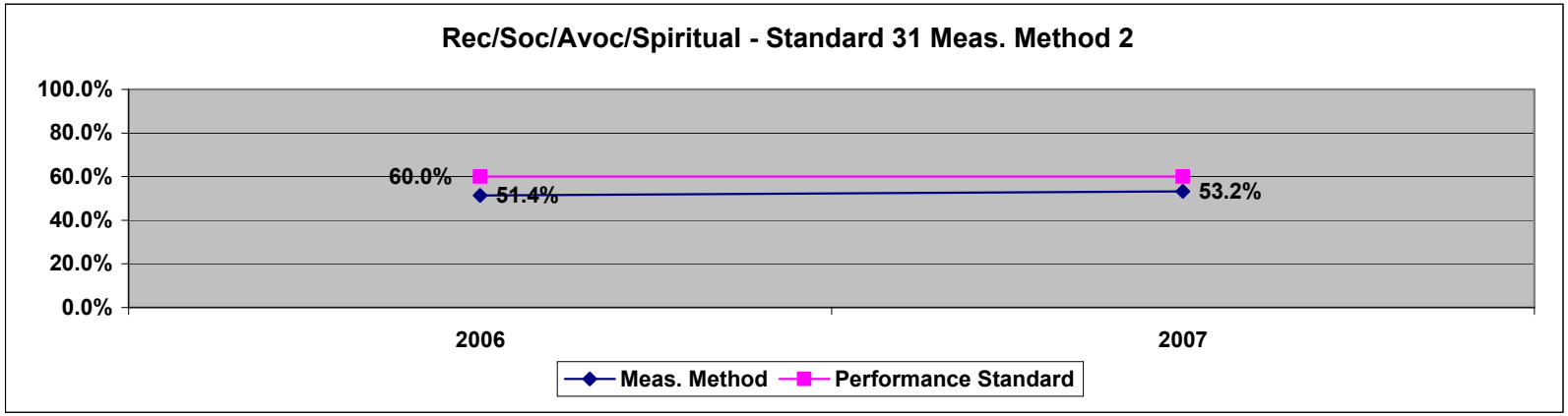
Statewide -- Advocacy Initiative Network

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

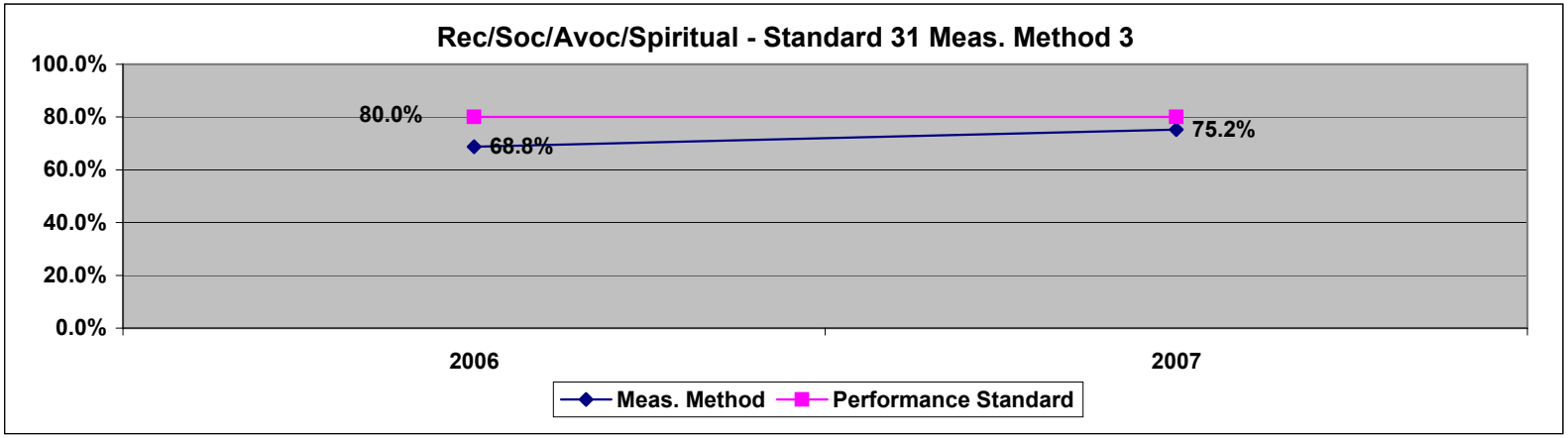
Community Resources and Treatment Services
Recreation/Social/Avocational/Spiritual Opportunities



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
	Curent Level	*3.7%*	(31 out of 820)	FY08 Q2 ISP RDS Data
	Performance Standard	*10.0%*	*or fewer*	

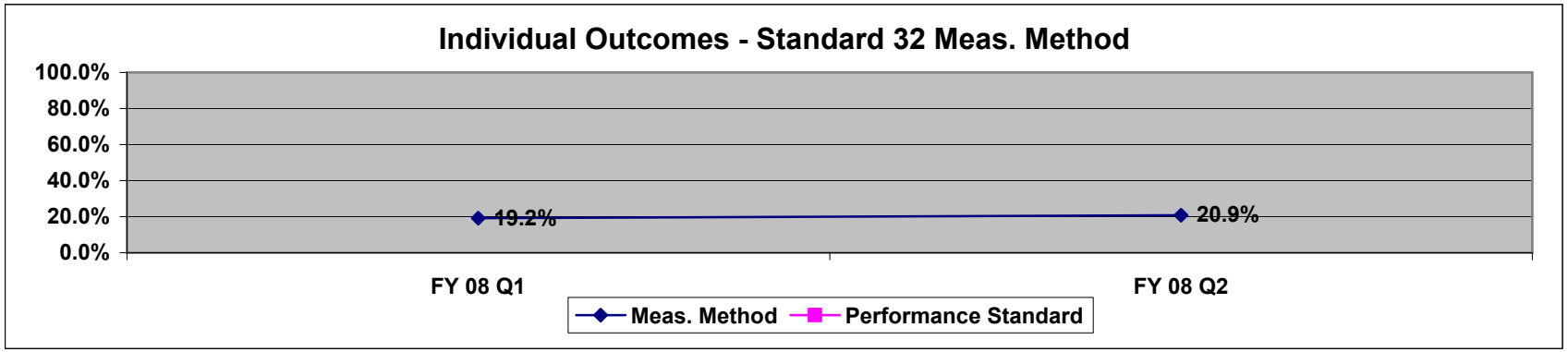


Meas. Method 2.	Annual Class Member Survey, Q7, % reporting regular participation in rec/soc, avocational and spiritual areas.	
Baseline	*44.2%*	2004 Class Member Survey (N=538)
Current	*53.2%*	2007 Class Member Survey (N=466)
Performance Standard	*60.0%*	

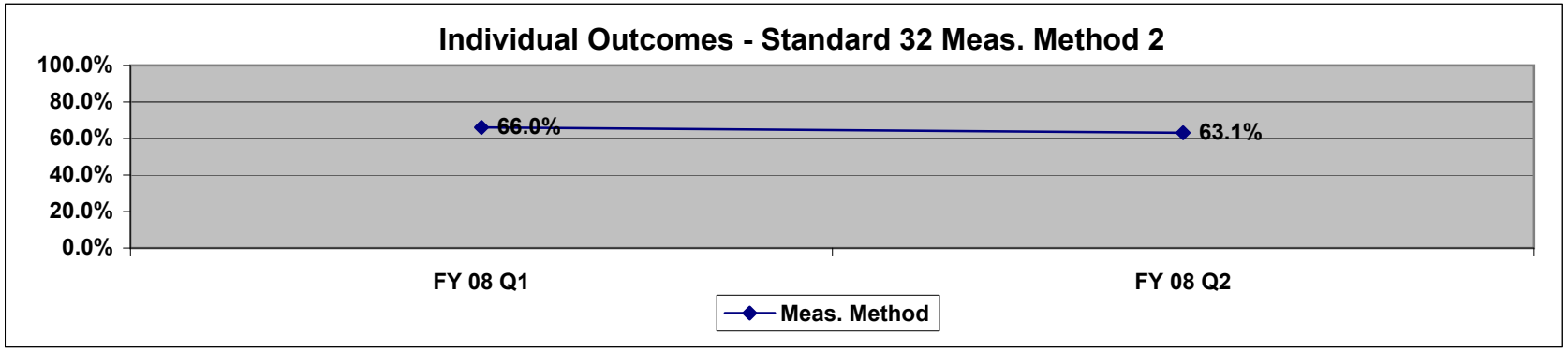


Meas. Method 3.	Annual Class Member Survey, Q9, % reporting satisfaction with recreational and social opportunities available.	
Baseline	62.2%	2004 Class Member Survey (N=538)
Current Level	75.2%	2007 Class Member Survey (N=466)
Performance Standard	80.0%	

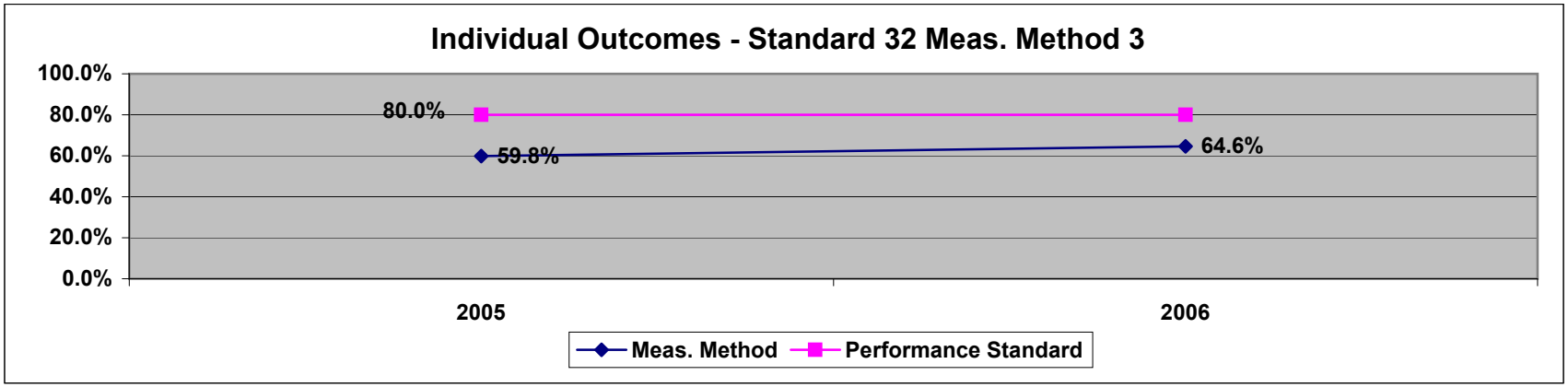
System Outcomes: Supporting the Recovery of Adults with Mental Illness
Recovery



Standard 32:	**Demonstrate functional improvements in the lives of class members receiving services**
Meas. Method 1.	Consumers demonstrating functional improvement on LOCUS between baseline and 12 month re-certification
Baseline	*41.0%* (610/1488) Enrollment data 7/1/04 - 1/6/06 (Based on overall composite score.)
Current Level	*20.9%* (43 out of 206) Enrollment data FY08 Q2 (Based on scale score.)
Performance Standard	*Standard to be established.*

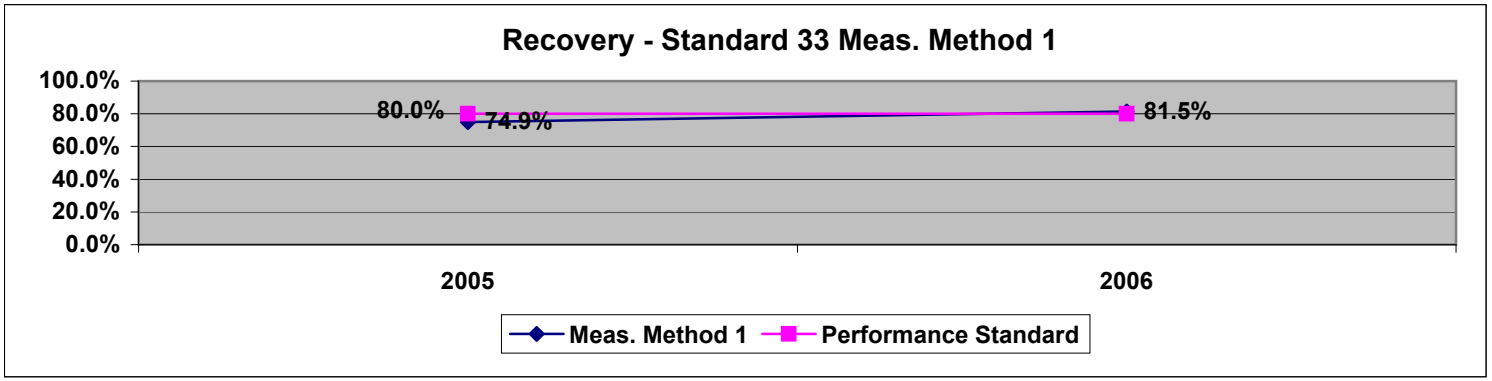


Meas. Method 2.	Consumers who have maintained level of functioning between baseline and 12 month re-certification.
Baseline	*24.6%* (366/1488) Enrollment data 7/1/04 - 1/6/06 (Based on overall composite score.)
Current Level	*63.1%* (130 out of 206) Enrollment data FY08 Q2 (Based on scale score.)
Performance Standard	*Standard to be established with availability of LOCUS assessment data.*

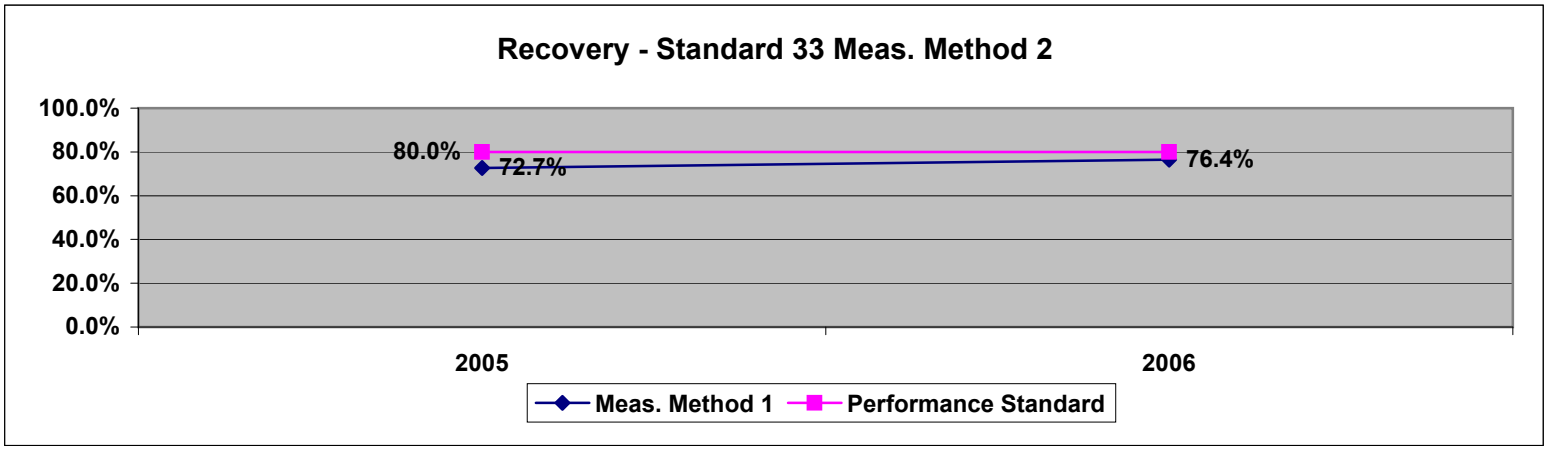


Meas. Method 3.	*Consumers reporting positively on functional outcomes on Data Infrastructure Survey outcome items.*	
Baseline	*78.0%*	2003 Data Infrastructure Survey (N=748)
Current Level	*64.6%*	2006 Data Infrastructure Survey (N=1272)
Performance Standard	*80.0%*	*Updated DIG data due for next Quarterly Report

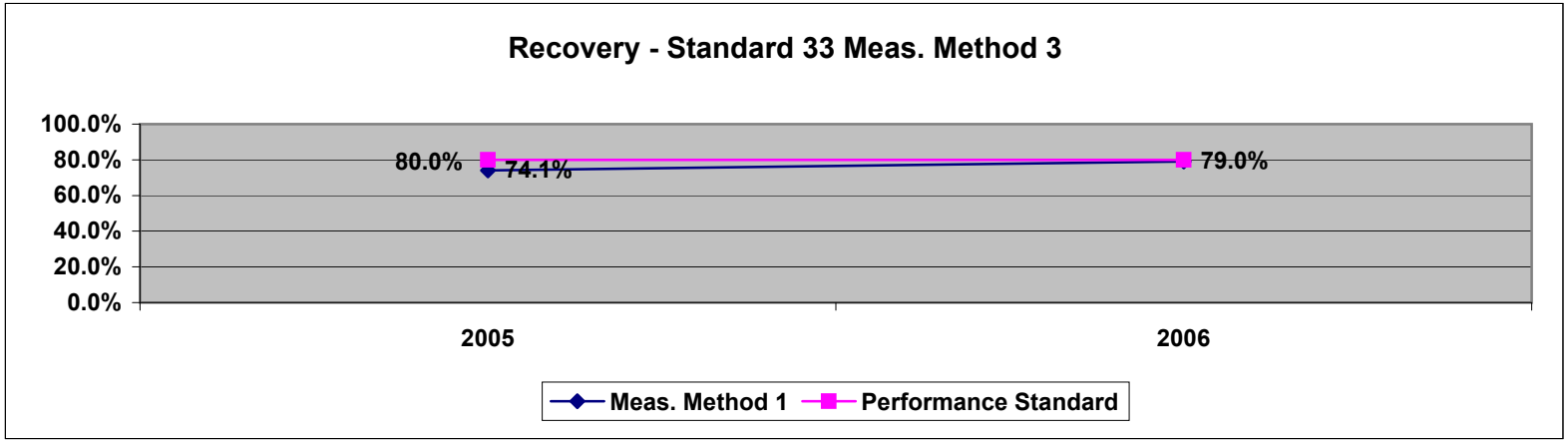
System Outcomes: Supporting the Recovery of Adults with Mental Illness
Recovery



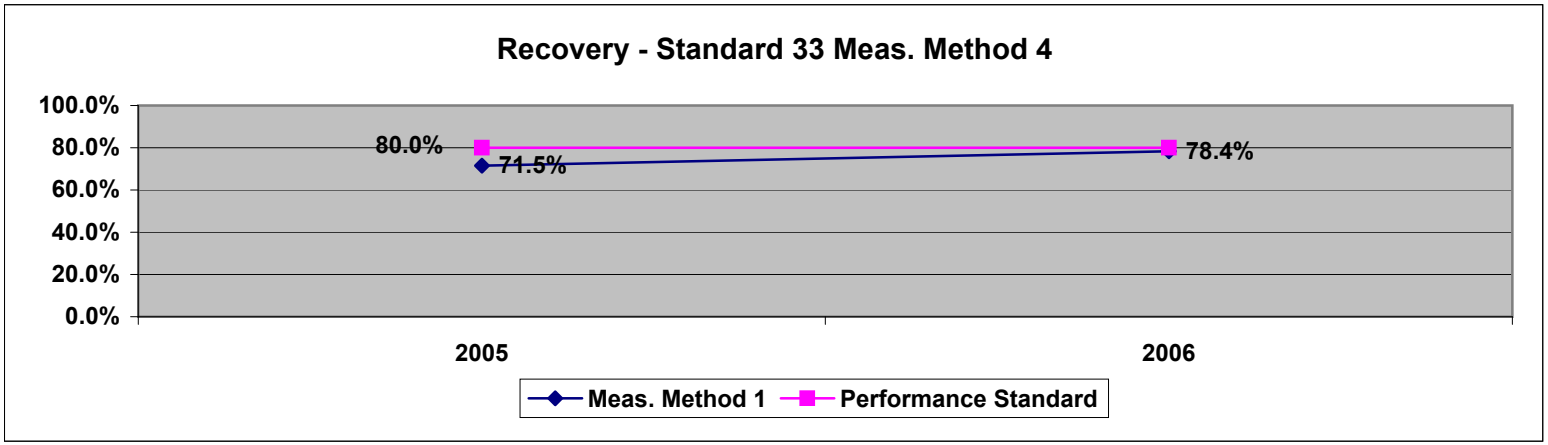
Standard 33:	**Demonstrate that consumers are supported in their recovery process**		
Meas. Method 1.	Consumer reporting that agency staff helped them obtain info needed to take charge of managing illness		
Baseline	*70.9%*	2003 Data Infrastructure Survey-Q20	(N=748)
Current Level	*81.5%*	2006 Data Infrastructure Survey-Q20	(N=1272)
Performance Standard	*80.0%*	*Updated DIG data due for next Quarterly Report	



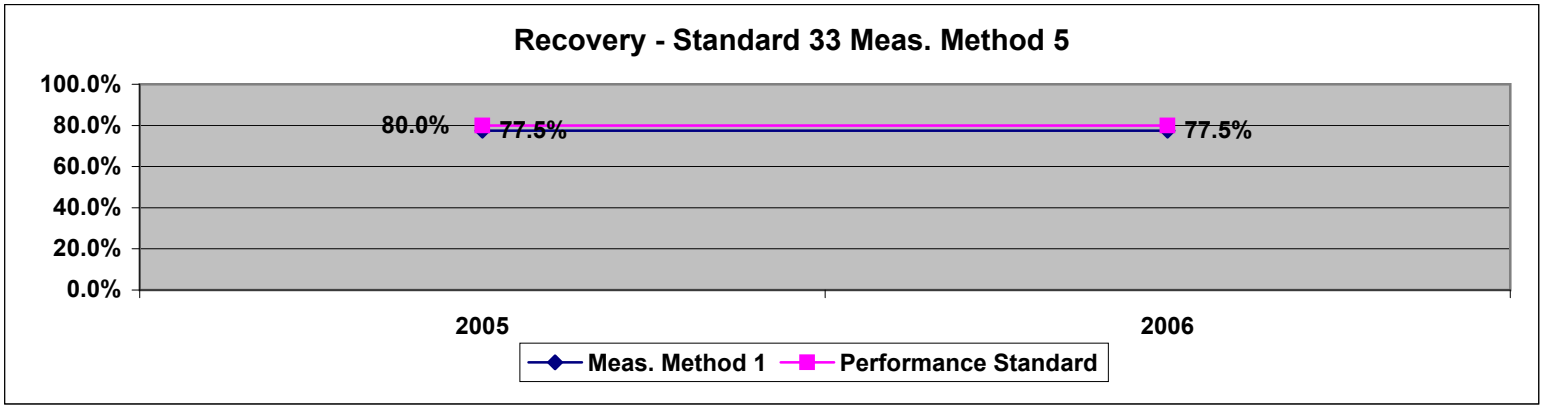
Meas. Method 2.	Consumers reporting that agency staff believe that they can grow, change and recover.		
Baseline	*83.5%*	2003 Data Infrastructure Survey-Q11	(N=748)
Current Level	*76.4%*	2006 Data Infrastructure Survey-Q11	(N=1272)
Performance Standard	*80.0%*	*Updated DIG data due for next Quarterly Report	



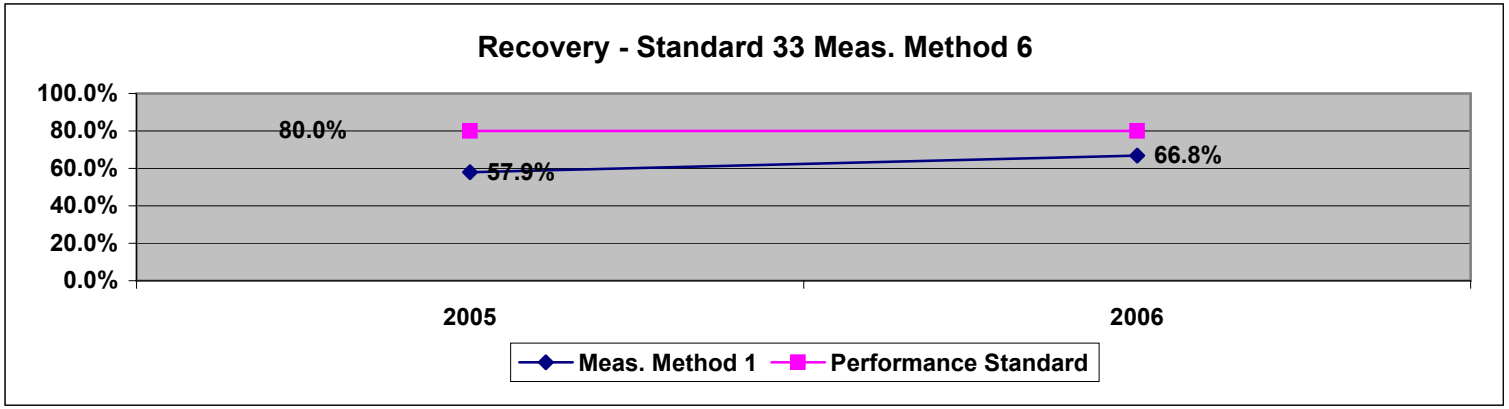
Meas. Method 3.	Consumers reporting that agency services and staff supported their recovery and wellness efforts and beliefs.		
Baseline	*70.9%*	2003 Data Infrastructure Survey-Q22	(N=748)
Current Level	*79.0%*	2006 Data Infrastructure Survey-Q22	(N=1272)
Performance Standard	*80.0%*	*Updated DIG data due for next Quarterly Report	



Meas. Method 4.	Consumers reporting that providers offered opportunities to learn skills to strengthen and maintain wellness.		
Baseline	*70.9%*	2003 Data Infrastructure Survey-Q23	(N=748)
Current Level	*78.4%*	2006 Data Infrastructure Survey-Q23	(N=1272)
Performance Standard	*80.0%*	*Updated DIG data due for next Quarterly Report	



Meas. Method 5.	Consumers reporting that service providers stressed natural supports and friendships.		
Baseline	*70.9%*	2003 Data Infrastructure Survey-Q24	(N=748)
Current Level	*77.5%*	2005 Data Infrastructure Survey-Q25	(N=758)
Performance Standard	*80.0%*	**Question no longer on survey	



Meas. Method 6.	Consumers reporting that service providers offered mutual support or recovery-oriented groups run by peers.		
Baseline	*53.2%*	2003 Data Infrastructure Survey-Q25	(N=748)
Current Level	*66.8%*	2006 Data Infrastructure Survey-Q24	(N=1272)
Performance Standard	*80.0%*	*Updated DIG data due for next Quarterly Report	

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

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

***See Attached List*