

**Department of Health and Human Service  
Office of Adult Mental Health Services  
Second Quarter State Fiscal Year 2010 (October, November, December 2009)  
Report on Compliance Plan Standards: Community  
February 1, 2010**

	Compliance Standard	Report/Update
<b>I.1</b>	Implementation of all the system development steps in October 2006 Plan	As of the end of this quarter, 113 of the 119 original components to the system development portion of the Consent Decree Plan of October 2006 had been accomplished, or deleted per amendment, and are no longer reported. The remaining 6 components, relating to 3 topic areas, are reported in the attached <i>DHHS Consent Decree Quarterly Report (October 2006 Plan Components): February 1, 2010</i> .
<b>I.2</b>	Certify that a system is in place for identifying unmet needs	See attached <i>Cover: Unmet Needs January 2010</i> and <i>Unmet Needs by CSN for FY'10 Q1 (July, August, September 2009)</i>
<b>I.3</b>	Certify that a system is in place for Community Service Networks (CSNs) and related mechanisms to improve continuity of care	The Department's certification of August 19, 2009 was approved on October 7, 2009.
<b>I.4</b>	Certify that a system is in place for Consumer councils	The Department's certification of December 2, 2009 was approved on December 22, 2009.
<b>I.5</b>	Certify that a system is in place for new vocational services	See attached <i>DHHS Consent Decree Quarterly Report (October 2006 Plan Components): February 1, 2010</i> , component 88.
<b>I.6</b>	Certify that a system is in place for realignment of housing and support services	All components of the Consent Decree Plan of October 2006 related to the Realignment of Housing and Support Services have been completed as of July 2009.
<b>I.7</b>	Certify that a system is in place for a Quality Management system that includes specific components as listed on pages 5 and 6 of the plan	Department of Health and Human Services Office of Adult Mental Health Services Quality Management Plan/Community Based Services (April 2008) has been implemented: a copy of plan was submitted with the May 1, 2008 Quarterly Report.
<b>II.1</b>	Provide documentation that unmet needs data and information (data source list page 4 of compliance plan) is used in planning for resource development and preparing budget requests	Unmet needs reports are shared with the CSNs on a quarterly basis in order to inform their discussions and recommendations to the Department for meeting unmet needs. Budget submissions to the Governor and the Legislature are in part built on data regarding unmet needs. This is reflected in the financial documents submitted to DAFS.

<b>II.2</b>	Demonstrate reliability of unmet needs data based on evaluation	
<b>II.3</b>	Submission of budget proposals for adult mental health services given to Governor, with pertinent supporting documentation showing requests for funding to address unmet needs ( <i>Amended language 9/29/09</i> )	The Department's budget proposals were provided to the court master and plaintiffs' counsel in the fall of 2009.
<b>II.4</b>	Submission of the written presentation given to the legislative committees with jurisdiction over DHHS ... which must include the budget requests that were made by the Department to satisfy its obligations under the Consent Decree Plan and that were not included in the Governor's proposed budget, an explanation of support and importance of the requests and expression of support ... ( <i>Amended language 9/29/09</i> )	The governor's proposed budget was submitted to the Legislature on December 18, 2009. The commissioner gave a brief overview of the adult mental health supplemental budget to the Health and Human Services Committee during hearings and work sessions held in January 2010 and will be making further presentations to the Appropriations and Financial Affairs Committee.
<b>II.5</b>	Annual report of MaineCare Expenditures and grant funds expended broken down by service area	<i>CD Expenditures Report 2/09</i> emailed to Court Master and Plaintiff's Counsel on 2/18/09 and attached to the May 1, 2009 Quarterly Report.  The report for FY'09 is in draft form and expected to be completed and submitted by the end of February.
<b>III.1</b>	Demonstrate utilizing QM System	See attached <i>Cover: Unmet Needs by CSN January 2010</i> for examples of the Department Utilizing the QM system.
<b>III.1a</b>	Document through quarterly or annual reports the data collected and activities to assure reliability (including ability of EIS to produce accurate data)	This quarterly report documents significant data collection and review activities of the OAMHS quality management system.
<b>III.1b</b>	Document how QM data used to develop policy and system improvements	
<b>IV.1</b>	100% of agencies, based on contract and licensing reviews, have protocol/procedures in place for client notification of rights	Based on contract reviews done in the 3 <sup>rd</sup> quarter of FY'09, 100% of agencies in Regions 1, 2 and 3 have protocols/procedures in place for client notification of rights, with documentation in provider files maintained within the regional offices.  100% of licensed mental health agencies have protocols/policies in place for client notification of the <i>Rights of Recipients</i> .
<b>IV.2</b>	If results fall below levels established for Performance and Quality Improvement Standard #4 – 1, 1a, 1b and 2 certain steps are taken <ul style="list-style-type: none"> <li>• 1 = 90% informed about rights in a way they could understand</li> </ul>	Results for the 2009 annual class member survey show: 4-1 (80.1%), 4-1a (86.7%) and 4-1b (82.7) did not meet the standards set. Results for the 2009 DIG 4-2 (87.1%) also did not meet the standard. These results were shared with the Statewide Consumer Council of the CCSM in December, along with a request for feedback

	<ul style="list-style-type: none"> <li>• 1a = 95% with CIW report informed about their rights</li> <li>• 1b = 90% with MaineCare report informed about their rights</li> <li>• 2 = 90% of consumers report they were given information about their rights</li> </ul>	<p>regarding any need for a corrective action plan or suggested corrective action steps.</p> <p>The CCSM did not meet in December and no feedback has been received through email to date. OAMHS will plan to have this issue on the agenda when we attend the CCSM meeting in February and again ask for feedback.</p> <p>The formal <i>Adult Mental Health Services Annual Class Member Survey 2009</i> and the <i>2009 DIG Adult Mental Health &amp; Well-Being Survey</i> reports have not yet been completed/published.</p>
<b>IV.3</b>	Grievance Tracking data shows response to 90% of Level II grievances within 5 days or extension	<p>Standard met Calendar Years 2006, 2007, 2008 and 2009.</p> <p>See attached <i>Performance and Quality Improvement Standards: January 2010, Standard 2</i></p>
<b>IV.4</b>	Grievance Tracking data shows that for 90% of Level III grievances written reply within 5 days or within 5 days extension if hearing is to be held or if parties concur.	Reporting began in the 1 <sup>st</sup> quarter of calendar year 2008. The standard has been met at 100% since that time.
<b>IV.5</b>	90% hospitalized class members assigned worker within 2 days of request - <u>must be met for 3 out of 4 quarters</u>	See attached <i>Performance and Quality Improvement Standards: January 2010, Standard 5-2.</i>
<b>IV.6</b>	90% non-hospitalized class members assigned worker within 3 days of request - <u>must be met for 3 out of 4 quarters</u>	See attached <i>Performance and Quality Improvement Standards: January 2010, Standard 5-3.</i>
<b>IV.7</b>	95% of class members in hospital or community not assigned within 2 or 3 days, assigned within an additional 7 days - <u>must be met for 3 out of 4 quarters</u>	See attached <i>Performance and Quality Improvement Standards: January 2010, Standard 5-4</i>
<b>IV.8</b>	90% of class members enrolled in CSS with initial ISP completed within 30 days of enrollment - <u>must be met for 3 out of 4 quarters</u>	<p>The standard was met for the 3<sup>rd</sup> and 4<sup>th</sup> quarters FY'08, all 4 quarters of FY'09 and the 1<sup>st</sup> and 2<sup>nd</sup> quarters of FY'10.</p> <p>See attached <i>Performance and Quality Improvement Standards: January 2010, Standard 5-5</i></p>
<b>IV.9</b>	90% of class members had their 90 day ISP review(s) completed within that time period - <u>must be met for 3 out of 4 quarters</u>	See attached <i>Performance and Quality Improvement Standards: January 2010, Standard 5-6</i>
<b>IV.10</b>	QM system includes documentation that there is follow-up to require corrective actions when ISPs are more than 30 days overdue	Monitoring and reporting of overdue ISPs began again in the 3 <sup>rd</sup> quarter FY'09 and continues on a quarterly basis.
<b>IV.11</b>	Data collected once a year shows that no > 5% of class members enrolled in CS did not have their ISP reviewed before the next annual review	Once-a-year report (completed January 2010) showed that 0.6% of class members enrolled in CS did not have their ISP reviewed before the next annual review. Those not completed appear to be data entry errors.

<b>IV.12</b>	Certify in quarterly reports that DHHS is meeting its obligation re: quarterly mailings	<p>DHHS certifies that the quarterly mailing for the 2nd quarter of FY'10 was completed in December 2009.</p> <p>See attached <i>Location Effort Report for Quarter 2, State Fiscal Year 2010 (October, November, December 2009)</i></p> <p>On 10/16/09, the Department formally proposed to the court master and plaintiffs amending the Stipulated Order of February 1997 to change quarterly mailings to class members to an annual mailing. This request is currently under discussion and permission to move to a mailing twice a year has been agreed to in concept, but court approval is also required. If approved, the next class member mailing would be in June 2010.</p>
<b>IV.13</b>	In 90% of ISPs reviewed, all domains were assessed in treatment planning - <u>must be met for 3 out of 4 quarters</u>	<p>Standard met in the 1<sup>st</sup> and 2<sup>nd</sup> quarters of FY'10</p> <p>See attached <i>Class Member Treatment Planning Review, Question 2A</i></p>
<b>IV.14</b>	In 90% of ISPs reviewed, treatment goals reflect strengths of the consumer - <u>must be met for 3 out of 4 quarters</u>	<p>Standard has been met continuously since the first quarter of FY'08</p> <p>See attached <i>Performance and Quality Improvement Standards: January 2010, Standard 7-1a and Class Member Treatment Planning Review, Question 2B</i></p>
<b>IV.15</b>	90% of ISPs reviewed have a crisis plan or documentation as to why one wasn't developed - <u>must be met for 3 out of 4 quarters</u>	<p>Standard met for all quarters of FY'09 and the 1<sup>st</sup> and 2<sup>nd</sup> quarters of FY'10.</p> <p>See attached <i>Performance and Quality Improvement Standards: January 2010, Standard 7-1c (does the consumer have a crisis plan) and Class Member Treatment Planning Review, Question 2F</i></p>
<b>IV.16</b>	QM system documents that OAMHS requires corrective action by the provider agency when document review reveals not all domains assessed	<p>Question added to the Treatment Planning Review and assessed for the first time in the 3<sup>rd</sup> quarter of FY'08.</p> <p>See attached <i>Class Member Treatment Planning Review, Question 6.a.1</i></p>
<b>IV.17</b>	In 90% of ISPs reviewed, interim plans developed when resource needs not available within expected response times - <u>must be met for 3 out of 4 quarters</u>	<p>See attached <i>Performance and Quality Improvement Standards: January 2010, Standard 8-2 and Class Member Treatment Plan Review, Question 3F.</i></p>
<b>IV.18</b>	90% of ISPs review included service agreement/treatment plan - <u>must be met for 3 out of 4 quarters</u>	<p>See attached <i>Performance and Quality Improvement Standards: January 2010, Standard 9-1 and Class Member Treatment Plan Review, Questions 4B &amp; C</i></p>
<b>IV.19</b>	90% of ACT/ICI/CI providers statewide meet prescribed case load ratios - <u>must be</u>	<p>Community Integration -- standard met since the 2<sup>nd</sup> quarter FY'08</p>

	<u>met for 3 out of 4 quarters</u>  Note: As of 7/1/08, ICI is no longer a service provided by DHHS.	See attached <i>Performance and Quality Improvement Standards: January 2010</i> , Standard 10-2
<b>IV.19</b>	90% of ICMs with class member caseloads meet prescribed case load ratios - <u>must be met for 3 out of 4 quarters</u>	ICMs -- standard met since the 2 <sup>nd</sup> quarter FY'08  See attached <i>Performance and Quality Improvement Standards: January 2010</i> , Standard 10-4
<b>IV.20</b>	90% of OES workers with class member public wards - meet prescribed caseloads (pg 10) <u>must be met for 3 out of 4 quarters</u>	The Office of Elder Services received approval to fill three vacant positions which will help reduce the rise in case worker ratios and is currently interviewing to fill the positions.  See attached <i>Performance and Quality Improvement Standards: January 2010</i> , Standard 10-5
<b>IV.21</b>	Independent review of the ISP process finds that ISPs met a reasonable level of compliance as defined in Attachment B of the Compliance Plan	
<b>IV.22</b>	5% or fewer class members have ISP-identified unmet residential support - <u>must be met for 3 out of 4 quarters</u> <b>and</b>	Standard met for the 4 <sup>th</sup> quarter FY'08, the 1 <sup>st</sup> , 3 <sup>rd</sup> and 4 <sup>th</sup> quarters of FY'09 and the 1 <sup>st</sup> quarter FY'10  See attached <i>Performance and Quality Improvement Standards: January 2010</i> , Standard 12-1
<b>IV.23</b>	<b>EITHER</b> quarterly unmet residential support needs for one year for qualified (qualified for state financial support) non-class members do not exceed by 15 percentage points those of class members <b>OR</b> if exceeded for one or more quarters, OAMHS produces documentation sufficient to explain cause and to show that cause is not related to class status <b>and</b>	Initial report of unmet residential support need data for the past year (FY'08 Q4, FY'09 Q's 1, 2 and 3) shows that unmet residential support needs for non-class members do not exceed by 15 percentage points those of class members. Report, <i>Consent Decree Compliance Standards IV.23 and IV.43 Report: 2009 Q3</i> , attached to the May 1, 2009 Quarterly Report
<b>IV.24</b>	Meet RPC discharge standards (below); <b>or</b> if not met document reasons and demonstrate that failure not due to lack of residential support services <ul style="list-style-type: none"> <li>• 70% RPC clients who remained ready for discharge were transitioned out within 7 days of determination</li> <li>• 80% within 30 days</li> <li>• 90% within 45 days (with certain exceptions by agreement of parties and court master)</li> </ul>	Standard met for 4 quarters of FY'08 and FY'09, and the first 2 quarters of FY'10.  See attached <i>Performance and Quality Improvement Standards: January 2010</i> , Standards 12-2, 12-3 and 12-4
<b>IV.25</b>	10% or fewer class members have ISP-identified unmet needs for housing resources - <u>must be met for 3 out of 4 quarters</u> <b>and</b>	Standard met for quarters 3 and 4 FY'09 and quarter 1 FY'10  See attached <i>Performance and Quality Improvement Standards: January 2010</i> , Standard 14-1

<b>IV.26</b>	Meet RPC discharge standards above (IV.24); if don't meet, failure not due to lack of housing alternatives	Standard 14-4 met for all quarters of FY'09 and the first 2 quarters of FY'10; Standard 14-5 met for the 2 <sup>nd</sup> , 3 <sup>rd</sup> and 4 <sup>th</sup> quarters FY'09 and the first 2 quarters of FY'10; Standard 14-6 met for the 2 <sup>nd</sup> and 4 <sup>th</sup> quarters FY'09 and the 2 <sup>nd</sup> quarter FY'10.  See attached <i>Performance and Quality Improvement Standards: January 2010</i> , Standard 14-4, 14-5 & 14-6
<b>IV.27</b>	Certify that class members residing in homes > 8 beds have given informed consent in accordance with approved protocol	Standard met 2007, 2008 and 2009 (annual review).  See attached <i>Performance and Quality Improvement Standards: January 2010</i> , Standard 15-1
<b>IV.28</b>	90% of class member admissions to community involuntary inpatient units are within the CSN or county listed in attachment C to the Compliance Plan	Standard met for 4 quarters of FY'09; 1 <sup>st</sup> quarter data of FY'10 was 88.2% (15 of 17)  See attached <i>Performance and Quality Improvement Standards: January 2010</i> , Standard 16-1 and <i>Community Hospital Utilization Review – Class Members 1st Quarter of Fiscal Year 2010</i> .
<b>IV.29</b>	Contracts with hospitals require compliance with all legal requirements for involuntary clients and with obligations to obtain ISPs and involve CSWs in treatment and discharge planning	Contracts with community hospitals contain the required compliance language. See Sample of contract attached to the May 1, 2008 Quarterly Report.
<b>IV.30</b>	Evaluates compliance with all legal requirements for involuntary clients and with obligations to obtain ISPs and involve CSWs in treatment and discharge planning during contract reviews and imposes sanctions for non-compliance through contract reviews and licensing	To date, these contract reviews with hospitals have not occurred. These contract reviews are anticipated to be undertaken during the 3 <sup>rd</sup> quarter FY 2010.
<b>IV.31</b>	UR Nurses review all involuntary admissions funded by DHHS, take corrective action when they identify deficiencies and send notices of any violations to the licensing division and to the hospital	OAMHS reviews emergency involuntary admissions at the following hospitals: MaineGeneral (Augusta and Waterville), Spring Harbor, St. Mary's, Mid-Coast Hospital, Southern Maine Medical Center, PenBay Medical Center, Maine Medical Center/P6 and Acadia.  See Standard IV.33 below for data regarding corrective actions.
<b>IV.32</b>	Licensing reviews of hospitals include an evaluation of compliance with patient rights and require a plan of correction to address any deficiencies.	Of the 12 complaints investigated in this quarter, 2 (two) were found to be in violation of the adult <i>Rights of Recipients of Mental Health Services</i> .
<b>IV.33</b>	<ul style="list-style-type: none"> <li>• 90% of the time corrective action was taken when blue papers were not completed in accordance with terms</li> <li>• 90% of the time corrective action was taken when 24 hour certifications were</li> </ul>	Standard met for FY'08, FY'09 and the 1 <sup>st</sup> quarter of FY'10.  See attached <i>Performance and Quality Improvement Standards: January 2010</i> , Standards 17-2a, 17-3a and 17-4a and <i>Community Hospital Utilization Review –</i>

	<p>not completed in accordance with terms</p> <ul style="list-style-type: none"> <li>• 90% of the time corrective action was taken when patient rights were not maintained</li> </ul>	<p><i>Class Members 1st Quarter of Fiscal Year 2010.</i></p>
<b>IV.34</b>	<p>QM system documents that if hospitals have fallen below the performance standard for any of the following, OAMHS made the information public through CSNs, addressed in contract reviews with hospitals and CSS providers, and took appropriate corrective action to enforce responsibilities</p> <ul style="list-style-type: none"> <li>• obtaining ISPs (90%)</li> <li>• creating treatment and discharge plan consistent with ISPs (90%)</li> <li>• involving CIWs in treatment and discharge planning (90%)</li> </ul>	<p>See attached <i>Performance and Quality Improvement Standards: January 2010</i>, Standards 18-1, 18-2 and 18-3 for data by hospital.</p> <p>The report displaying data by hospital for community hospitals accepting emergency involuntary clients is shared quarterly with CSNs.</p> <p>See attached report <i>Community Hospital Utilization Review Performance Standard 18-1, 2, 3 by Hospital: Class Members 1st Quarter FY'10.</i></p>
<b>IV.35</b>	<p>No more than 20-25% of face-to-face crisis contacts result in hospitalization – <u>must be met for 3 out of 4 quarters</u></p>	<p>Standard met for 4 quarters FY'08 and the 1<sup>st</sup> quarter of FY'10.</p> <p>In the first quarter of FY'09, the definition for 'face-to-face' contact used in calculating this standard changed. Calculations are now based on 'initial' contacts only, not all face to face contacts which, in the past, included follow-up appointments for ongoing support and crisis resolution. The hospitalization rate ran 2 to 3 percentage points higher than the standard in FY'09.</p> <p>See attached <i>Performance and Quality Improvement Standards: January 2010</i>, Standard 19-1 and <i>Adult Mental Health Quarterly Crisis Report First Quarter, State Fiscal Year 2010 Summary Report.</i></p>
<b>IV.36</b>	<p>90% of crisis phone calls requiring face-to-face assessments are responded to within an average of 30 minutes from the end of the phone call – <u>must be met for 3 out of 4 quarters</u></p>	<p>Starting with July 2008 reporting from providers, OAMHS began collecting data on the total number of minutes for the response time (calculated from the determination of need for face to face contact or when the individual is ready and able to be seen to when the individual is actually seen) and will be able to figure an average.</p> <p>Average statewide for the first quarter of FY'10 was 33.4 minutes.</p> <p>See attached <i>Adult Mental Health Quarterly Crisis Report First Quarter, State Fiscal Year 2010 Summary Report.</i></p>
<b>IV.37</b>	<p>90% of all face-to-face assessments result in resolution for the consumer within 8 hours of initiation of the face-to-face assessment – <u>must be met for 3 out of 4 quarters</u></p>	<p>Standard has been met since the 2<sup>nd</sup> quarter of FY'08.</p> <p>See attached <i>Adult Mental Health Quarterly Crisis Report First Quarter, State Fiscal Year 2010 Summary Report.</i></p>

<b>IV.38</b>	90% of all face-to-face contacts in which the client has a CI worker, the worker is notified of the crisis – <u>must be met for 3 out of 4 quarters</u>	Standard has been met since the 1 <sup>st</sup> quarter of FY'08.  See attached <i>Performance and Quality Improvement Standards: January 2010</i> , Standard 19-4 and <i>Adult Mental Health Quarterly Crisis Report First Quarter, State Fiscal Year 2010 Summary Report</i> .
<b>IV.39</b>	QM system documents further review and appropriate corrective action if results fall below performance and quality improvement standard level #20-1 (90%; class members know how to get help in a crisis when they need it)	Standard met for 2006, 2007, 2008 and 2009 class member surveys.  See attached <i>Performance and Quality Improvement Standards: January 2010</i> , Standard 20-1
<b>IV.40</b>	Department has implemented the components of the CD plan related to vocational services	See attached <i>DHHS Consent Decree Quarterly Report (October 2006 Plan Components): February 1, 2010</i> , component 88.
<b>IV.41</b>	QM system documents that OAMHS conducts further review and takes appropriate corrective action if quarterly performance measure data shows that the numbers of class members < 62 years old and employed falls below 13% or the baselines established for Standards 26-2 and 26-3.	Standard 26-3 was exceeded for the class member surveys completed in 2006, 2007, 2008 and 2009.  See attached <i>Performance and Quality Improvement Standards: January 2010</i> , Standards 26-2 and 26-3
<b>IV.42</b>	5% or fewer class members have unmet needs for mental health treatment services – <u>must be met for 3 out of 4 quarters</u> <b>and</b>	See attached <i>Performance and Quality Improvement Standards: January 2010</i> , Standard 21-1
<b>IV.43</b>	<b>EITHER</b> quarterly unmet mental health treatment needs for one year for qualified non-class members do not exceed by 15 percentage points those of class members <b>OR</b> if exceeded for one or more quarters, OAMHS produces documentation sufficient to explain cause and to show that cause is not related to class status	Initial report of unmet mental health treatment need data for the past year (FY'08 Q4, FY'09 Qs 1, 2 and 3) shows that unmet mental health treatment needs for non-class members do not exceed by 15 percentage points those of class members. Report, <i>Consent Decree Compliance Standards IV.23 and IV.43 Report: 2009 Q3</i> , attached to the May 1, 2009 Quarterly Report
<b>IV.44</b>	QM documentation shows that OAMHS conducts further review, takes appropriate corrective action if results of annual consumer survey fall below the levels identified in Standard # 22-1 (85% - whether class members can get the treatment services/supports needed) <b>and</b>	Standard met for 2006, 2007, 2008 and 2009 class member surveys.  See attached <i>Performance and Quality Improvement Standards: January 2010</i> , Standard 22-1
<b>IV.45</b>	Meet RPC discharge standards (below); if not met, document that failure to meet is not due to lack of mental health treatment services in the community <ul style="list-style-type: none"> <li>• 70% RPC clients who remained ready for discharge were transitioned out within 7 days of determination</li> <li>• 80% within 30 days</li> <li>• 90% within 45 days (with certain</li> </ul>	Standard met for 4 quarters of FY'08 and FY'09, and the 1 <sup>st</sup> and 2 <sup>nd</sup> quarters of FY'10.  See attached <i>Performance and Quality Improvement Standards: January 2010</i> , Standards 21-2, 21-3 and 21-4

	exceptions by agreement of parties and court master)	
<b>IV.46</b>	OAMHS lists in quarterly reports the programs sponsored that are designed to improve quality of life and community inclusion, including support of peer centers, social clubs, community connections training, wellness programs and leadership and advocacy training programs – list must cover prescribed topics and audiences that fit parameters of ¶105.	See attached <i>Performance and Quality Improvement Standards: January 2010</i> , Standard 30
<b>IV.47</b>	10% or fewer class members have ISP-identified unmet needs for transportation to access mental health services – <u>must be met for 3 out of 4 quarters</u>	Standard met for all quarters of FY'08 and for all quarters of FY'09 and the 1 <sup>st</sup> quarter of FY'10  See attached <i>Performance and Quality Improvement Standards: January 2010</i> , Standard 28
<b>IV.48</b>	Provide documentation in quarterly reports of funding, developing, recruiting, and supporting an array of family support services that include specific services listed on page 16 of the Compliance Plan	See attached <i>Performance and Quality Improvement Standards: January 2010</i> , Standard 23-1 and 23-2
<b>IV.49</b>	Certify that all contracts with providers include a requirement to refer family members to family support services, and produce documentation that contract reviews include evaluation of compliance with this requirement	100% of contracts contain this requirement. Annual contract reviews completed in the 3 <sup>rd</sup> quarter of FY'09 in all 3 regions addressed this standard with documentation contained in contract files maintained by the regional office.  See attached <i>Performance and Quality Improvement Standards: January 2010</i> , Standard 25-1
<b>IV.50</b>	Lists in quarterly reports the number and types of mental health informational workshops, forums and presentations geared to general public that are designed to reduce myths/stigma and foster community integration (cover prescribed list and fit audience parameters)	See attached <i>Performance and Quality Improvement Standards: January 2010</i> , Standard 34 and attached <i>Public Education Report October-December 2009</i>