

### **Consent Decree Performance and Quality Improvement Standards: January 2012**

The attached compliance and performance standards are primarily for use in monitoring, evaluation and quality assurance of the areas covered by the Consent Decree pertaining to the community mental health system. The standards are intended to offer the parties and the court master a means of measuring system function and improvement over time and the Department's work towards compliance. If the percentage is within .5% of standard, the standard is considered met.

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

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

#### **Definitions:**

- Standard Title: What the standard is intending to measure.  
Measure Method: How the standard is being measured.  
Current Level: The most recent data available for the Standard.  
Performance Standard: Standard set as a component of the Department's approved Adult Mental Health Services Plan dated October 13, 2006.  
Compliance Standard: Standard set as a component of the Department's approved standards for defining substantial compliance approved October 29, 2007.

#### **Calendar and Fiscal Year Definitions:**

*CY: Calendar Year - January 1 - December 31.*

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

**Compliance and Performance Standards: Summary Sheet  
October - December 2011**

**Standard 1. Rights Dignity and Respect**

Average of positive responses in the DIG Survey Quality and Appropriateness domain

**Standard 2. Rights Dignity and Respect**

Response to Level II Grievances within 5 days

**Standard 3. Rights Dignity and Respect**

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

**Standard 4. Rights Dignity and Respect**

1. Deleted: Amendment request to delete approved 01/19/2011
  - 1a. Deleted: Amendment request to delete approved 01/19/2011
  - 1b. Deleted: Amendment request to delete approved 01/19/2011
2. Consumers given information about their rights

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

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

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

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

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

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

**Standard 9. ISP Service Agreements**

ISPs that require Service Agreements that have current Service Agreements

**Compliance and Performance Standards: Summary Sheet  
October - December 2011**

**Standard 10. Case Load Ratios**

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

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

Paragraph 74. Needs of Class Members not in Service

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

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

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

1. Average of positive responses in the DIG Survey Perception of Outcomes domain
2. Deleted: Amendment request to delete approved 01/19/2011

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

1. Class members with unmet housing resource needs.
2. Respondents who were homeless over 12 month period.
3. Deleted: Amendment request to delete approved 01/19/2011
4. Lack of housing impedes Riverview discharge within 7 days of determination of readiness for discharge
5. Lack of housing impedes Riverview discharge within 30 days of determination
6. Lack of housing impedes Riverview discharge within 45 days of determination

**Standard 15. Housing & Residential Services**

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

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

Inpatient admissions reasonably near community residence.

**Compliance and Performance Standards: Summary Sheet  
October - December 2011**

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

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

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

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

**Standard 19. Crisis intervention Services**

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

**Standard 20. Crisis Intervention Services**

1. Deleted: Amendment request to delete approved 01/19/2011
2. Deleted: Amendment request to delete approved 01/19/2011

**Standard 21. Treatment Services**

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

**Standard 22. Treatment Services**

1. Average of positive responses in the DIG Survey Perception of Access domain
2. Average of positive responses in the DIG survey General Satisfaction domain

**Standard 23. Family Support Services**

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

**Compliance and Performance Standards: Summary Sheet  
October - December 2011**

**Standard 24. Family Support Services**

1. Counseling group participants reporting satisfaction with services
2. Program participants reporting satisfaction with education programs
3. Deleted: Family participants reporting satisfaction with respite services in the community - NAMI closed its respite programs as of January 2010

**Standard 25. Family Support Services**

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

**Standard 26. Vocational Employment Services**

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

**Standard 27. Vocational Employment Services**

1. Deleted: Amendment request to delete approved 01/19/2011
2. Deleted: Amendment request to delete approved 01/19/2011

**Standard 28. Transportation**

Class Members with ISPs - Unmet transportation needs.

**Standard 29. Transportation**

1. Deleted: Amendment request to delete approved 01/19/2011
2. Deleted: Amendment request to delete approved 01/19/2011

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

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

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

1. ISP identified class member unmet needs in recreational/social/avocational/spiritual areas
2. Average of positive responses in the DIG Survey Social Connectedness domain
3. Deleted: Amendment request to delete approved 01/19/2011

**Standard 32. Individual Outcomes**

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

**Compliance and Performance Standards: Summary Sheet  
October - December 2011**

**Standard 33. Recovery**

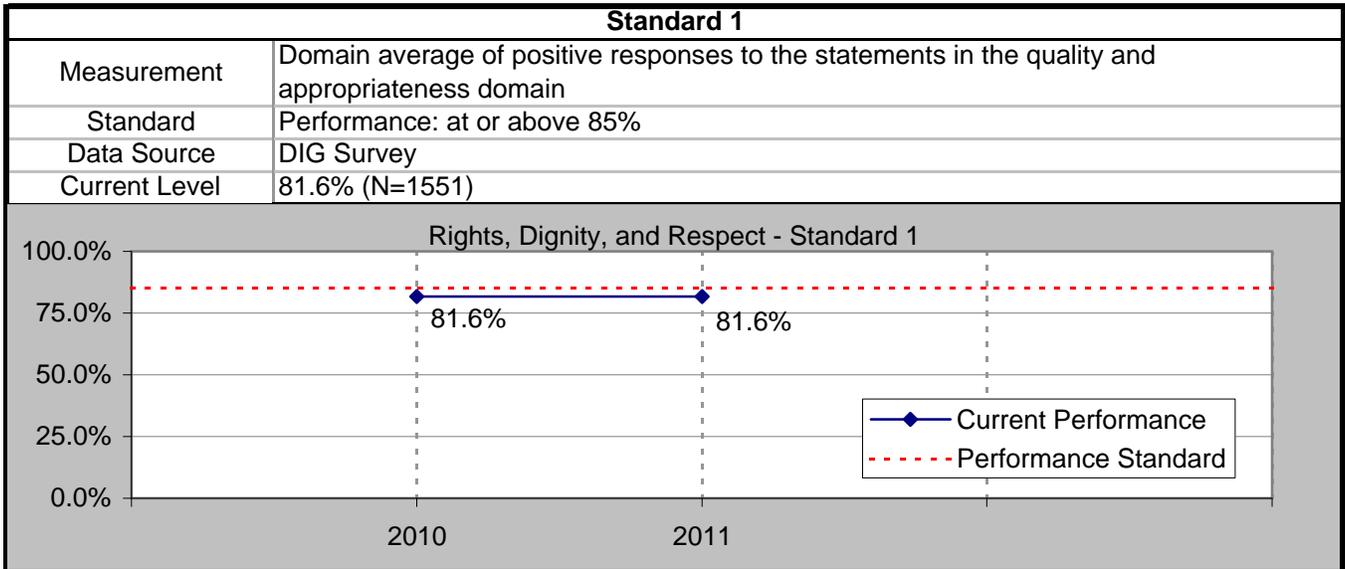
1. Consumers reporting staff helped them to take charge of managing illness.
2. Consumers reporting staff believed they could grow, change, recover
3. Consumers reporting staff supported their recovery efforts
4. Deleted: Consumers reporting that providers offered learning opportunities: questions eliminated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

**Standard 34. Public Education**

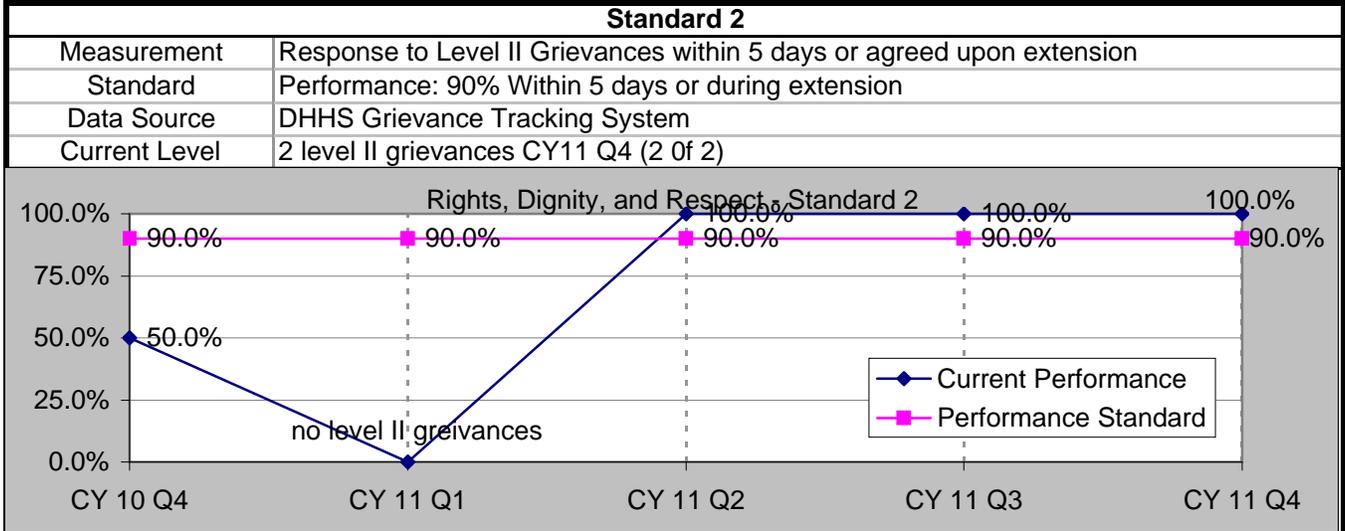
1. # MH workshops, forums and presentations geared to public participation.
2. #, type of information packets, publications, and press releases distributed to public.

**Rights, Dignity, and Respect**

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



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

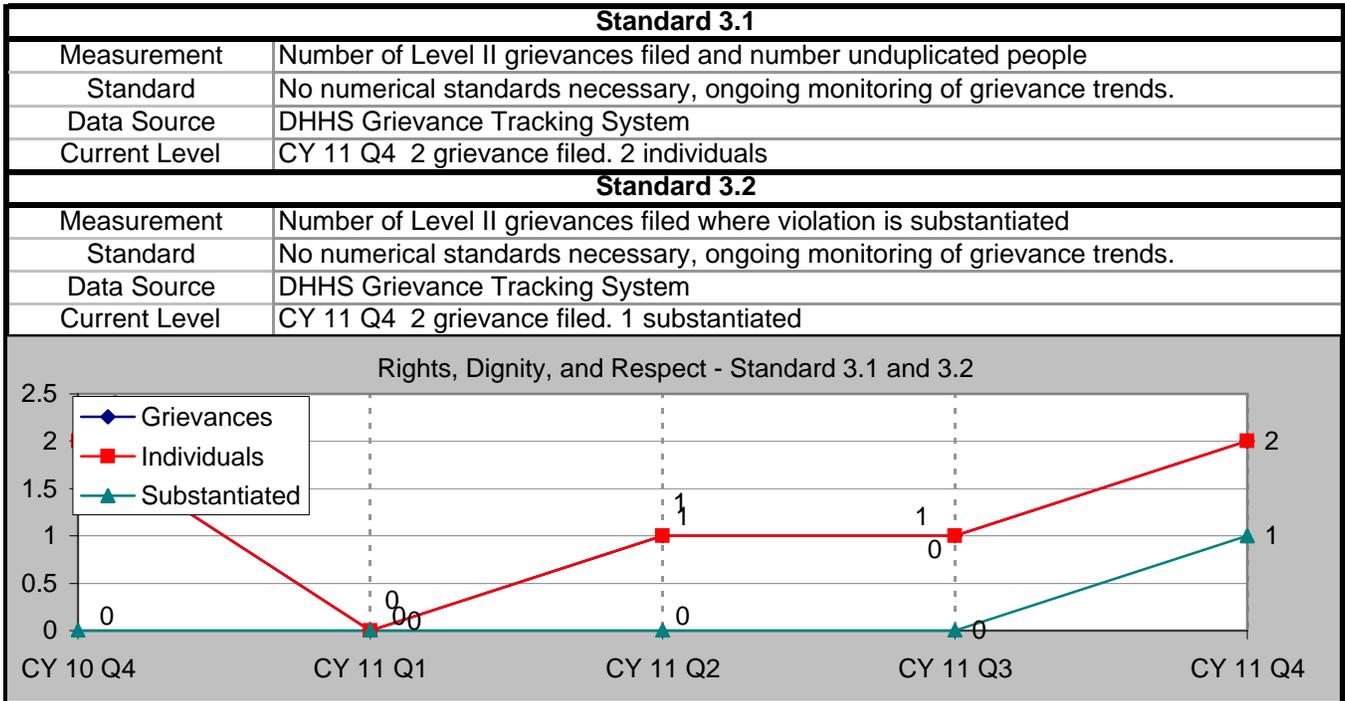


**Discussion:**

Standard 2: Met from calendar year 2006 thru the 4th quarter of calendar year 2011, except for Q4 CY 10 - in that quarter, one of two grievances was not responded to within the prescribed timeframe.

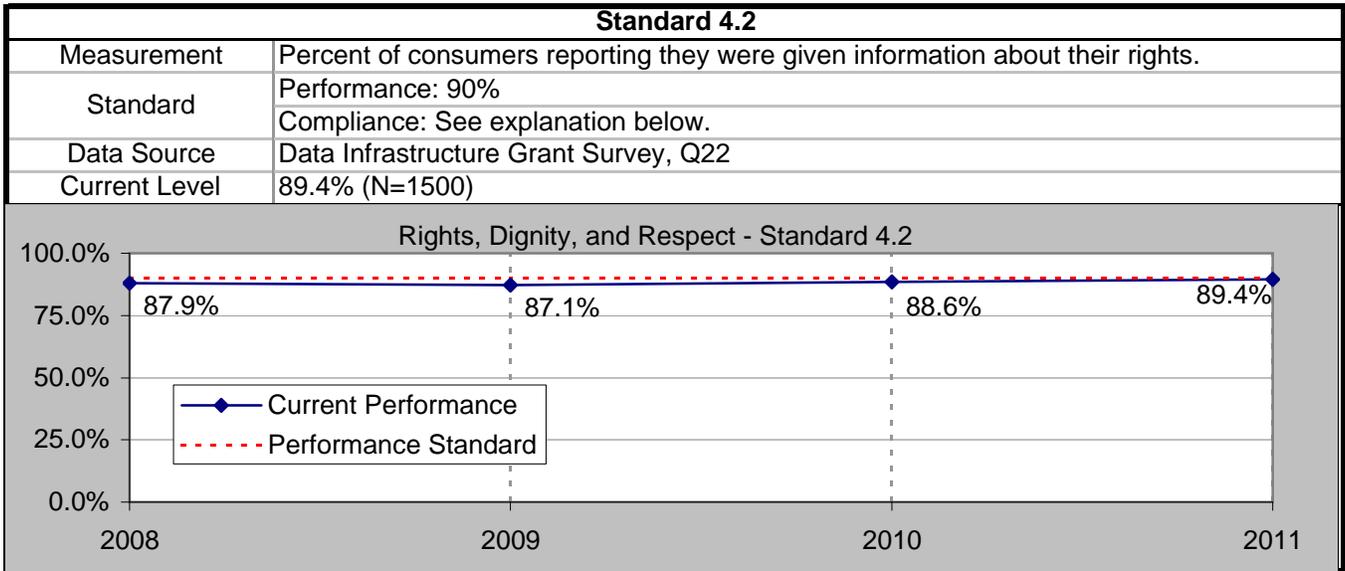
**Rights, Dignity, and Respect**

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



**Rights, Dignity, and Respect**

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



\* Compliance standard for 4.2

If results fall below the performance standard level, the Department:

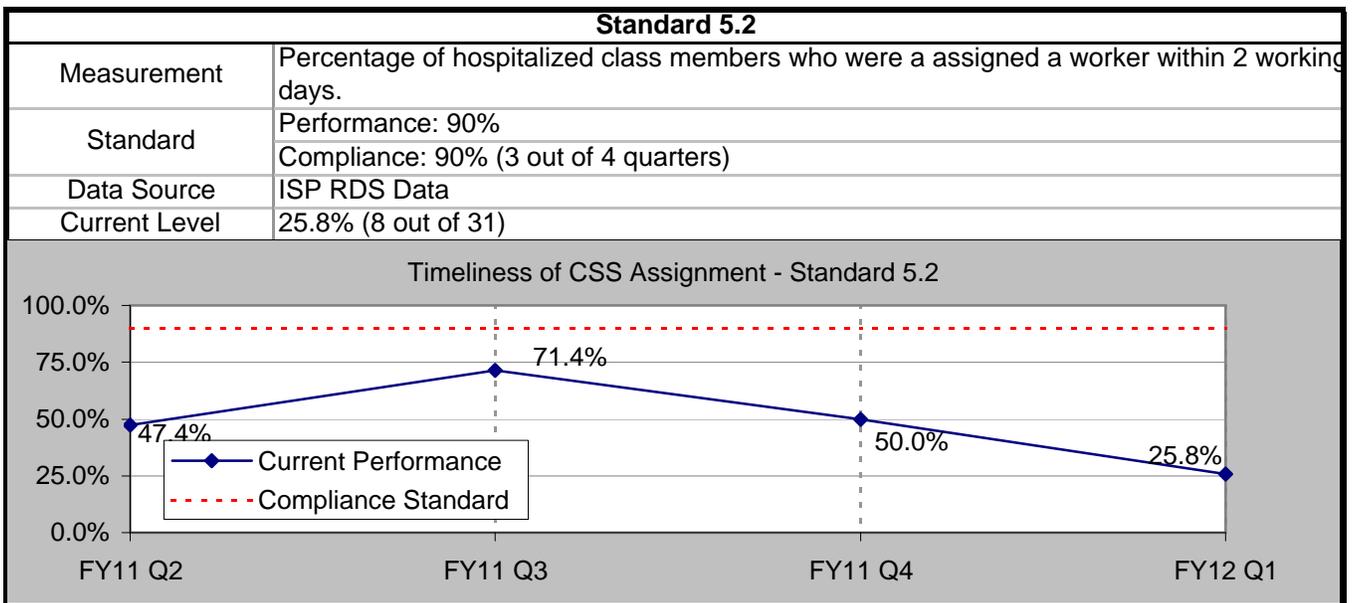
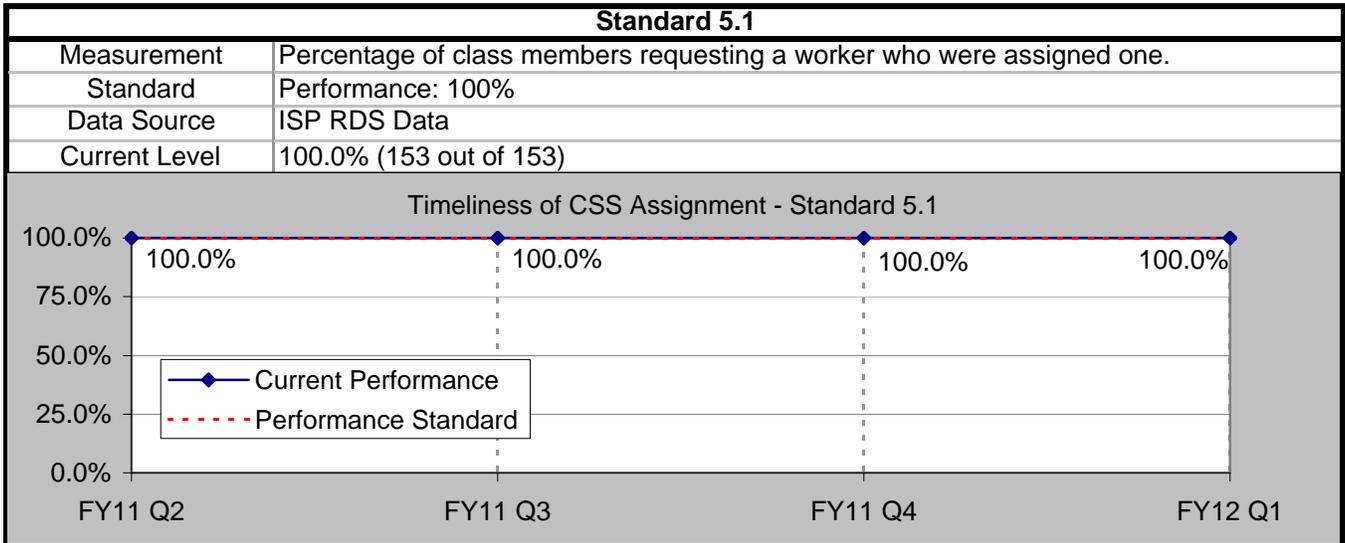
- Consults with the Consumer Council of Maine (CCSM)
- Takes corrective action if deemed necessary by the CCSM and
- Develops that corrective action in collaboration with the CCSM

**Discussion:**

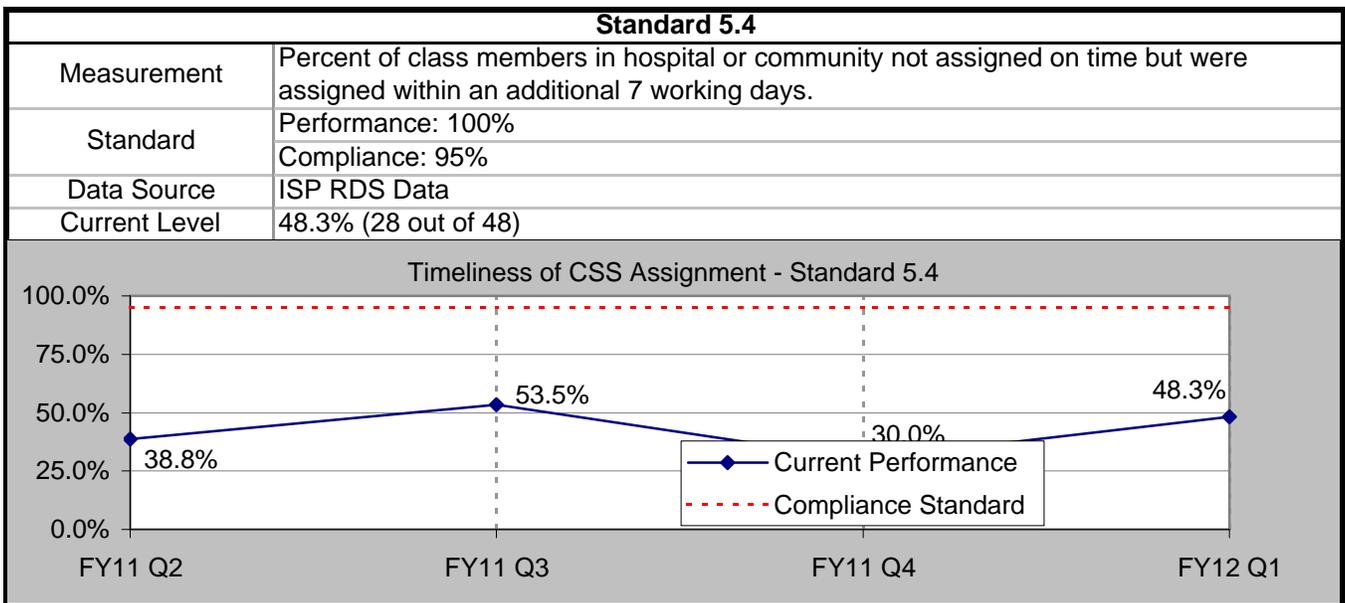
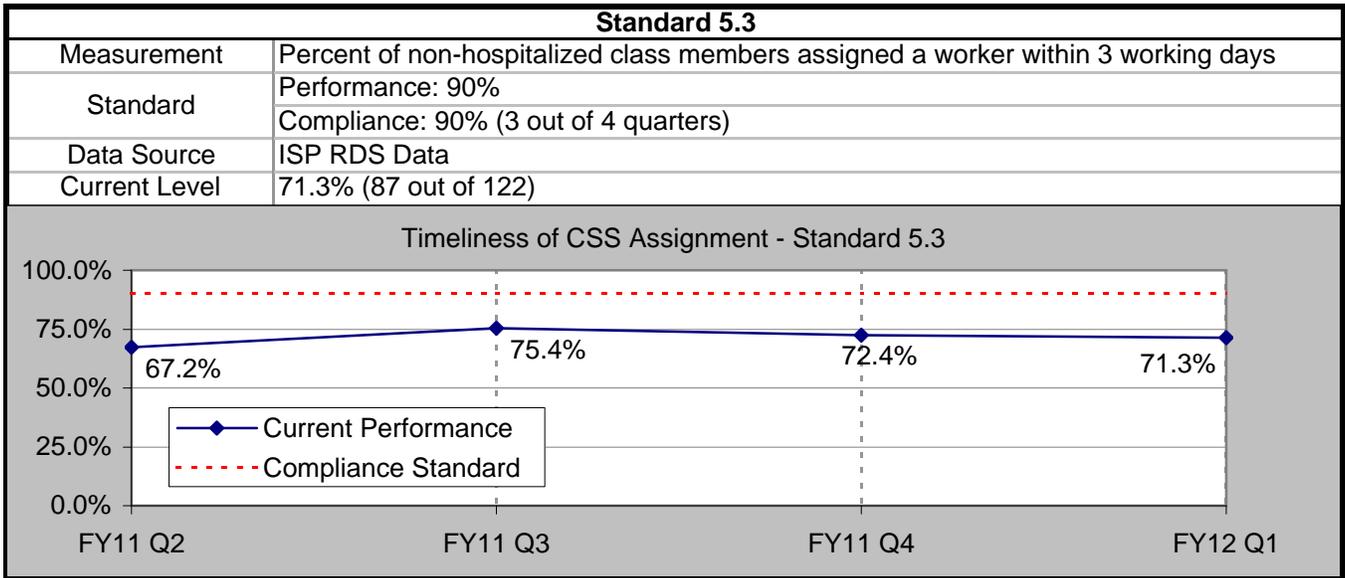
Percentage has increased from 87.9% to 89.4% over the past 4 calendar years. Data from the 2011 DIG survey were shared with the CCSM in November 2011.

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

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



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

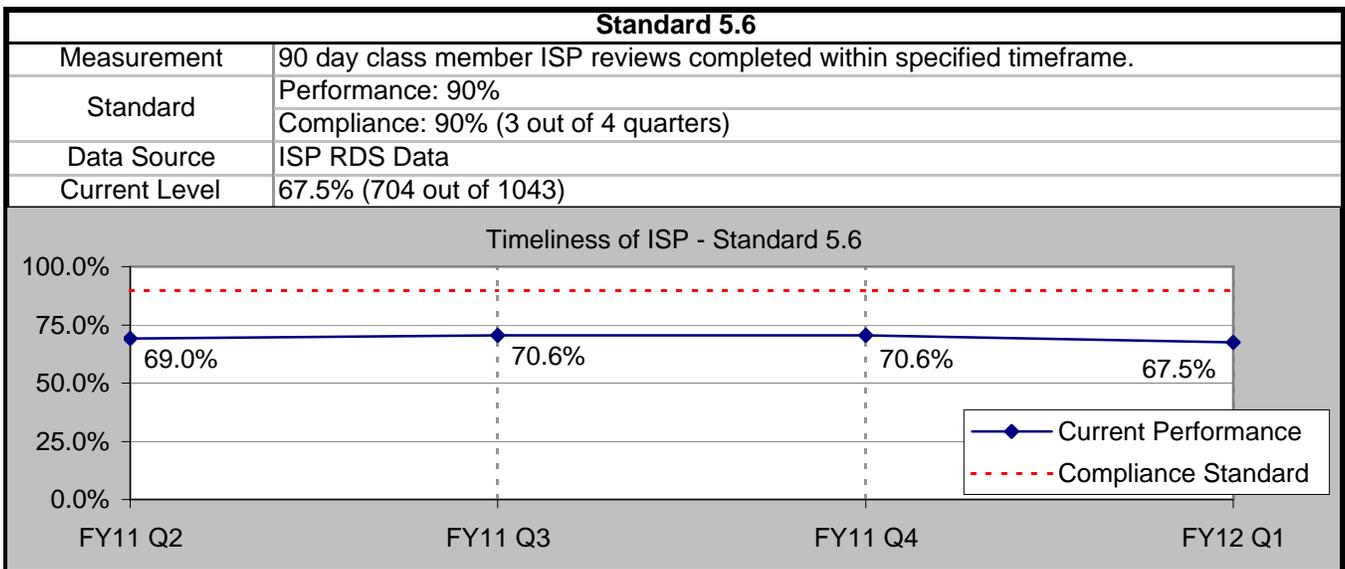
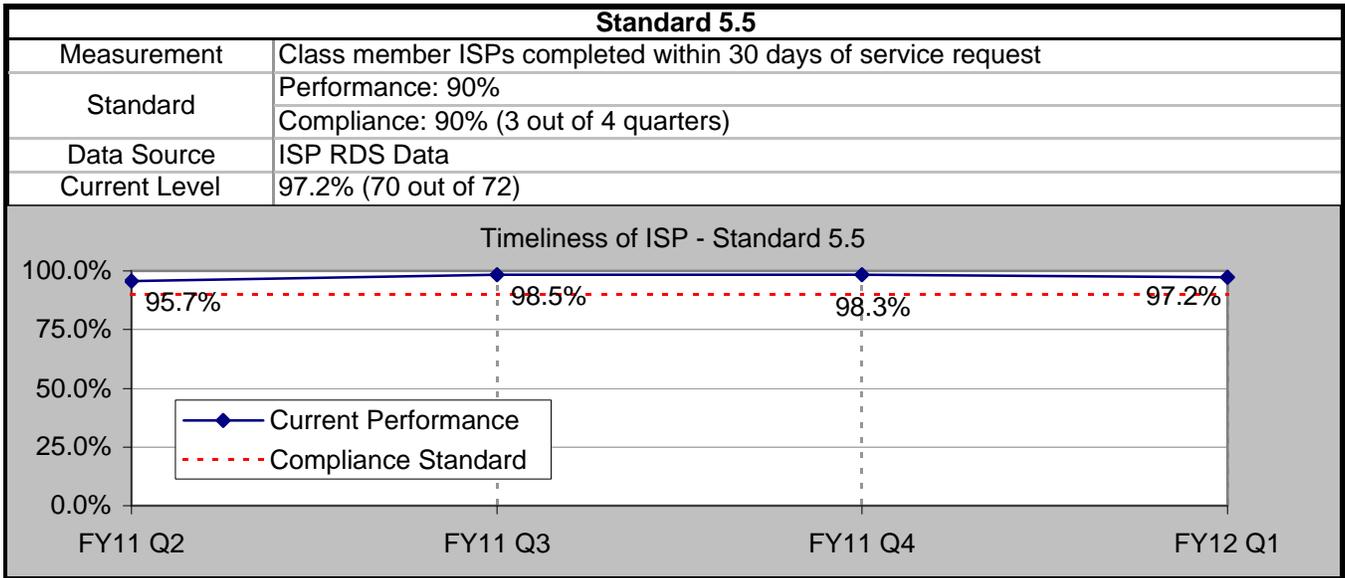


**Discussion:**

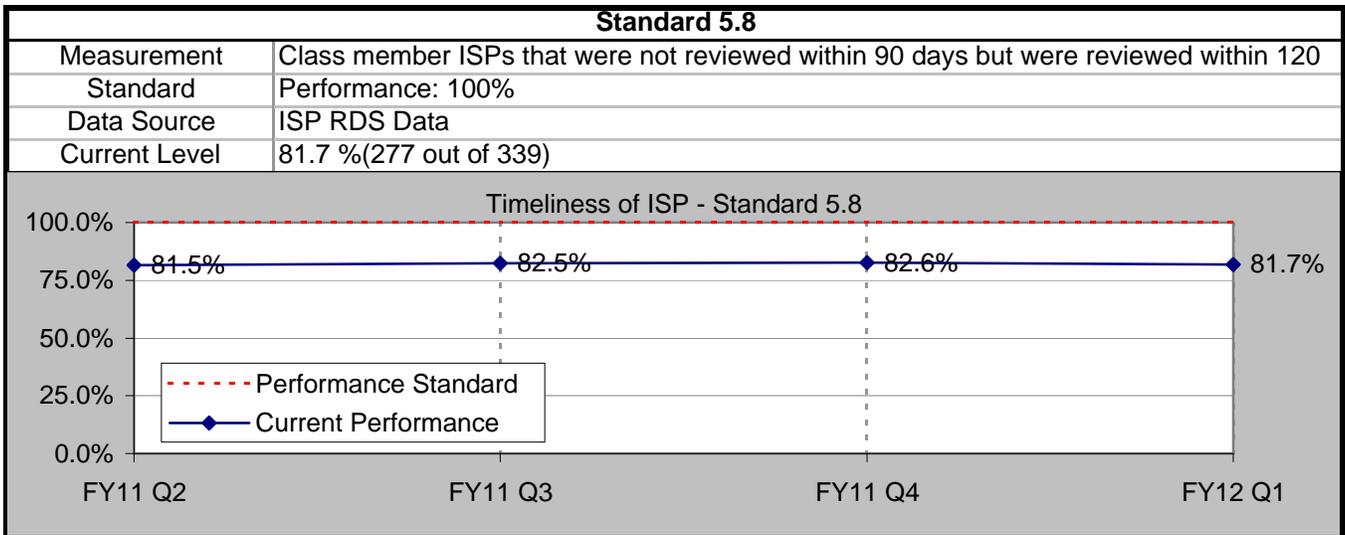
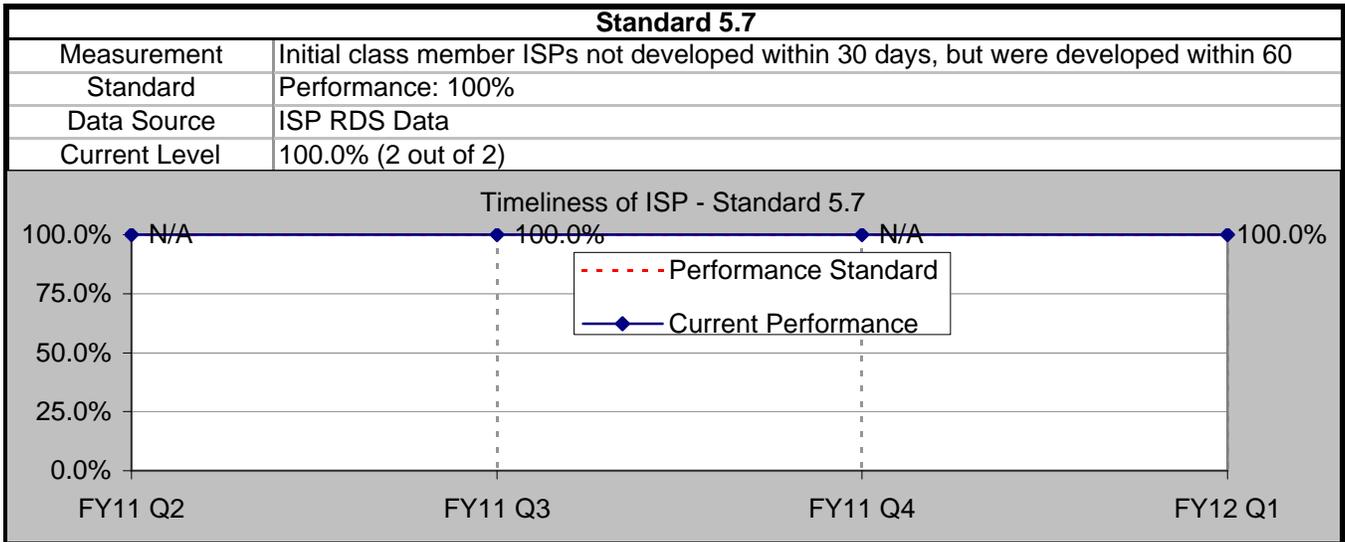
Standard 5.1: This standard is figured on RDS/enrollment data submitted for persons in service. Consequently, the standard is always met as, by definition the individual has a community integration worker. Please see the cover documentation for the unmet resource need report for information as to waitlists.

Standard 5.2, 5.3, 5.4: Timeliness standards continue not to be met. Field service teams continue to review waiting lists with CI agencies on a weekly basis. These steps have been undertaken to work with providers to improve their performance in meeting these standards.

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



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

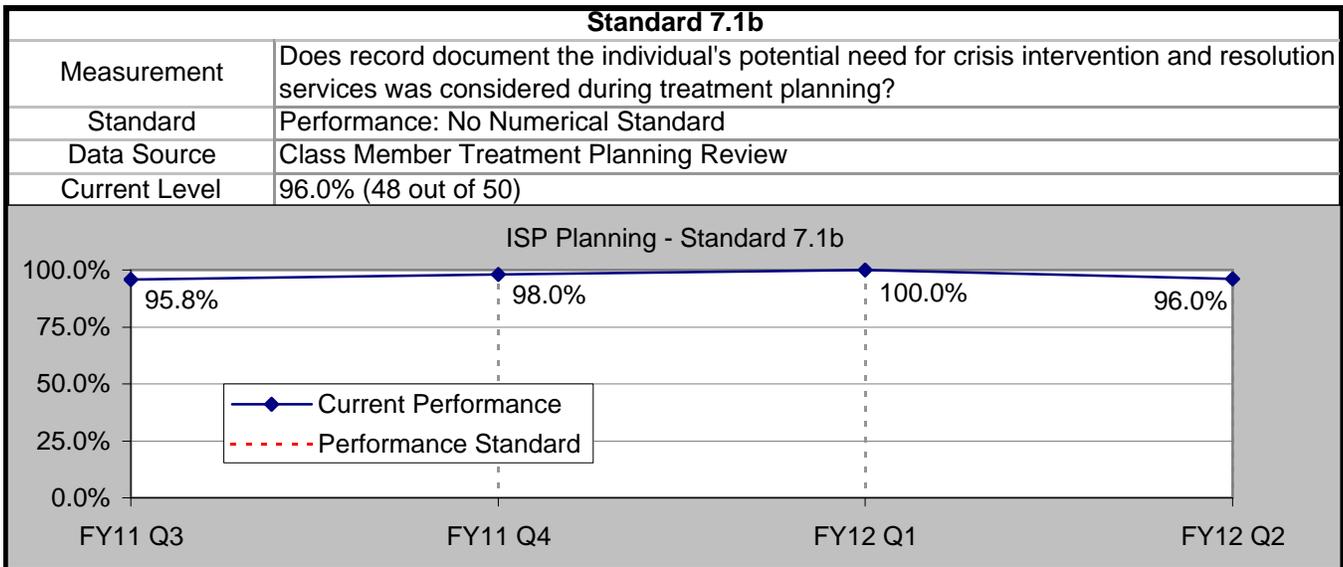
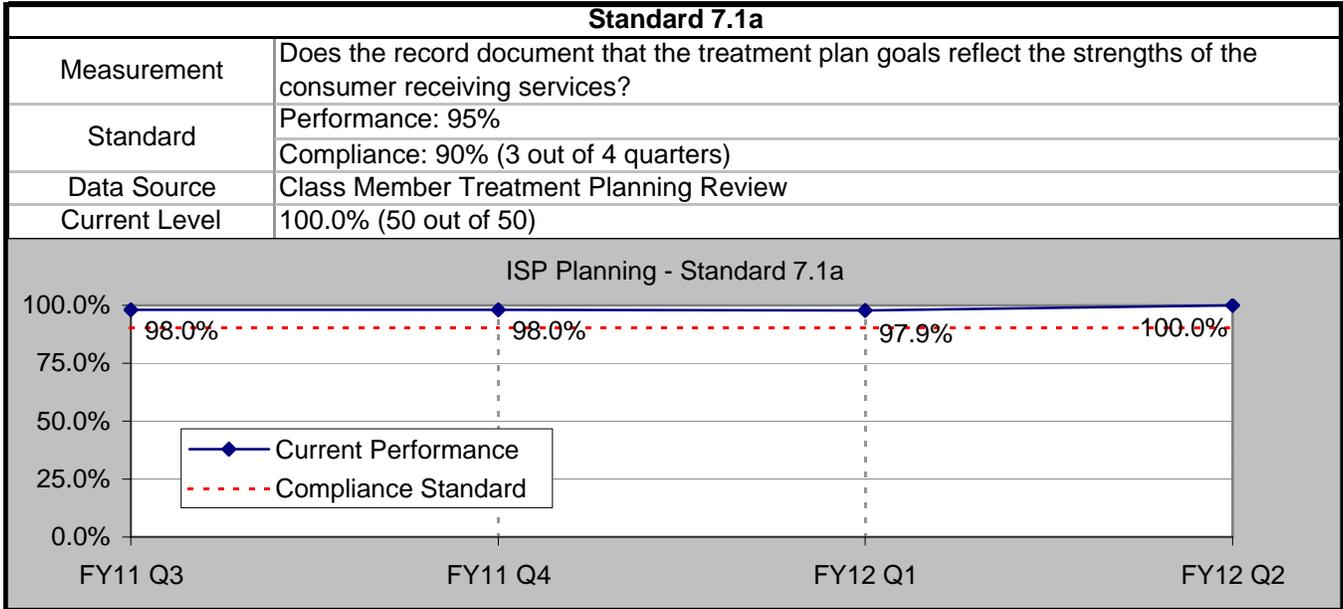


**Discussion:**

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

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

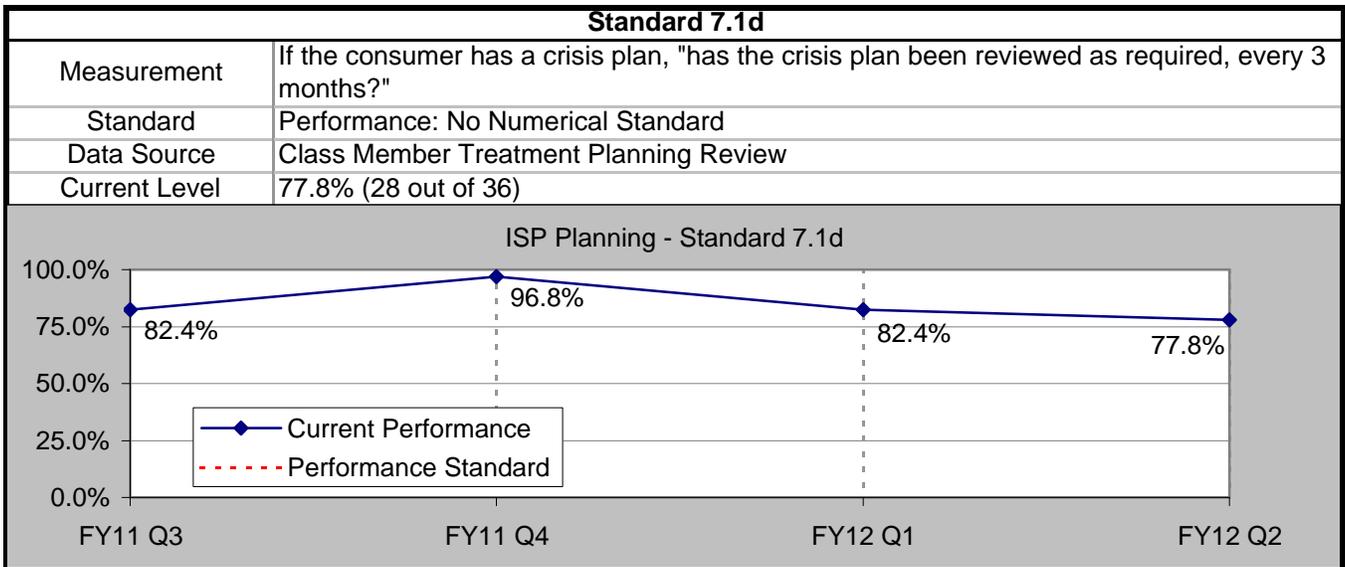
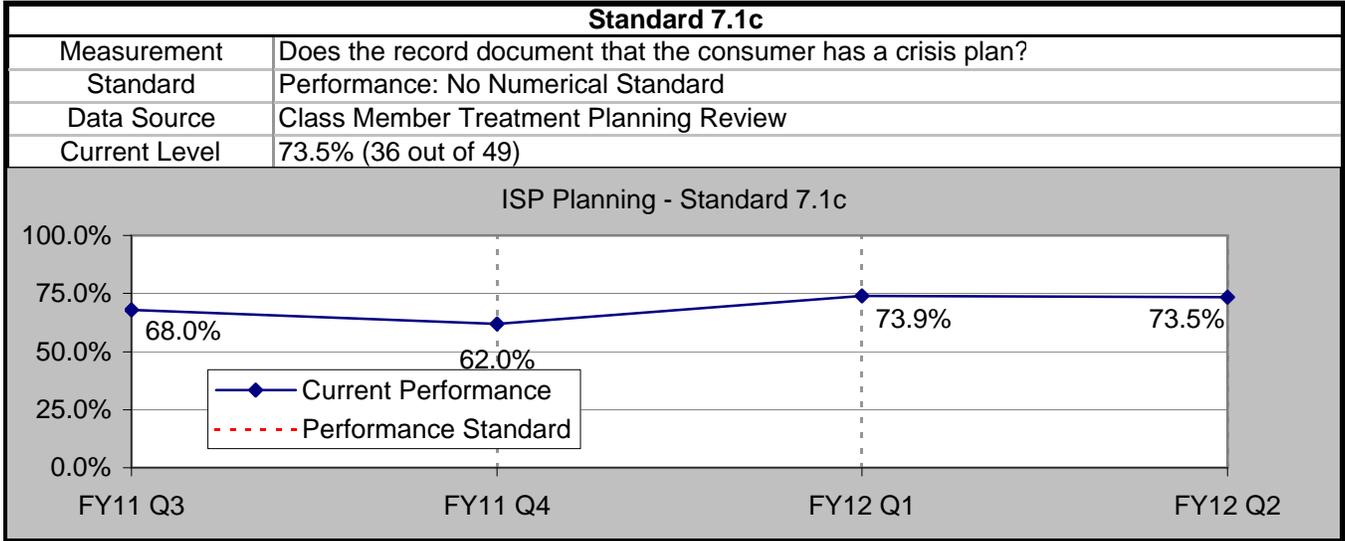
**Standard 7 - ISPs are based on class members' strengths & needs**



**Discussion:**

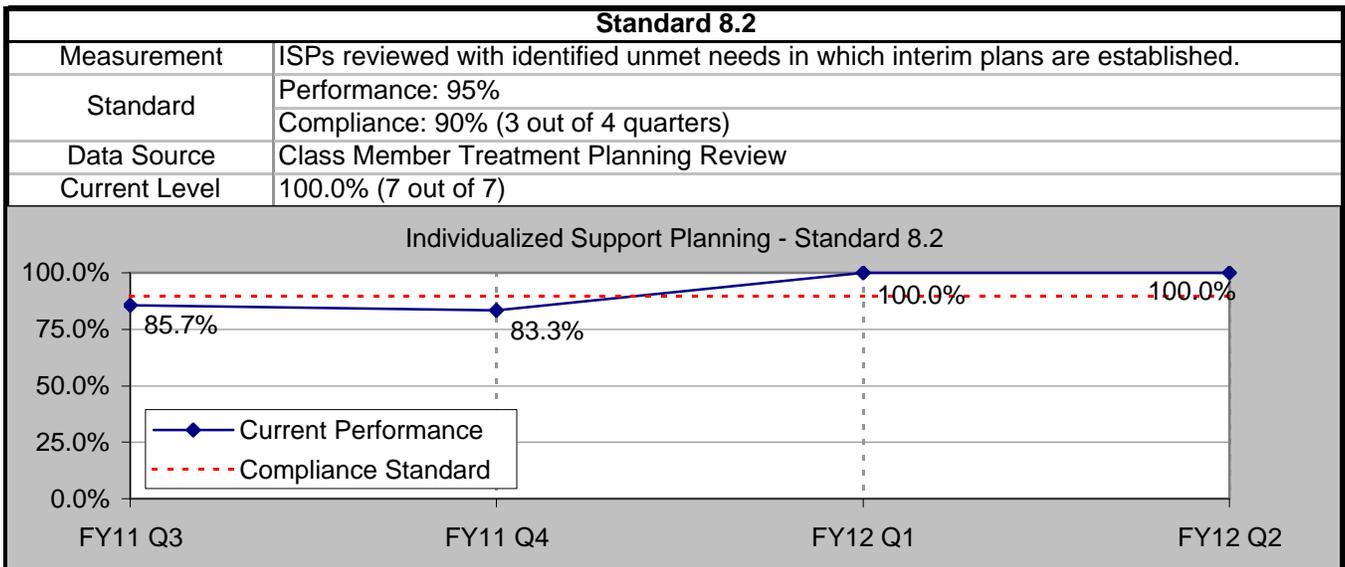
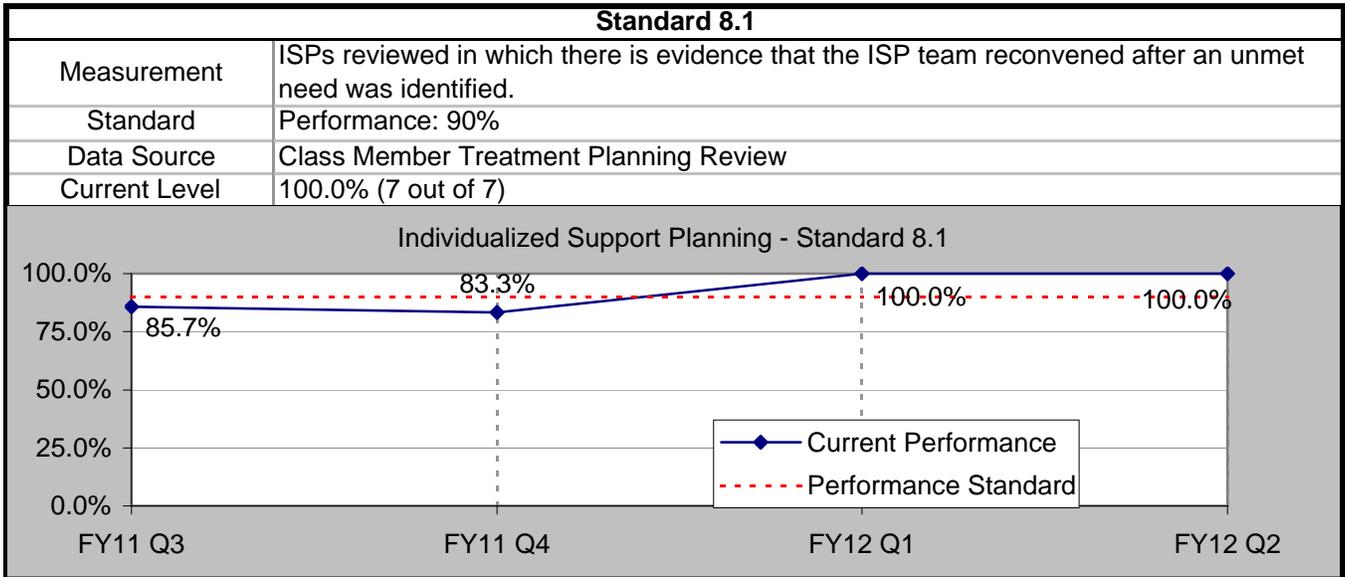
Standard 7.1a: Met continuously since the first quarter of FY 08.

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



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

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

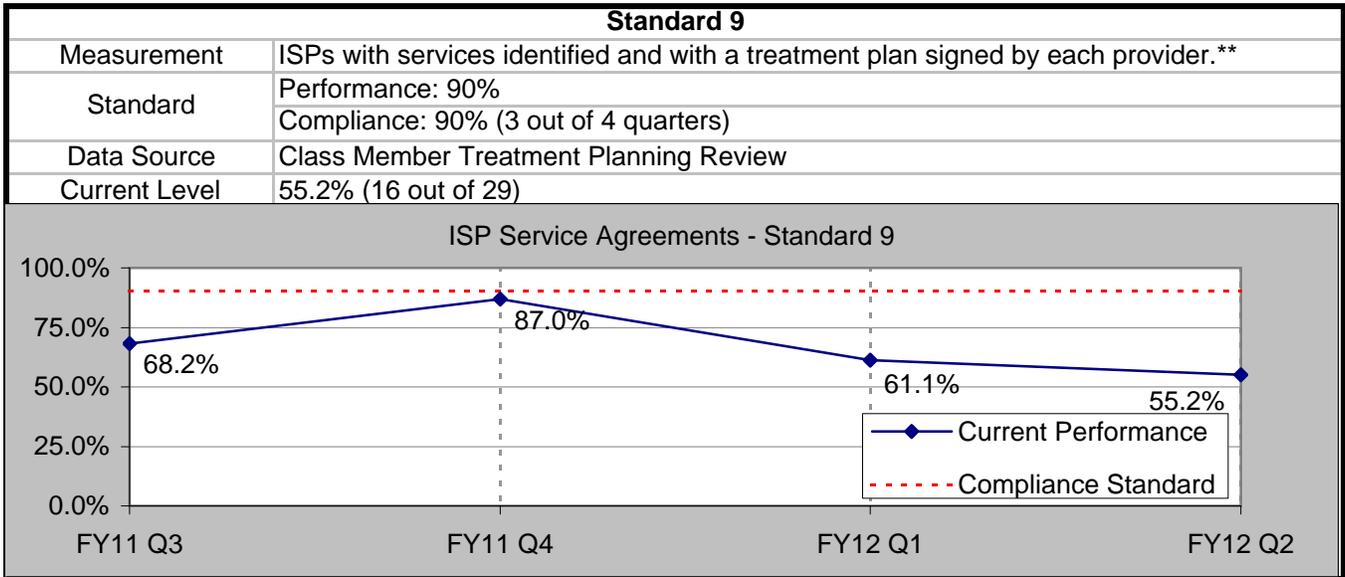


**Discussion:**

Standard 8.1 and 8.2: Met for the first 2 quarters of FY12.

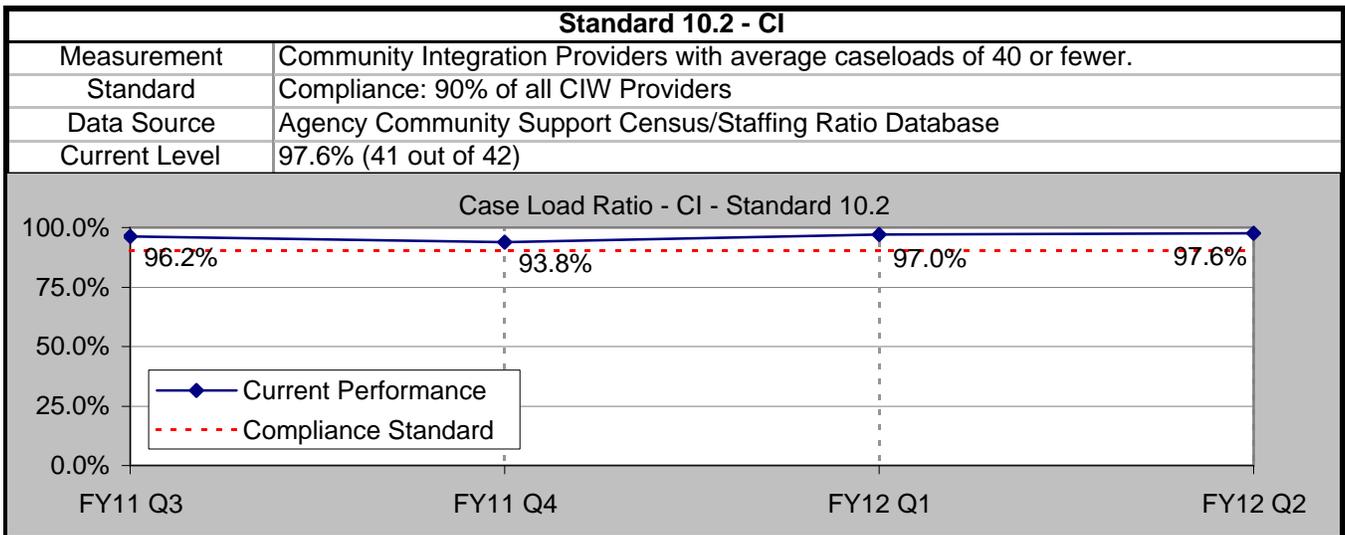
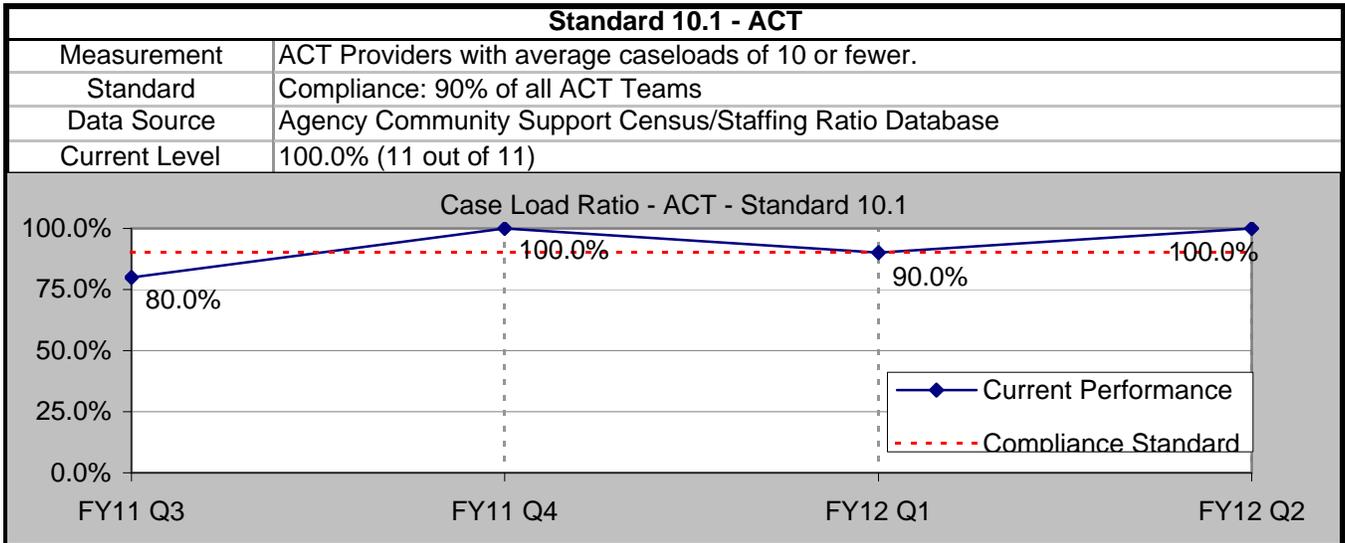
**Community Integration / Community Support Services /  
Individualized Support Planning**

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



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

**Standard 10 - Case Load Ratio**



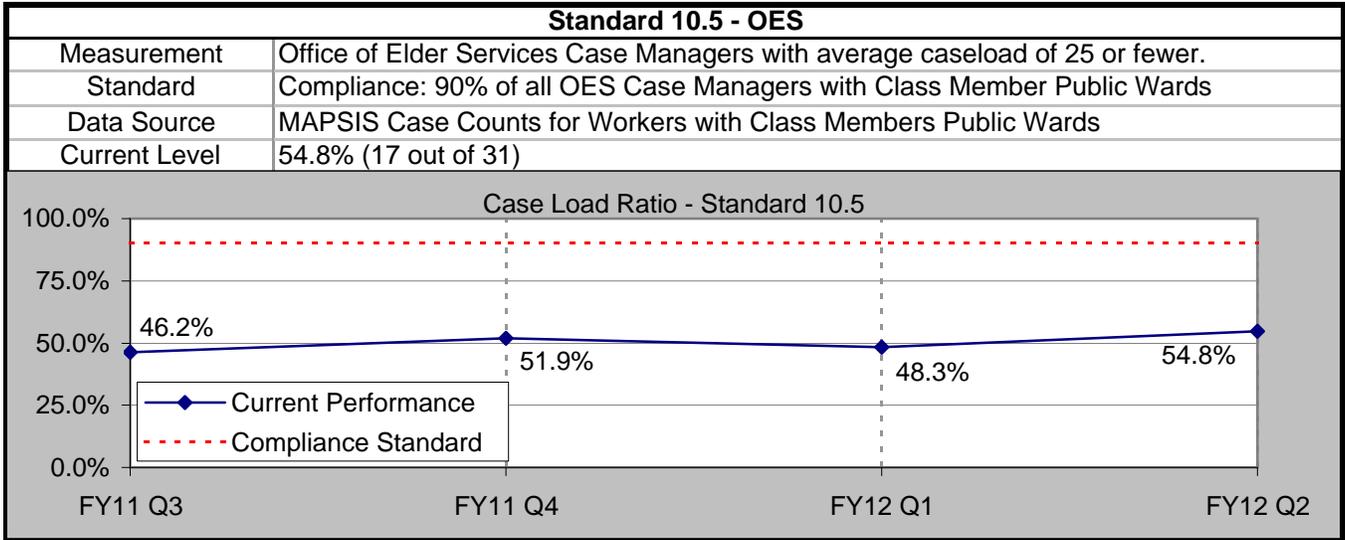
**Discussion:**

Standard 10.1: The 10/01/2009 revision of MaineCare Section 17 clearly specified staff to be included in calculating staffing ratios; ratio has been met since the 2nd quarter FY 10, except Q3 FY 11

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

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

<b>Standard 10.4 - ICM</b>	
Measurement	Intensive Case Managers with average caseloads of 16 or fewer.
Standard	Compliance: 90% of all ICM Workers with Class Member caseloads
	ICMs focus on outreach with individuals in forensic facilities or with individuals who are homeless. ICMs no longer carry traditional caseloads. In the future, if ICMs carry caseloads, OAMHS will resume reporting caseload ratios.



**Discussion:**

Standard 10.5: OES continues not to meet staff/client ratios. Two vacant positions due to retirement have been filled and a 3rd position has been approved and interviews scheduled. A 20 hour position is being moved to Aroostook county to alleviate high caseloads.

**Recommendations:**

Continue to monitor

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

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

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

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

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

<b>Number of Callers with resource needs July 1 - Sept 30, 2011</b>				
	<b>Region 1</b>	<b>Region 2</b>	<b>Region 3</b>	<b>Total</b>
Unique Individuals:	5	0	1	6
Unmet Needs:	0	0	0	0

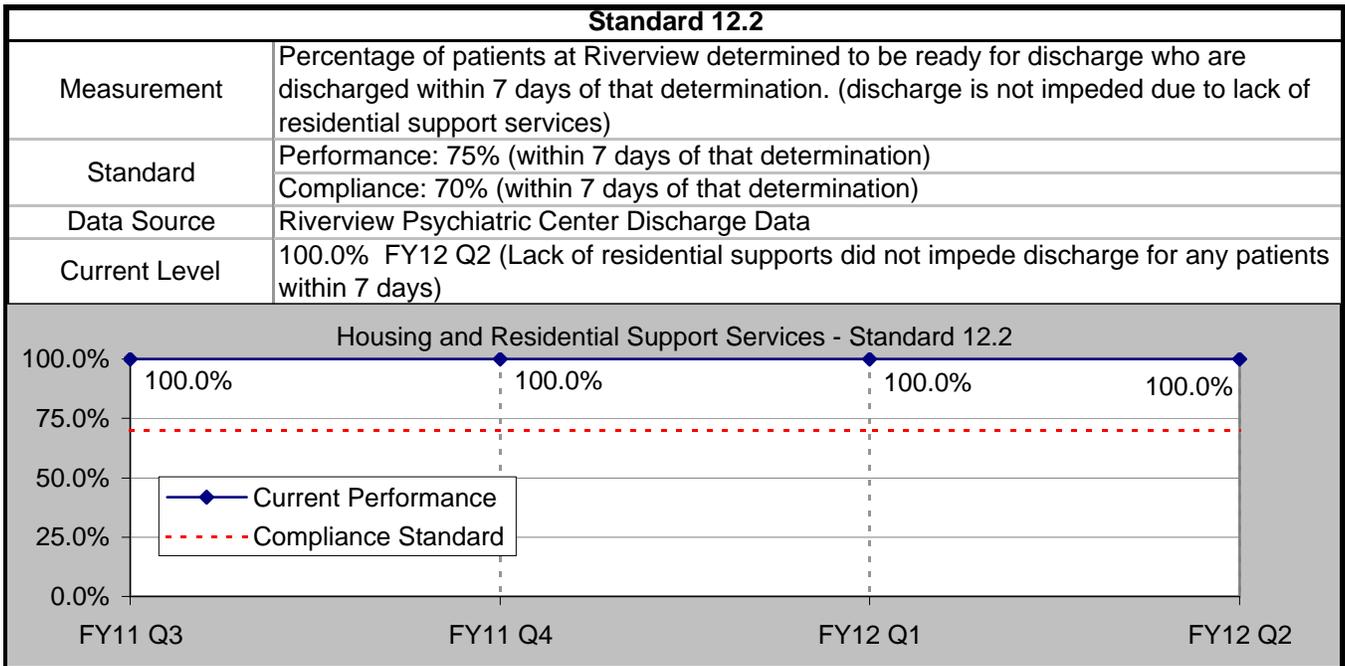
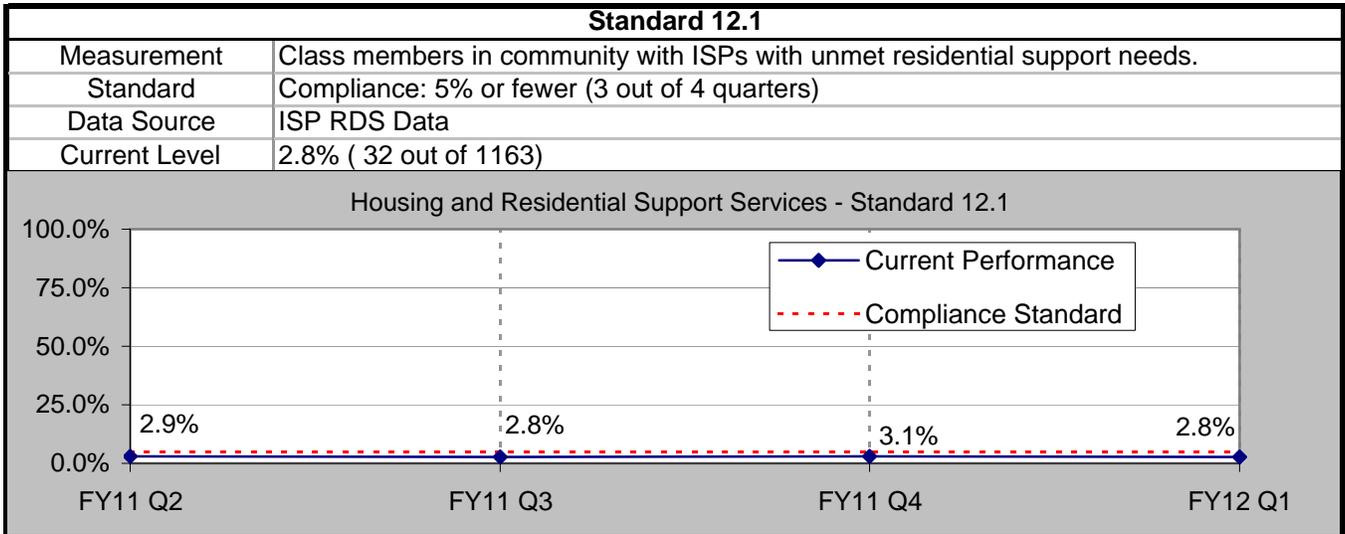
<b>Unmet Needs by Domain Jul 1 ~ Sept 30, 2011</b>	
<b>ISP Domain Areas</b>	<b>State</b>
Mental Health Services	0
MH Crisis Planning Resources	0
Peer, Recovery & Support Resources	0
Substance Abuse Services	0
Housing Resources	0
Health Care Resources	0
Legal Resources	0
Financial Security Resources	0
Education Resources	0
Vocation Employment Resources	0
Living Skills Resources	0
Transportation Resources	0
Personal Growth/Community Participation Resources	0
<b>Total</b>	<b>0</b>

**Discussion:**

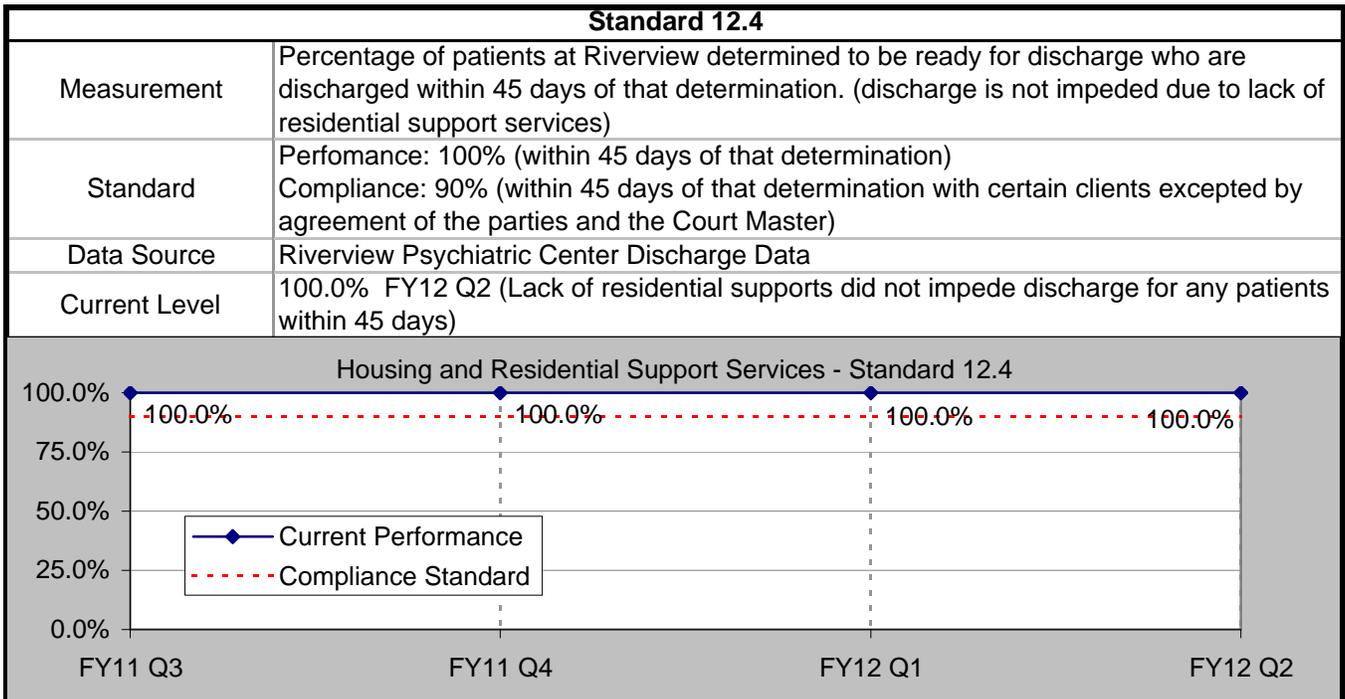
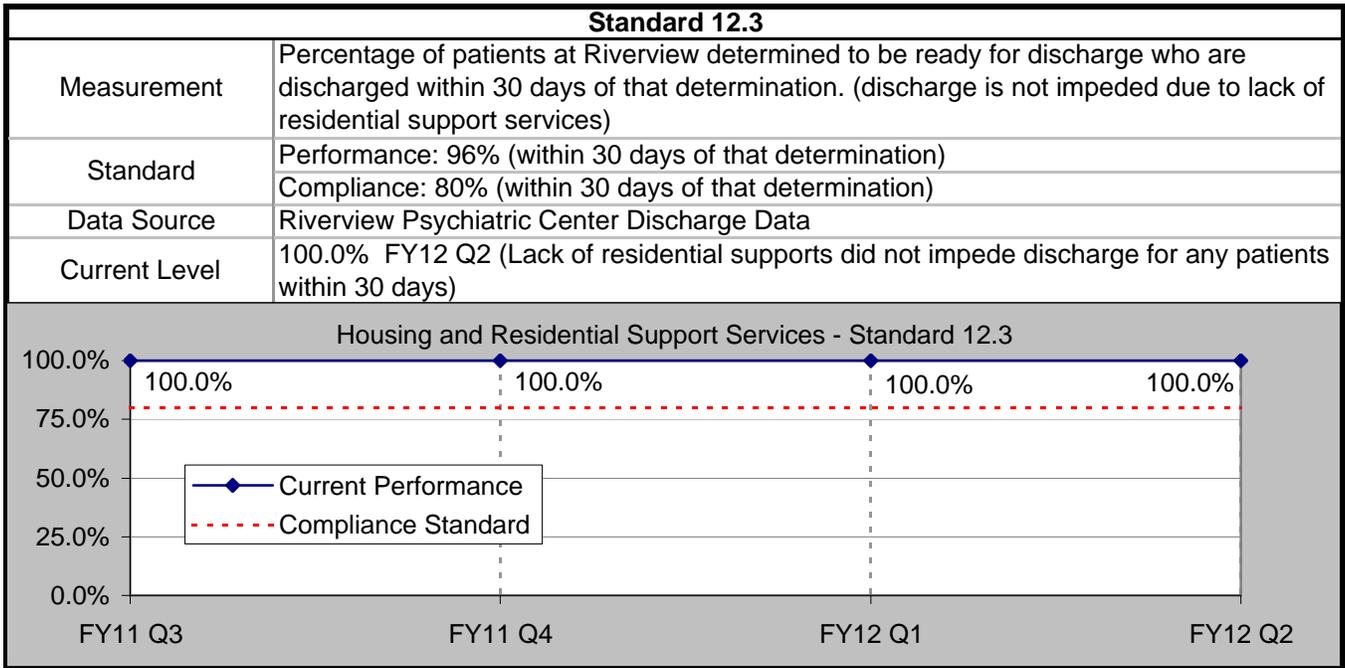
As of 04/01/2011, data for this standard is collected by the Division of Community Forensic and Outreach Services/ICMs. The ICMs experienced some difficulties in the transition and all were retrained in July. We should expect higher numbers of callers to be reported for July -September 2011

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

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



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



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

**Discussion:**

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

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

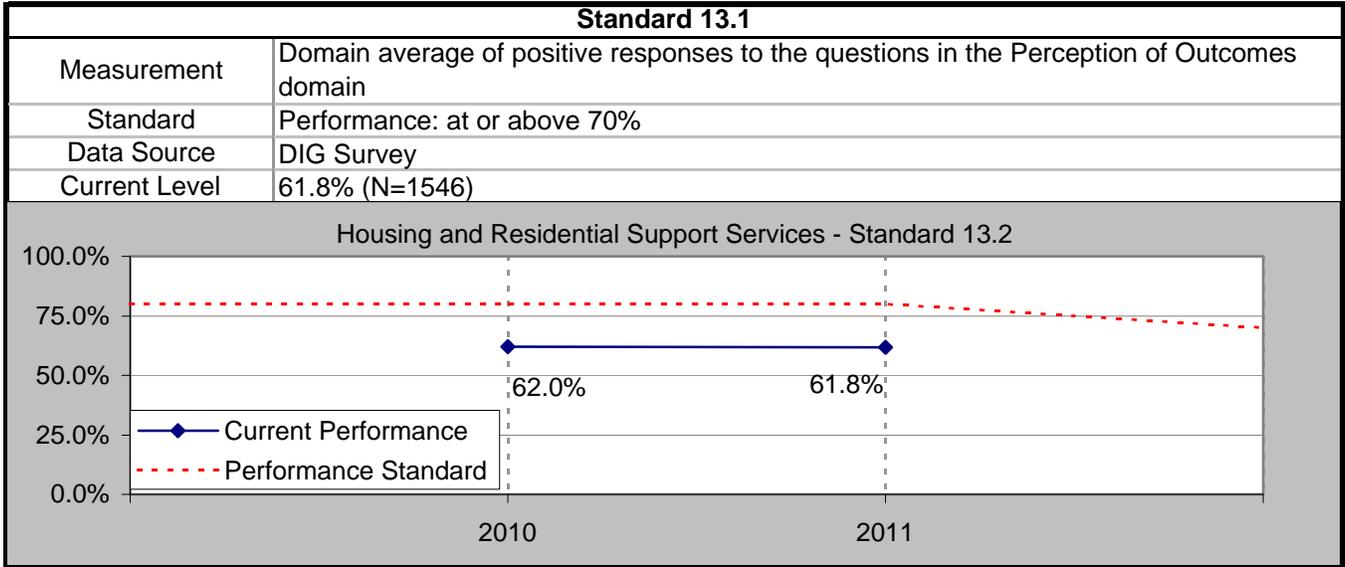
Riverview Psychiatric Center Discharge Detail to amplify data presented in Standards 12.2, 12.3, 12.4

45 Civil Patients discharged in quarter

- 24 discharged at 7 days (53.3%)
- 14 discharged 8-30 days (31.1%)
- 4 discharged 31-45 days (8.9%)
- 3 discharged post 45 days (6.7%)

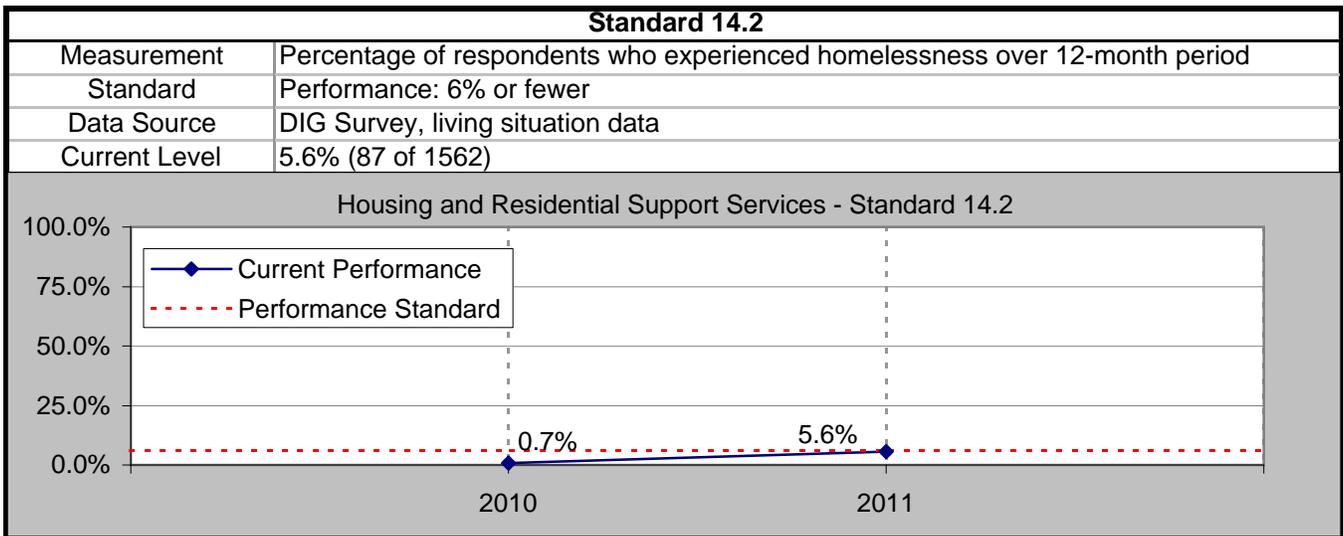
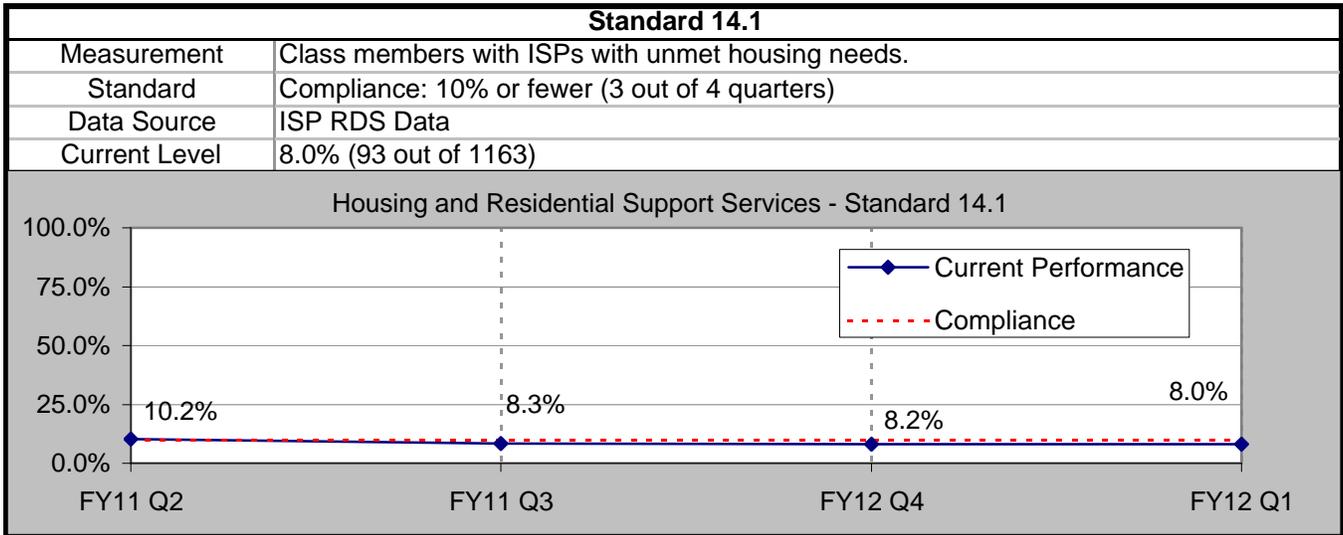
Residential Support Services did not impede discharge for any patients post clinical readiness for discharge

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



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

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



**Standard 14.3: Request to delete approved 01/19/2011**

**Discussion:**

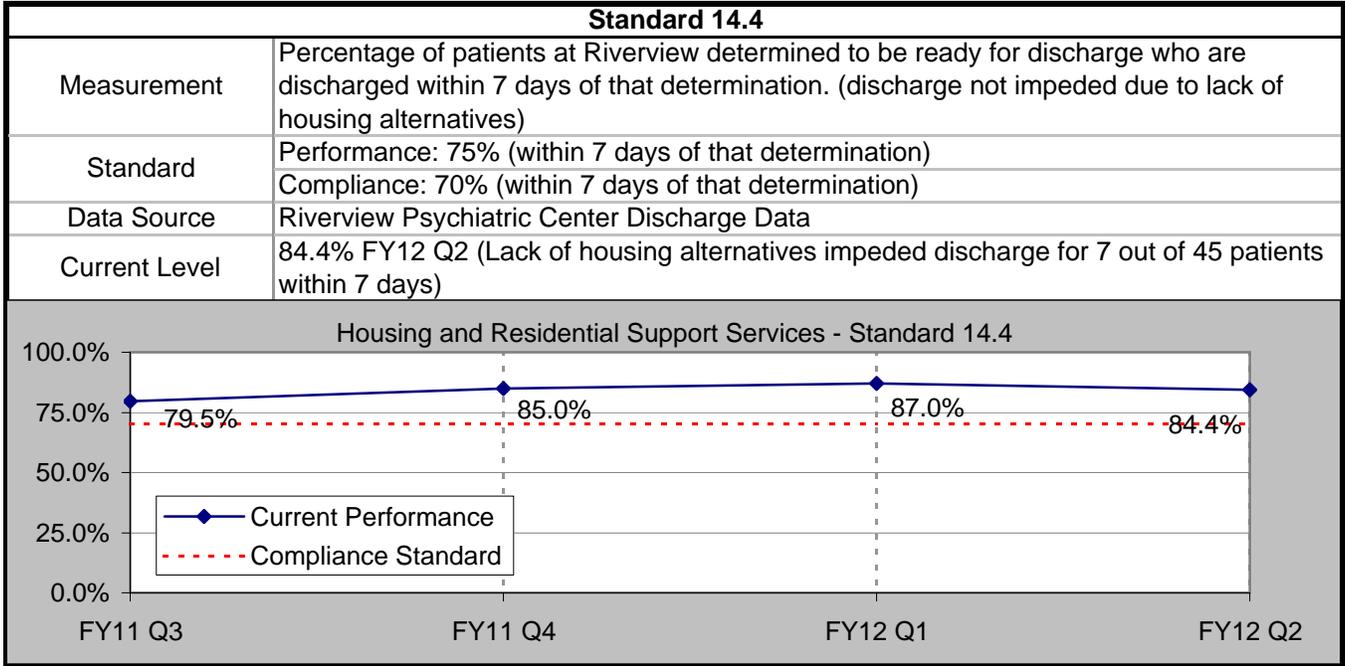
Standard 14.1: Met from quarter 3 FY 09 except for Q4 FY 10 (10.8%).

Standard 14.2: Last year (2010), % of 'currently homeless' was reported instead of 'experienced homelessness over 12 month period'.

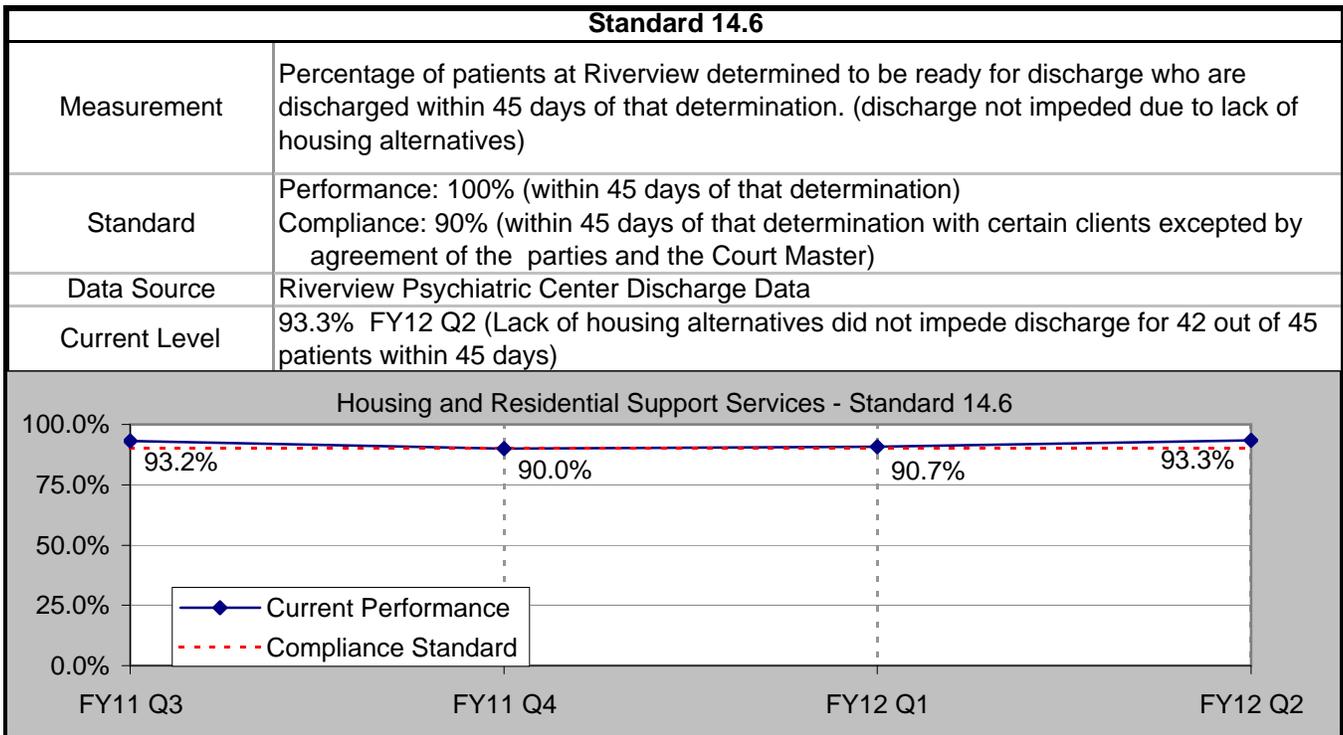
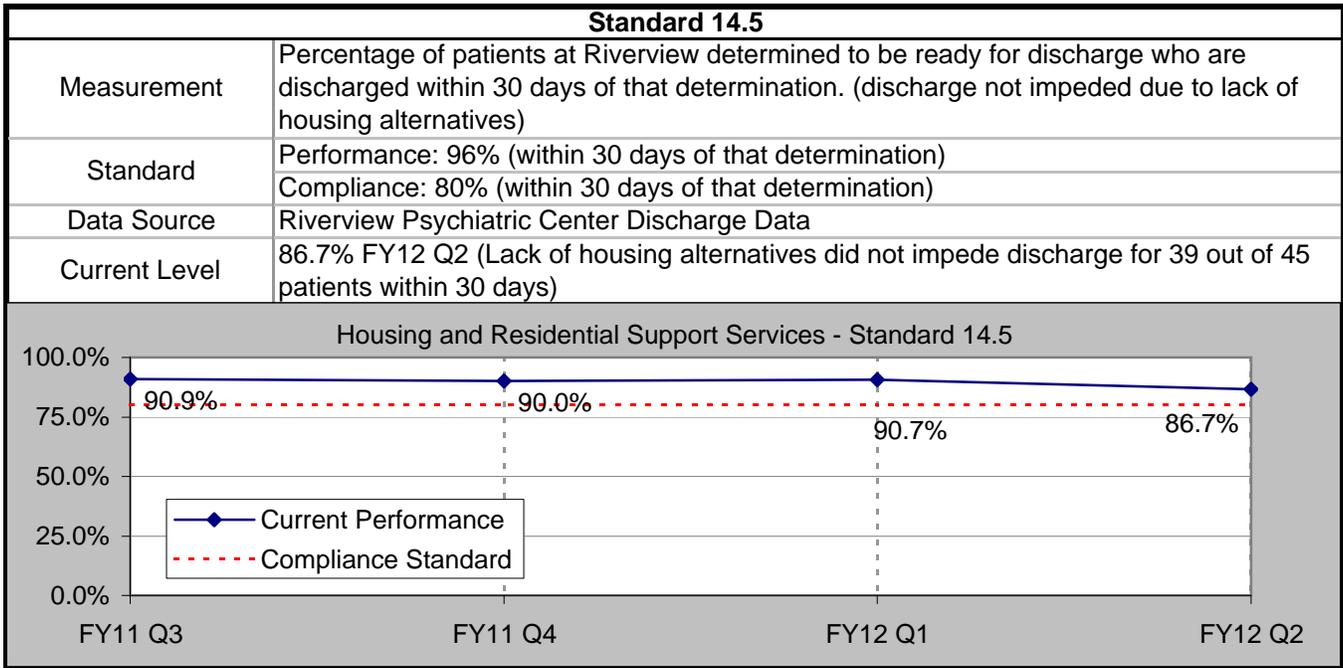
**Recommendations:**

Continue to monitor

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



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



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

**Discussion:**

Standard 14.4: Met for all quarters FY 09; the 1st, 2nd, and 4th quarters of FY 10; all quarters FY11; 1st and 2nd quarters FY 12

Standard 14.5: Met the 3rd and 4th quarters FY 09; the 2nd and 4th quarters FY 10; all quarters FY 11; 1st and 2nd quarters FY 12

Standard 14.6: Met 2nd and 4th quarters FY 09; 2nd and 4th quarters FY 10; all quarters FY 11; 1st and 2nd quarters FY 12

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

45 Civil Patients discharged in quarter

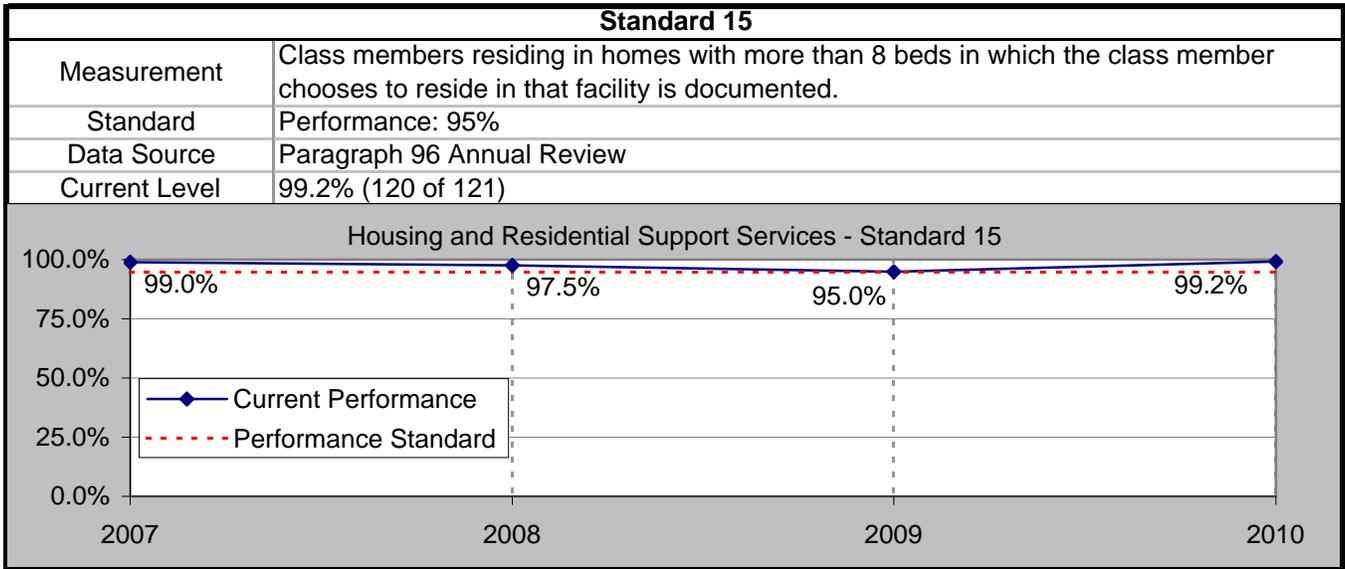
- 24 discharged at 7 days (53.3%)
- 14 discharged 8-30 days (31.1%)
- 4 discharged 31-45 days (8.9%)
- 3 discharged post 45 days (6.7%)

Housing Alternatives impeded discharge for 7 patients (15.5%)

- 0 patient discharged within 7 days post clinical readiness for discharge
- 1 patient discharged 8-30 days post clinical readiness for discharge
- 3 patients discharged 31-45 days post clinical readiness for discharge
- 3 patients discharged greater than 45 days post clinical readiness for discharge

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

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



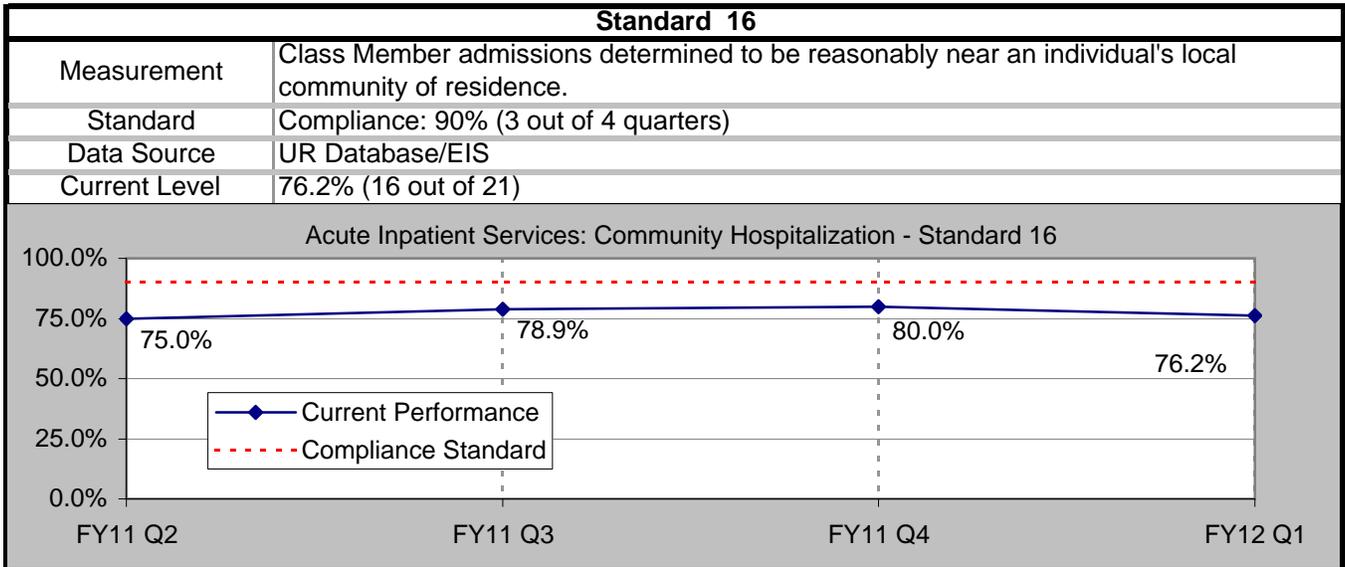
**Discussion:**

Standard met since 2007.

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. OAMHS submitted an amendment request to modify this requirement on November 23, 2011. While the request is being reviewed, OAMHS was granted permission to hold the 2011 review in abeyance until a decision is made.

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

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



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

**Discussion:**

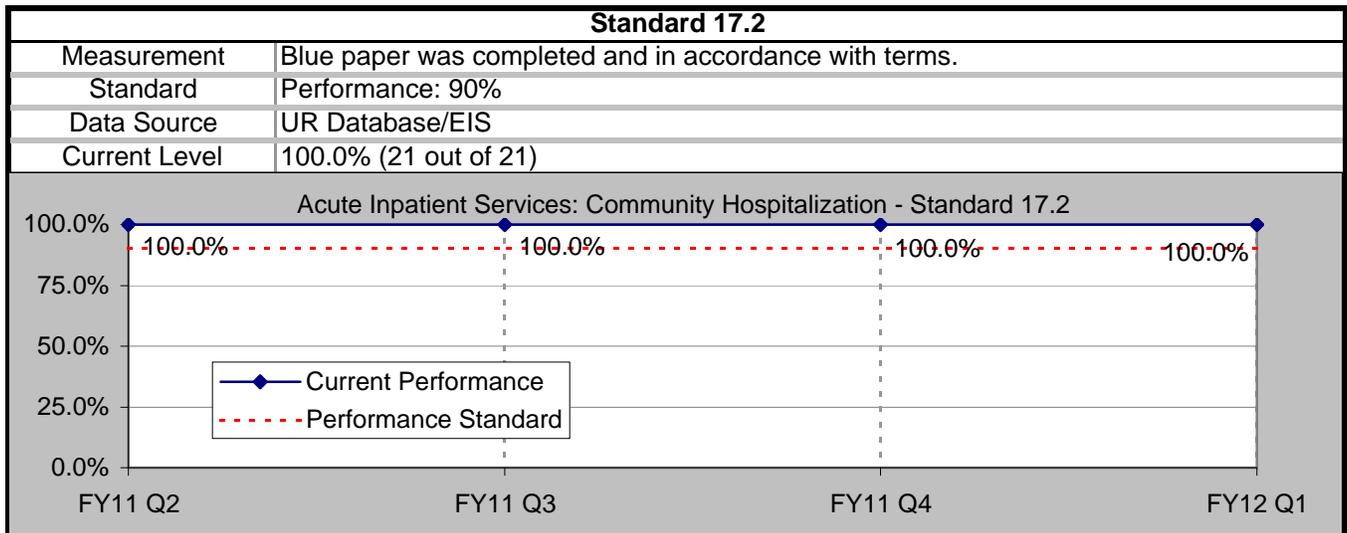
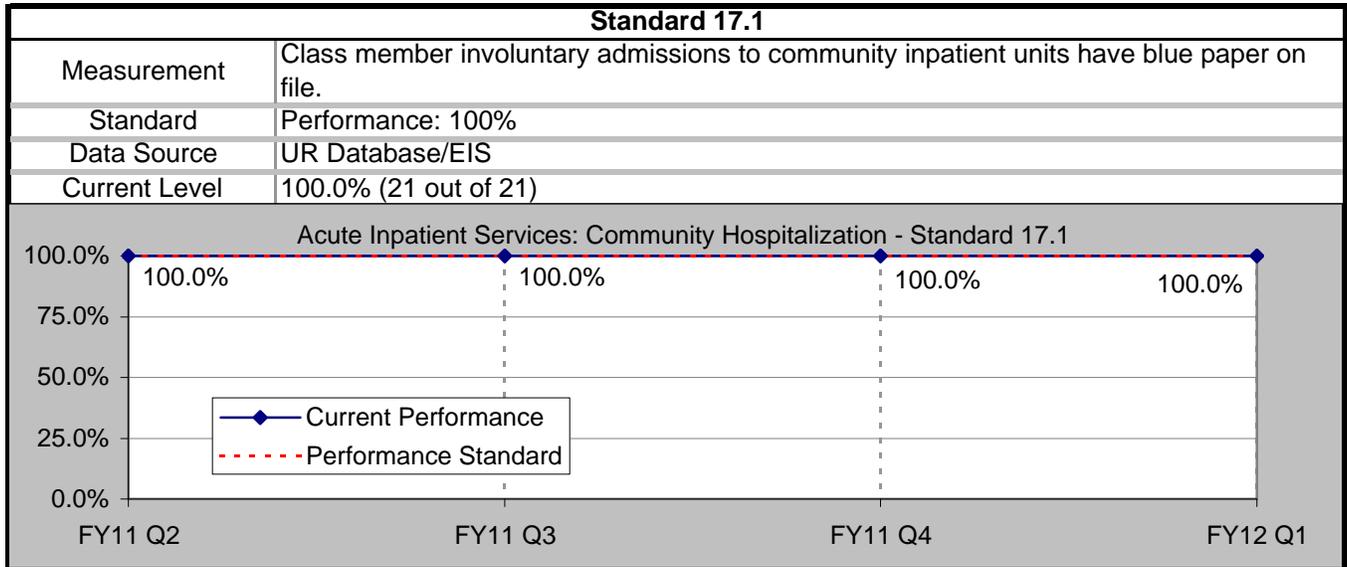
Standard not met since Q4 FY 10. The number of class member reviews is small making it difficult to draw conclusions systemically.

**Recommendations:**

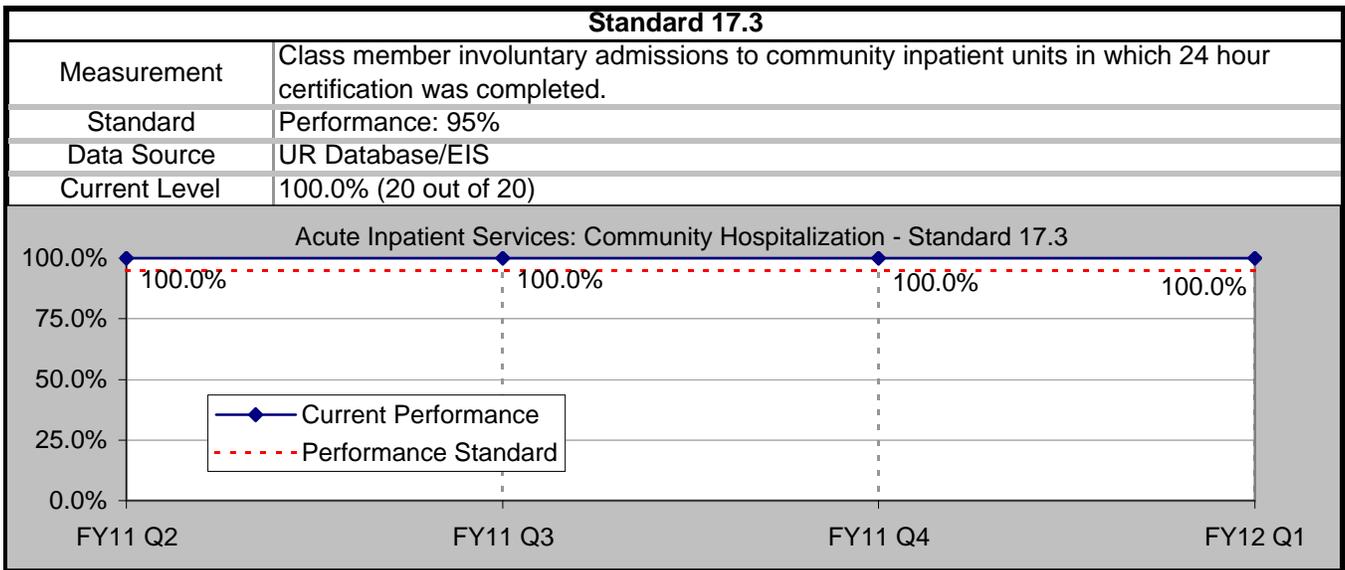
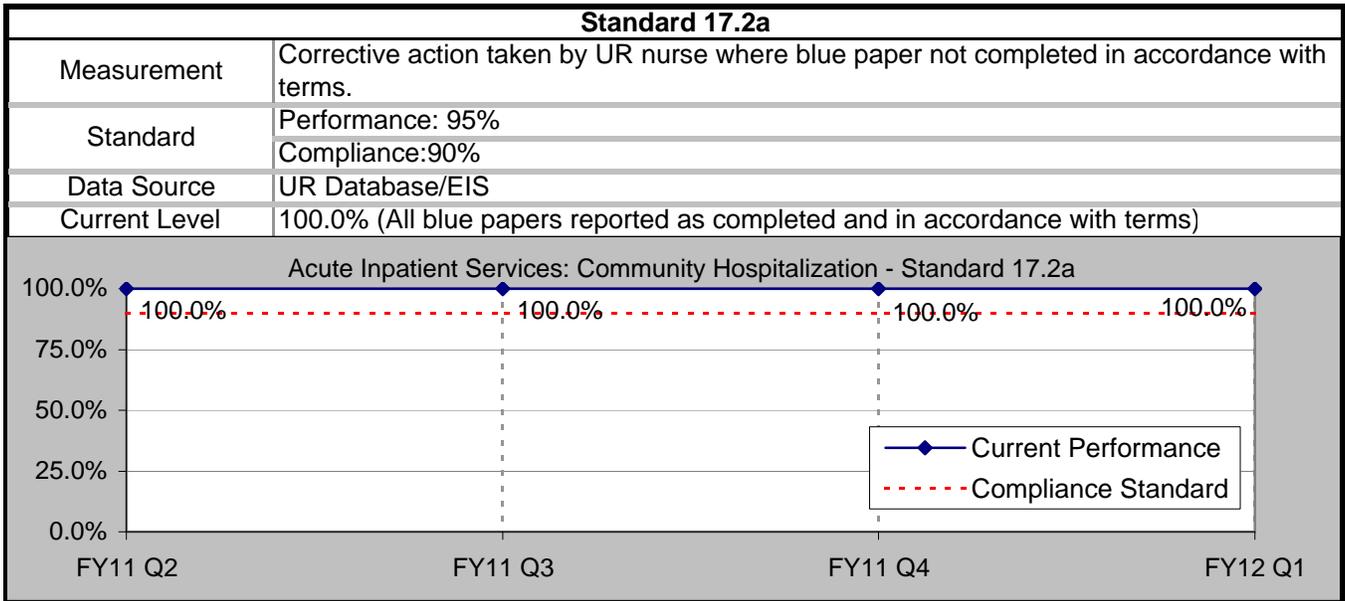
Continue to monitor.

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

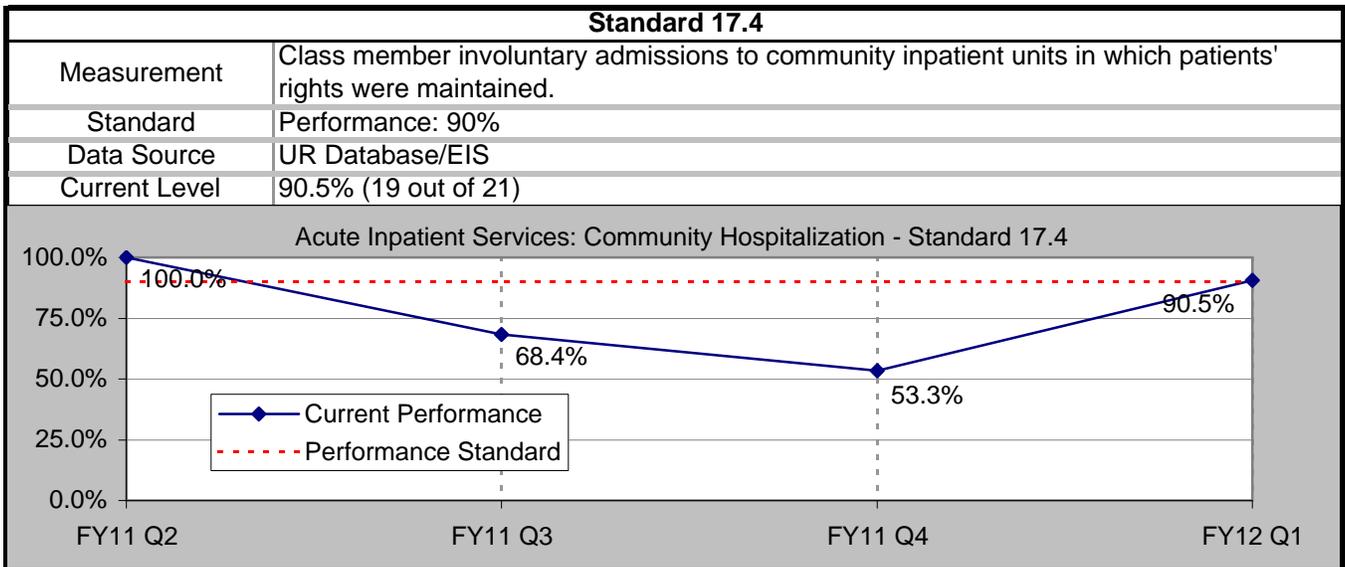
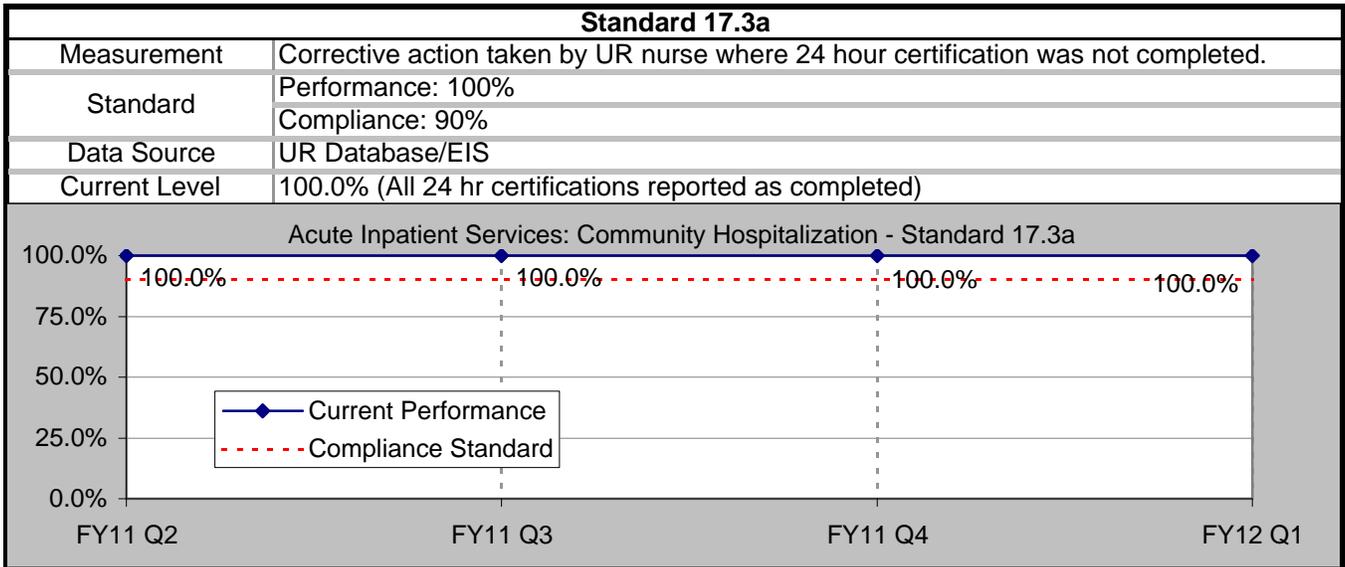
**Standard 17 - Class member admissions to community involuntary inpatient units are in accordance with law and meet medical necessity criteria**



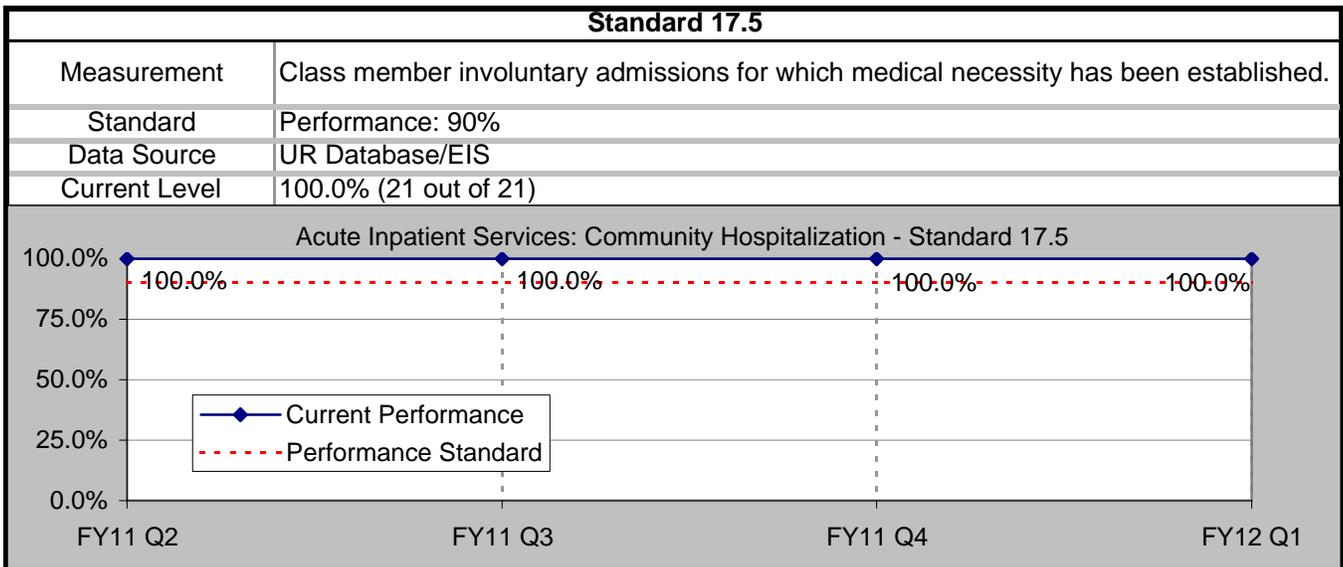
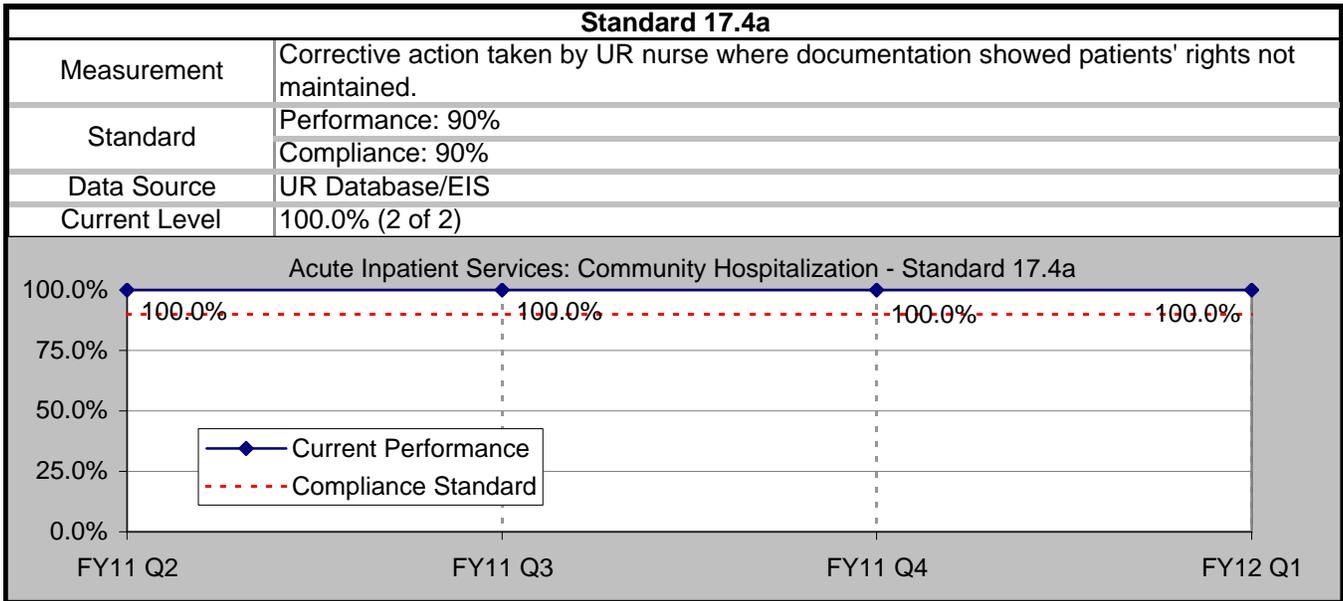
**Community Resources and Treatment Services  
Acute Inpatient Services: Involuntary Community Hospitalization**



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



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



**Discussion:**

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

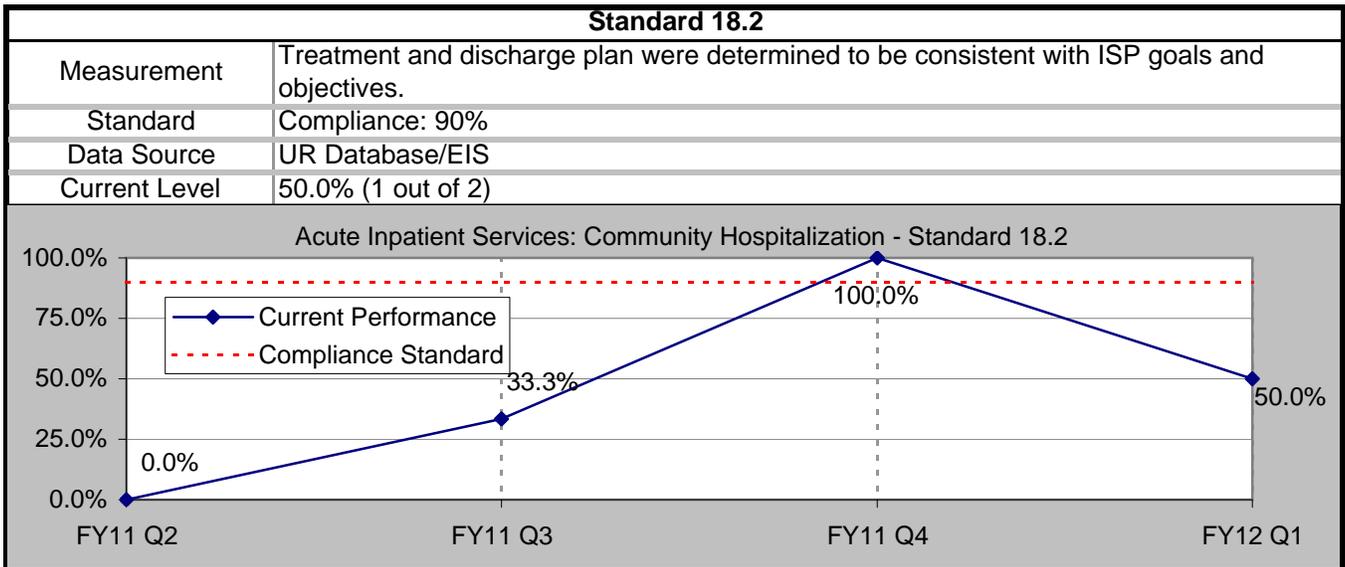
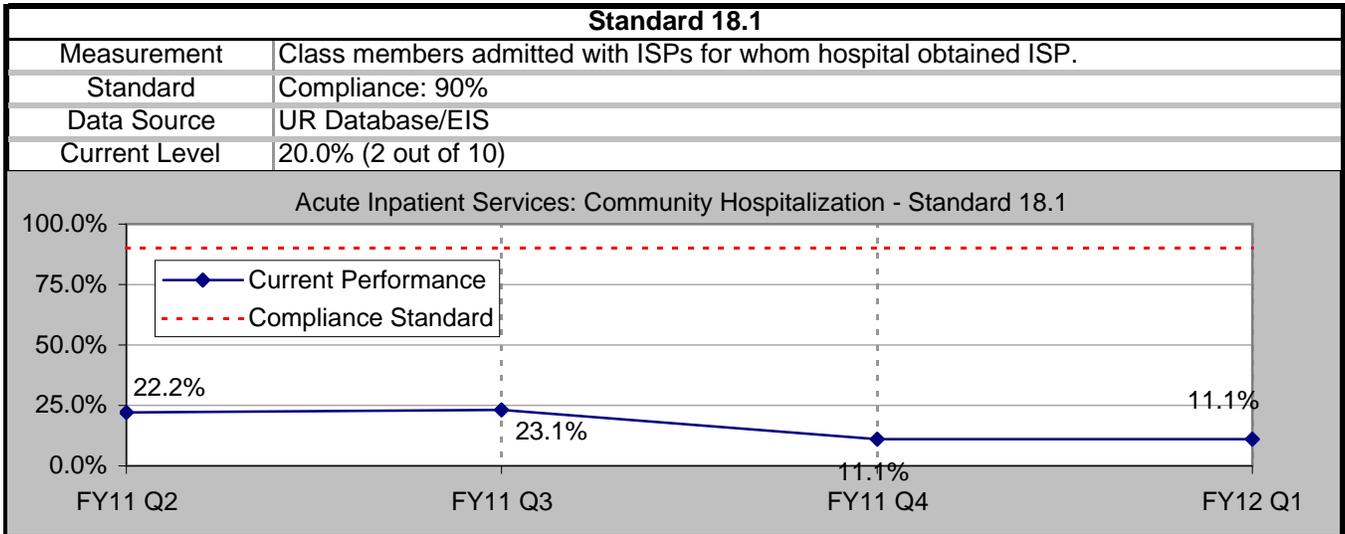
Standard 17.4: Not met the 3rd and 4th quarters FY 11. All rights violations are referred to hospital licensing.

**Recommendations:**

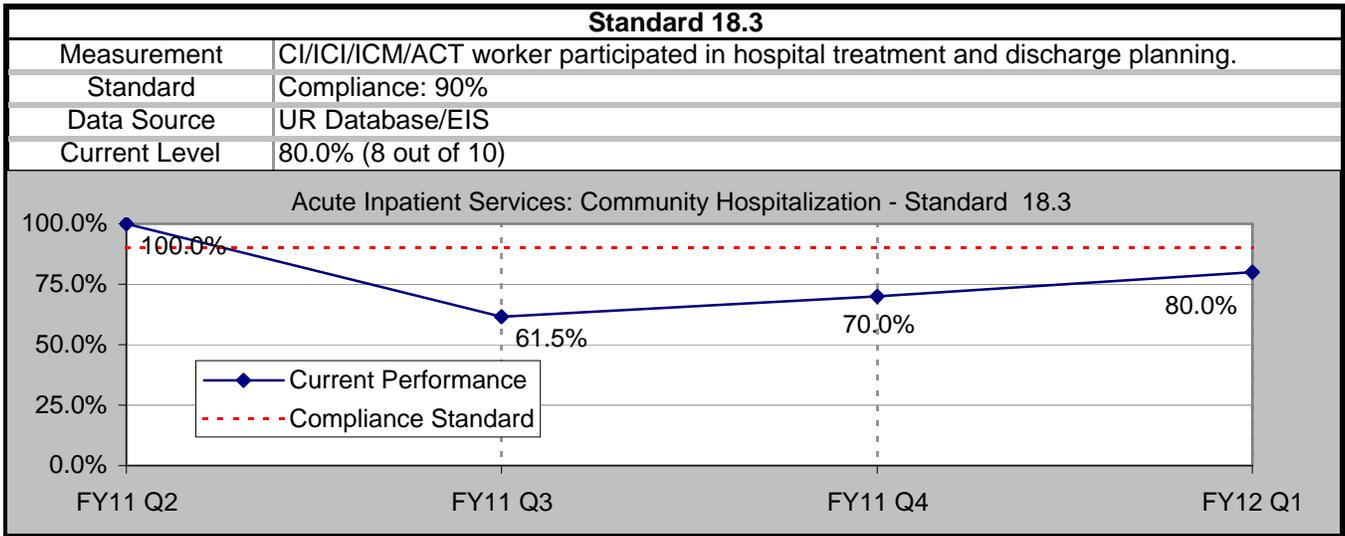
Consider whether it continues to be necessary to review all emergency involuntary admissions; would a sample of admissions be sufficient to measure compliance?

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

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



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



**Discussion**

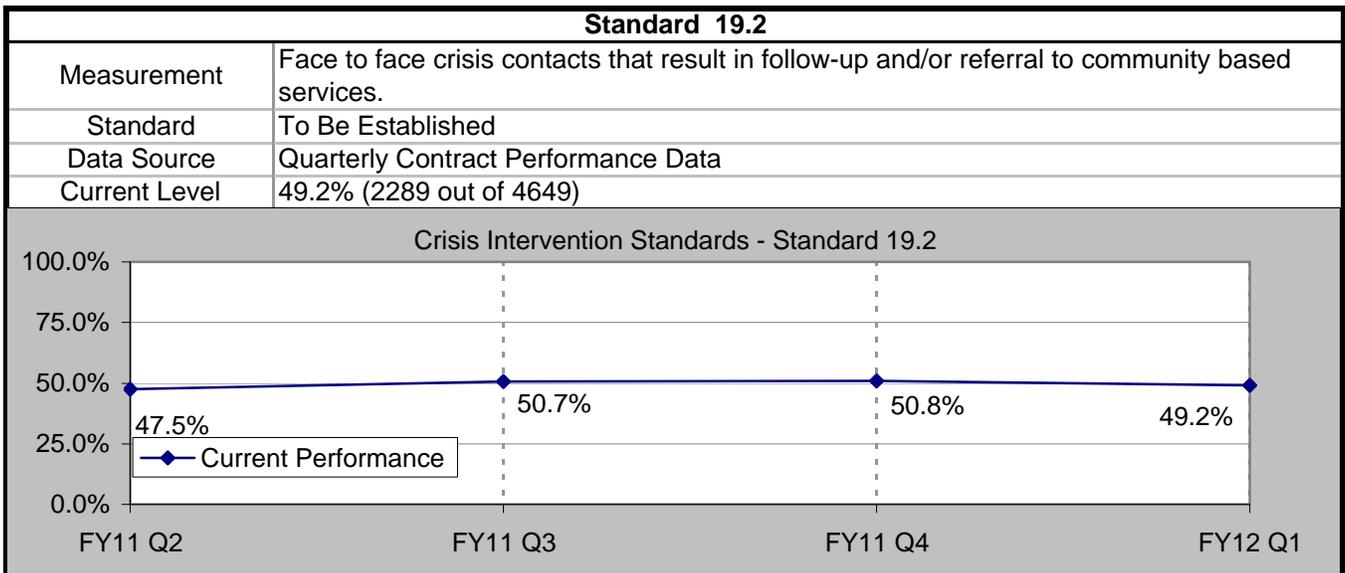
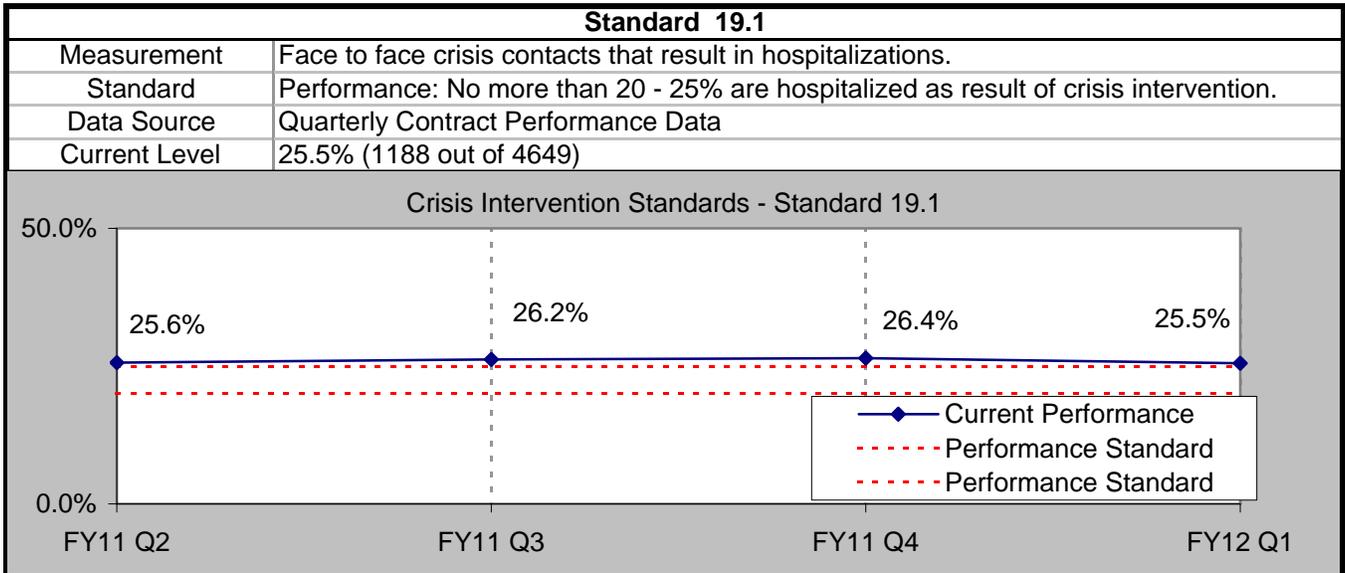
Standards 18.1, 18.2, and 18.3: Each quarter, hospital specific data regarding these standards is posted online and CSNs notified of their availability. Numbers for each standard are very small making it difficult to draw definitive conclusions. Worker participation has been higher than the hospital actually receiving the ISP.

**Recommendations:**

Continue to monitor and post data on the OAMHS website

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

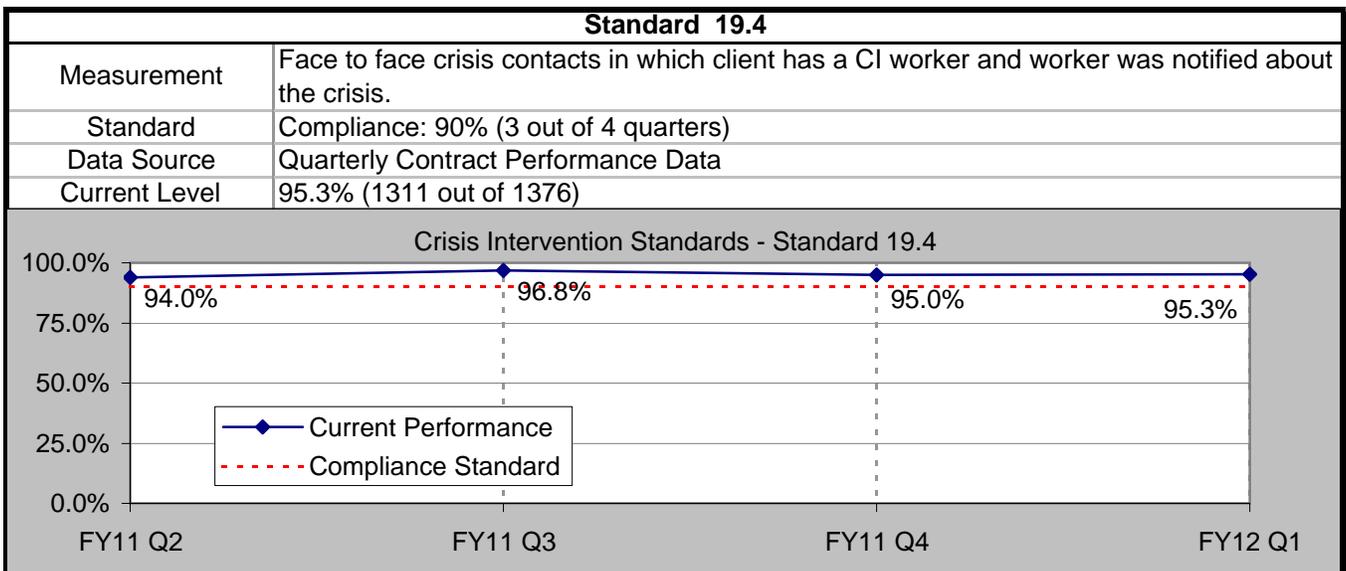
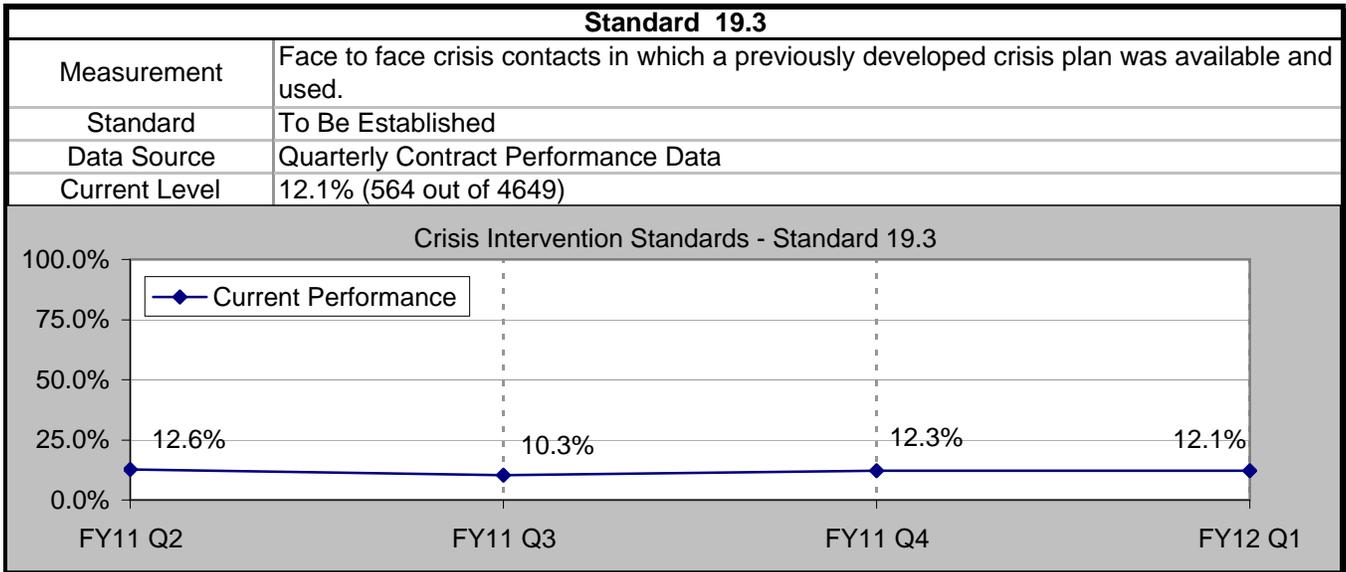
**Standard 19 - Crisis services are effective and meet Settlement Agreement Standards**



**Discussion:**

Standard 19.1: Data continues to run slightly above the standard.

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

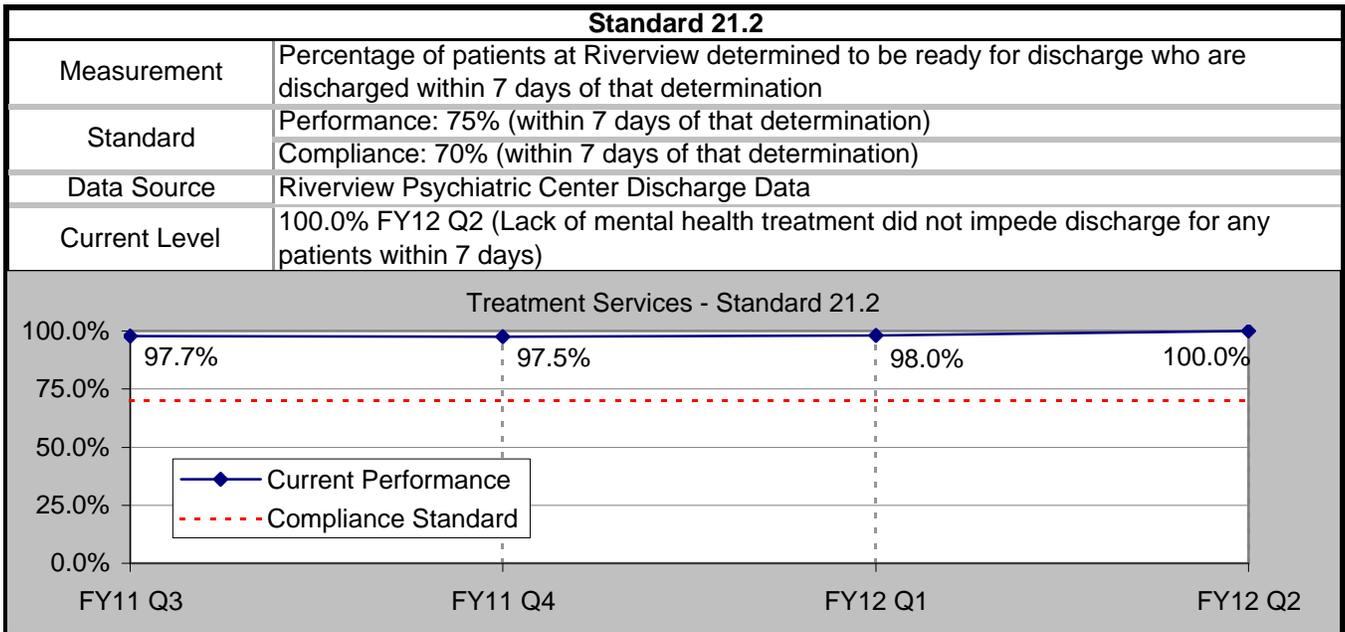
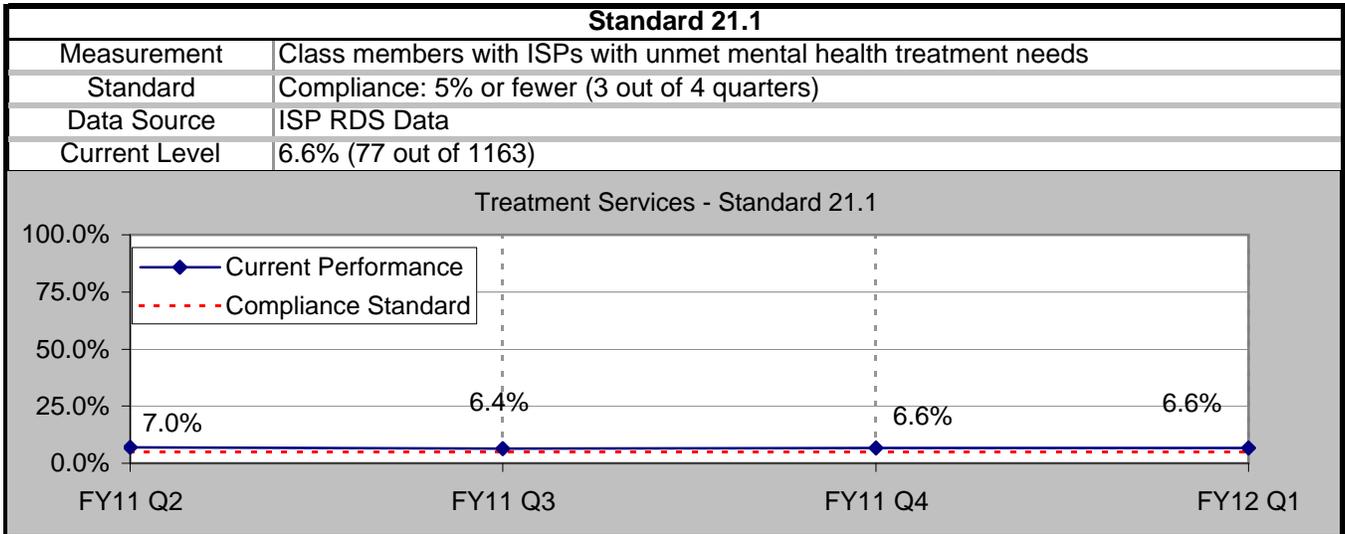


**Discussion:**

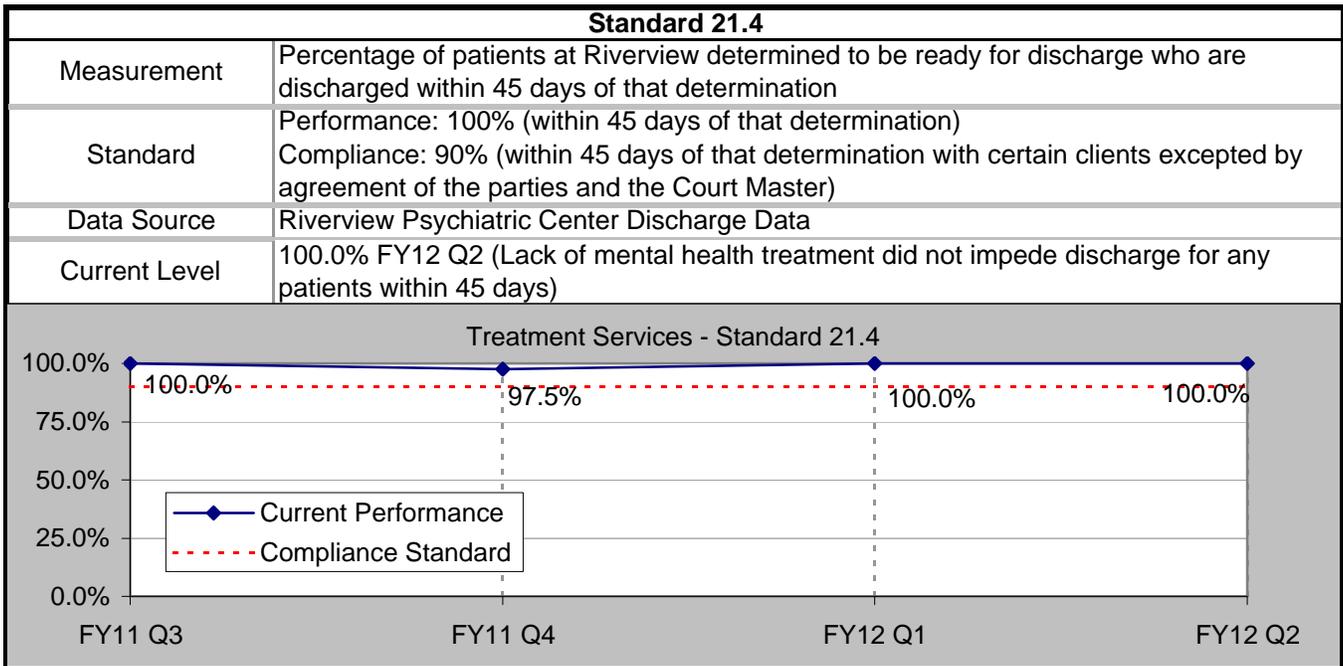
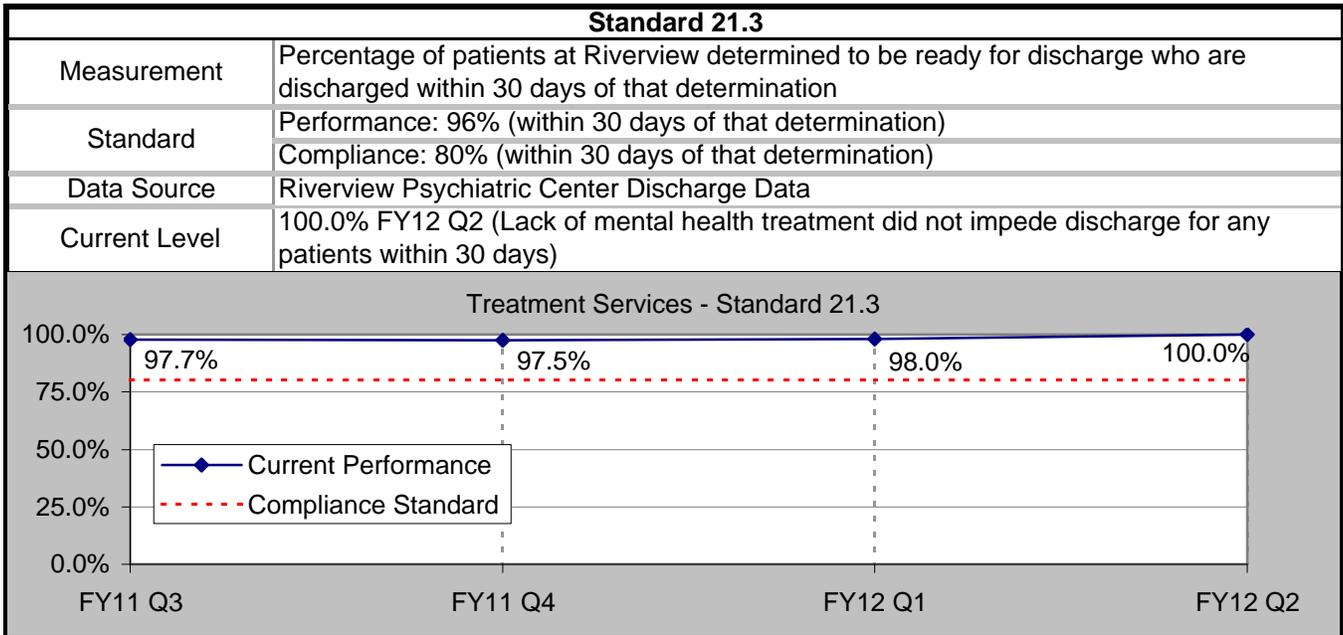
Standard 19.4: Met for FY' 09, FY 10, and FY 11.

**Community Resources and Treatment Services  
Treatment Services**

**Standard 21 - An array of mental health treatment services are available and sufficient to meet ISP needs of class members and the needs of hospitalized class members ready for discharge.**



**Community Resources and Treatment Services  
Treatment Services**



**Discussion:**

Standard 21.1: Percentage has decreased from 9.2% in the 4th quarter FY 10 to 6.6% in the 4th quarter of FY 11 and the 1st quarter of FY 12.

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

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

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

45 Civil Patients discharged in quarter

24 discharged at 7 days (53.3%)  
14 discharged 8-30 days (31.1%)  
4 discharged 31-45 days (8.9%)  
3 discharged post 45 days (6.7%)

Treatment services did not impede discharge for any patients post clinical readiness for discharge

**Community Resources and Treatment Services  
Treatment Services**

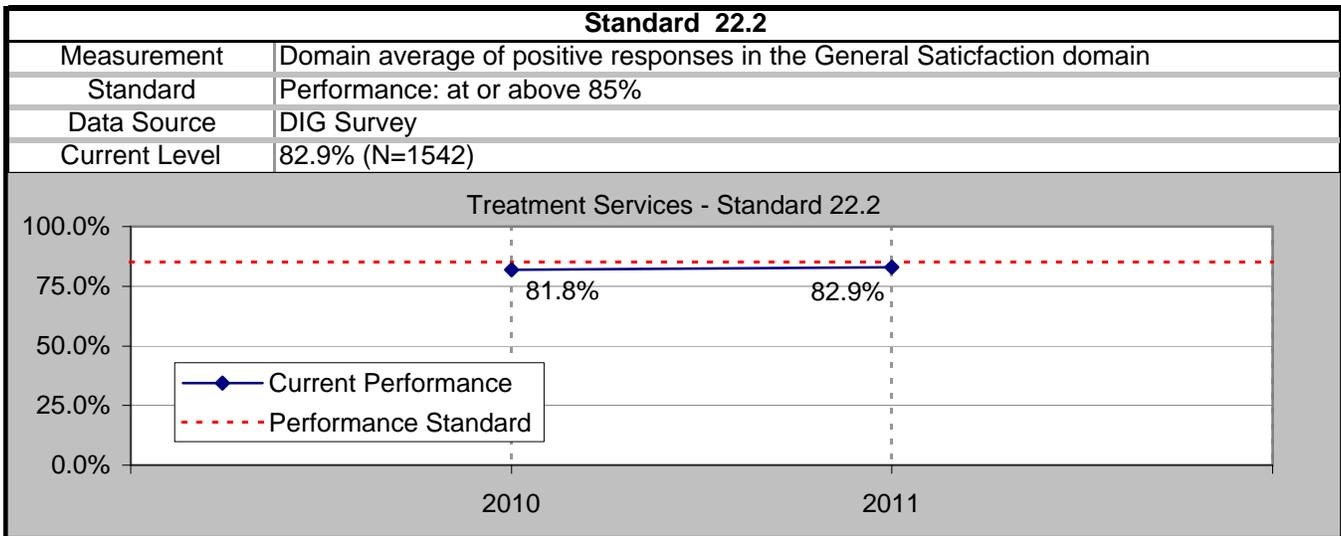
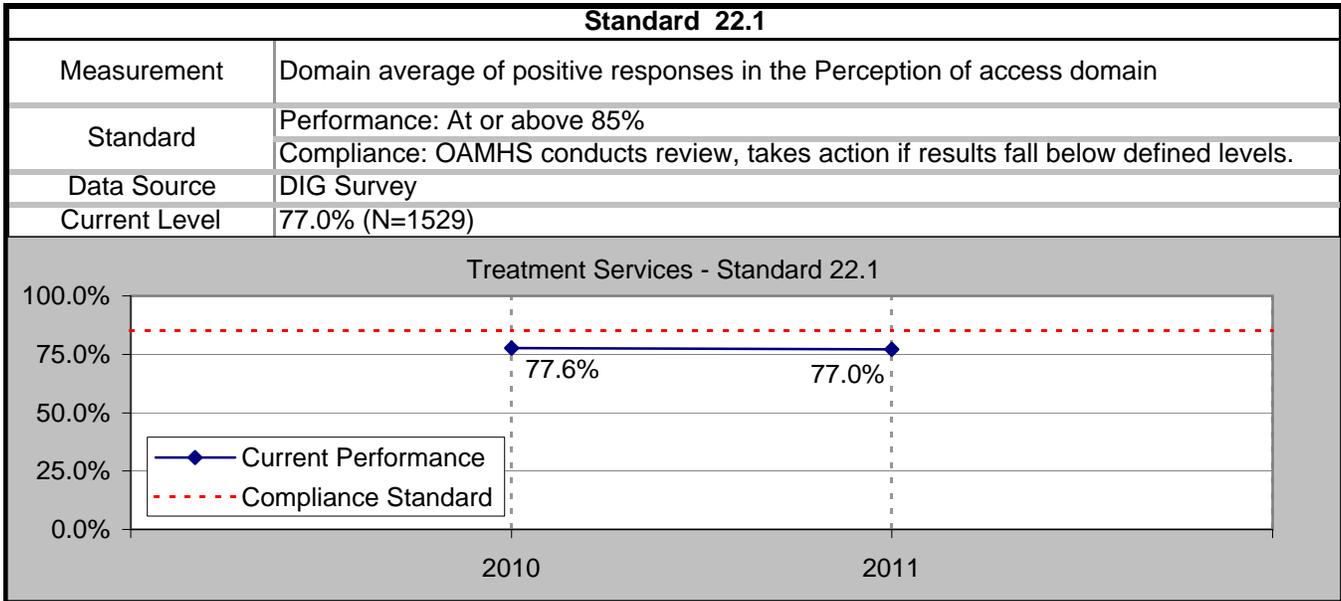
<b>Standard 21.5</b>	
Measurement	MaineCare data demonstrates by mental health service category that class members use an array of mental health treatment services.
Standard	No Numerical Standard Necessary
Data Source	Paid Claims data

<i>MaineCare Data FY 2011</i>			
<b>Mental Health Treatment Services Received</b>	<b>Total Number</b>	<b>Total Number of Class Members</b>	<b>Percent of Class Members</b>
Assertive Community Treatment	997	545	54.7%
Community Integration	12,130	1,218	10.0%
Community Rehabilitation	123	50	40.7%
Crisis Services	5,527	516	9.3%
Crisis Residential (CSU)	1,593	196	12.3%
Day Support/Day Treatment	772	101	13.1%
Medication Management	13,501	868	6.4%
Outpatient (Comp Assess&Therapy)	25,388	747	2.9%
Residential	828	678	81.9%
Skills Development	242	25	10.3%
Daily Living Supports	1,234	193	15.6%
<b>*Total Unduplicated Count</b>	<b>37,237</b>		<b>0.0%</b>

\*Total unduplicated counts will not be the sum of the total numbers. Members often receive more than one type of service.

**Community Resources and Treatment Services  
Treatment Services**

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



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

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

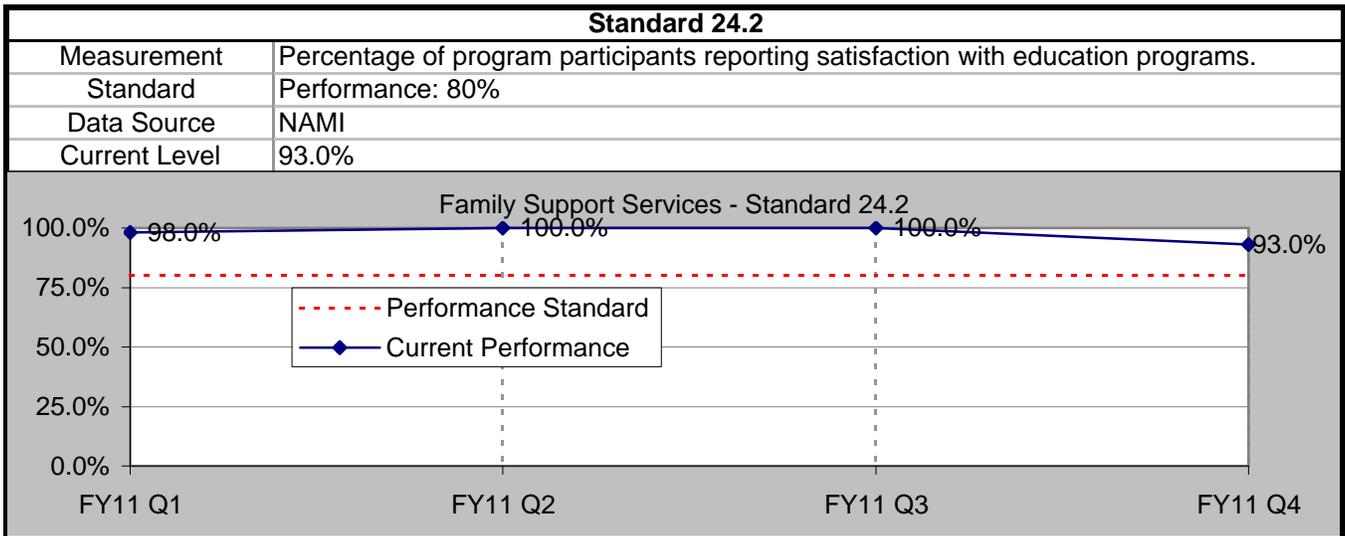
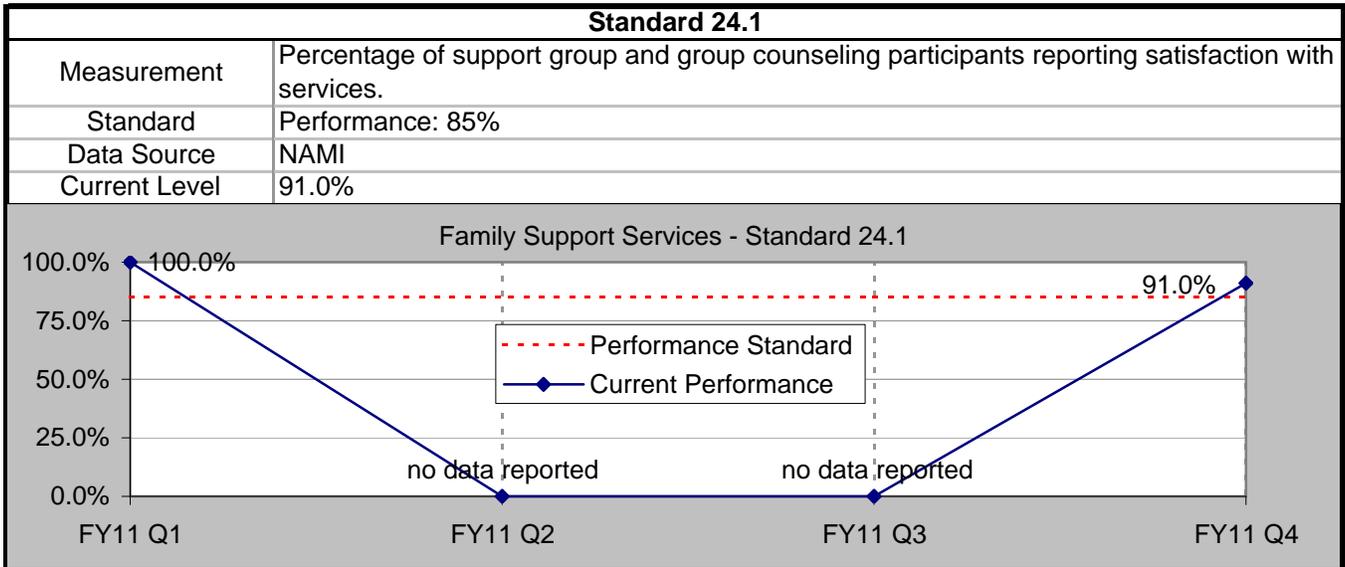
<b>Standard 23.1</b>	
Measurement	Number of education programs developed and delivered meeting Settlement Agreement requirements
Standard	No standard necessary
Data Source	NAMI
Current Level	4 family to family class: Q1 FY 12

<b>Standard 23.2</b>	
Measurement	Number and distribution of family support services provided
Standard	No standard necessary
Data Source	NAMI
Current Level	18 family support groups, 18 sites: Q1 FY 12

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

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

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

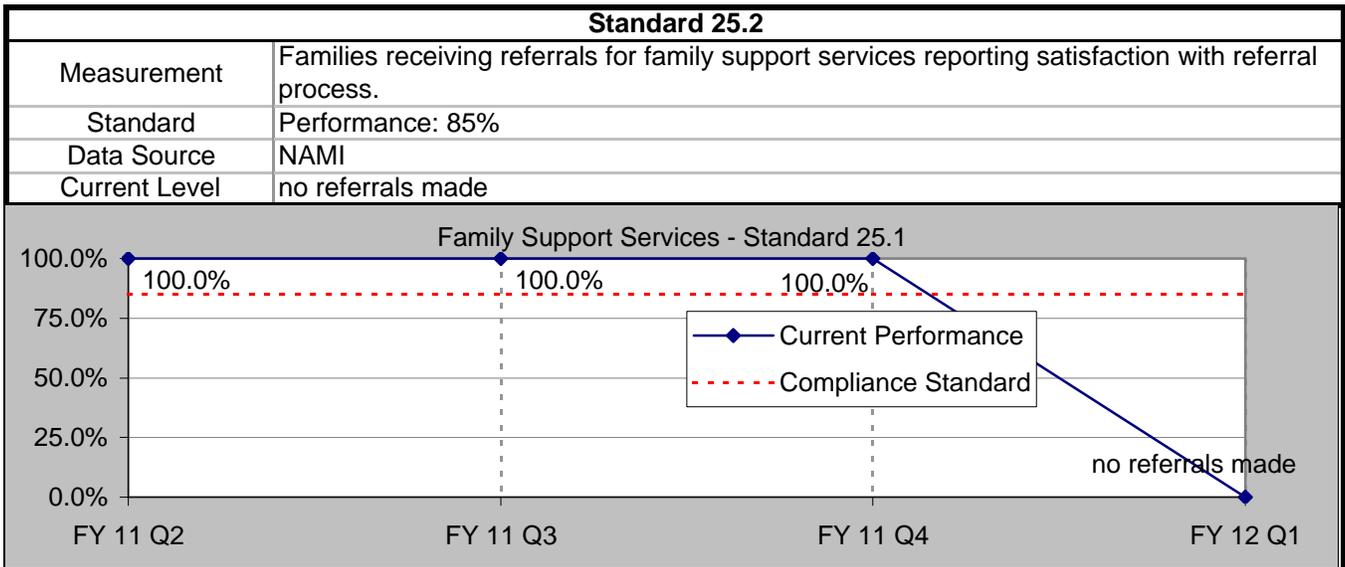
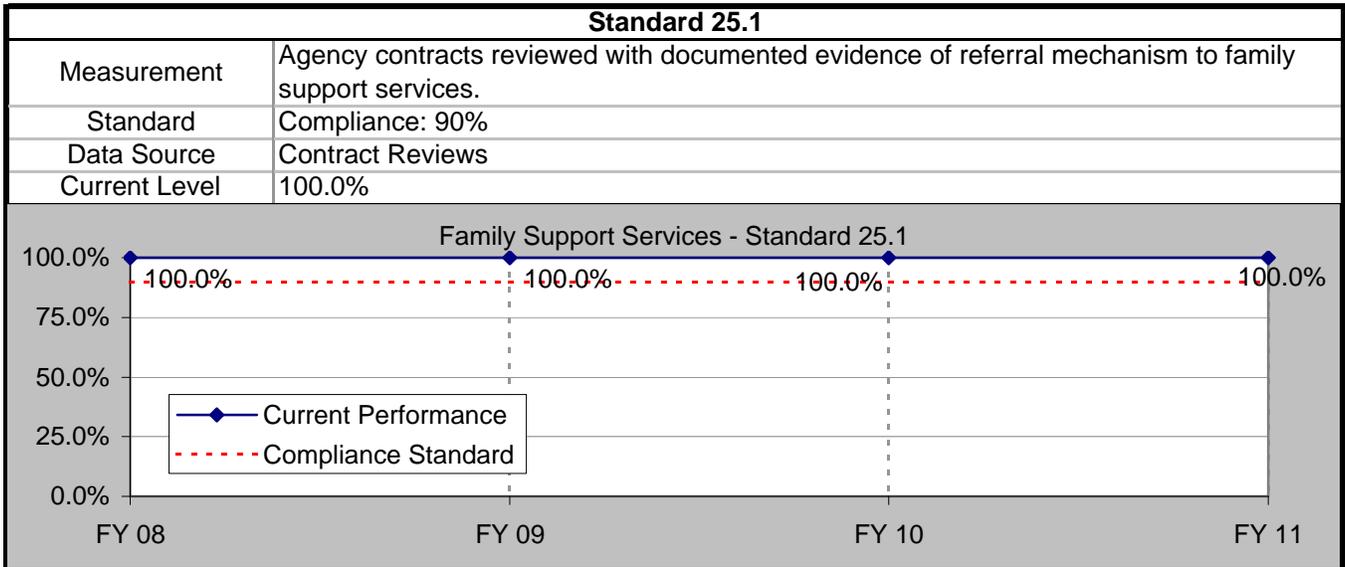


**Discussion:**

Standards 24.1 and 24.2: Data is now collected annually.

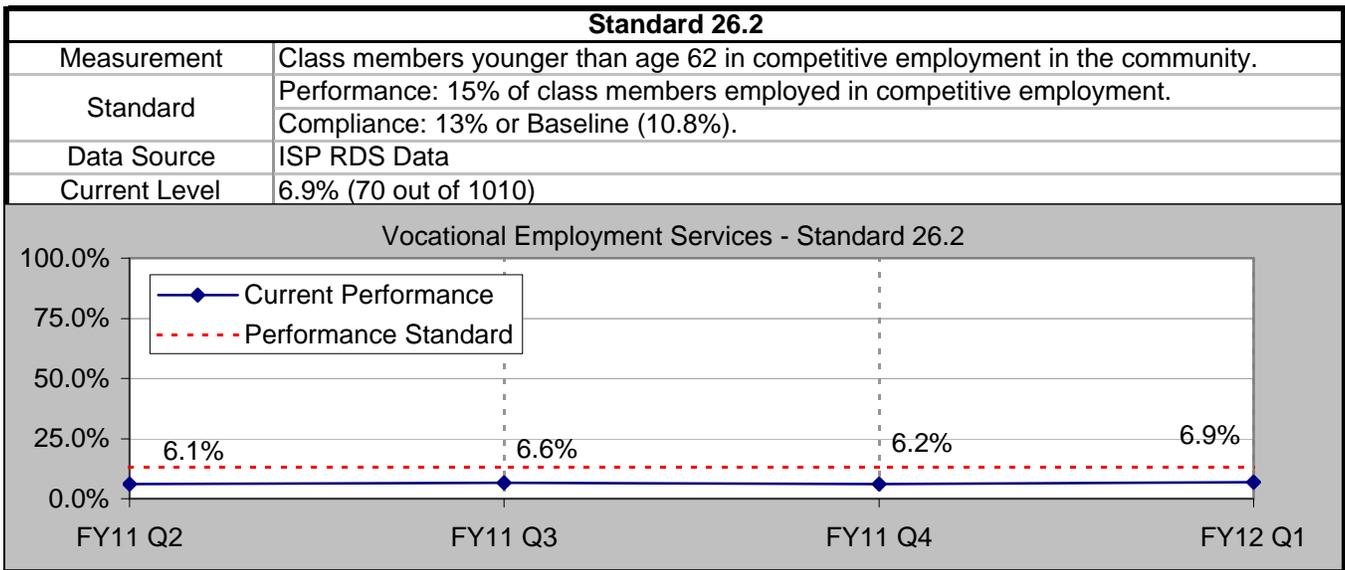
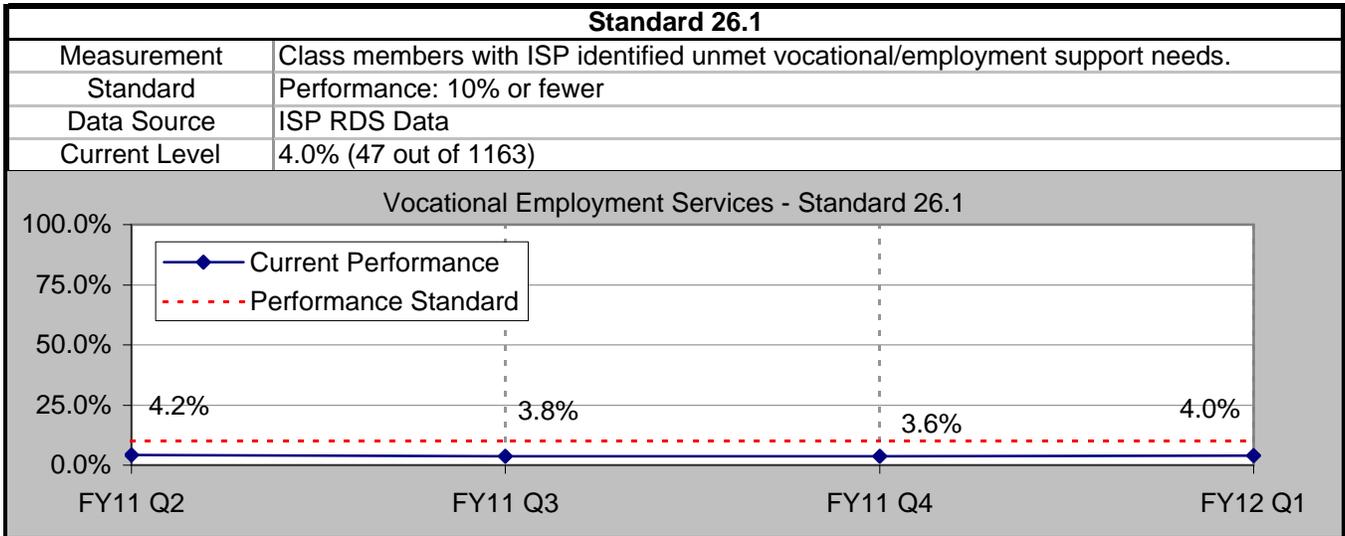
**Community Resources and Treatment Services  
Family Support Services**

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



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

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



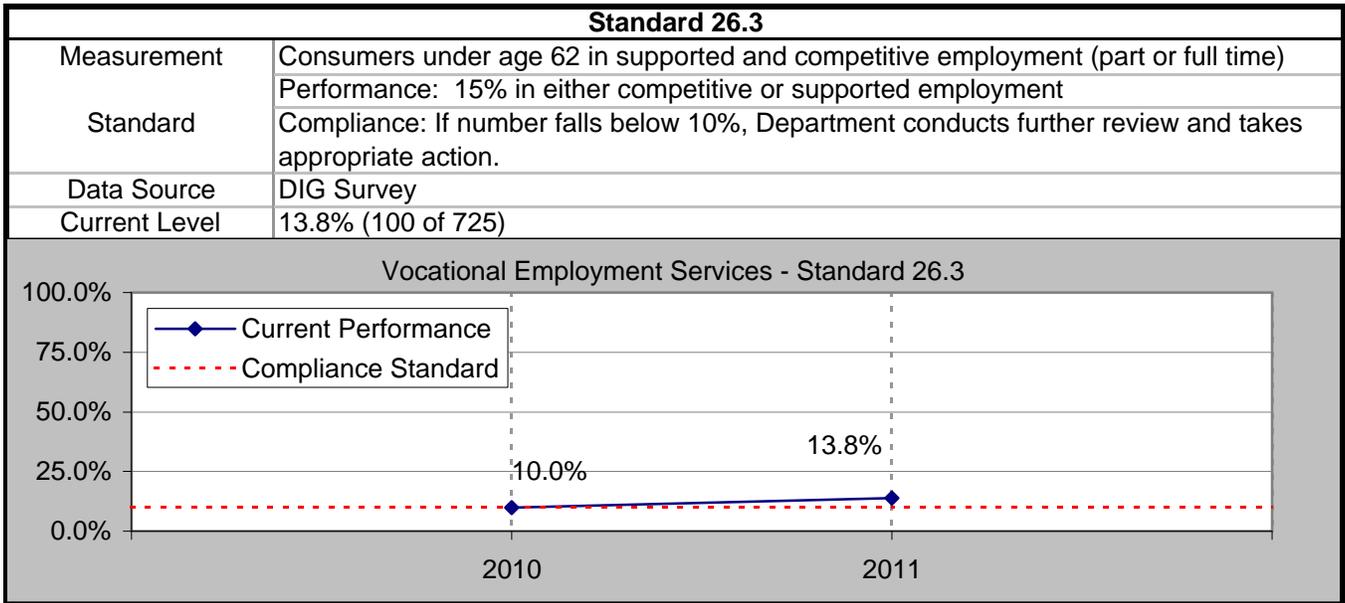
**Discussion:**

Standard 26.1: Standard continues to be met.

**Recommendations:**

Continue to monitor

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

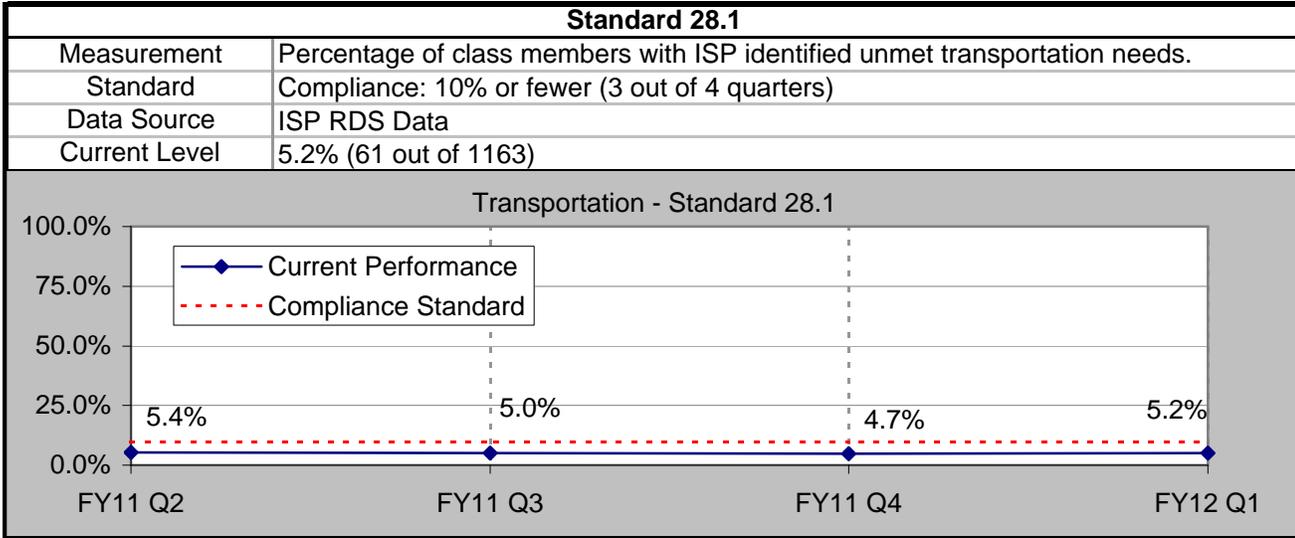


**Discussion:**

This standard factored out those persons responding to the DIG employment questions who are 62 and older, indicated they were retired or indicated they were not looking for work

**Community Resources and Treatment Services  
Transportation**

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



**Discussion:**

Standard continues to be met.

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

<b>Standard 30.1</b>	
Measurement	Number of social clubs/peer centers and participants by region.
Standard	Qualitative evaluation; no numerical standard required.
Data Source	Division of Community Partnerships Data
Current Level	32,063 total visits, 1133 unduplicated clients (11 out of 13 social clubs/peer centers reporting for FY 12 Q1.)

<b>Standard 30.2</b>	
Measurement	Number of other peer support programs and participation.
Standard	Qualitative evaluation; no numerical standard required.
Data Source	Division of Community Partnerships Data
Current Level	32 Peer Support programs statewide during FY 2012 Q1. (includes social clubs/peer centers): Participation data is not collected for the Statewide Initiatives noted below.

**Peer Support Groups funded by DHHS 2012 Q1:**

**Peer Centers and Social Clubs:** Amistad -- Portland, Beacon House -- Rumford

Center for Life Enrichment -- Kittery, Common Connections -- Saco, Friends Together -- Jay  
 Harmony Support Center -- Sanford, Harvest Social Club -- Caribou, LINC -- Augusta,  
 100 Pine Street -- Lewiston, Sweetser Peer Center -- Brunswick  
 Together Place -- Bangor, Valley Social Club -- Madawaska, Waterville Social Club -- Waterville  
 Connections Group -- Portland, The Sunday Group -- Portland

**Club Houses:** Capitol Club House -- Augusta, High Hopes -- Waterville, LA Clubhouse -- Lewiston

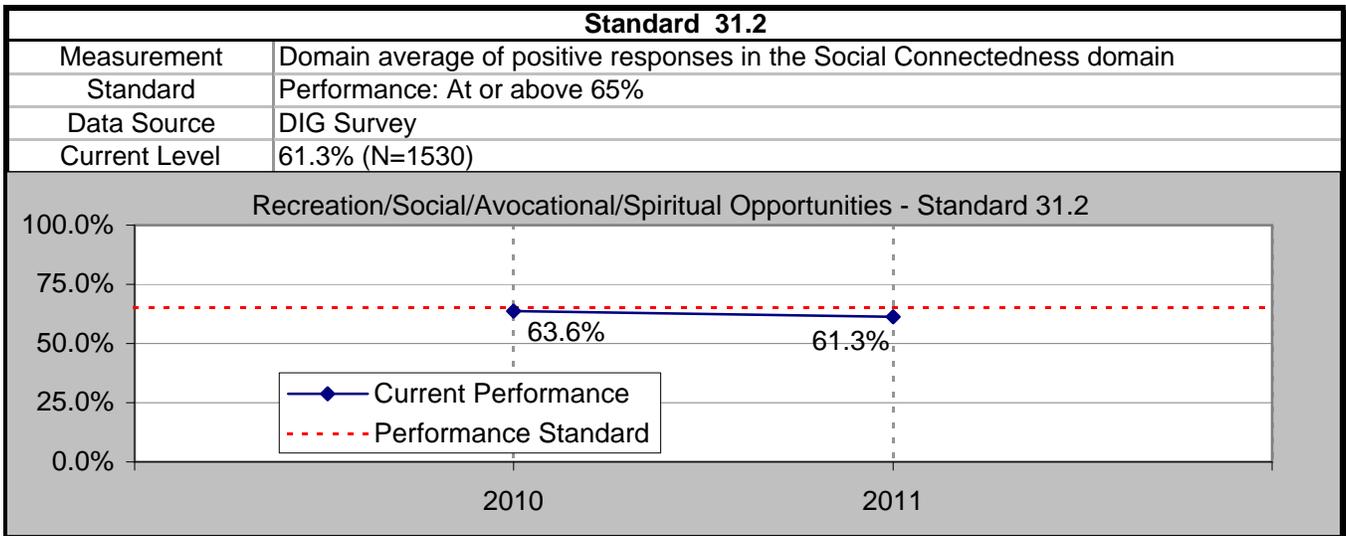
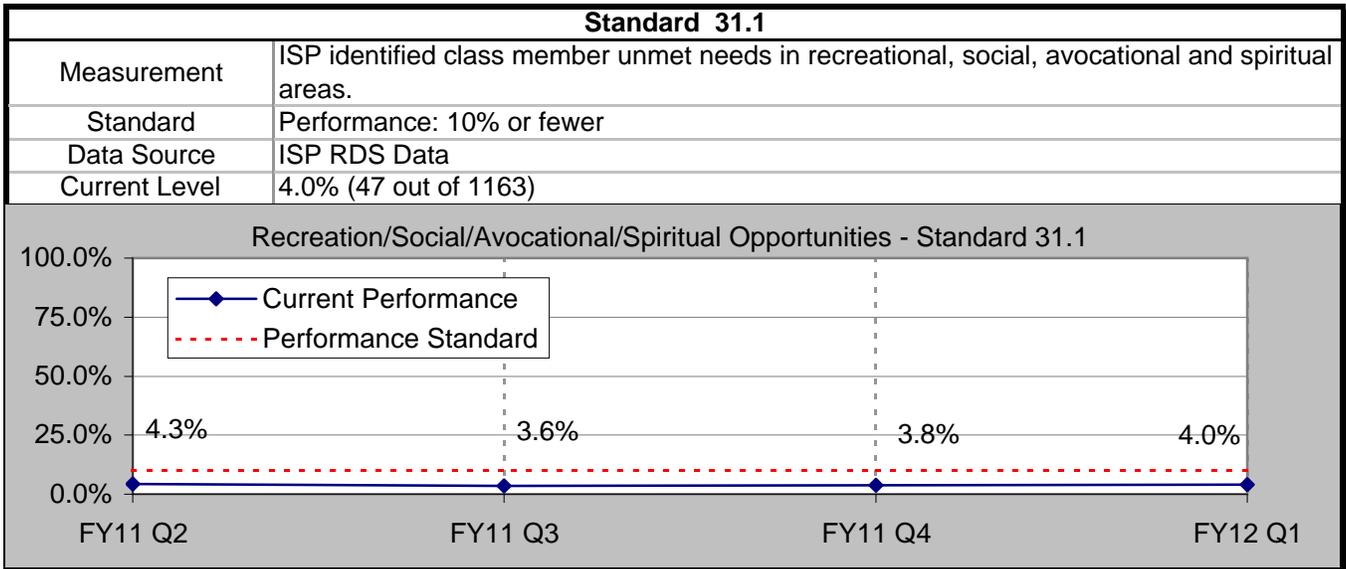
**Statewide** -- Advocacy Initiative Network

Community Connections: Community based recreational opportunities and leisure planning  
 MAPSRC (Maine Association of Psychosocial Rehabilitation Centers)  
 DBSA - Patways for U Recovery groups

NAMI Support Groups primarily attended by consumers:

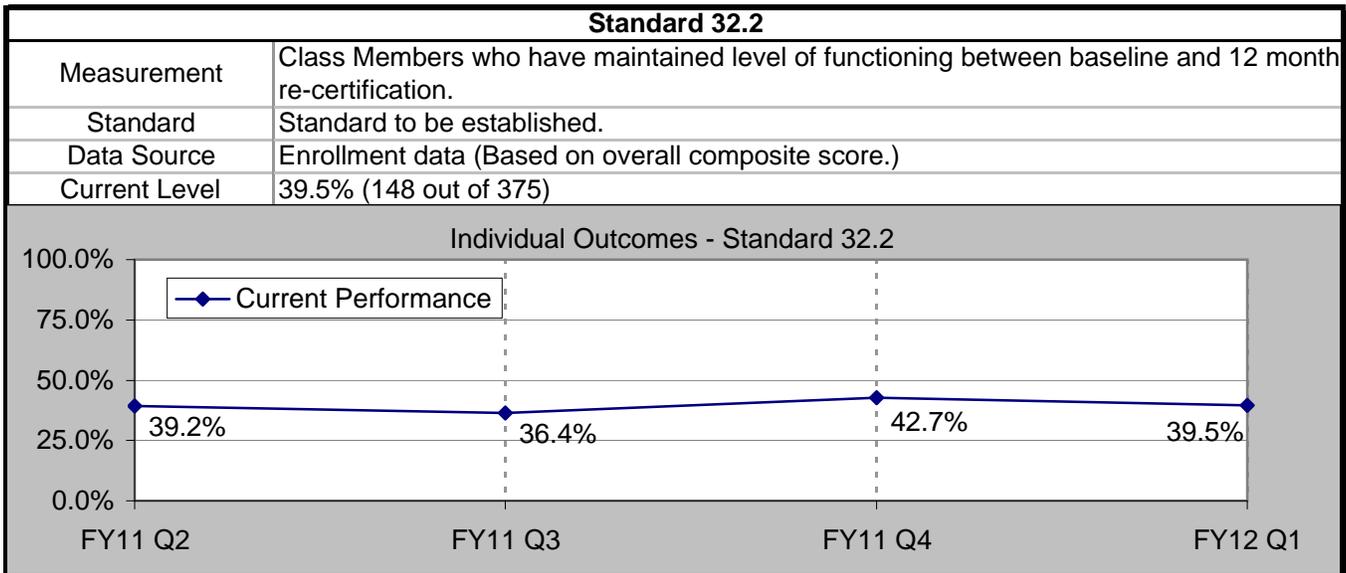
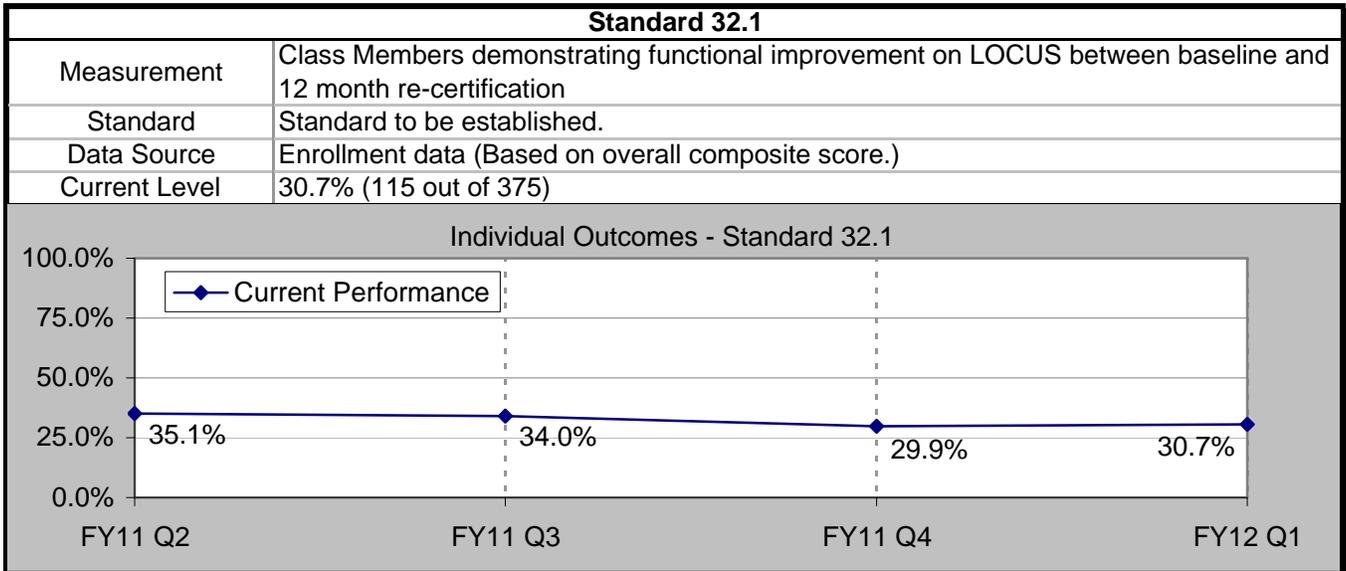
Augusta, Bangor, Biddeford, Brunswick, Damariscotta, Lewiston, Livermore Falls, Machias, Norway, Sanford

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

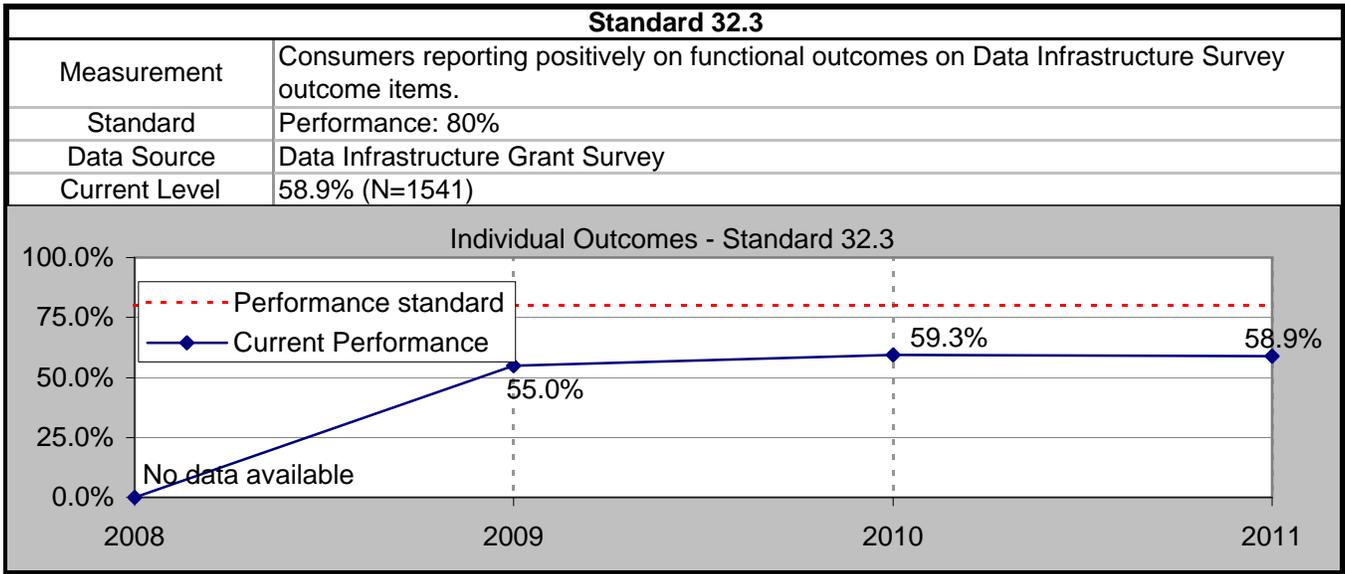


## System Outcomes: Supporting the Recovery of Adults with Mental Illness Recovery

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



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

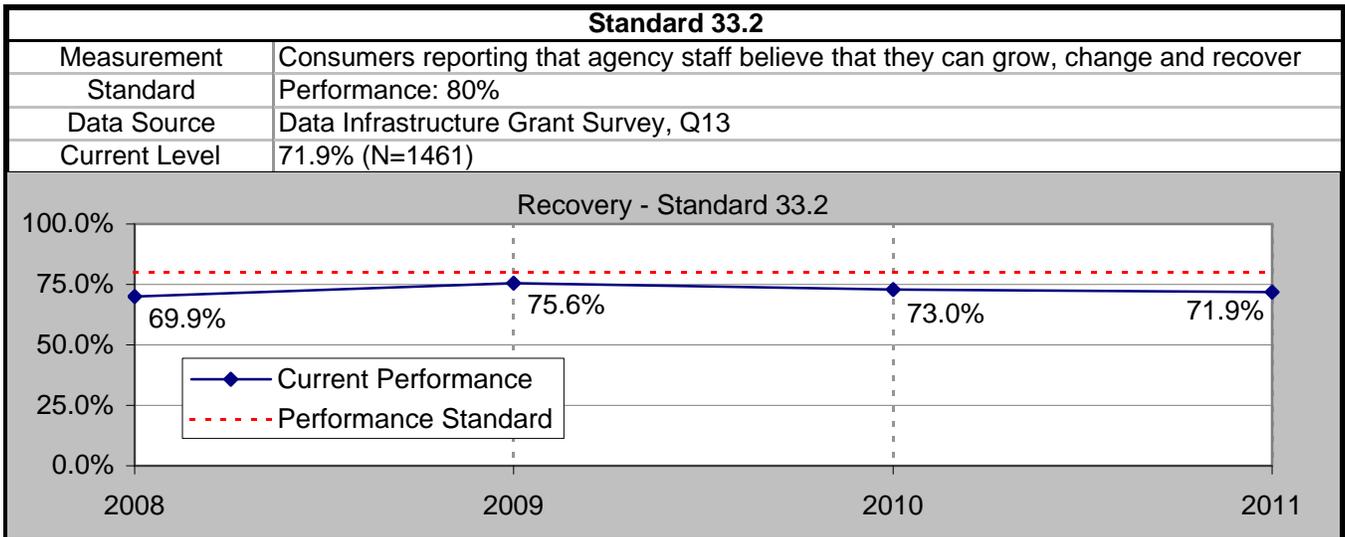
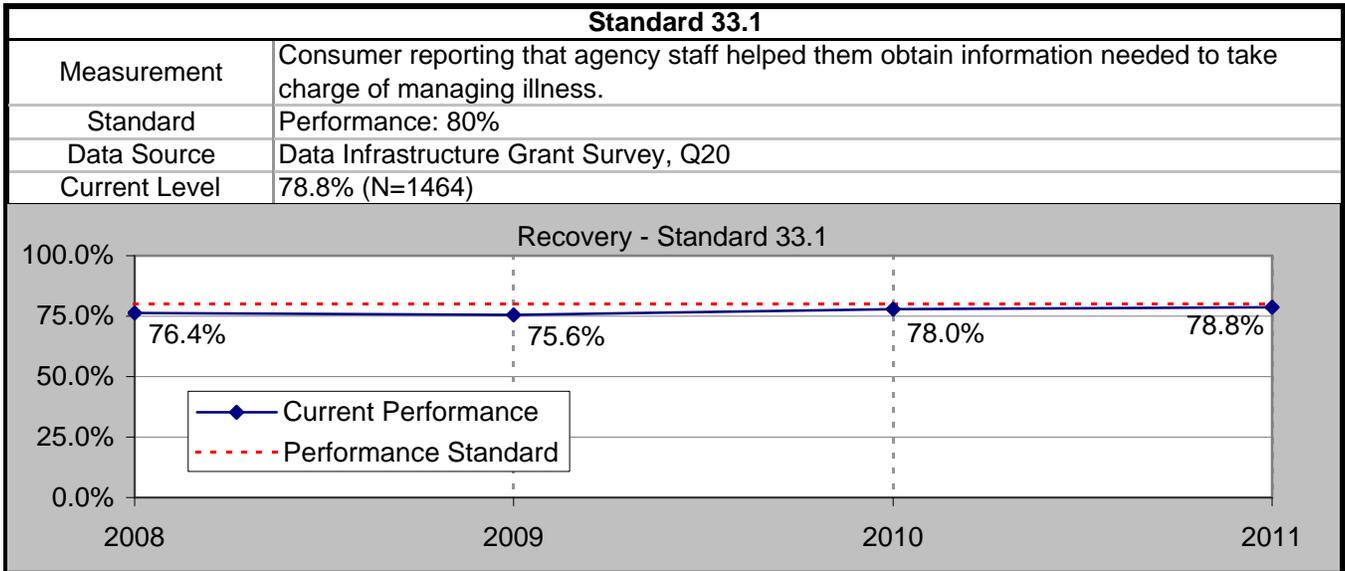


**Discussion:**

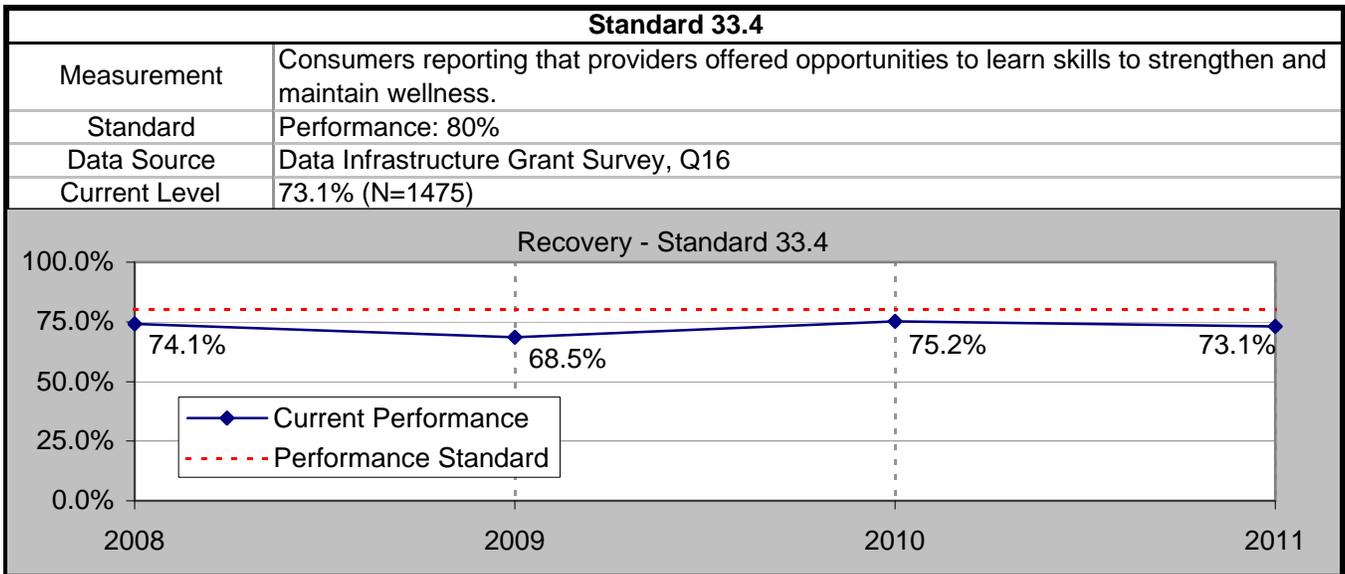
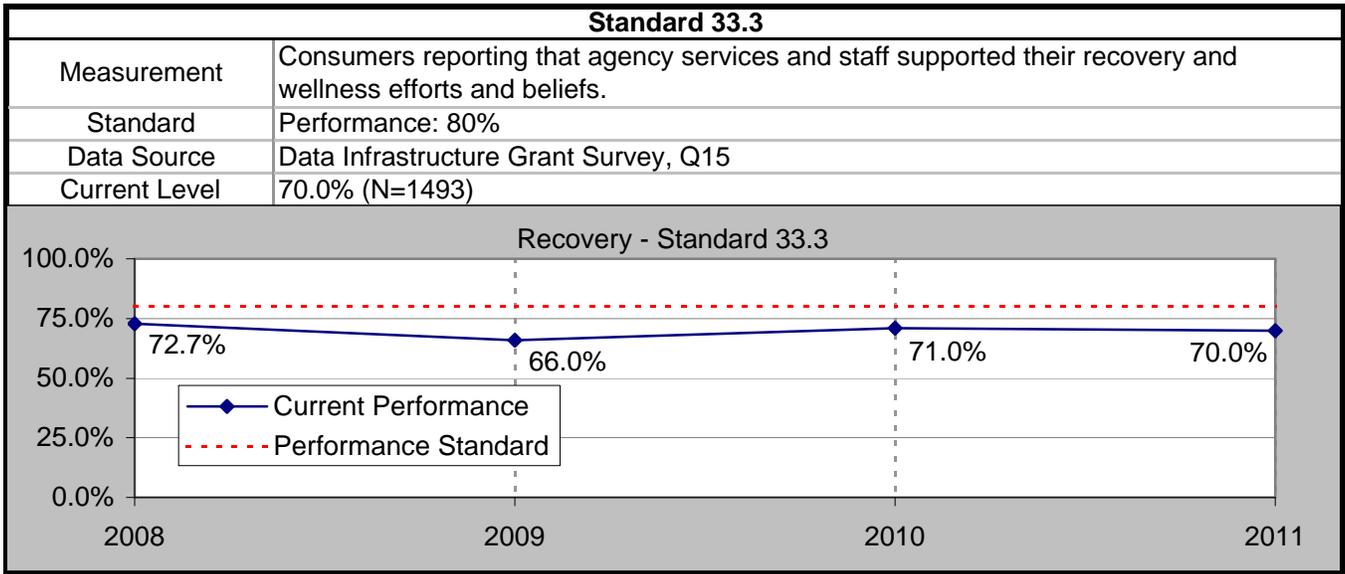
The result of the 2008 DIG Survey pertaining to functional outcomes can not be compared to the results obtained in 2007, and earlier, due to the language change in the header between the two administrations. In 2007, the header read: "As a direct result of your services...". In 2008, the header read: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

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

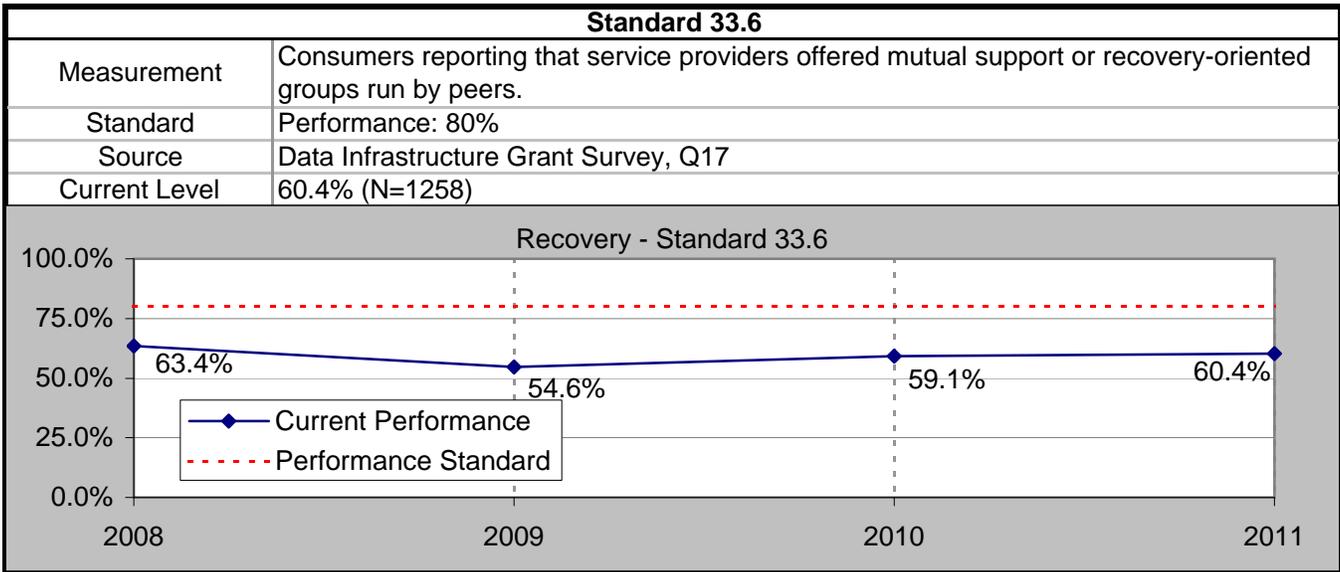
### Standard 33 - Demonstrate that consumers are supported in their recovery process



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



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



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

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

<b>Standard 34.1</b>	
Measurement	# of mental health workshops, forums, and presentations geared toward general public and level of participation.
Standard	Qualitative evaluation required, no numerical standard necessary.
Data Source	
Current Level	24 FY 12 Q1

<b>Standard 34.2</b>	
Measurement	Number and type of info packets, publications, press releases, etc. distributed to public audiences.
Standard	Qualitative evaluation required, no numerical standard necessary.
Data Source	
Current Level	330 FY 12 Q1

