



Performance and Quality Improvement Standards: April 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. If percentage is within .5% of standard, the standard is considered met.

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.

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Compliance and Performance Standards: Summary Sheet April 2008

Baseline	Current Level	Standard	Met/Not Met	Baseline	Current Level	Standard	Met/Not Met
Standard 1. Rights Dignity and Respect				Standard 7. CI/CSS/ Individualized Support Planning			
1. Have providers treated you with dignity and respect?				1a. ISPs reflect the strengths of the consumer?			
91.8%	91.3%	90%*	MET	79.4%	93.1%	90.0%	Met
Standard 2. Rights Dignity and Respect				1b. ISPs consider need for crisis intervention and resolution services?			
1. Response to Level II Grievances within 5 days				82.5%			
100.0%	100.0%	90%*	MET	77.2%			
Standard 3. Rights Dignity and Respect				1c. Does the consumer have a crisis plan?			
1. Number of Level II Grievances filed/unduplicated # of people.				19.0%			
11/7	4/4	NA	NA	51.5%			
2. Number of substantiated Level II Grievances				No Numerical Standard			
0-Jan	0	NA	NA	1d. Has the crisis plan been reviewed every 3 months?			
Standard 4. Rights Dignity and Respect				41.7%			
1. Class Members informed about their rights.				52.8%			
77.3%	80.0%	90.0%	NOT MET	No Numerical Standard			
1a. Class Members with CIW, informed about their rights.				Standard 8. CI/CSS Individualized Support Planning			
87.0%	87.8%	95.0%	NOT MET	1. ISP team reconvened after an unmet need was identified			
1b. Class Members with MaineCare informed about their rights.				50.0%			
81.0%	79.2%	90.0%	NOT MET	34.5%			
2. Consumers given information about their rights				90%*			
90.7%	90.5%	90.0%	MET	NOT MET			
Standard 5. Timeliness of ISP and CI/CSS Assignment				2. ISPs reviewed with unmet needs with established interim plans.			
1. Class members requesting a worker who were assigned one.				**			
100.0%	100.0%	100%*	MET	Standard 9. ISP Service Agreements			
2. Hospitalized class members assigned a worker in 2 days				1. ISPs that require Service Agreements that have current S.A.s.			
92.0%	62.5%	90.0%	NOT MET	100.0%			
3. Non-hospitalized class members assigned a worker in 3 days.				30.3%			
70.0%	65.4%	90.0%	NOT MET	90.0%			
4. Class members not assigned on time, but w/in 1-7 extra days.				NOT MET			
71.0%	17.7%	95.0%	NOT MET	Standard 10. Case Load Ratios			
5. ISP completed w/in 30 days of service request.				1. ACT Statewide Case Load Ratio			
75.2%	27.3%	90.0%	NOT MET	88.9%			
6. 90 day ISP review completed within specified time frame				88.9%			
93.8%	47.3%	90.0%	NOT MET	90.0%			
7. Initial ISPs not developed w/in 30 days, but w/in 60 days.				NOT MET			
30.7%	10.8%	100%*	NOT MET	100.0%			
8. ISPs not reviewed w/in 90 days, but w/in 120 days.				2. Community Integration Statewide Case Load Ratio			
45.0%	36.2%	100%*	NOT MET	100.0%			
				90.0%			
				NOT MET			
				3. Intensive Community Integration Statewide Case Load Ratio			
				50.0%			
				100.0%			
				90.0%			
				NOT MET			
				4. Intensive Case Management Statewide Case Load Ratio			
				100.0%			
				100.0%			
				90.0%			
				NOT MET			
				5. OES Public Ward Case Management Case Load Ratio			
				41.9%			
				45.0%			
				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%			
				16.5%			
				5% or fewer			
				NOT MET			
				2. Lack of Res Supp impedes Riverview discharge w/in 7 days of determin.			
				98.0%			
				97.2%			
				70.0%			
				MET			
				3. Lack of Res Support impeding discharge w/in 30 days of determination.			
				98.0%			
				97.2%			
				80.0%			
				MET			
				4. Lack of Res Support impeding discharge w/in 45 days of determination.			
				98.0%			
				97.2%			
				90.0%			
				MET			

* Denotes Performance Standard

Compliance and Performance Standards: Summary Sheet April 2008

Baseline	Current Level	Standard	Met/Not Met	Baseline	Current Level	Standard	Met/Not Met
Standard 13. Housing & Residential Support Services				Standard 18. Acute Inpatient Services (Involuntary Class Member)			
1. Class members reporting satisfaction with living situation				1. Admissions for whom hospital obtained ISP			
80.2%	86.1%	80%*	MET	31.6%	16.6%	90.0%	NOT MET
2. Class members reporting satisfaction with res/housing supports				2. Treatment and Discharge plans consistent with ISP			
81.4%	81.0%	85%*	NOT MET	50.0%	100.0%	90.0%	MET
Standard 14. Housing & Residential Support Services				3. CI/ICI/ICM/ACT worker participated in treatment and discharge planning			
1. Class members with unmet housing resource needs.				63.1%	66.7%	90.0%	NOT MET
1.6%	3.9%	10.0%	MET	Standard 19. Crisis Intervention Services			
2. Class members who were homeless over 12 month period.				1. Face to face crisis contacts that result in hospitalizations.			
8.6%	6.6%	6%*	MET	21.0%	23.7%	20-25%	MET
3. Class members reporting satisfaction with living arrangement.				2. Face to face crisis contacts resulting in referral to community services.			
80.2%	80.6%	80%*	MET	47.6%	49.1%	To Be Established	
4. Lack of housing impeding discharge w/in 7 days of determination				3. Face to face crisis contacts using pre-developed crisis plan.			
98.0%	80.6%	70.0%	MET	12.6%	41.7%	To Be Established	
5. Lack of housing impeding discharge w/in 30 days of determination				4. Face to face crisis contacts in which CI worker was notified of crisis.			
95.9%	80.6%	80.0%	MET	78.4%	88.9%	90.0%	MET
6. Lack of housing impeding discharge w/in 45 days of determination				Standard 20. Crisis Intervention Services			
67.3%	73.1%	90.0%	NOT MET	1. Class Members reporting they knew how to get help when it was needed.			
Standard 15. Housing & Residential Services				87.6%	90.2%	90.0%	MET
1. Class members in homes with more than 8 beds with choice.				2. Class Members reporting crisis services were available when needed.			
92.8%	99.0%	95.0%	MET	83.3%	86.6%	85%*	MET
Standard 16. Acute Inpatient Services (Involuntary Class Member)				Standard 21. Treatment Services			
1. Inpatient admissions reasonably near community residence.				1. Class Members with unmet mental health treatment needs.			
87.0%	56.3%	90.0%	NOT MET	4.3%	13.3%	5% or less	NOT MET
Standard 17. Acute Inpatient Services (Involuntary Class Member)				2. Lack of MH Tx impeding Riverview discharge w/in 7 days of determination			
1. Admission to community inpatient units with blue paper on file.				94.0%	91.7%	70.0%	MET
94.7%	100.0%	100%*	MET	3. Lack of MH Tx impeding Riverview discharge w/in 30 days of determination.			
2. Blue paper was completed and in accordance with terms.				98.0%	91.7%	80.0%	MET
95.7%	100.0%	90%*	MET	4. Lack of MH Tx impeding Riverview discharge w/in 45 days of determination			
2a. Corrective action by UR Nurse when Blue paper not complete				100.0%	100.0%	90.0%	MET
100.0%	100.0%	90.0%	MET	Standard 22. Treatment Services			
3. Admissions in which 24 hour cert completed.				1. Class members reporting they can get the support that they need.			
65.2%	100.0%	90%*	MET	85.1%	88.2%	85.0%	MET
3a. Corrective action by UR Nurse when 24 hour cert not complete				2. Class members reporting satisfaction with MH supports/services.			
12.5%	100.0%	90.0%	MET	81.2%	84.8%	85%*	MET
4. Admission in which patients' rights were maintained				Standard 23. Family Support Services			
82.6%	100.0%	90%*	MET	1. An array of family support services as per settlement agreement			
4a. Corrective action by UR Nurse when rights not maintained				* No numerical standard necessary			
25.0%	100.0%	90.0%	MET	2. Number and distribution of family support services provided			
5. Admissions for which medical necessity has been established.				* No numerical standard necessary			
95.7%	100.0%	90%*	MET				

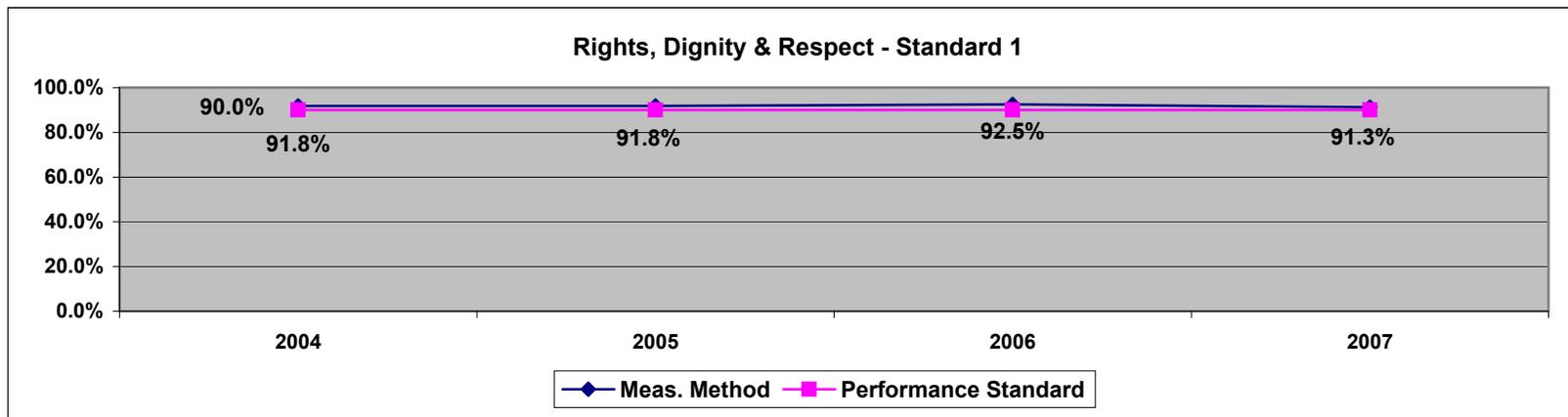
* Denotes Performance Standard

Compliance and Performance Standards: Summary Sheet April 2008

Baseline	Current Level	Standard	Met/Not Met	Baseline	Current Level	Standard	Met/Not Met		
Standard 24. Family Support Services				Standard 31. Rec/Soc/Avoc/Spiritual					
1. Counseling group participants reporting satisfaction with services	98.7%	90.5%	85%*	MET	1. ISP identified class member unmet needs in rec/soc/avoc/spiritual.	1.0%	4.0%	10%*	MET
2. Program participants reporting satisfaction with education programs	100.0%	100.0%	80%*	MET	2. Class members reporting regular participation in rec/soc/avoc/spiritual.	44.2%	53.2%	60%*	NOT MET
3. Family participants reporting satisfaction with respite services.	100.0%		80%*	MET	3. Class members reporting satisfaction with rec/soc/avoc/spiritual.	62.2%	75.2%	80%*	NOT MET
Standard 25. Family Support Services				Standard 32. Individual Outcomes					
1. Agency contracts with referral mechanism to family support	100.0%	100.0%	90.0%	MET	1. Consumers with improvement in LOCUS (Baseline to Follow-up)	41.0%	22.3%		To Be Established
2. Families reporting satisfaction with referral process.			85%*		2. Consumers who have maintained functioning (Baseline to Follow-up)	24.6%	57.1%		To Be Established
Standard 26. Vocational Employment Services				Standard 33. Recovery					
1. Class members with ISPs - Unmet voc employ. Needs.	1.3%	6.1%	10%*	MET	1. Consumers reporting staff helped them to take charge of managing illness.	70.9%	82.4%	80%*	MET
2. Class Members in competitive employment in the community.	10.8%	7.1%	15%*	NOT MET	2. Consumers reporting staff believed they could grow, change, recover	83.5%	77.3%	80%*	NOT MET
3. Class members in supported or competitive employment.	21.0%	19.1%	20%*	NOT MET	3. Consumers reporting staff supported their recovery efforts	70.9%	76.5%	80%*	NOT MET
Standard 27. Vocational Employment Services				Standard 34. Public Education					
1. Class members reporting satisfaction with employment	78.4%	88.0%	80%*	MET	1. # MH workshops, forums and presentation geared to public participation.	38	56	*	
2. Class members reporting voc supports available when needed.	62.4%	61.1%	85%*	NOT MET	2. #, type of info packets, publications, press releases distributed to public.	37	54	*	
Standard 28. Transportation				*Qualitative evaluation; no numerical standard.					
1. Class Members with ISPs - Unmet transportation needs.	1.3%	6.1%	10% or less	MET	** Question no longer asked as part of the DIG Survey				
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	2155	^						
2. Number of other peer support programs	23		^						
^Qualitative evaluation; no numerical standard.									

* Denotes Performance Standard

Rights, Dignity and Respect



Paragraph **Standard 1:**

32 a. Meas. Method

Baseline

Current Level

Performance Standard

Treated with respect for their individuality

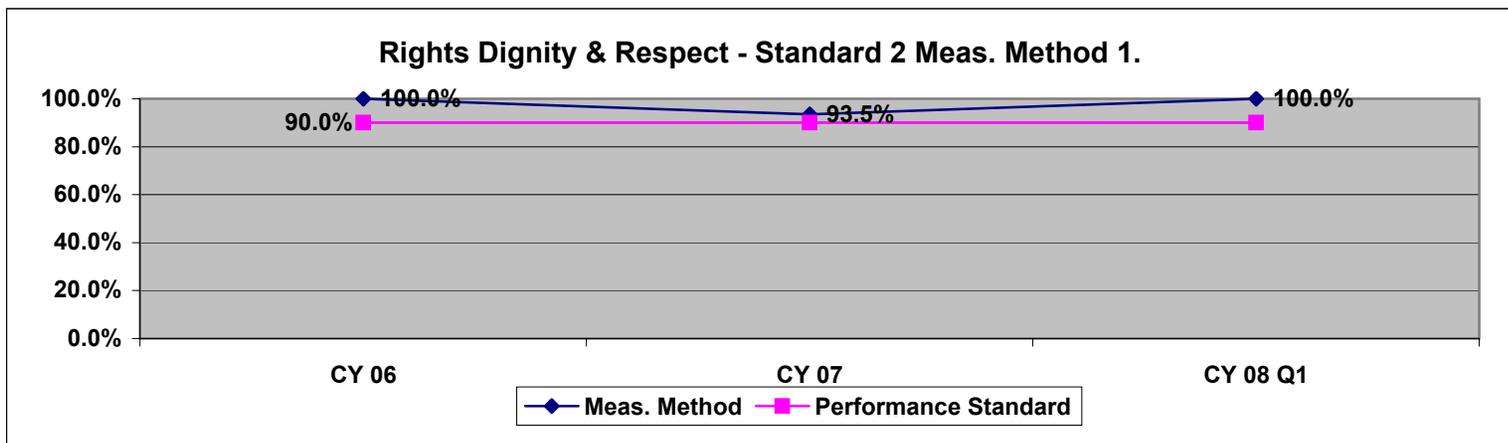
Class Member Survey Q30. % Yes to "Have Service providers treated you with courtesy and respect?"

91.8% 2004 Class Member Survey (N=538)

91.3% 2007 Class Member Survey (N=466)

90.0%

Rights Dignity and Respect



Paragraph **Standard 2:**
32a Meas. Method
Baseline

Grievances are addressed in a timely manner

DHHS Grievance Tracking System - Response to Level II Grievances within 5 days or agreed upon extension.

100.0%	CY03 Grievance Tracking data (15 out of 15)
100.0%	CY 06 Q1-Q4 Grievance Tracking data (17 out of 17)
93.5%	CY 07 Q1-Q4 Grievance Tracking data (29 out of 31)
100.0%	CY 08 Q1 Grievance Tracking data (4 out of 4)
90.0%	CY=Calender Year

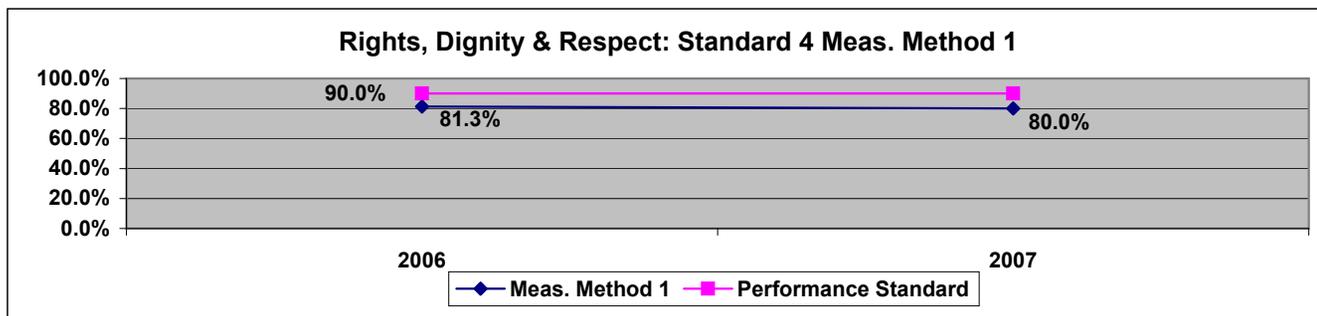
Current Level
Performance Standard

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	<i>11 Grievances, 7 Unduplicated individuals</i> 2004 Calender Year Grievance Tracking data.
	Current Level	<i>18 Grievances, 14 Unduplicated individuals</i> 2005 Calender Year Grievance Tracking data. <i>17 Grievances, 15 Unduplicated individuals</i> 2006 Q1-Q4 CY Grievance Tracking data. <i>31 Grievances, 20 Unduplicated individuals</i> 2007 Q1-Q4 CY Grievance Tracking data. <i>4 Grievances, 4 Unduplicated individuals</i> 2008 Q1 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 CY07 Q1 -Q4 31 grievances filed, 2 dismissed to lack of jurisdiction, 1 substantiated.
	Current Level	CY 08 Q1 4 grievances filed, 0 substantiated.
	Performance Standard	No numerical standards necessary, ongoing monitoring of grievance trends.
		<i>CY=Calender Year</i>

Rights, Dignity and Respect

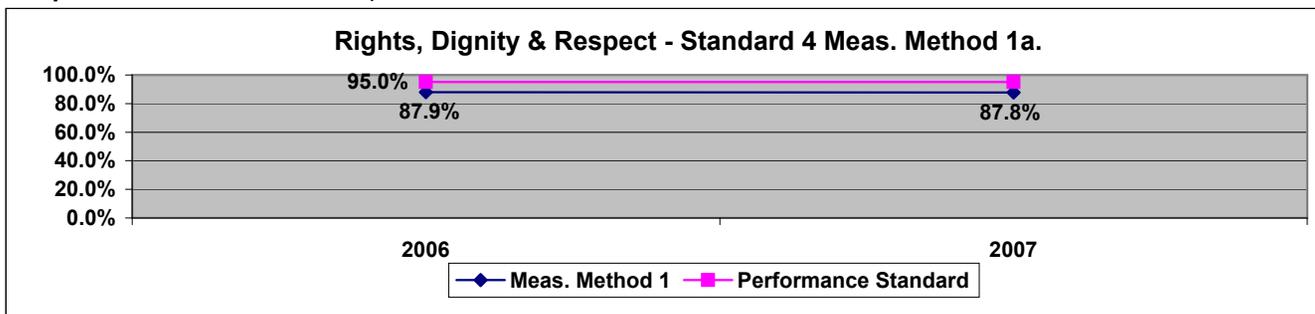


Paragraph Standard 4:
57 Meas. Method 1.

Class Members are informed of their rights

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*	See explanation after Standard 4 Measurement Method 2	



Meas. Method 1a.

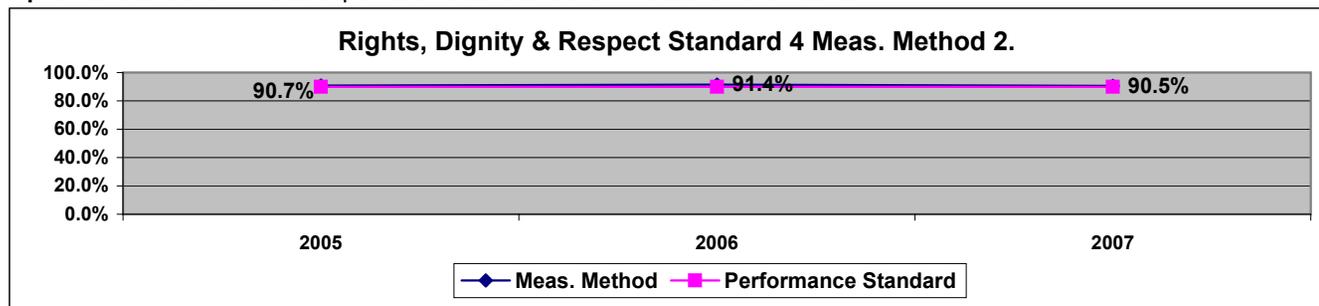
Class Member Survey. Qs 26 & 30 % class members who have a CIW reporting they were informed about their rights

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*	See explanation after Standard 4 Measurement Method 2	



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*	See explanation after Standard 4 Measurement Method 2	



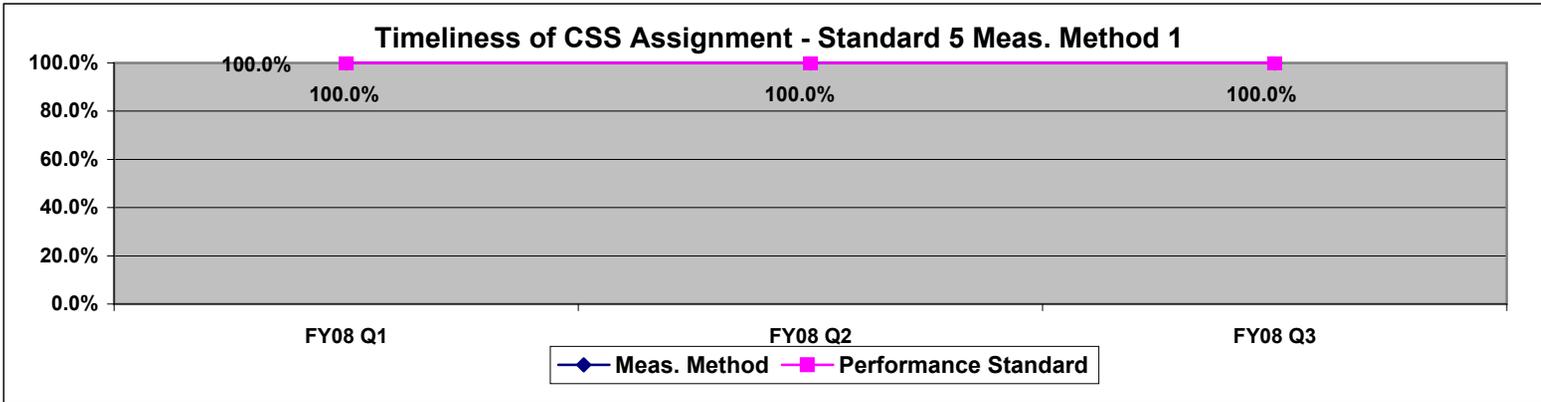
Meas. Method 2. Data Infrastructure Survey. Percent of consumers reporting they were given information about their rights

Baseline	90.7%	2003 Data Infrastructure Survey-Q14	(N=748)
Current Level	90.5%	2008 Data Infrastructure Survey-Q13	(N=809)
Performance Standard	90.0%	*Next DIG Survey data due 02/08	
Compliance Standard*	See explanation below.		

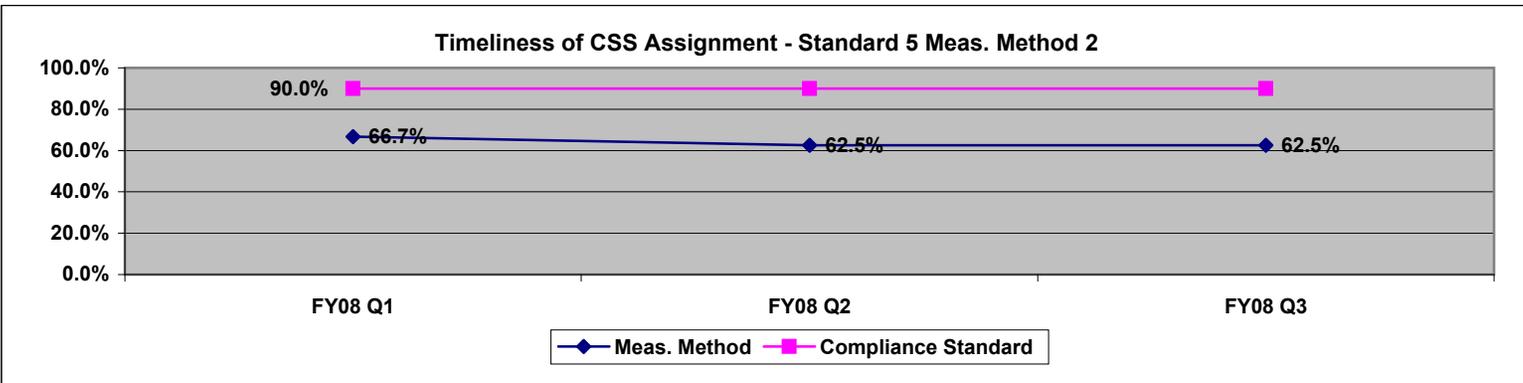
* Compliance standard for 1, 1a, 1b, 2

- If results fall below performance standard levels, the Department;
 - Consults with the consumer council
 - Takes corrective action if deemed necessary by the consumer council
 - Develops that corrective action in collaboration with the consumer council

Community Integration/Community Support Services/Individualized Support Planning

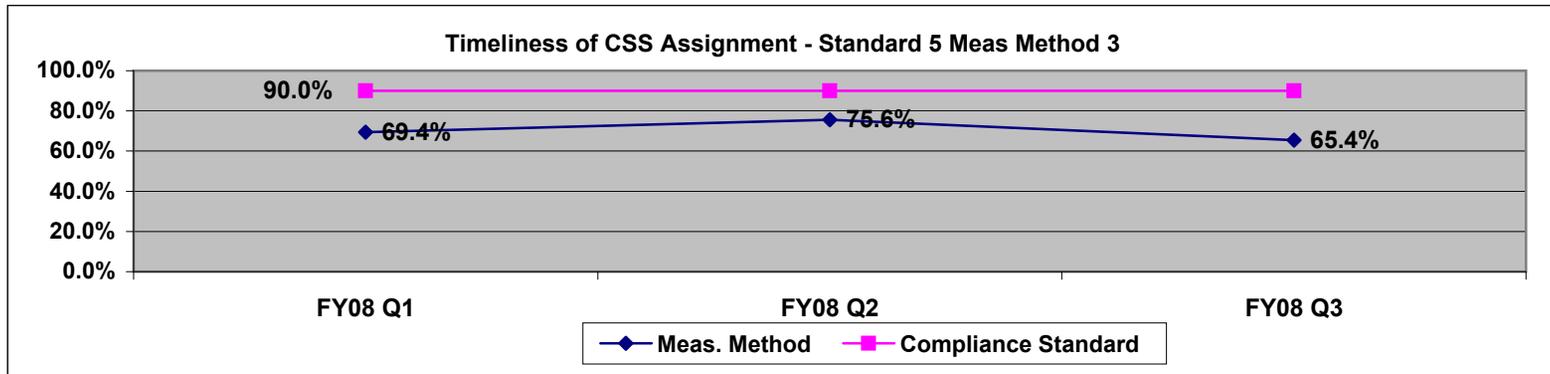


Paragraph 49, 55	Standard 5:	Prompt Assignment of CI/ICI/ICM/ACT Workers, ISP Timeframes/Attendees at ISP Meetings
59, 58	Meas. Method 1	Percentage of class members requesting a worker who were assigned one.
	Baseline	100.0% (36 out of 36) FY06 Q4 ISP RDS Data
	Current Level	100.0% (86 out of 86) FY08 Q3 ISP RDS Data
	Performance Standard	100.0%



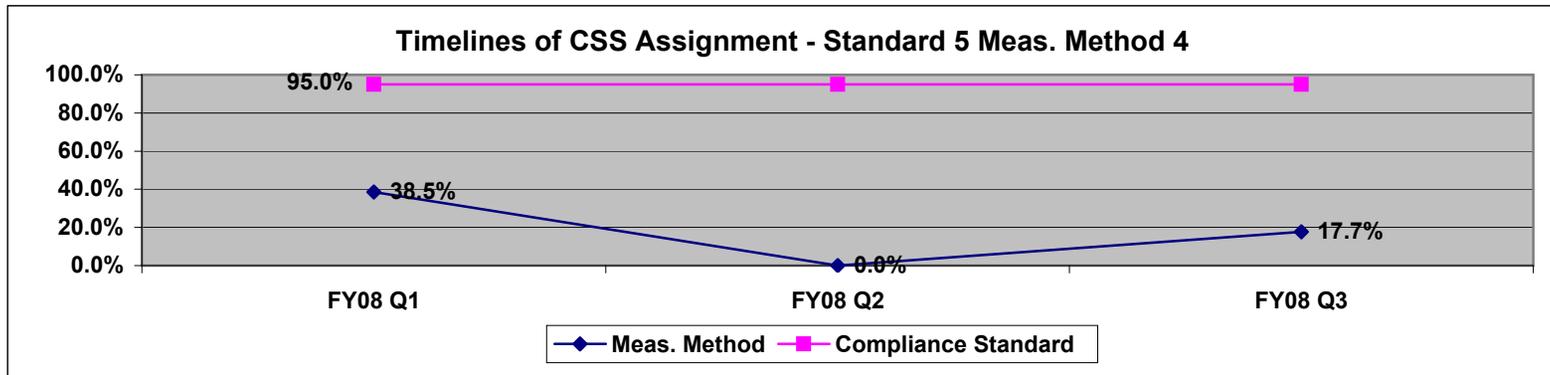
Meas. Method 2.	Percentage of hospitalized class members who were assigned a worker within 2 days.		
Baseline	92.0%	(12 out of 13)	FY06 Q4 ISP RDS Data
Current Level	62.5%	(5 out of 8)	FY08 Q3 ISP RDS Data
Performance Standard	90.0%		
Compliance Standard	90.0%	(3 out of 4 quarters)	

Community Integration/Community Support Services/Individualized Support Planning



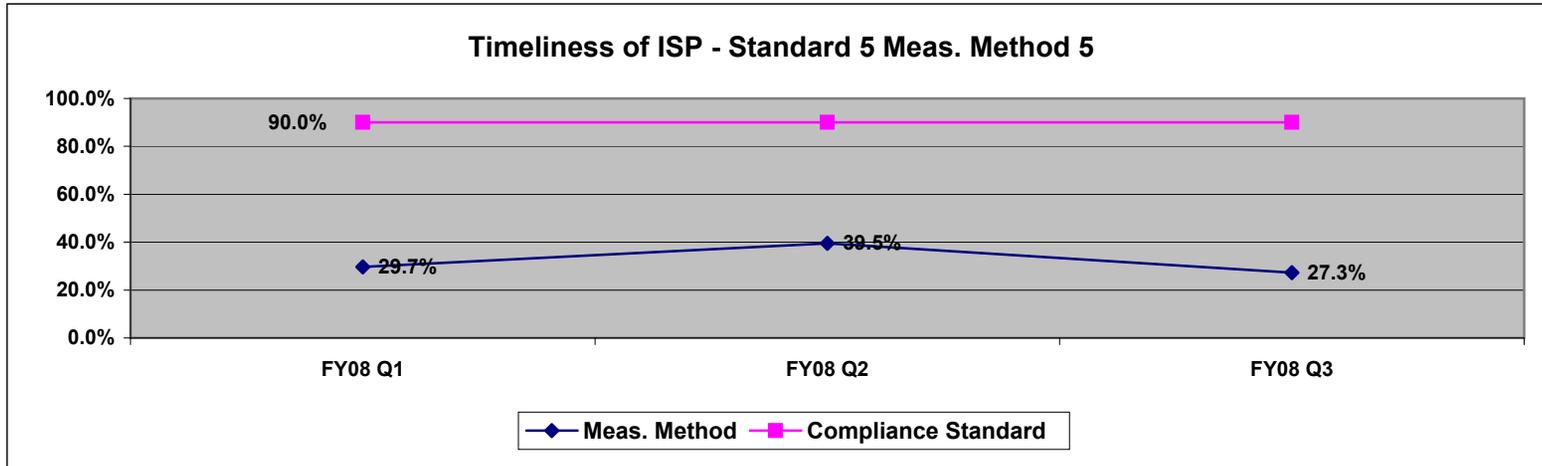
Meas. Method 3. Percentage of non-hospitalized class members assigned a worker within 3 days.

Baseline	70.0%	(16 out of 23)	FY06 Q4 ISP RDS Data
Current Level	65.4%	(51 out of 78)	FY08 Q3 ISP RDS Data
Performance Standard	90.0%		
Compliance Standard	90.0%	(3 out of 4 quarters)	



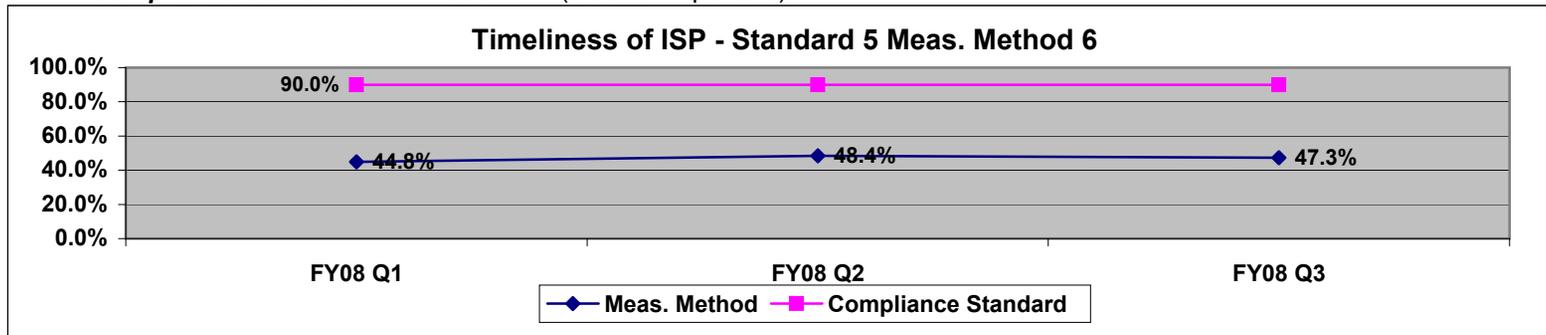
Meas. Method 4. Percentage of class members in hospital or community not assigned on time but were assigned within 1-7 additional days

Baseline	71.0%	(6 out of 7)	FY06 Q4 ISP RDS Data
Current Level	17.7%	(3 out of 17)	FY08 Q3 ISP RDS Data
Performance Standard	100.0%		
Compliance Standard	95.0%	(3 out of 4 quarters)	



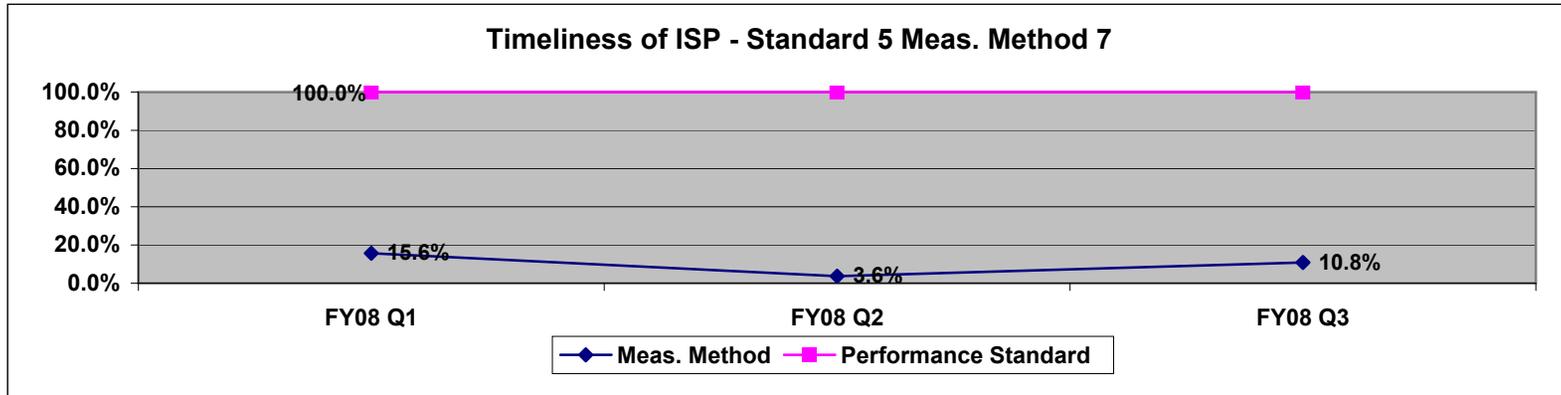
Meas. Method 5. ISP completed within 30 days of service request; Percentage of class members requesting ISP and who received one."

Baseline	75.2%	(158 out of 210)	FY07 Q1 ISP RDS Data
Current Level	27.3%	(38 out of 139)	FY08 Q3 ISP RDS Data
Performance Standard	90.0%		
Compliance Standard	90.0%	(3 out of 4 quarters)	

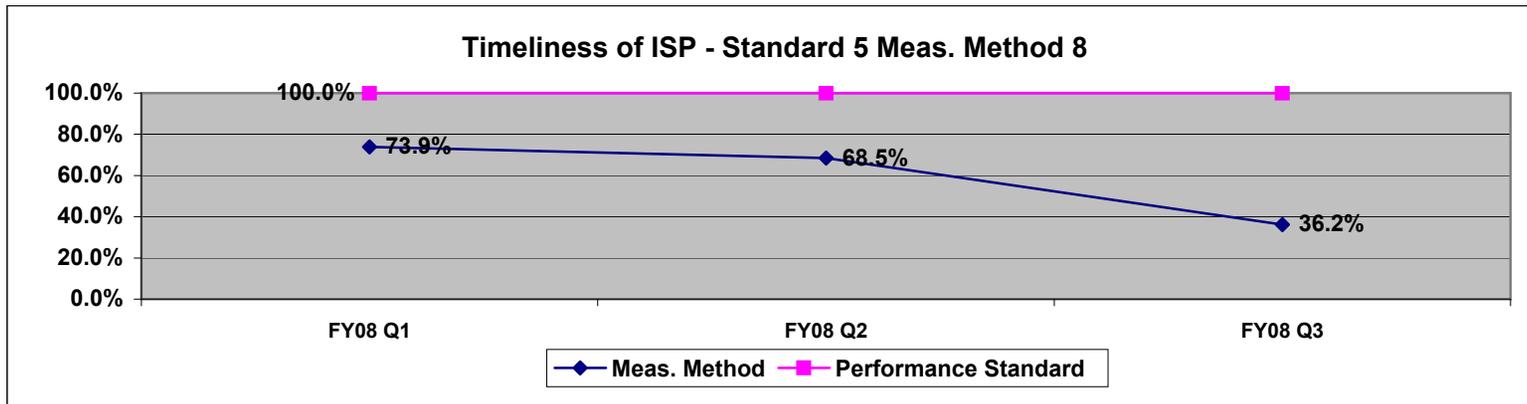


Meas. Method 6. 90 day ISP review completed within specified timeframe.

Baseline	93.8%	December 2004 ISP Overdue Data
Current Level	47.3%	(508 out of 1073) FY08 Q3 ISP RDS Data
Performance Standard	90.0%	
Compliance Standard	90.0%	(3 out of 4 quarters)



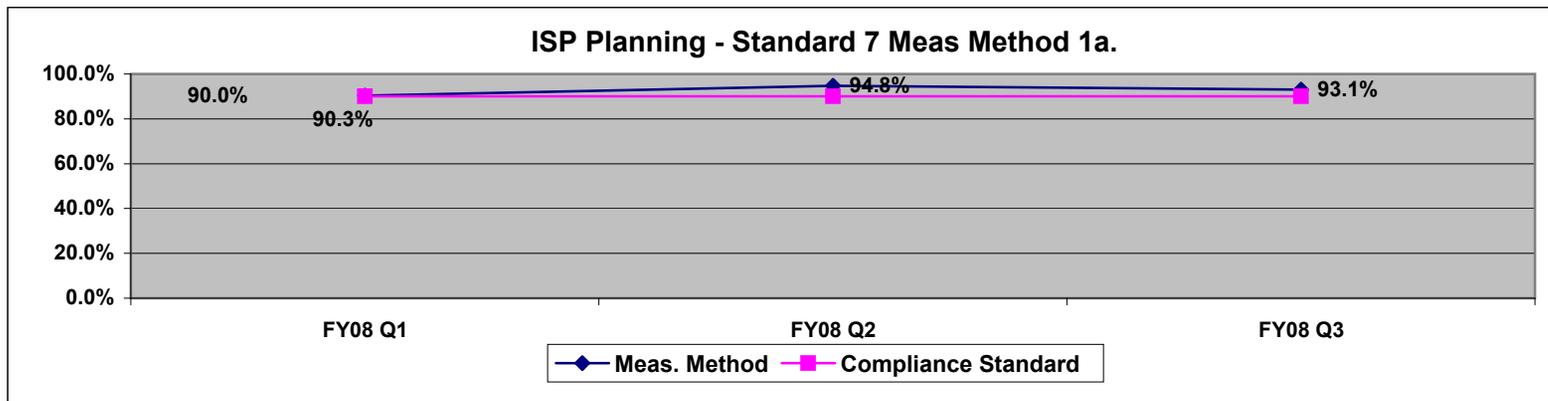
Meas. Method 7. Initial ISPs not developed within 30 days, but were developed within 60 days.
Baseline 30.7% (16 out of 52) FY07 Q1 ISP RDS Data
Current Level 10.8% (15 out of 139) FY08 Q3 ISP RDS Data
Performance Standard 100.0%



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 36.2% (388 out of 1073) FY08 Q3 ISP RDS Data
Performance Standard 100.0%

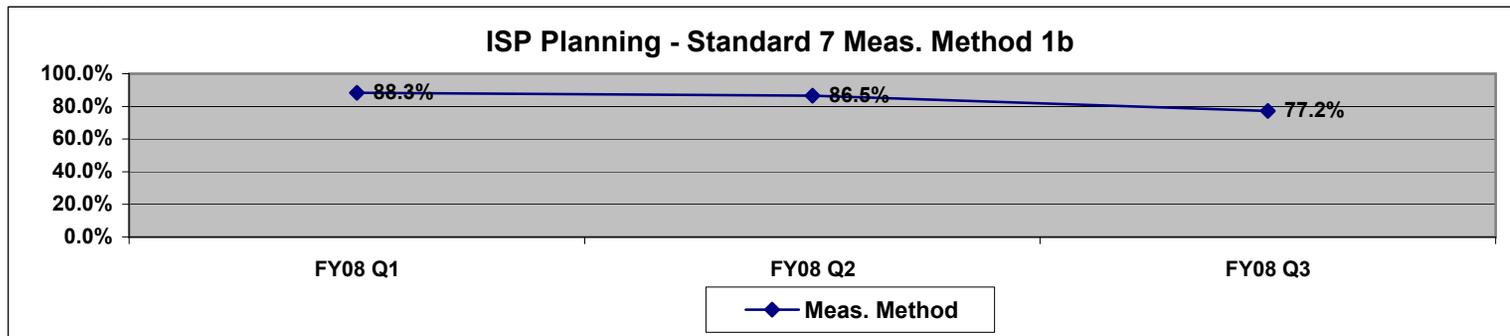
Note: There is no Standard #6 as those aspects are now covered in Standards #5 and #18.

Community Integration/Community Support Services/Individualized Support Planning



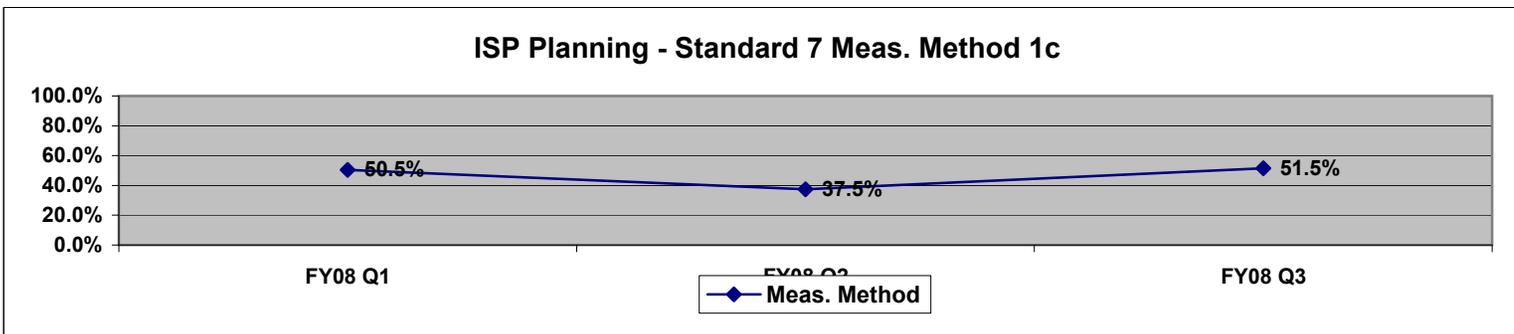
Paragraph 61 Standard 7: **Demonstrate ISPs are based upon consideration of the class members' strengths & needs**
61 Meas. Method 1a. Does the record document that the treatment plan goals reflect the strengths of the consumer receiving services? (IIb)

Baseline	79.4%	FY 07 Q3	(50 out of 63)
Current Level	93.1%	FY 08 Q3	(94 out of 101)
Performance Standard	95.0%		
Compliance Standard	90.0%	(3 out of 4 quarters)	

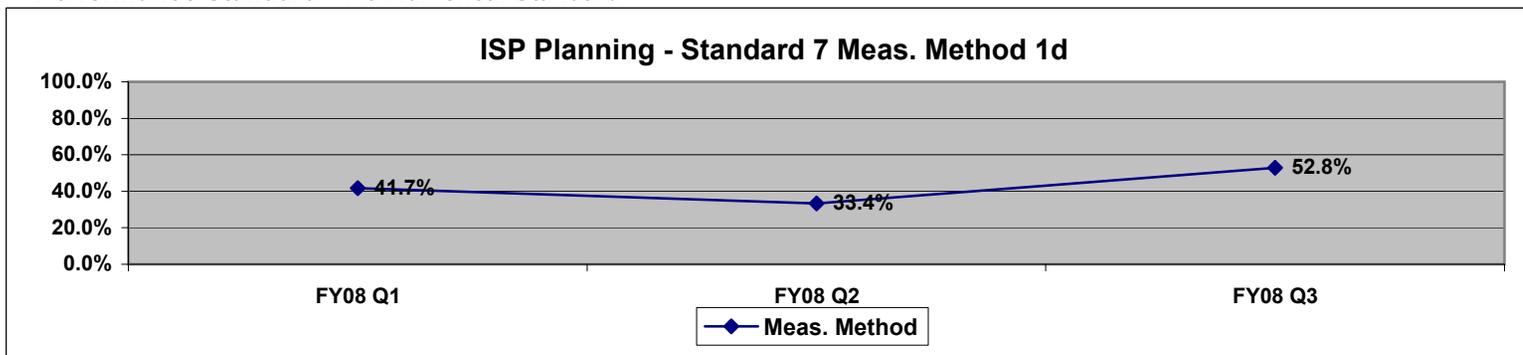


Meas. Method 1b. Does record document the individual's potential need for crisis intervention and resolution services was considered during treatment planning? (IIc.)

Baseline	82.5%	FY 07 Q3	(11 out of 52)
Current Level	77.2%	FY 08 Q3	(78 out of 101)
Performance Standard	No Numerical Standard Necessary		

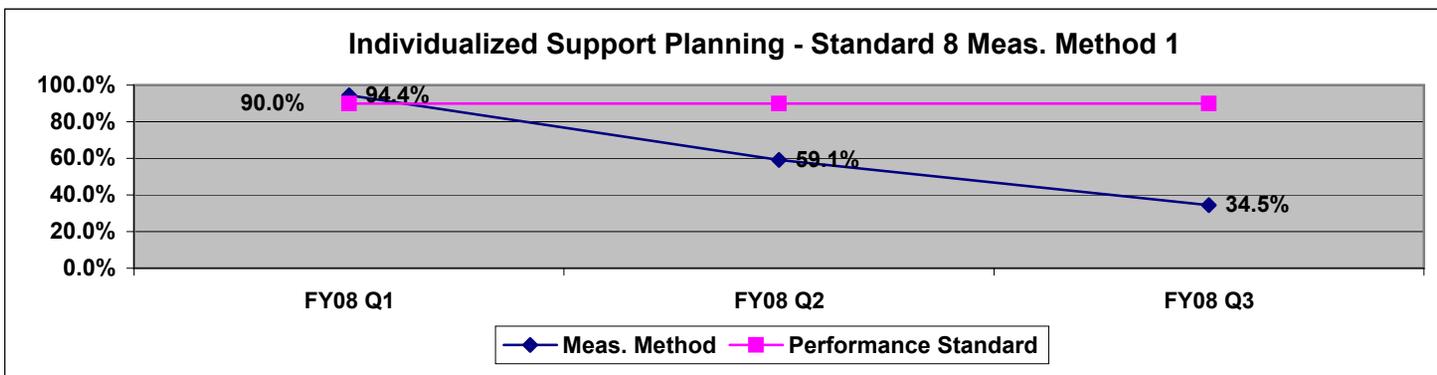


Meas. Method 1c. Does the record document that the consumer has a crisis plan? (Ile.)
Baseline 19.0% FY 07 Q3 (12 out of 63)
Current Level 51.5% FY 08 Q3 (52 out of 101)
Performance Standard No Numerical Standard

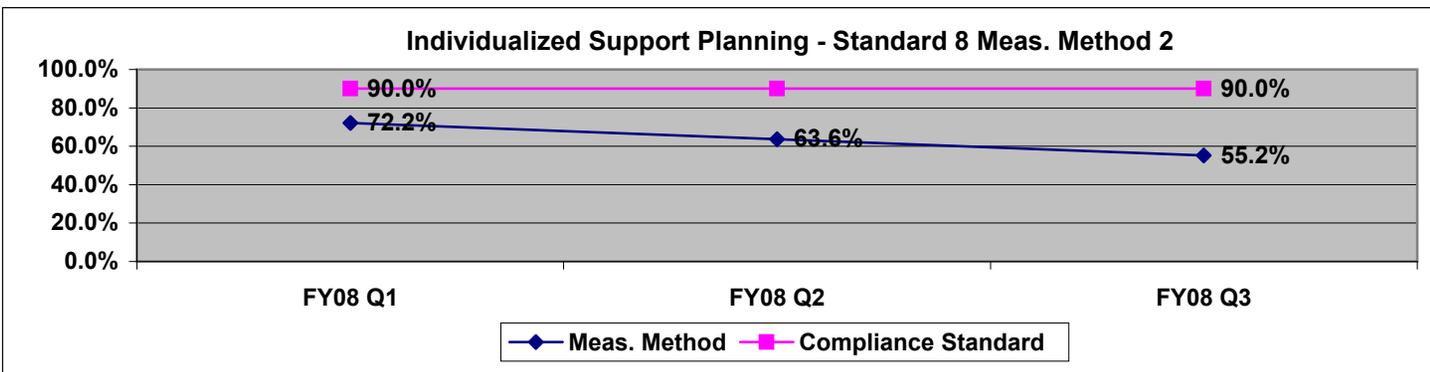


Meas. Method 1d. If the consumer has a crisis plan, "has the crisis plan been reviewed as required, every 3 months?" (IIg.)
Baseline 41.7% FY 07 Q3 (5 out of 12)
Current Level 52.8% FY 08 Q3 (27 out of 52)
Performance Standard No Numerical Standard

Community Integration/Community Support Services/Individualized Support Planning

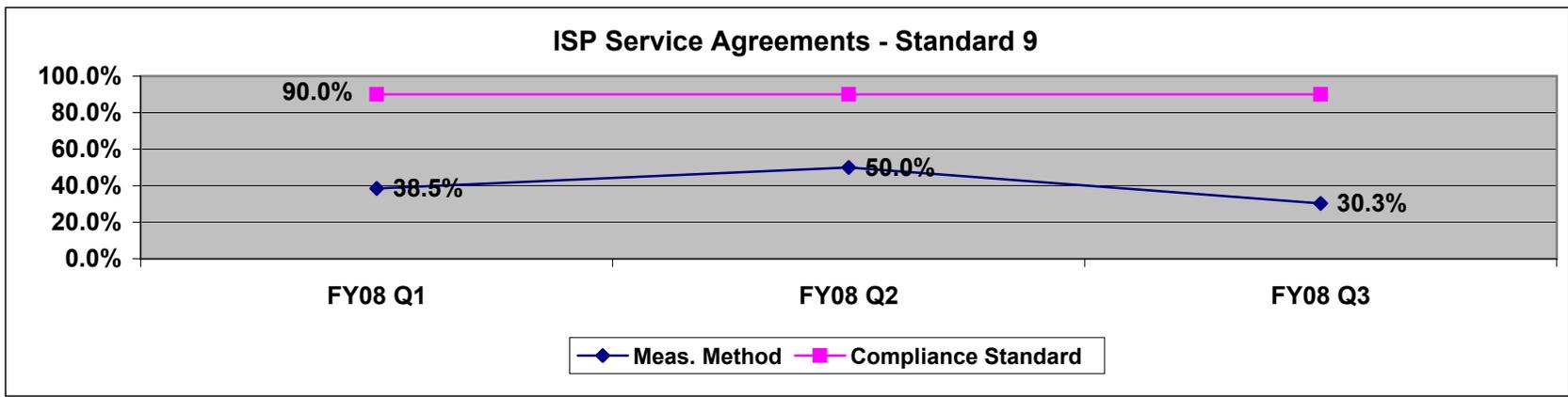


Paragraph 63 Standard 8: **Services are based on actual needs of the class member rather than what services are available**
Meas. Method 1. ISPs reviewed in which there is evidence that the ISP team reconvened after an unmet need was identified.
Baseline 50.0% FY 07 Q3 (5 out of 10 identified unmet needs)
Current Level 34.5% FY 08 Q3 (9 out of 25 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 55.2% FY 08 Q3 (14 out of 25 identified unmet needs) 13.8
Performance Standard 95%
Compliance Standard 90.0% (3 out of 4 quarters)

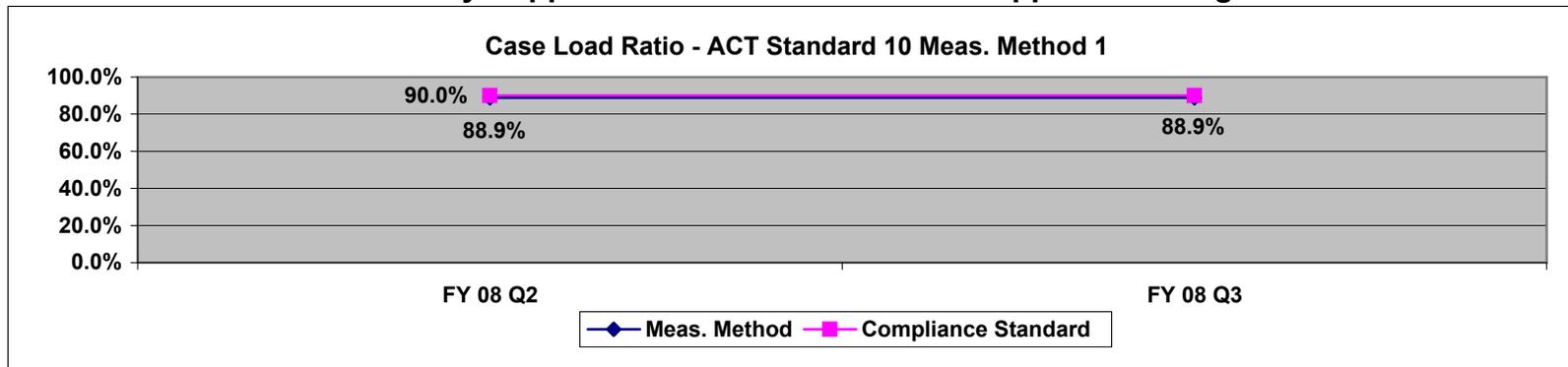
Community Integration/Community Support Services/Individualized Support Planning



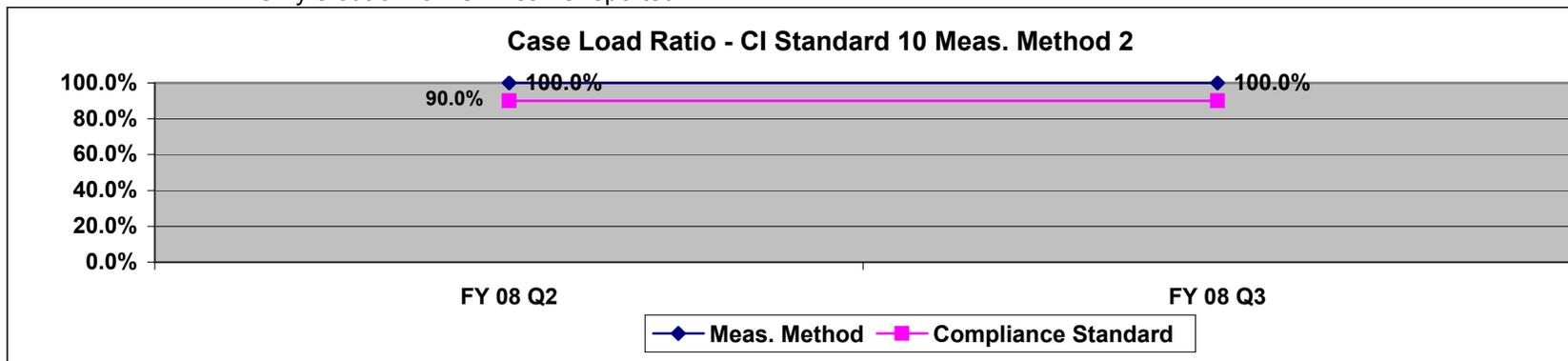
Paragraph 69	Standard 9:	Services to be delivered by an agency funded or licensed by the state.
	Meas. Method 1.	ISPs with services identified and with a treatment plan signed by each provider.
	Baseline	100% (17/17) (17/17) FY 05 Q2
	Current Level	30.3% (10/33) FY 08 Q3
	Performance Standard	90.0%
	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

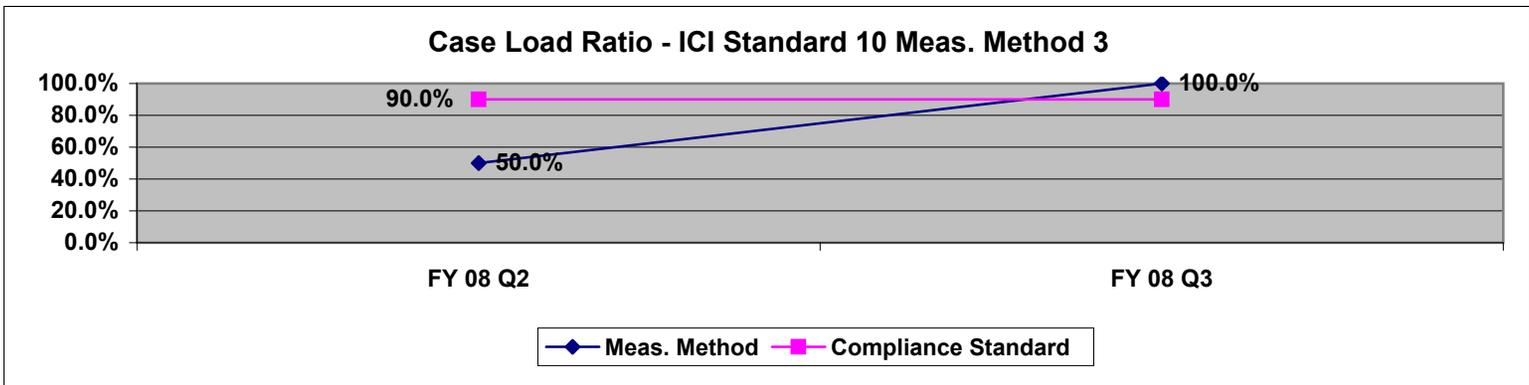
Community Support Services/Individualized Support Planning- Standard 10



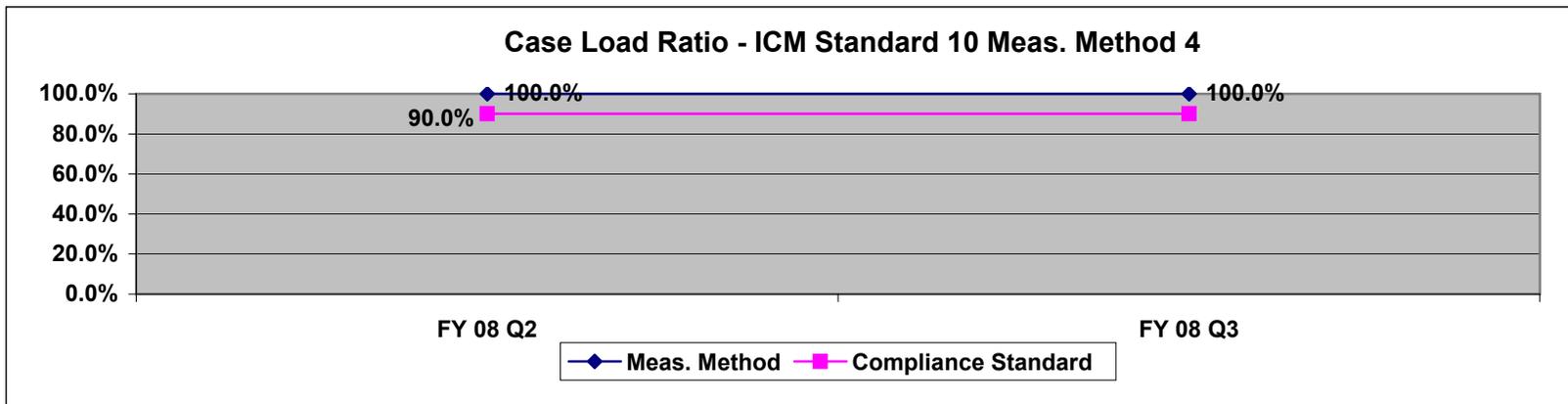
Meas. Method 1. ACT Providers with average caseloads of 10 or fewer.
Baseline 88.9% (8 out of 9) FY08 Q2 Agency Community Support Census/Staffing Ratio Database
Current Level 88.9% (8 out of 9) FY08 Q3 Agency Community Support Census/Staffing Ratio Database
Performance Standard 90.0% of all ACT Teams
Compliance Standard 90.0% of all ACT Teams
 Only 8 out of 10 ACT Teams reported



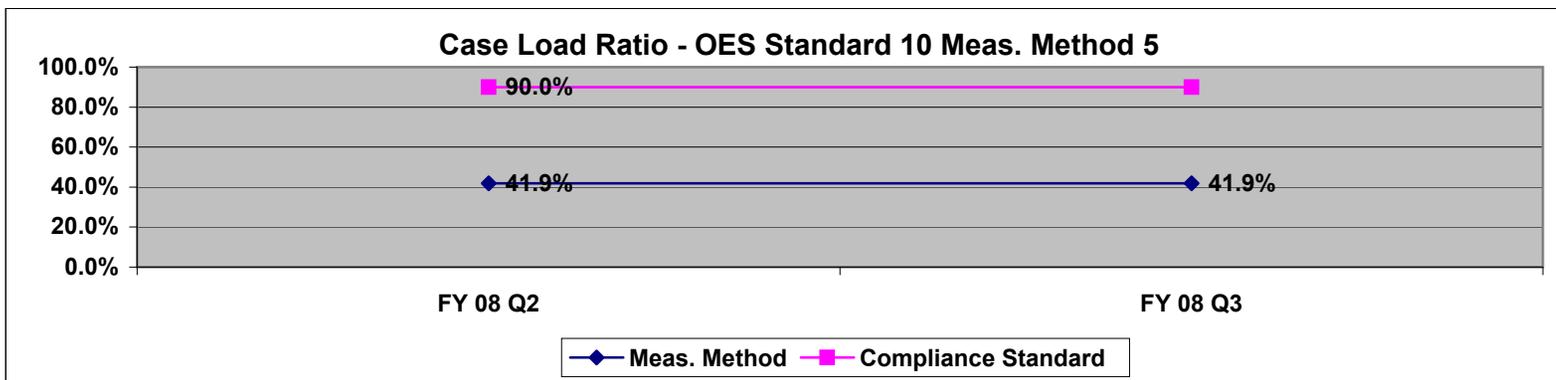
Paragraph 71 Meas. Method 2. Community Integration Workers with average caseloads of 40 or fewer.
Baseline 100.0% (27 out of 27) FY08 Q2 Agency Community Support Census/Staffing Ratio Database
Current Level 100.0% (29 out of 29) FY08 Q3 Agency Community Support Census/Staffing Ratio Database
Performance Standard 90.0% of all CIW Providers
Compliance Standard 90.0% of all CIW Providers



Meas. Method 3. Intensive Community Integration Providers with average caseloads of 16 or fewer.
Baseline 50.0% (4 out of 8) FY08 Q2 Agency Community Support Census/Staffing Ratio Database
Current Level 100.0% (8 out of 8) FY08 Q3 Agency Community Support Census/Staffing Ratio Database
Performance Standard 90.0% of all ICI Teams
Compliance Standard 90.0% of all ICI Teams



Meas. Method 4. Intensive Case Managers with average caseloads of 16 or fewer.
Baseline 100.0% (40 out of 40) FY08 Q2 Agency Community Support Census/Staffing Ratio Database
Current Level 100.0% (48 out of 48) FY08 Q3 Agency Community Support Census/Staffing Ratio Database
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	45.0%	April 08	MAPSIS Case Counts for Workers with Class Members Public Wards
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.

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.

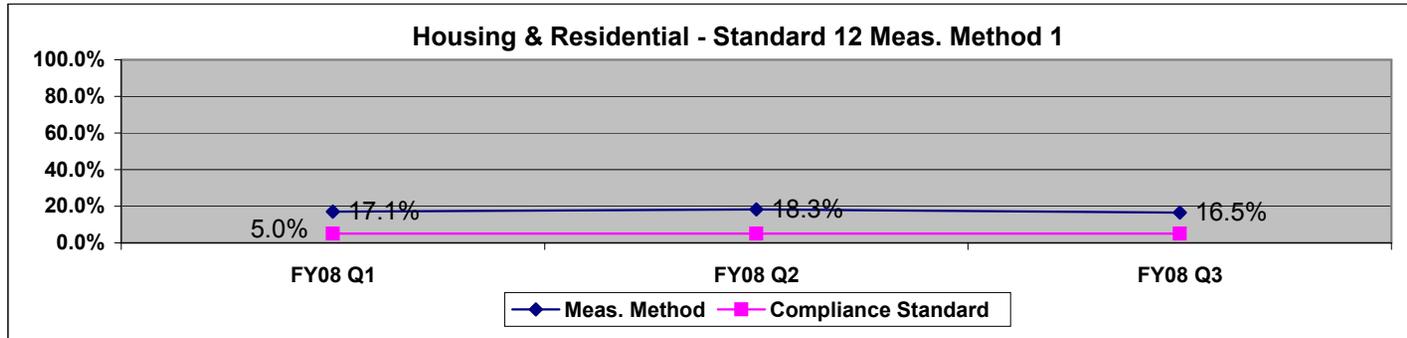
Performance Standard *No numerical standard necessary. ISP RDS data will be utilized to guide and inform DHHS service and budget planning.*

Number of Callers with unmet needs January 1 ~ March 31, 2008

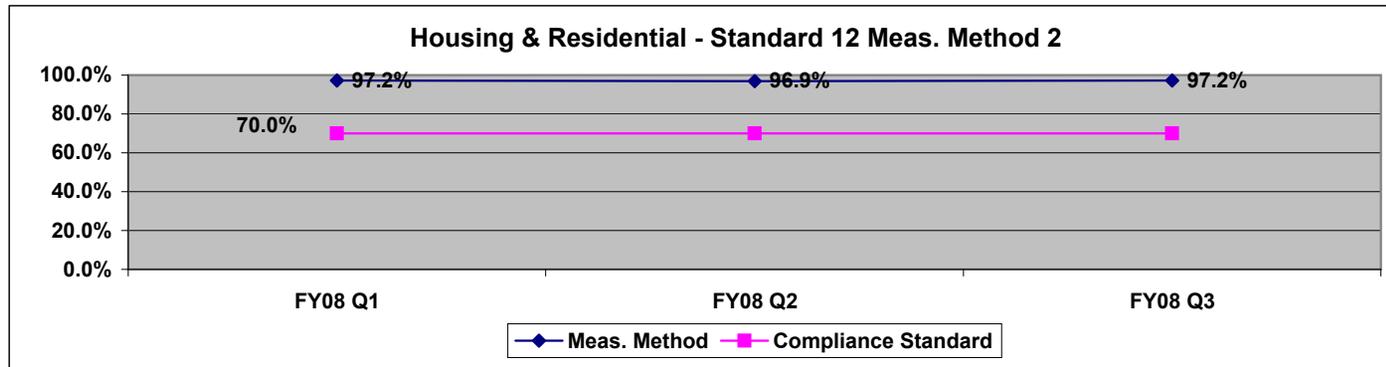
	Region 1	Region 2	Region 3	State
Unique Individuals	47	16	4	67
Unmet Needs:	0	0	0	0

Unmet Needs by Domain January 1 ~ March 31, 2008	
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

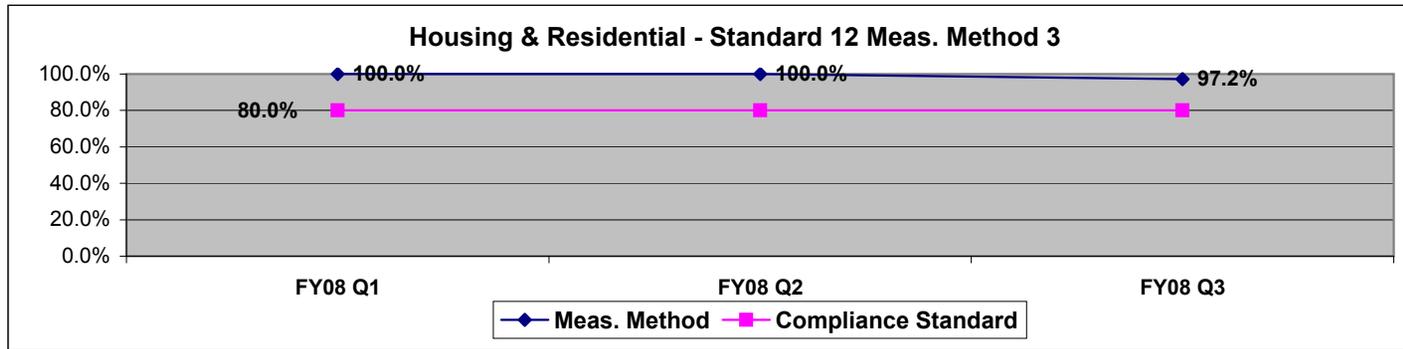
Community Resources and Treatment Services
Housing and Residential - Standard 12



Paragraph 97,98 Standard 12: **A flexible array of residential services adequate to meet ISP Identified needs of those ready for discharge**
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 16.5% (16% out of 1011) FY08 Q3 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 97.2 (FY 08 Q3 Out of 36 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)



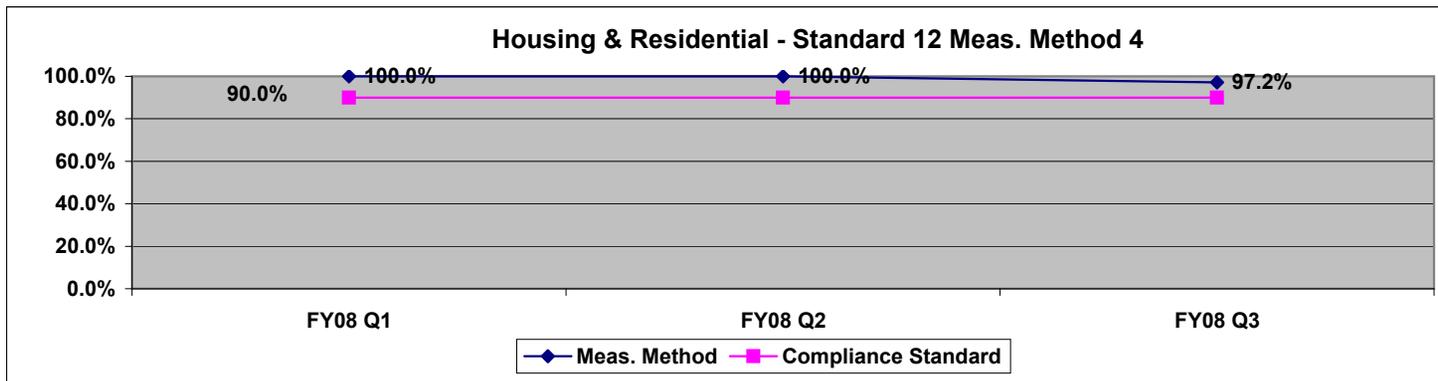
Meas. Method 3. Of the class members at Riverview determined to have received maximum benefit from inpatient care, lack of residential support services does not impede discharge within 30 days of that determination.

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 97.2 (FY 08 Q3 Out of 36 Patients ready for discharge, 1 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.

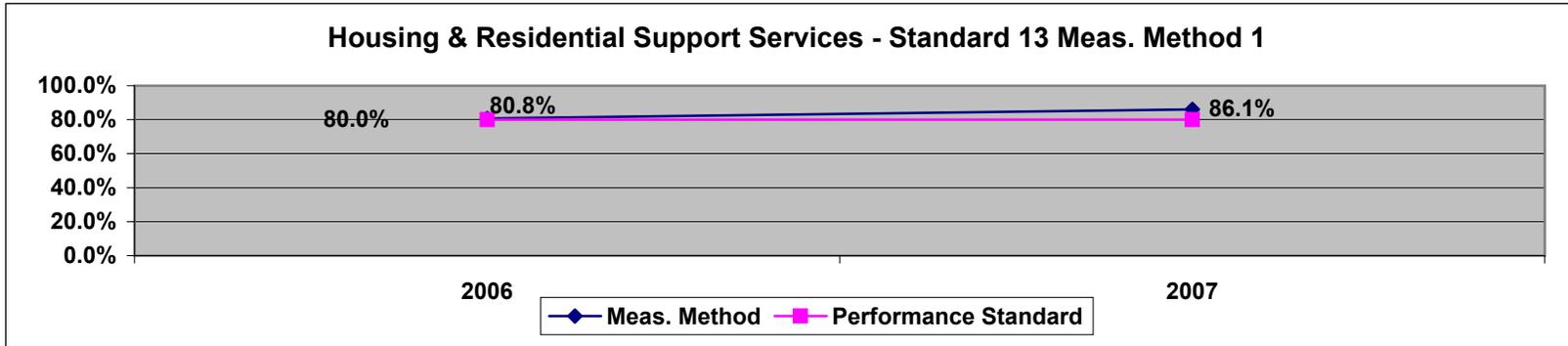
Baseline 98.0% (FY 07 Q1 Out of 49 Patients ready for discharge, 1 could not be discharged due to lack of service)

Current Level 97.2 (FY 08 Q3 Out of 36 Patients ready for discharge, 1 could not be discharged due to lack of service)

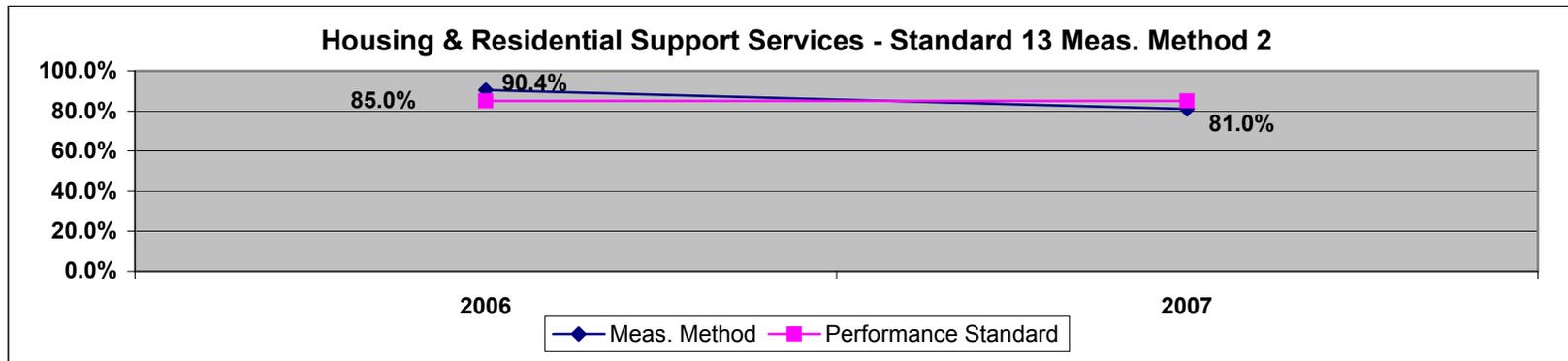
Performance Standard 100%

Compliance Standard 90% (with certain clients excepted with agreement of parties and Court Master)

Community Resources and Treatment Services
Housing and Residential

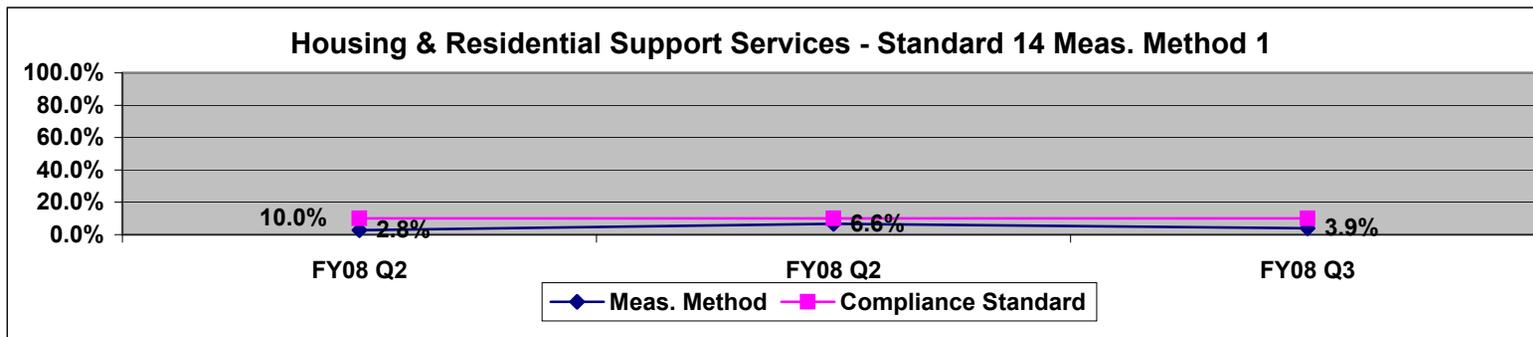


Paragraph **Standard 13:** **Demonstrate class member satisfaction with access and quality of residential support services**
97,98 Meas. Method 1. Annual Class Member Survey Q15, Percent reporting satisfaction with their current living situation.
Baseline 80.2% 2004 Class Member Survey (N=538)
Current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



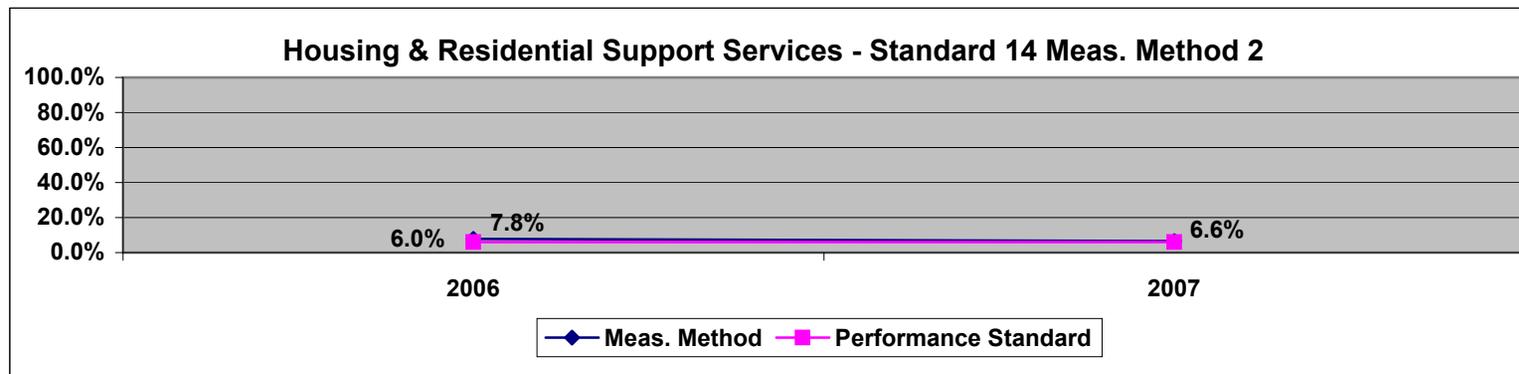
Meas. Method 2. Annual Class Member Survey Q17, Class members receiving residential/housing supports who report satisfaction with services.
Baseline 81.4% 2005 Class Member Survey (N=538) *Question added in 2005
Current Level 81.0% 2007 Class Member Survey (N=466)
Performance Standard 85.0%

Community Resources and Treatment Services
Housing and Residential



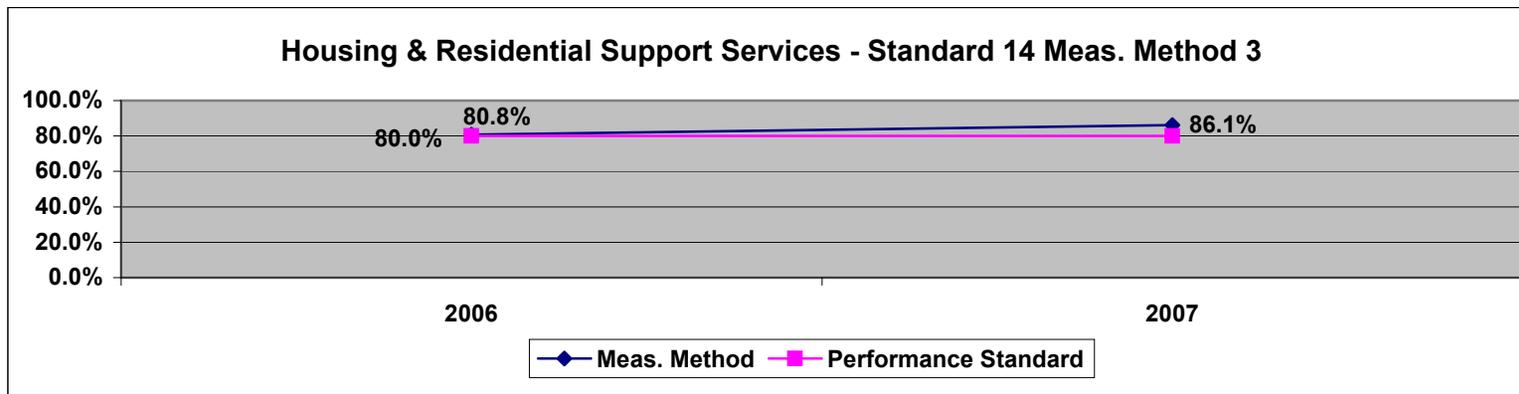
Parag Standard 14: Demonstrate an array of housing alternatives available to meet class member needs.
94, 95 Meas. Method 1. Class members with ISPs with unmet housing needs.

Baseline	1.6%	(5 out of 305)	FY06 Q4 ISP RDS Data
Current Level	3.9%	(39 out of 1011)	FY08 Q3 ISP RDS Data
Performance Standard	10.0%	or fewer	
Compliance Standard	10.0%	or fewer (3 out of 4 quarters)	

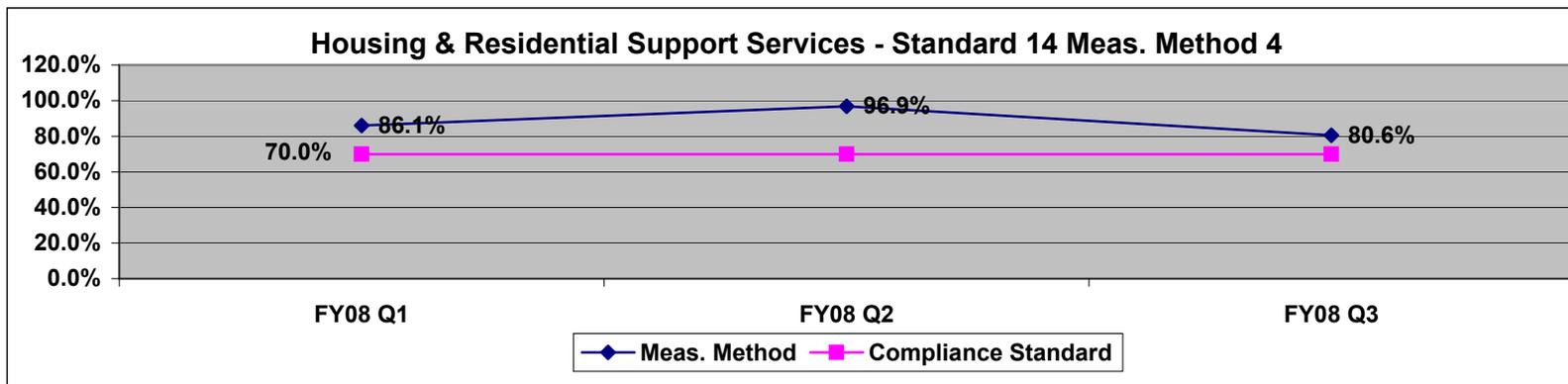


Meas. Method 2. Percentage of Class Members who experienced homelessness over 12-month period.

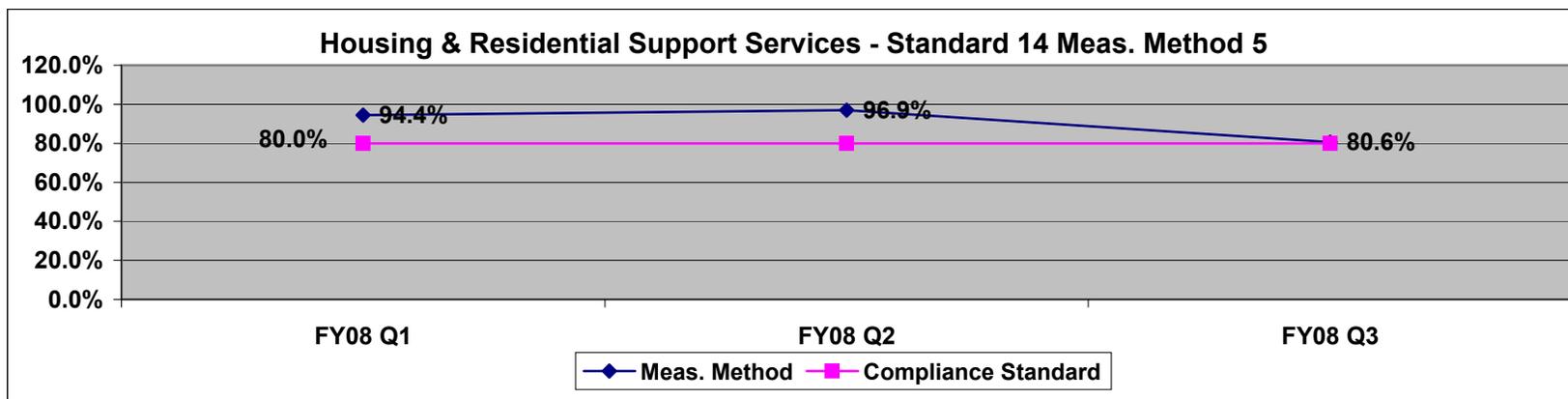
Baselines	8.6%	2004 Class Member Survey (N=538)
Current Levels	6.6%	2007 Class Member Survey (N=466)
Performance Standard	6.0%	or fewer



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 80.6% (FY 08 Q3 Out of 36, 7 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)



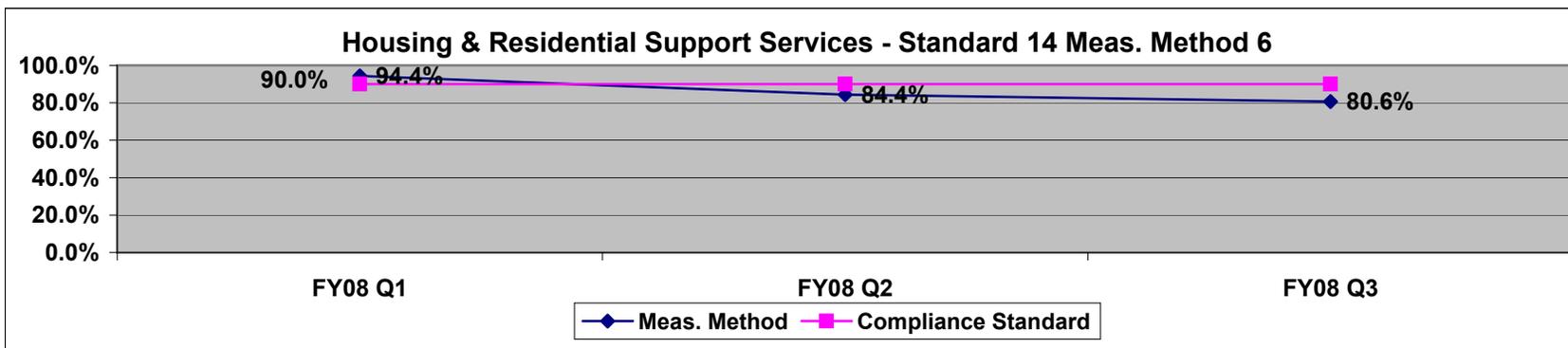
Meas. Method 5. Percentage of hospitalized class members determined to be ready for discharge from Riverview who are discharged within 30 days of that determination.

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 80.6% (FY 08 Q3 Out of 36, 7 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.

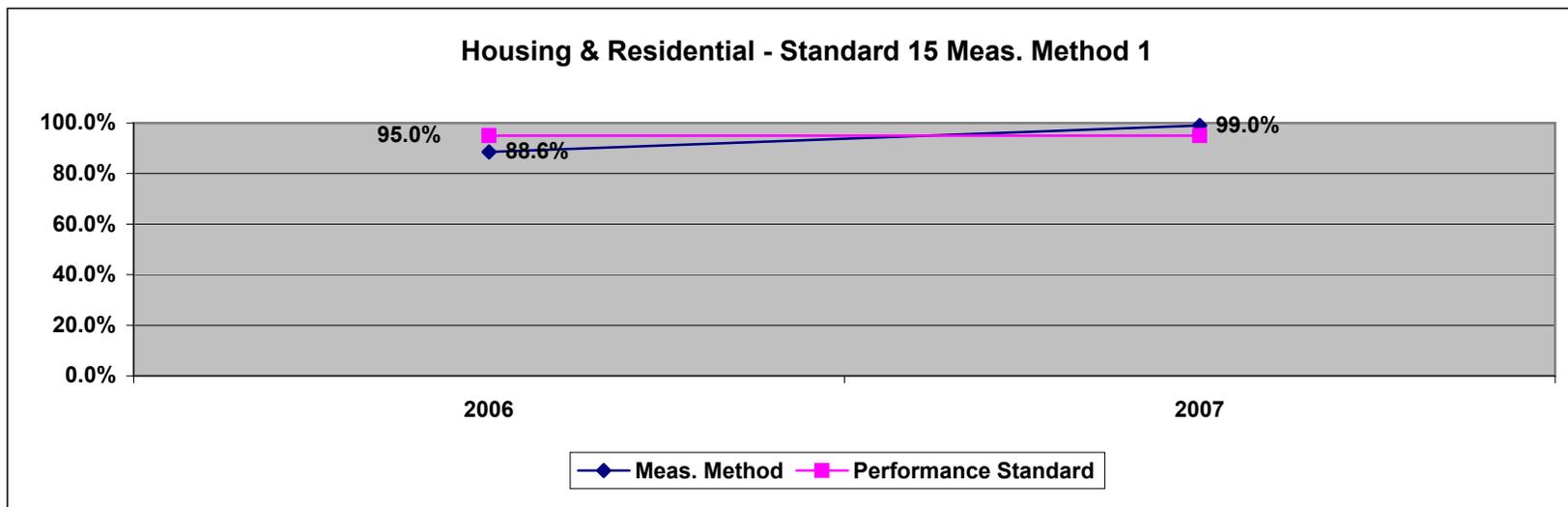
Baseline 67.3% (FY 07 Q1 Out of 49 Patients ready for discharge, 16 could not be discharged due to lack of housing alternatives)

Current Level 80.6% (FY 08 Q3 Out of 36, 7 could not be discharged)

Performance Standard 100%

Compliance Standard 90.0% (3 out of 4 quarters)

Housing and Residential



Paragraph 96 Standard 15: Meas. Method 1.

Housing is where community services are located/Consumers in Homes with more than 8 beds.

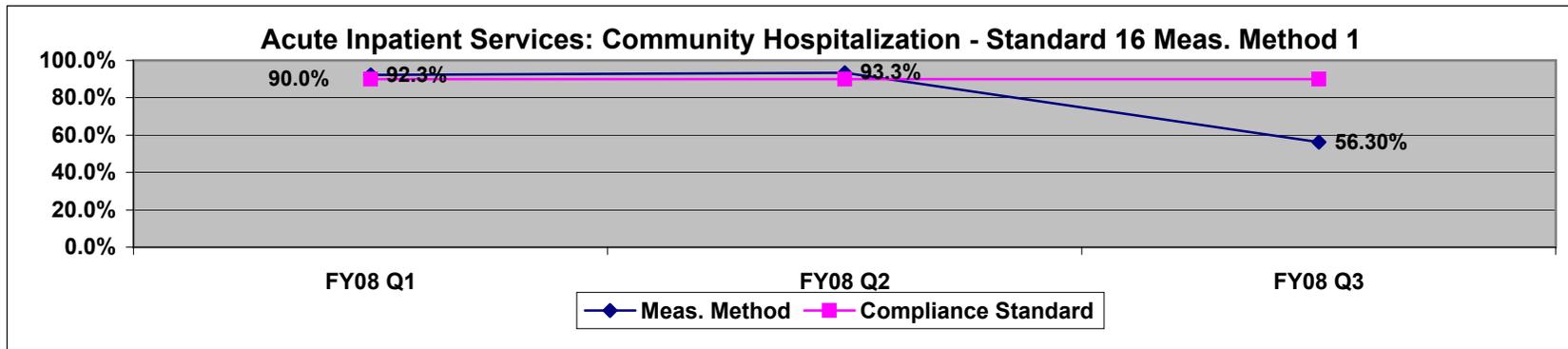
Class members residing in homes with more than 8 beds in which the class member chooses to reside in that facility is documented.

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.

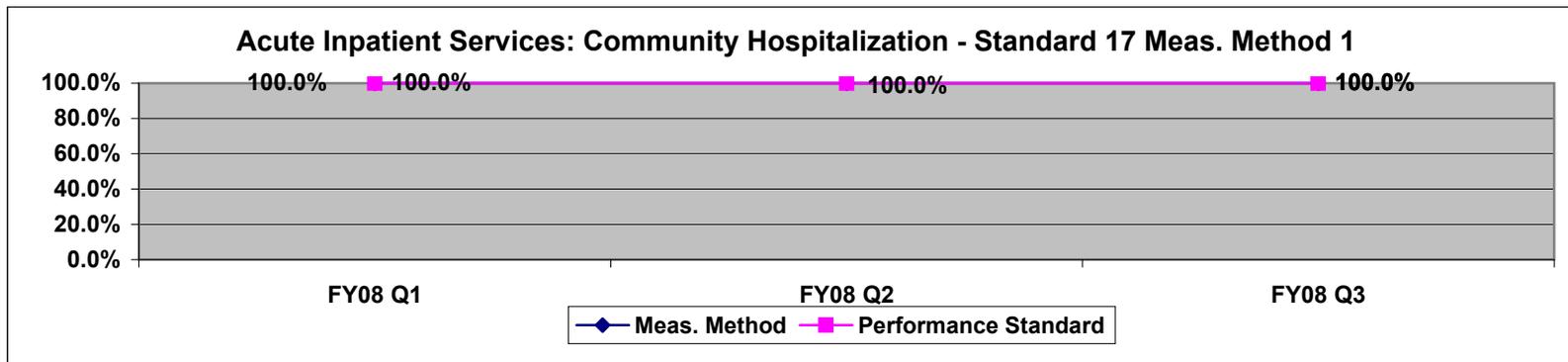
Community Resources and Treatment Services
Acute Inpatient Services: Involuntary Community Hospitalization



Paragraph 88	Standard 16: Meas. Method 1. Baseline Current Level Performance Standard Compliance Standard	Psychiatric Hospitalization reasonably near an individual's local community. Class Member admissions determined to be reasonably near an individual's local community of residence. 87.0% UR Database Q1-FY '05 (20 out of 23) 56.3% UR Database/EIS Q3 FY 08 (9 out of 16) 90.0% 90.0% (3 out of 4 quarters)
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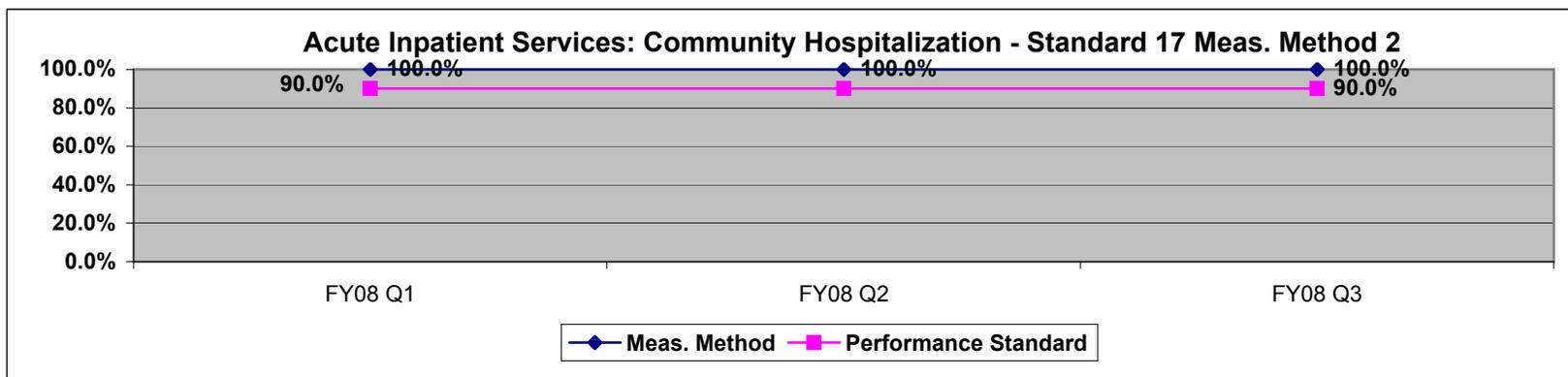
Reasonably Near is defined by Attachment C to the October 29, 2007 approved Compliance Standards.

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

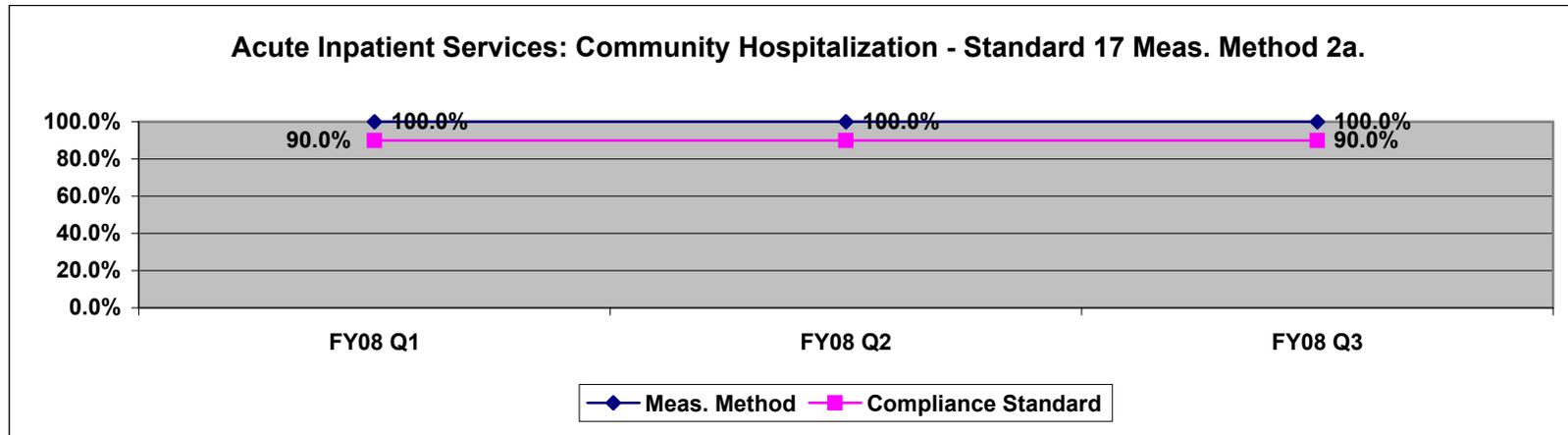


Paragraph Standard 17: **Class member admissions to community involuntary inpatient units are in accordance with law and meet medical necessity criteria**

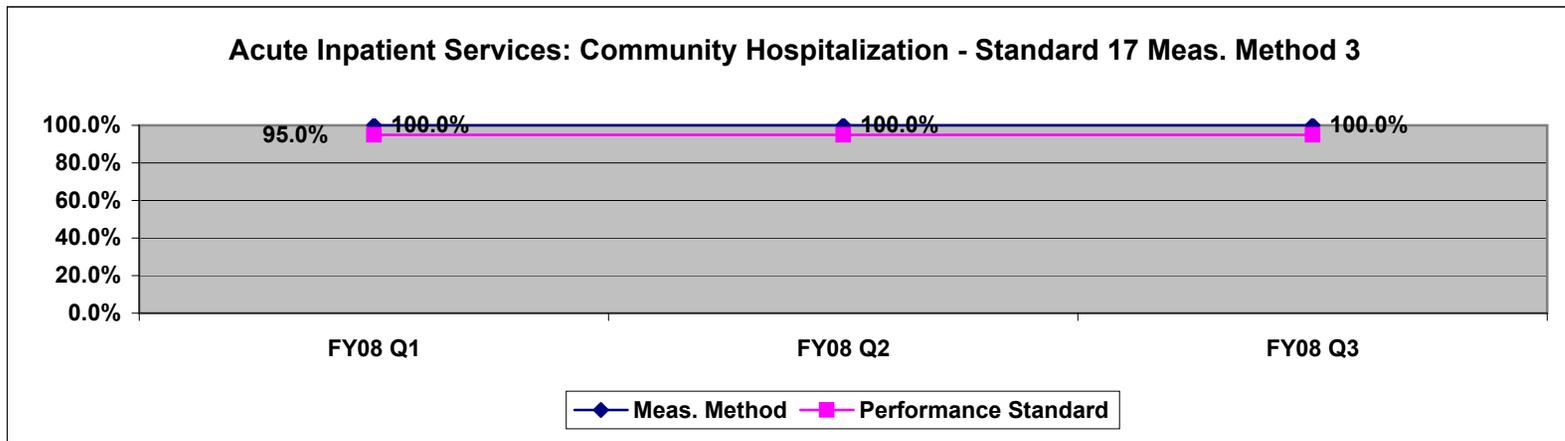
89 Meas. Method 1. Class member involuntary admissions to community inpatient units have blue paper on file.
Baseline 94.7% UR Database Q4-FY '05 (18 out of 19)
Current Level 100.0% UR Database/EIS Q3 FY 08 (16 out of 16)
Performance Standard 100.0%



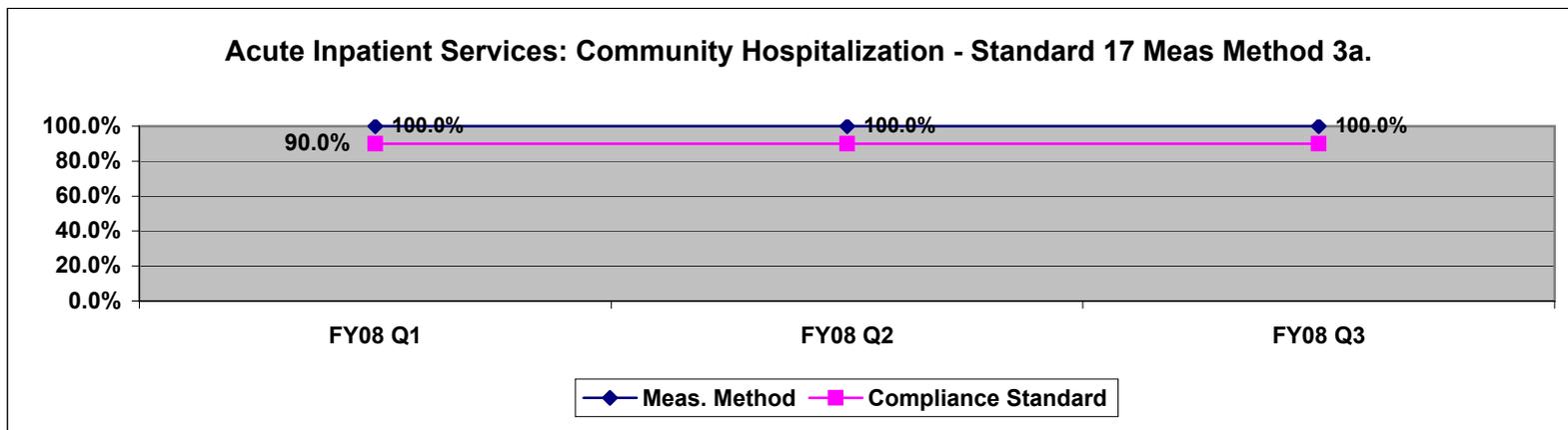
Meas. Method 2. Blue paper was completed and in accordance with terms.
Baseline 95.7% UR Database Q1-FY '05 (22 out of 23)
Current Level 100.0% UR Database/EIS Q3 FY 08 (16 out of 16)
Performance Standard 90.0%



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 Q3 FY 08 All Blue Papers reported as completed and in accordance with terms
Performance Standard 95.0%
Compliance Standard 90.0%

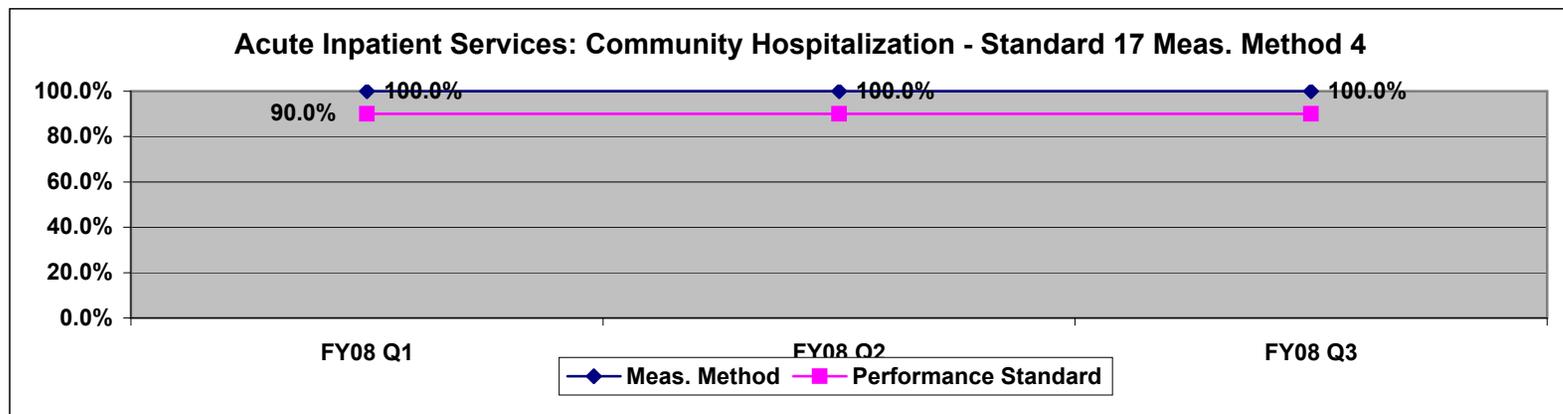


Meas. Method 3. Class member involuntary admissions to community inpatient units in which 24 hour cert completed.
Baseline 65.2% UR Database Q1-FY '05 (15 out of 23)
Current Level 100.0% UR Database/EIS Q3 FY 08 (15 out of 15)
Performance Standard 95.0%



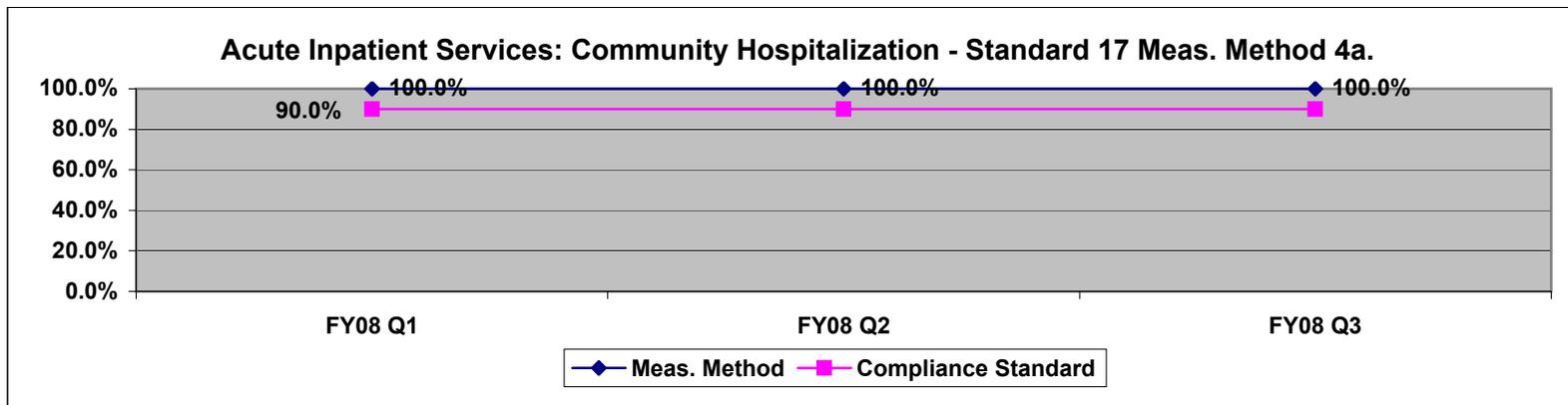
Meas. Method 3a. Corrective action taken by UR nurse where 24 hour certification was not completed.

Baseline	12.5%	UR Database Q1-FY '05	(1 out of 8)
Current Level	100.0%	UR Database/EIS Q3 FY 08	All 24 hour certifications reported as completed.
Performance Standard	100.0%		
Compliance Standard	90.0%		

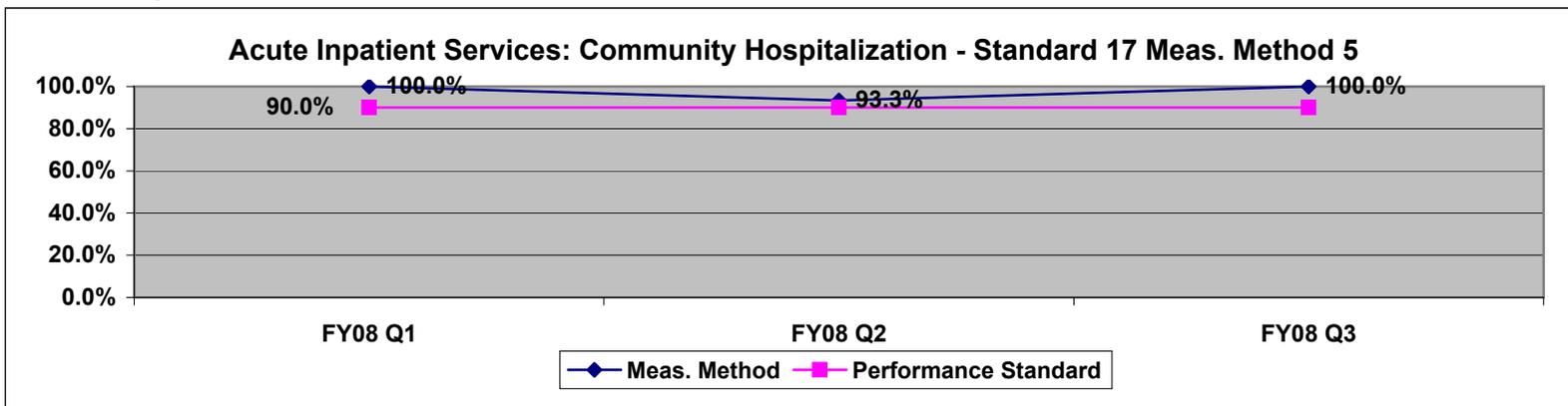


Meas. Method 4. Class member involuntary admissions to community inpatient units in which patients' rights were maintained.

Baseline	82.6%	UR Database Q1-FY '05	(19 out of 23)
Current Level	100.0%	UR Database/EIS Q3 FY 08	(16 out of 16)
Performance Standard	90.0%		

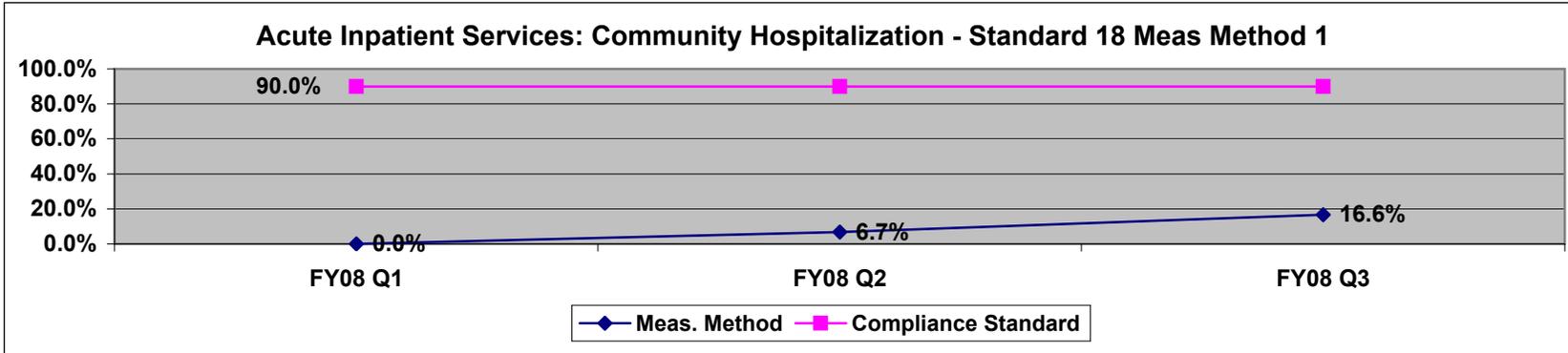


Meas. Method 4a. Corrective action taken by UR nurse where documentation showed patients' rights not maintained.
Baseline 25.0% UR Database Q1-FY '05 (1 out of 4)
Current Level 100.0% UR Database/EIS Q3 FY 08 All rights were maintained
Performance Standard 100.0%
Compliance Standard 90.0%

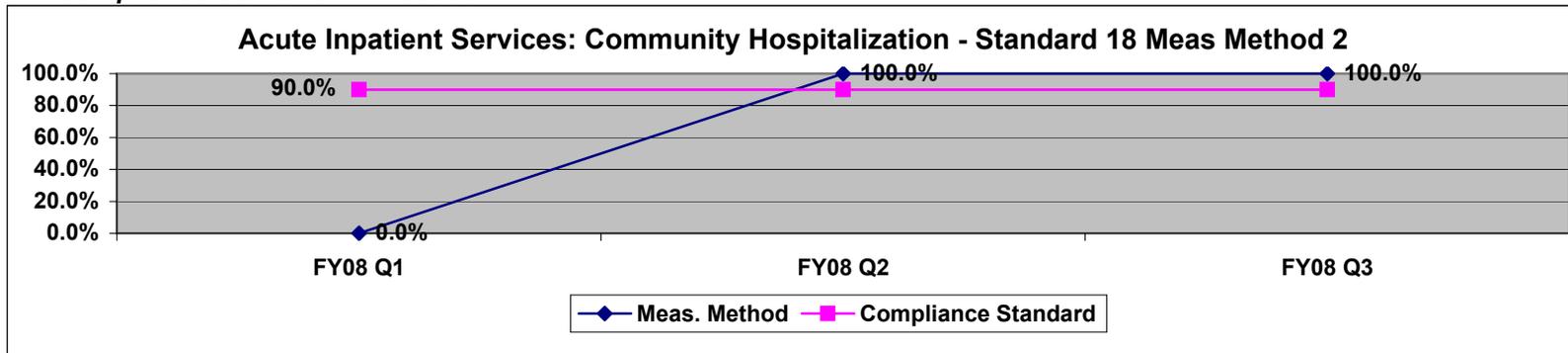


Meas. Method 5. Class member involuntary admissions for which medical necessity has been established.
Baseline 95.7% UR Database Q1-FY '05 (22 out of 23)
Current Level 100.0% UR Database/EIS Q3 FY 08 (16 out of 16)
Performance Standard 90.0%

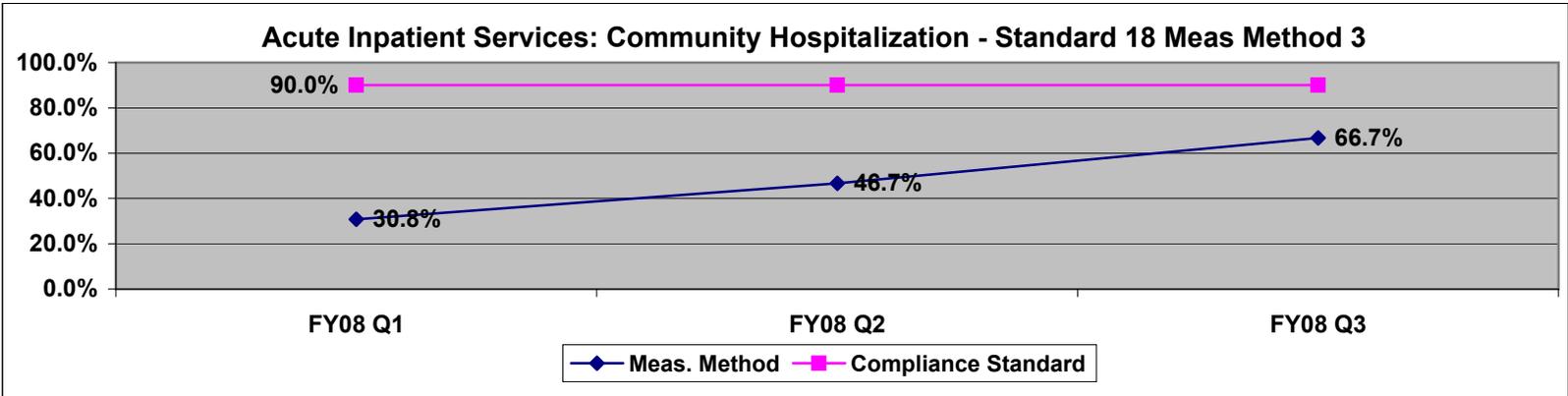
Community Resources and Treatment Services
Acute Inpatient Services: Involuntary Community Hospitalization



Paragraph 90 **Standard 18:** **Continuity of Treatment is maintained during hospitalization in community inpatient settings**
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 16.6% UR Database/EIS Q3 FY 08 (1 out of 6)
Performance Standard 90.0%
Compliance Standard 90.0%

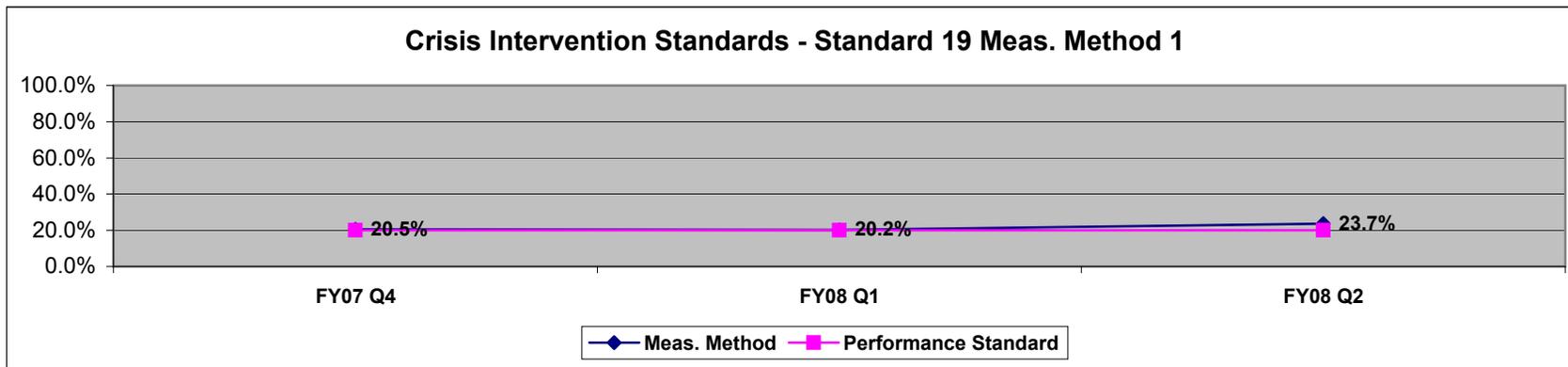


Meas. Method 2. Treatment and discharge plan were determined to be consistent with ISP goals and objectives.
Baseline 50.0% UR Database Q4-FY '05 (1 out of the 2 received)
Current Level 100.0% UR Database/EIS Q3 FY 08 (1 out of 1 received)
Performance Standard 90.0%
Compliance Standard 90.0%

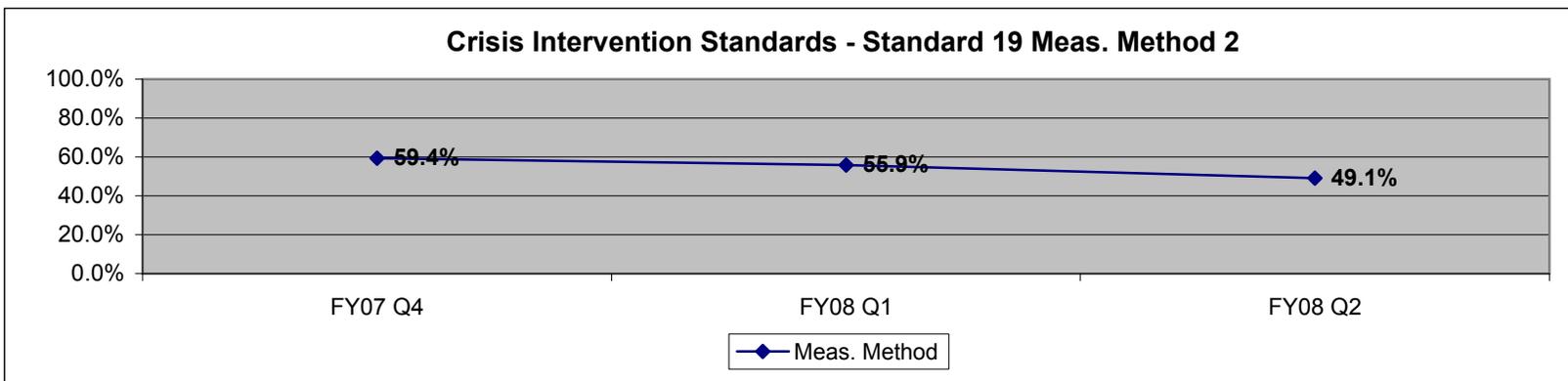


Meas. Method 3.	CI/ICI/ICM/ACT worker participated in hospital treatment and discharge planning.		
Baseline	63.1%	UR Database Q1-FY '05	(12 out of 19)
Current Level	66.7%	UR Database/EIS Q3 FY 08	(6 out of 9)
Performance Standard	90.0%		
Compliance Standard	90.0%		

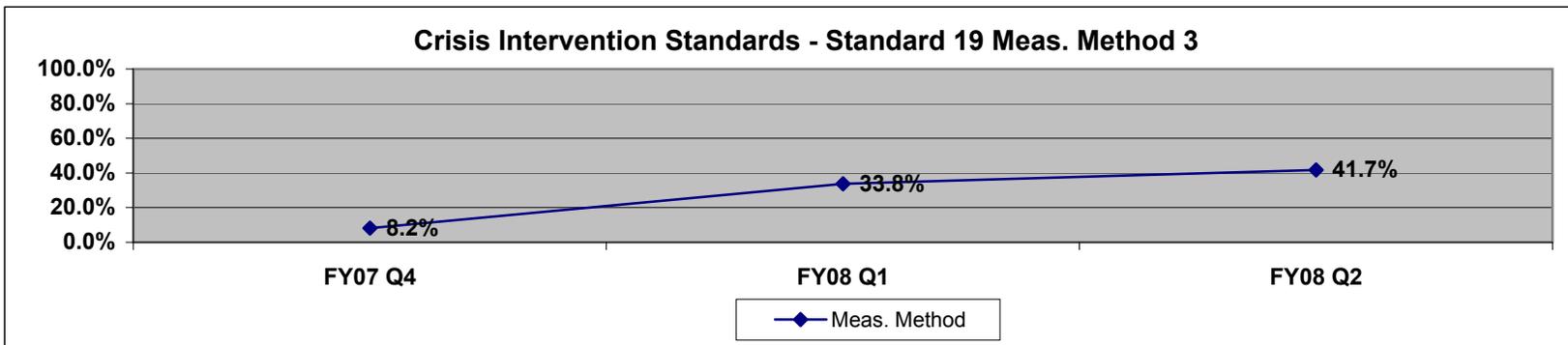
Community Resources and Treatment Services
Crisis Intervention Services



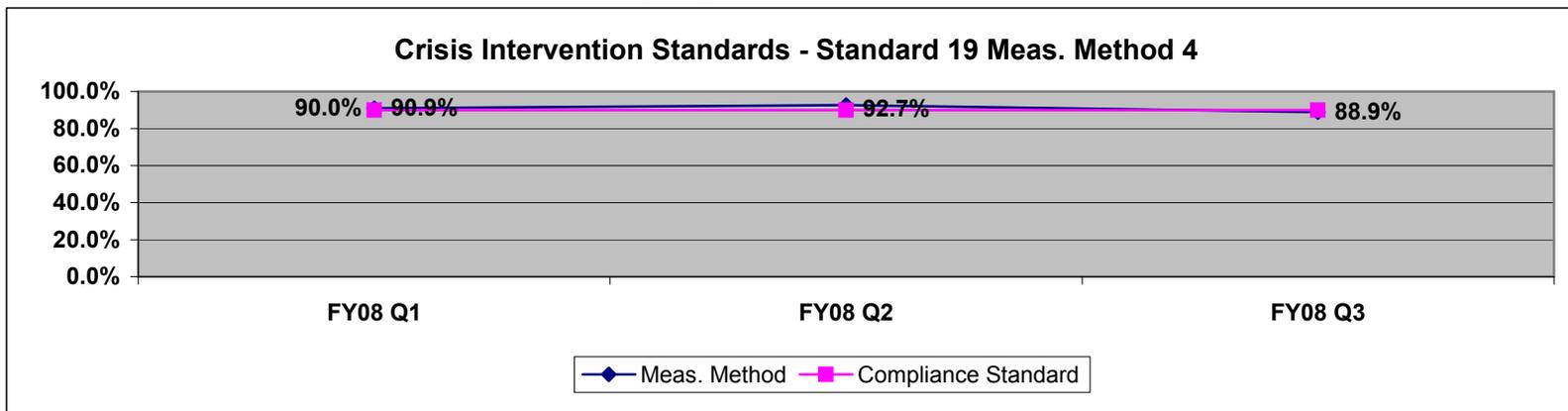
Paragraph 99, 100 Standard 19: **Crisis services are effective and meet Settlement Agreement Standards.**
Meas. Method 1. Quarterly Contract Performance Data: Face to face crisis contacts that result in hospitalizations.
Baseline 21.0% Performance Indicator Data - Average quarterly % for first three quarters FY 2004
Current Level 23.7% FY 08 Q2 (1306 out of 5,505)
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 49.1% FY 08 Q2 (2702 out of 5,505)
Performance Standard To Be Established

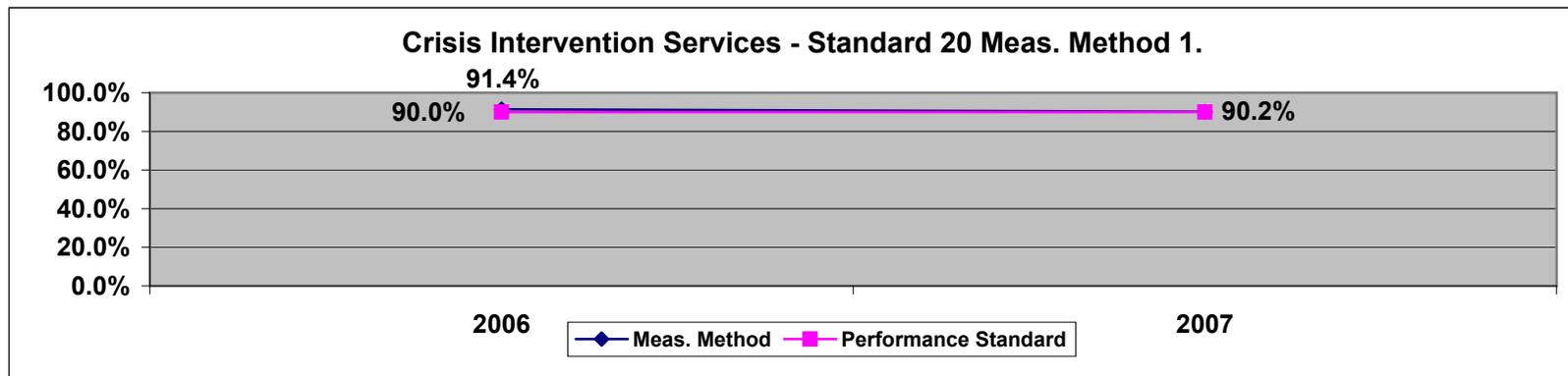


Meas. Method 3. Face to face crisis contacts in which a previously developed crisis plan was available and used.
Baseline 12.6% Performance Indicator Data - 2nd Qtr FY 06
Current Level 41.7% FY 08 Q2 (610 out of 1462) (for persons with community support workers)
Performance Standard To Be Established
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.

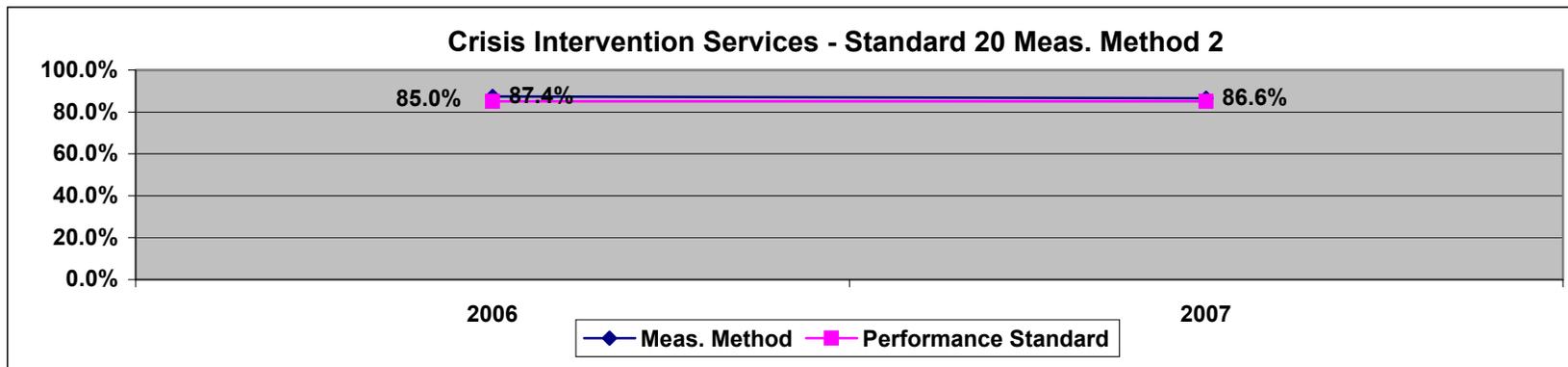


Meas. Method 4. Face to face crisis contacts in which client has a CI worker and worker was notified about the crisis.
Baseline 78.4%* Performance Indicator Data - 2nd Qtr FY 06
Current Level 88.9% FY 08 Q2 (1300 out of 1462)
Compliance Standard 90.0% (3 out of 4 quarters)

Community Resources and Treatment Services
Crisis Intervention Services

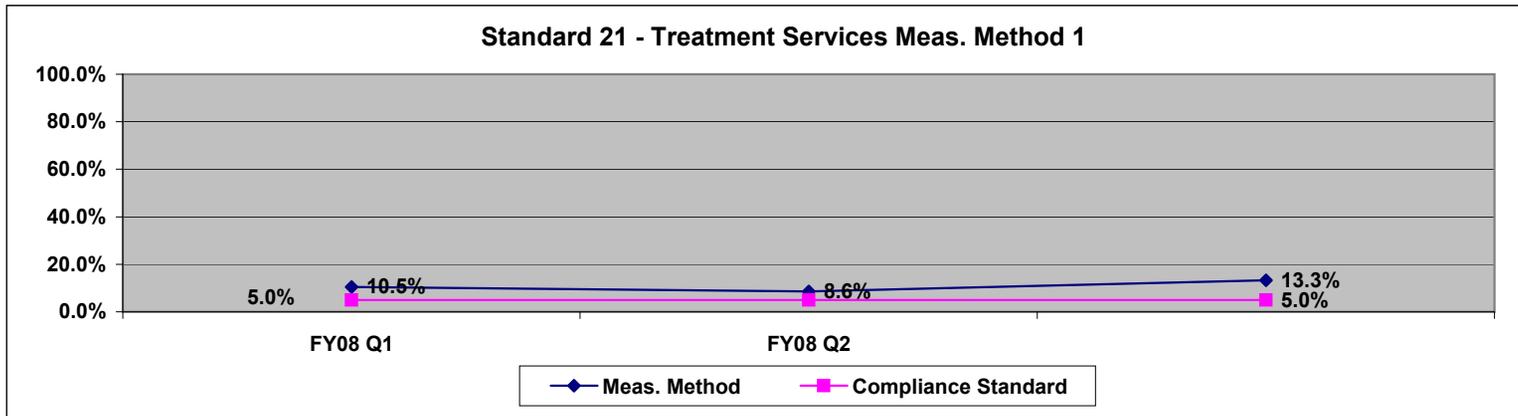


Paragraph 99, 100 Standard 20: **Class member satisfaction with the availability and quality of crisis intervention services.**
Meas. Method 1. Class members reporting that they know how to get help in a crisis when they need it-Q2.
Baseline 87.6% 2004 Class Member Survey (N=538)
Current Level 90.2% 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**



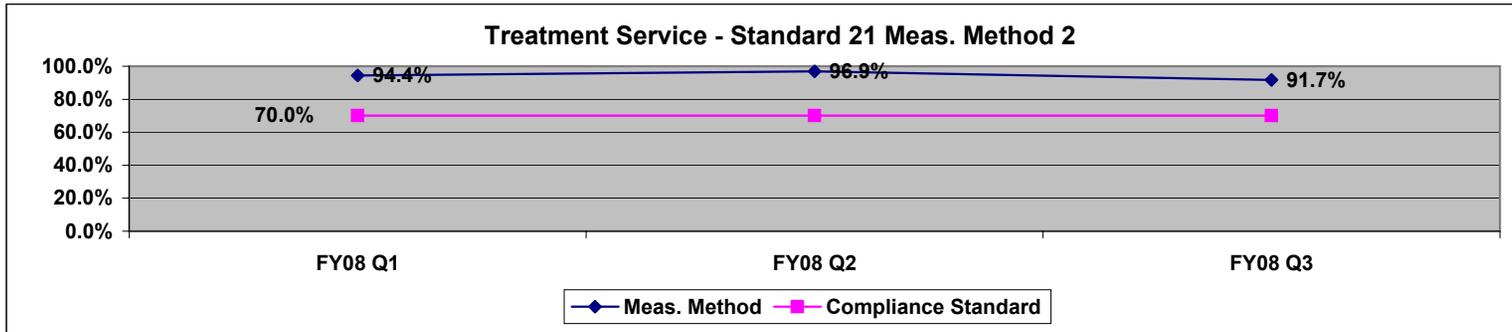
Paragraph Standard 21:

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

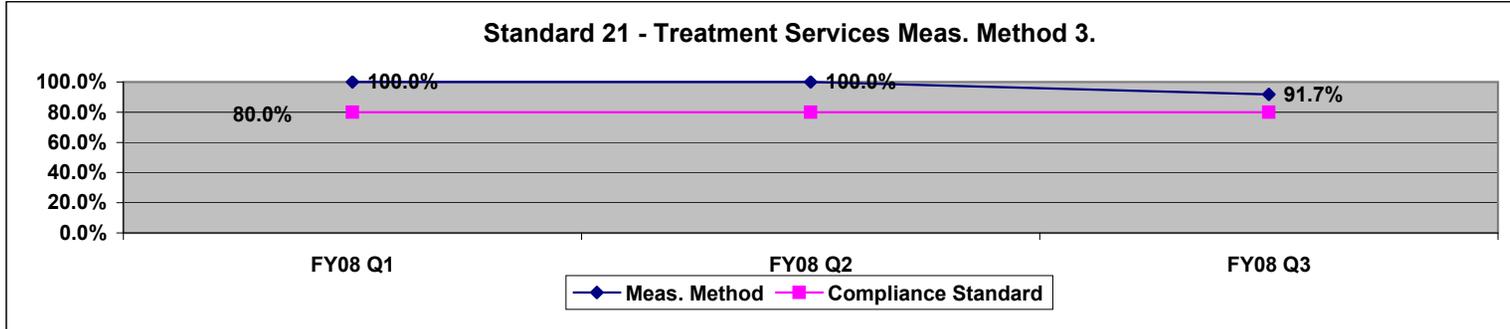
Baseline	4.3%	(13 out of 305)	FY06 Q4 ISP RDS Data
Current Level	13.3%	(134 out of 1011)	FY08 Q3 ISP RDS Data
Performance Standard	5%	or fewer	
Compliance Standard	5%	or fewer (3 out of 4 quarters)	



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 MH treatment)
Current Level	91.7%	(FY 08 Q3 Out of 36, 3 could not be discharged)
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%	



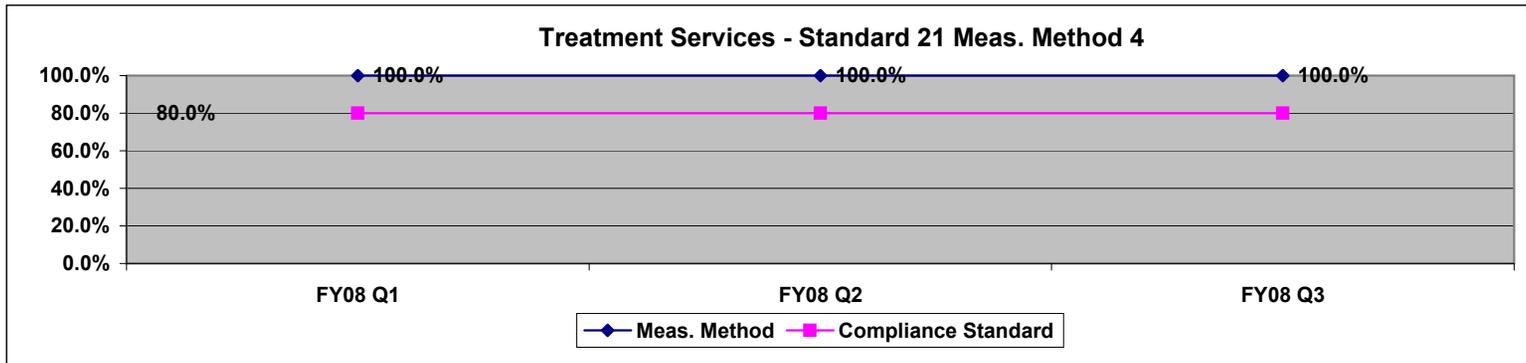
Meas. Method 3. Patients at Riverview, ready for discharge, who are discharged within 30 days of that determination

Baseline 98.0% (FY 07 Q1 Out of 49 Patients ready for discharge, 1 could not be discharged due to lack of

Current Level 91.7% (FY 08 Q3 Out of 36, 3 could not be discharged) MH treatment)

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

Current Level 100.0% (FY 08 Q3 Out of 36, 0 could not be discharged) MH treatment)

Performance Standard 100%

Compliance Standard 90.0%

Meas. Method 5.

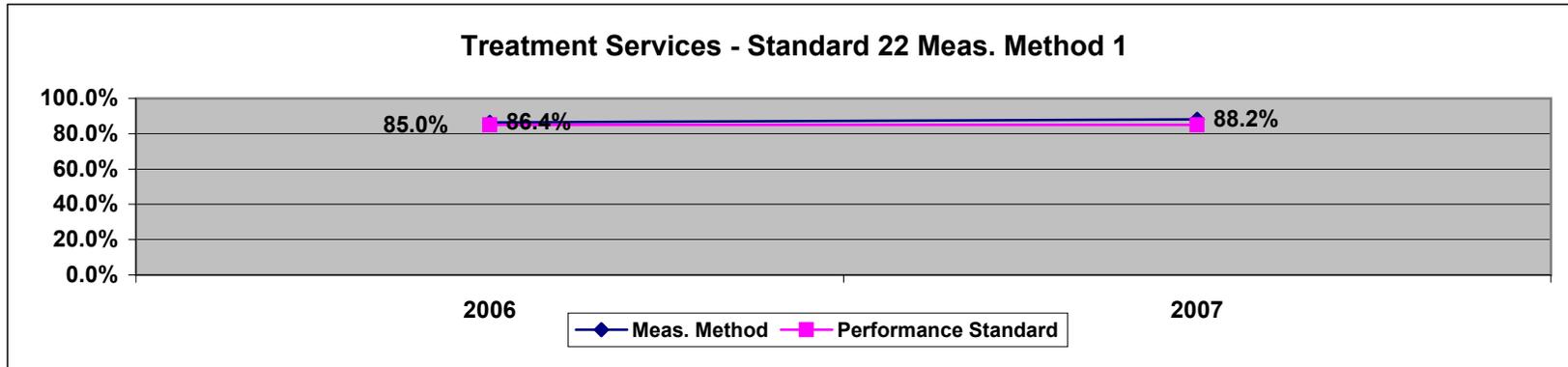
MaineCare data demonstrates by mental health service category that class members use an array of mental health treatment services.

Performance Standard

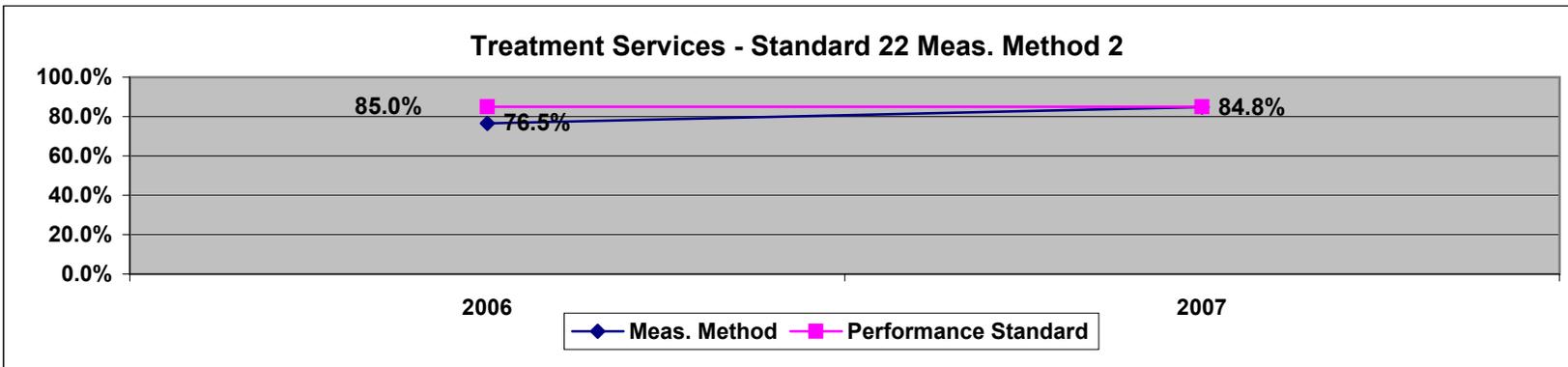
No Numerical Standard Necessary

MaineCare Data FY 2007			
Mental Health Treatment Services Received	Total Number	Total Number of Class Members	Percent of Class Members
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.



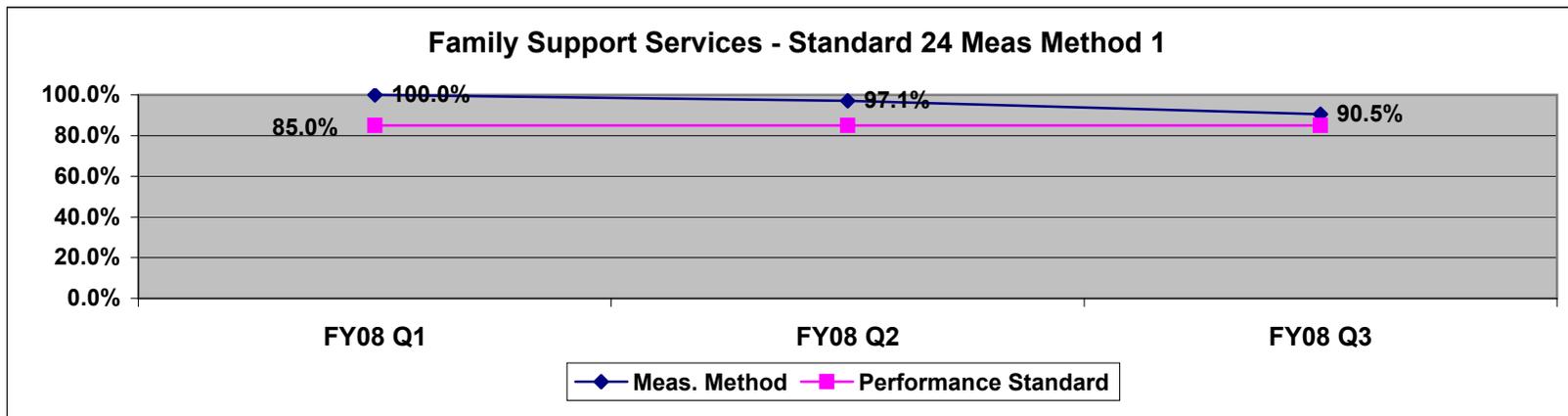
Meas. Method 2. Annual Class Member Survey Q12, % reporting satisfaction with MH services/supports received in past year.
Baseline 81.2% 2004 Class Member Survey (N=538)
Current Level 84.8% 2007 Class Member Survey (N=466)
Performance Standard 85.0%

Community Resources and Treatment Services
Family Support Services

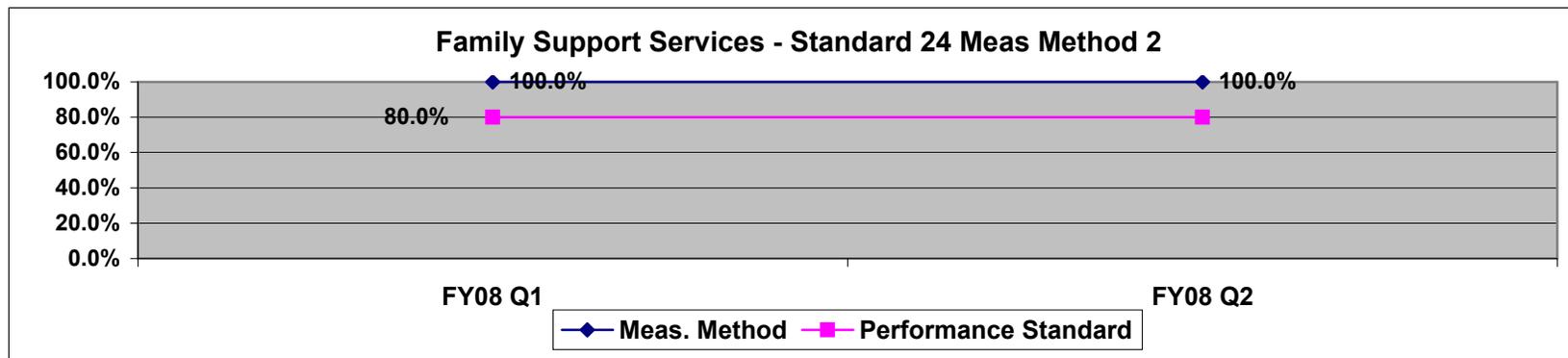
Graph Not Available for Standard 23

Paragraph 109	Standard 23:	Demonstrate provision of an array of family support services as per Settlement Agreement
	Meas. Method 1.	Number of education programs developed and delivered meeting Settlement Agreement requirements
	Baseline	<i>7, Family To Family Programs offered at 7 separate locations through NAMI statewide in FY 2006</i>
	Current Level	<i>4, Family To Family Programs offered at 5 separate locations through NAMI statewide in FY 2008 to date.</i>
	Performance Standard	<i>No standard necessary</i>
	Meas. Method 2.	Number and distribution of family support services provided
	Baseline	<i>13 services offered at 13 Locations through NAMI statewide in FY 2006</i>
	Current Level	<i>14 services offered at 14 Locations through NAMI statewide in FY 2008 to date.</i>
	Performance Standard	<i>No standard necessary</i>

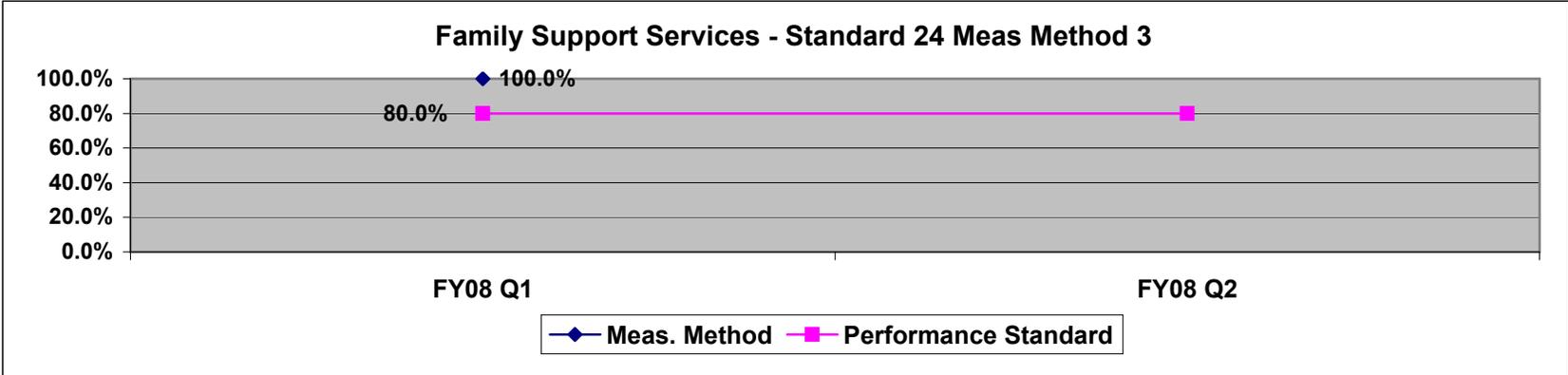
Community Resources and Treatment Services
Family Support Services



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'06 - Information and Referral Services-NAMI
Current Level 90.5% Performance Indicator Data, 3rd QTR FY'08 - Information and Referral Services-NAMI
Performance Standard 85%

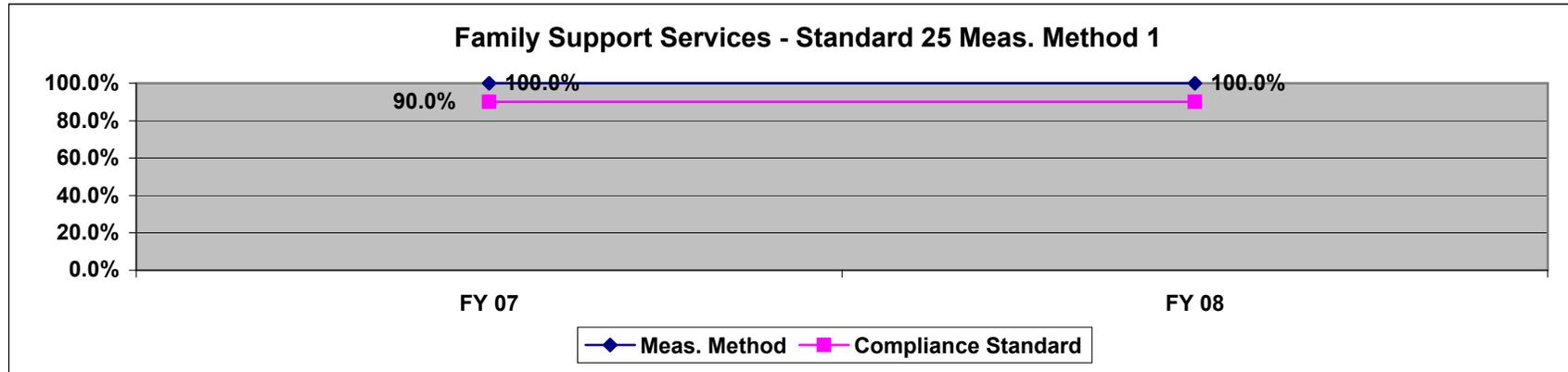


Meas. Method 2. Percentage of program participants reporting satisfaction with education programs.
Baseline 100.0% NAMI Satisfaction Instrument, FY 2006
Current Level 100.0% NAMI Satisfaction Instrument, FY 2007
Performance Standard 80%



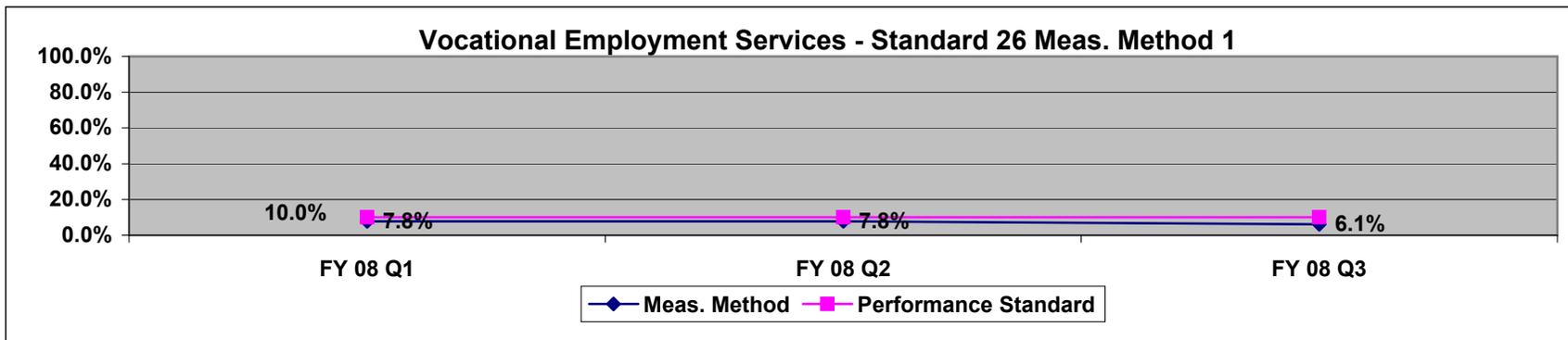
Meas. Method 3. Percentage of family participants reporting satisfaction with respite services.
Baseline 100.0% NAMI Satisfaction Instrument, FY 2007
Current Level To be established
Performance Standard 80%

Community Resources and Treatment Services-Standard 25
Family Support Services

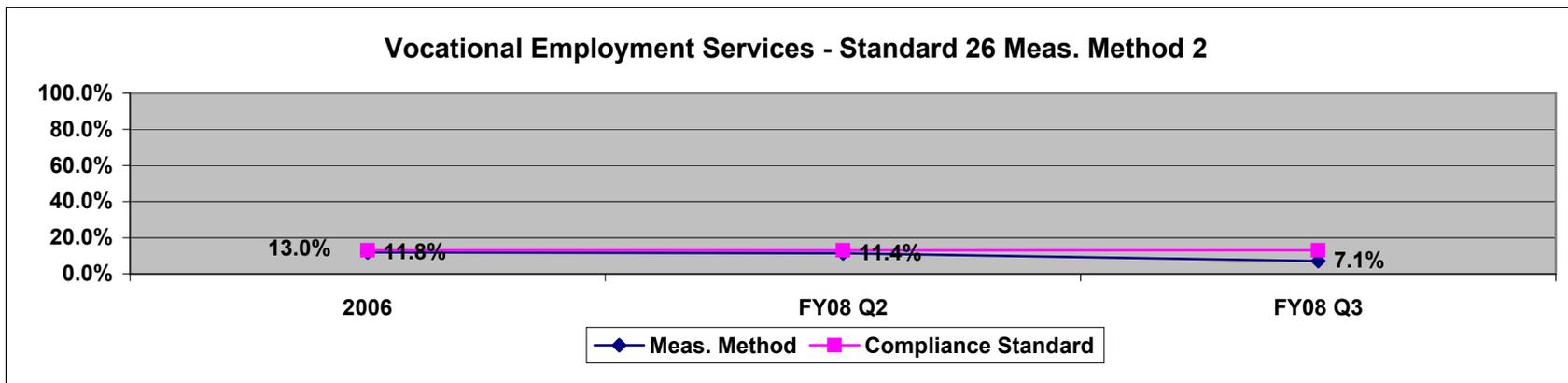


Paragraph 110	Standard 25:	Agencies are referring family members to family support groups
	Meas. Method 1.	Agency contracts reviewed with documented evidence of referral mechanism to family support services.
	<i>Baseline</i>	100.0% February & March 2007 Contract Reviews
	<i>Current Level</i>	100.0% February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

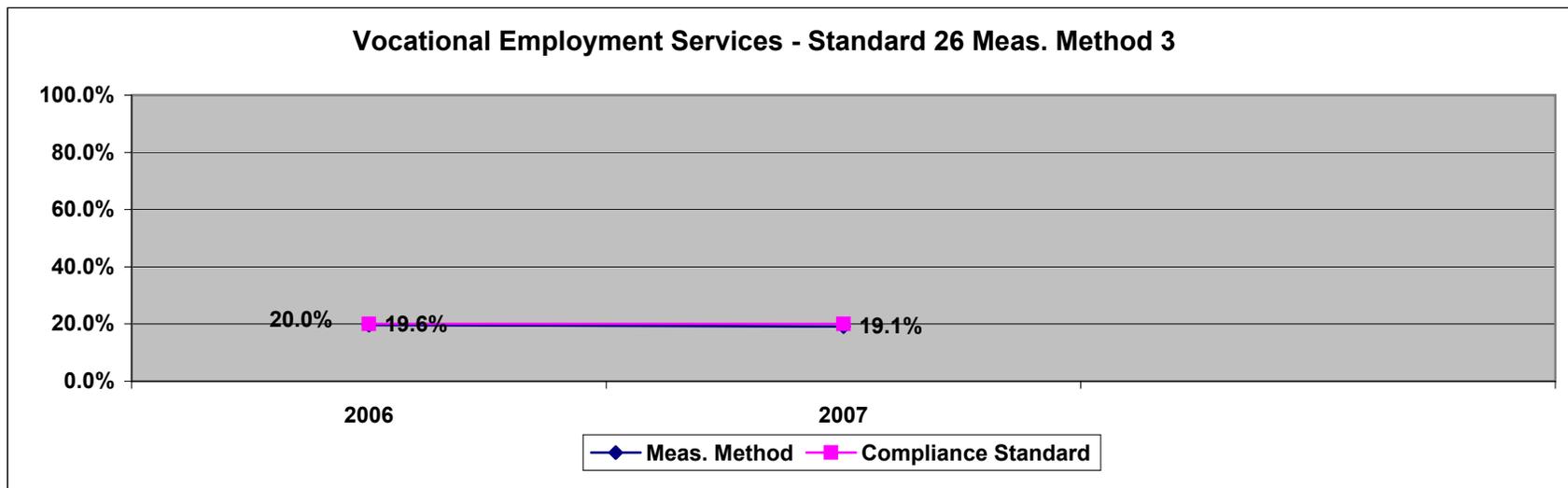
Community Resources and Treatment Services Vocational Employment Services



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 6.1 (74 out of 1011) FY08 Q3 ISP RDS Data
Performance Standard 10.0% or fewer

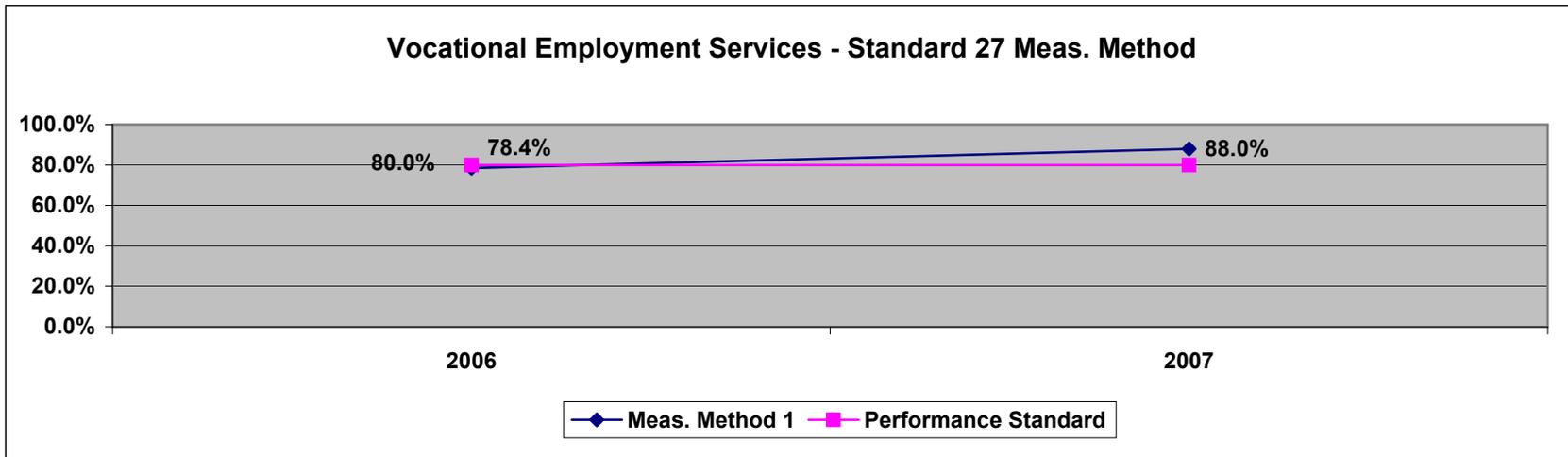


Meas. Method 2. Class members younger than age 62 in competitive employment in the community.
Baseline 10.8% (82 out of 758) FY 07 Q3 ISP RDS
Current Level 7.1% (66 out of 920) FY08 Q3 ISP RDS Data
Performance Standard 15% or more
Compliance Standard 13% or Baseline: See explanation after Standard 26, Measurement Method 3



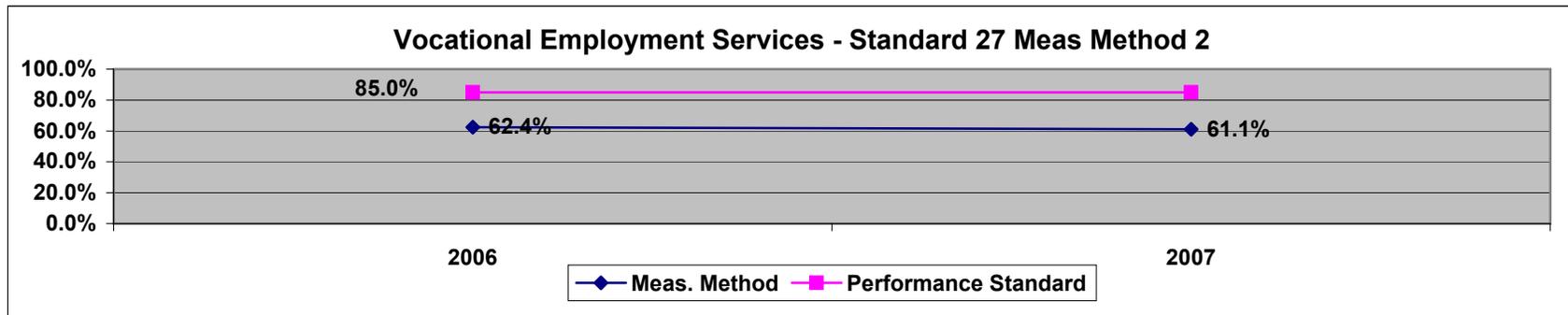
Meas. Method 3. Class members in either supported employment or in competitive employment (Part or Full Time).
Baseline 21.0% 2004 Class Member Survey (N=538)
Current Level 19.1% 2007 Class Member Survey (N=466)
Performance Standard 20.0% in either competitive or supported employment
Compliance Standard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

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



Paragraph 101 Standard 27: Meas. Method 1. **Satisfaction with employment and with vocational support services**
 Annual Class Member Survey Q20, Class members who report satisfaction with their employment.

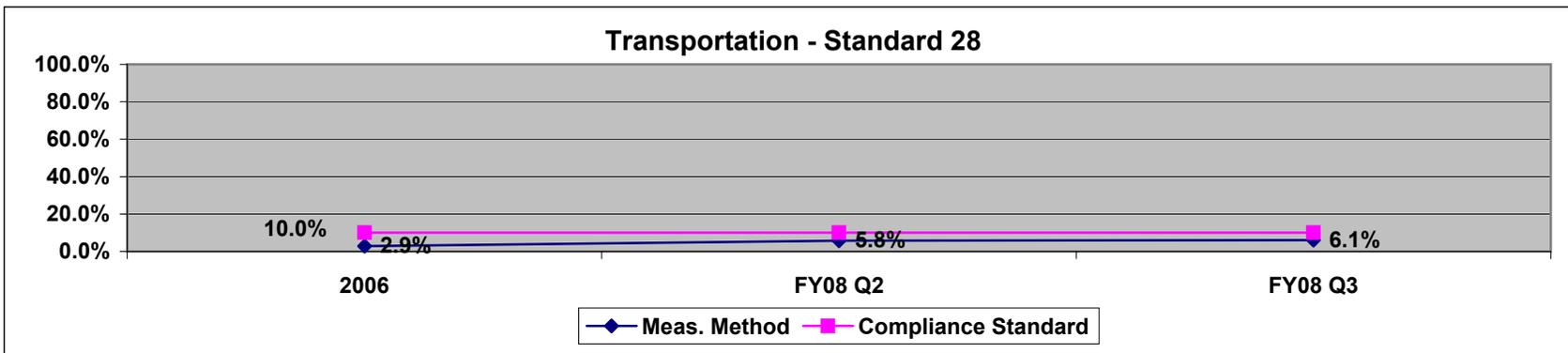
Baseline	78.4%	2004 Class Member Survey (N=538)
Current Level	88.0%	2007 Class Member Survey (N=466)
Performance Standard	80.0%	



Meas. Method 2. Annual Class Member Survey, Q23, Class members reporting that vocational supports were available when needed.

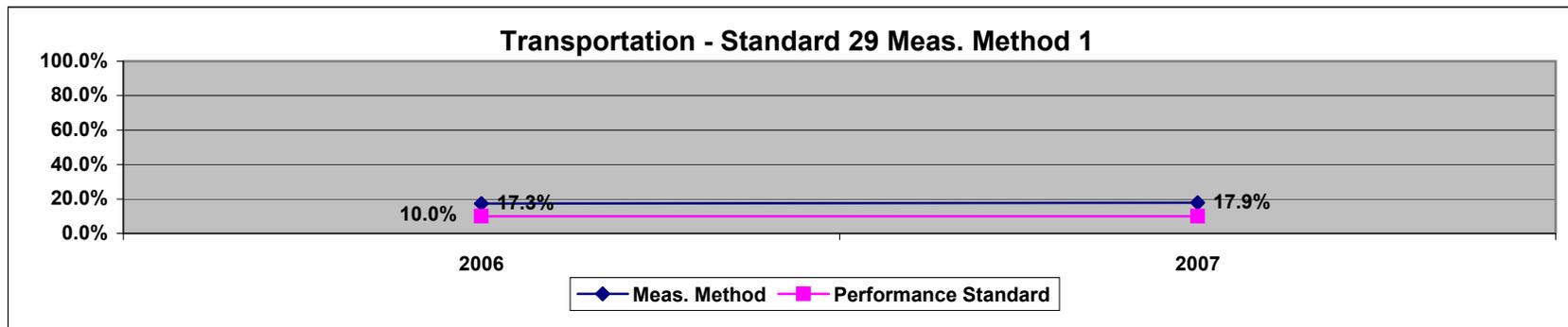
Baseline	62.4%	2006 Class Member Survey. (N=507)
Current Level	61.1%	2007 Class Member Survey (N=466)
Performance Standard	85.0%	

Community Resources and Treatment Services-Standard 28
Transportation



Paragraph 107	Standard 28:	Reasonable efforts to identify and resolve transportation problems that may limit access to services
	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	6.1% (62 out of 1011) FY08 Q3 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

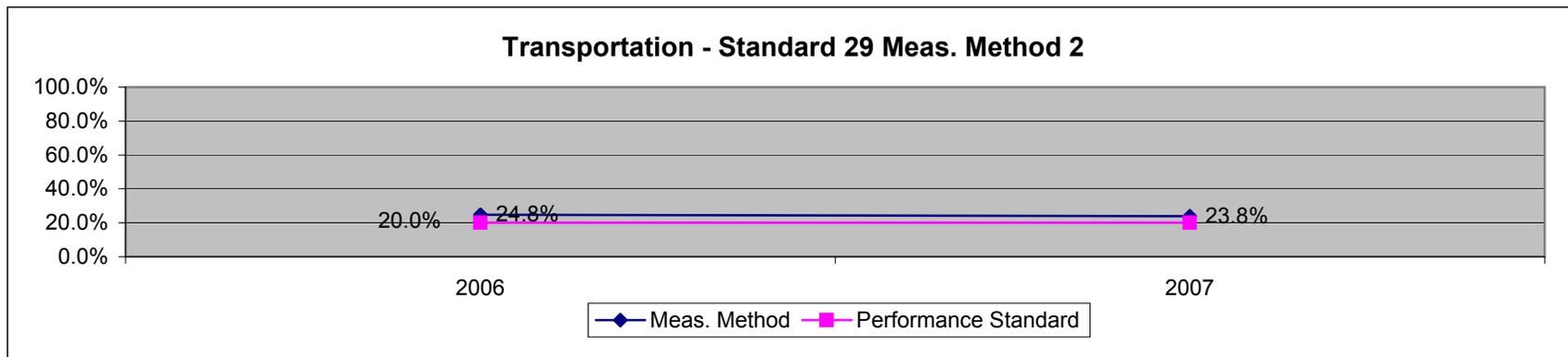


Paragraph **Standard 29:**
107 Meas. Method 1.

Satisfaction with availability of transportation services

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 105	Standard 30:	Demonstrate the department has sponsored programs for leisure skills and avocational skills.		
	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 04 Performance Indicators
	Current Level	2155	Unduplicated participants per 35,332 visits per quarter.	2nd QTR FY 08 Performance Indicators
	Performance Standard	<i>Qualitative evaluation; no numerical standard required.</i>		
	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	<i>Qualitative evaluation; no numerical standard .</i>		

Peer Support Groups funded by DHHS 2008:

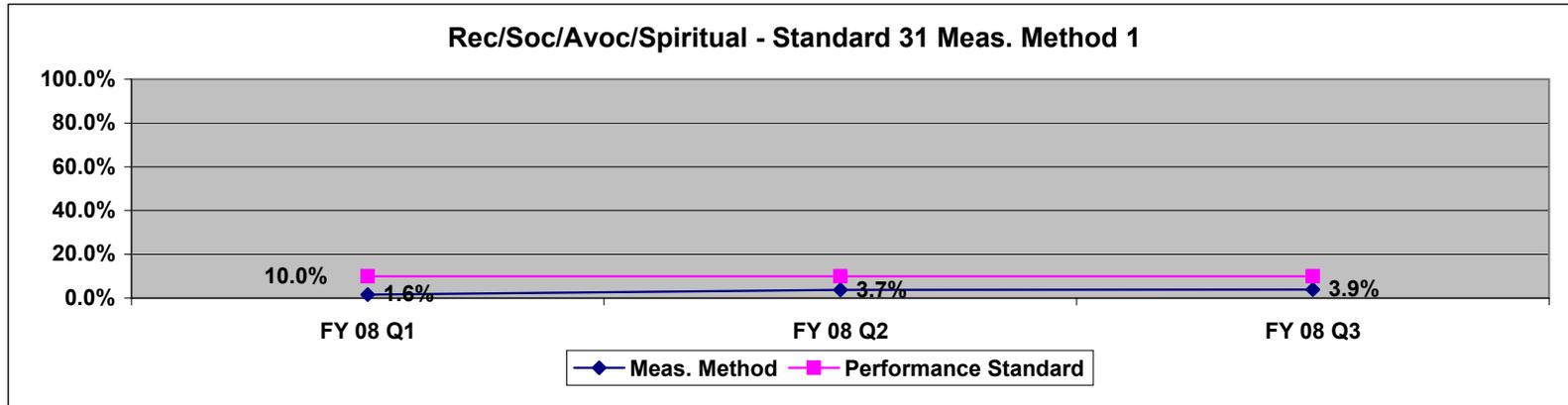
Peer Centers and Social Clubs: Amistad--Portland, Beacon House--Rumford
Center for Life Enrichment -- Kittery, Common Connections--Saco, Friends Together --Jay
Harmony Support Center--Sangord, Harvest Social Club -- Caribou, LINC -- Augusta,
100 Pine Street -- Lewiston, Sweetser Peer Center -- Brunswick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

Statewide -- Advocacy Initiative Network

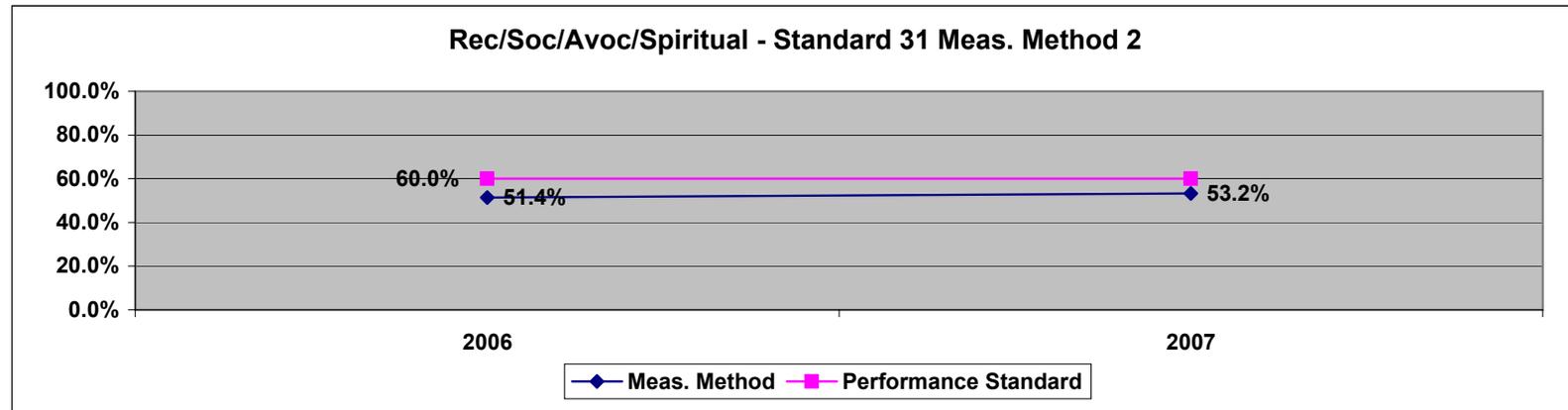
Community Connections: Community based recreational opportunities and leisure planning

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

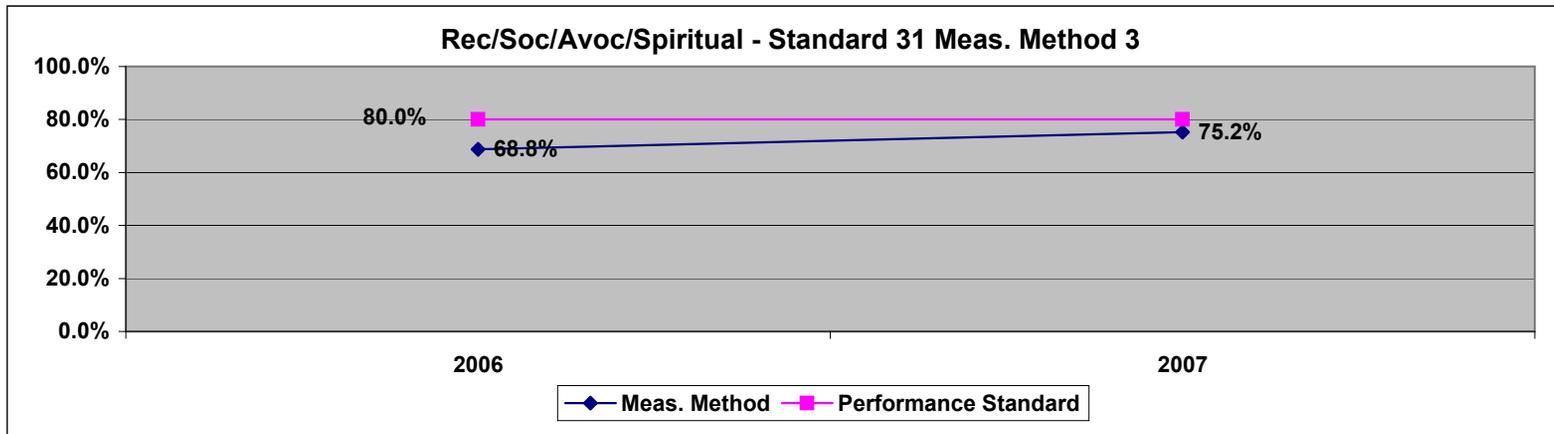
**Community Resources and Treatment Services
Recreation/Social/Avocational/Spiritual Opportunities**



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
Current Level 3.9% (40 out of 1011) FY08 Q3 ISP RDS Data
Performance Standard 10.0% or fewer

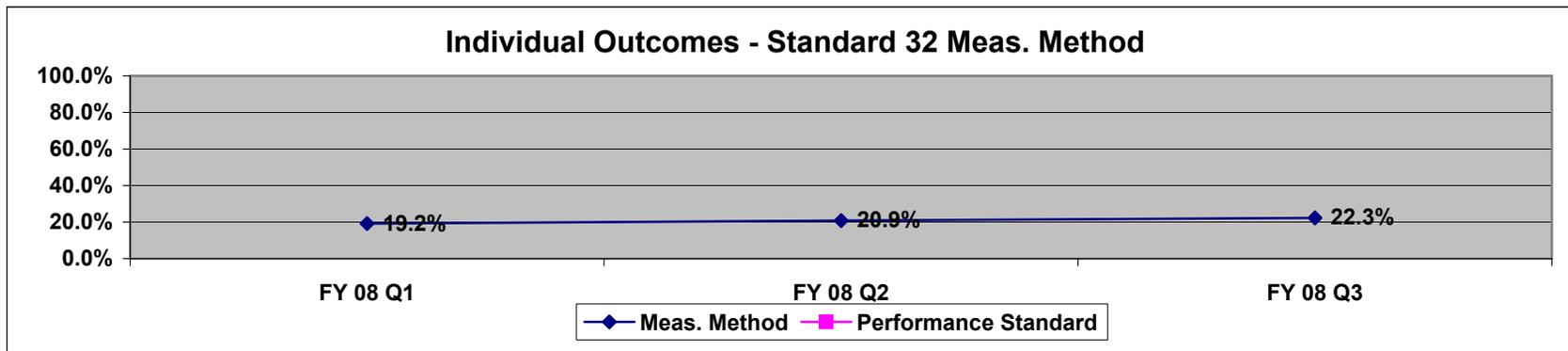


Meas. Method 2. Annual Class Member Survey, Q7, % reporting regular participation in rec/soc, avocational and spiritual areas.
Baseline 44.2% 2004 Class Member Survey (N=538)
Current 53.2% 2007 Class Member Survey (N=466)
Performance Standard 60.0%

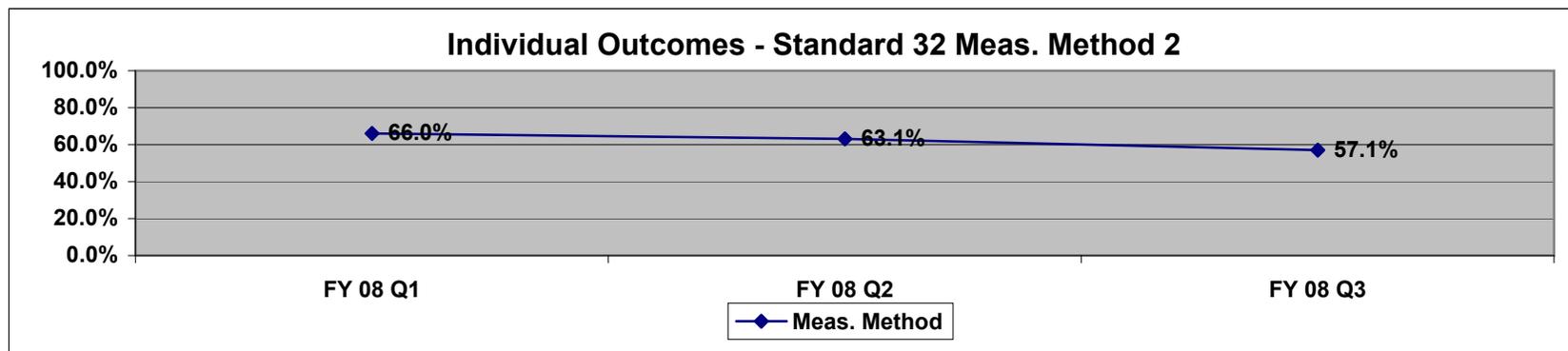


Meas. Method 3. Annual Class Member Survey, Q9, % reporting satisfaction with recreational and social opportunities available.
Baseline 62.2% 2004 Class Member Survey (N=538)
Current Level 75.2% 2007 Class Member Survey (N=466)
Performance Standard 80.0%

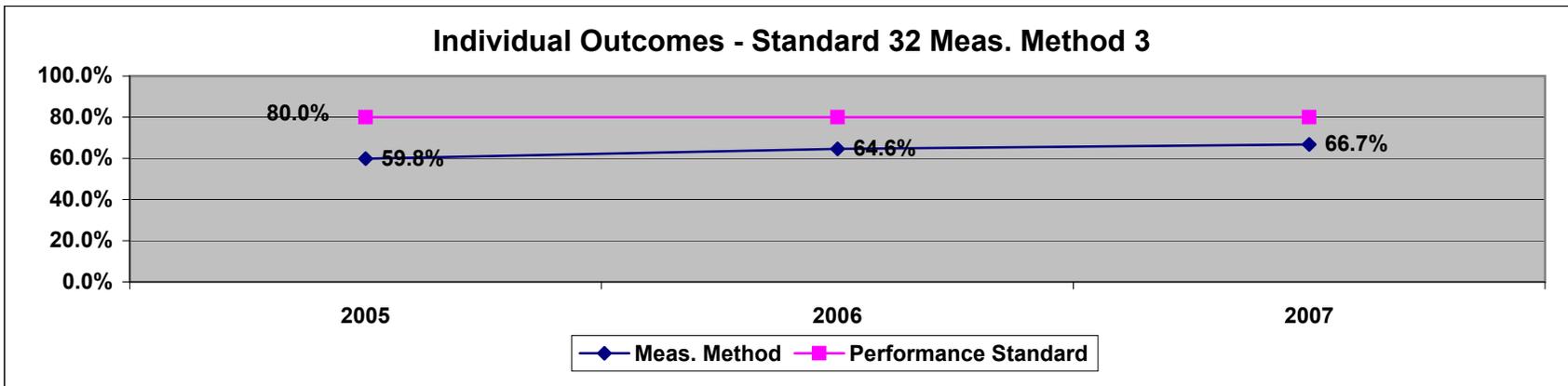
System Outcomes: Supporting the Recovery of Adults with Mental Illness Recovery



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 22.3% (288 out of 1292) Enrollment data FY08 Q3 (Based on scale score.)
Performance Standard Standard to be established.



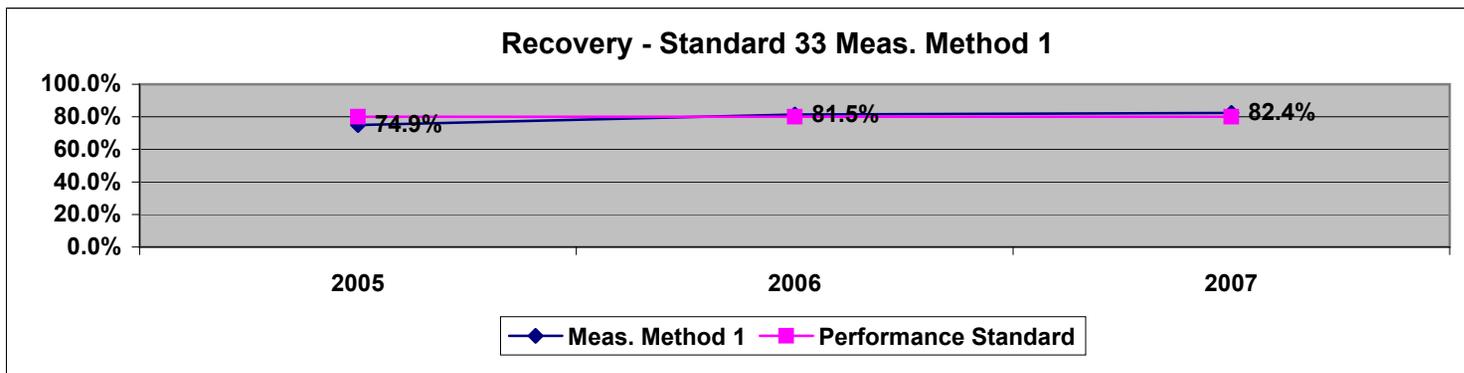
Meas. Method 2. Consumers who have maintained level of functioning between baseline and 12 month re-certification.
Baseline 24.6% (366/1488) Enrollment data 7/1/04 - 1/6/06 (Based on overall composite score.)
Current Level 57.1% (739 out of 1292) Enrollment data FY08 Q3 (Based on scale score.)
Performance Standard Standard to be established with availability of LOCUS assessment data.



Meas. Method 3.	<i>Consumers reporting positively on functional outcomes on Data Infrastructure Survey outcome items.</i>	
Baseline	78.0%	2003 Data Infrastructure Survey (N=748)
Current Level	66.7%	2007 Data Infrastructure Survey (N=793)
Performance Standard	80.0%	*Updated DIG data due for next Quarterly Report

System Outcomes: Supporting the Recovery of Adults with Mental Illness

Recovery



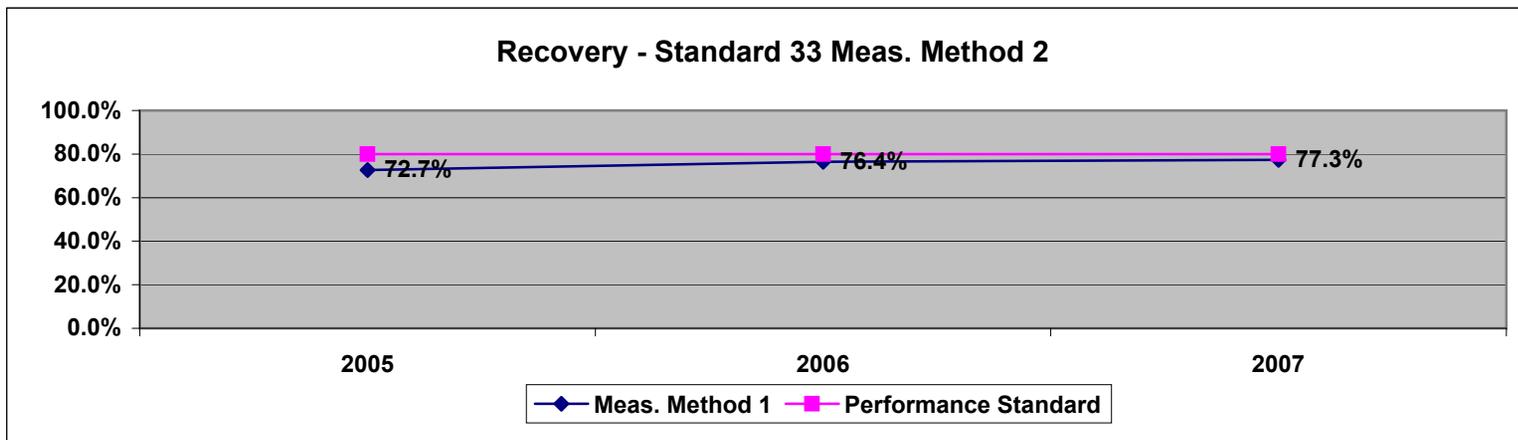
Standard 33: Demonstrate that consumers are supported in their recovery process

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 82.4% 2007 Data Infrastructure Survey-Q19 (N=784)

Performance Standard 80.0%

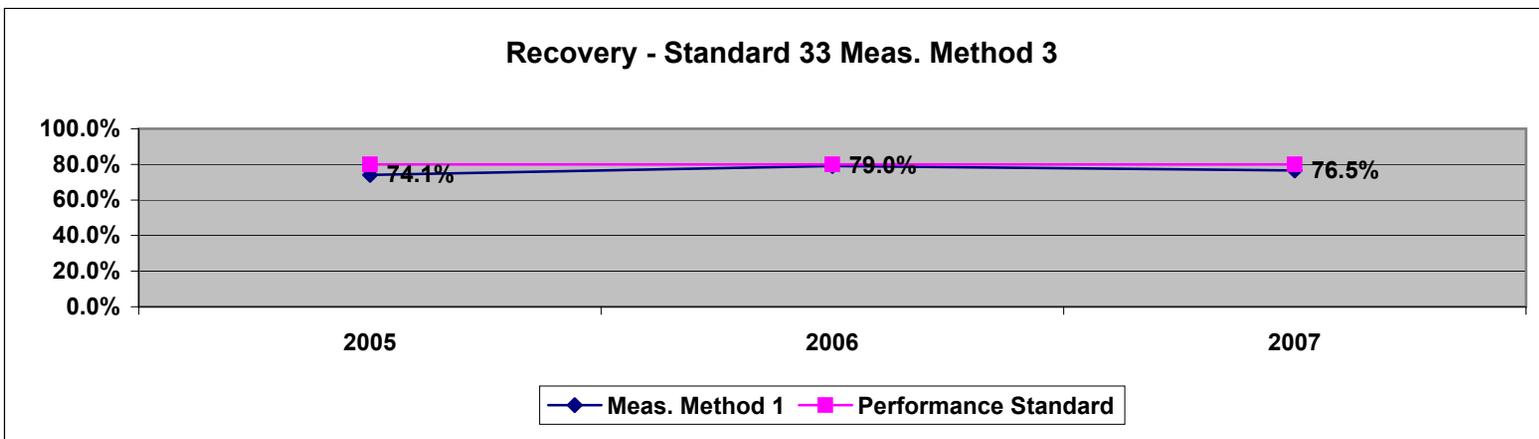


Meas. Method 2. Consumers reporting that agency staff believe that they can grow, change and recover.

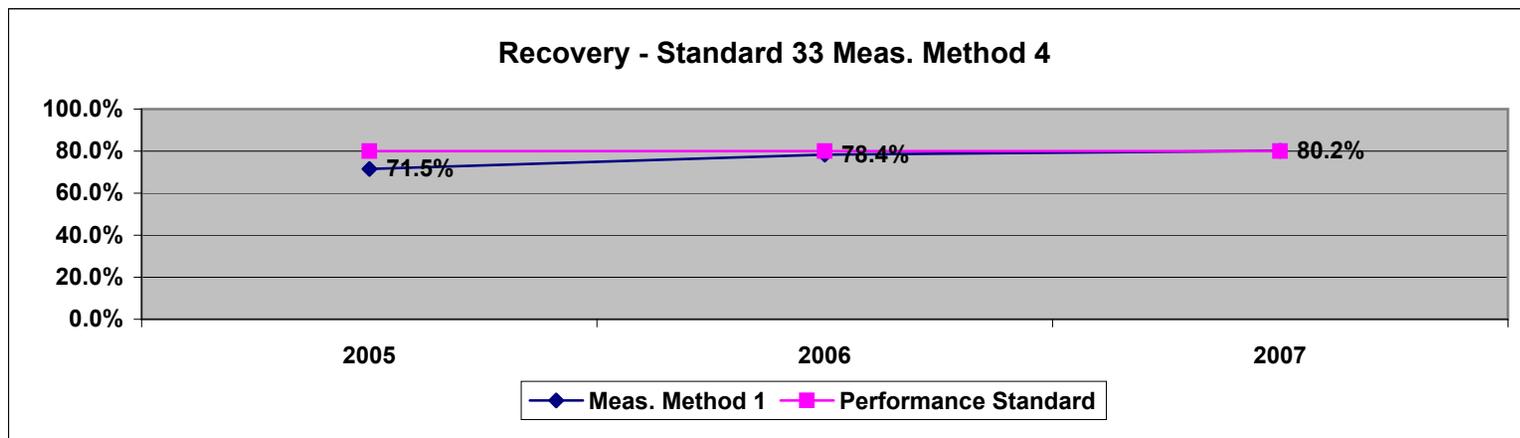
Baseline 83.5% 2003 Data Infrastructure Survey-Q11 (N=748)

Current Level 77.3% 2007 Data Infrastructure Survey-Q10 (N=779)

Performance Standard 80.0%

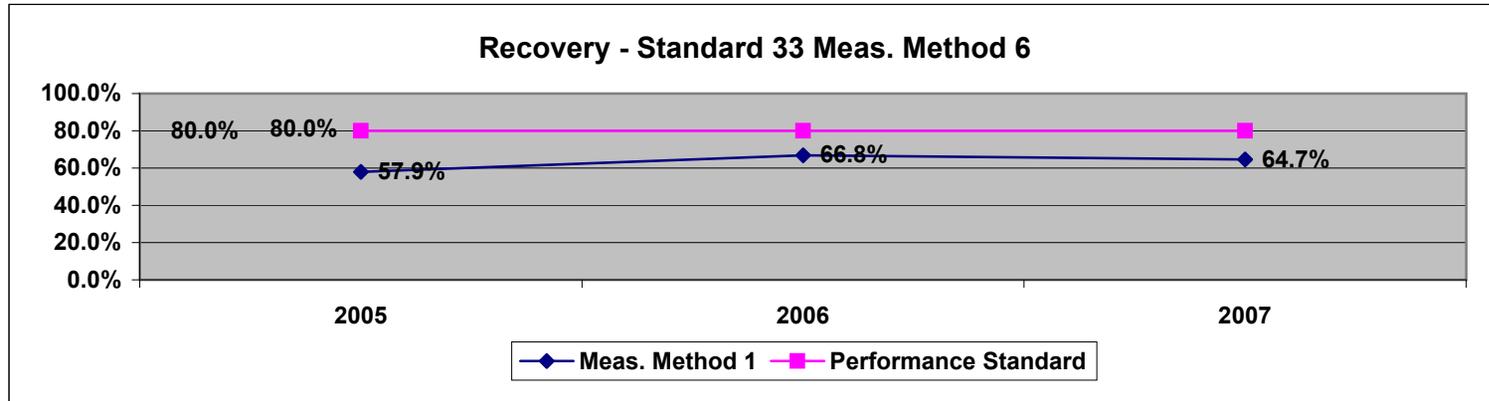


Meas. Method 3. Consumers reporting that agency services and staff supported their recovery and wellness efforts and beliefs.
Baseline 70.9% 2003 Data Infrastructure Survey-Q22 (N=748)
Current Level 76.5% 2007 Data Infrastructure Survey-Q21 (N=778)
Performance Standard 80.0%



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 80.2% 2007 Data Infrastructure Survey-Q23 (N=772)
Performance Standard 80.0%

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%	2006 Data Infrastructure Survey-Q25	(N=772)
Performance Standard	80.0%	<i>Question eliminated with 2007 survey.</i>	



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	64.7%	2007 Data Infrastructure Survey-Q24	(N=725)
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 252	Standard 34:	Provision of a variety of public education programs on mental health and illness topics.
	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 Q3
	Performance Standard	<i>Qualitative evaluation required, no numerical standard necessary.</i>
	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 Q3
	Performance Standard	<i>Qualitative evaluation required, no numerical standard necessary.</i>

***See Attached List*

