Consent Decree Performance and Quality Improvement Standards: April 2009

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.

As of September 1, 2008, enrollment and RDS data is entered by providers into APS Healthcare's CareConnection at the time of the Initial Prior Authorization (PA) request and at all continuing stay reviews. Continuing stay reviews are scheduled to occur every 90 days to correspond with the updating of the consumer's ISP. Data is then fed to EIS on a monthly basis.

The first feed of enrollment and RDS data from APS Healthcare occurred in early October. Subsequent feeds, identified data collection issues on the APS Healthcare side which affected the integrity of this quarter's data. Staff have spent a great deal of time "cleaning" the data and the "fixes" to remedy the data issues have been identified and have been implemented. For these reasons, it will be difficult to formulate definitive conclusions from the numbers calculated from the RDS/enrollment data, as the data from this quarter is most likely different than it would have been if OAHMS had not continued to experience challenges in data collection process.

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 January - March, 2009

	Baseline	Current Level	Standard	Met/Not Met
Standard 1. Rights Dignity and Respect				
1. Have providers treated you with dignity and respect?	*91.8%*	*91.2%*	*90%**	*MET*
Standard 2. Rights Dignity and Respect				
1. Response to Level II Grievances within 5 days	*100.0%*	*100.0%*	*90%**	*MET*
Standard 3. Rights Dignity and Respect				
1. Number of Level II Grievances filed/unduplicated # of people.	*11/7*	*4/4*	*NA*	*NA*
2. Number of substantiated Level II Grievances	*0*	*0*	*NA*	*NA*
Standard 4. Rights Dignity and Respect				
1. Class Members informed about their rights.	*77.3%*	*78.6%*	*90.0%*	*NOT MET*
1a. Class Members with CIW, informed about their rights.	*87.0%*	*86.3%*	*95.0%*	*NOT MET*
1b. Class Members with MaineCare informed about their rights.	*81.0%*	*81.5%*	*90.0%*	*NOT MET*
2. Consumers given information about their rights	*90.7%*	*87.9%*	*90.0%*	*NOT MET*
Standard 5. Timeliness of ISP and CI/CSS Assignment				
1. Class members requesting a worker who were assigned one.	*100.0%*	*100.0%*	*100%**	*MET*
2. Hospitalized class members assigned a worker in 2 days	*92.0%*	*53.6%*	*90.0%*	*NOT MET*
3. Non-hospitalized class members assigned a worker in 3 days.	*70.0%*	*58.5%*	*90.0%*	*NOT MET*
4. Class members not assigned on time, but w/in 1-7 extra days.	*71.0%*	*55.3%*	*95.0%*	*NOT MET*
5. ISP completed w/in 30 days of service request.	*75.2%*	*95.7%*	*90.0%*	*MET*
6. 90 day ISP review completed within specified time frame	*93.8%*	*34.9%*	*90.0%*	*NOT MET*
7. Initial ISPs not developed w/in 30 days, but w/in 60 days.	*30.7%*	*100.0%*	*100%**	*MET*
8. ISPs not reviewed w/in 90 days, but w/in 120 days.	*45.0%*	*50.4%*	*100%**	*NOT MET*

	Baseline	Current Level	Standard	Met/Not Met
Standard 7. CI/CSS/ Individualized Support Planning				
1a. ISPs reflect the strengths of the consumer?	*79.4%*	*96.9%*	*90.0%*	*MET*
1b. ISPs consider need for crisis intervention and resolution services?	*82.5%*	*95.0%*	*No Numerical Standard*	
1c. Does the consumer have a crisis plan?	*19.0%*	*60.2%*	*No Numerical Standard*	
1d. Has the crisis plan been reviewed every 3 months?	*41.7%*	*62.7%*	*No Numerical Standard*	
Standard 8. CI/CSS Individualized Support Planning				
1. ISP team reconvened after an unmet need was identified	*50.0%*	*37.5%*	*90%**	*NOT MET*
2. ISPs reviewed with unmet needs with established interim plans.	***	*37.5%*	*90.0%*	*NOT MET*
Standard 9. ISP Service Agreements				
1. ISPs that require Service Agreements that have current S.A.s.	*100.0%*	*47.2%*	*90.0%*	*NOT MET*
Standard 10. Case Load Ratios				
1. ACT Statewide Case Load Ratio	*88.9%*	*70.0%*	*90.0%*	*NOT MET*
2. Community Integration Statewide Case Load Ratio	*100.0%*	*96.2%*	*90.0%*	*MET*
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	*100.0%*	*100.0%*	*90.0%*	*MET*
5. OES Public Ward Case Management Case Load Ratio	*41.9%*	*60.0%*	*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%*	*3.5%*	*5% or fewer*	*MET*
2. Lack of Res Supp impedes Riverview discharge w/in 7 days of determination.	*98.0%*	*100.0%*	*70.0%*	*MET*
3 Lack of Res Support impeding discharge w/in 30 days of determination.	*98.0%*	*100.0%*	*80.0%*	*MET*
4. Lack of Res Support impeding discharge w/in 45 days of determination.	*98.0%*	*100.0%*	*90.0%*	*MET*

* Denotes Performance Standard

Compliance and Performance Standards: Summary Sheet January - March, 2009

	Baseline	Current Level	Standard	Met/Not Met
Standard 13. Housing & Residential Support Services				
1. Class members reporting satisfaction with living situation	*80.2%*	*82.1%*	*80%**	*MET*
2. Class members reporting satisfaction with res/housing supports	*81.4%*	*81.0%*	*85.0%*	*NOT MET*
Standard 14. Housing & Residential Support Services				
1. Class members with unmet housing resource needs.	*1.6%*	*7.3%*	*10.0%*	*MET*
2. Class members who were homeless over 12 month period.	*8.6%*	*10.3%*	*6%* or fewer*	*NOT MET*
3. Class members reporting satisfaction with living arrangement.	*80.2%*	*82.1%*	*80%**	*MET*
4. Lack of housing impeding discharge w/in 7 days of determination	*98.0%*	*75.0%*	*70.0%*	*MET*
5. Lack of housing impeding discharge w/in 30 days of determination	*95.9%*	*80.0%*	*80.0%*	*MET*
6. Lack of housing impeding discharge w/in 45 days of determination	*67.3%*	*87.5%*	*90.0%*	*MET*
Standard 15. Housing & Residential Services				
1. Class members in homes with more than 8 beds with choice.	*92.8%*	*97.5%*	*95.0%*	*MET*
Standard 16. Acute Inpatient Services (Involuntary Class Member)				
1. Inpatient admissions reasonably near community residence.	*87.0%*	*100.0%*	*90.0%*	*MET*
Standard 17. Acute Inpatient Services (Involuntary Class Member)				
1. Admission to community inpatient units with blue paper on file.	*94.7%*	*100.0%*	*100%**	*MET*
2. Blue paper was completed and in accordance with terms.	*95.7%*	*100.0%*	*90%**	*MET*
2a. Corrective action by UR Nurse when Blue paper not complete	*100.0%*	*100.0%*	*90.0%*	*MET*
3. Admissions in which 24 hour cert completed.	*65.2%*	*100.0%*	*90%**	*MET*
3a. Corrective action by UR Nurse when 24 hour cert not complete	*12.5%*	*100.0%*	*90.0%*	*MET*
4. Admission in which patients' rights were maintained	*82.6%*	*100.0%*	*90%**	*MET*
4a. Corrective action by UR Nurse when rights not maintained	*25.0%*	*100.0%*	*90.0%*	*MET*
5. Admissions for which medical necessity has been established.	*95.7%*	*90.0%*	*90%**	*MET*

* Denotes Performance Standard

	Baseline	Current Level	Standard	Met/Not Met
Standard 18. Acute Inpatient Services (Involuntary Class Member)				
1. Admissions for whom hospital obtained ISP	*31.6%*	*0.0%*	*90.0%*	*NOT MET*
2. Treatment and Discharge plans consistent with ISP	*50.0%*	*NA*	*90.0%*	
3. CI/ICI/ICM/ACT worker participated in treatment and discharge planning	*63.1%*	*80.0%*	*90.0%*	*NOT MET*
Standard 19. Crisis intervention Services				
1. Face to face crisis contacts that result in hospitalizations.	*21.0%*	*27.0%*	*20-25%*	*NOT MET*
2. Face to face crisis contacts resulting in follow up and/or referral to community services	*47.6%*	*48.0%*	*To Be Established*	
3. Face to face crisis contacts using pre-developed crisis plan.	*12.6%*	*8.0%*	*To Be Established*	
4. Face to face crisis contacts in which CI worker was notified of crisis.	*78.4%*	*94.0%*	*90.0%*	*MET*
Standard 20. Crisis Intervention Services				
1 Class Members reporting they knew how to get help when it was needed.	*87.6%*	*91.9%*	*90.0%*	*MET*
2. Class Members reporting crisis services were available when needed.	*83.3%*	*75.6%*	*85%**	*NOT MET*
Standard 21. Treatment Services				
1. Class Members with unmet mental health treatment needs.	*4.3%*	*17.7%*	*5% or fewer*	*NOT MET*
2. Lack of MH Tx impeding Riverview discharge w/in 7 days of determination	*94.0%*	*97.5%*	*70.0%*	*MET*
3. Lack of MH Tx impeding Riverview discharge w/in 30 days of determination.	*98.0%*	*97.5%*	*80.0%*	*MET*
4. Lack of MH Tx impeding Riverview discharge w/in 45 days of determination	*100.0%*	*97.5%*	*90.0%*	*MET*
5.Class Members use an array of Mental Health Services				
* Table only. No numerical standard.				
Standard 22. Treatment Services				
1. Class members reporting they can get the support that they need.	*85.1%*	*84.7%*	*85.0%*	*MET*
2. Class members reporting satisfaction with MH supports/services.	*81.2%*	*80.7%*	*85%**	*NOT MET*
Standard 23. Family Support Services				
1. An array of family support services as per settlement agreement				
* No numerical standard necessary				
2. Number and distribution of family support services provided				
* No numerical standard necessary				

Compliance and Performance Standards: Summary Sheet January - March, 2009

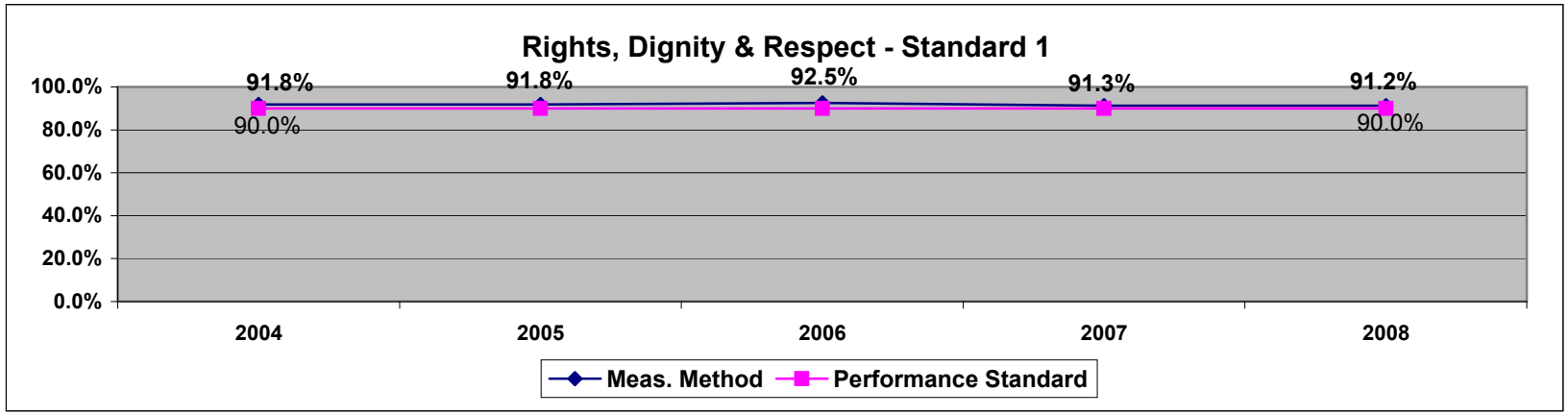
	Baseline	Current Level	Standard	Met/Not Met
Standard 24. Family Support Services				
1. Counseling group participants reporting satisfaction with services	***98.7%***	***No data this quarter***	***85%****	***MET***
2. Program participants reporting satisfaction with education programs	***100.0%***	***No data this quarter***	***80%****	***MET***
3. Family participants reporting satisfaction with respite services.	***100.0%***	***No data this quarter***	***80%****	
Standard 25. Family Support Services				
1. Agency contracts with referral mechanism to family support	***100.0%***	***100.0%***	***90.0%***	***MET***
2. Families reporting satisfaction with referral process.		***No data this quarter***	***85%****	
Standard 26. Vocational Employment Services				
1. Class members with ISPs - Unmet voc employ. Needs.	***1.3%***	***7.2%***	***10%* or fewer***	***MET***
2. Class Members in competitive employment in the community.	***10.8%***	***7.6%***	***13.0%***	***NOT MET***
3. Class members in supported or competitive employment.	***21.0%***	***15.5%***	***13.0%***	***MET***
Standard 27. Vocational Employment Services				
1. Class members reporting satisfaction with employment	***78.4%***	***82.7%***	***80%****	***MET***
2. Class members reporting voc supports available when needed.	***62.4%***	***59.7%***	***85%****	***NOT MET***
Standard 28. Transportation				
1. Class Members with ISPs - Unmet transportation needs.	***1.3%***	***5.7%***	***10% or fewer***	***MET***
Standard 29. Transportation				
1. Class members due to lack of trans., difficulty with mh/med appts.	***19.9%***	***16.2%***	***10% or less****	***NOT MET***
2. Class members due to lack of trans., lack of soc/rec activities.	***27.3%***	***24.6%***	***20% or less****	***NOT MET***
Standard 30. Rec/Soc/Avocational/Spiritual Opportunities				
1. Number of Social Clubs/peer center participants.	***1907***	***No data this quarter***	***NA***	***NA***
2. Number of other peer support programs	***26***	***28***	***NA***	***NA***

	Baseline	Current Level	Standard	Met/Not Met
Standard 31. Rec/Soc/Avoc/Spirtual				
1. ISP identified class member unmet needs in rec/soc/avoc/spiritual.	***1.0%***	***4.0%***	***10%* or fewer***	***MET***
2. Class members reporting regular participation in rec/soc/avoc/spiritual.	***44.2%***	***48.9%***	***60%****	***NOT MET***
3. Class members reporting satisfaction with rec/soc/avoc/spiritual.	***62.2%***	***67.5%***	***80%****	***NOT MET***
Standard 32. Individual Outcomes				
1. Consumers with improvement in LOCUS (Baseline to Follow-up)	***41.0%***	***43.8%***	***To Be Established***	
2. Consumers who have maintained functioning (Baseline to Follow-up)	***24.6%***	***28.6%***	***To Be Established***	
3. Consumers reporting positively on functional outcomes.	***78.0%***	***None***	***80%****	***See note standard 32, pg 59***
Standard 33. Recovery				
1. Consumers reporting staff helped them to take charge of managing illness.	***70.9%***	***76.4%***	***80%****	***NOT MET***
2. Consumers reporting staff believed they could grow, change, recover	***83.5%***	***69.9%***	***80%****	***NOT MET***
3. Consumers reporting staff supported their recovery efforts	***70.9%***	***72.7%***	***80%****	***NOT MET***
4. Consumers reporting that providers offered learning opportunities	***70.9%***	***74.1%***	***80%****	***NOT MET***
5. Consumers reporting providers stressed natural supports/friendships	***Question eliminated with 2007 DIG Survey.***			
6. Consumers reporting providers offered peer recovery groups.	***53.2%***	***63.4%***	***80%****	***NOT MET***
Standard 34. Public Education				
1. # MH workshops, forums and presentation geared to public participation.	***38***	***27***	***NA***	***NA***
2. #, type of info packets, publications, press releases distributed to public.	***37***	***167***	***NA***	***NA***

****Qualitative evaluation; no numerical standard.***

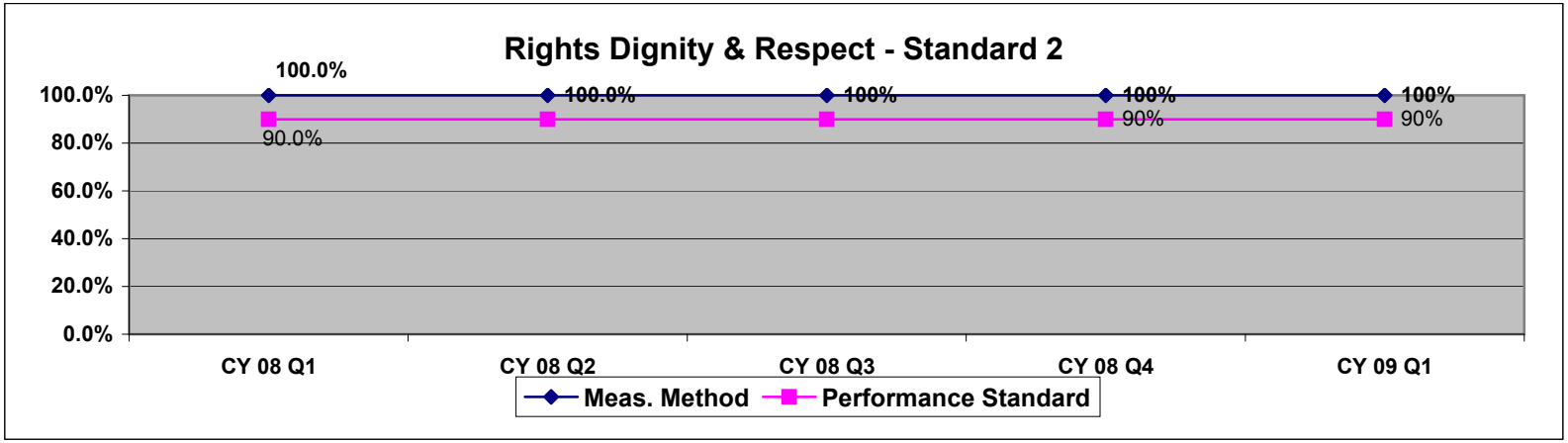
* Denotes Performance Standard

Rights, Dignity and Respect



Paragraph	Standard 1:	Treated with respect for their individuality	
32 a.	Meas. Method	Class Member Survey Q3. % Yes to "Have Service providers treated you with courtesy and respect?"	
	Baseline	91.8	2004 Class Member Survey (N=538)
	Current Level	91.2	2008 Class Member Survey (N=555)
	Peformance Standard	90.0	

Rights, Dignity and Respect



Paragraph 32a	**Standard 2:**	**Grievances are addressed in a timely manner**
	Meas. Method	DHHS Grievance Tracking System - Response to Level II Grievances within 5 days or agreed upon extension.
	Baseline	100.0% CY03 Grievance Tracking data (15 out of 15)
		100.0% CY 06 Q1-Q4 Grievance Tracking data (17 out of 17)
	Current Level	100.0% CY 09 Q1 Grievance Tracking data (4 out of 4)
	Performance Standard	90.0%

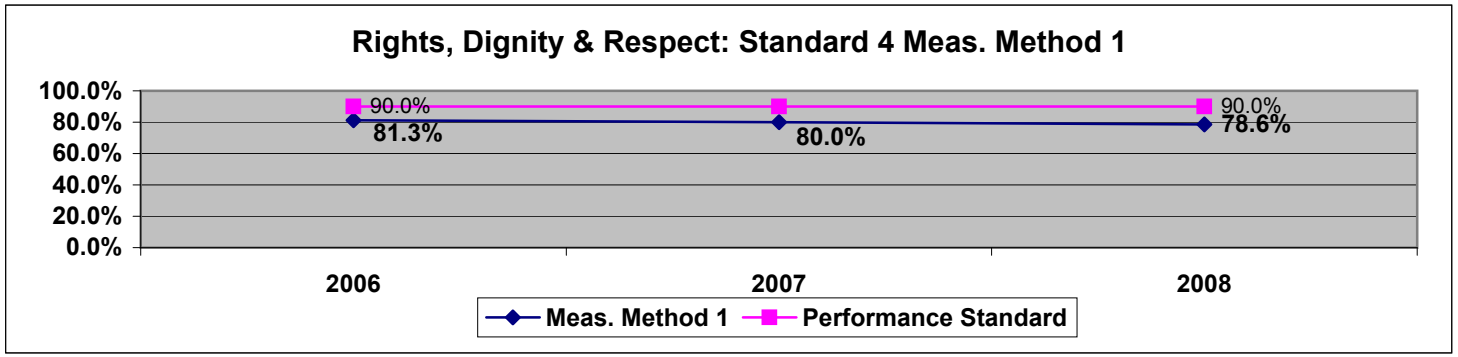
CY=Calender Year

Rights, Dignity and Respect-Standard 3

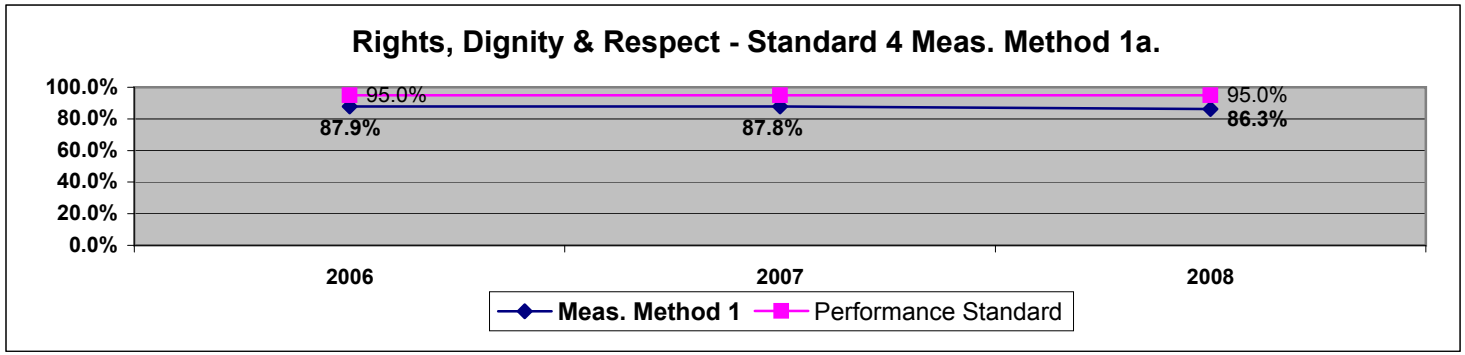
Graph not available for Standard 3.

Paragraph	**Standard 3:**	**Demonstrate rights are respected and maintained**	
27	**Meas Method 1:**	DHHS Grievance Tracking System, Number of Level II grievances filed and number unduplicated people	
	Baselines	11 Grievances, 7 Unduplicated individuals	2004 Calender Year Grievance Tracking data.
		18 Grievances, 14 Unduplicated individuals	2005 Calender Year Grievance Tracking data.
	Current Level	4 Grievances, 4 Unduplicated individuals	2009 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 09 Q1 4 grievances filed, 0 substantiated.	
	Performance Standard	No numerical standards necessary, ongoing monitoring of grievance trends.	
		CY=Calender Year	

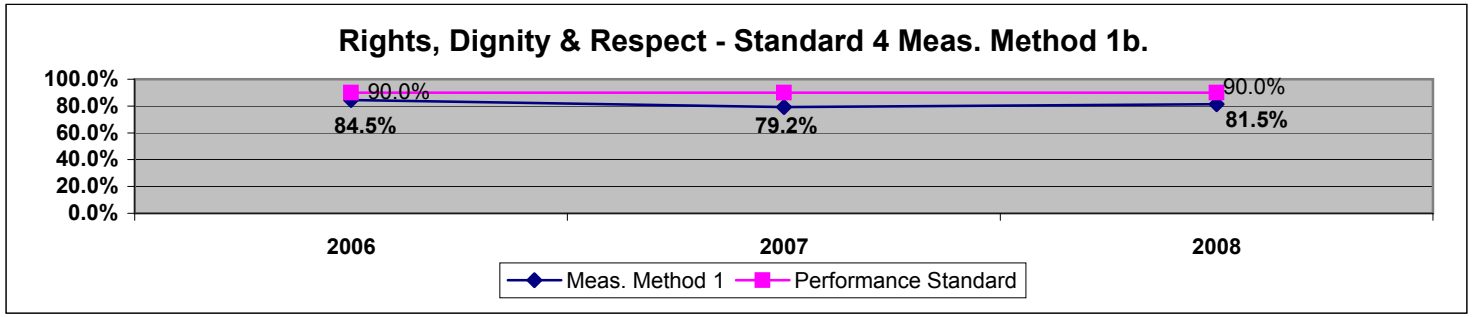
Rights, Dignity and Respect



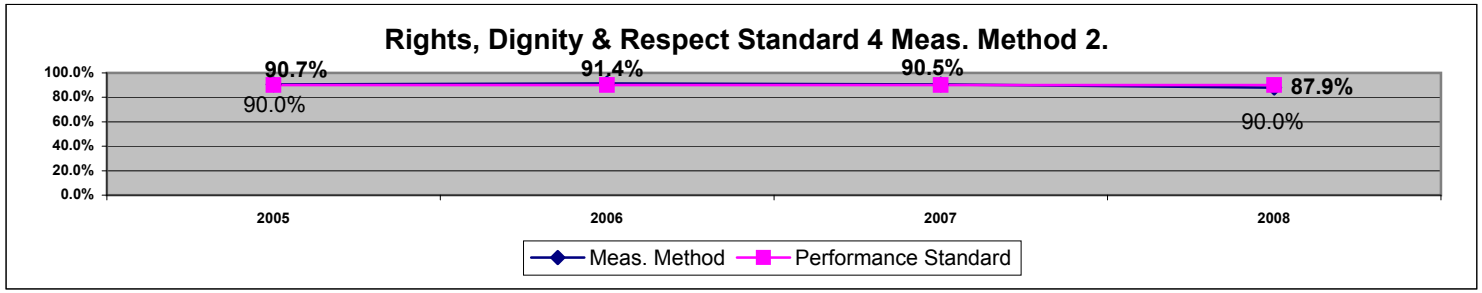
Paragraph			
	Standard 4:	**Class Members are informed of their rights**	
57	**Meas. Method 1.**	Class Member Survey, Q30, percent of class members informed about rights as a MH consumer in way they could understand.	
	Baseline	77.3%	2004 Class Member Survey (N=538)
	Current Level	78.6%	2008 Class Member Survey (N=555)
	Performance Standard	90.0%	
	Compliance Standard*	See explanation after Standard 4 Measurement Method 2	



Meas. Method 1a.	Class Member Survey, Qs 26 & 30, percent of class members who have a CIW reporting they were informed about their rights	
Baseline	87.0%	2004 Class Member Survey (N=538)
Current Level	86.3%	2008 Class Member Survey (N=555)
Performance Standard	95.0%	
Compliance Standard*	See explanation after Standard 4 Measurement Method 2	



Meas. Method 1b.	Class Member Survey, Qs 38 & 30, percent of class members who have MaineCare reporting they were informed about their rights.	
Baseline	81.0%	2004 Class Member Survey (N=538)
Current Level	81.5%	2008 Class Member Survey (N=555)
Performance Standard	90.0%	
Compliance Standard*	See explanation after Standard 4 Measurement Method 2	



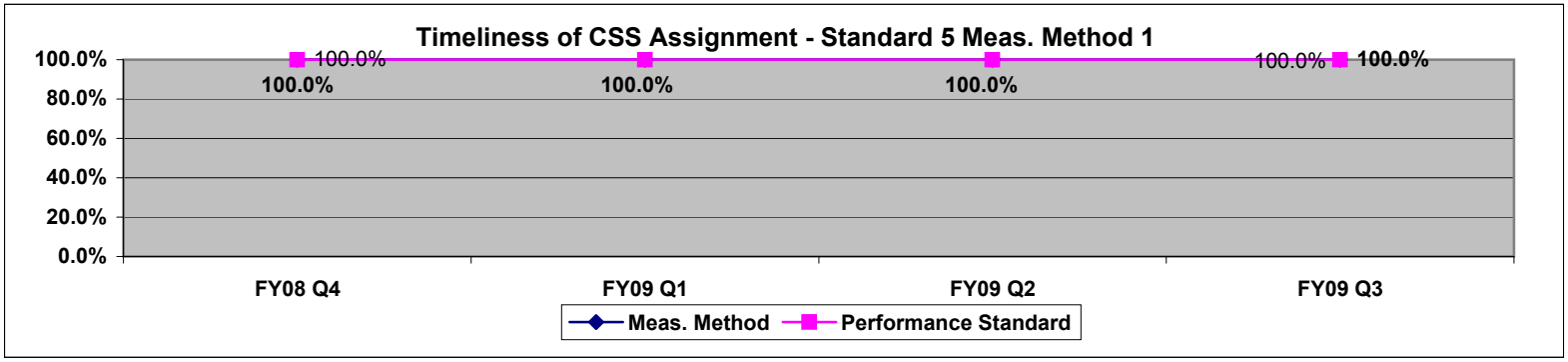
Meas. Method 2.	Data Infrastructure Survey, Q15, percent of consumers reporting they were given information about their rights		
Baseline	90.7%	2003 Data Infrastructure Survey-Q14	(N=748)
Current Level	87.9%	2008 Data Infrastructure Survey-Q15	(N=1405)
Performance Standard	90.0%		
Compliance Standard*	See explanation below.		

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

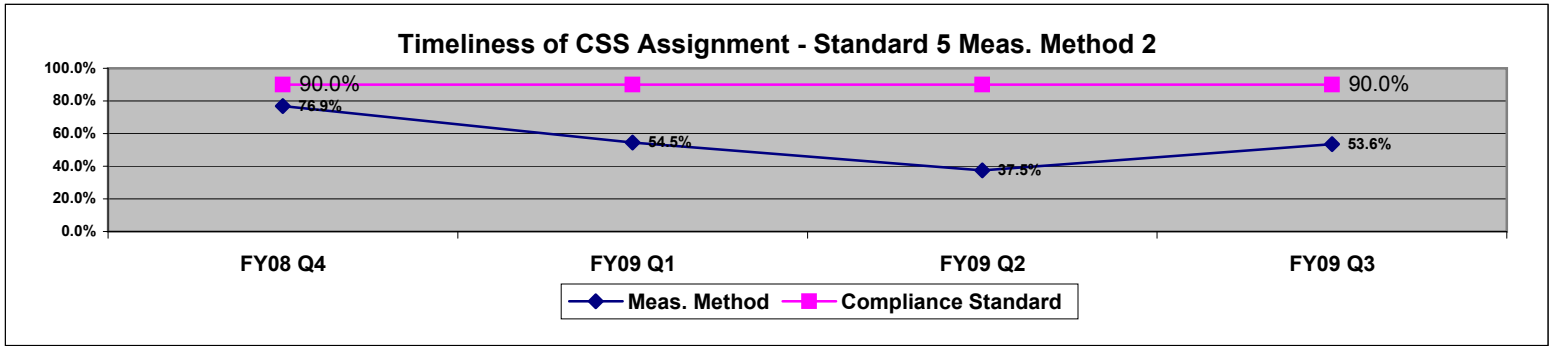
If results fall below performance standard levels, the Department:

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

Community Integration/Community Support Services/Individualized Support Planning



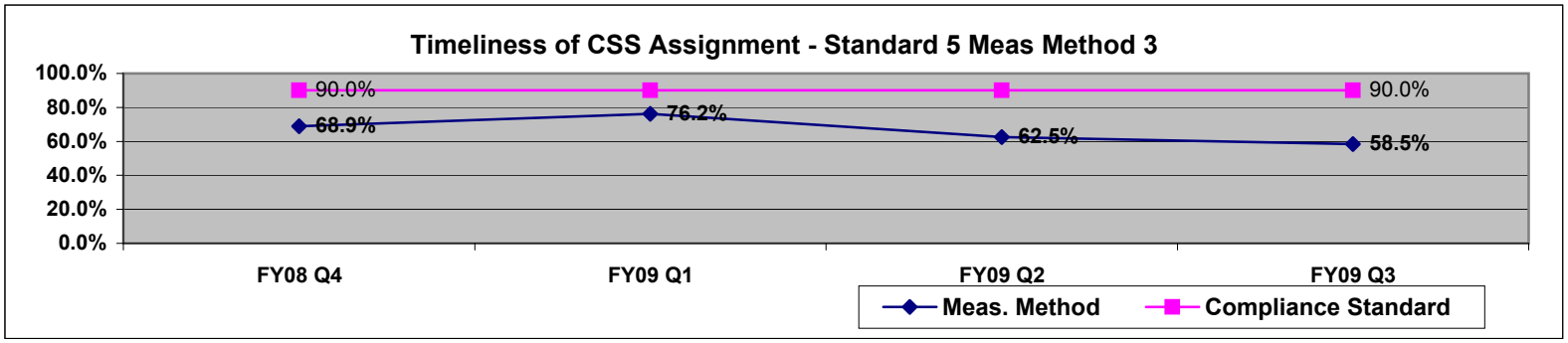
Paragraph	Standard 5:	Prompt Assignment of CI/ICI/ICM/ACT Workers, ISP Timeframes/Attendees at ISP Meetings		
49, 55	Meas. Method 1	Percentage of class members requesting a worker who were assigned one.		
59, 58	*Baseline*	100.0%	(36 out of 36)	FY06 Q4 ISP RDS Data
	Current Level	100.0%	(110 out of 110)	FY09 Q3 ISP RDS Data
	Performance Standard	100.0%		



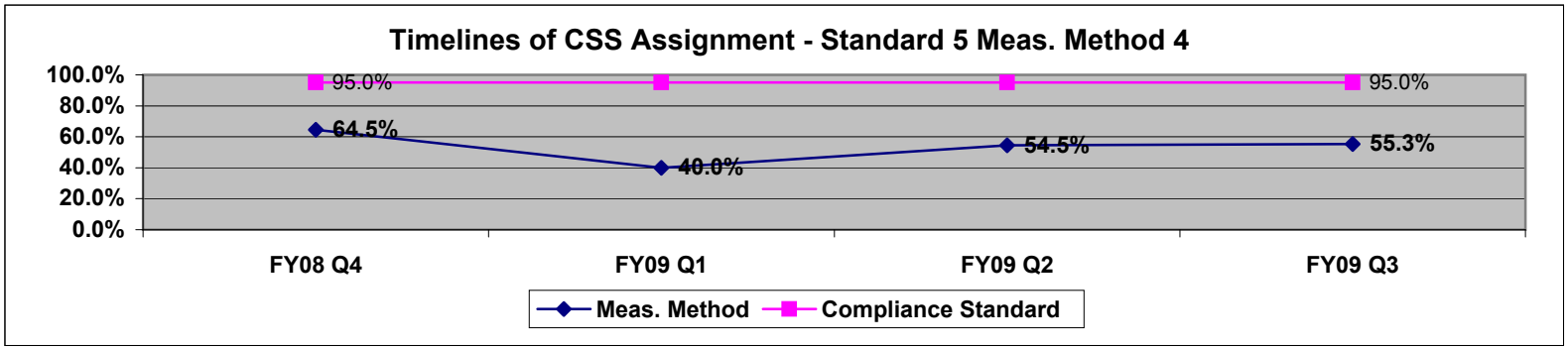
Meas. Method 2.*	Percentage of hospitalized class members who were a assigned a worker within 2 working days.		
Baseline	92.0%	(12 out of 13)	FY06 Q4 ISP RDS Data
Current Level	53.6%	(15 out of 28)	FY09 Q3 ISP RDS Data
Performance Standard	90.0%		
Compliance Standard	90.0%	(3 out of 4 quarters)	

*Starting with fiscal year 2009, quarter 1 (July, August, September 2008), all calculations are now based on working days to time of assignment.

Community Integration/Community Support Services/Individualized Support Planning

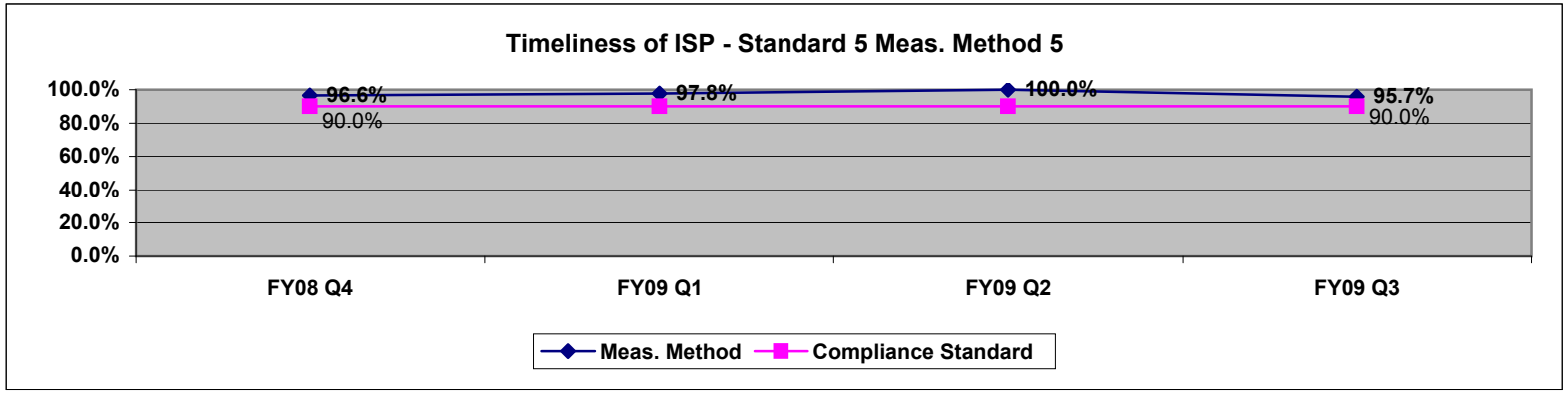


Meas. Method 3.*	Percentage of non-hospitalized class members assigned a worker within 3 working days.		
Baseline	70.0%	(16 out of 23)	FY06 Q4 ISP RDS Data
Current Level	58.5%	(48 out of 82)	FY09 Q3 ISP RDS Data
Performance Standard	90.0%		
Compliance Standard	90.0%	(3 out of 4 quarters)	



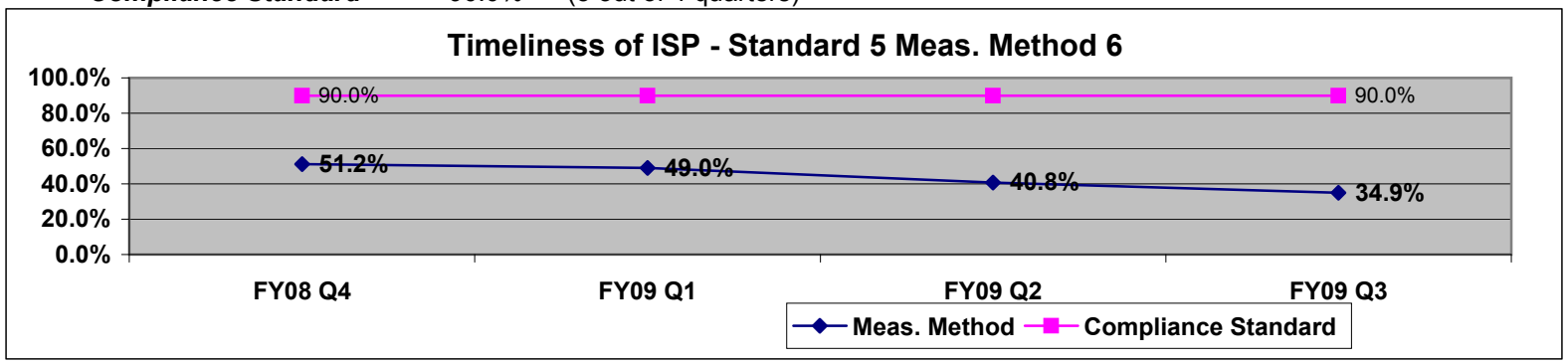
Meas. Method 4.*	Percentage of class members in hospital or community not assigned on time but were assigned within an additional 7 working days		
Baseline	71.0%	(6 out of 7)	FY06 Q4 ISP RDS Data
Current Level	55.3%	(26 out of 47)	FY09 Q3 ISP RDS Data
Performance Standard	100.0%		
Compliance Standard	95.0%	(3 out of 4 quarters)	

*Starting with fiscal year 2009, quarter 1 (July, August, September 2008), all calculations based on working days to time of assignment.



Meas. Method 5.* ISP completed within 30 days of service request

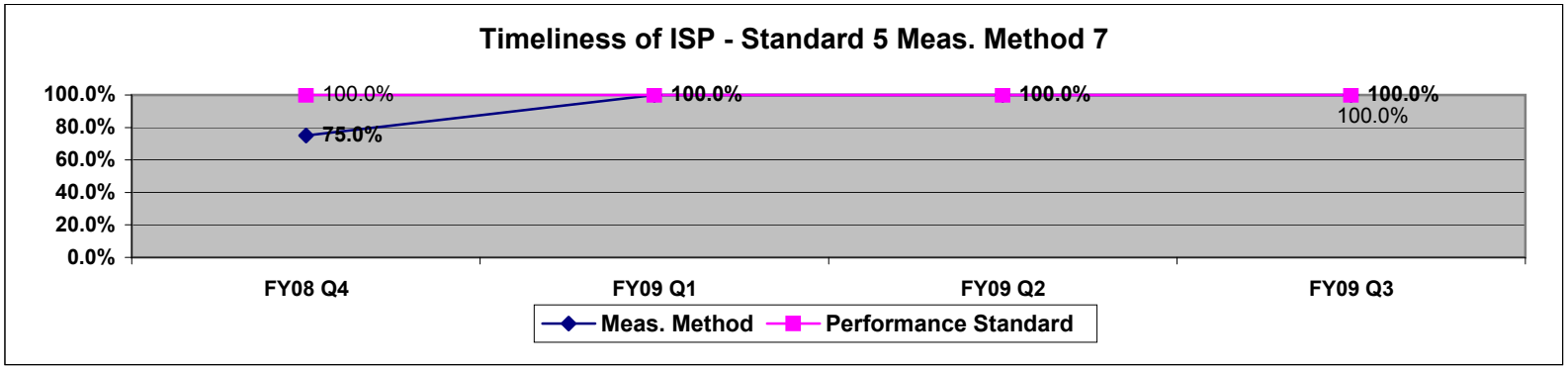
Baseline	75.2%	(158 out of 210)	FY07 Q1 ISP RDS Data
Current Level	95.7%	(22 out of 23)	FY09 Q3 ISP RDS Data
Performance Standard	90.0%		
Compliance Standard	90.0%	(3 out of 4 quarters)	



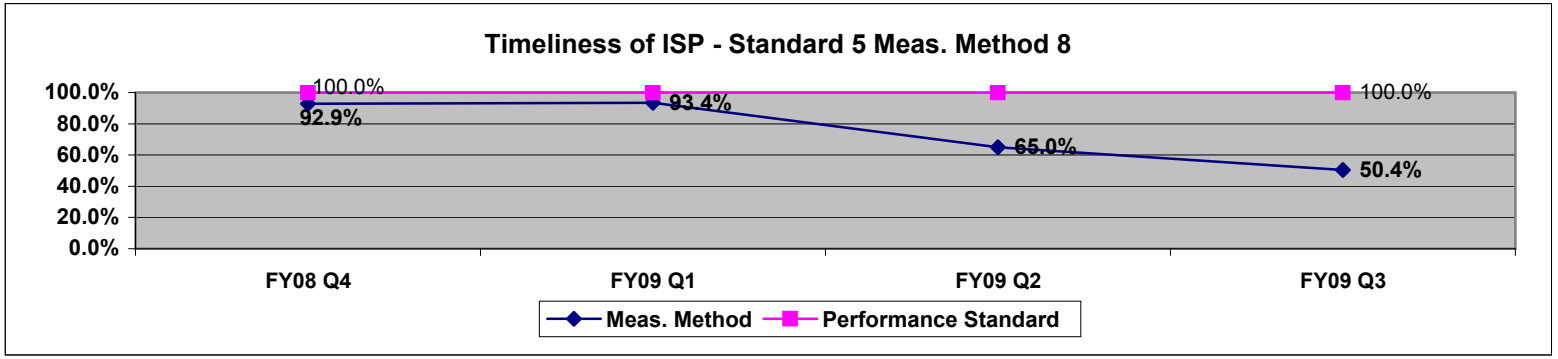
Meas. Method 6.* 90 day ISP review completed within specified timeframe.

Baseline	93.8%	December 2004 ISP Overdue Data	
Current Level	34.9%	(241 out of 691)	FY09 Q3 ISP RDS Data
Performance Standard	90.0%		
Compliance Standard	90.0%	(3 out of 4 quarters)	

*The methodology for calculating this standard was re-designed starting quarter 1 FY 09 in order to better define the logic behind the calculations.



Meas. Method 7.*	Initial ISPs not developed within 30 days, but were developed within 60 working days.		
Baseline	30.7%	(16 out of 52)	FY07 Q1 ISP RDS Data
Current Level	100.0%	(1 out of 1)	FY09 Q3 ISP RDS Data
Performance Standard	100.0%		

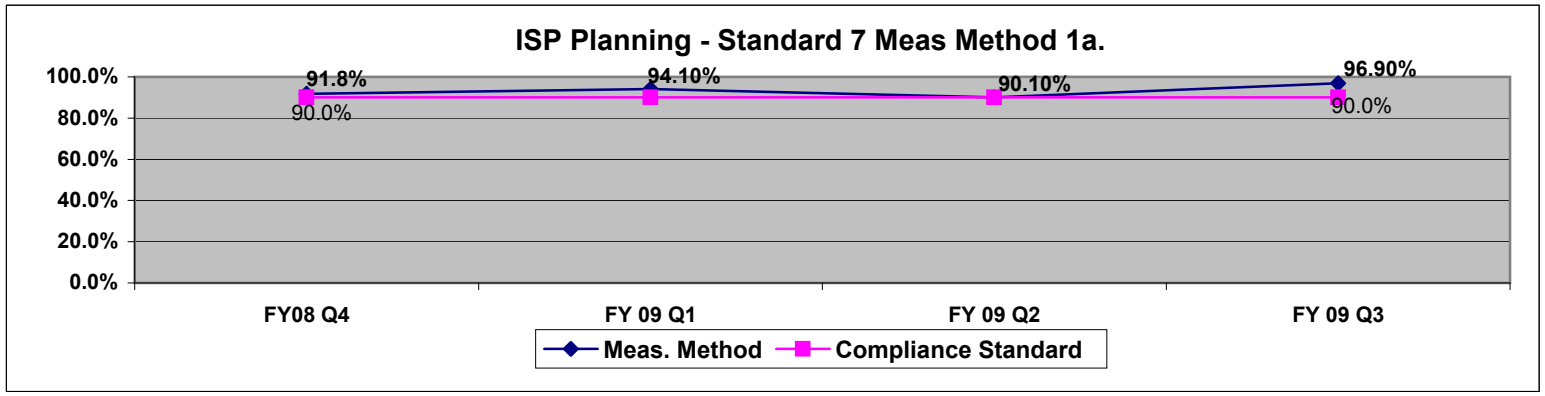


Meas. Method 8.*	ISPs that were not reviewed within 90 days but were reviewed within 120 working days		
Baseline	45.0%	(263 out of 585)	FY07 Q1 ISP RDS Data
Current Level	50.4%	(227 0ut of 450)	FY09 Q3 ISP RDS Data
Performance Standard	100.0%		

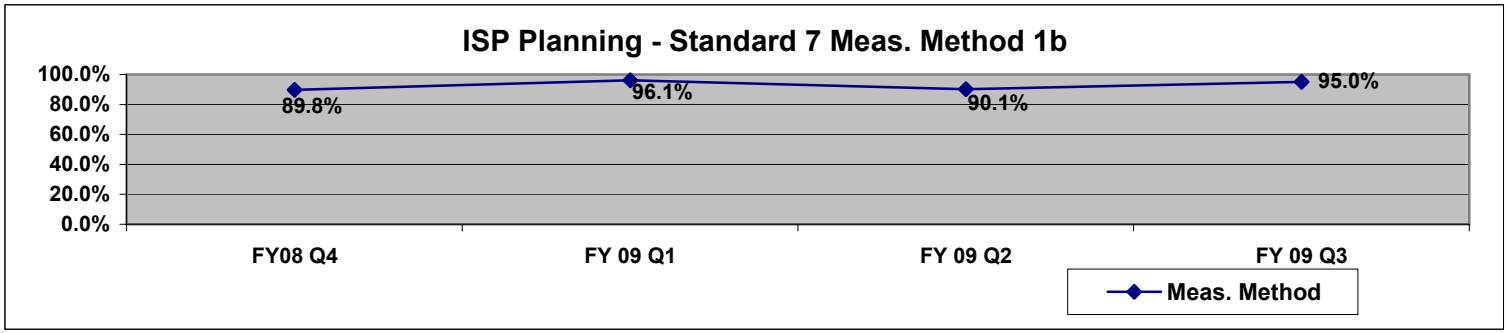
*The methodology for calculating this standard was re-designed starting quarter 1 FY 09 in order to better define the logic behind the calculations.

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

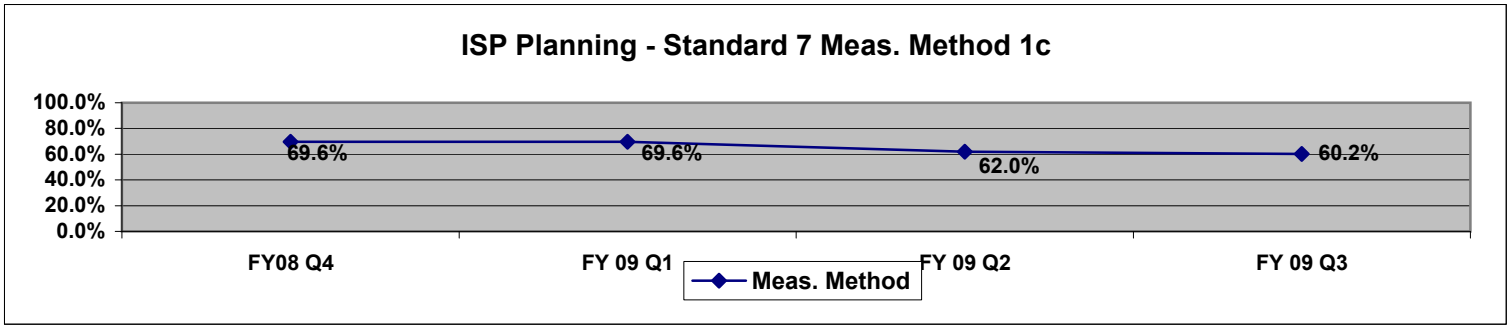
Community Integration/Community Support Services/Individualized Support Planning



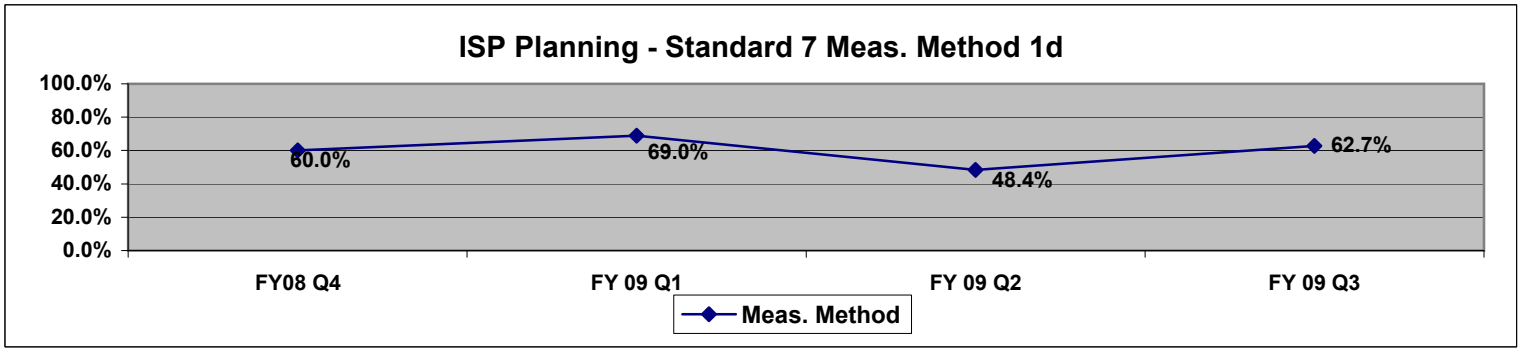
Paragraph		
	Standard 7:	**Demonstrate ISPs are based upon consideration of the class members' strengths & needs**
61	**Meas. Method 1a.**	Does the record document that the treatment plan goals reflect the strengths of the consumer? receiving services? (IIb)
	Baseline	79.4% FY 07 Q3 (50 out of 63)
	Current Level	96.9% FY 09 Q3 (94 out of 97)
	Performance Standard	95.0%
	Compliance Standard	90.0% (3 out of 4 quarters)



Meas. Method 1b.	Does record document the individual's potential need for crisis intervention and resolution services was considered during treatment planning? (IId.)
Baseline	82.5% FY 07 Q3 (11 out of 52)
Current Level	95.0% FY 09 Q3 (94 out of 99)
Performance Standard	*No Numerical Standard Necessary*

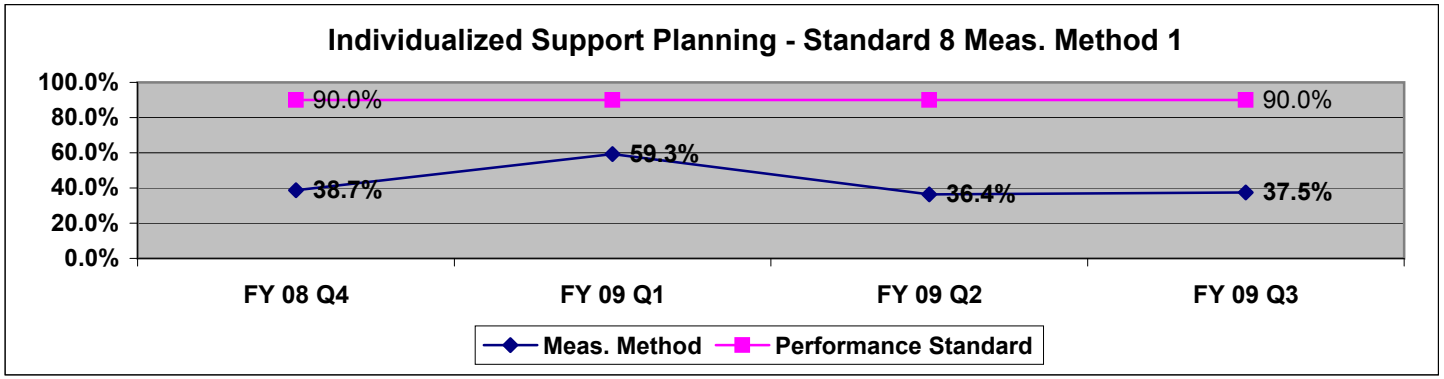


Meas. Method 1c Does the record document that the consumer has a crisis plan? (IIe)
Baseline 19.0% FY 07 Q3 (12 out of 63)
Current Level 60.2% FY 09 Q3 (59 out of 98)
Performance Standard No Numerical Standard

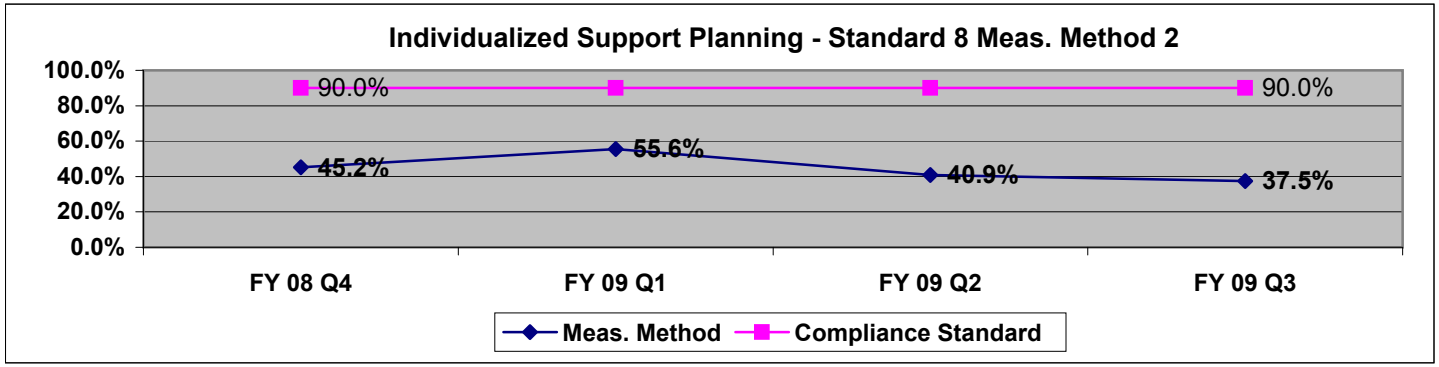


Meas. Method 1d. If the consumer has a crisis plan, "has the crisis plan been reviewed as required, every 3 months?" (IIg.)
Baseline 41.7% FY 07 Q3 (5 out of 12)
Current Level 62.7% FY 09 Q3 (37 out of 59)
Performance Standard No Numerical Standard

Community Integration/Community Support Services/Individualized Support Planning

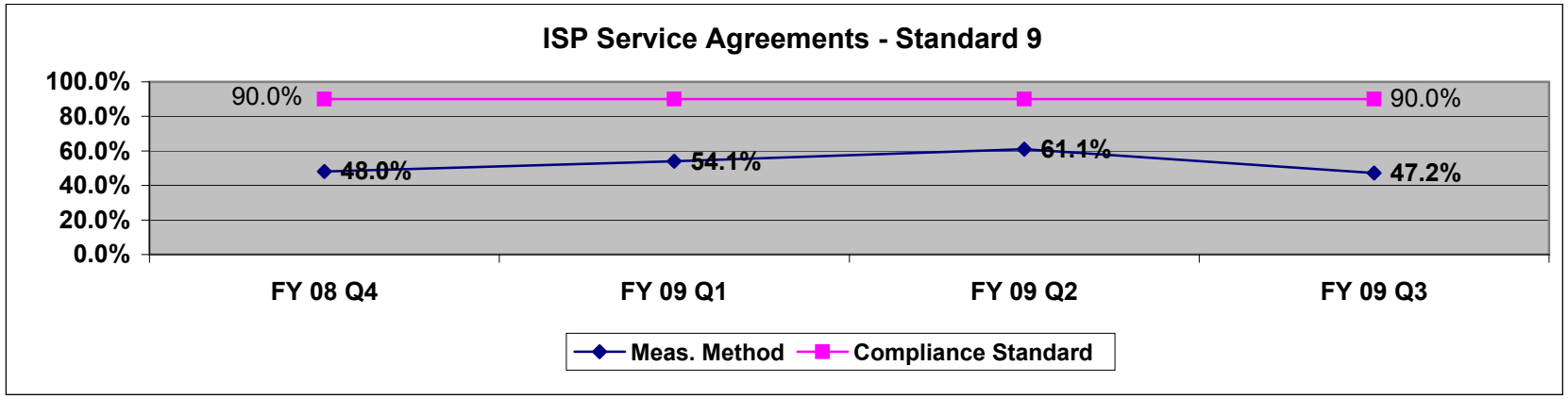


Paragraph	**Standard 8:**	**Services are based on actual needs of the class member rather than what services are available**		
63	**Meas. Method 1.**	ISPs reviewed in which there is evidence that the ISP team reconvened after an unmet need was identified.		
	Baseline	*50.0%*	FY 07 Q3	(5 out of 10 identified unmet needs)
	Current Level	*37.5%*	FY 09 Q3	(6 out of 16 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	*37.5%*	FY 09 Q3	(6 out of 16 identified unmet needs)
Performance Standard	*95.0%*		
Compliance Standard	90.0%	(3 out of 4 quarters)	

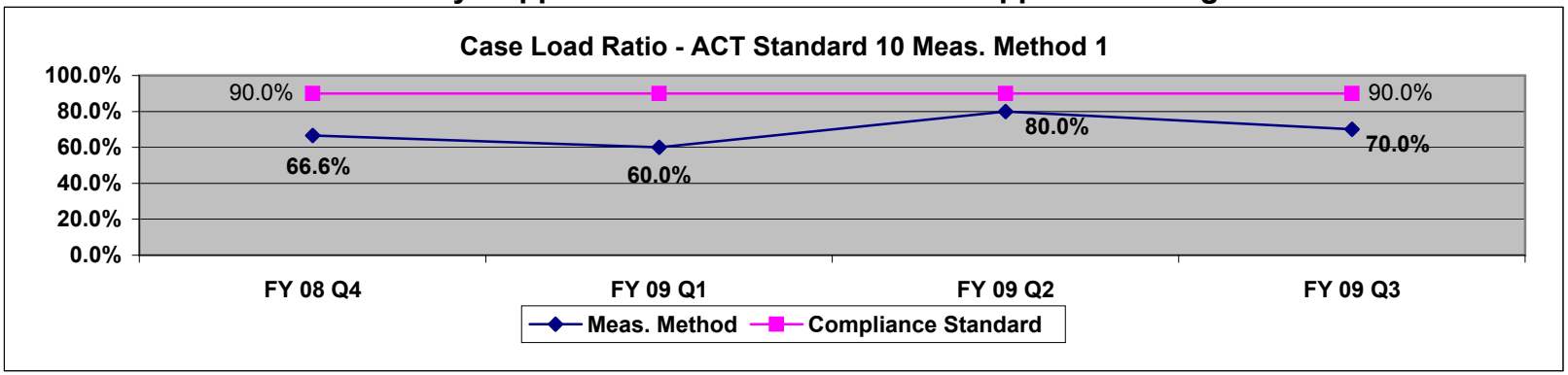
Community Integration/Community Support Services/Individualized Support Planning



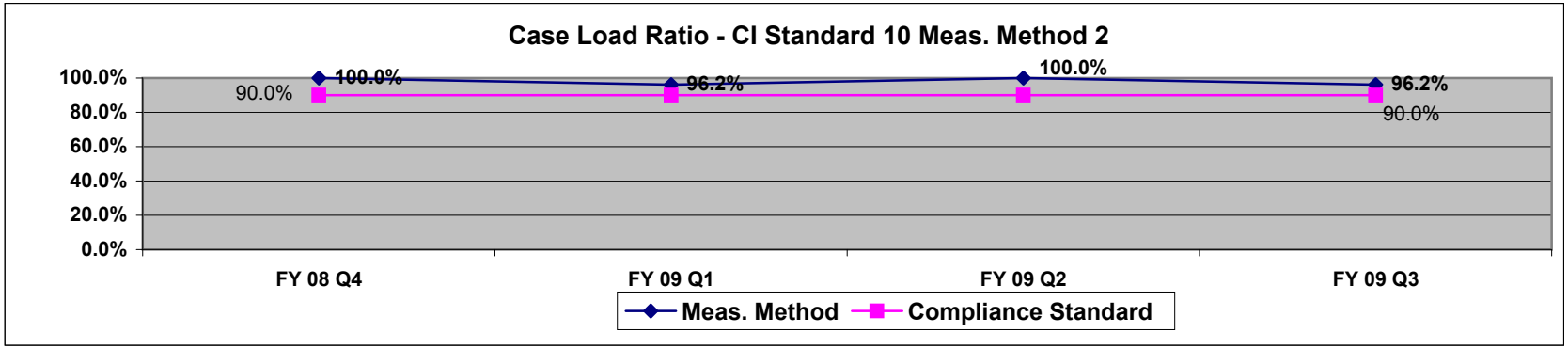
Paragraph	Standard 9:	**Services to be delivered by an agency funded or licensed by the state.**		
69	**Meas. Method 1.**	ISPs with services identified and with a treatment plan signed by each provider.		
	Baseline	100% (17/17)	(17/17)	FY 05 Q2
	Current Level	47.2%	(17/36)	FY 09 Q3
	Performance Standard	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



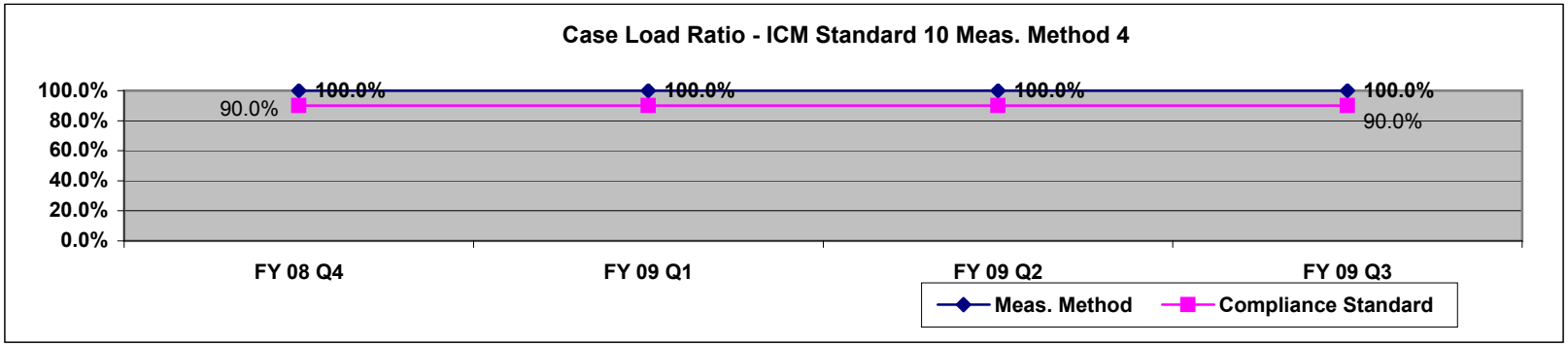
Meas. Method 1.	ACT Providers with average caseloads of 10 or fewer.			
Baseline	88.9%	(8 out of 9)	FY08 Q2	Agency Community Support Census/Staffing Ratio Database
Current Level	70.0%	(7 out of 10)	FY09 Q3	Agency Community Support Census/Staffing Ratio Database
Performance Standard	90.0%	of all ACT Teams		
Compliance Standard	90.0%	of all ACT Teams		



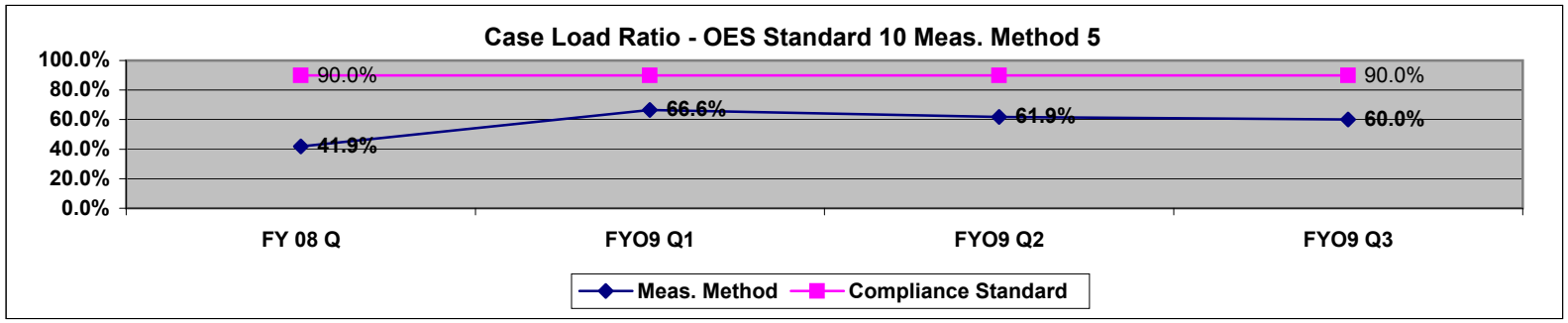
Paragraph	**Meas. Method 2.**	Community Integration Workers with average caseloads of 40 or fewer.			
71	**Baseline**	100.0%	(27 out of 27)	FY08 Q4	Agency Community Support Census/Staffing Ratio Database
	Current Level	96.2%	(25 out of 26)	FY09 Q3	Agency Community Support Census/Staffing Ratio Database
	Performance Standard	90.0%	of all CIW Providers		
	Compliance Standard	90.0%	of all CIW Providers		

*** Case Load Ratio - ICI Standard 10 Meas. Method 3 has been deleted.**

As of July 2008, Intensive Community Integration is no longer a service that is provided through Mainecare.



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%	(35 out of 35)	FY 09 Q2	EIS ICM Caseload Data
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	60.0%	Apr-09	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 and CI are the percentage of programs statewide with an average caseload at or below the Measurement Method.

66.66667

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.*

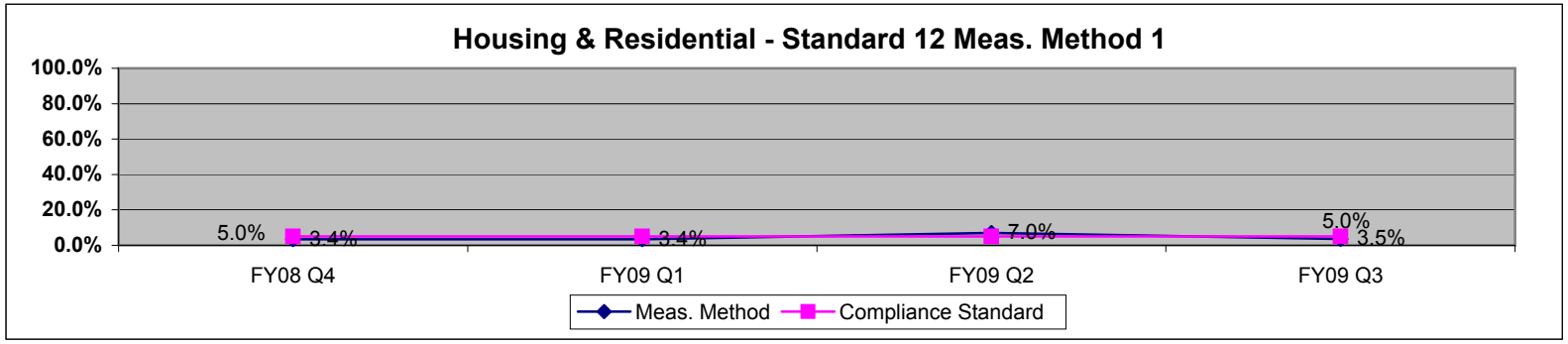
The total of unique individuals for all regions may not equal the total unique individuals for the State as an individual may make a request of a CDC in more than one region.

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

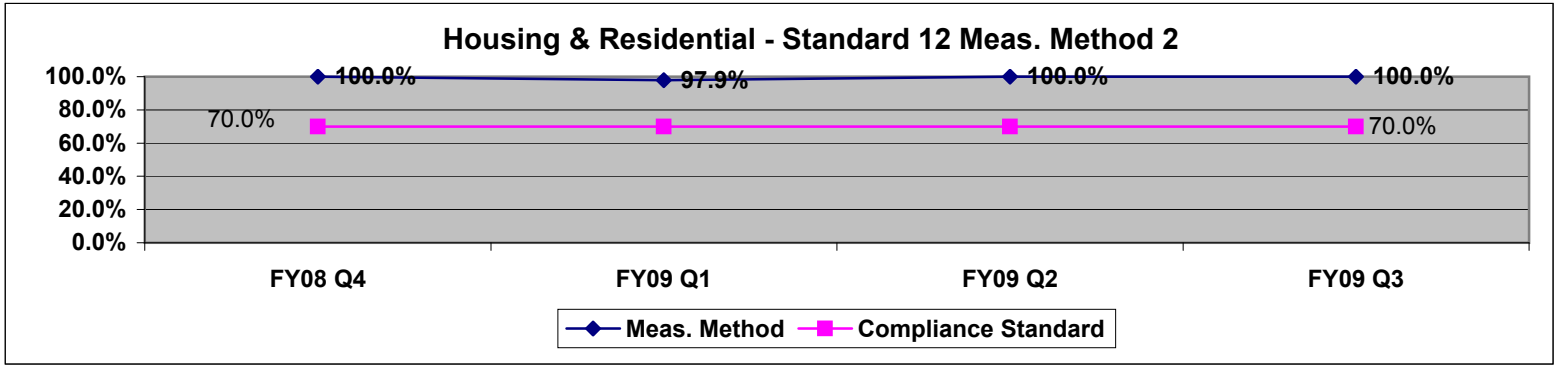
	Region 1	Region 2	Region 3	State
Unique Individuals	39	14	9	56
Unmet Needs:	0	0	0	0

Unmet Needs by Domain Jan 1 ~ Mar 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

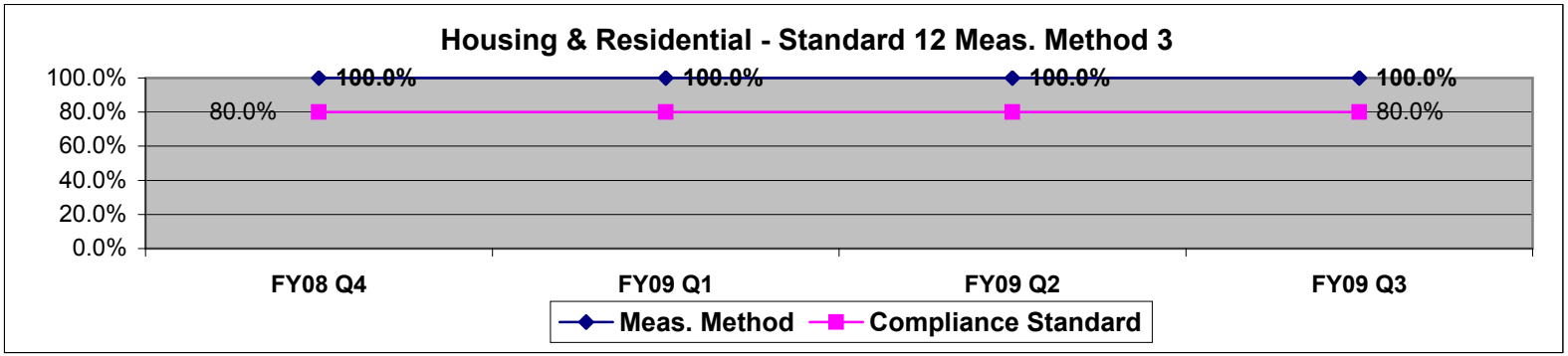
Community Resources and Treatment Services
Housing and Residential - Standard 12



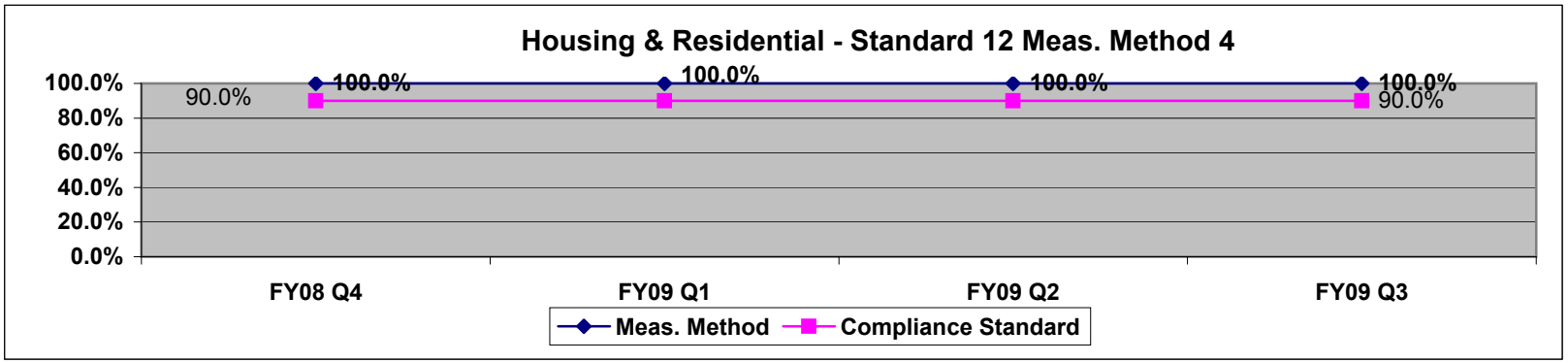
Paragraph 97,98	**Standard 12:**	**A flexible array of residential services adequate to meet ISP Identified needs of those ready for discharge**		
	Meas. Method 1.	Class members in community with ISPs with unmet residential support needs		
	Baseline	*7.2%*	(22 out of 305)	FY06 Q4 ISP RDS Data
	Current Level	*3.5%*	(29 out of 830)	FY09 Q3 ISP RDS Data
	Performance Standard	*5.0%*	or fewer	
	Compliance Standard	*5.0%*	or fewer (3 out of 4 quarters)	



Meas. Method 2.	Percentage of patients at Riverview determined to be ready for discharge who are discharged within 7 days of that determination. (discharge is not impeded due to lack of residential support services)		
Baseline	*98.0%*	(FY 07 Q1 Out of 49 Patients ready for discharge, 1 could not be discharged due to lack of service)	
Current Level	*100.0%*	(FY 09 Q3 Out of 40 Patients discharged, 0 could not be discharged due to lack of service)	
Performance Standard	*75.0%*	(within 7 days of that determination)	
Compliance Standard	*70.0%*	(within 7 days of that determination)	



Meas. Method 3.	Percentage of patients at Riverview determined to be ready for discharge who are discharged within 30 days of that determination. (discharge is not impeded due to lack of residential support services)	
Baseline	*98.0%*	(FY 07 Q1 Out of 49 Patients ready for discharge, 1 could not be discharged due to lack of service)
Current Level	*100.0%*	(FY 09 Q3 Out of 40 Patients discharged, 0 could not be discharged due to lack of service)
Performance Standard	*96.0%*	(within 30 days of that determination)
Compliance Standard	*80.0%*	(within 30 days of that determination)



Meas. Method 4.	Percentage of patients at Riverview determined to be ready for discharge who are discharged within 45 days of that determination. (discharge is not impeded due to lack of residential support services)	
Baseline	*98.0%*	(FY 07 Q1 Out of 49 Patients ready for discharge, 1 could not be discharged due to lack of service)
Current Level	*100.0%*	(FY 09 Q3 Out of 40 Patients discharged, 0 could not be discharged due to lack of service)
Performance Standard	*100.0%*	(within 45 days of that determination)
Compliance Standard	90.0%	(within 45 days of that determination with certain clients excepted by agreement of the parties and the Court Master)

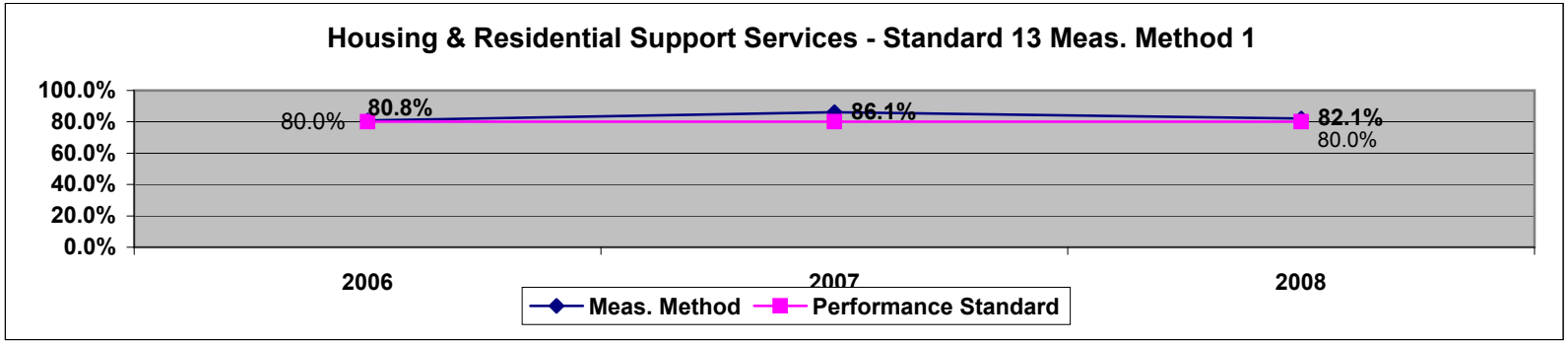
Riverview Psychiatric Center Discharge Detail to amplify data presented in Standard 12:

40 Patients discharged in quarter
22 discharged at 7 days (55.0%)
5 discharged 8-30 days (12.5%)
7 discharged 31-45 days (17.5%)
6 discharged post 45 days (15.0%)

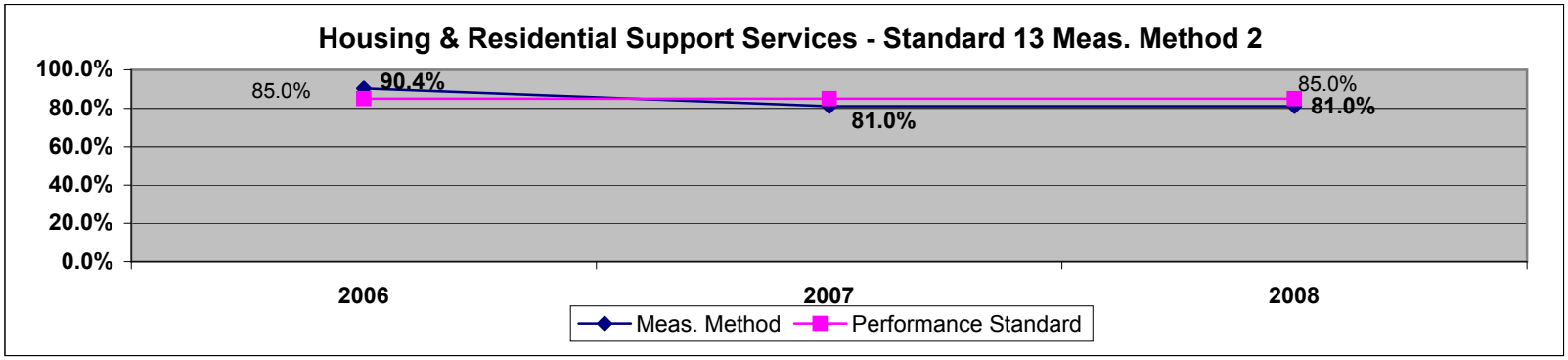
Residential Support Services did not impede discharge for any patients post clinical readiness for discharge

Community Resources and Treatment Services

Housing and Residential

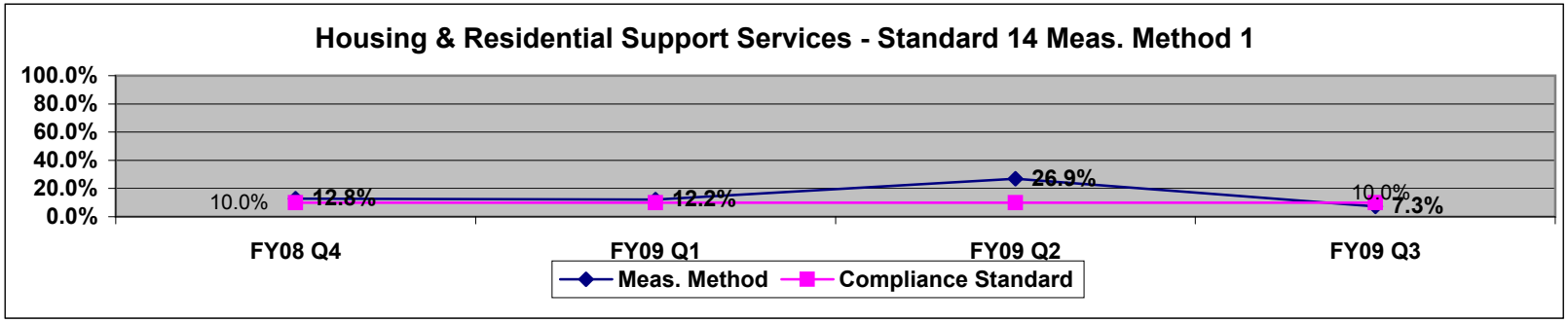


Paragraph		
	Standard 13:	**Demonstrate class member satisfaction with access and quality of residential support services**
97,98	**Meas. Method 1.**	Annual Class Member Survey Q15, Percent reporting satisfaction with their current living situation.
	Baseline	80.2% 2004 Class Member Survey (N=538)
	Current Level	*82.1%* 2008 Class Member Survey (N=555)
	Performance Standard	*80.0%*

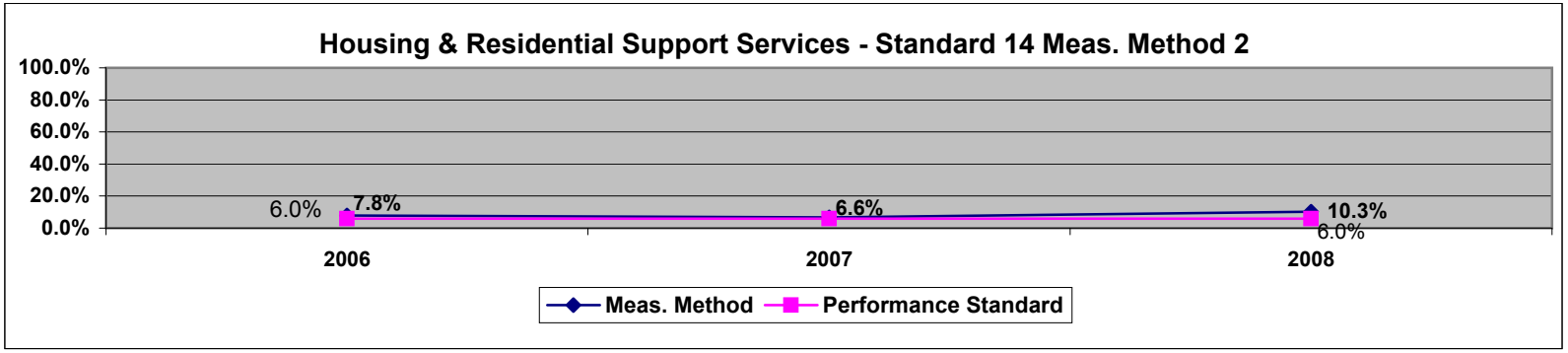


Meas. Method 2.	Annual Class Member Survey Q17, Class members receiving residential/housing supports who report satisfaction with services.
Baseline	*81.4%* 2005 Class Member Survey (N=538) *Question added in 2005
Current Level	*81.0%* 2008 Class Member Survey (N=555)
Perfromance Standard	*85.0%*

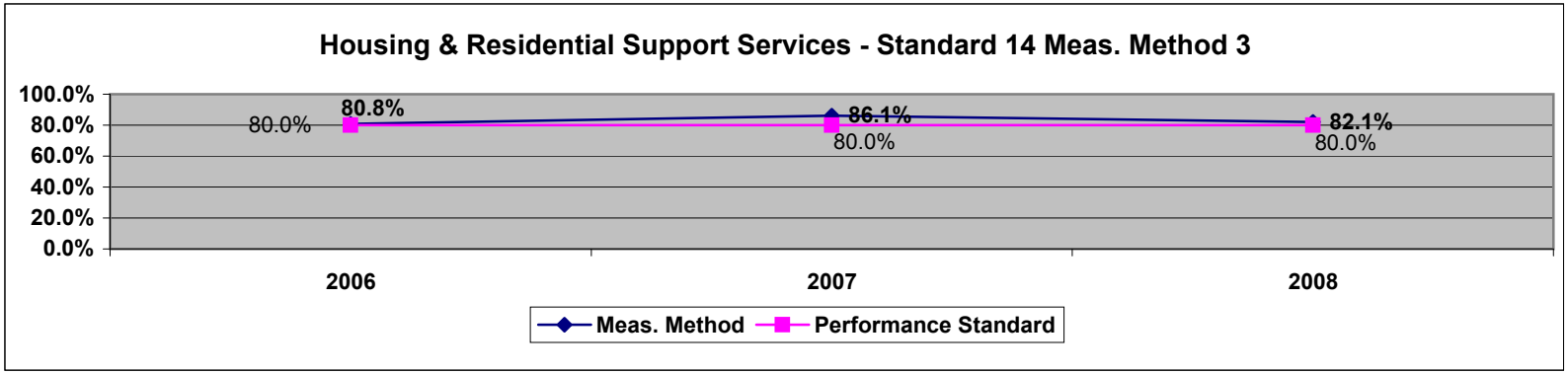
Community Resources and Treatment Services
Housing and Residential



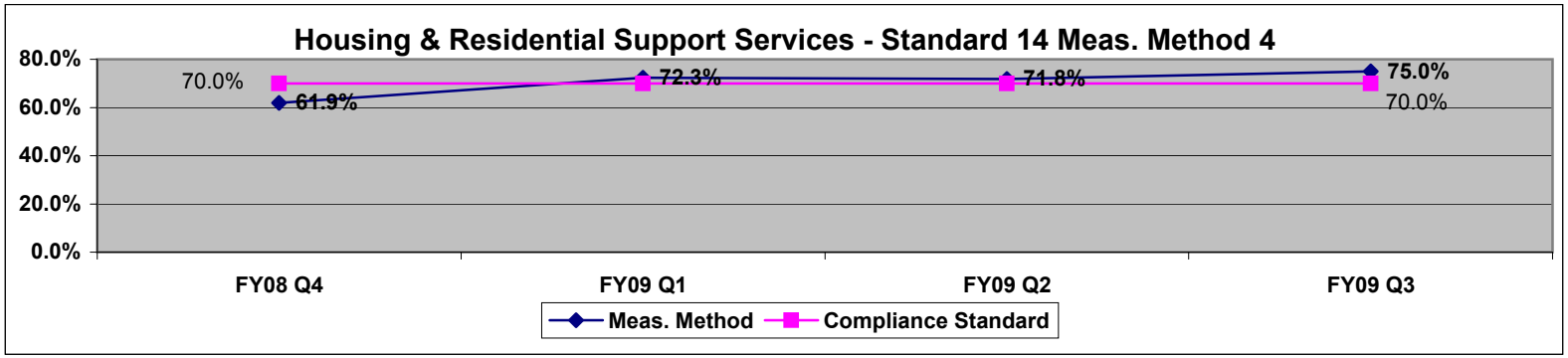
Paragraph				
94, 95	**Standard 14:**	**Demonstrate an array of housing alternatives available to meet class member needs.**		
	Meas. Method 1.	Class members with ISPs with unmet housing needs.		
	Baseline	*1.6%*	(5 out of 305)	FY06 Q4 ISP RDS Data
	Current Level	*7.3%*	(61 out of 830)	FY09 Q3 ISP RDS Data
	Performance Standard	*10.0%*	or fewer	
	Compliance Standard	*10.0%*	or fewer (3 out of 4 quarters)	



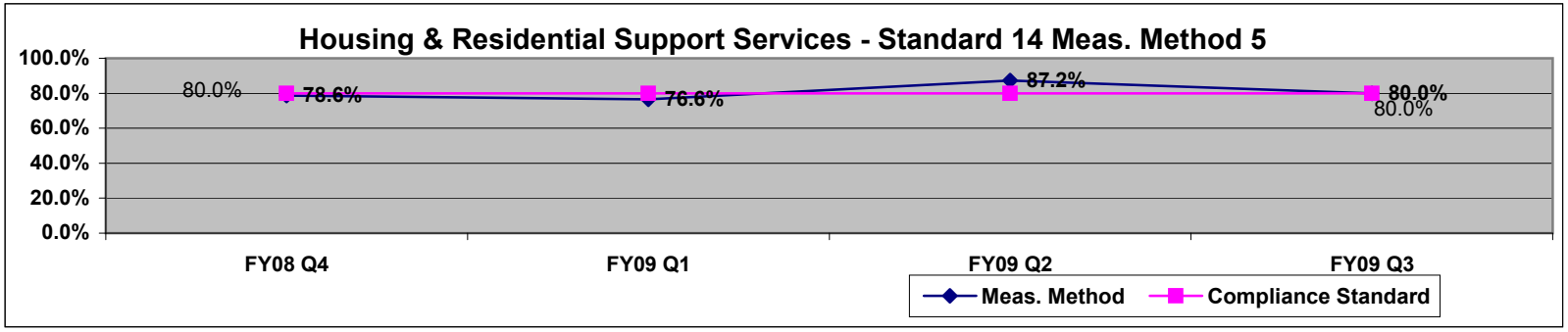
Meas. Method 2.	Percentage of Class Members who experienced homelessness over 12-month period.		
Baselines	8.6%	2004 Class Member Survey (N=538)	
Current Levels	*10.3%*	2008 Class Member Survey (N=555)	
Performance Standard	*6.0%*	or fewer	



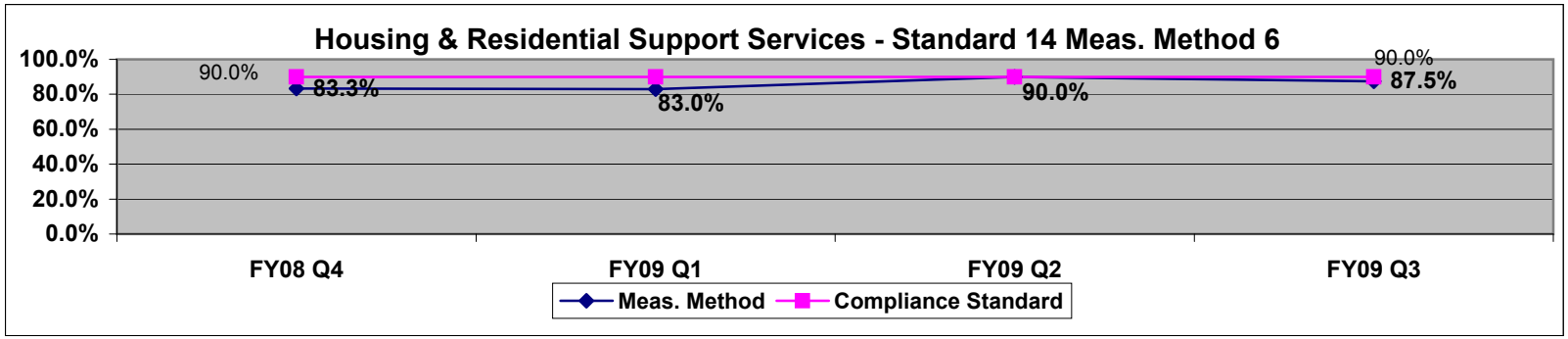
Meas. Method 3.	Annual Class Member Survey Q15, Percent reporting satisfaction with their current living arrangement.	
Baseline	80.2%	2004 Class Member Survey (N=538)
Current Level	82.1%	2008 Class Member Survey (N=555)
Performance Standard	80.0%	



Meas. Method 4.	Percentage of patients at Riverview determined to be ready for discharge who are discharged within 7 days of that determination. (discharge not impeded due to lack of housing alternatives)	
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	*75.0%*	(FY 09 Q3 Out of 40, 10 could not be discharged)
Performance Standard	*75.0%*	(within 7 days of that determination)
Compliance Standard	70.0%	(within 7 days of that determination)



Meas. Method 5.	Percentage of patients at Riverview determined to be ready for discharge who are discharged within 30 days of that determination. (discharge not impeded due to lack of housing alternatives)	
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	80.0%	(FY 09 Q3 Out of 40, 8 could not be discharged)
Performance Standard	*96.0%*	(within 30 days of that determination)
Compliance Standard	80.0%	(within 30 days of that determination)



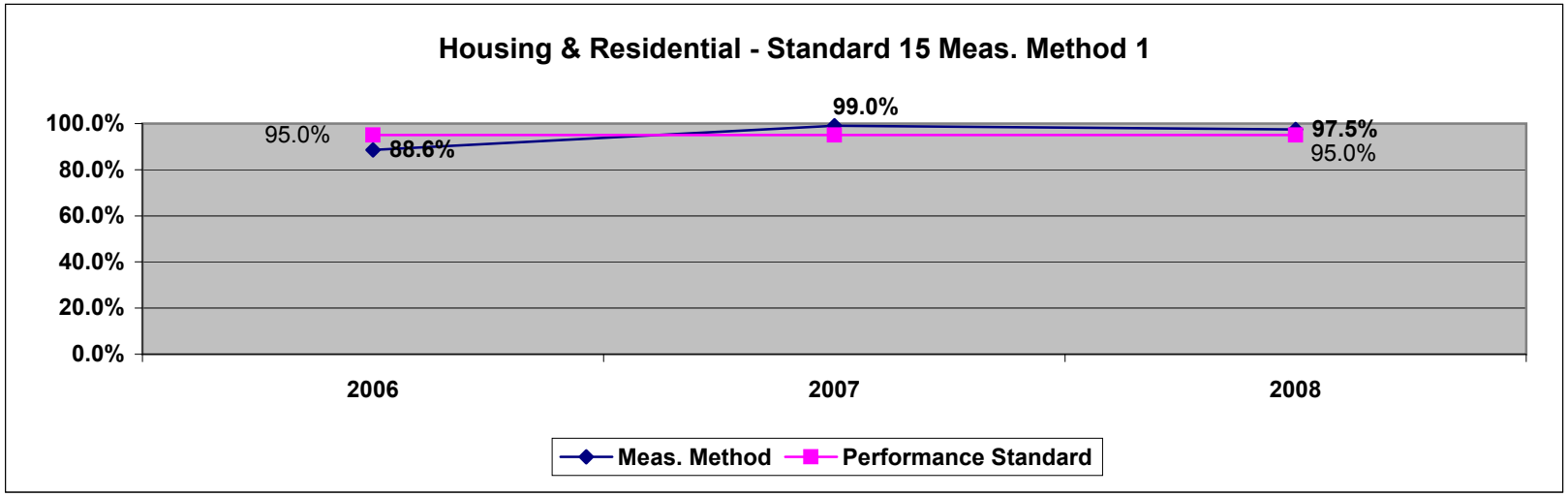
Meas. Method 6.	Percentage of patients at Riverview determined to be ready for discharge who are discharged within 45 days of that determination. (discharge not impeded due to lack of housing alternatives)	
Baseline	67.3%	(FY 07 Q1 Out of 49 Patients ready for discharge, 16 could not be discharged due to lack of housing alternatives)
Current Level	87.5%	(FY 09 Q3 Out of 40, 5 could not be discharged)
Performance Standard	*100.0%*	(within 45 days of that determination)
Compliance Standard	90.0%	(within 45 days of that determination with certain clients excepted by agreement of the parties and the Court Master)

Riverview Psychiatric Center Discharge Detail to amplify data presented above standard 14:

40 Patients discharged in quarter
22 discharged at 7 days (55.0%)
5 discharged 8-30 days (12.5%)
7 discharged 31-45 days (17.5%)
6 discharged post 45 days (15.0%)

Housing Alternatives impeded discharge for 10 patients (25%)
2 patients discharged 8-30 days post clinical readiness for discharge
3 patients discharged 31-45 days post clinical readiness for discharge
5 patients discharged greater than 45 days post clinical readiness for discharge

Housing and Residential

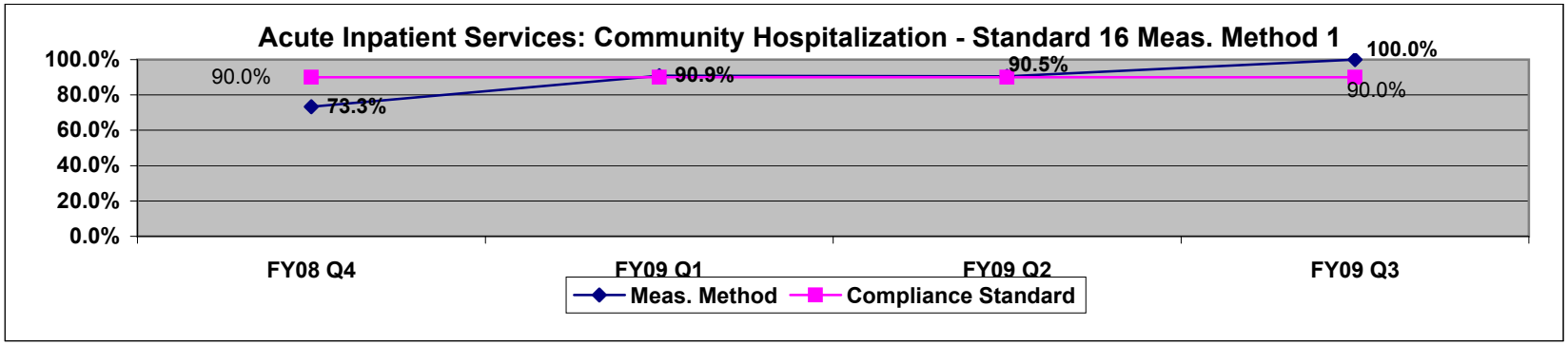


Paragraph 96	**Standard 15: Meas. Method 1.**	**Housing is where community services are located/Consumers in Homes with more than 8 beds.** Class members residing in homes with more than 8 beds in which the class member chooses to reside in that facility is documented.	
	Baseline	*92.8%*	CDC Paragraph 96 Tracking - April 2004
	Current Level	*97.5%*	December 2008 - Of the 118 class members in homes greater than 8 beds, 115 have signed consents, 2 have goals to move and 1, consent decree coordinators continue to pursue consent
	Performance Standard	*95.0%*	

The protocol for obtaining the informed consent of Class Members to live in homes with greater than 8 beds (Settlement Agreement Paragraph 96) is followed annually to track data for this standard.

Community Resources and Treatment Services

Acute Inpatient Services: Involuntary Community Hospitalization

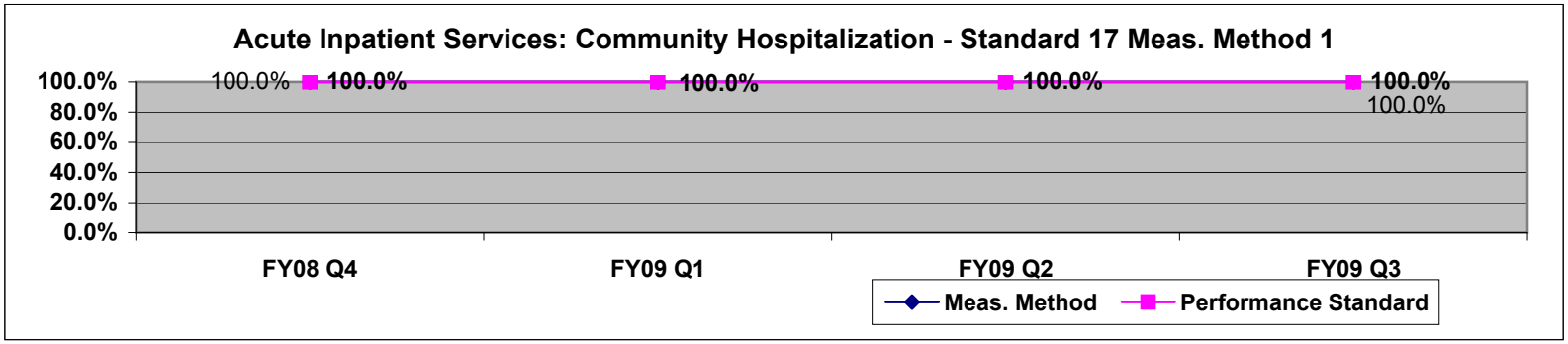


Paragraph				
	Standard 16:	***Psychiatric Hospitalization reasonably near an individual's local community.***		
88	**Meas. Method 1.**	Class Member admissions determined to be reasonably near an individual's local community of residence.		
	Baseline	*87.0%*	UR Database Q1-FY '05	(20 out of 23)
	Current Level	*100.0%*	UR Database/EIS FY09 Q3	(10 out of 10)
	Performance Standard	*90.0%*		
	Compliance Standard	*90.0%*	(3 out of 4 quarters)	

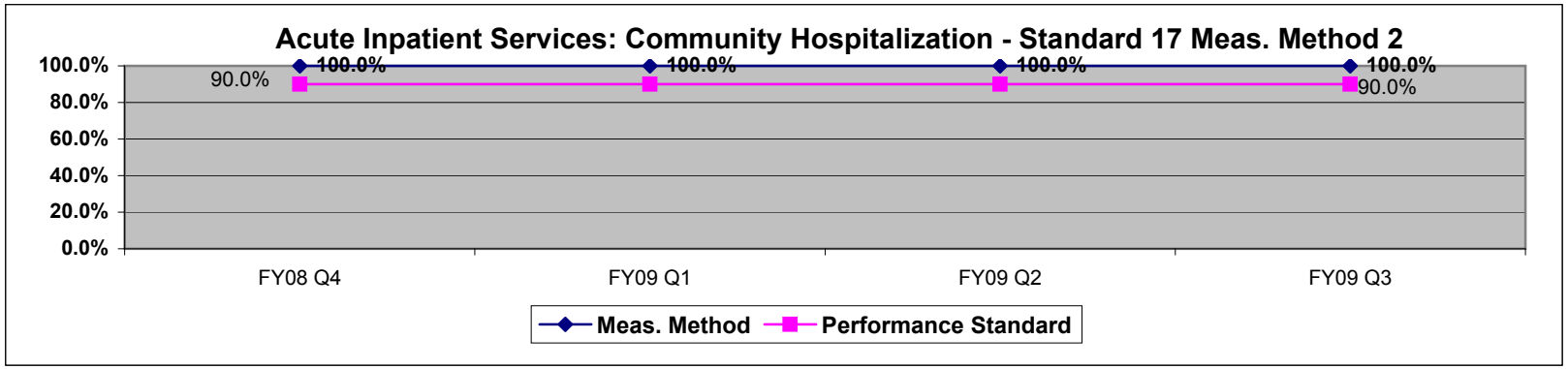
Reasonably Near is defined by Attachment C to the October 29, 2007 approved Compliance Standards.

Community Resources and Treatment Services

Acute Inpatient Services: Involuntary Community Hospitalization



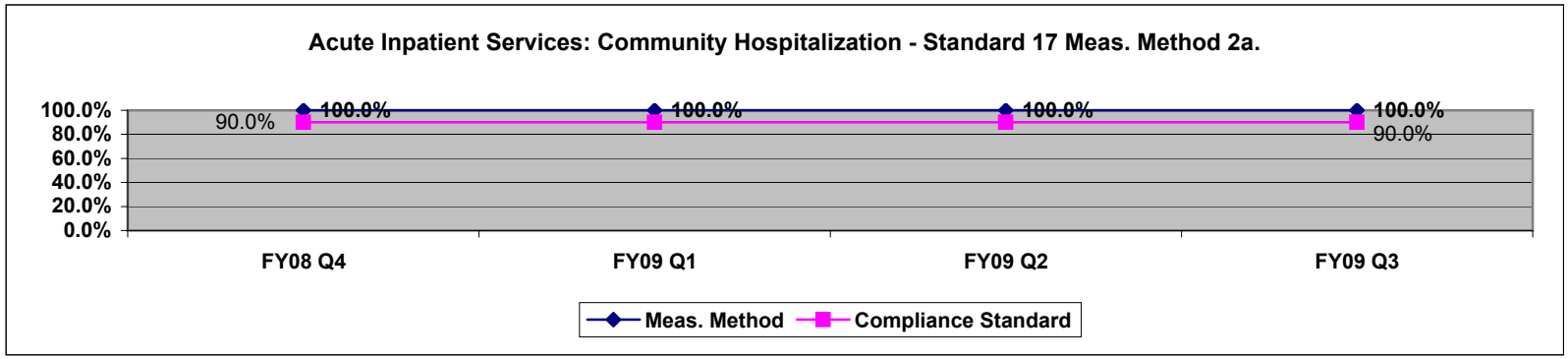
Paragraph	Standard 17:	**Class member admissions to community involuntary inpatient units are in accordance with law and meet medical necessity critieria**		
89	**Meas. Method 1.**	Class member involuntary admissions to community inpatient units have blue paper on file.		
	Baseline	*94.7%*	UR Database Q4-FY '05	(18 out of 19)
	Current Level	*100.0%*	UR Database/EIS Q3 FY 09	(10 out of 10)
	Performance Standard	100.0%		



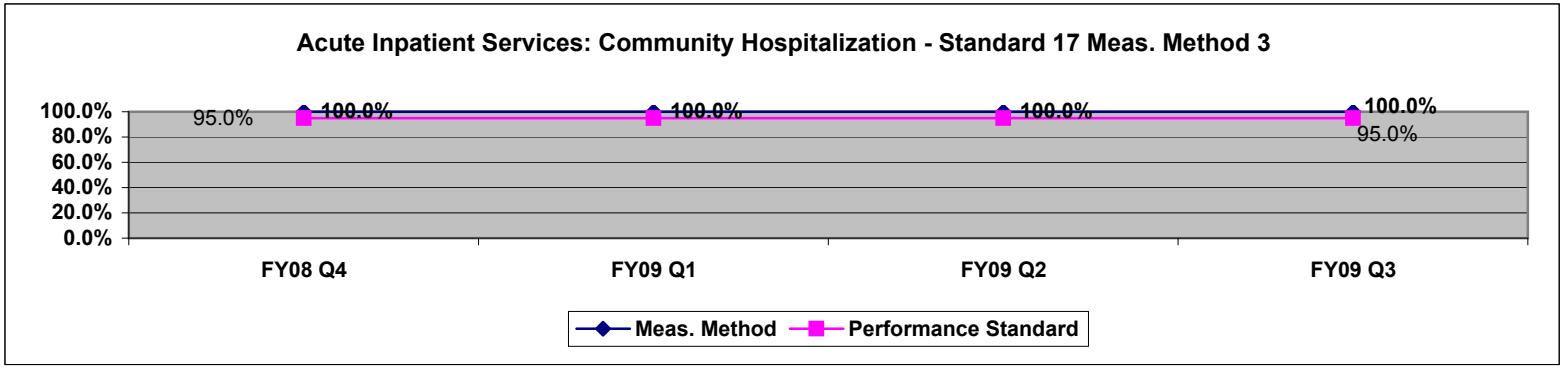
Meas. Method 2.	Blue paper was completed and in accordance with terms.		
Baseline	95.7%	UR Database Q1-FY '05	(22 out of 23)
Current Level	*100.0%*	UR Database/EIS Q3 FY 09	(10 out of 10)
Performance Standard	90.0%		

Community Resources and Treatment Services

Acute Inpatient Services: Involuntary Community Hospitalization



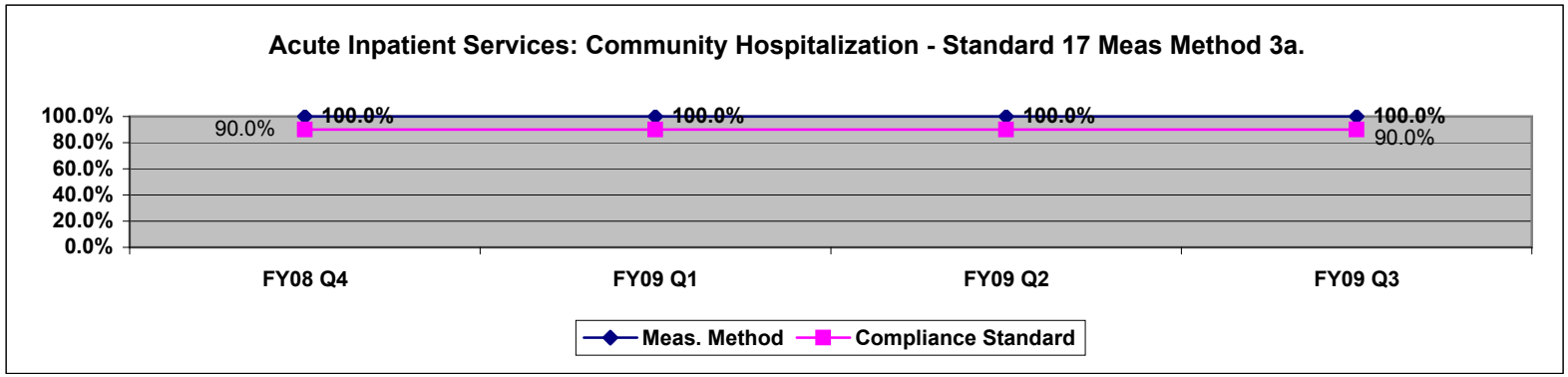
Meas. Method 2a.	Corrective action taken by UR nurse where blue paper not completed in accordance with terms.		
Baseline	*100.0%*	UR Database Q1-FY '05	(4 out of 4)
Current Level	*100.0%*	UR Database/EIS Q3 FY 09	All Blue Papers reported as completed and in accordance with terms
Performance Standard	95.0%		
Compliance Standard	90.0%		



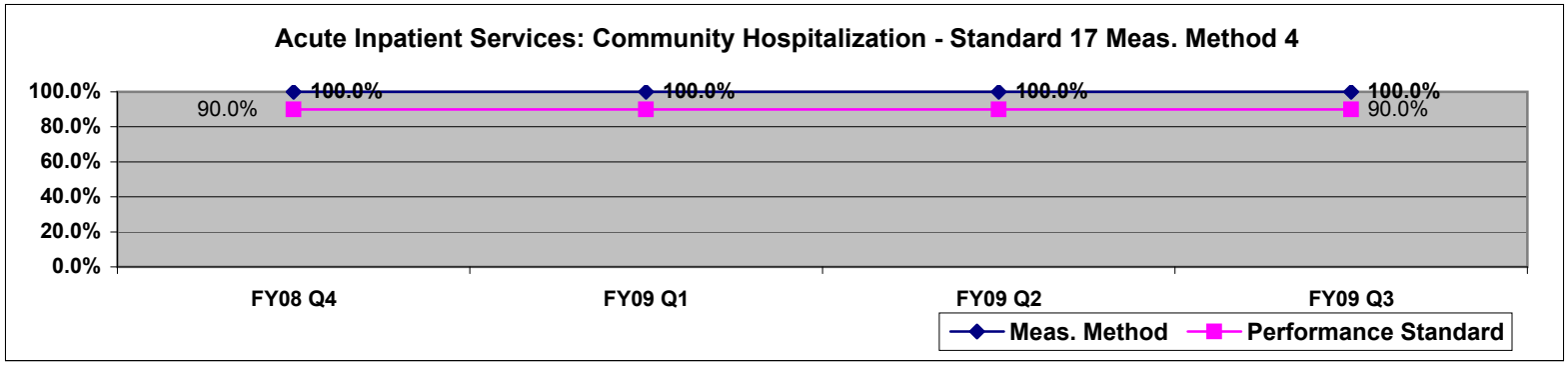
Meas. Method 3.	Class member involuntary admissions to community inpatient units in which 24 hour certification was completed.		
Baseline	65.2%	UR Database Q1-FY '05	(15 out of 23)
Current Level	*100.0%*	UR Database/EIS Q3 FY 09	(9 out of 9)
Performance Standard	95.0%		

Community Resources and Treatment Services

Acute Inpatient Services: Involuntary Community Hospitalization



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 09	All 24 hour certifications reported as completed.
Performance Standard	100.0%		
Compliance Standard	90.0%		

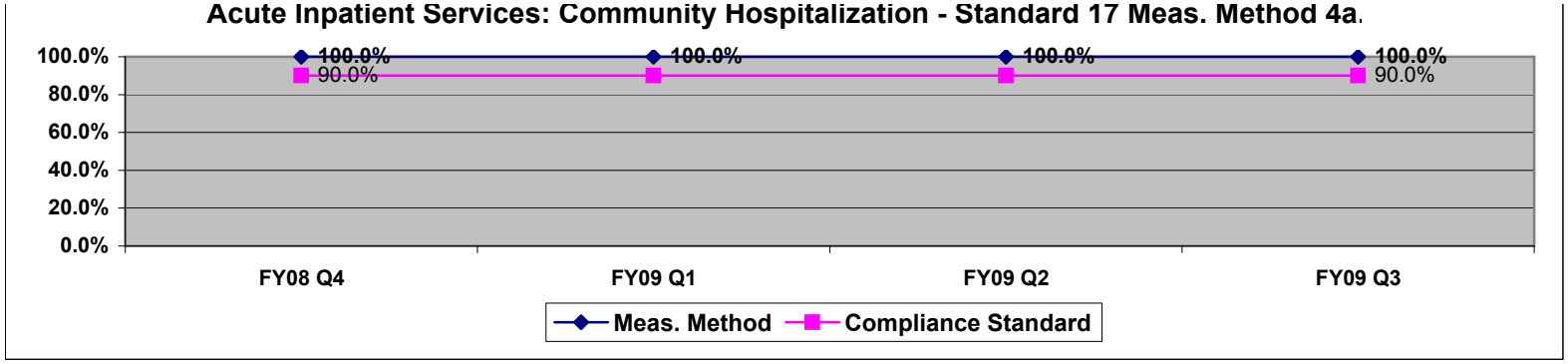


Meas. Method 4.	Class member involuntary admisstions to community inpatient units in which patients' rights were maintained.		
Baseline	82.6%	UR Database Q1-FY '05	(19 out of 23)
Current Level	*100.0%*	UR Database/EIS Q3 FY 09	(10 out of 10)
Performance Standard	90.0%		

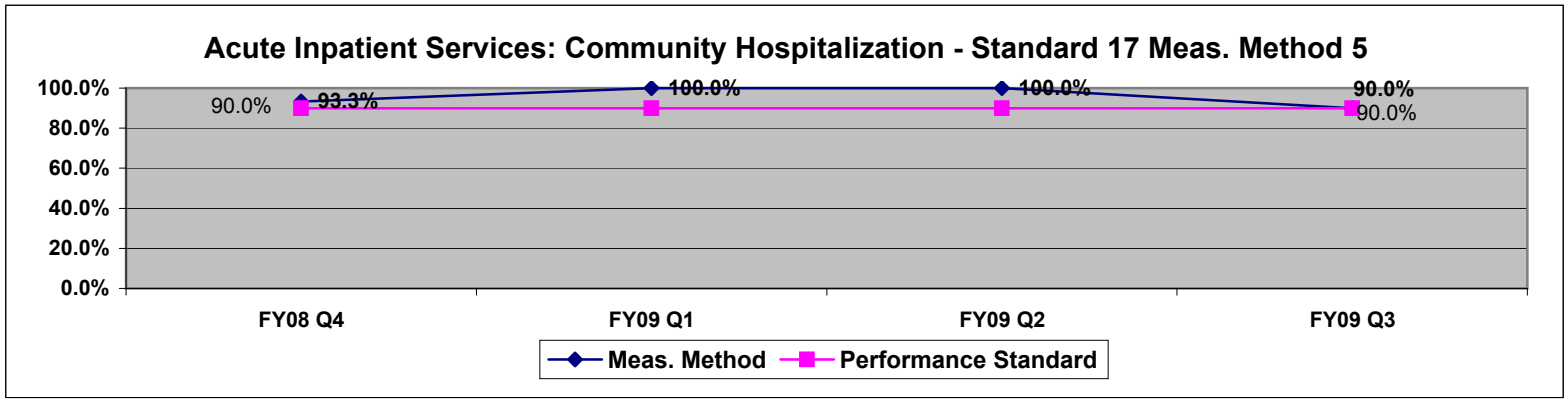
Community Resources and Treatment Services

Acute Inpatient Services: Involuntary Community Hospitalization

Acute Inpatient Services: Community Hospitalization - Standard 17 Meas. Method 4a.



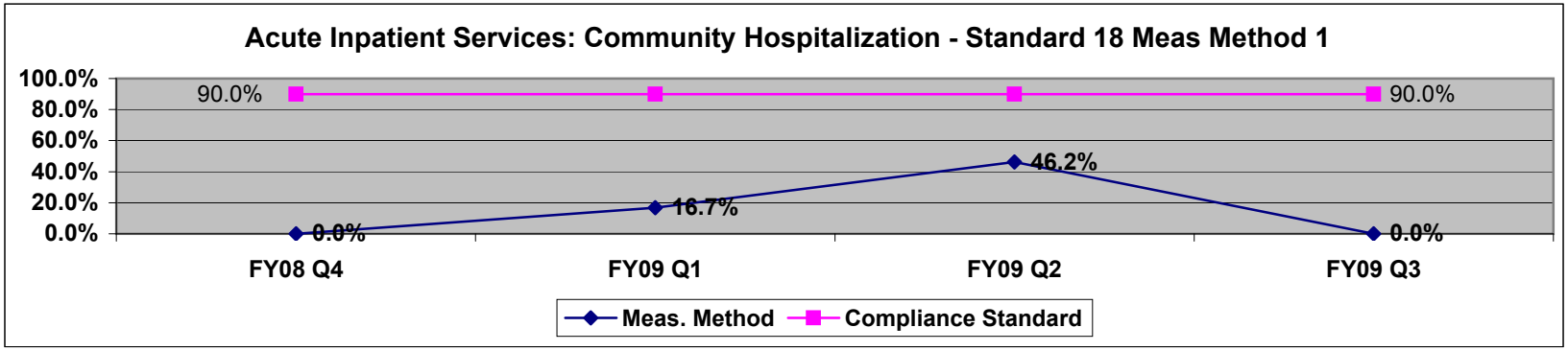
Meas. Method 4a.	Corrective action taken by UR nurse where documentation showed patients' rights not maintained.		
Baseline	25.0%	UR Database Q1-FY '05	(1 out of 4)
Current Level	*100.0%*	UR Database/EIS Q3 FY 09	All rights were maintained
Performance Standard	100.0%		
Compliance Standard	90.0%		



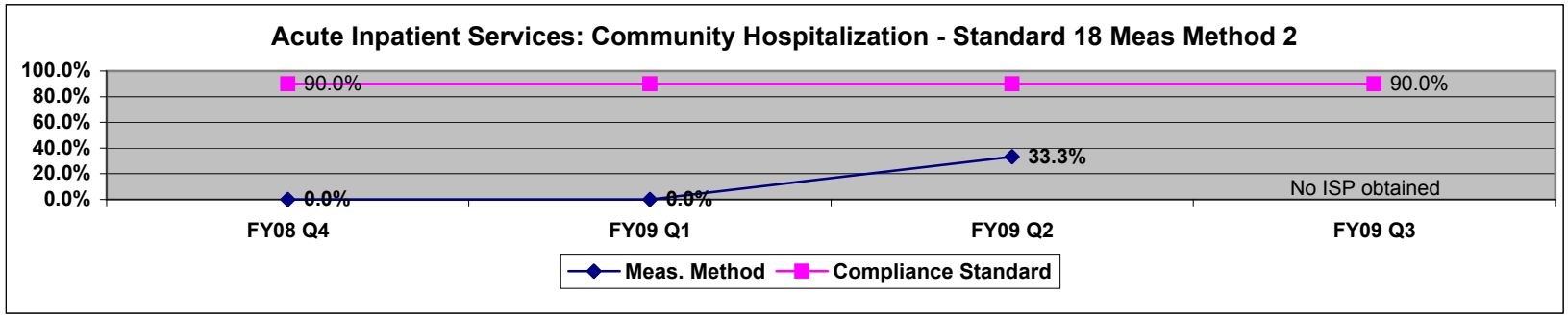
Meas. Method 5.	Class member involuntary admissions for which medical necessity has been established.		
Baseline	95.7%	UR Database Q1-FY '05	(22 out of 23)
Current Level	*90.0%*	UR Database/EIS Q3 FY 09	(9 out of 10)
Performance Standard	90.0%		

Community Resources and Treatment Services

Acute Inpatient Services: Involuntary Community Hospitalization



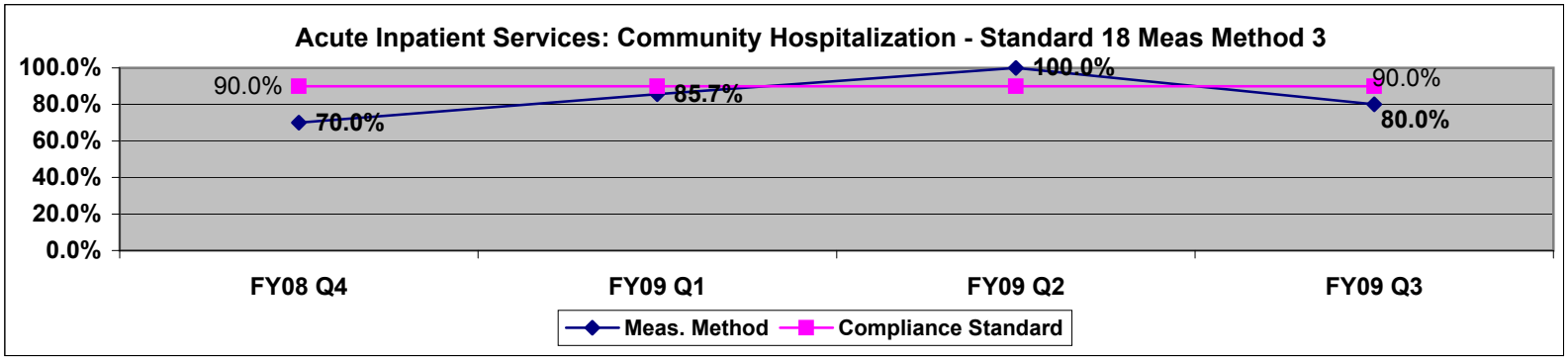
Paragraph 90	**Standard 18:**	**Continuity of Treatment is maintained during hospitalization in community inpatient settings**		
	Meas. Method 1.	Class members admitted with ISPs for whom hospital obtained ISP.		
	Baseline	31.6%	UR Database Q1-FY '05	(6 out of 19)
	Current Level	0.0%	UR Database/EIS Q3 FY 09	(0 out of 4)
	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	*NA*	UR Database/EIS Q3 FY 09	(No ISPs obtained)
Performance Standard	90.0%		
Compliance Standard	90.0%		

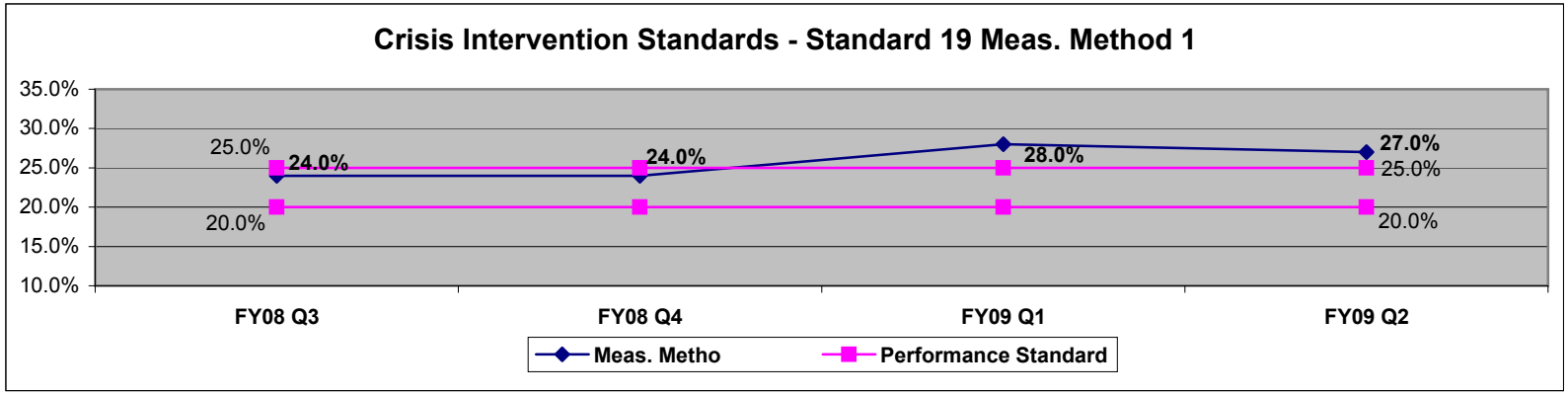
Community Resources and Treatment Services

Acute Inpatient Services: Involuntary Community Hospitalization

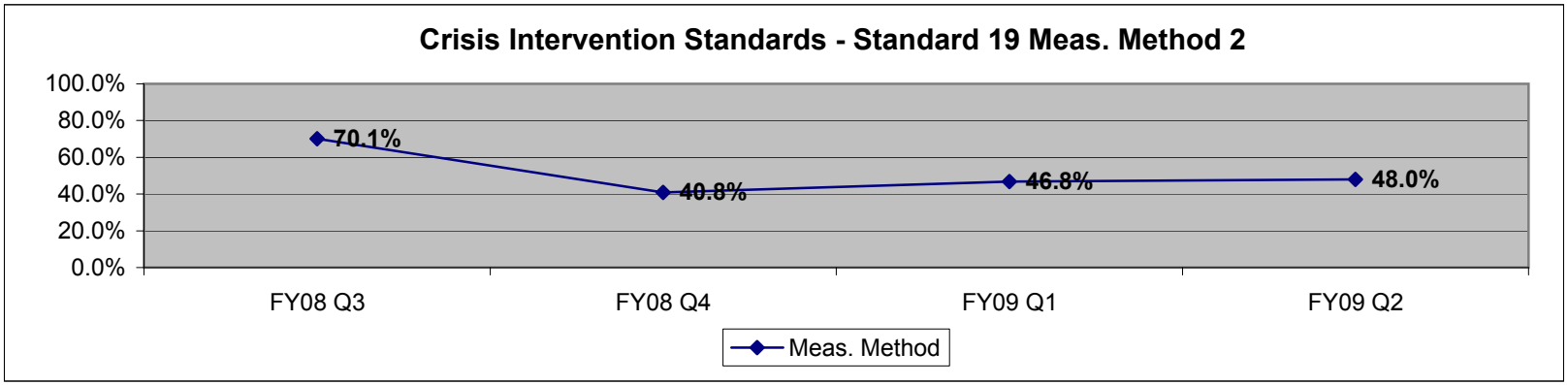


Meas. Method 3.	CI/ICI/ICM/ACT worker participated in hospital treatment and discharge planning.		
Baseline	63.1%	UR Database Q1-FY '05	(12 out of 19)
Current Level	80.0%	UR Database/EIS Q3 FY 09	(4 out of 5)
Performance Standard	90.0%		
Compliance Standard	90.0%		

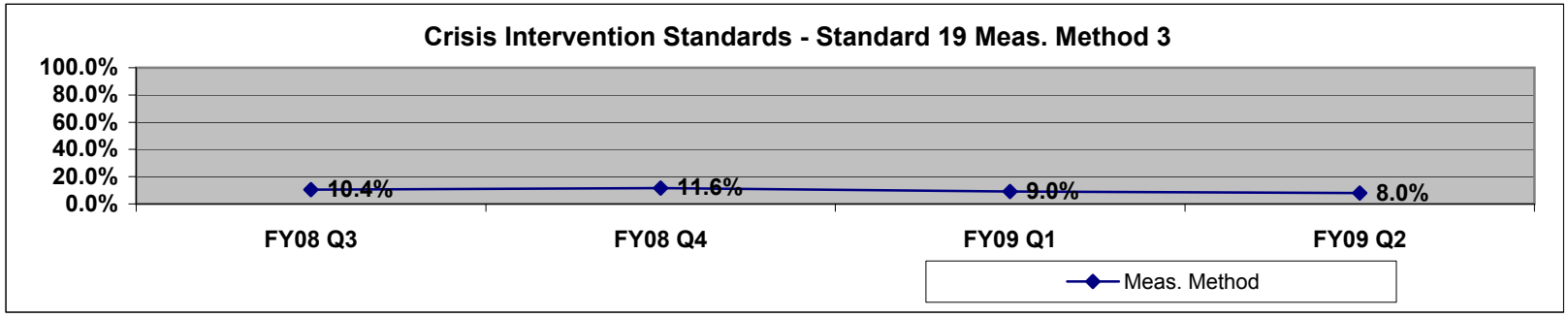
Community Resources and Treatment Services
Crisis Intervention Services



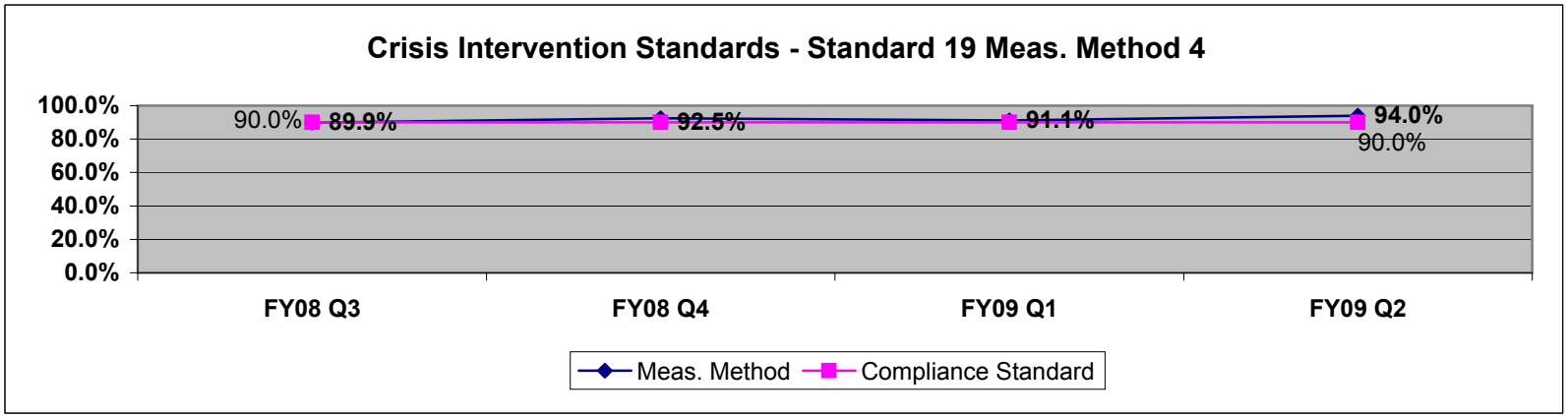
Paragraph	**Standard 19:**	**Crisis services are effective and meet Settlement Agreement Standards.**	
99, 100	**Meas. Method 1.**	Quarterly Contract Performance Data: Face to face crisis contacts that result in hospitalizations.	
	Baseline	*21.0%*	Performance Indicator Data - Average quarterly % for first three quarters FY 2004
	Current Level	*27.0%*	FY 09 Q2 (1171 out of 4361)
	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	48.0	FY 09 Q2 (2082 out of 4361 face to face contacts)
Performance Standard	*To Be Established*	

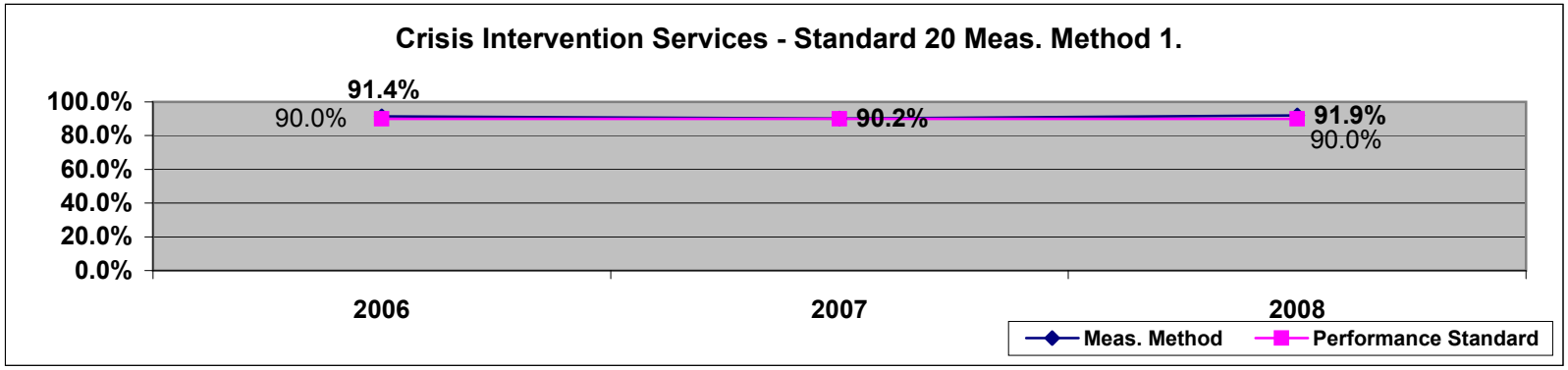


Meas. Method 3.	Face to face crisis contacts in which a previously developed crisis plan was available and used.	
Baseline	12.6%	Performance Indicator Data - 2nd Qtr FY 06
Current Level	*8.0%*	FY 09 Q2 (333 out of 4361 of all face to face contacts)
Performance Standard	*To Be Established*	

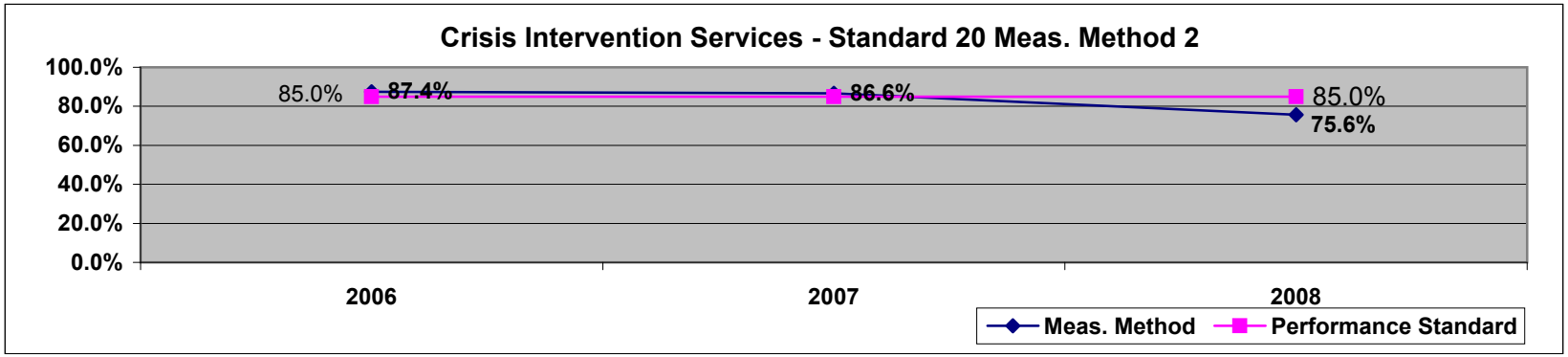


Meas. Method 4.	Face to face crisis contacts in which client has a CI worker and worker was notified about the crisis.	
Baseline	*78.4%**	Performance Indicator Data - 2nd Qtr FY 06
Current Level	*94.0%*	FY 09 Q2 (1025 out of 1092 face to face contacts who have a CI worker)
Compliance Standard	*90.0%*	(3 out of 4 quarters)

Community Resources and Treatment Services
Crisis Intervention Services

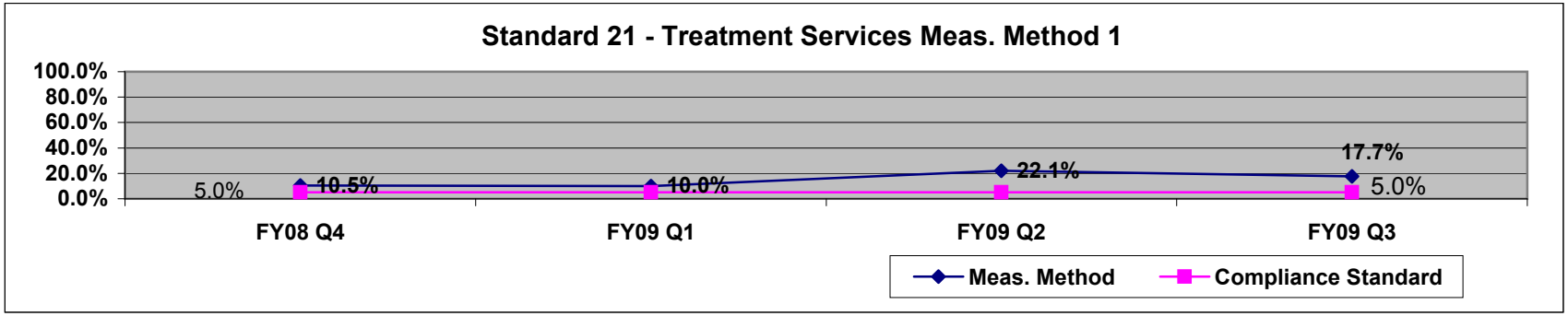


Paragraph 99, 100	**Standard 20:**	**Class member satisfaction with the availability and quality of crisis intervention services.**
	Meas. Method 1.	Class members reporting that they know how to get help in a crisis when they need it-Q2.
	Baseline	87.6% 2004 Class Member Survey (N=538)
	Current Level	91.9% 2008 Class Member Survey (N=555)
	Performance Standard	90.0%
	Compliance Standard	Department conducts further review and takes appropriate corrective action if results fall below Performance Standard Level.

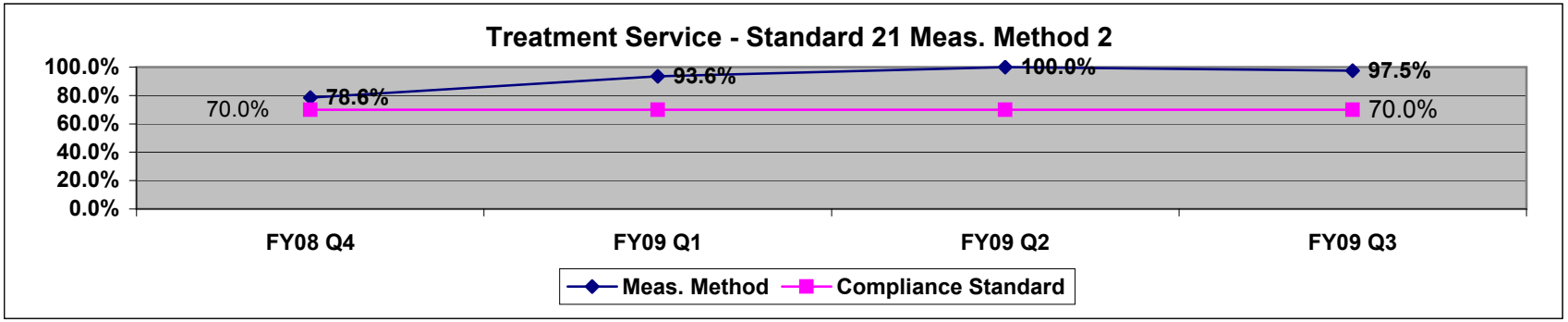


	Meas. Method 2.	Class members reporting that crisis services were available when needed
	Baseline	83.3% 2004 Class Member Survey (N=538)
	Current Level	75.6% 2008 Class Member Survey (N=555)
	Performance Standard	*85.0%*

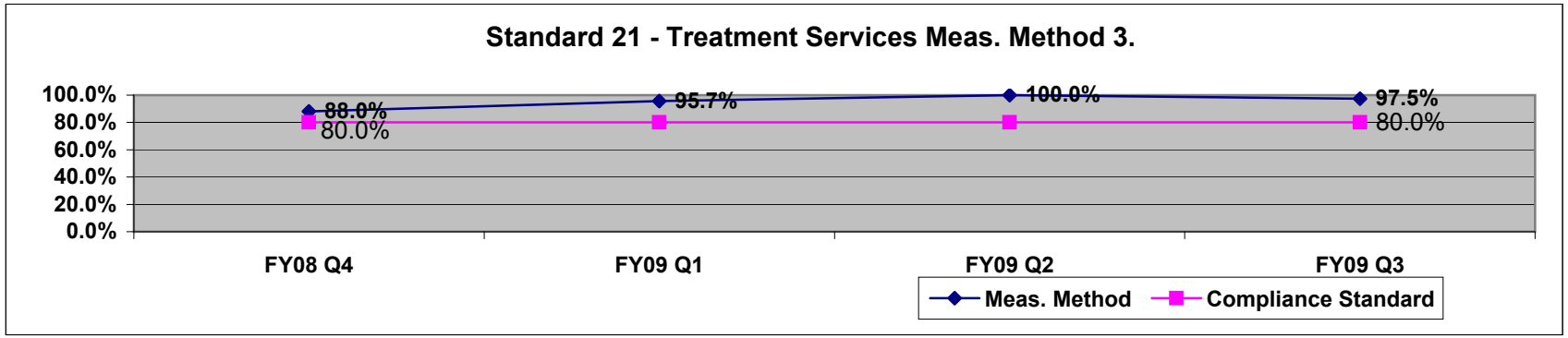
Community Resources and Treatment Services
Treatment Services - Standard 21



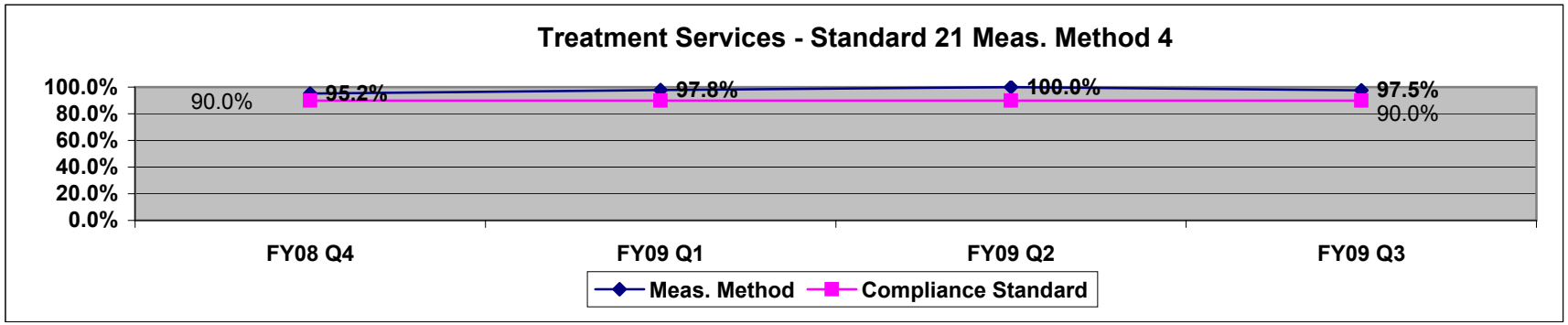
Paragraph	Standard 21:	**An array of mental health treatment services are available and sufficient to meet ISP needs of class members and the needs of hospitalized class members ready for discharge.**		
103	**Meas. Method 1.**	Class members with ISPs with unmet mental health treatment needs		
	Baseline	*4.3%*	(13 out of 305)	FY06 Q4 ISP RDS Data
	Current Level	*17.7%*	(147 out of 830)	FY09 Q3 ISP RDS Data
	Performance Standard	*5.0%*	or fewer	
	Compliance Standard	*5.0%*	or fewer (3 out of 4 quarters)	



Meas. Method 2.	Percentage of patients at Riverview determined to be 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	*97.5%*	(FY 09 Q3 Out of 40, 1 could not be discharged)	
Performance Standard	75.0%	(within 7 days of that determination)	
Compliance Standard	70.0%	(within 7 days of that determination)	



Meas. Method 3.	Percentage of patients at Riverview determined to be ready for discharge who are discharged within 30 days of that determination	
Baseline	98.0%	(FY 07 Q1 Out of 49 Patients ready for discharge, 1 could not be discharged due to lack of MH treatment)
Current Level	*97.5%*	(FY 09 Q3 Out of 40, 1 could not be discharged)
Performance Standard	*96.0%*	(within 30 days of that determination)
Compliance Standard	*80.0%*	(within 30 days of that determination)



Meas. Method 4.	Percentage of patients at Riverview determined to be ready for discharge who are discharged within 45 days of that determination	
Baseline	100.0%	(FY 07 Q1 Out of 49 Patients ready for discharge, 0 could not be discharged due to lack of MH treatment)
Current Level	*97.5%*	(FY 09 Q3 Out of 40, 1 could not be discharged)
Performance Standard	100.0%	(within 45 days of that determination)
Compliance Standard	90.0%	(within 45 days of that determination with certain clients excepted by agreement of the parties and the Court Master)

Riverview Psychiatric Center Discharge Detail to amplify data presented in standard 21:
Discharge Detail:

40 Patients discharged in quarter
22 discharged at 7 days (55.0%)
5 discharged 8-30 days (12.5%)
7 discharged 31-45 days (17.5%)
6 discharged post 45 days (15.0%)

Mental Health Treatment Services impeded discharge for 1 patient post clinical readiness for discharge (2.5%)
1 patient discharged greater than 45 days post clinical readiness for discharge.

Standard 21
Meas. Method 5. MaineCare data demonstrates by mental health service category that class members

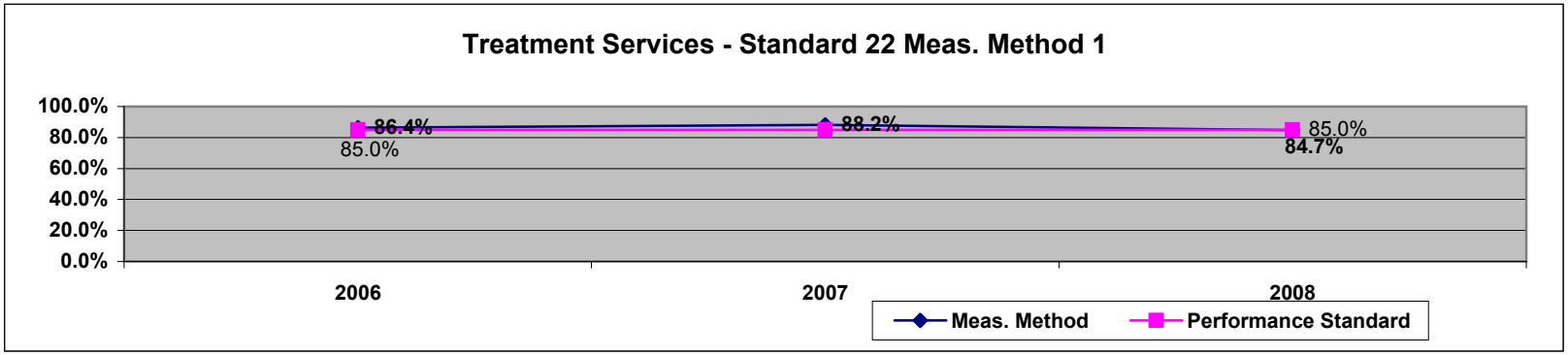
use an array of mental health treatment services.

Performance Standard *No Numerical Standard Necessry*

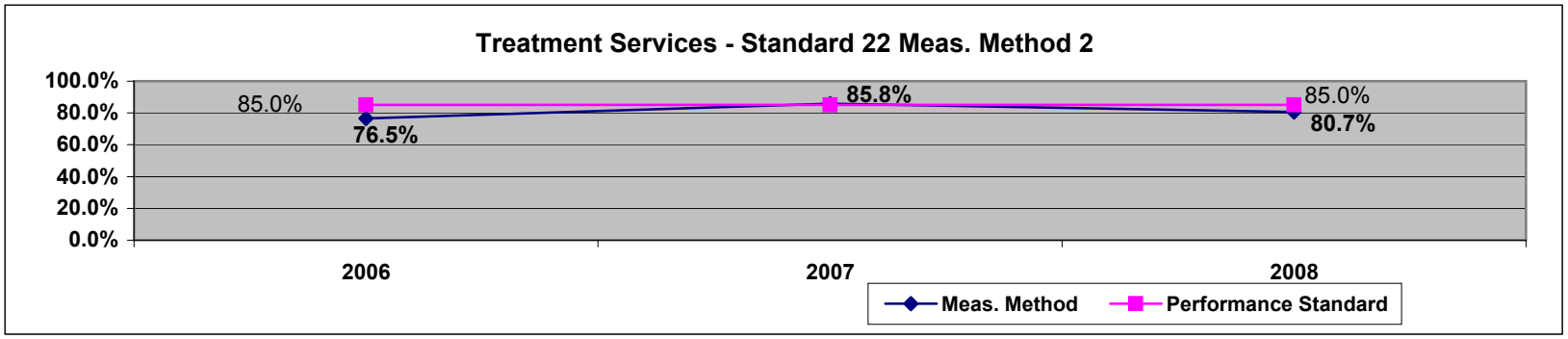
MaineCare Data FY 2008			
Mental Health Treatment Services Received	**Total Number**	**Total Number of Class Members***	**Percent of Class Members**
Assertive Community Treatment	911	301	32.8%
Community Integration	9,677	1,202	12.2%
Crisis Services	5,092	610	12.0%
Day Treatment	635	126	19.8%
Intensive Case Management	97	64	66.0%
Intensive Comm. Integration	1,028	159	15.5%
Medication Management	13,498	1,088	8.1%
Outpatient	18,955	631	3.3%
Residential	793	370	46.7%
Skills Development	586	145	24.7%
Total Unduplicated Count	**29,200**	**3,277**	**11.2%**

* All class members living in Maine

Community Resources and Treatment Services
Treatment Services



Paragraph 103	**Standard 22:**	**Class members are satisfied with access and quality of MH treatment services received.**
	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	*84.7%* 2008 Class Member Survey (N=555)
	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	*80.7%* 2008 Class Member Survey (N=555)
Performance Standard	*85.0%*

December 2008: Errors found in 2007 and 2008 calculations and percentages revised.

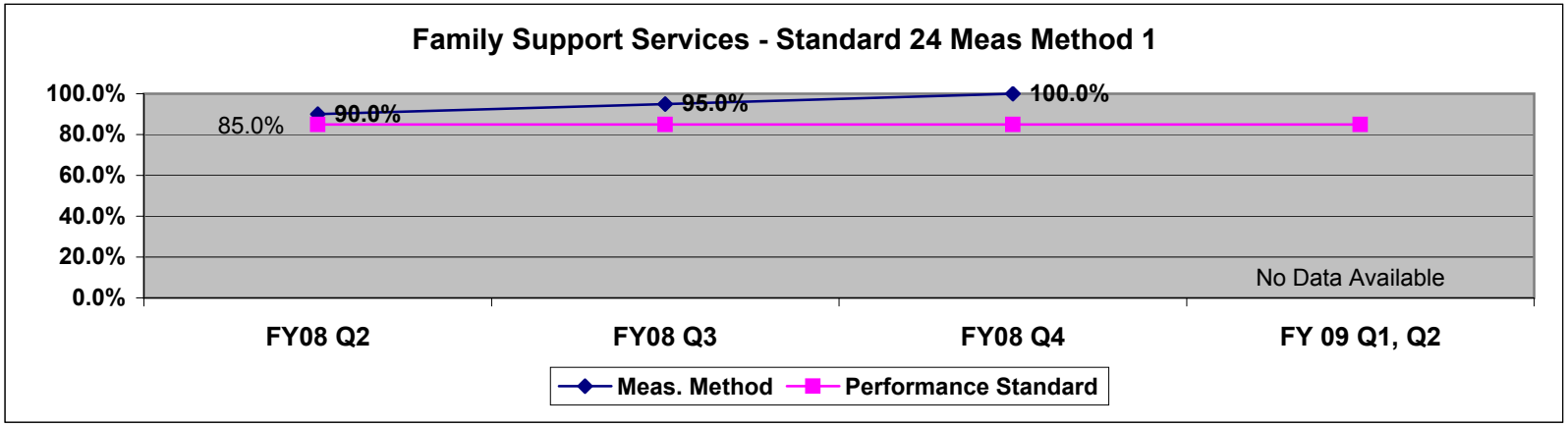
Community Resources and Treatment Services
Family Support Services

Graph Not Available for Standard 23

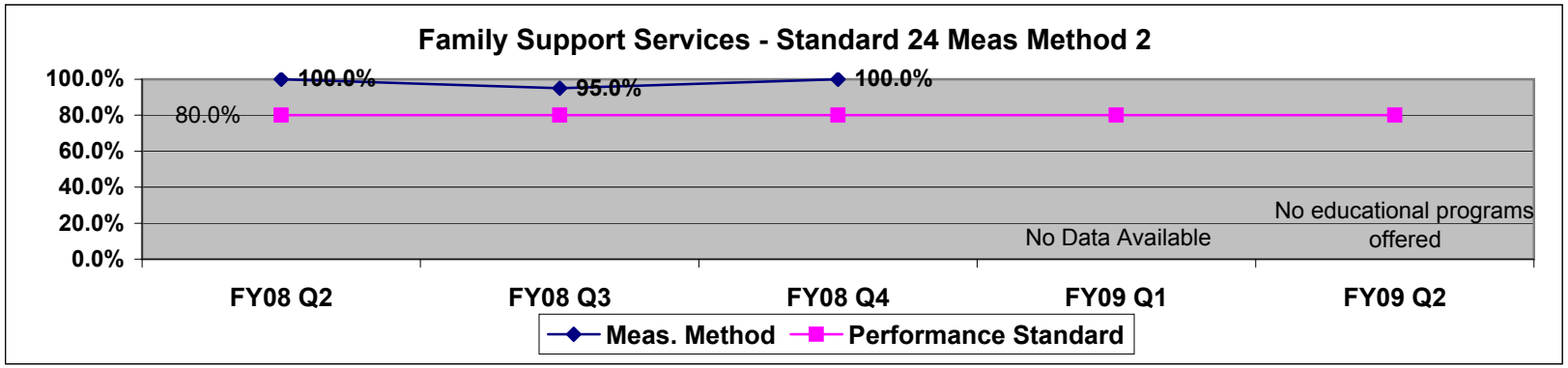
Paragraph		
	Standard 23:	**Demonstrate provision of an array of family support services as per Settlement Agreement**
109	***Meas. Method 1.***	Number of education programs developed and delivered meeting Settlement Agreement requirements
	Baseline	*7, Family To Family Programs offered at 7 separate locations through NAMI statewide in FY 2006*
	Current Level	*0 Family To Family classes: Q2 FY 09*
	Performance Standard	*No standard necessary*
	Meas. Method 2.	Number and distribution of family support services provided
	Baseline	*13 services offered at 13 Locations through NAMI statewide in FY 2006*
	Current Level	*20 Family Support Groups, 15 sites:Q2 FY 09*
	Performance Standard	*No standard necessary*

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

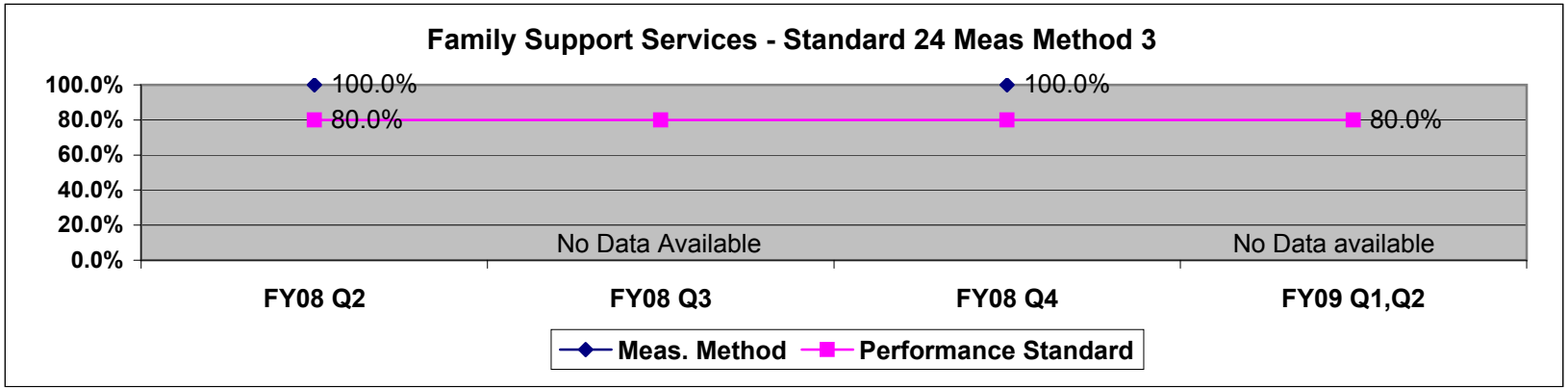


Paragraph			
	Standard 24:	**Consumer/family satisfaction with family support and information and referral services.**	
109	**Meas. Method 1.**	Percentage of support group and group counseling participants reporting satisfaction with services.	
	Baseline	*98.7%*	Performance Indicator Data, 2nd QTR FY'O6 - Information and Referral Services-NAMI
	Current Level		No data reported by NAMI for FY 09 Q1, Q2. Data now reported by NAMI annually
	Performance Standard	*85.0%*	



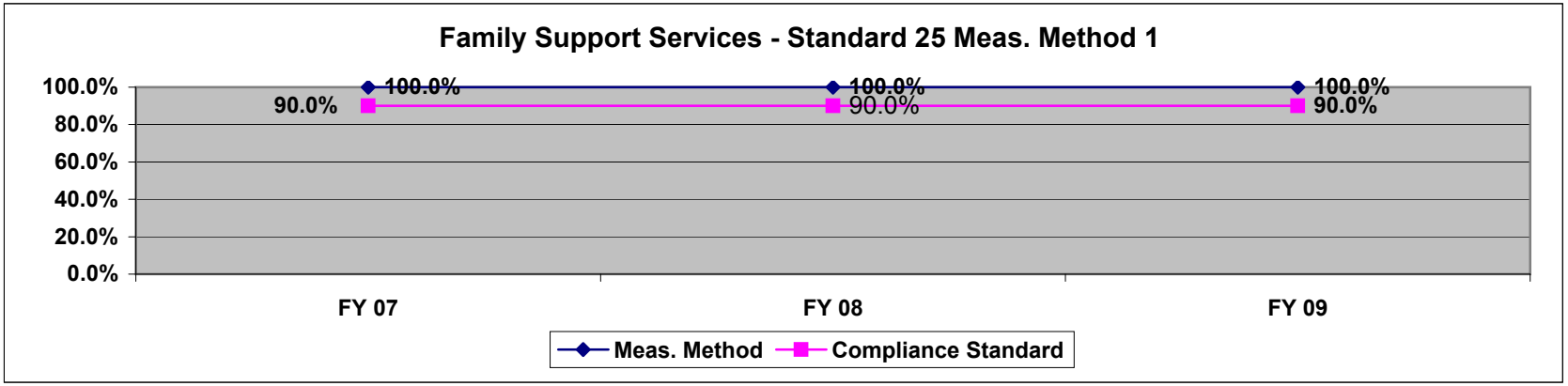
Meas. Method 2.	Percentage of program participants reporting satisfaction with education programs.	
Baseline	*100.0%*	NAMI Satisfaction Instrument, FY 2006
Current Level		No educational programs offered
Performance Standard	*80.0%*	

Community Resources and Treatment Services
Family Support Services



Meas. Method 3.	Percentage of family participants reporting satisfaction with respite services.	
Baseline	*100.0%*	NAMI Satisfaction Instrument, FY 2007
Current Level		No data reported by NAMI for FY 09 Q1, Q2. Data now reported by NAMI annually
Performance Standard	80%	

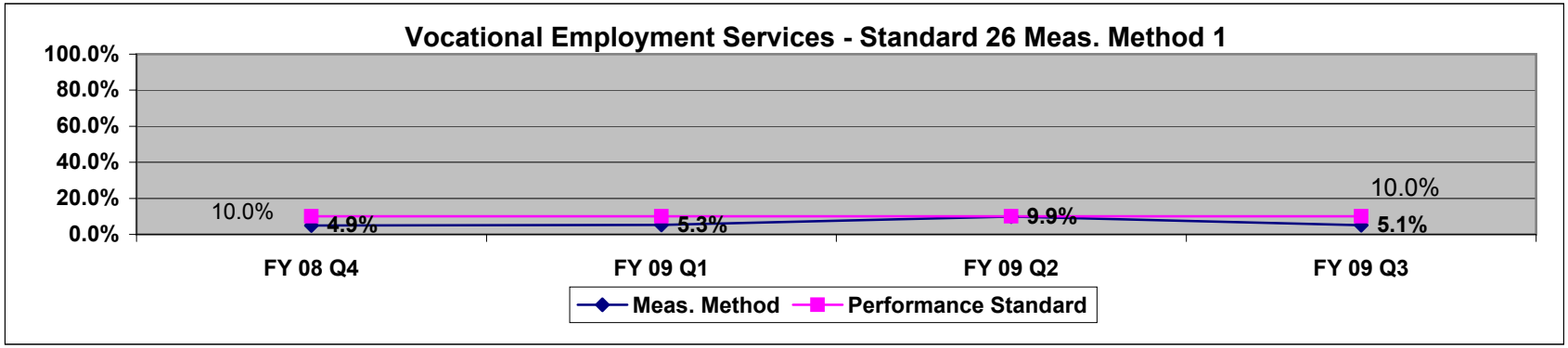
Community Resources and Treatment Services-Standard 25
Family Support Services



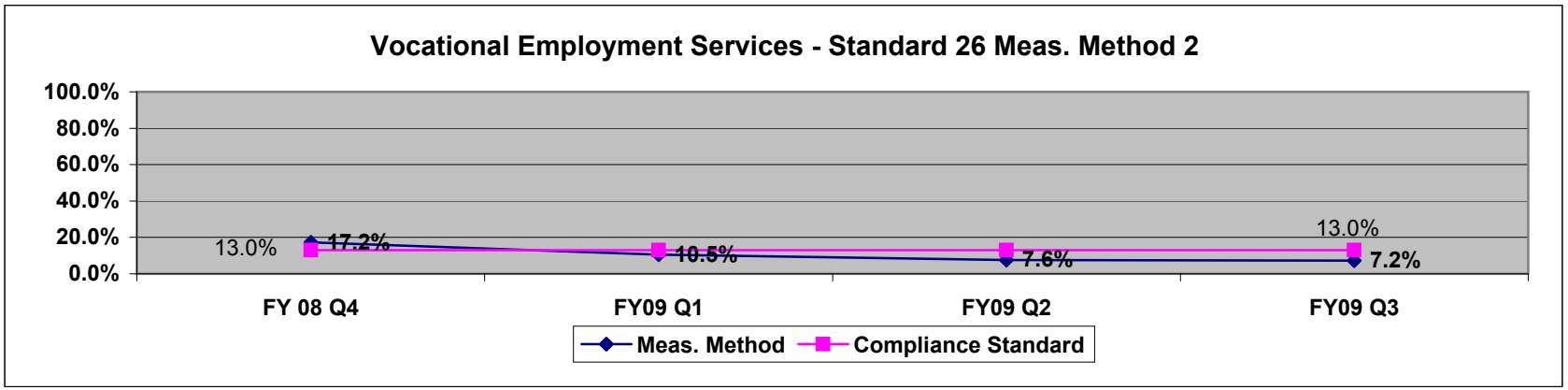
Paragraph			
	Standard 25:	**Agencies are referring family members to family support groups**	
110	**Meas. Method 1.**	Agency contracts reviewed with documented evidence of referral mechanism to family support services.	
	Baseline	*100.0%*	February & March 2007 Contract Reviews
	Current Level	*100.0%*	February & March 2009 New Contract Reviews
	Performance Standard	90.0%	
	Compliance Standard	90.0%	
	Meas. Method 2.	Families receiving referrals for family support services reporting satisfaction with referral process.	
	Baseline	*To be established*	
	Current Level	No data reported by NAMI to date	
	Performance Standard	85.0%	

Requirement to collect this data has been added to NAMI's FY 09 contract.

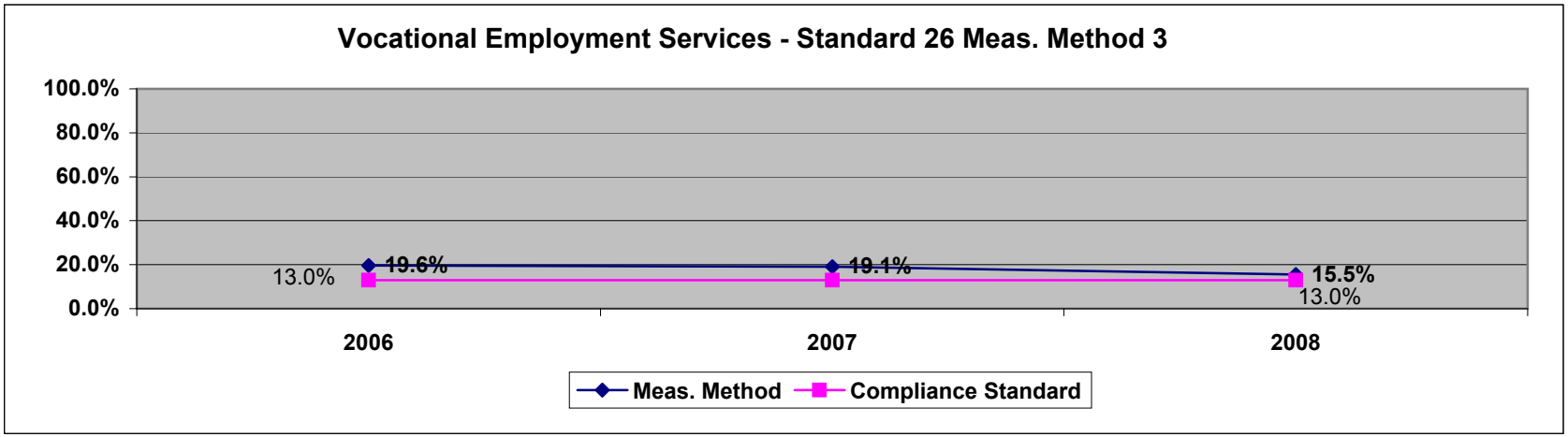
Community Resources and Treatment Services
Vocational Employment Services



Paragraph	**Standard 26:**	**Reasonable efforts to provide array of vocational opportunities to meet ISP identified needs.**		
101	**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	*5.1%*	(42 out of 830)	FY09 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 758)	FY 07 Q3 ISP RDS
Current Level	*7.2%*	(48 out of 666)	FY09 Q3 ISP RDS Data
Performance Standard	*15.0%*	or more	
Compliance Standard	13.0%	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	*15.5%*	2008 Class Member Survey (N=83 of 534 who responded to this question)
Performance Standard	*20.0%*	in either competitive or supported employment
Compliance Standard	13.0%	or Baseline: See explanation below.

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

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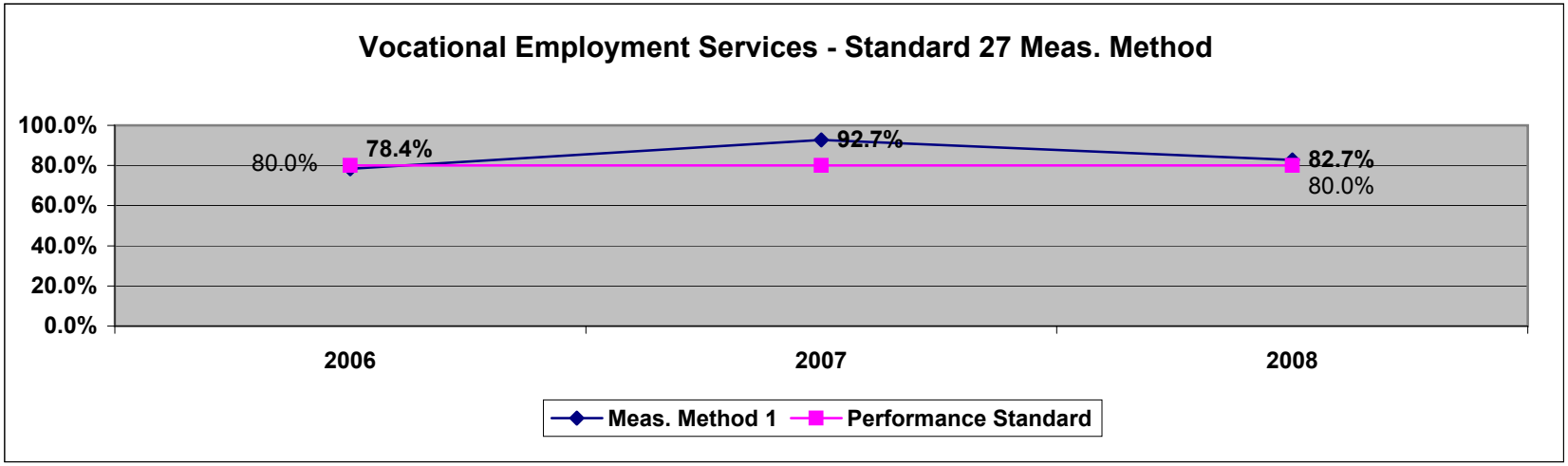
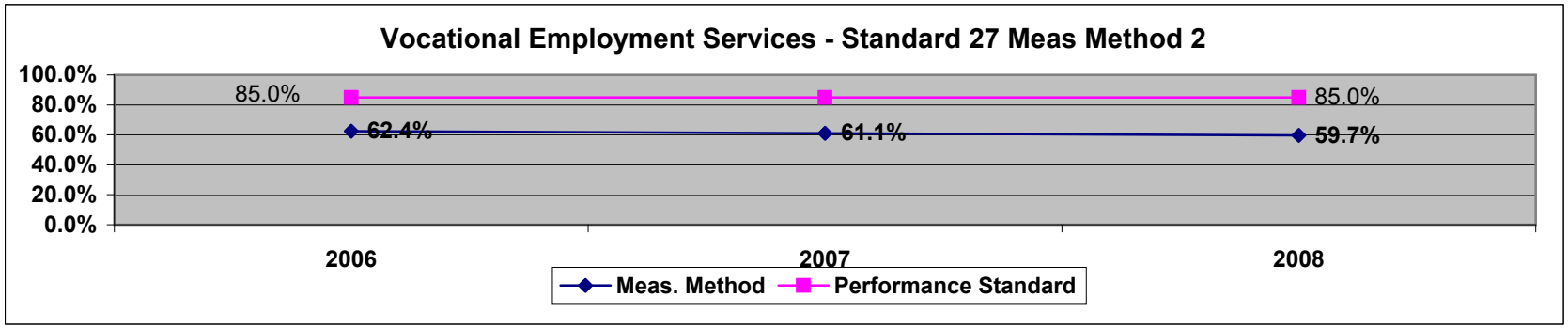
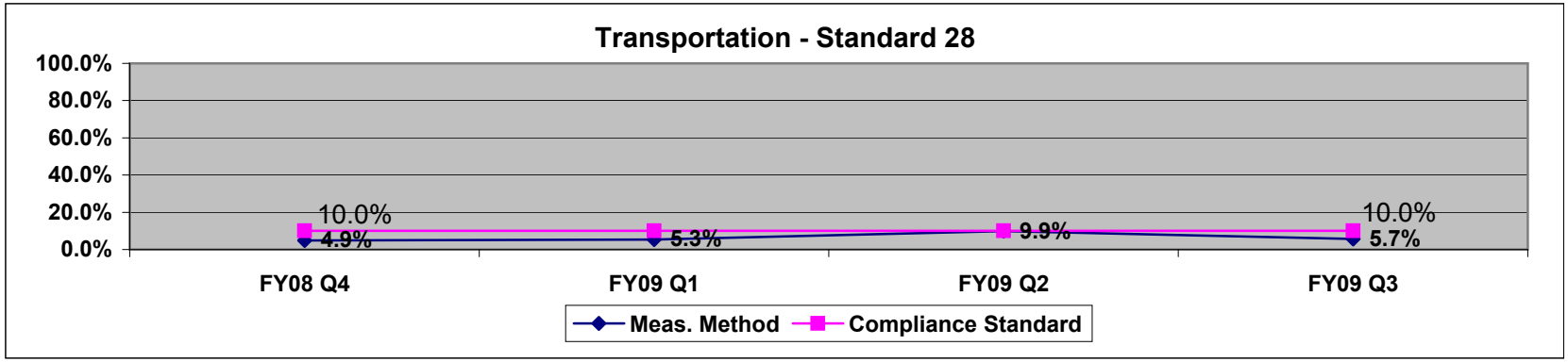


Paragraph			
	Standard 27:	**Satisfaction with employment and with vocational support services**	
101	**Meas. Method 1.**	Annual Class Member Survey Q20, Class members who report satisfaction with their employment.	
	Baseline	*78.4%*	2004 Class Member Survey (N=538)
	Current Level	*82.7%*	2008 Class Member Survey (N=37 out of 81 employed who responded to this question)
	Performance Standard	*80.0%*	



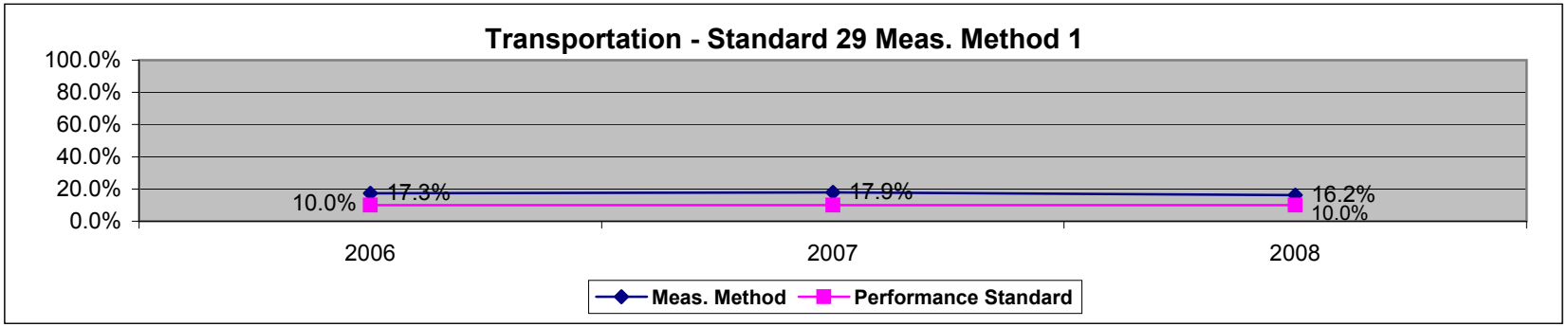
Meas. Method 2.	Annual Class Member Survey, Q23, Class members reporting that vocational supports were available when needed.	
Baseline	*62.4%*	2006 Class Member Survey. (N=507)
Current Level	*59.7%*	2008 Class Member Survey (N=555)
Performance Standard	*85.0%*	

Community Resources and Treatment Services-Standard 28
Transportation

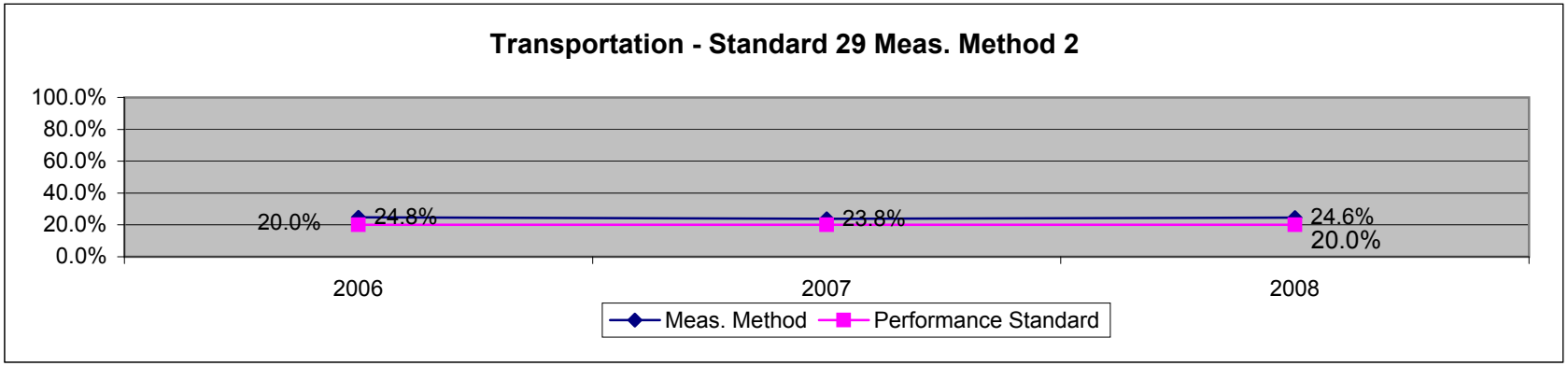


Paragraph	Standard 28:	**Reasonable efforts to identify and resolve transportation problems that may limit access to services**		
107	**Meas. Method 1.**	Percentage of class members with ISP identified unmet transportation needs.		
	Baseline	*1.3%*	(4 out of 305)	FY06 Q4 ISP RDS Data
	Current Level	*5.7%*	(47 out of 830)	FY09 Q3 ISP RDS Data
	Performance Standard	*10.0%*	or fewer	
	Compliance Standard	*10.0%*	or fewer (3 out of 4 quarters)	

Community Resources and Treatment Services
Transportation



Paragraph			
107	**Standard 29:**	**Satisfaction with availability of transportation services**	
	Meas. Method 1.	Annual Class Member Survey Q6, percent reporting difficulty getting to medical/MH appointments due to lack of transportation.	
	Baseline	*19.9%*	2004 Class Member Survey (N=538)
	Current Level	*16.2%*	2008 Class Member Survey (N=555)
	Performance Standard	*10.0%*	or fewer



Meas. Method 2.	Annual Class Member Survey Q8, percent reporting difficulty participating in recreation or social activities due to lack of transportation.	
Baseline	*27.3%*	2004 Class Member Survey (N=538)
Current Level	*24.6%*	2008 Class Member Survey (N=555)
Performance Standard	*20.0%*	or fewer

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

Paragraph				
	Standard 30:	**Demonstrate the department has sponsored programs for leisure skills and avocational skills.**		
105	**Meas. Method 1.***	Number of social clubs/peer centers and participants by region.		
	Baseline	1907	Unduplicated participants per 28,210 visits per quarter.	Avg of FY O4 Performance Indicators
	Current Level		No FY09 Q3 data available	
	Performance Standard	*Qualitative evaluation; no numerical standard required.*		
	Meas. Method 2.	Number of other peer support programs and participation.		
	Baseline	26	Peer Support programs statewide.	2007 Office of Consumer Affairs Data.
	Current Level	28	Peer Support programs statewide.	2009 Office of Consumer Affairs Data.
	Performance Standard	*Qualitative evaluation; no numerical standar .*		

Peer Support Groups funded by DHHS 2008:

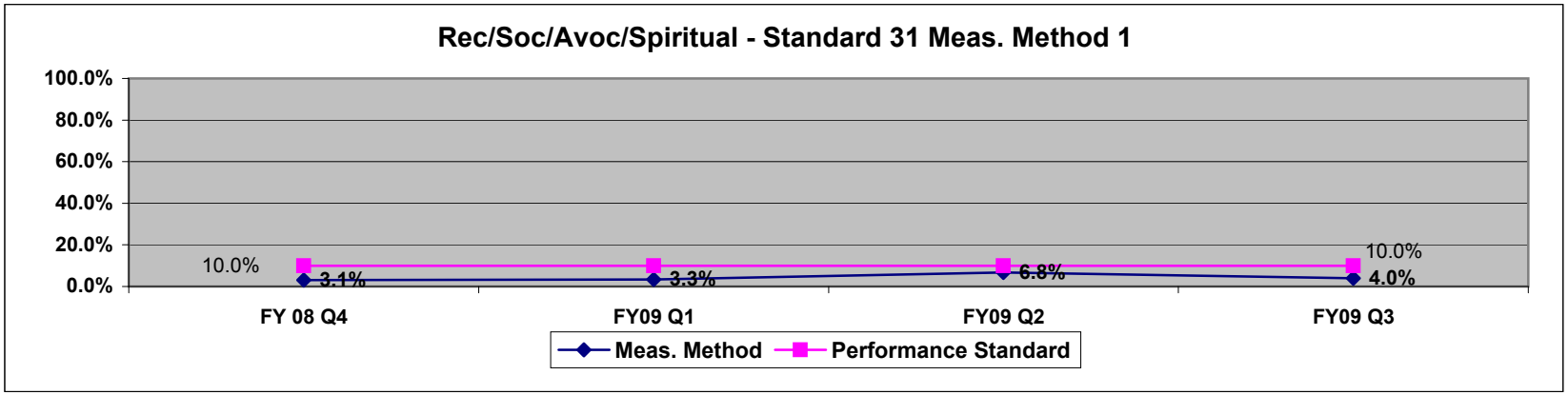
Peer Centers and Social Clubs: Amistad--Portland, Beacon House--Rumford
Center for Life Enrichment -- Kittery, Common Connections--Saco, Friends Together --Jay
Harmony Support Center--Sanford, Harvest Social Club -- Caribou, LINC -- Augusta,
100 Pine Street -- Lewiston, Sweetser Peer Center -- Brunswick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

Statewide -- Advocacy Initiative Network
Community Connections: Community based recreational opportunities and leisure planning

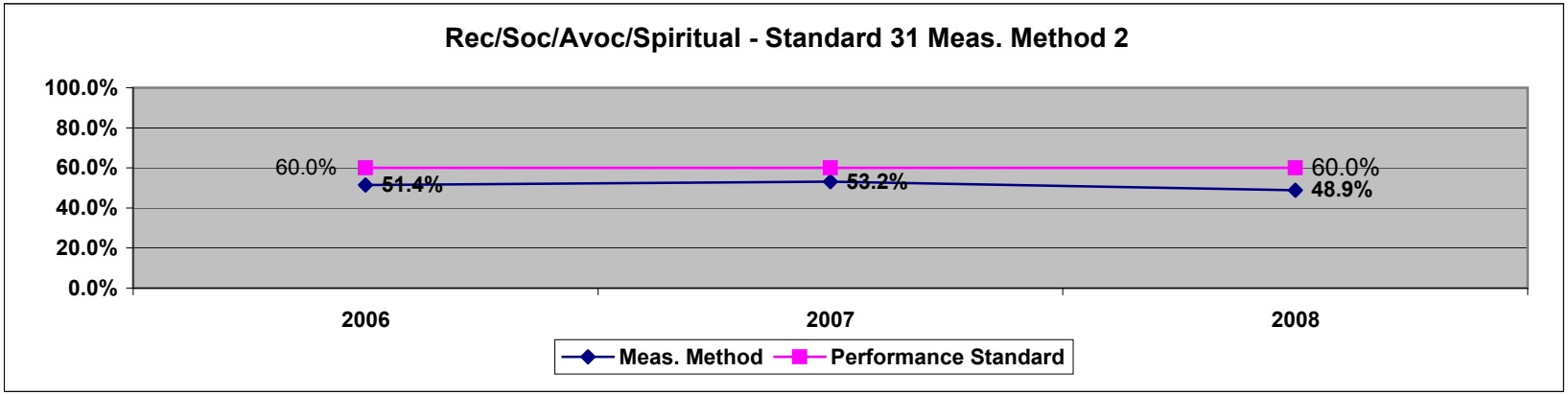
NAMI Support Groups Primarily Attended by consumers: Augusta, Bangor, Belfast, Portland, Machias, Milbridge, Newcastle, Pembroke, Saco, Rockland, Wells.

*The quarterly reporting forms for social clubs and peer programs have been revised to give better information about the activities and programs that happen in peer support programs. It is anticipated that there will be an adjustment period as we switch forms and the data will become more meaningful after a couple of cycles with the new form.

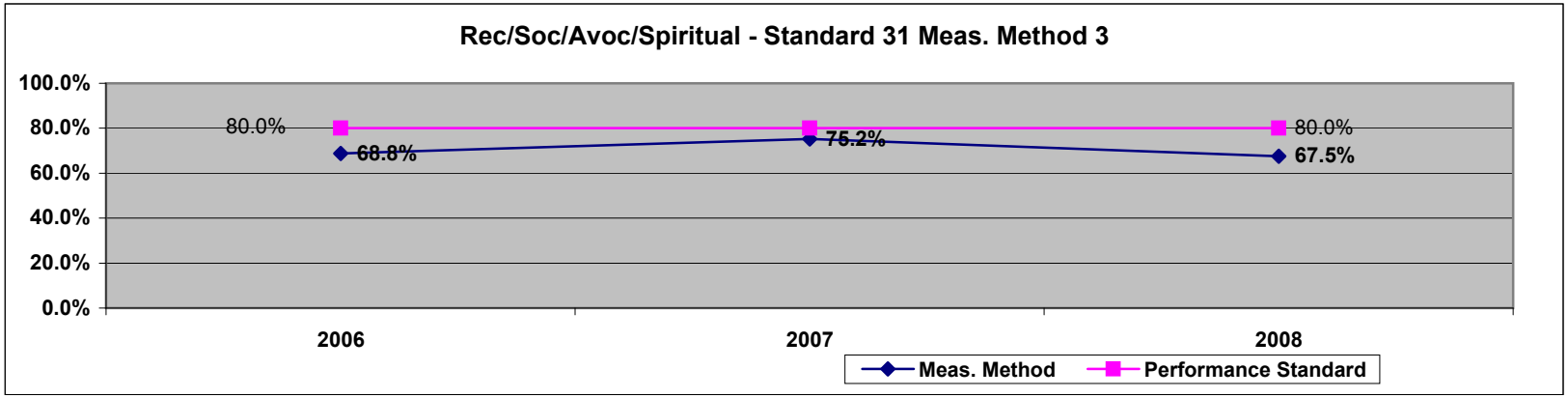
Community Resources and Treatment Services
Recreation/Social/Avocational/Spiritual Opportunities



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	*4.0%*	(33 out of 830)	FY09 Q3 ISP RDS Data
	Performance Standard	*10.0%*	*or fewer*	

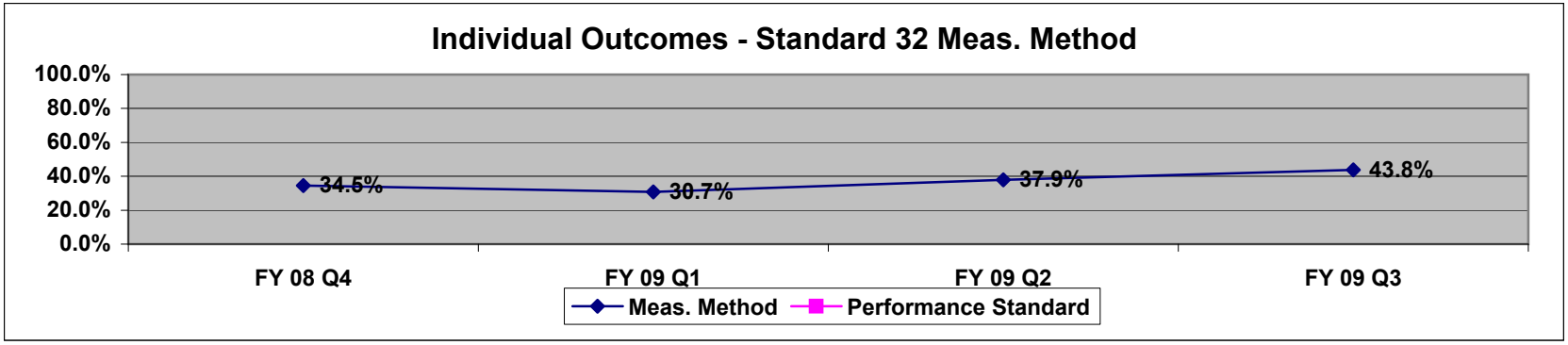


Meas. Method 2.	Annual Class Member Survey, Q7, % reporting regular participation in rec/soc, avocational and spiritual areas.	
Baseline	*44.2%*	2004 Class Member Survey (N=538)
Current	*48.9%*	2008 Class Member Survey (N=555)
Performance Standard	*60.0%*	

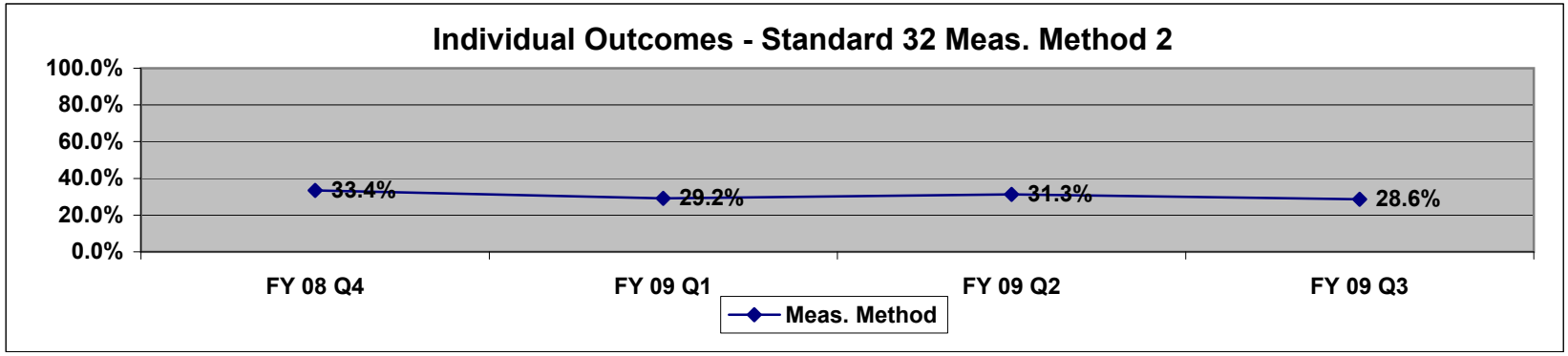


Meas. Method 3.	Annual Class Member Survey, Q9, % reporting satisfaction with recreational and social opportunities available.	
Baseline	62.2%	2004 Class Member Survey (N=538)
Current Level	67.5%	2008 Class Member Survey (N=555)
Performance Standard	80.0%	

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

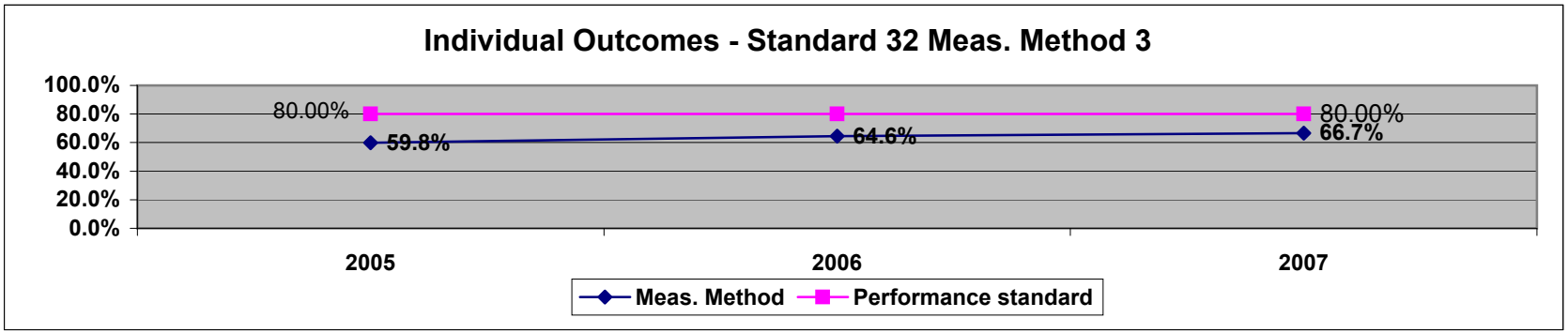


Standard 32:	**Demonstrate functional improvements in the lives of class members receiving services**
Meas. Method 1.	Class Members demonstrating functional improvement on LOCUS between baseline and 12 month re-certification
Baseline	*41.0%* (610/1488) Enrollment data 7/1/04 - 1/6/06 (Based on overall composite score.)
Current Level	*43.8%* (95 out of 217) Enrollment data FY09 Q3 (Based on overall composite score.)
Performance Standard	*Standard to be established.*



Meas. Method 2.	Class Members 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	*28.6%* (62 out of 217) Enrollment data FY09 Q3 (Based on overall composite score.)
Performance Standard	*Standard to be established.*

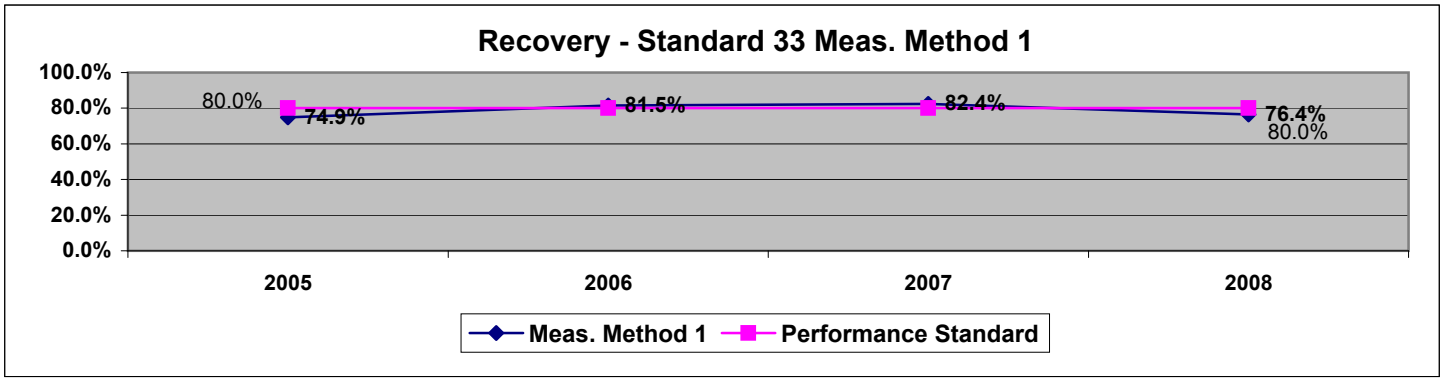
System Outcomes: Supporting the Recovery of Adults with Mental Illness
Recovery



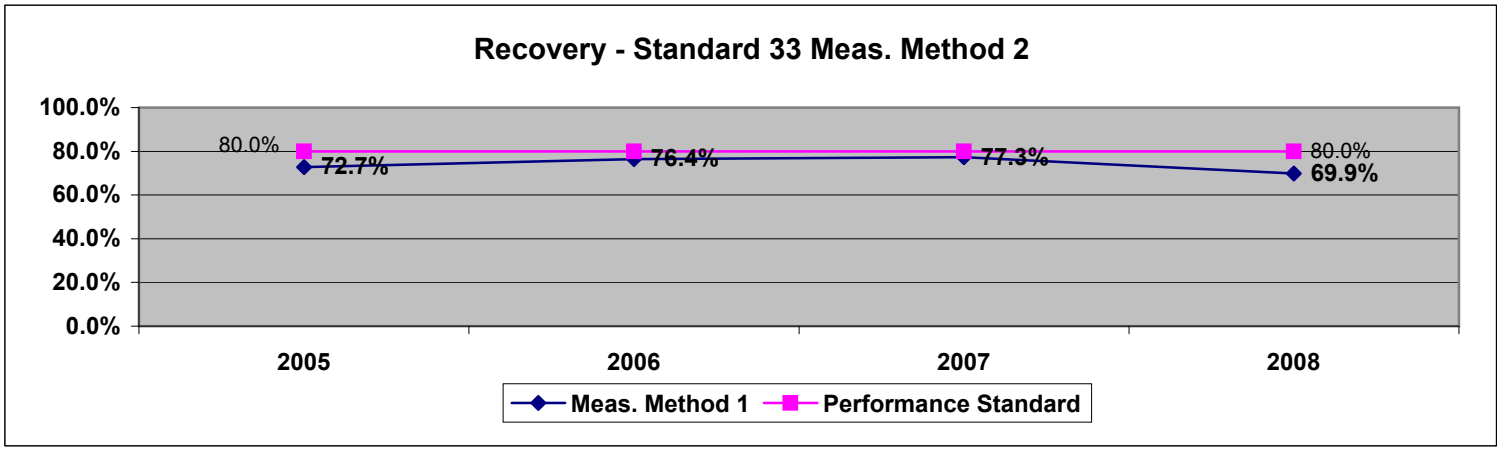
Meas. Method 3.	*Consumers reporting positively on functional outcomes on Data Infrastructure Survey outcome items.*
Baseline	*78.0%* 2003 Data Infrastructure Survey (N=748)
Current Level	See note below
Performance Standard	*80.0%*

2008 ***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 <u>during the past 30 days</u> ". 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. The Office of Quality Improvement will be doing further analysis of the data looking at differences between the two years of respondents.***

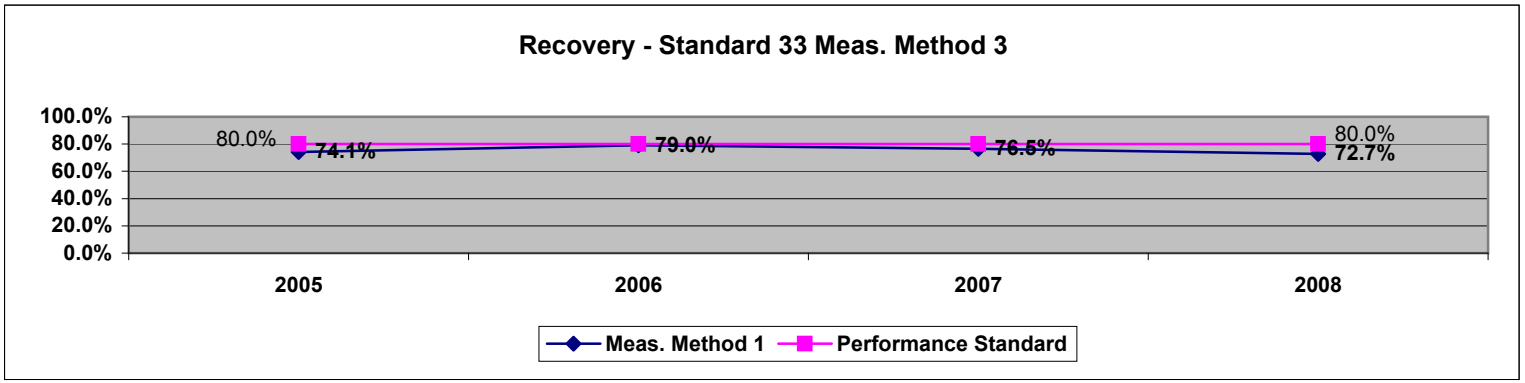
System Outcomes: Supporting the Recovery of Adults with Mental Illness
Recovery



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	*76.4%*	2008 Data Infrastructure Survey-Q20	(N=1346)
Performance Standard	*80.0%*		

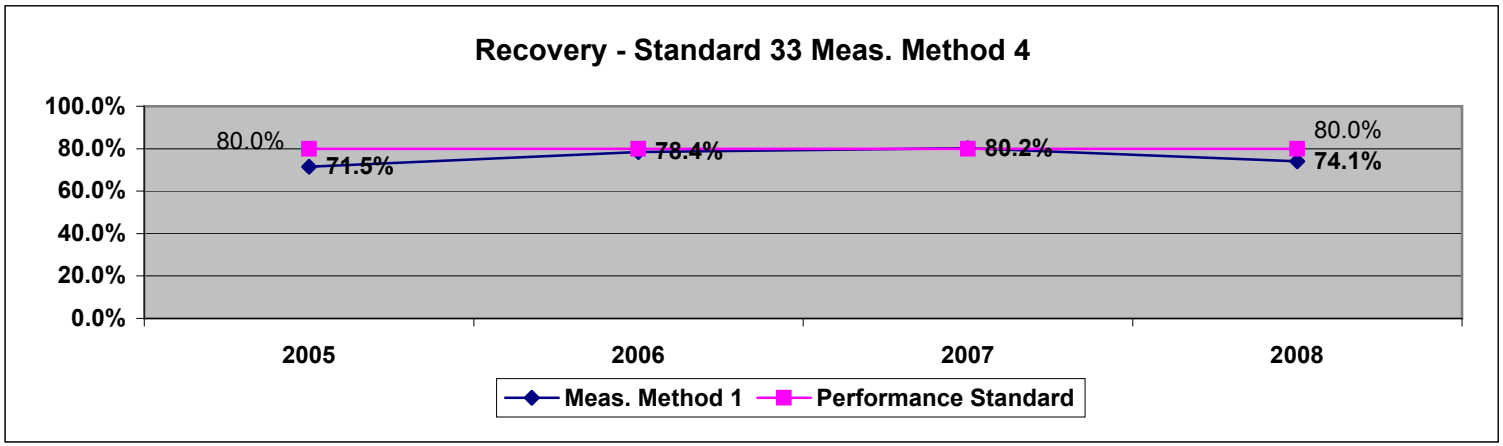


Meas. Method 2.	Consumers reporting that agency staff believe that they can grow, change and recover. Q13		
Baseline	*83.5%*	2003 Data Infrastructure Survey-Q11	(N=748)
Current Level	*69.9%*	2008 Data Infrastructure Survey - Q13	(N=1311)
Performance Standard	*80.0%*		



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	*72.7%*	2008 Data Infrastructure Survey-Q27	(N=1369)
Performance Standard	*80.0%*		

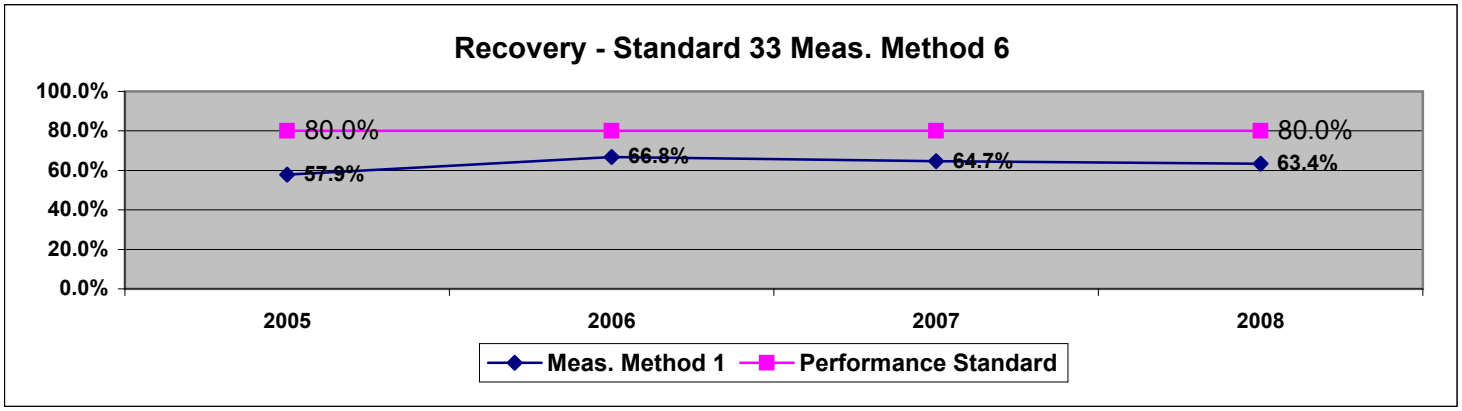


Meas. Method 4. Consumers reporting that providers offered opportunities to learn skills to strengthen and maintain wellness.

Baseline	*70.9%*	2003 Data Infrastructure Survey-Q23	(N=748)
Current Level	*74.1%*	2008 Data Infrastructure Survey-Q28	(N=1368)
Performance Standard	*80.0%*		

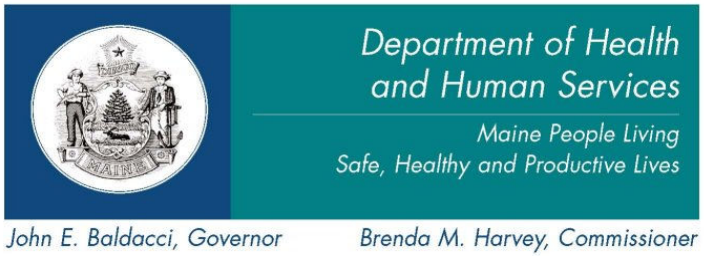
Meas. Method 5. Consumers reporting that service providers stressed natural supports and friendships.

Baseline	*70.9%*	2003 Data Infrastructure Survey-Q24	(N=748)
Current Level		*Question eliminated with 2007 Data Infrastructure Grant Survey.*	
Performance Standard	*80.0%*		



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	*63.4%*	2008 Data Infrastructure Survey-Q29	(N=1368)
Performance Standard	*80.0%*		

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

Paragraph		
	Standard 34:	**Provision of a variety of public education programs on mental health and illness topics.**
252	**Meas. Method 1.**	# of mental health workshops, forums, and presentations geared toward general public and level of participation.
	Baseline	*38* FY 06 Q4
	Current Level	*27* FY 09 Q3
	Performance Standard	*Qualitative evaluation required, no numerical standard necessary. See Attached List*
	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	*51 information packets and 116 articles* FY 09 Q3
	Performance Standard	*Qualitative evaluation required, no numerical standard necessary.*