Adult Mental Health Services
An Office of the
Department of Health and Human Services
John E. Baldacci, Governor Brenda M. Harvey, Commissioner

Consent Decree Performance and Quality Improvement Standards: April 2010

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 resource data summary (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.

Administrative aspects of the authorization process through APS Healthcare can affect when RDS data is entered by providers into the APS healthcare system. For example, when a provider needs to request more units of service, the requests are done out of sequence with the ISP. ISP data is then entered at the time of the next continuing stay review which may be 90 days in the future. MaineCare spend downs and 'courtesy reviews' can also impact when the ISP data is entered. For this reason and because RDS data is continuously being entered and updated, reporting one quarter behind (for example, reporting the 3rd quarter data in the 4th quarter report) is more accurate. With this quarterly report, all standards utilizing RDS/enrollment data, inclusive of unmet need data, is reported one quarter behind.

Reporting has been expanded to include, where pertinent, discussion of the data and recommendations.

Definitions:

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

Calendar and Fiscal Year Definitions:

CY: Calendar Year - January 1 - December 31.
FY: Fiscal Year - State Fiscal Year July 1 - June 30.

Compliance and Performance Standards: Summary Sheet
January - March 2010

Standard 1. Rights Dignity and Respect

Have providers treated you with dignity and respect?

Standard 2. Rights Dignity and Respect

Response to Level II Grievances within 5 days

Standard 3. Rights Dignity and Respect

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

Standard 4. Rights Dignity and Respect

1. Class Members informed about their rights.
1a. Class Members with CIW informed about their rights.
1b. Class Members with MaineCare informed about their rights.
2. Consumers given information about their rights

Standard 5. Timeliness of ISP and CI/CSS Assignment

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

Standard 7. CI/CSS/ Individualized Support Planning

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

Standard 8. CI/CSS Individualized Support Planning

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

Standard 9. ISP Service Agreements

ISPs that require Service Agreements that have current Service Agreements

Compliance and Performance Standards: Summary Sheet
January - March 2010

Standard 10. Case Load Ratios

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

Standard 11. CI/CSS Individualized Support Planning

Paragraph 74. Needs of Class Members not in Service

Standard 12. Housing & Residential Support Services

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

3 Lack of Residential Support impedes discharge within 30 days of determination.

4. Lack of Residential Support impedes discharge within 45 days of determination.

Standard 13. Housing & Residential Support Services

1. Class members reporting satisfaction with living situation
2. Class members reporting satisfaction with res/housing supports

Standard 14. Housing & Residential Support Services

1. Class members with unmet housing resource needs.
2. Class members who were homeless over 12 month period.
3. Class members reporting satisfaction with living arrangement.
4. Lack of housing impedes Riverview discharge within 7 days of determination of readiness for discharge
5. Lack of housing impedes Riverview discharge within 30 days of determination
6. Lack of housing impedes Riverview discharge within 45 days of determination

Standard 15. Housing & Residential Services

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

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

Inpatient admissions reasonably near community residence.

Compliance and Performance Standards: Summary Sheet
January - March 2010

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

1. Admission to community inpatient units with blue paper on file.
2. Blue paper was completed and in accordance with terms.

2a. Corrective action by UR Nurse when Blue paper not complete

3. Admissions in which 24 hour certification completed.

3a. Corrective action by UR Nurse when 24 hour certification not complete

4. Admission in which patients' rights were maintained

4a. Corrective action by UR Nurse when rights not maintained

5. Admissions for which medical necessity has been established.

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

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

Standard 19. Crisis intervention Services

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

Standard 20. Crisis Intervention Services

1 Class Members reporting they knew how to get help when it was needed.

2. Class Members reporting crisis services were available when needed.

Standard 21. Treatment Services

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

5.Class Members use an array of Mental Health Services

Standard 22. Treatment Services

1. Class members reporting they can get the support that they need.
2. Class members reporting satisfaction with MH supports/services.

Standard 23. Family Support Services

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

Compliance and Performance Standards: Summary Sheet
January - March 2010

Standard 24. Family Support Services

1. Counseling group participants reporting satisfaction with services
2. Program participants reporting satisfaction with education programs
3. Family participants reporting satisfaction with respite services in the community.

Standard 25. Family Support Services

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

Standard 26. Vocational Employment Services

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

Standard 27. Vocational Employment Services

1. Class members reporting satisfaction with employment
2. Class members reporting vocational supports available when needed.

Standard 28. Transportation

Class Members with ISPs - Unmet transportation needs.

Standard 29. Transportation

1. Class members due to lack of transportation, reporting difficulty getting to metal health or medical appointments
2. Class members due to lack of transportation, reporting difficulty participating in social/recreational activities

Standard 30. Rec/Soc/Avocational/Spiritual Opportunities

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

Standard 31. Rec/Soc/Avoc/Spirtual

1. ISP identified class member unmet needs in recreational/social/avocational/spiritual areas
2. Class members reporting regular participation in recreational/social/avocational/spiritual activities
3. Class members reporting satisfaction with recreational/social/avocational/spiritual oppurtunities.

Standard 32. Individual Outcomes

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

Compliance and Performance Standards: Summary Sheet
January - March 2010

Standard 33. Recovery

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

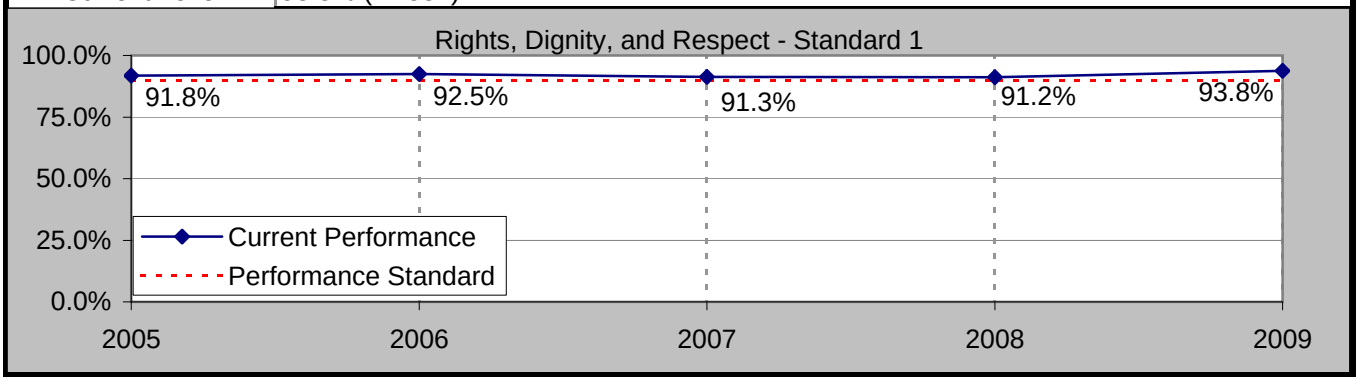
Standard 34. Public Education

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

Rights, Dignity, and Respect

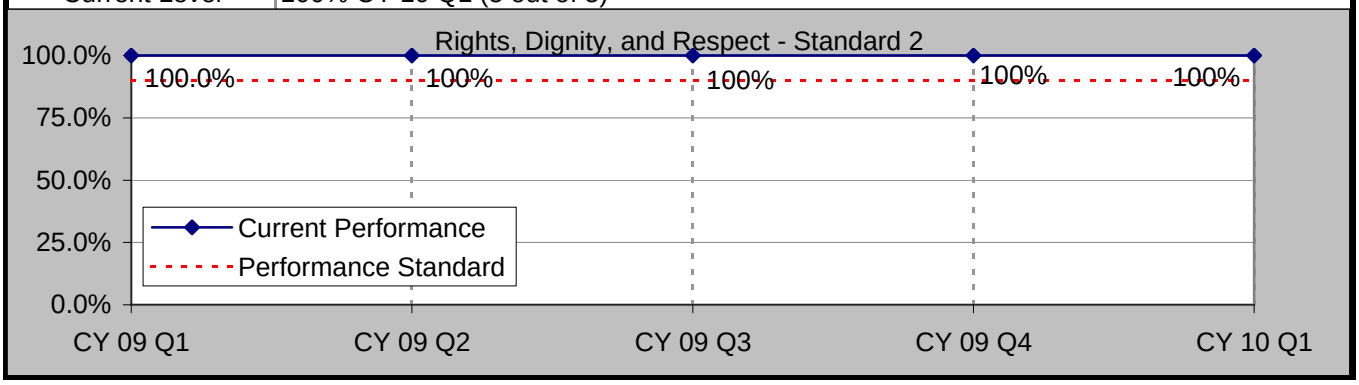
Standard 1 - Treated with respect for their individuality

Standard 1	
Measurement	% Yes to "Have Service providers treated you with courtesy and respect?"
Standard	Performance: 90% Yes
Data Source	Class Member Survey Q3
Current Level	93.8% (N=537)



Standard 2 - Grievances are addressed in a timely manner

Standard 2	
Measurement	Response to Level II Grievances within 5 days or agreed upon extension
Standard	Performance: 90% Within 5 days or during extension
Data Source	DHHS Grievance Tracking System
Current Level	100% CY 10 Q1 (5 out of 5)



Discussion:

Standard 1: Met since the 2004 class member survey

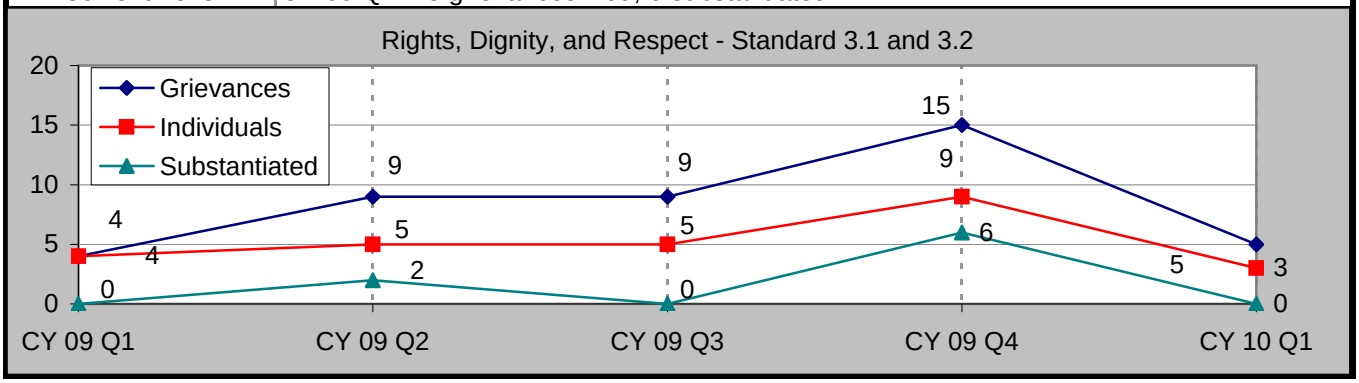
Standard 2: Met since calendar year 2006

Rights, Dignity, and Respect

Standard 3 - Demonstrate rights are respected and maintained

Standard 3.1	
Measurement	Number of Level II grievances filed and number unduplicated people
Standard	No numerical standards necessary, ongoing monitoring of grievance trends.
Data Source	DHHS Grievance Tracking System
Current Level	5 Grievances, 3 Unduplicated individuals

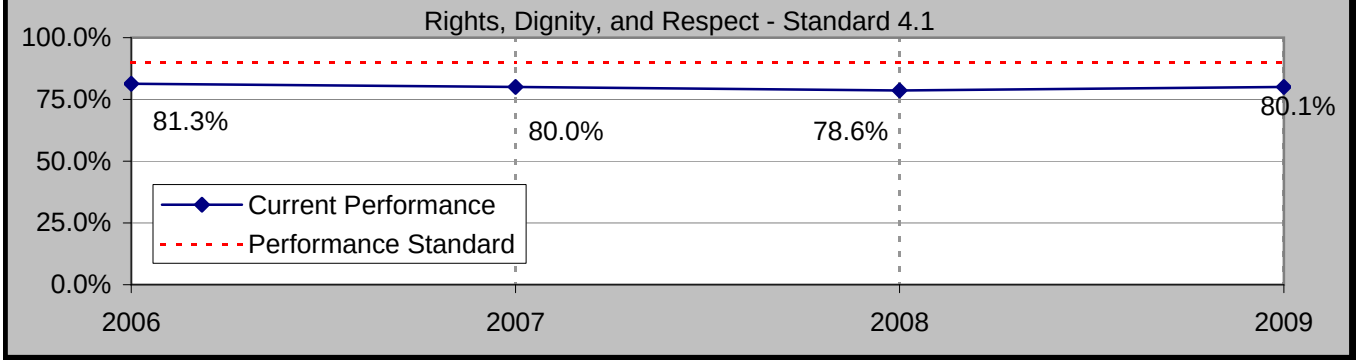
Standard 3.2	
Measurement	Number of Level II grievances filed where violation is substantiated
Standard	No numerical standards necessary, ongoing monitoring of grievance trends.
Data Source	DHHS Grievance Tracking System
Current Level	CY 09 Q4 15 grievances filed, 6 substantiated.



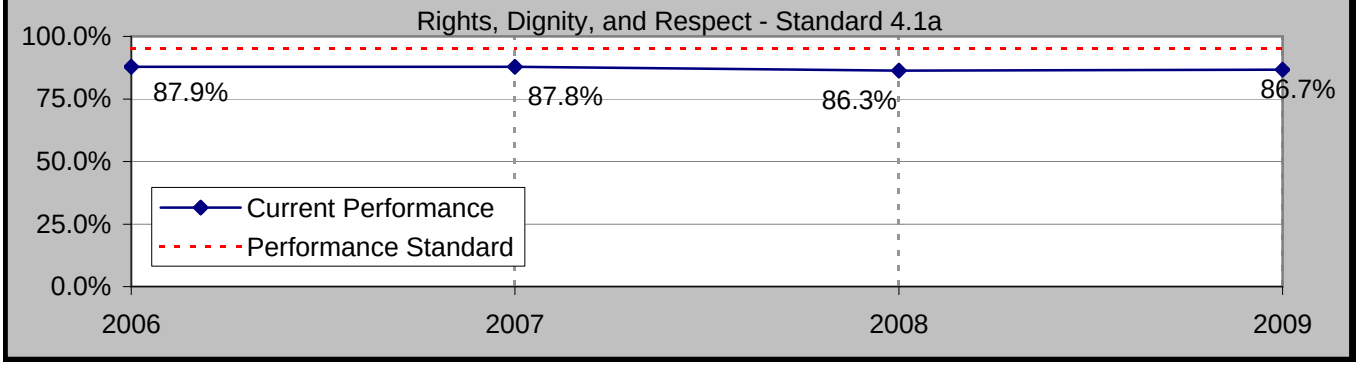
Rights, Dignity, and Respect

Standard 4 - Class Members are informed of their rights

Standard 4.1	
Measurement	Percent of class members informed about rights as a MH consumer in way they could understand.
Standard	Performance: 90%
	Compliance: See explanation after Standard 4 Measurement Method 2
Data Source	Class Member Survey Q30
Current Level	80.1% (N=537)

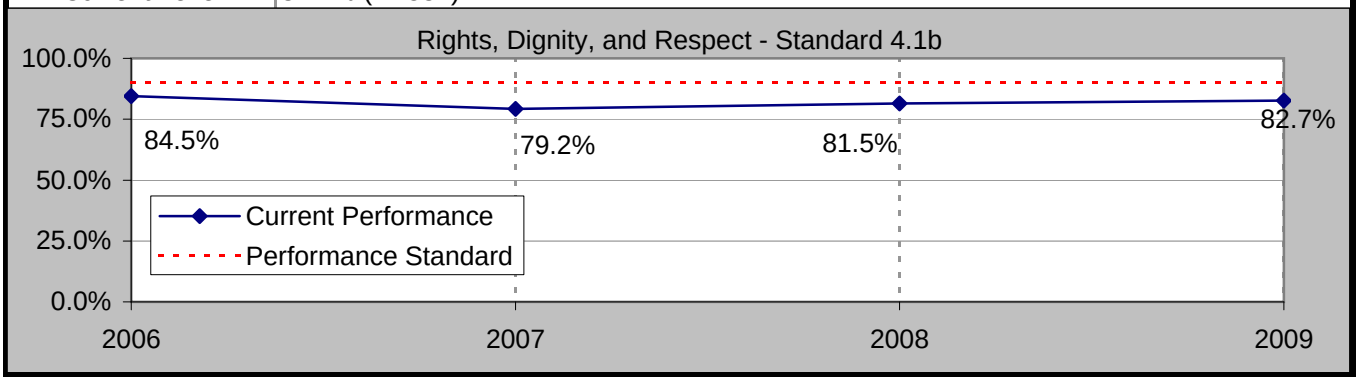


Standard 4.1a	
Measurement	Percent of class members who have a CIW reporting they were informed about their rights.
Standard	Performance: 95%
	Compliance: See explanation after Standard 4 Measurement Method 2
Data Source	Class Member Survey, Qs 26 & 30
Current Level	86.7% (N=537)

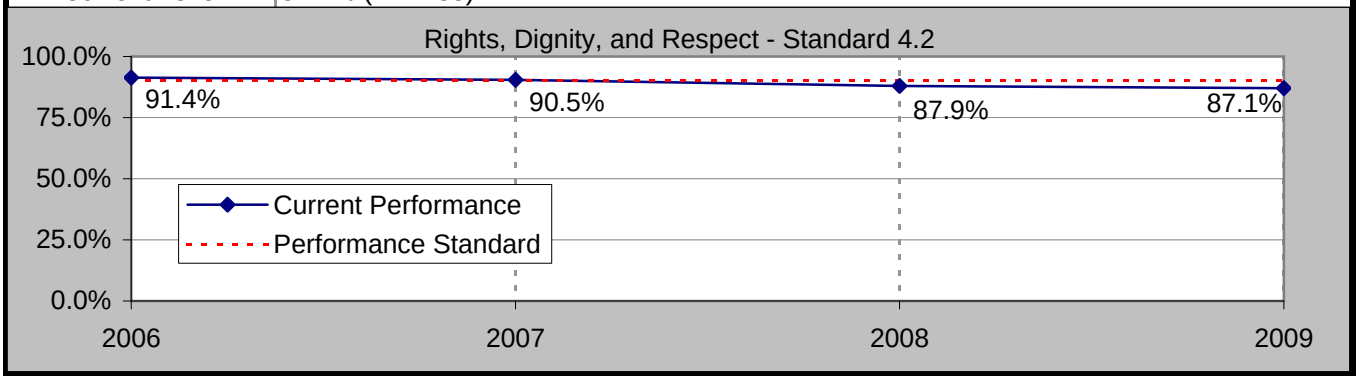


Rights, Dignity, and Respect

Standard 4.1b	
Measurement	Percent of class members who have MaineCare reporting they were informed about their rights.
Standard	Performance: 90%
	Compliance: See explanation after Standard 4 Measurement Method 2
Data Source	Class Member Survey, Qs 30 & 38
Current Level	82.7% (N=537)



Standard 4.2	
Measurement	Percent of consumers reporting they were given information about their rights.
Standard	Performance: 90%
	Compliance: See explanation below.
Data Source	Data Infrastructure Grant Survey, Q22
Current Level	87.1% (N=1283)



* Compliance standard for 4.1, 4.1a, 4.1b, and 4.2

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

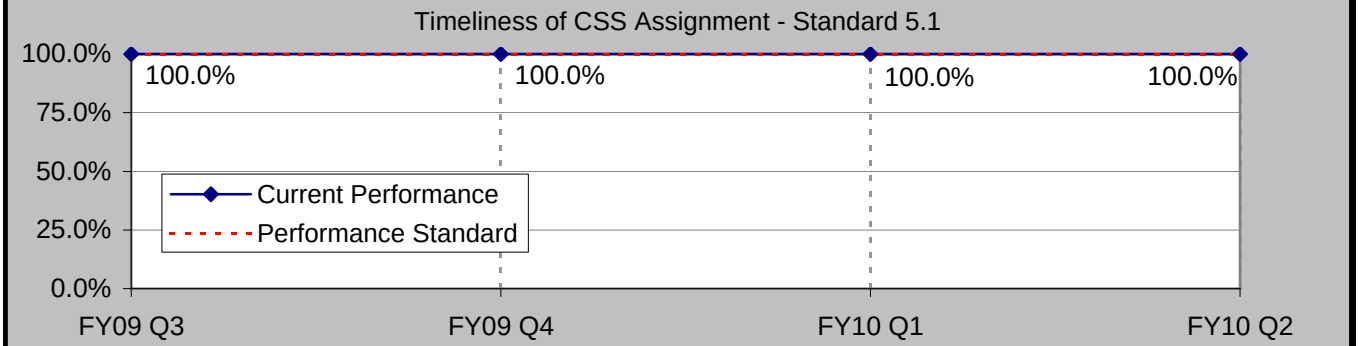
Discussion:

As results for 4.1, 4.1a, 4.1b and 4.2 fell below performance standard levels, results were shared with the statewide consumer council of the Consumer Council System of Maine (CCSM) in December 2009 and February 2010 with a request for feedback. No feedback received to date.

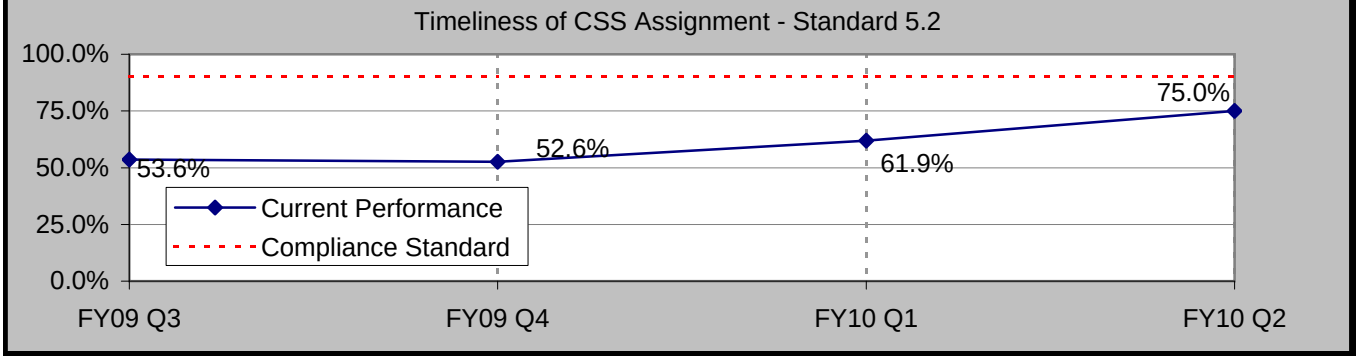
Community Integration / Community Support Services / Individualized Support Planning

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

Standard 5.1	
Measurement	Percentage of class members requesting a worker who were assigned one.
Standard	Performance: 100%
Data Source	ISP RDS Data
Current Level	100.0% (133 out of 133)

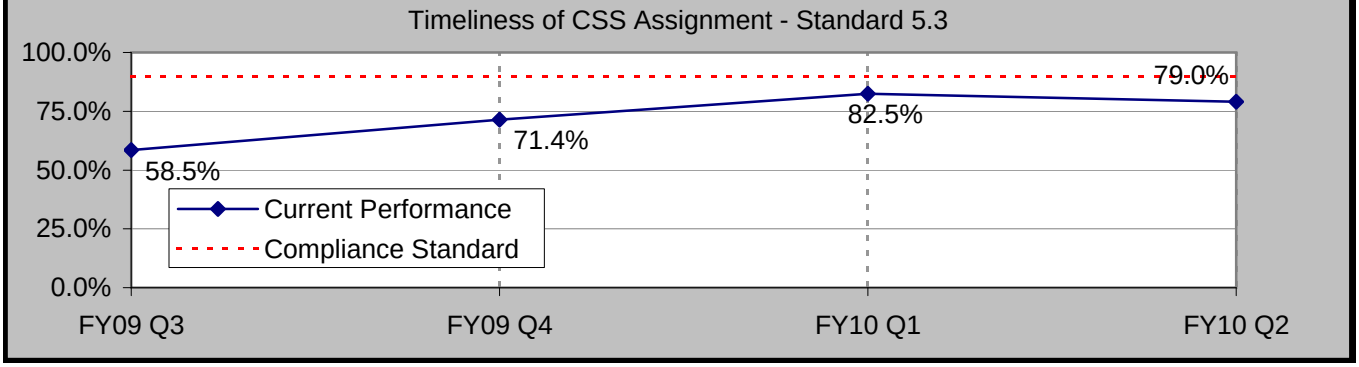


Standard 5.2	
Measurement	Percentage of hospitalized class members who were a assigned a worker within 2 working days.
Standard	Performance: 90%
	Compliance: 90% (3 out of 4 quarters)
Data Source	ISP RDS Data
Current Level	75.0% (21 out of 28)

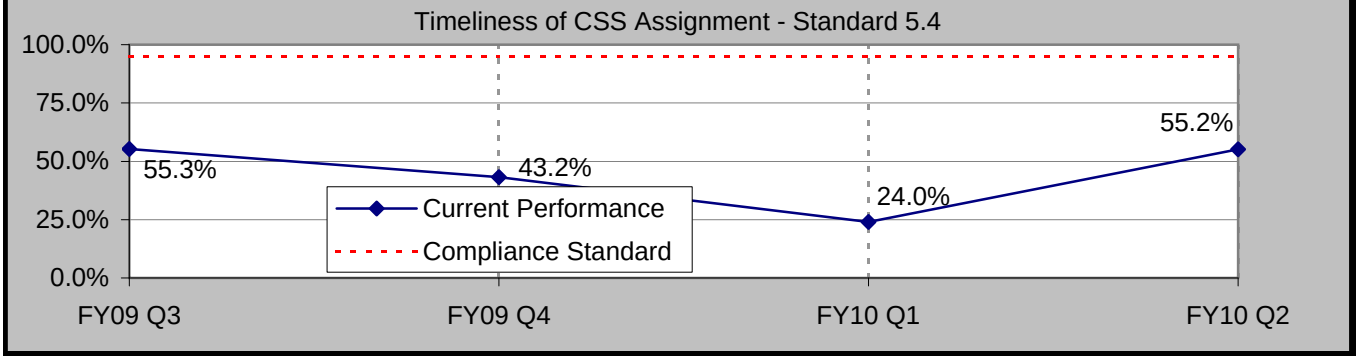


Community Integration / Community Support Services / Individualized Support Planning

Standard 5.3	
Measurement	Percent of non-hospitalized class members assigned a worker within 3 working days.
Standard	Performance: 90%
	Compliance: 90% (3 out of 4 quarters)
Data Source	ISP RDS Data
Current Level	79.0% (83 out of 105)



Standard 5.4	
Measurement	Percent of class members in hospital or community not assigned on time but were assigned within an additional 7 working days.
Standard	Performance: 100%
	Compliance: 95%
Data Source	ISP RDS Data
Current Level	55.2% (16 out of 29)

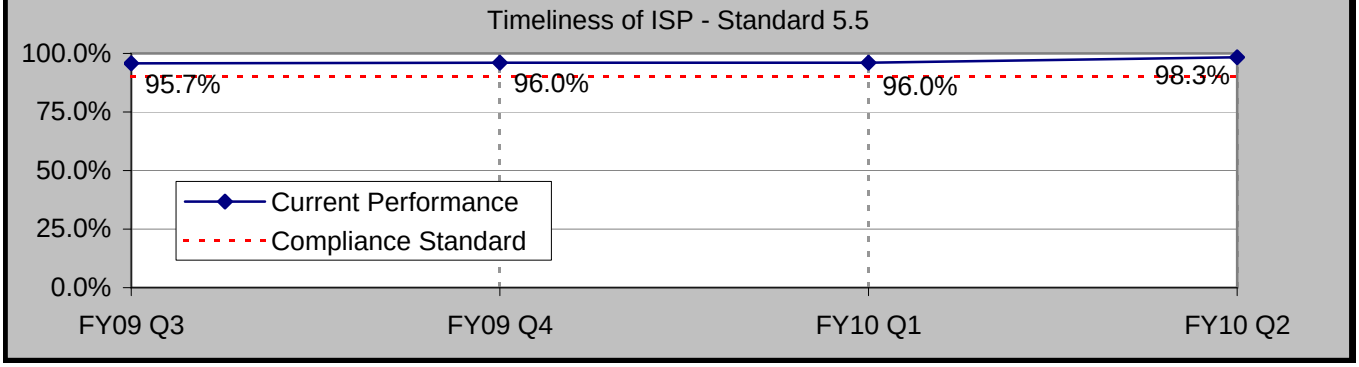


Discussion:

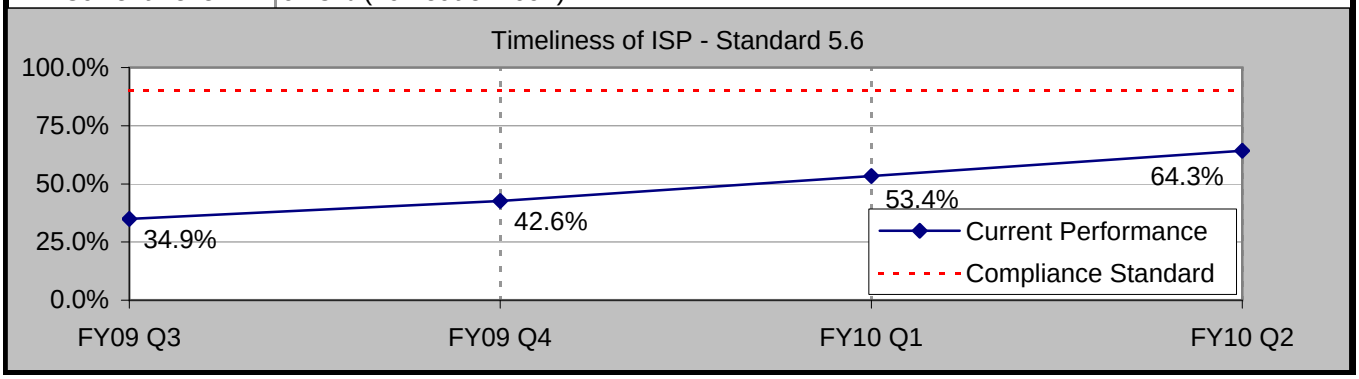
Standards 5.2, 5.3, 5.4: All RDS/Enrollment data is now reported one quarter behind: quarter 2's data has been recalculated to reflect this change.

Community Integration / Community Support Services / Individualized Support Planning

Standard 5.5	
Measurement	ISP completed within 30 days of service request
Standard	Performance: 90%
	Compliance: 90% (3 out of 4 quarters)
Data Source	ISP RDS Data
Current Level	98.3% (59 out of 60)

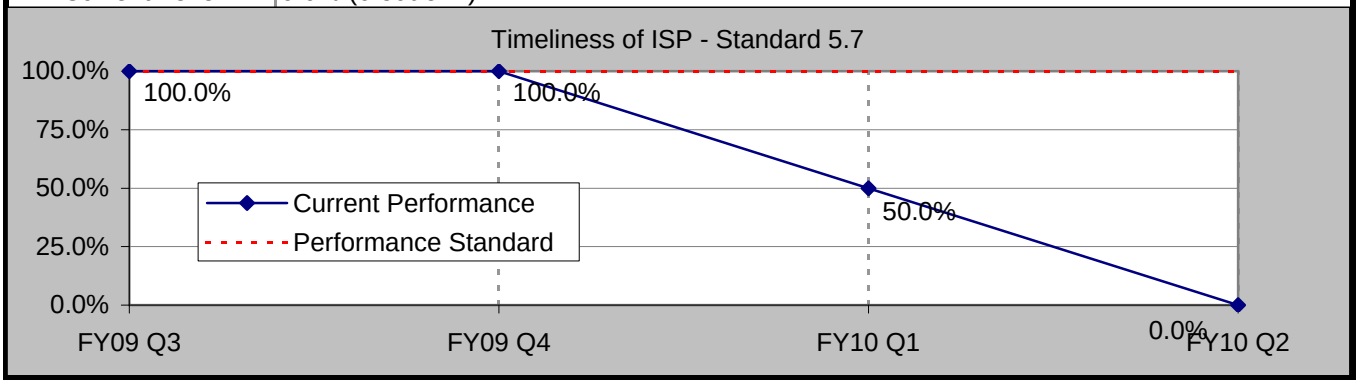


Standard 5.6	
Measurement	90 day ISP review completed within specified timeframe.
Standard	Performance: 90%
	Compliance: 90% (3 out of 4 quarters)
Data Source	ISP RDS Data
Current Level	64.3% (702 out of 1091)

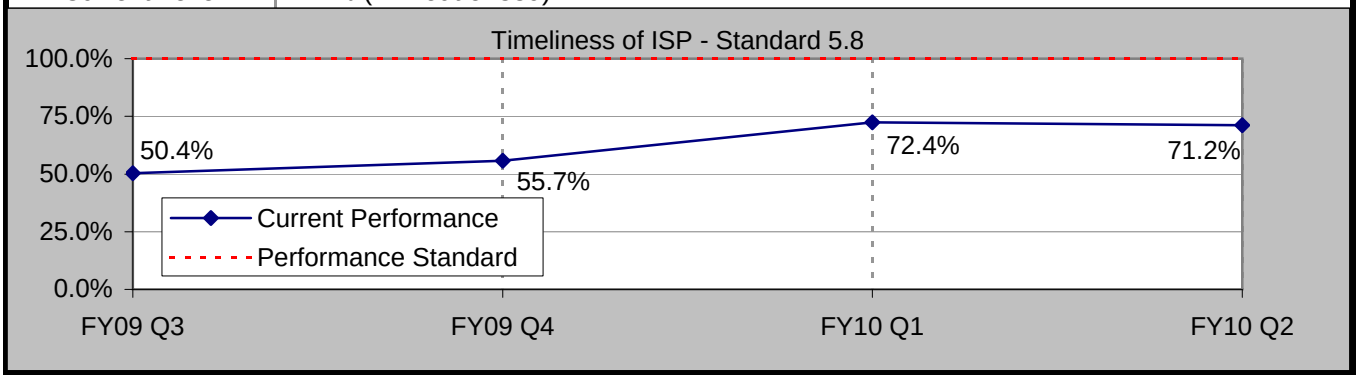


Community Integration / Community Support Services / Individualized Support Planning

Standard 5.7	
Measurement	Initial ISPs not developed within 30 days, but were developed within 60 working days
Standard	Performance: 100%
Data Source	ISP RDS Data
Current Level	0.0% (0 out of 1)



Standard 5.8	
Measurement	ISPs that were not reviewed within 90 days but were reviewed within 120 working days
Standard	Performance: 100%
Data Source	ISP RDS Data
Current Level	71.2% (277 out of 389)



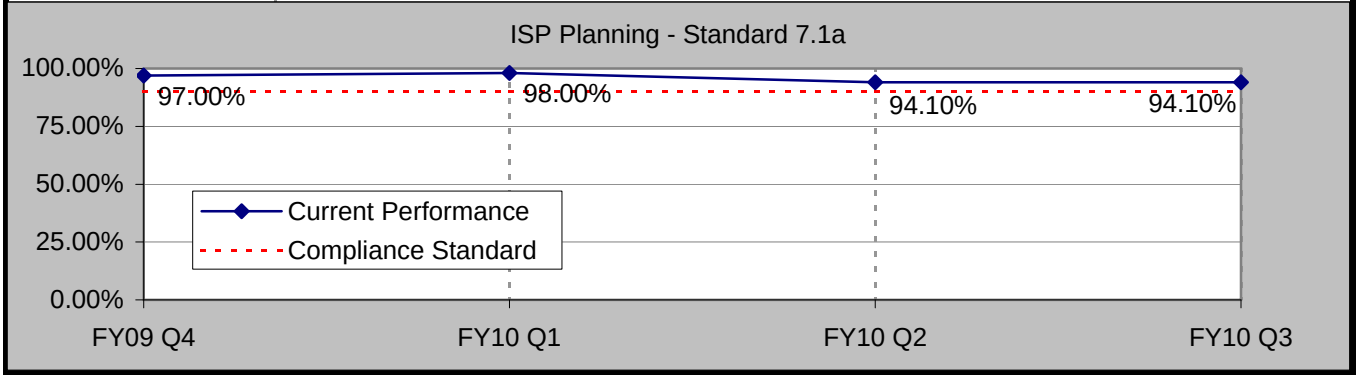
Discussion:

Standards 5.2, 5.3, 5.4, 5.5, 5.6, 5.7, and 5.8: All RDS/Enrollment data is now reported the quarter behind. Quarter 2's data has been recalculated to reflect this change.

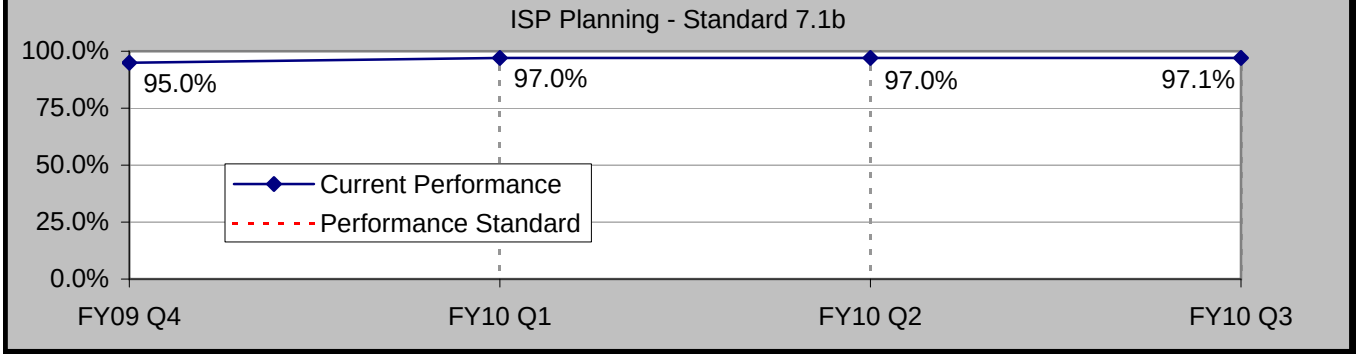
Community Integration / Community Support Services / Individualized Support Planning

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

Standard 7.1a	
Measurement	Does the record document that the treatment plan goals reflect the strengths of the consumer receiving services?
Standard	Performance: 95%
	Compliance: 90% (3 out of 4 quarters)
Data Source	Class Member Treatment Planning Review
Current Level	94.1% (96 out of 102)



Standard 7.1b	
Measurement	Does record document the individual's potential need for crisis intervention and resolution services was considered during treatment planning?
Standard	Performance: No Numerical Standard
Data Source	Class Member Treatment Planning Review
Current Level	97.1% (99out of 102)

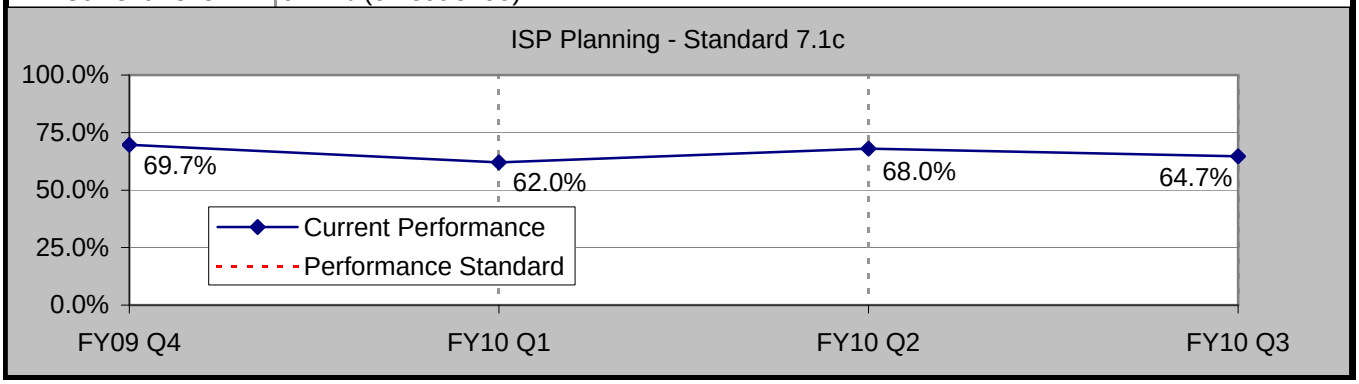


Discussion:

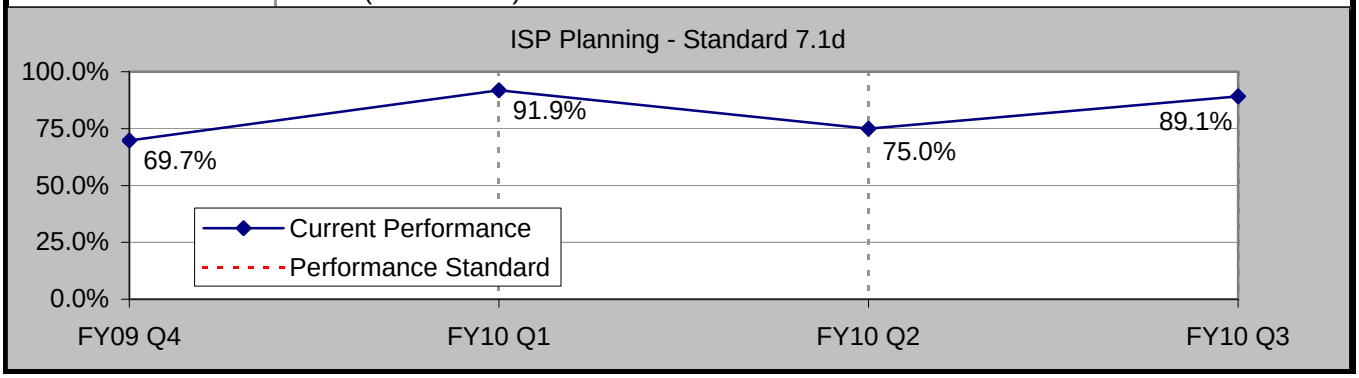
Standard 7.1a: Met continuously since the first quarter of FY 08.

Community Integration / Community Support Services / Individualized Support Planning

Standard 7.1c	
Measurement	Does the record document that the consumer has a crisis plan?
Standard	Performance: No Numerical Standard
Data Source	Class Member Treatment Planning Review
Current Level	64.7% (64 out of 99)



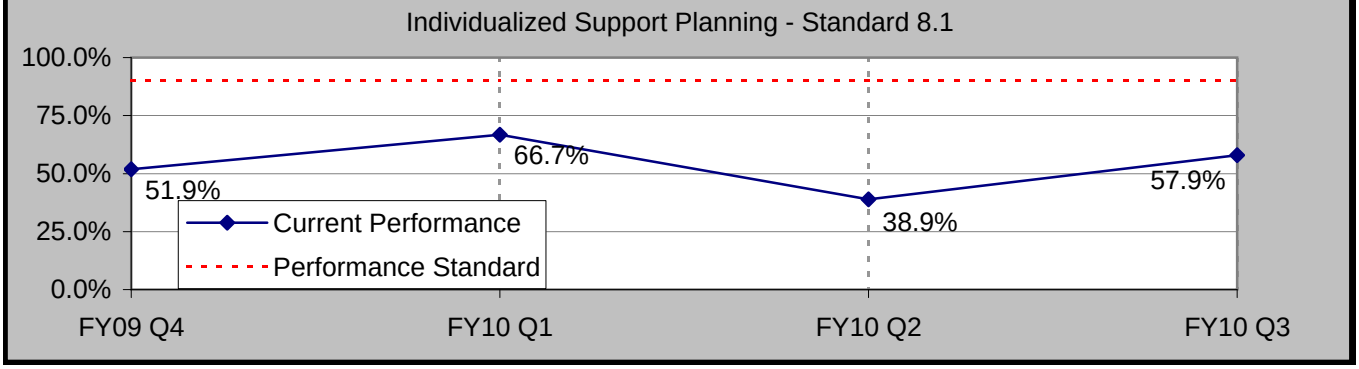
Standard 7.1d	
Measurement	If the consumer has a crisis plan, "has the crisis plan been reviewed as required, every 3 months?"
Standard	Performance: No Numerical Standard
Data Source	Class Member Treatment Planning Review
Current Level	89.1% (57 out of 64)



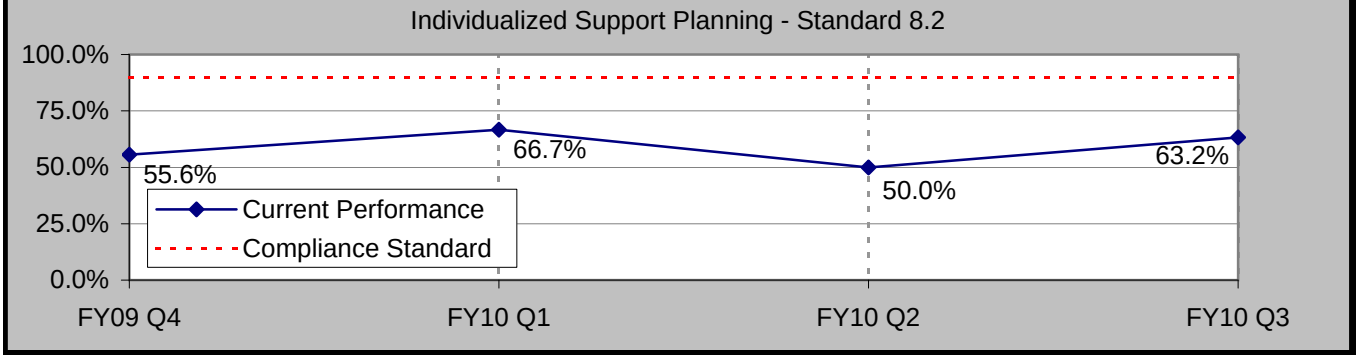
Community Integration / Community Support Services / Individualized Support Planning

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

Standard 8.1	
Measurement	ISPs reviewed in which there is evidence that the ISP team reconvened after an unmet need was identified.
Standard	Performance: 90%
Data Source	Class Member Treatment Planning Review
Current Level	57.9% (11 out of 19)



Standard 8.2	
Measurement	ISPs reviewed with identified unmet needs in which interim plans are established.
Standard	Performance: 95%
	Compliance: 90% (3 out of 4 quarters)
Data Source	Class Member Treatment Planning Review
Current Level	63.2% (12 out of 19)



Discussion:

Standards 8.1 and 8.2: While standards have not been met, positive trendlines were noted until FY 10 Q2
Both standards show positive trends for this quarter

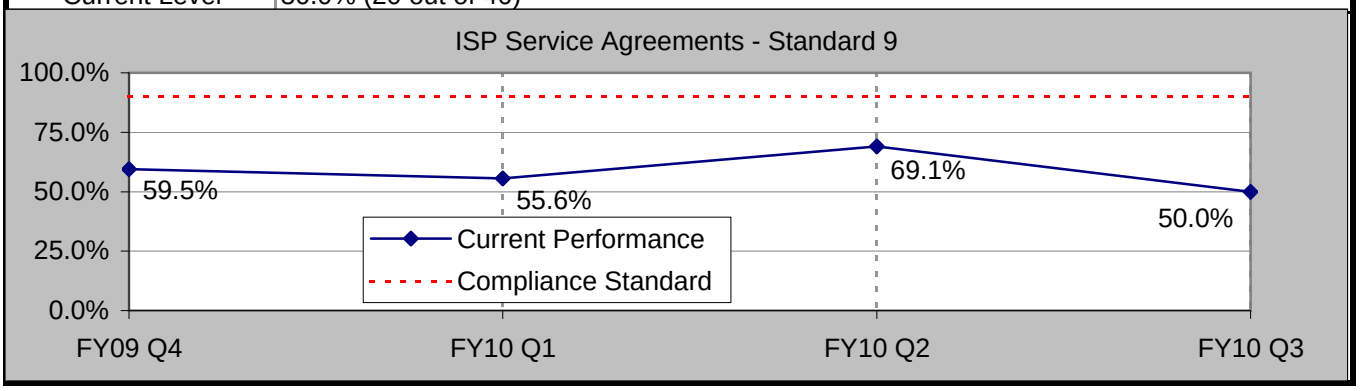
Recommendations:

Continue to monitor

Community Integration / Community Support Services / Individualized Support Planning

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

Standard 9	
Measurement	ISPs with services identified and with a treatment plan signed by each provider.**
Standard	Performance: 90%
	Compliance: 90% (3 out of 4 quarters)
Data Source	Class Member Treatment Planning Review
Current Level	50.0% (20 out of 40)



**Question slightly revised in February 2007 Document Review revisions.

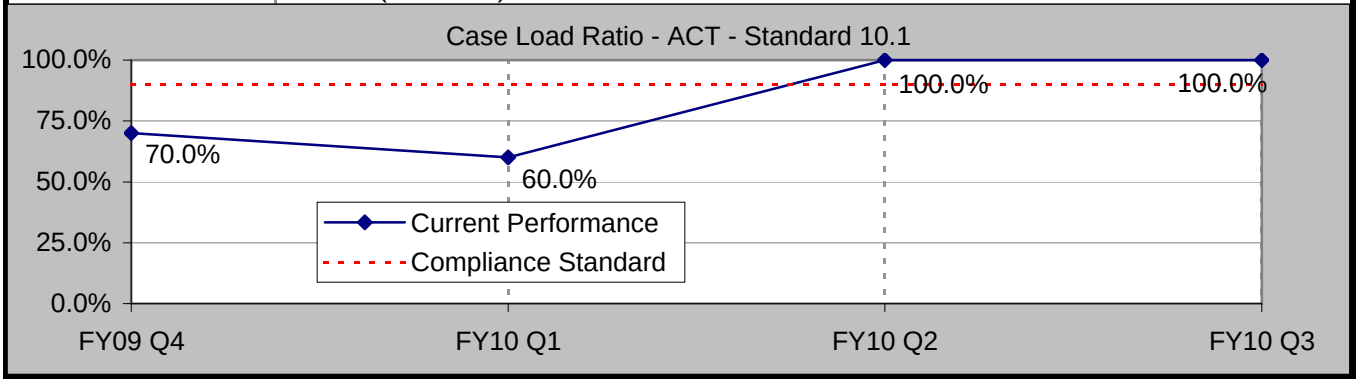
1. Does the record document that Service Agreements are Required for this plan? (IVa.)
2. If yes, have the Service Agreements been acquired? (IVb.)
3. If yes are the Service Agreements current? (IVc.)

The service agreement must be acquired and current to meet the standard

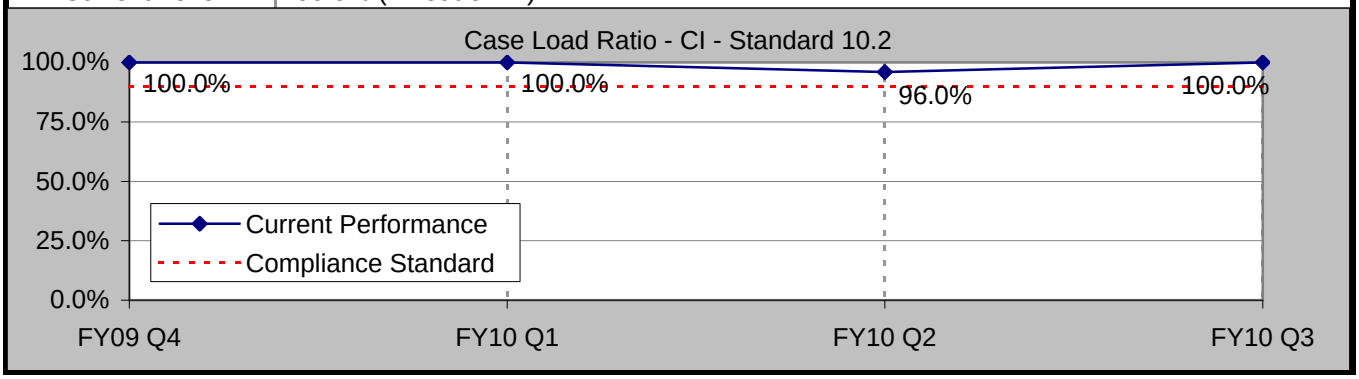
Community Integration / Community Support Services / Individualized Support Planning

Standard 10 - Case Load Ratio

Standard 10.1 - ACT	
Measurement	ACT Providers with average caseloads of 10 or fewer.
Standard	Compliance: 90% of all ACT Teams
Data Source	Agency Community Support Census/Staffing Ratio Database
Current Level	100.0% (8 out of 8)



Standard 10.2 - CI	
Measurement	Community Integration Providers with average caseloads of 40 or fewer.
Standard	Compliance: 90% of all CIW Providers
Data Source	Agency Community Support Census/Staffing Ratio Database
Current Level	100.0% (22 out of 22)



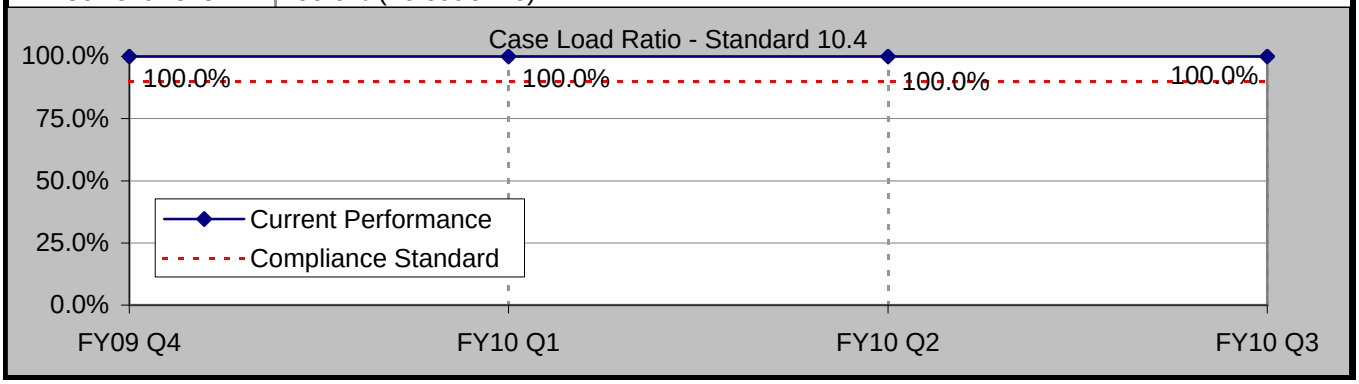
Discussion:

Standard 10.1: The 10/01/2009 revision of MaineCare section 17 clearly specified staff to be included in calculating staffing ratios; ratio has now been met for 2 quarters.

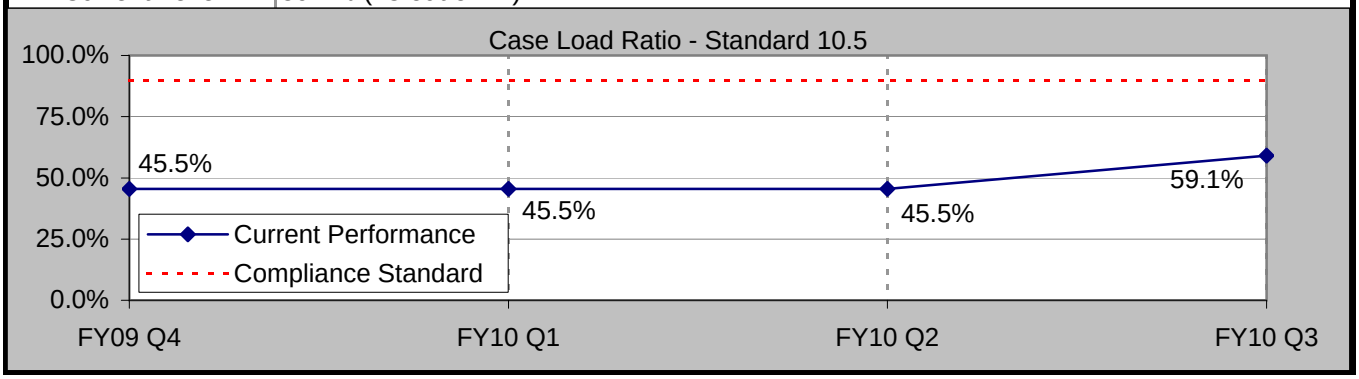
Standard 10.2: Community Integration caseload ratios have been met since the 2nd quarter FY 08

Community Integration / Community Support Services / Individualized Support Planning

Standard 10.4 - ICM	
Measurement	Intensive Case Managers with average caseloads of 16 or fewer.
Standard	Compliance: 90% of all ICM Workers with Class Member caseloads
Data Source	EIS ICM Caseload Data
Current Level	100.0% (26 out of 26)



Standard 10.5 - OES	
Measurement	Office of Elder Services Case Managers with average caseload of 25 or fewer.
Standard	Compliance: 90% of all OES Case Managers with Class Member Public Wards
Data Source	MAPSIS Case Counts for Workers with Class Members Public Wards
Current Level	59.1% (13 out of 22)



Discussion:

Standard 10.4: Standard met since the 2nd quarter of FY 08

Standard 10.5: OES continues not to meet staff/client ratios. OES has filled filled 3 vacant positons and have filed an exemption request for a currently vacant position

Community Integration / Community Support Services / Individualized Support Planning

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

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

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

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

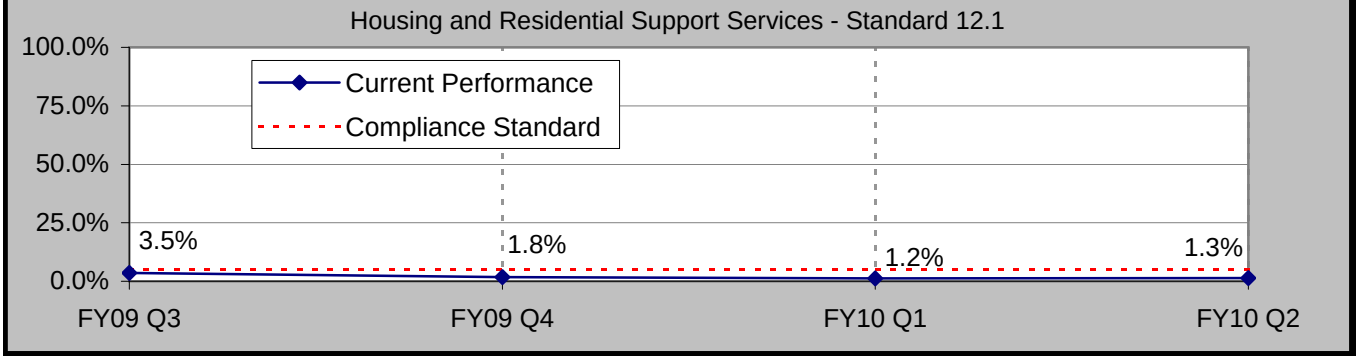
Number of Callers with resource needs Jaunuary 1 - March 31, 2010				
	Region 1	Region 2	Region 3	Total
Unique Individuals:	16	23	8	46
Unmet Needs:	0	4	3	7

Unmet Needs by Domain Jan 1 ~ Mar 31, 2010	
ISP Domain Areas	**State**
Mental Health Services	1
MH Crisis Planning Resources	0
Peer, Recovery & Support Resources	0
Substance Abuse Services	0
Housing Resources	0
Health Care Resources	1
Legal Resources	0
Financial Security Resources	4
Education Resources	0
Vocation Employment Resources	1
Living Skills Resources	0
Transportation Resources	0
Personal Growth/Community Participation Resources	0
Total	7

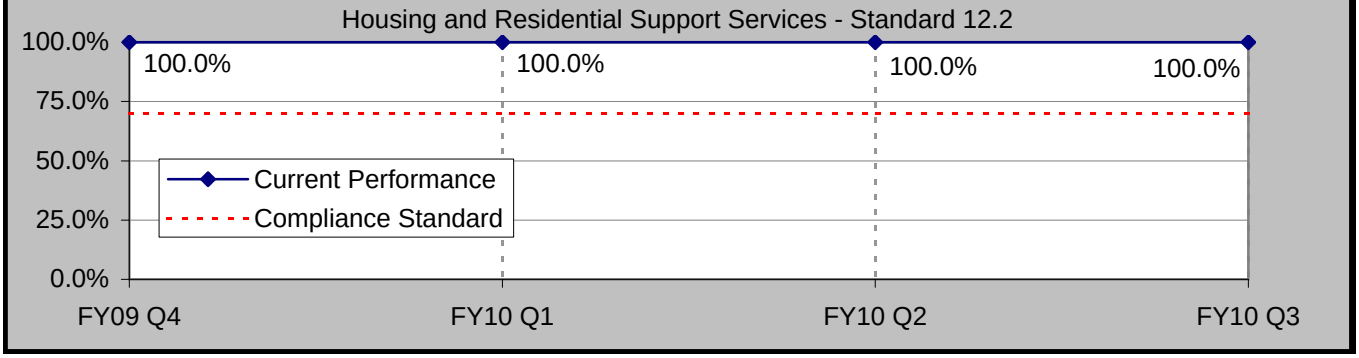
Community Resources and Treatment Services
Housing and Residential

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

Standard 12.1	
Measurement	Class members in community with ISPs with unmet residential support needs.
Standard	Compliance: 5% or fewer (3 out of 4 quarters)
Data Source	ISP RDS Data
Current Level	1.3% (22 out of 1633)

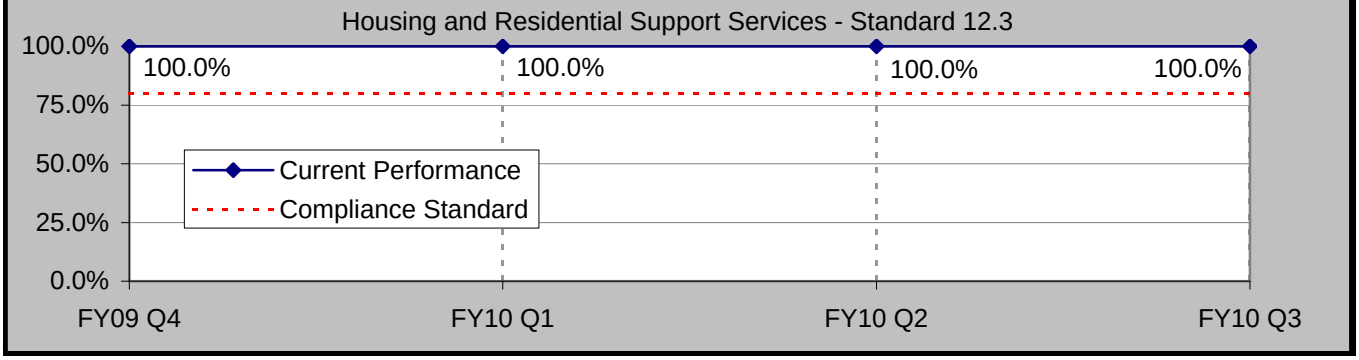


Standard 12.2	
Measurement	Percentage of patients at Riverview determined to be ready for discharge who are discharged within 7 days of that determination. (discharge is not impeded due to lack of residential support services)
Standard	Performance: 75% (within 7 days of that determination)
	Compliance: 70% (within 7 days of that determination)
Data Source	Riverview Psychiatric Center Discharge Data
Current Level	100.0% FY10 Q3 (Lack of residential supports did not impede discharge for any patients within 7 days)

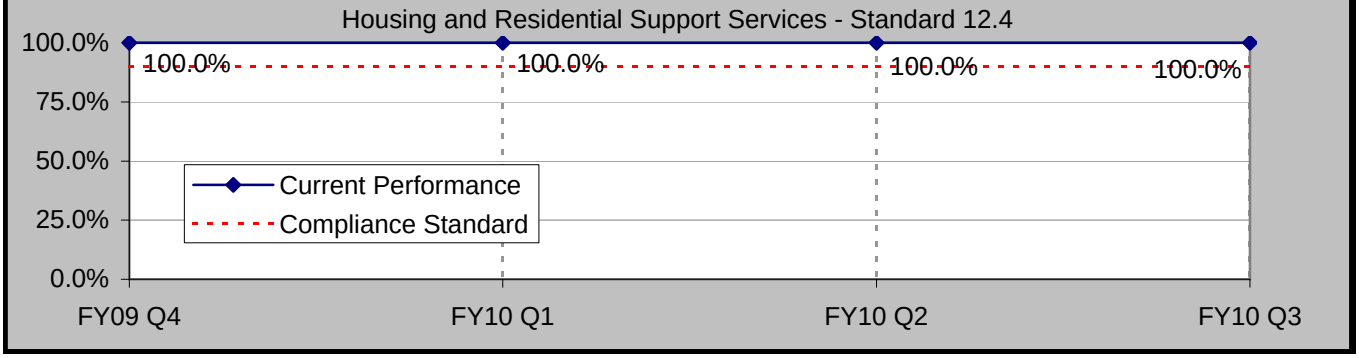


Community Resources and Treatment Services
Housing and Residential

Standard 12.3	
Measurement	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)
Standard	Performance: 96% (within 30 days of that determination)
	Compliance: 80% (within 30 days of that determination)
Data Source	Riverview Psychiatric Center Discharge Data
Current Level	100.0% FY10 Q3 (Lack of residential supports did not impede discharge for any patients within 30 days)



Standard 12.4	
Measurement	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)
Standard	Perfomance: 100% (within 45 days of that determination) Compliance: 90% (within 45 days of that determination with certain clients excepted by agreement of the parties and the Court Master)
Data Source	Riverview Psychiatric Center Discharge Data
Current Level	100.0% FY10 Q3 (Lack of residential supports did not impede discharge for any patients within 45 days)



Community Resources and Treatment Services
Housing and Residential

Discussion:

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

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

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

28 Civil Patients discharged in quarter

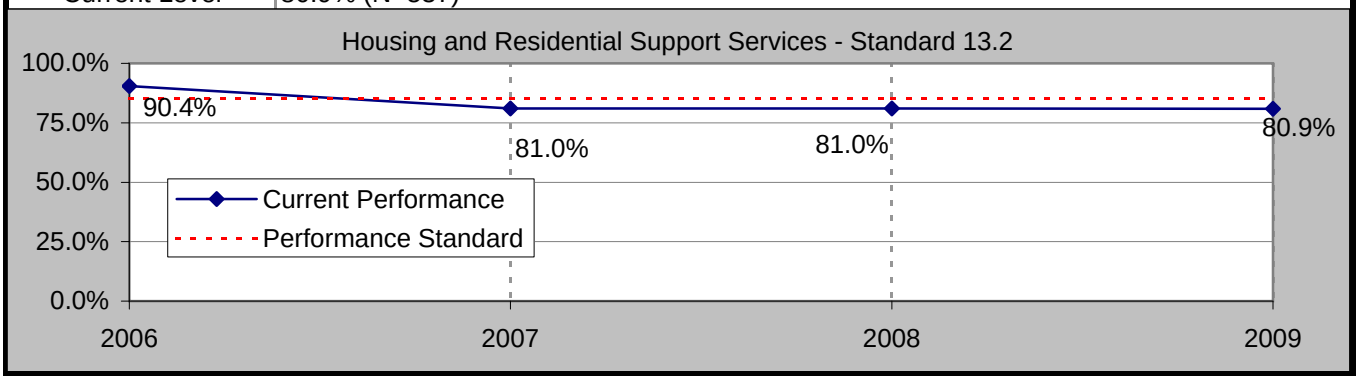
8 discharged at 7 days (28.6%)
8 discharged 8-30 days (28.6%)
5 discharged 31-45 days (18.0%)
7 discharged post 45 days (25%)

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

Community Resources and Treatment Services
Housing and Residential

Standard 13.1 - Class member satisfaction with access to and quality of residential support services - Data now reported under standard 14.3

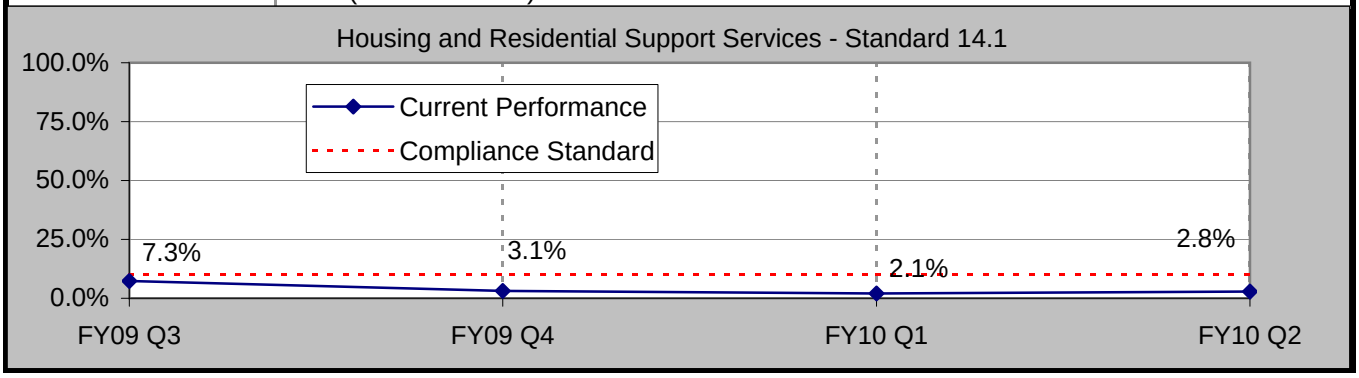
Standard 13.2	
Measurement	Class members receiving residential/housing supports who report satisfaction with services.
Standard	Performance: 85%
Data Source	Annual Class Member Survey Q17
Current Level	80.9% (N=537)



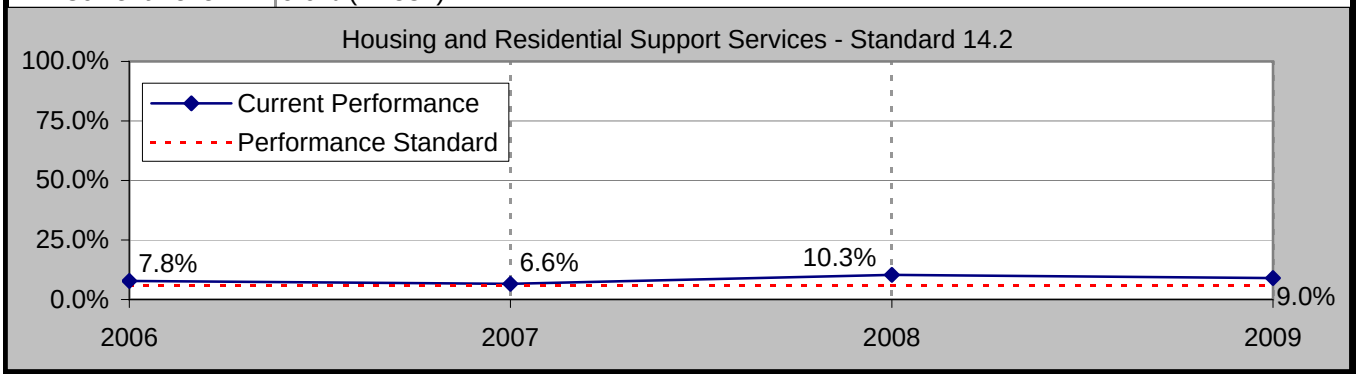
Community Resources and Treatment Services
Housing and Residential

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

Standard 14.1	
Measurement	Class members with ISPs with unmet housing needs.
Standard	Compliance: 10% or fewer (3 out of 4 quarters)
Data Source	ISP RDS Data
Current Level	2.8% (46 out of 1633)



Standard 14.2	
Measurement	Percentage of Class Members who experienced homelessness over 12-month period.
Standard	Performance: 6% or fewer
Data Source	Class Member Survey
Current Level	9.0% (N=537)

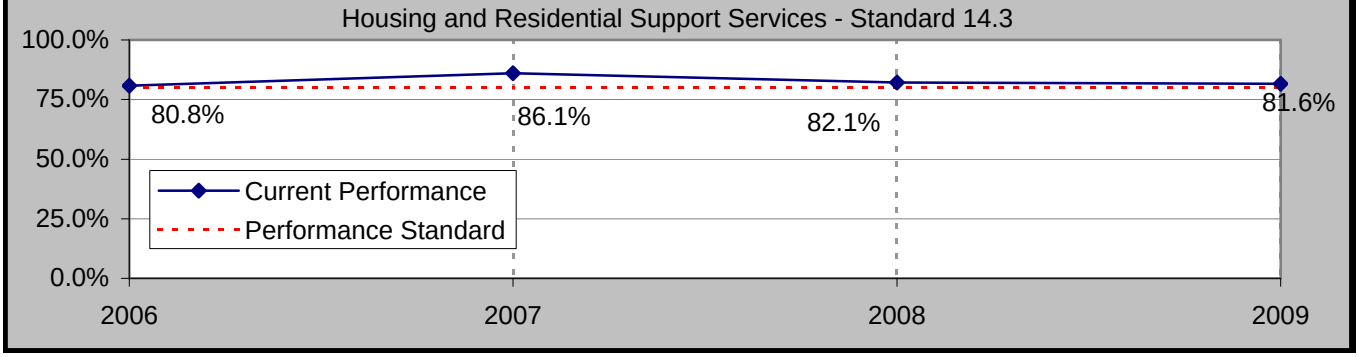


Discussion:

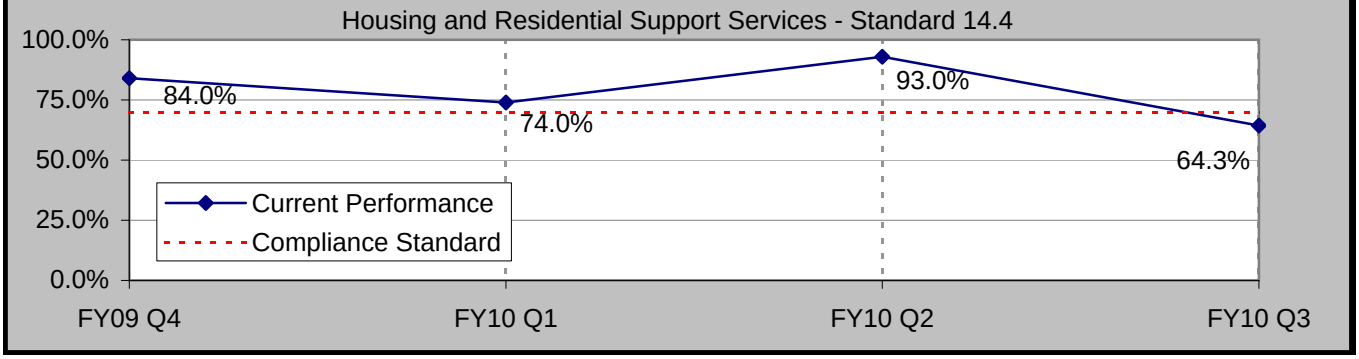
Standard 14.1: Met since quarter 3 FY 09

Community Resources and Treatment Services
Housing and Residential

Standard 14.3	
Measurement	Percent of Class Members reporting satisfaction with their current living arrangement.
Standard	Performance: 80%
Data Source	Annual Class Member Survey Q15
Current Level	81.6% (537)



Standard 14.4	
Measurement	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)
Standard	Performance: 75% (within 7 days of that determination)
	Compliance: 70% (within 7 days of that determination)
Data Source	Riverview Psychiatric Center Discharge Data
Current Level	64.3% FY10 Q3 (Lack of housing alternatives impeded discharge for 10 out of 28 patients within 7 days)

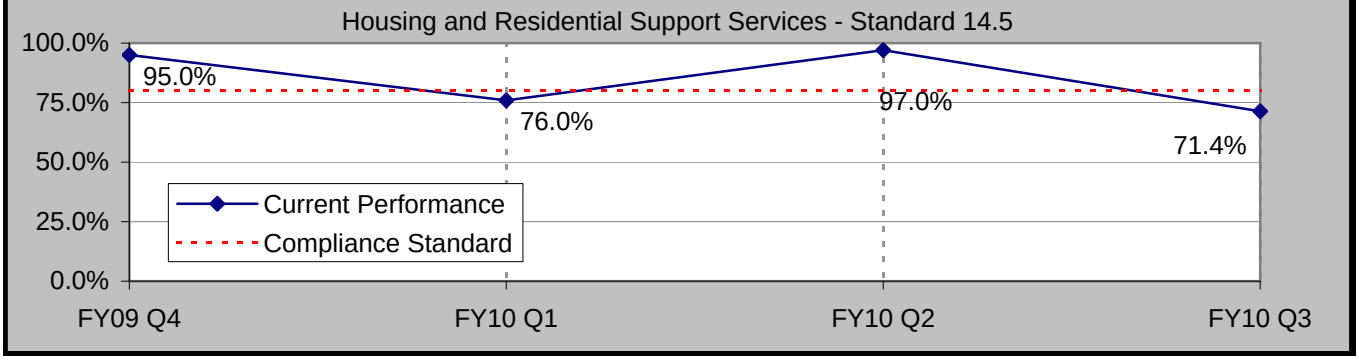


Discussion:

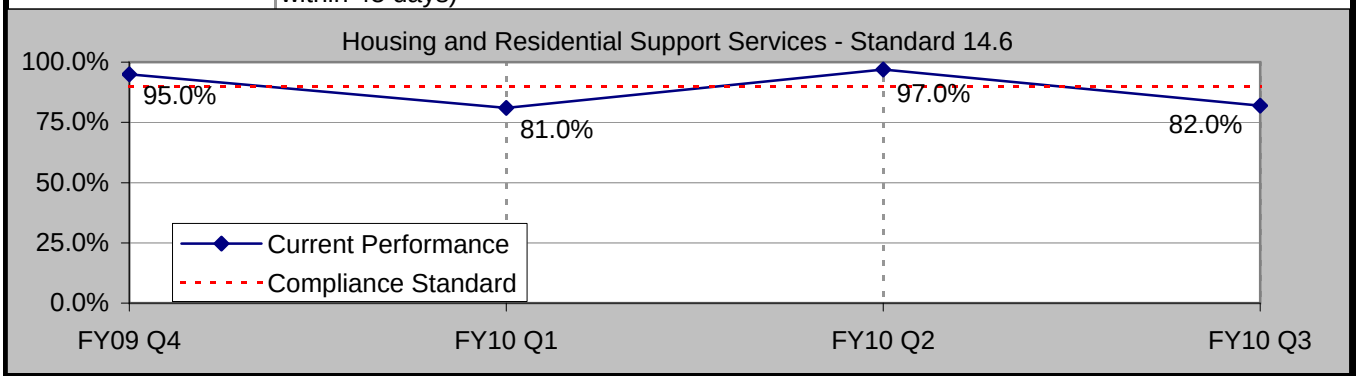
Standard 14.3: met since 2006

Community Resources and Treatment Services
Housing and Residential

Standard 14.5	
Measurement	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)
Standard	Performance: 96% (within 30 days of that determination)
	Compliance: 80% (within 30 days of that determination)
Data Source	Riverview Psychiatric Center Discharge Data
Current Level	71.4% FY10 Q3 (Lack of housing alternatives impeded discharge for 8 out of 28 patients within 30 days)



Standard 14.6	
Measurement	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)
Standard	Performance: 100% (within 45 days of that determination) Compliance: 90% (within 45 days of that determination with certain clients excepted by agreement of the parties and the Court Master)
Data Source	Riverview Psychiatric Center Discharge Data
Current Level	82.0% FY10 Q3 (Lack of housing alternatives impeded discharge for 5 out of 28 patients within 45 days)



Community Resources and Treatment Services
Housing and Residential

Discussion:

Standard 14.4: Met from the 2nd quarter FY 10

Standard 14.5: Met the 3rd and 4th quarters FY 09, 2nd quarter FY 10

Standard 14.6: Met 2nd and 4th quarters FY 09 and 2nd quarter FY 10

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

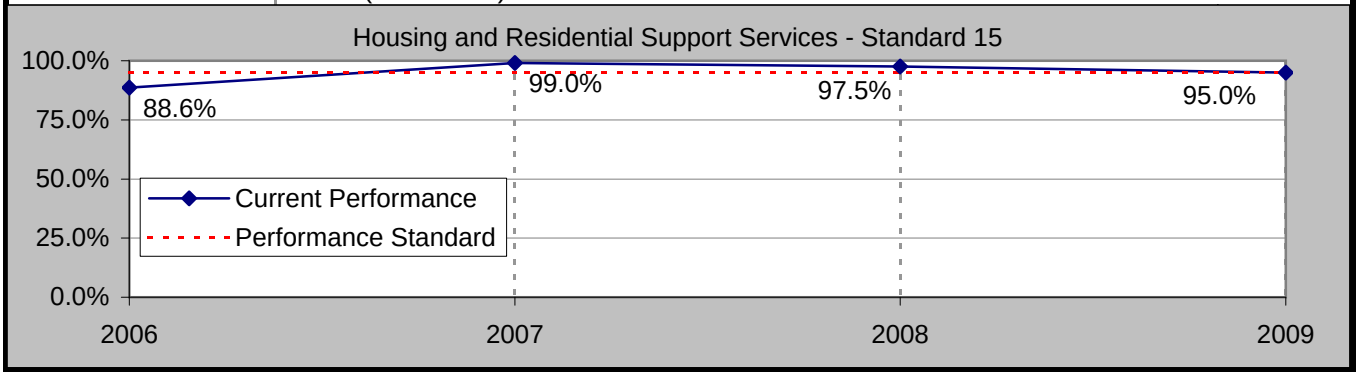
28 Civil Patients discharged in quarter
- 8 discharged at 7 days (28.6%)
- 8 discharged 8-30 days (28.6%)
- 5 discharged 31-45 days (18.0%)
- 7 discharged post 45 days (25%)

Housing Alternatives impeded discharge for 10 patients (35.77%)
- 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

Community Resources and Treatment Services
Housing and Residential

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

Standard 15	
Measurement	Class members residing in homes with more than 8 beds in which the class member chooses to reside in that facility is documented.
Standard	Performance: 95%
Data Source	Paragraph 96 Annual Review
Current Level	95.0% (105 of 110)



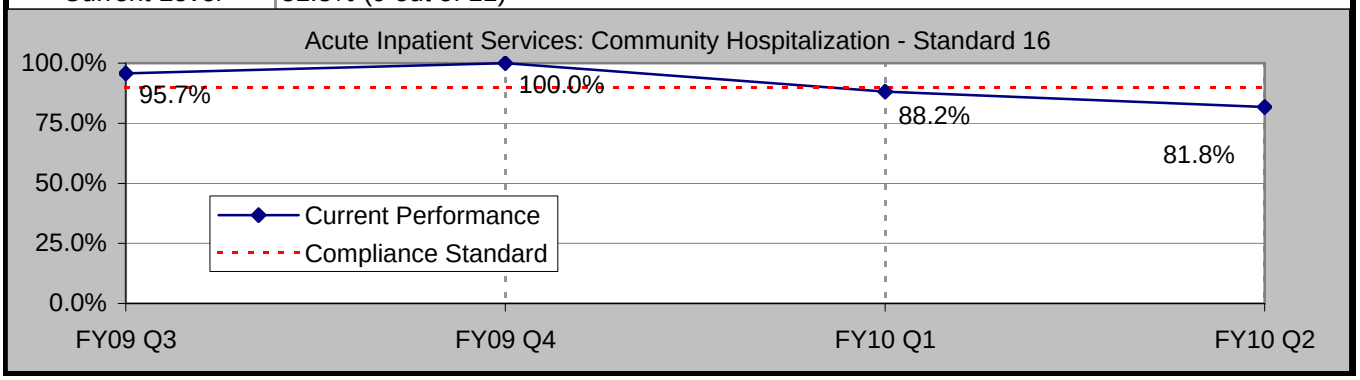
Discussion:

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. Standard met since 2007.

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

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

Standard 16	
Measurement	Class Member admissions determined to be reasonably near an individual's local community of residence.
Standard	Compliance: 90% (3 out of 4 quarters)
Data Source	UR Database/EIS
Current Level	81.8% (9 out of 11)



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

Discussion:

Standard met through quarter 4 FY 09, not met quarters 1 and 2 FY 10. The number of class member reviews is small making it difficult to draw conclusions systemically.

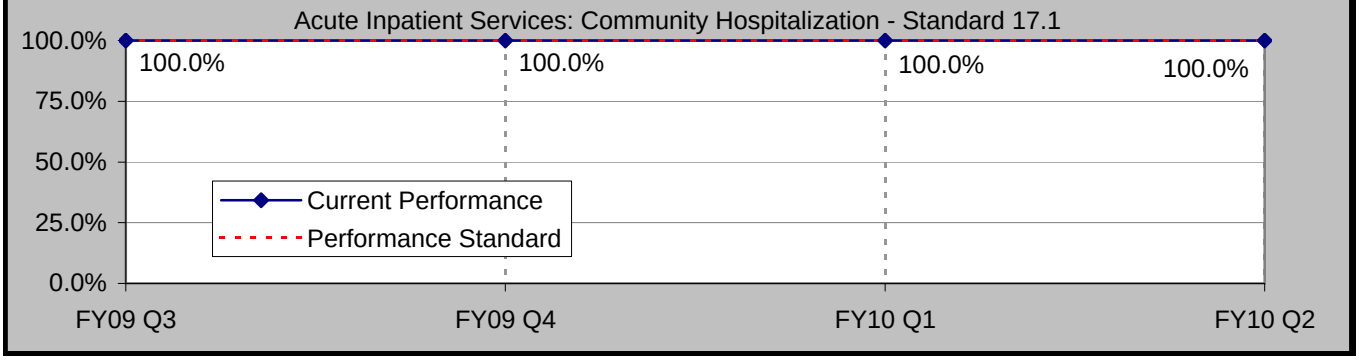
Recommendations:

Continue to monitor.

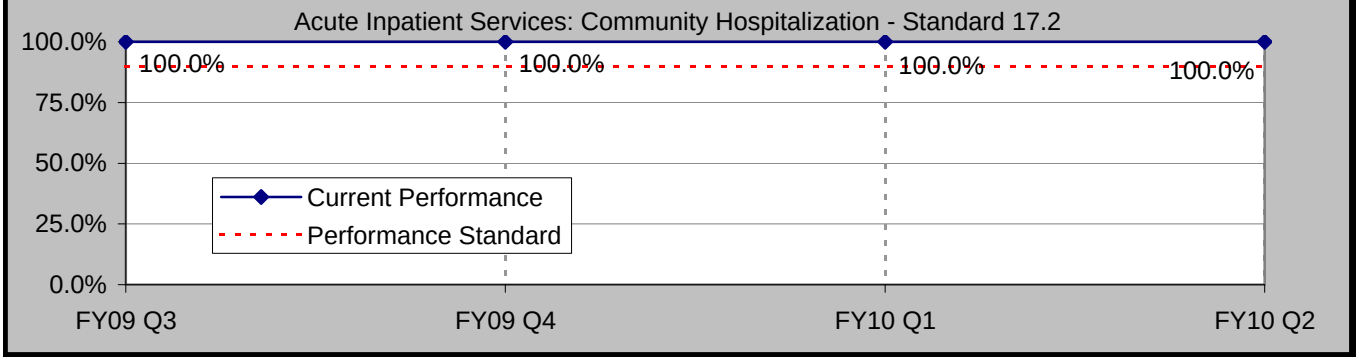
Community Resources and Treatment Services
Acute Inpatient Services: Involuntary Community Hospitalization

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

Standard 17.1	
Measurement	Class member involuntary admissions to community inpatient units have blue paper on file.
Standard	Performance: 100%
Data Source	UR Database/EIS
Current Level	100.0% (11 out of 11)

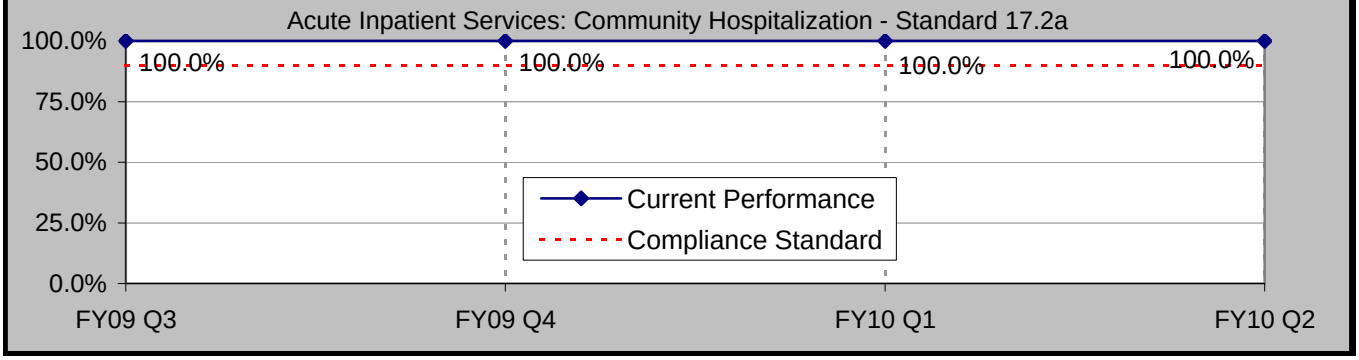


Standard 17.2	
Measurement	Blue paper was completed and in accordance with terms.
Standard	Performance: 90%
Data Source	UR Database/EIS
Current Level	100.0% (11 out of 11)

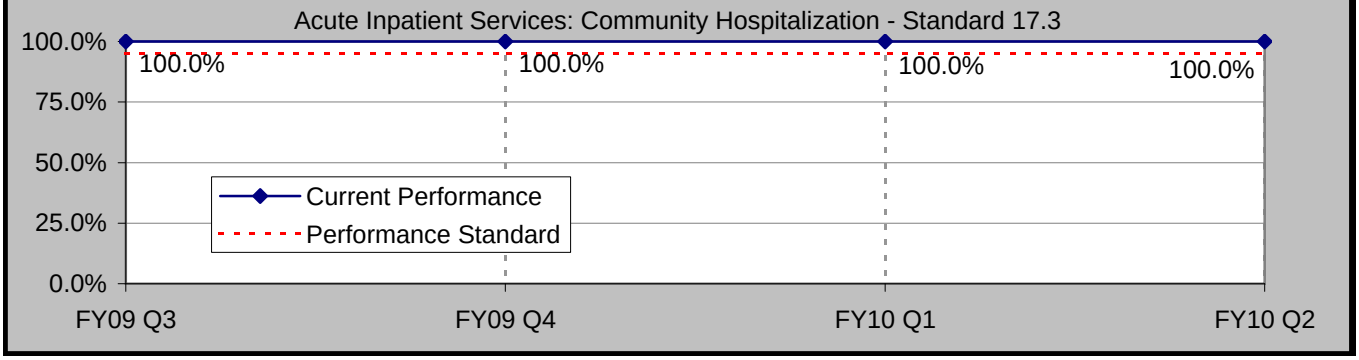


Community Resources and Treatment Services
Acute Inpatient Services: Involuntary Community Hospitalization

Standard 17.2a	
Measurement	Corrective action taken by UR nurse where blue paper not completed in accordance with terms.
Standard	Performance: 95%
	Compliance:90%
Data Source	UR Database/EIS
Current Level	100.0% (All blue papers reported as completed and in accordance with terms)

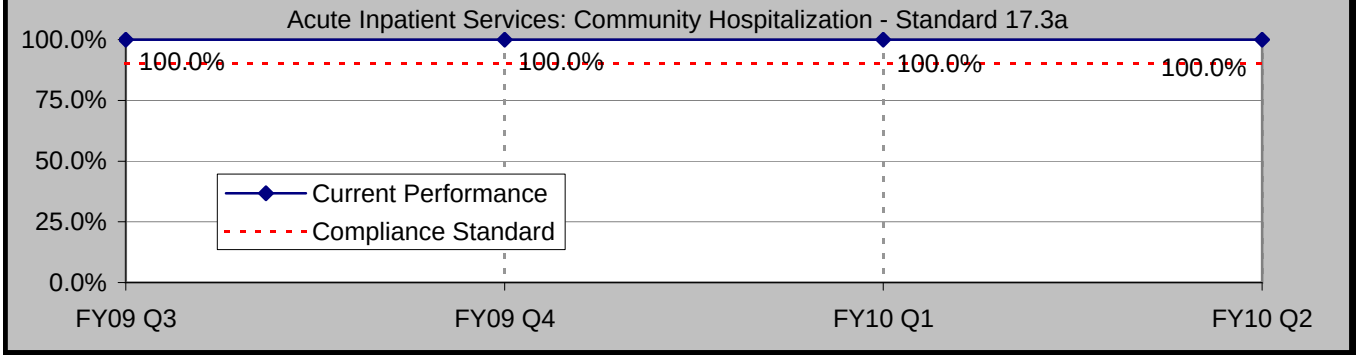


Standard 17.3	
Measurement	Class member involuntary admissions to community inpatient units in which 24 hour certification was completed.
Standard	Performance: 95%
Data Source	UR Database/EIS
Current Level	100.0% (10 out of 10)

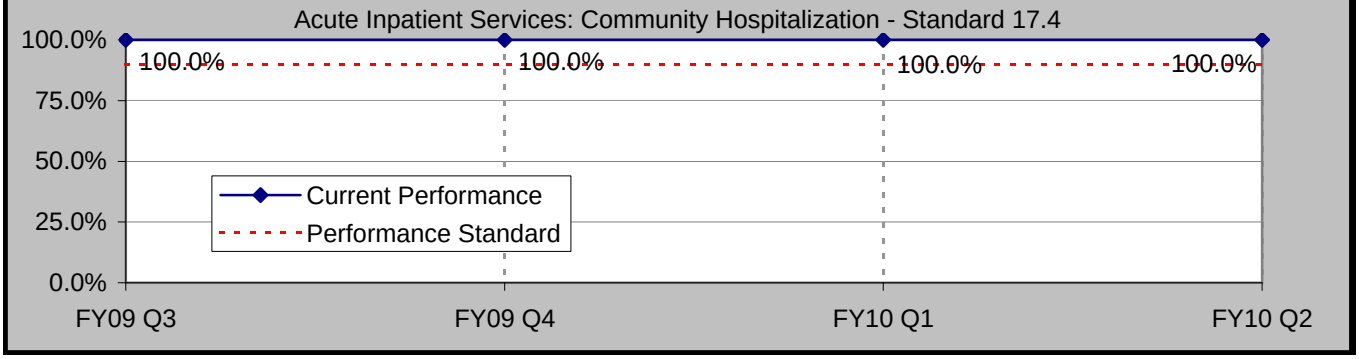


Community Resources and Treatment Services
Acute Inpatient Services: Involuntary Community Hospitalization

Standard 17.3a	
Measurement	Corrective action taken by UR nurse where 24 hour certification was not completed.
Standard	Performance: 100%
	Compliance: 90%
Data Source	UR Database/EIS
Current Level	100.0% (All 24 hr sertifications reported as completed)

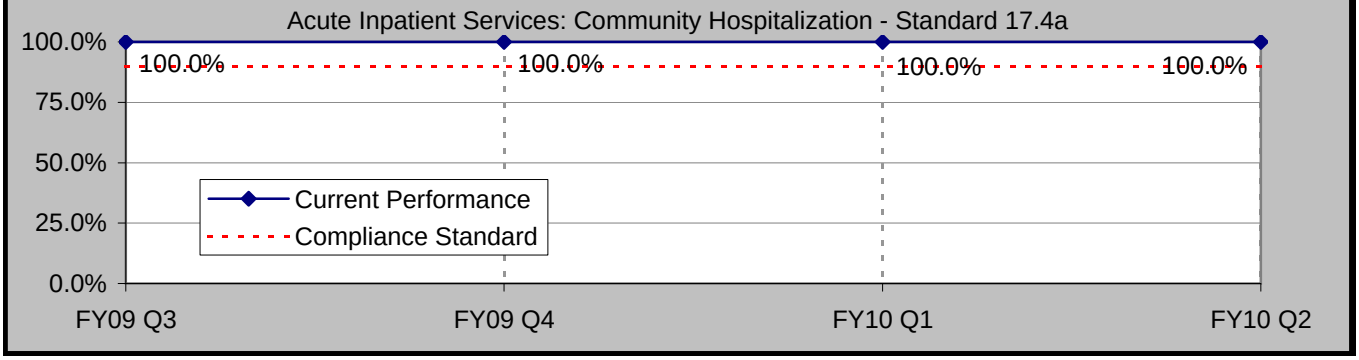


Standard 17.4	
Measurement	Class member involuntary admissions to community inpatient units in which patients' rights were maintained.
Standard	Performance: 90%
Data Source	UR Database/EIS
Current Level	100.0% (11 out of 11)

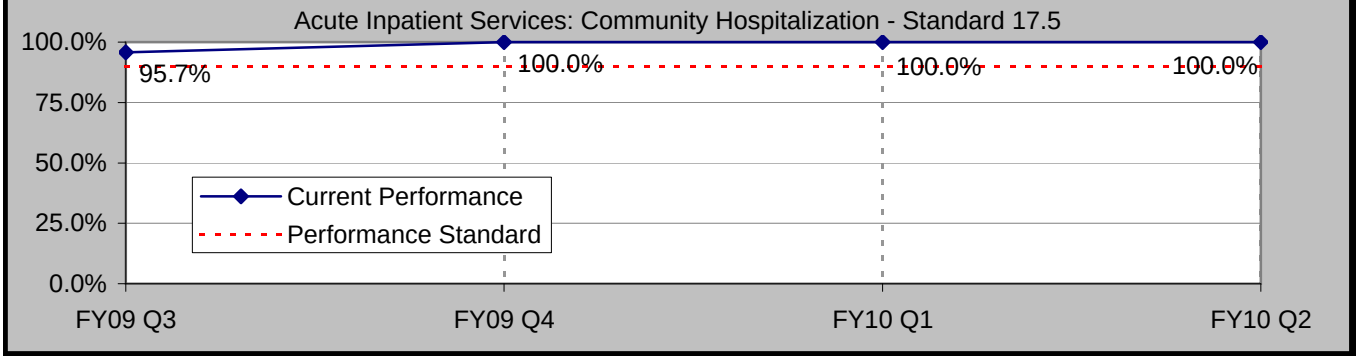


Community Resources and Treatment Services
Acute Inpatient Services: Involuntary Community Hospitalization

Standard 17.4a	
Measurement	Corrective action taken by UR nurse where documentation showed patients' rights not maintained.
Standard	Performance: 90%
	Compliance: 90%
Data Source	UR Database/EIS
Current Level	100.0% (all rights were maintained)



Standard 17.5	
Measurement	Class member involuntary admissions for which medical necessity has been established.
Standard	Performance: 90%
Data Source	UR Database/EIS
Current Level	100.0% (11 out of 11)



Discussion:

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

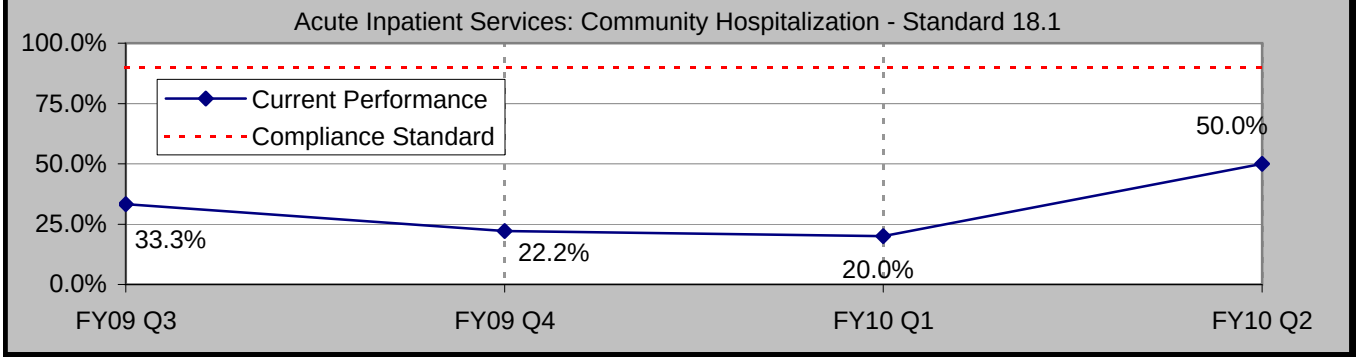
Recommendations:

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

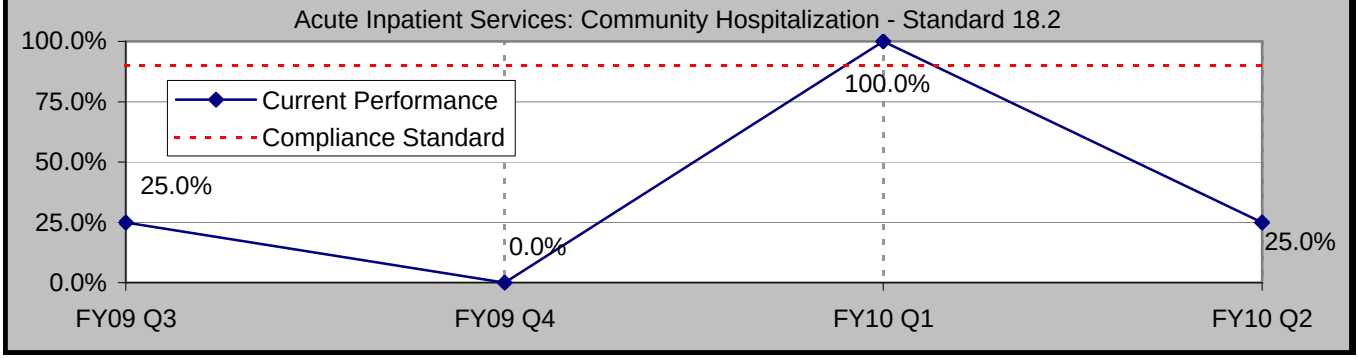
Community Resources and Treatment Services
Acute Inpatient Services: Involuntary Community Hospitalization

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

Standard 18.1	
Measurement	Class members admitted with ISPs for whom hospital obtained ISP.
Standard	Compliance: 90%
Data Source	UR Database/EIS
Current Level	50.0% (4 out of 8)

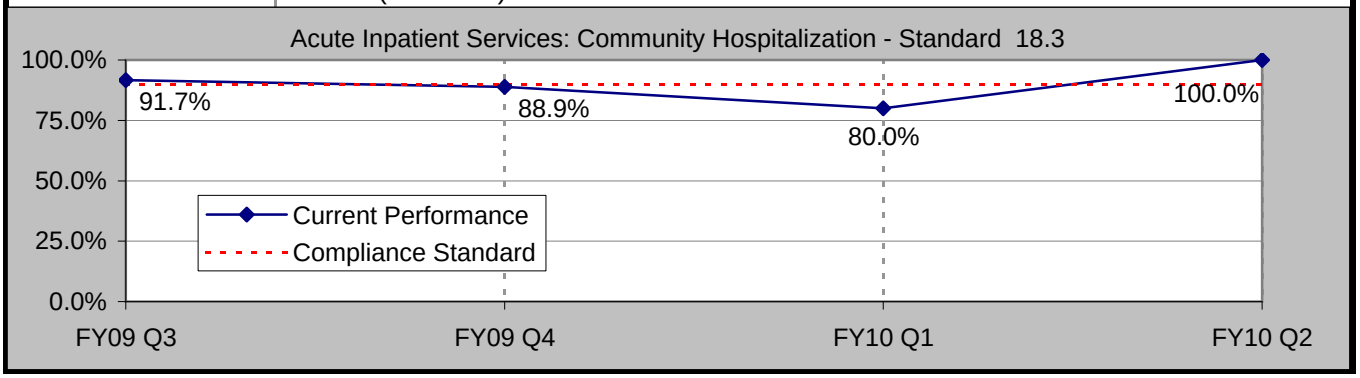


Standard 18.2	
Measurement	Treatment and discharge plan were determined to be consistent with ISP goals and objectives.
Standard	Compliance: 90%
Data Source	UR Database/EIS
Current Level	25.0% (2 out of 2)



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

Standard 18.3	
Measurement	CI/ICI/ICM/ACT worker participated in hospital treatment and discharge planning.
Standard	Compliance: 90%
Data Source	UR Database/EIS
Current Level	100.0% (8 out of 8)



Discussion

Standards 18.1, 18.2, and 18.3: Each quarter, hospital specific data regarding these standards is shared with each CSN and generates discussion as to how to improve compliance. Numbers for each standard are very small making it difficult to draw definitive conclusions. Worker participation has been higher than the hospital actually receiving the ISP. after trending down over the past 4 quarters, worker participation met the standard this quarter.

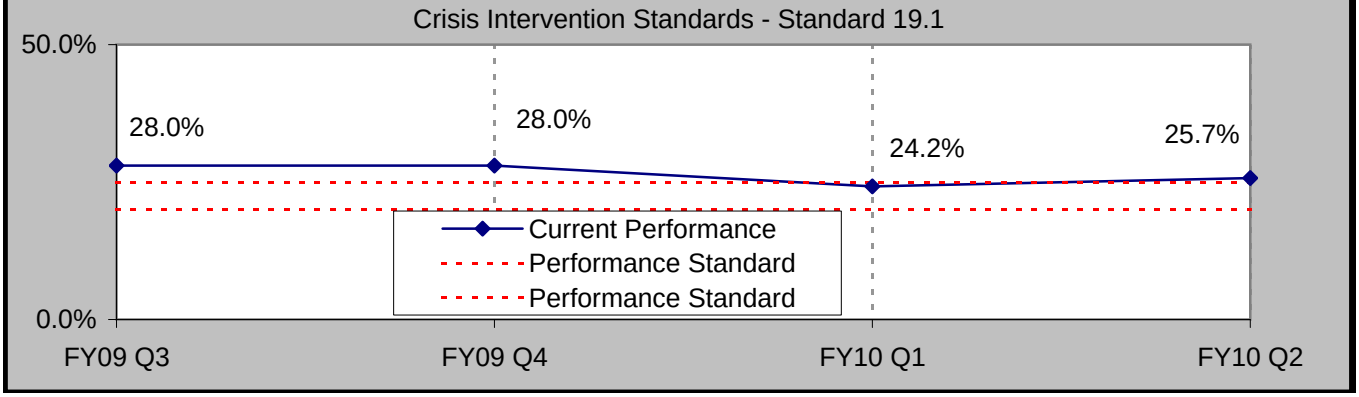
Recommendations:

Continue to monitor and share data with the CSNs.

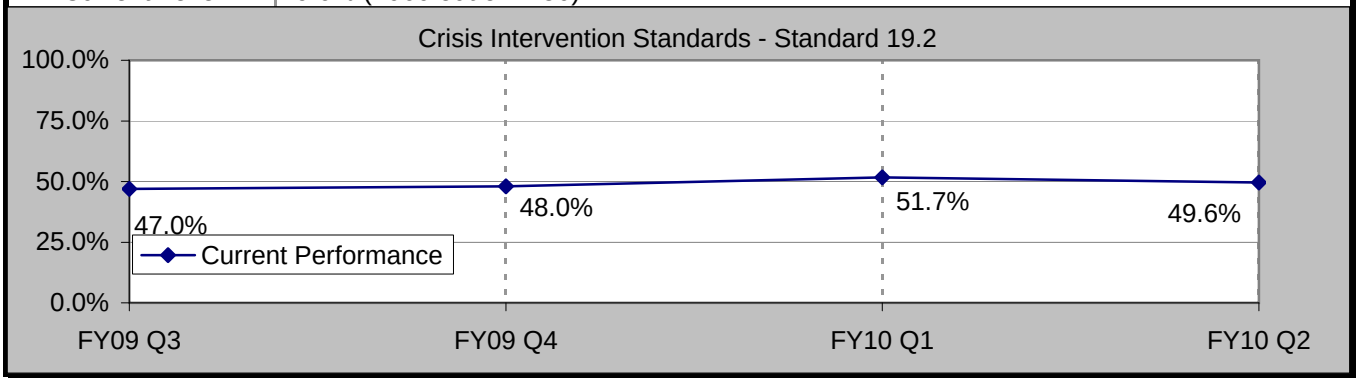
Community Resources and Treatment Services
Crisis Intervention Services

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

Standard 19.1	
Measurement	Face to face crisis contacts that result in hospitalizations.
Standard	Performance: No more than 20 - 25% are hospitalized as result of crisis intervention.
Data Source	Quarterly Contract Performance Data
Current Level	25.7% (1068 out of 4150)



Standard 19.2	
Measurement	Face to face crisis contacts that result in follow-up and/or referral to community based services.
Standard	To Be Established
Data Source	Quarterly Contract Performance Data
Current Level	49.6% (2060 out of 4150)

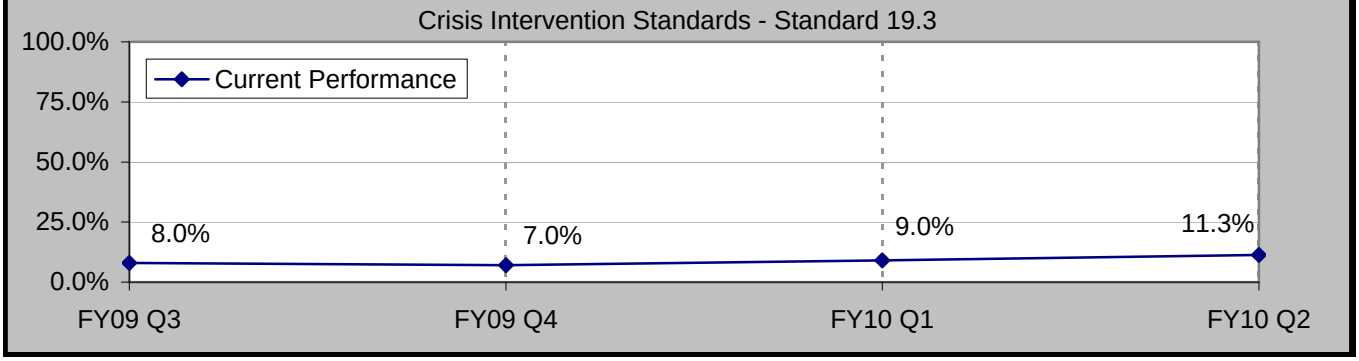


Duscussion:

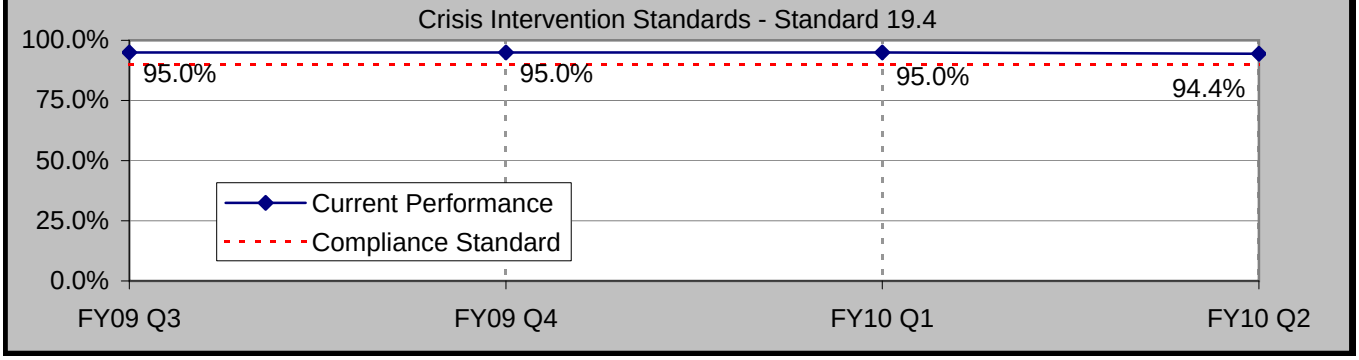
Standard 19.1: After being met last quarter, data now running 2 to 3 percentage points higher than the standard as it did in FY' 09.

Community Resources and Treatment Services
Crisis Intervention Services

Standard 19.3	
Measurement	Face to face crisis contacts in which a previously developed crisis plan was available and used.
Standard	To Be Established
Data Source	Quarterly Contract Performance Data
Current Level	11.3% (470 out of 4150)



Standard 19.4	
Measurement	Face to face crisis contacts in which client has a CI worker and worker was notified about the crisis.
Standard	Compliance: 90% (3 out of 4 quarters)
Data Source	Quarterly Contract Performance Data
Current Level	94.4% (1017 out of 1077)



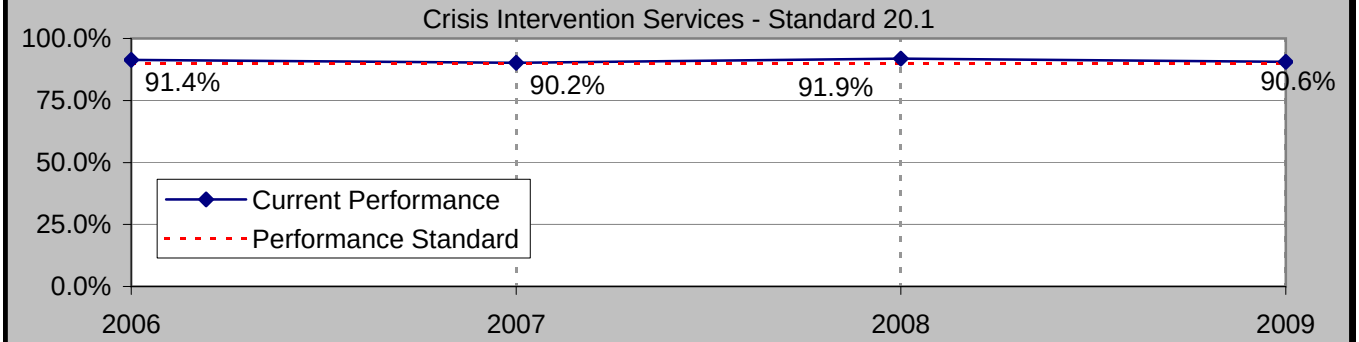
Discussion:

Standard 19.4: Met for FY' 09 except for 2 quarter when standard missed by 1 percentage point and met the first 2 quarters of FY 10

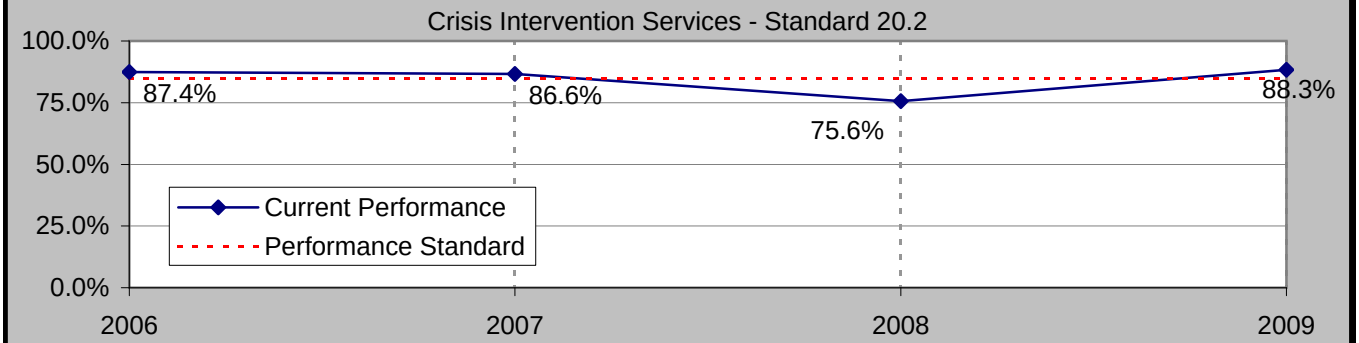
Community Resources and Treatment Services
Crisis Intervention Services

Standard 20 - Class member satisfaction with availability and quality of crisis intervention services

Standard 20.1	
Measurement	Class members reporting they know how to get help in a crisis when they need it-Q2.
Standard	Performance: 90% Compliance: Department conducts further review and takes appropriate corrective action if results fall below Performance Standard Level.
Data Source	Class Member Survey
Current Level	90.6% (N=537)



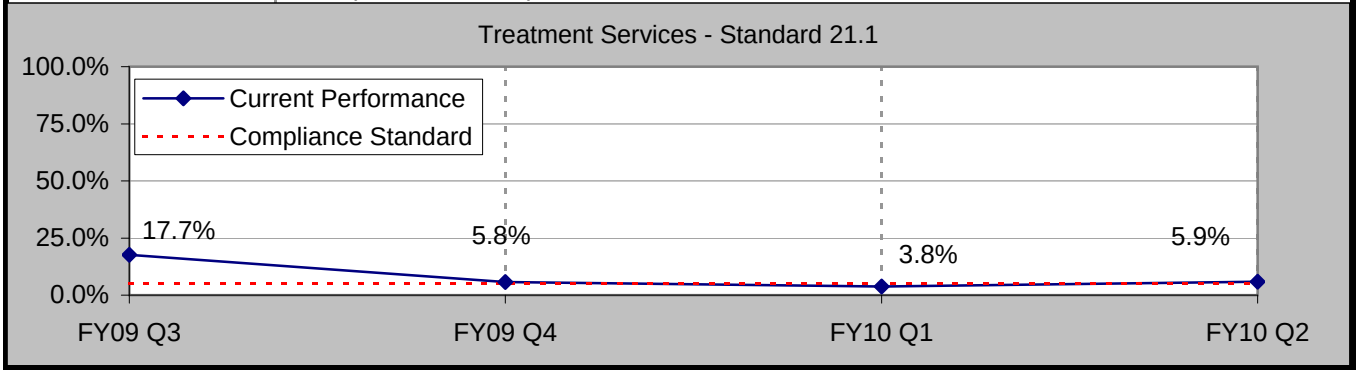
Standard 20.2	
Measurement	Class members reporting that crisis services were available when needed.
Standard	Performance: 85%
Data Source	Class Member Survey
Current Level	88.3% (N=537)



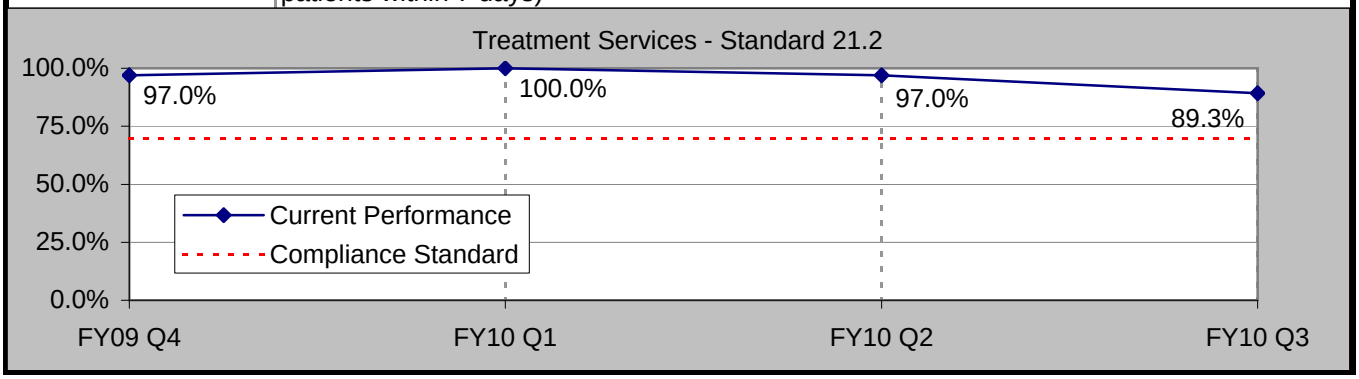
Community Resources and Treatment Services
Treatment Services

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

Standard 21.1	
Measurement	Class members with ISPs with unmet mental health treatment needs
Standard	Compliance: 5% or fewer (3 out of 4 quarters)
Data Source	ISP RDS Data
Current Level	5.9% (92 out of 1633)

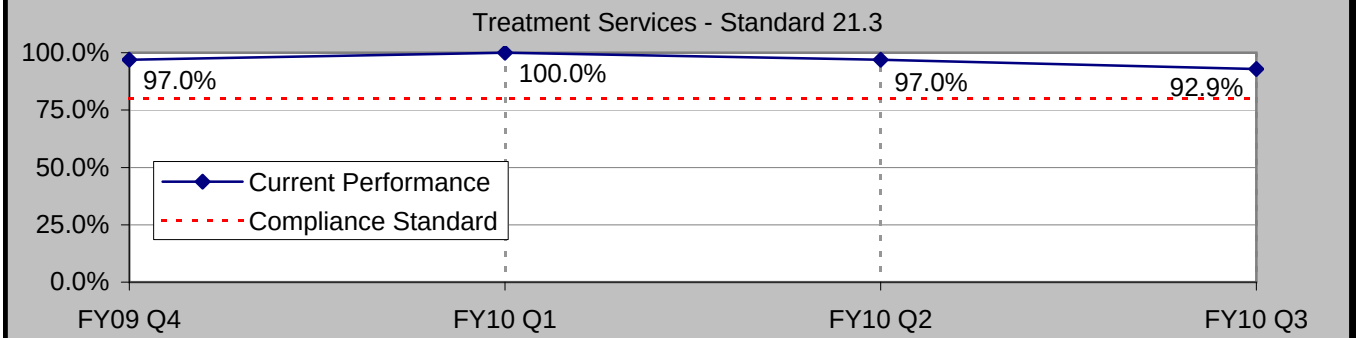


Standard 21.2	
Measurement	Percentage of patients at Riverview determined to be ready for discharge who are discharged within 7 days of that determination
Standard	Performance: 75% (within 7 days of that determination)
	Compliance: 70% (within 7 days of that determination)
Data Source	Riverview Psychiatric Center Discharge Data
Current Level	89.3% FY10 Q3 (Lack of mental health treatment impeded discharge for 3 out of 28 patients within 7 days)

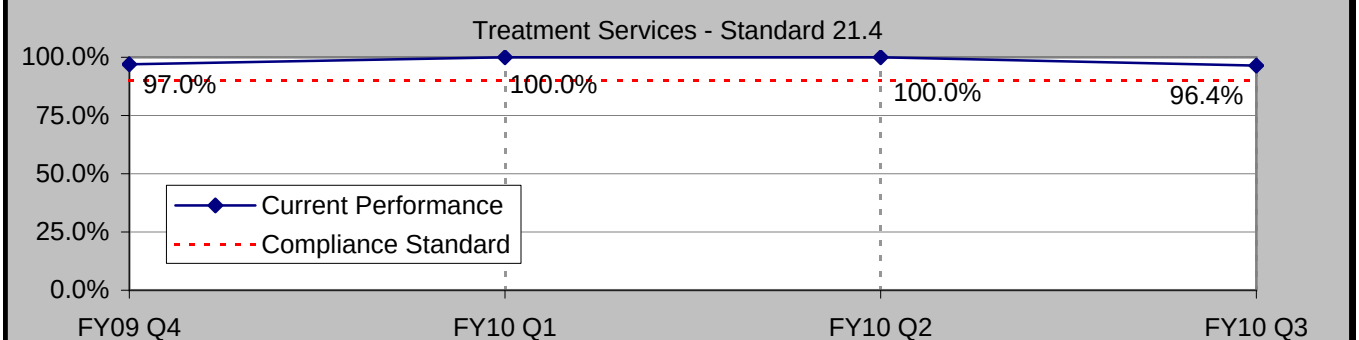


Community Resources and Treatment Services
Treatment Services

Standard 21.3	
Measurement	Percentage of patients at Riverview determined to be ready for discharge who are discharged within 30 days of that determination
Standard	Performance: 96% (within 30 days of that determination)
	Compliance: 80% (within 30 days of that determination)
Data Source	Riverview Psychiatric Center Discharge Data
Current Level	92.9% FY10 Q3 (Lack of mental health treatment impeded discharge for 2 out of 28 patients within 30 days)



Standard 21.4	
Measurement	Percentage of patients at Riverview determined to be ready for discharge who are discharged within 45 days of that determination
Standard	Performance: 100% (within 45 days of that determination) Compliance: 90% (within 45 days of that determination with certain clients excepted by agreement of the parties and the Court Master)
Data Source	Riverview Psychiatric Center Discharge Data
Current Level	96.4% FY10 Q3 (Lack of mental health treatment impeded discharge for 1 out of 28 patients within 45 days)



Discussion:

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

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

28 Civil Patients discharged in quarter

- 8 discharged at 7 days (28.6%)
- 8 discharged 8-30 days (28.6%)
- 5 discharged 31-45 days (18.0%)
- 7 discharged post 45 days (25%)

Mental Health Treatment Services impeded discharge for 3 patients

- 1 discharged 8-30 days post clinical rediness for discharge
- 1 discharged 31-45 days post clinical rediness for discharge
- 1 discharged more than 45 days post clinical rediness for discharge

Community Resources and Treatment Services
Treatment Services

Standard 21.5	
Measurement	MaineCare data demonstrates by mental health service category that class members use an array of mental health treatment services.
Standard	No Numerical Standard Necessry
Data Source	MaineCare

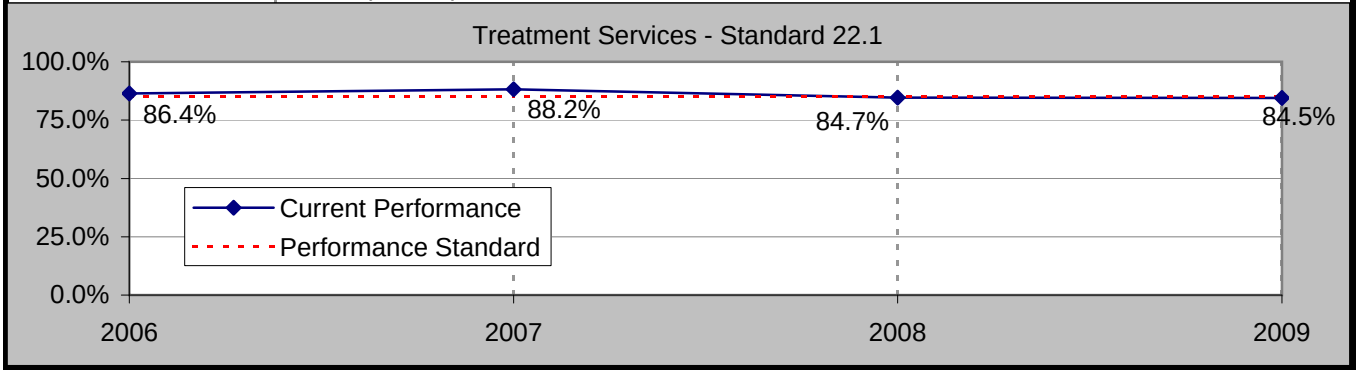
MaineCare Data FY 2009			
Mental Health Treatment Services Received	**Total Number**	**Total Number of Class Members***	**Percent of Class Members**
Assertive Community Treatment (CBB10)	1,178	349	29.6%
Community Integration (H2015)	9,834	1,232	12.5%
Crisis Services (H2011)	5,121	557	10.9%
Crisis Residential (CSU)(H0018)	1,405	202	14.4%
Day Treatment (H2012)	661	113	17.1%
Intensive Case Management (CBB16)*	0	0	0.0%
Medication Management (H2010)	12,184	974	8.0%
Outpatient (Comp Assess&Therapy)(H2010, H0004)	22,274	674	3.0%
Residential	839	406	48.4%
Skills Development (H2025, H2014)	69	12	17.4%
Daily Living Supports (H2017)	581	129	22.2%
Total Unduplicated Count	**54,146**	**4,648**	**8.6%**

* Intensive Case Managers now serve primarily in an outreach capacity to correctional facilities and shelters. This work is not billable to MaineCare. Data reported 2nd quarter FY 10.

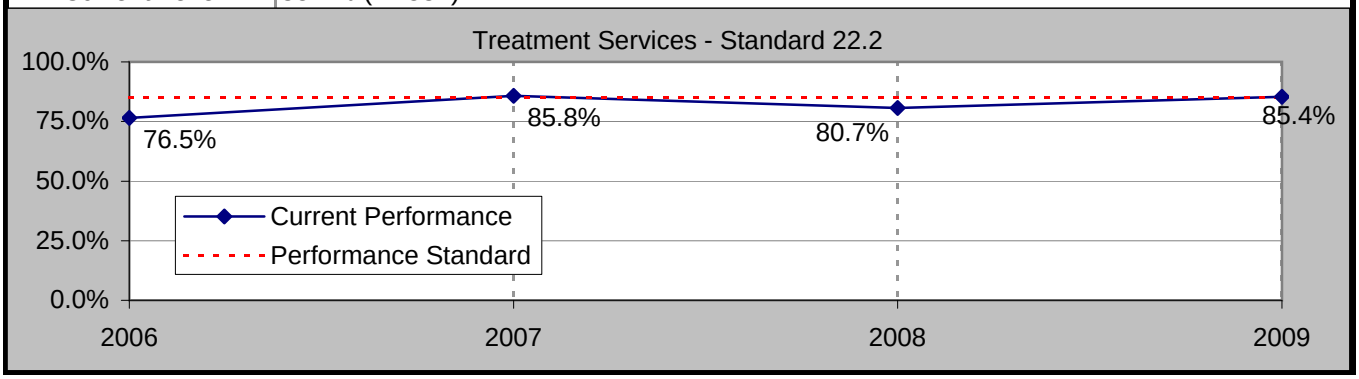
Community Resources and Treatment Services
Treatment Services

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

Standard 22.1	
Measurement	Percent answering Yes to "Can you get the mental health services and supports you feel you need?"
Standard	Performance: 85%
	Compliance: OAMHS conducts review, takes action if results fall below defined levels.
Data Source	Class Member Survey Q1
Current Level	84.5% (N=537)



Standard 22.2	
Measurement	Percent reporting satisfaction with MH services/supports received in past year.
Standard	Performance: 85%
Data Source	Class Member Survey Q12
Current Level	85.4% (N=537)



Discussion:

Standards 22.1 met for 2006, 2007, 2008 and 2009 surveys.

Community Resources and Treatment Services
Family Support Services

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

Standard 23.1	
Measurement	Number of education programs developed and delivered meeting Settlement Agreement requirements
Standard	No standard necessary
Data Source	NAMI
Current Level	4 family to family classes: Q2 FY 10

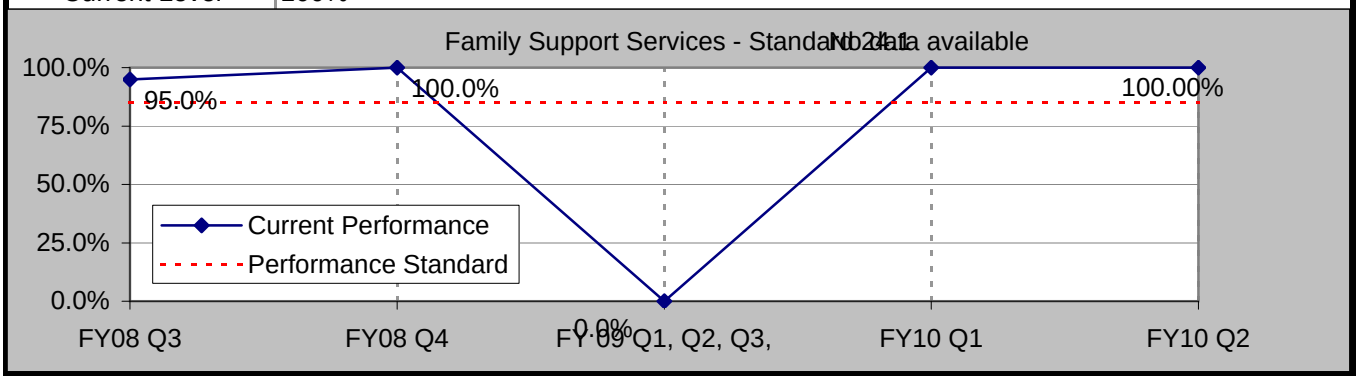
Standard 23.2	
Measurement	Number and distribution of family support services provided
Standard	No standard necessary
Data Source	NAMI
Current Level	24 family support groups, 15 sites: Q2 FY 10

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

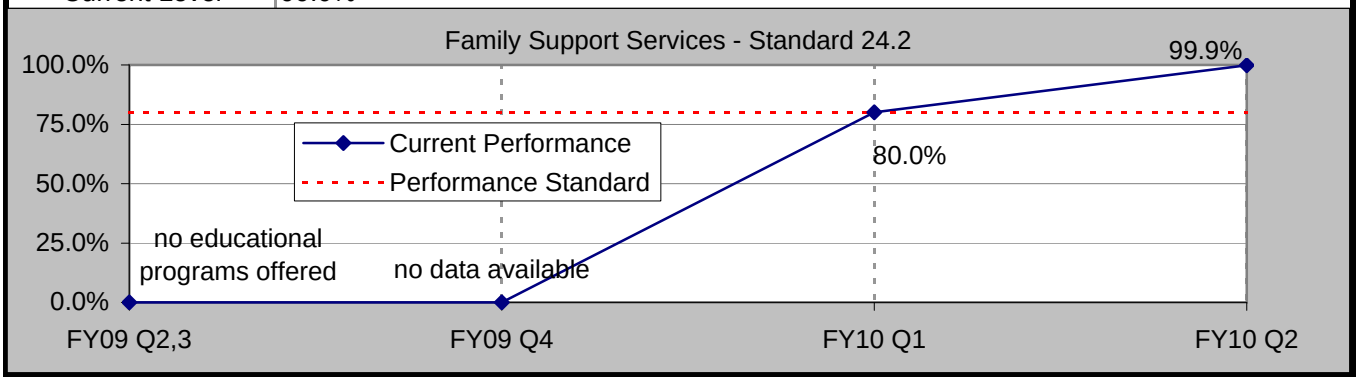
Community Resources and Treatment Services
Family Support Services

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

Standard 24.1	
Measurement	Percentage of support group and group counseling participants reporting satisfaction with services.
Standard	Performance: 85%
Data Source	NAMI
Current Level	100%

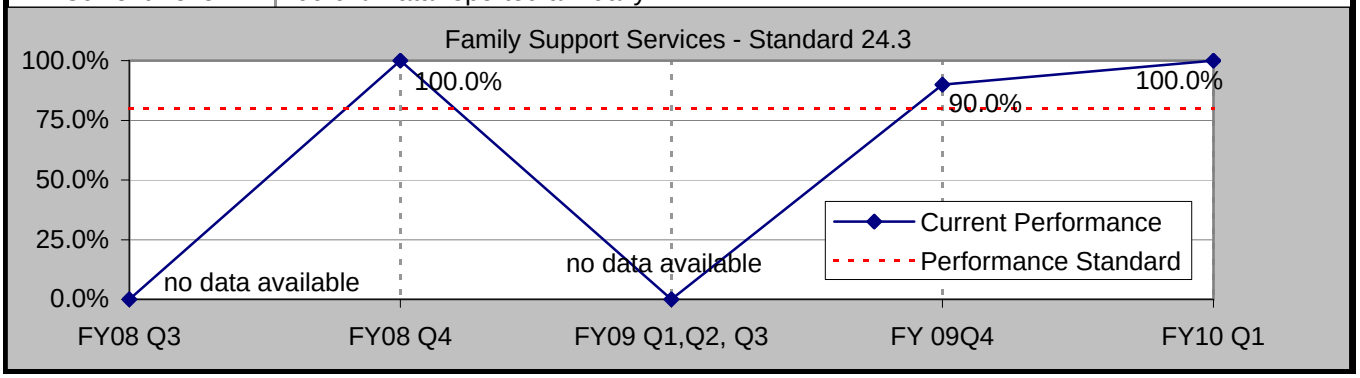


Standard 24.2	
Measurement	Percentage of program participants reporting satisfaction with education programs.
Standard	Performance: 80%
Data Source	NAMI
Current Level	99.0%



Community Resources and Treatment Services
Family Support Services

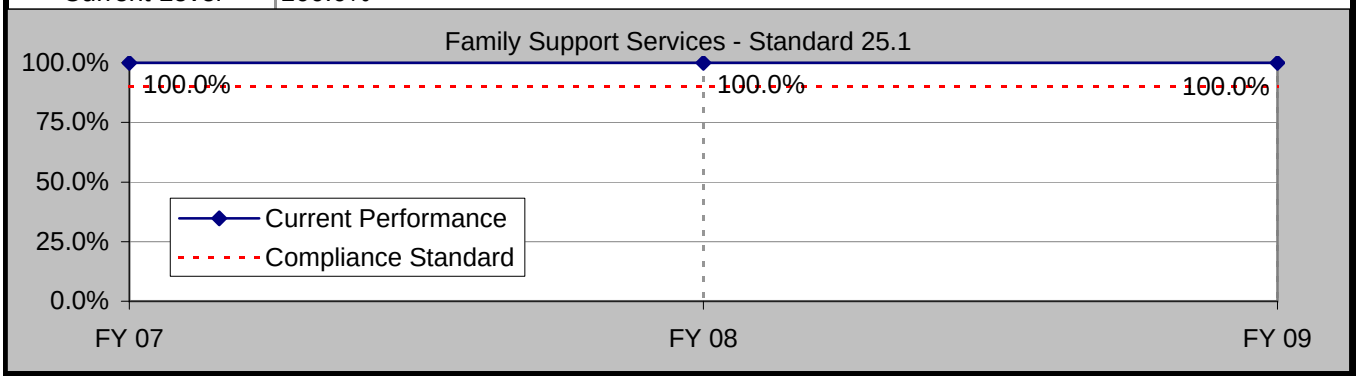
Standard 24.3	
Measurement	Percentage of family participants reporting satisfaction with respite services.
Standard	Performance: 80%
Data Source	NAMI
Current Level	100.0% Data reported annually.



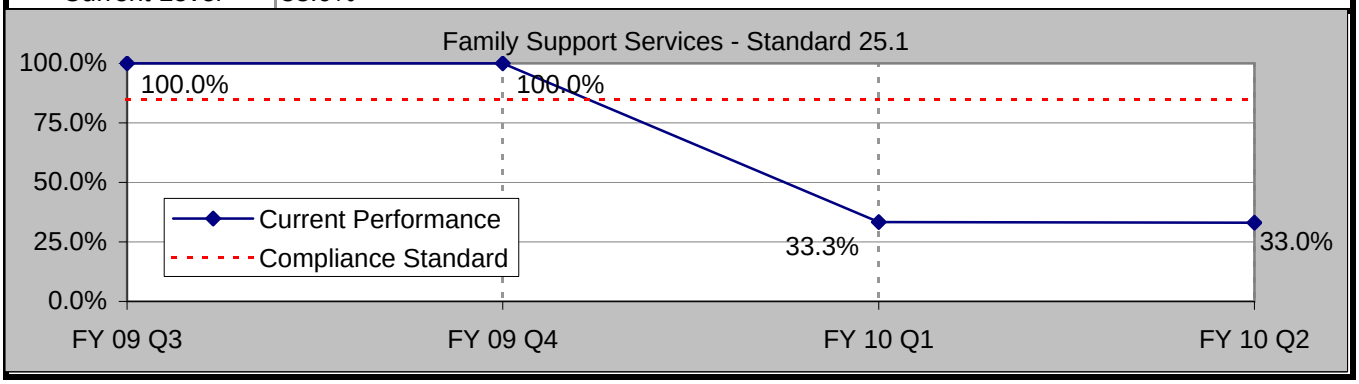
Community Resources and Treatment Services
Family Support Services

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

Standard 25.1	
Measurement	Agency contracts reviewed with documented evidence of referral mechanism to family support services.
Standard	Compliance: 90%
Data Source	Contract Reviews
Current Level	100.0%



Standard 25.2	
Measurement	Families receiving referrals for family support services reporting satisfaction with referral process.
Standard	Performance: 85%
Data Source	NAMI
Current Level	33.0%



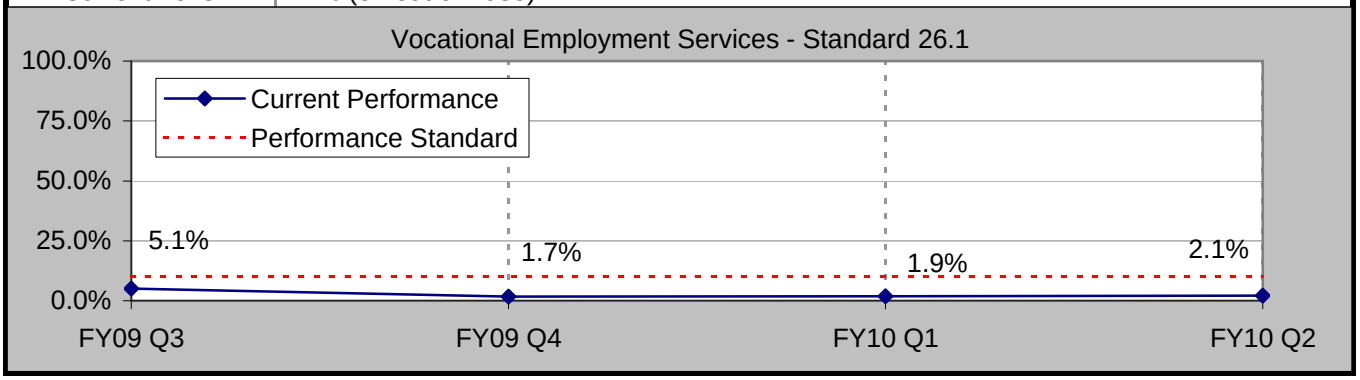
Discussion:

Standards 25.1:Contract reviews have been completed in regions 1 and 3. One agency in region 1 is commiting their process to writing and will submit by 06/01/2010. Region 2 has completed 9 of 17 reviews - the remaining 8 are scheduled. Data will be reported in the next quarterly.

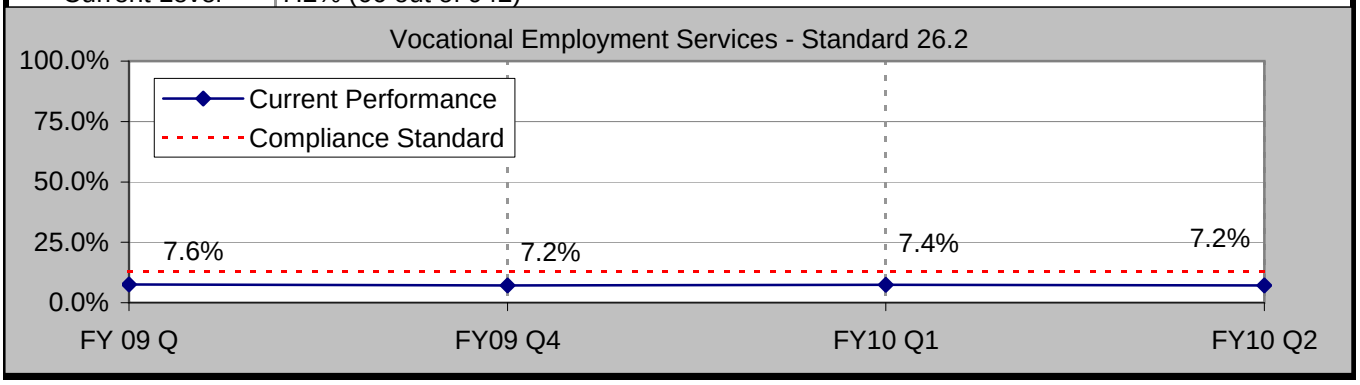
Community Resources and Treatment Services
Vocational Employment Services

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

Standard 26.1	
Measurement	Class members with ISP identified unmet vocational/employment support needs.
Standard	Performance: 10% or fewer
Data Source	ISP RDS Data
Current Level	2.1% (34 out of 1633)

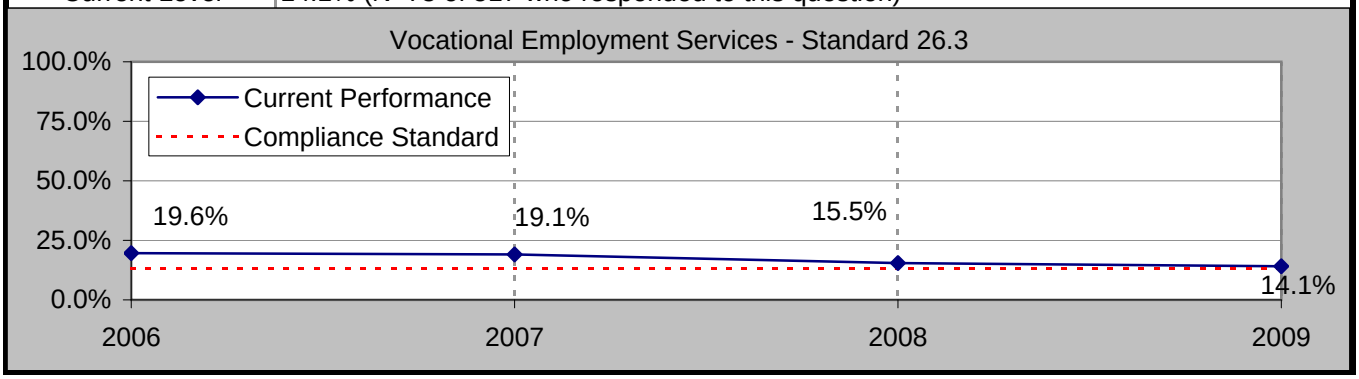


Standard 26.2	
Measurement	Class members younger than age 62 in competitive employment in the community.
Standard	Performance: 15% of class members employed in competitive employment.
	Compliance: 13% or Baseline (10.8%). See explanation after Standard 26.3
Data Source	ISP RDS Data
Current Level	7.2% (66 out of 942)



Community Resources and Treatment Services
Vocational Employment Services

Standard 26.3	
Measurement	Class members in either supported employment or in competitive employment (Part or Full Time).
Standard	Performance: 20% in either competitive or supported employment
	Compliance: 13% or Baseline (21%). See explanation below.
Data Source	Class Member Survey
Current Level	14.1% (N=73 of 517 who responded to this question)

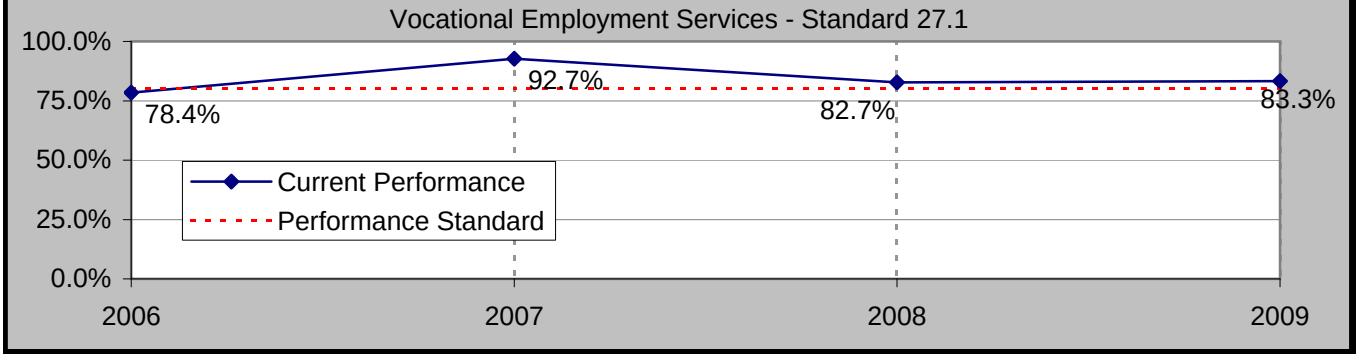


OAMHS takes action if the number of Class Members (younger than 62) employed falls below the Compliance Standard.

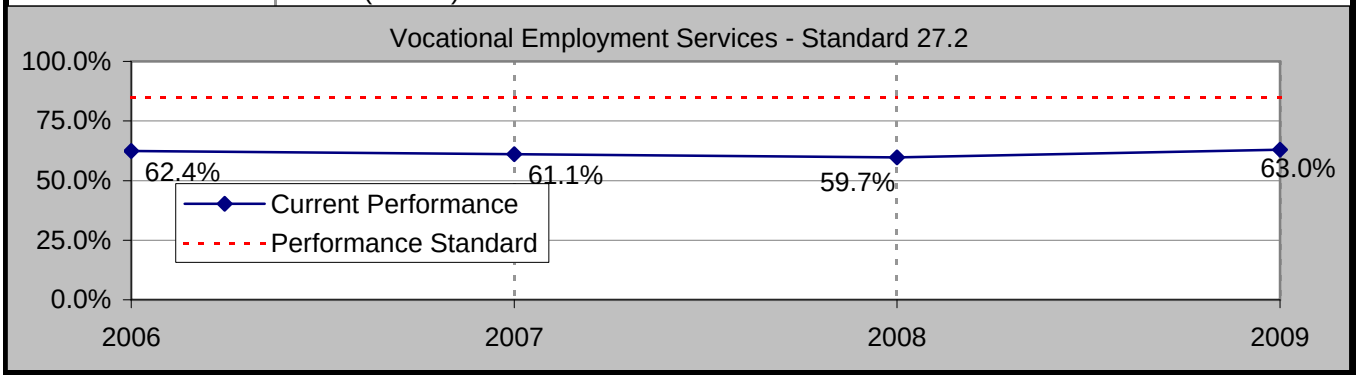
Community Resources and Treatment Services
Vocational Employment Services

Standard 27 - Satisfaction with employment and with vocational support services

Standard 27.1	
Measurement	Class members who report satisfaction with their employment.
Standard	Performance: 80%
Data Source	Annual Class Member Survey, Q20
Current Level	83.3% (N=60 out of 73 employed who responded to this question)



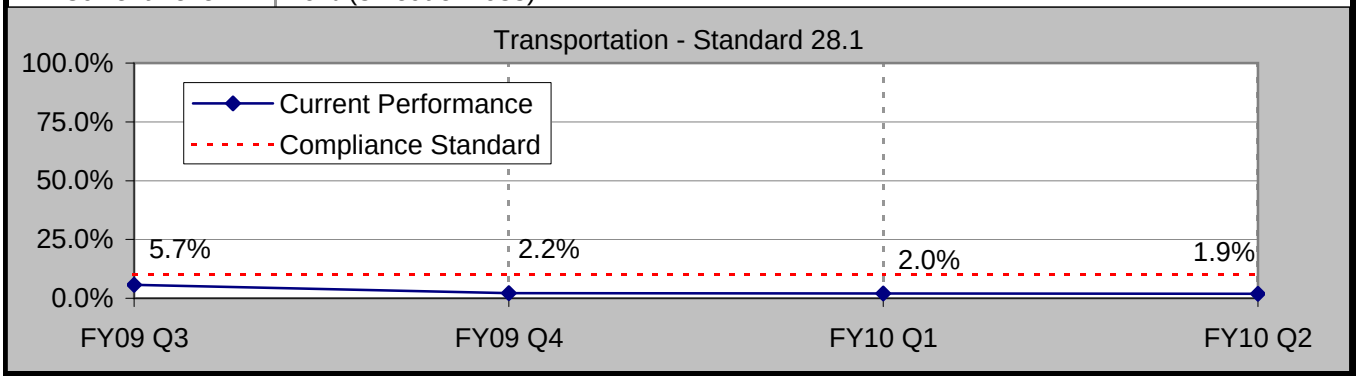
Standard 27.2	
Measurement	Class members reporting that vocational supports were available when needed.
Standard	Performance: 85%
Data Source	Annual Class Member Survey, Q23
Current Level	63.0% (N=537)



Community Resources and Treatment Services
Transportation

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

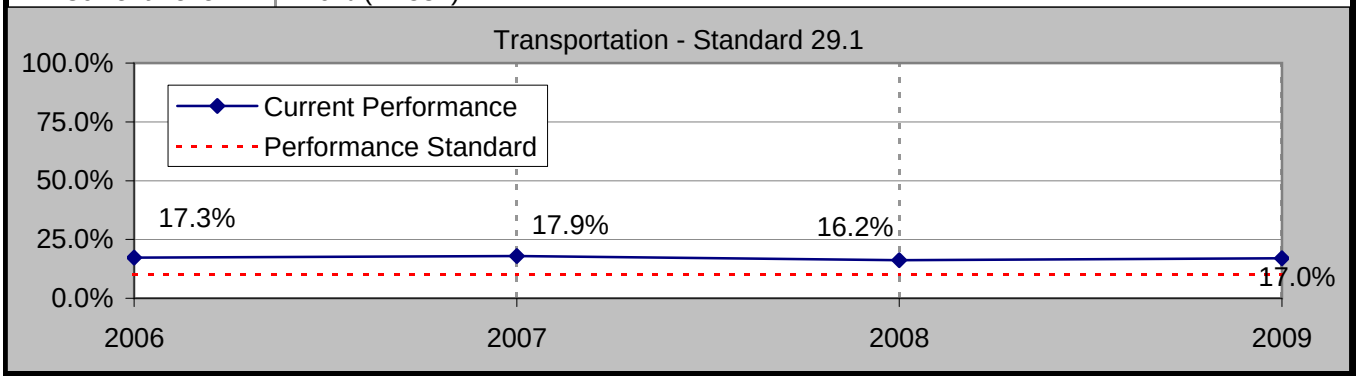
Standard 28.1	
Measurement	Percentage of class members with ISP identified unmet transportation needs.
Standard	Compliance: 10% or fewer (3 out of 4 quarters)
Data Source	ISP RDS Data
Current Level	1.9% (31 out of 1633)



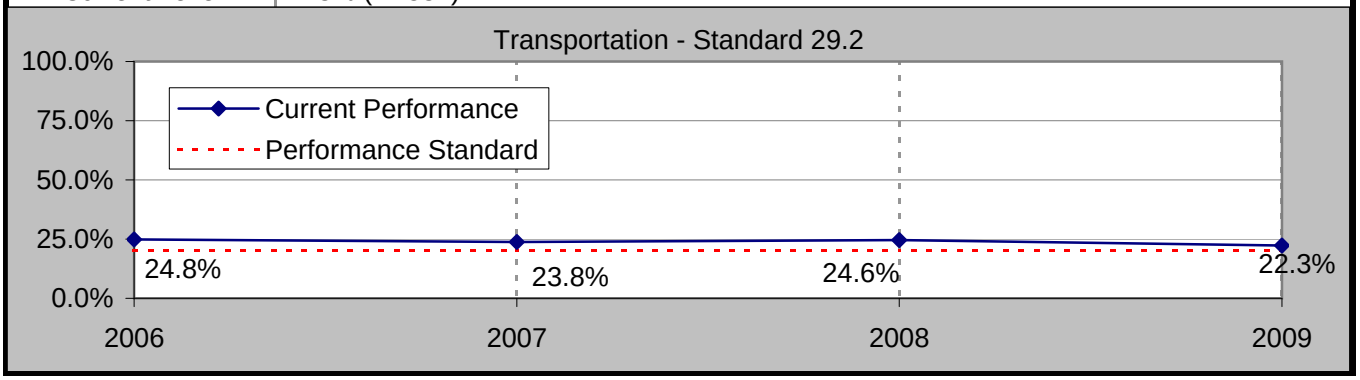
Community Resources and Treatment Services
Transportation

Standard 29 - Satisfaction with availability of transportation services

Standard 29.1	
Measurement	Percent of class members reporting difficulty getting to medical/MH appointments due to lack of transportation.
Standard	Performance: 10% or fewer
Data Source	Class Member Survey, Q6
Current Level	17.0% (N=537)



Standard 29.2	
Measurement	Percent of class members reporting difficulty participating in recreation or social activities due to lack of transportation.
Standard	Performance: 20% or fewer
Data Source	Class Member Survey, Q8
Current Level	22.3% (N=537)



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

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

Standard 30.1	
Measurement	Number of social clubs/peer centers and participants by region.
Standard	Qualitative evaluation; no numerical standard required.
Data Source	Office of Consumer Affairs Data
Current Level	No FY10 Q2 data available

Standard 30.2	
Measurement	Number of other peer support programs and participation.
Standard	Qualitative evaluation; no numerical standard required.
Data Source	Office of Consumer Affairs Data
Current Level	31 Peer Support programs statewide during 2009.

Peer Support Groups funded by DHHS 2009:
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
Pathways to Recovery -- Portland, Connections Group -- Portland, The Sunday Group -- Portland
Club Houses: Capitol Club House -- Augusta, High Hopes -- Waterville

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

NAMI Support Groups Primarily Attended by consumers:
Augusta, Bangor, Damariscotta, Ellsworth, Harrington, Livermore Falls, Machias, Saco, York

Discussion:

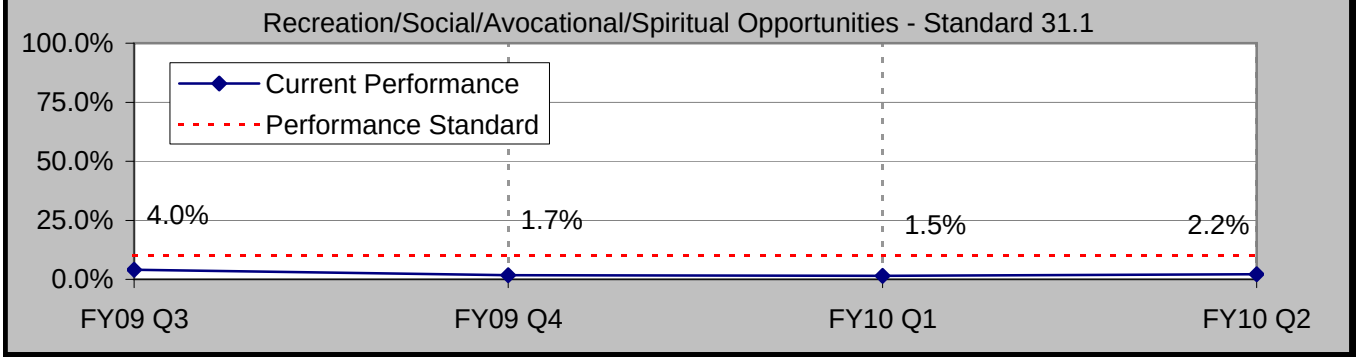
The quarterly reporting forms for social clubs and peer programs were revised FY 09 to give better information about the activities and programs that happen in peer support programs. It is anticipated that there will be an adjustment period as we switch forms and the data will become more meaningful after a couple of cycles with the new form.

Standard 30.1: A limited number of quarterly reports are being submitted making it difficult to obtain accurate data for unduplicated participants. A memo will be sent to all providers that are required to submit quarterly performance measures reports or quarterly financial reports. Agencies that do not begin submitting reports will be followed up with as part of contract compliance.

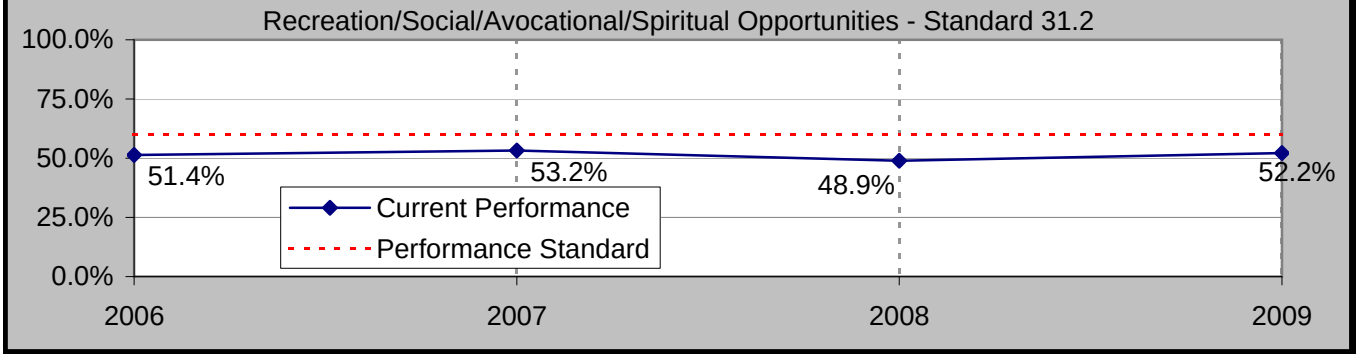
Community Resources and Treatment Services
Recreation / Social / Avocational / Spiritual Opportunities

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

Standard 31.1	
Measurement	ISP identified class member unmet needs in recreational, social, avocational and spiritual areas.
Standard	Performance: 10% or fewer
Data Source	ISP RDS Data
Current Level	2.2% (36 out of 1633)

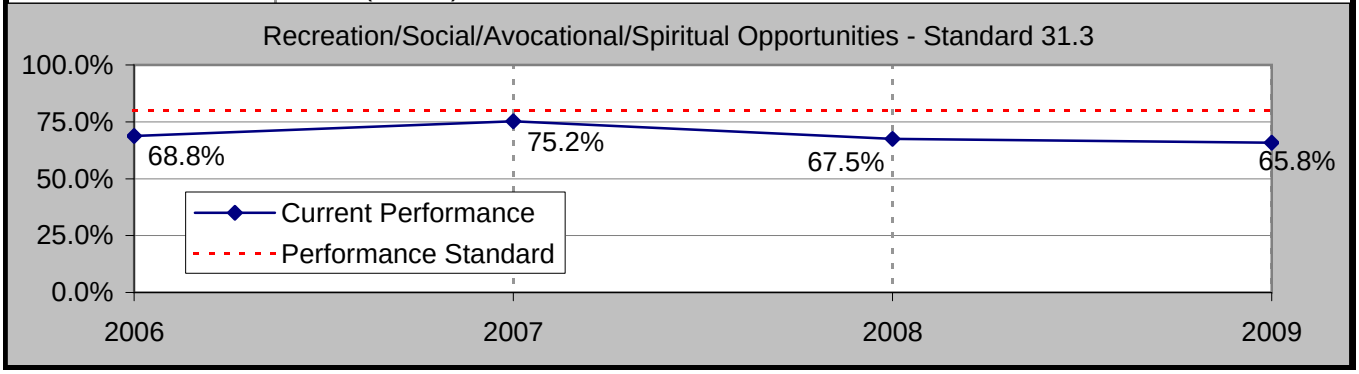


Standard 31.2	
Measurement	Percent reporting regular participation in rec/soc, avocational and spiritual areas.
Standard	Performance: 60%
Data Source	Annual Class Member Survey, Q7
Current Level	52.2% (N=537)



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

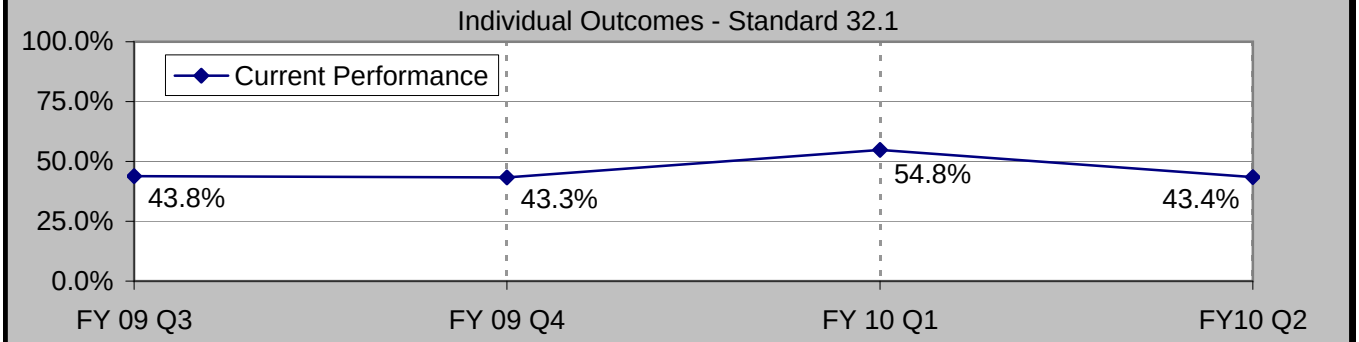
Standard 31.3	
Measurement	Percent reporting satisfaction with recreational and social opportunities available.
Standard	Performance: 80%
Data Source	Annual Class Member Survey, Q9
Current Level	65.8% (N=537)



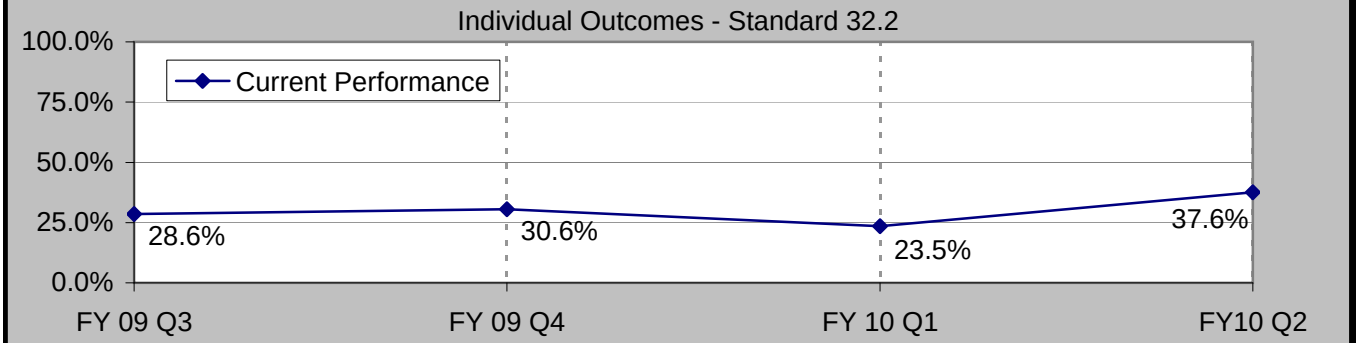
System Outcomes: Supporting the Recovery of Adults with Mental Illness Recovery

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

Standard 32.1	
Measurement	Class Members demonstrating functional improvement on LOCUS between baseline and 12 month re-certification
Standard	Standard to be established.
Data Source	Enrollment data (Based on overall composite score.)
Current Level	43.4% (171 out of 394)

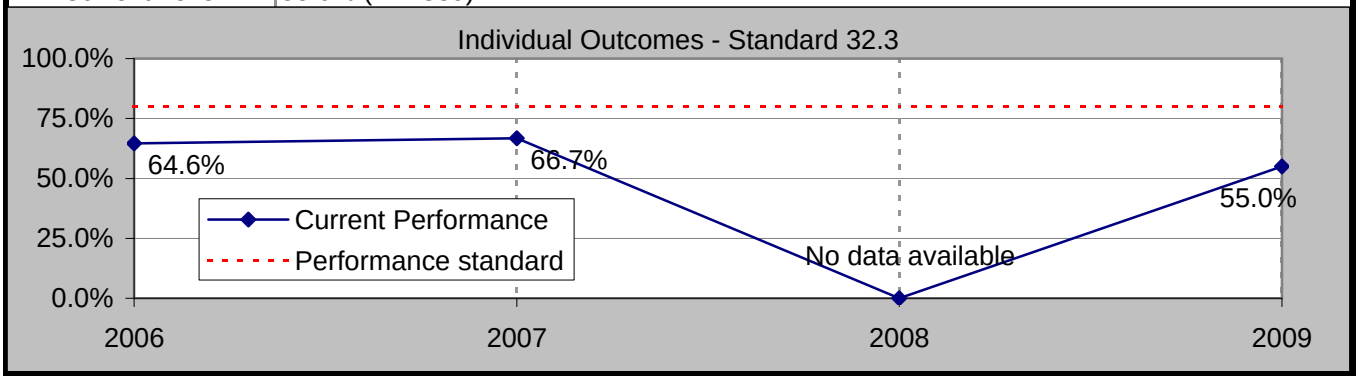


Standard 32.2	
Measurement	Class Members who have maintained level of functioning between baseline and 12 month re-certification.
Standard	Standard to be established.
Data Source	Enrollment data (Based on overall composite score.)
Current Level	37.6% (148 out of 394)



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

Standard 32.3	
Measurement	Consumers reporting positively on functional outcomes on Data Infrastructure Survey outcome items.
Standard	Performance: 80%
Data Source	Data Infrastructure Grant Survey
Current Level	55.0% (N=1339)



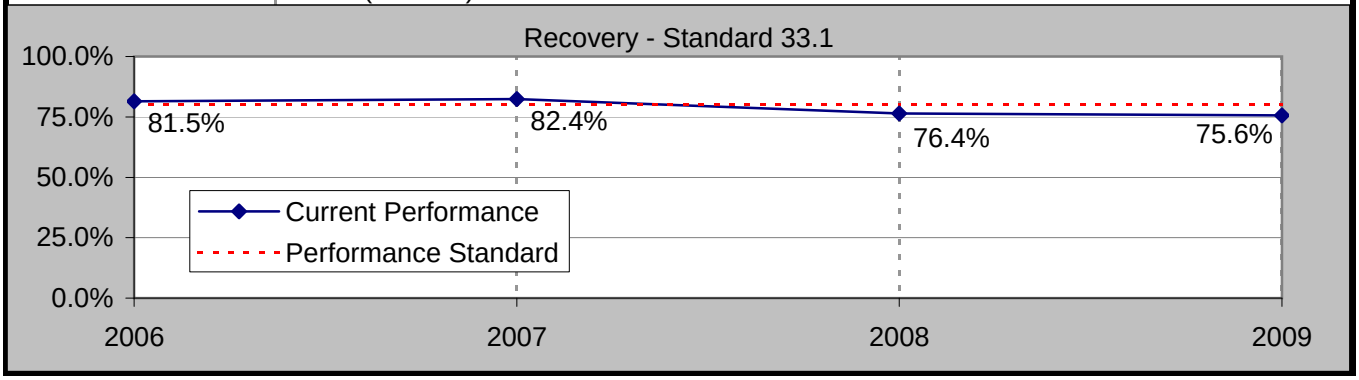
Discussion:

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

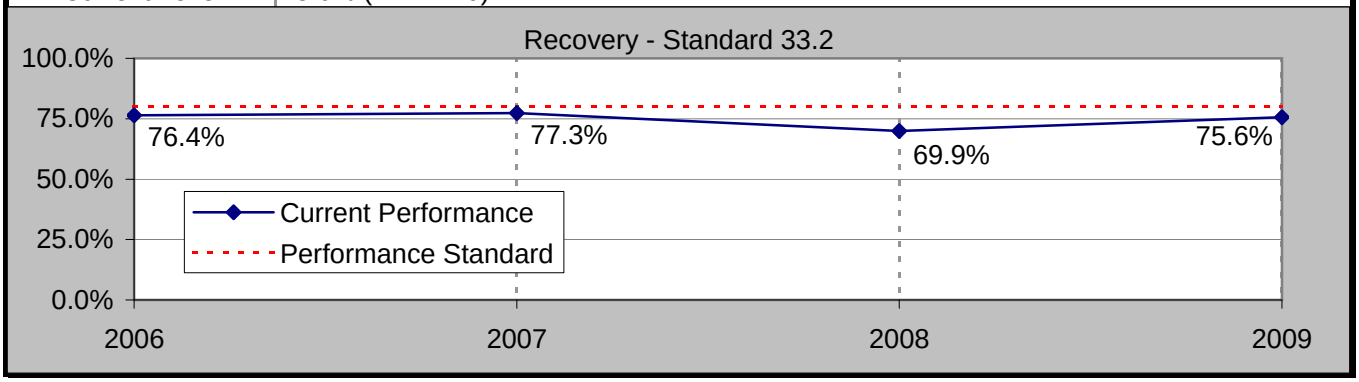
System Outcomes: Supporting the Recovery of Adults with Mental Illness
Recovery

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

Standard 33.1	
Measurement	Consumer reporting that agency staff helped them obtain info needed to take charge of managing illness.
Standard	Performance: 80%
Data Source	Data Infrastructure Grant Survey, Q20
Current Level	75.6% (N=1248)

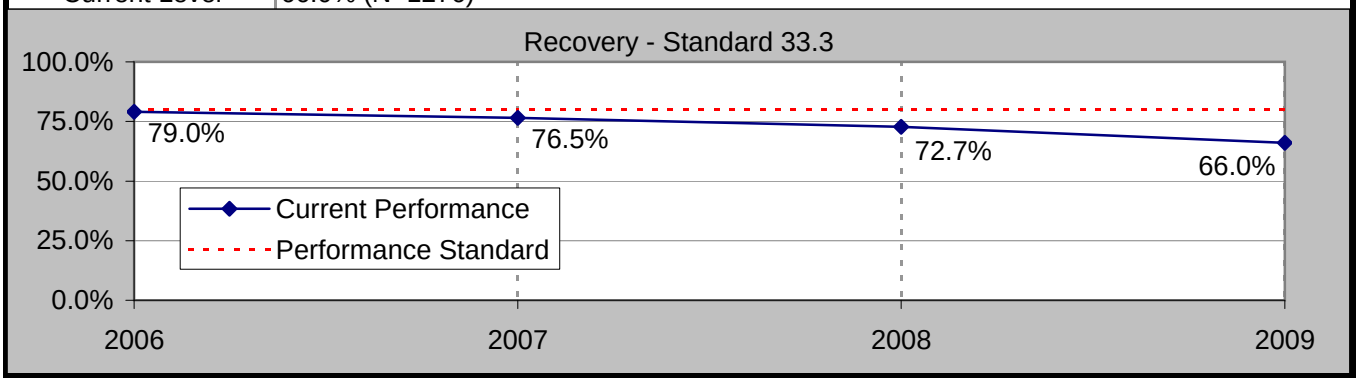


Standard 33.2	
Measurement	Consumers reporting that agency staff believe that they can grow, change and recover
Standard	Performance: 80%
Data Source	Data Infrastructure Grant Survey, Q13
Current Level	75.6% (1N=1220)

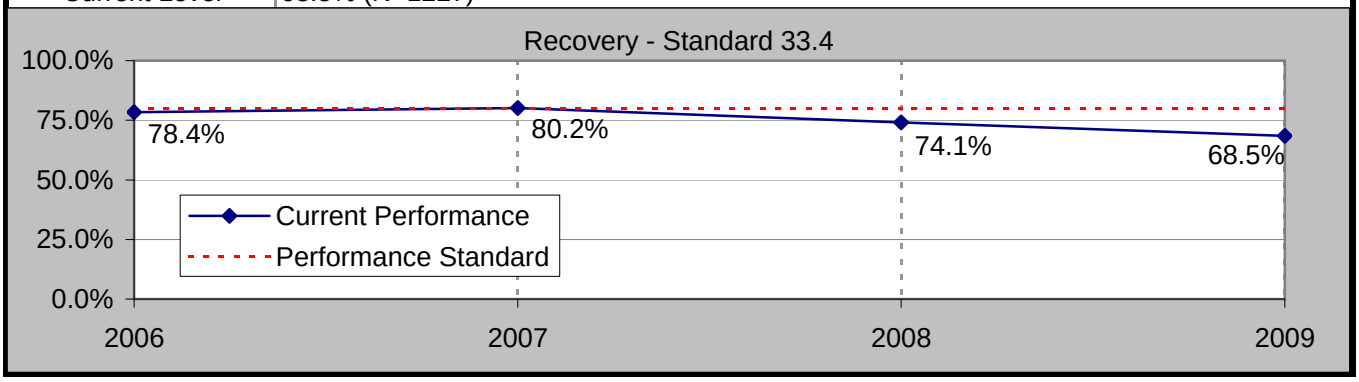


System Outcomes: Supporting the Recovery of Adults with Mental Illness
Recovery

Standard 33.3	
Measurement	Consumers reporting that agency services and staff supported their recovery and wellness efforts and beliefs.
Standard	Performance: 80%
Data Source	Data Infrastructure Grant Survey, Q27
Current Level	66.0% (N=1276)

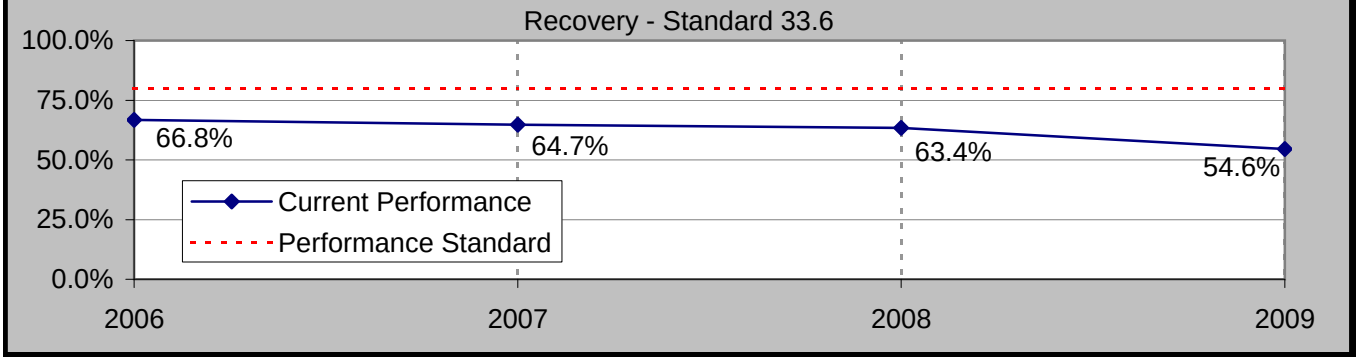


Standard 33.4	
Measurement	Consumers reporting that providers offered opportunities to learn skills to strengthen and maintain wellness.
Standard	Performance: 80%
Data Source	Data Infrastructure Grant Survey, Q28
Current Level	68.5% (N=1227)



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

Standard 33.6	
Measurement	Consumers reporting that service providers offered mutual support or recovery-oriented groups run by peers.
Standard	Performance: 80%
Source	Data Infrastructure Grant Survey, Q29
Current Level	54.6% (N=1070)



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

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

Standard 34.1	
Measurement	# of mental health workshops, forums, and presentations geared toward general public and level of participation.
Standard	Qualitative evaluation required, no numerical standard necessary.
Data Source	
Current Level	27 FY 10 Q3 (see attached spreadsheet)

Standard 34.2	
Measurement	Number and type of infor packets, publications, press releases, etc. distributed to public audiences.
Standard	Qualitative evaluation required, no numerical standard necessary.
Data Source	
Current Level	355 FY 10 Q2 (see attached spreadsheet)

Department of Health and Human Services

Maine People Living Safe, Healthy and Productive Lives

John E. Baldacci, Governor Brenda M. Harvey, Commissioner