

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

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 FY10 Q1 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 23 Peer Support programs statewide. 2009 Office of Consumer Affairs Data.
Performance Standard *Qualitative evaluation; no numerical standard required.*

Peer Support Groups funded by DHHS 2009:

Peer Centers and Social Clubs: Amistad--Portland, Beacon House--Rumford
 Center for Life Enrichment and Peer Support -- Kittery, Common Connections--Saco, Friends Together --Jay
 Harmony Support Center--Sanford, Harvest Inn Social Club -- Caribou, LINC -- Augusta,
 100 Pine Street -- Lewiston, The Learning and Recovery Center -- Brunswick
 Together Place -- Bangor, Valley Social Club -- Madawaska, Waterville Social Club -- Waterville
 Wrap Group -- Madison, 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, Ellsworth, Machias, Milbridge, Newcastle,
 Pembroke, Saco, 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.



Consent Decree Performance and Quality Improvement Standards: November 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 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. Starting with this quarterly report, OAMHS is reporting all RDS unmet need data one quarter behind by recalculating and again reporting on quarter 4 of FY 2009. With the next quarterly report, all RDS/enrollment data, inclusive of unmet need data, will be reported one quarter behind.

The first feed of enrollment and RDS data from APS Healthcare occurred in early October. Subsequent feeds identified data collection issues which affected the integrity of the data. Staff have spent a great deal of time "cleaning" the data and the "fixes" to remedy the data issues were identified and implemented. At this time, there are no major data issues on the table.

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

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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 August- October, 200

	Baseline	Current Level	Standard	Met/Not Met
Standard 1. Rights Dignity and Respect				
1. Have providers treated you with dignity and respect?	91.8%	93.8%	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	9/5	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%	80.1%	90.0%	NOT MET
1a. Class Members with CIW, informed about their rights.	87.0%	86.7%	95.0%	NOT MET
1b. Class Members with MaineCare informed about their rights.	81.0%	82.7%	90.0%	NOT MET
2. Consumers given information about their rights	90.7%	87.1%	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%	61.9%	90.0%	NOT MET
3. Non-hospitalized class members assigned a worker in 3 days.	70.0%	82.5%	90.0%	NOT MET
4. Class members not assigned on time, but w/in 1-7 extra days.	71.0%	24.0%	95.0%	NOT MET
5. ISP completed w/in 30 days of service request.	75.2%	96.0%	90.0%	MET
6. 90 day ISP review completed within specified time frame	93.8%	53.4%	90.0%	NOT MET
7. Initial ISPs not developed w/in 30 days, but w/in 60 days.				

	Baseline	Current Level	Standard
Standard 7. CI/CSS/ Individualized Support Planning			
1a. ISPs reflect the strengths of the consumer?	79.4%	98.0%	90.0%
1b. ISPs consider need for crisis intervention and resolu	82.5%	97.0%	No Numerical
1c. Does the consumer have a crisis plan?	19.0%	62.0%	No Numerical
1d. Has the crisis plan been reviewed every 3 months?	41.7%	91.9%	No Numerical
Standard 8. CI/CSS Individualized Support Planning			
1. ISP team reconvened after an unmet need was ident	50.0%	66.7%	90%*
2. ISPs reviewed with unmet needs with established int	**	66.7%	90.0%
Standard 9. ISP Service Agreements			
1. ISPs that require Service Agreements that have curr	100.0%	55.6%	90.0%
Standard 10. Case Load Ratios			
1. ACT Statewide Case Load Ratio	88.9%	60.0%	90.0%
2. Community Integration Statewide Case Load Ratio	100.0%	100.0%	90.0%
3. Intensive Community Integration Statewide Case Lo			
ICI is no longer a service offered by MaineCare.			
4. Intensive Case Management Statewide Case Load F	100.0%	100.0%	90.0%
5. OES Public Ward Case Management Case Load Ra	41.9%	40.9%	90.0%
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 St	7.2%	1.8%	5% or fewer

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	30.7%	50.0%	100%*	NOT MET
8. ISPs not reviewed w/in 90 days, but w/in 120 days.				
	45.0%	72.4%	100%*	NOT MET

2. Lack of Res Supp impedes Riverview discharge w/in			
	98.0%	100.0%	70.0%
3 Lack of Res Support impeding discharge w/in 30 day:			
	98.0%	100.0%	80.0%
4. Lack of Res Support impeding discharge w/in 45 day			
	98.0%	100.0%	90.0%

* Denotes Performance Standard

Standard 13. Housing & Residential Support Services

- 1. Class members reporting satisfaction with living situation
80.2% **81.6%** **80%*** **MET**
- 2. Class members reporting satisfaction with res/housing supports
81.4% **80.9%** **85.0%** **NOT MET**

Standard 14. Housing & Residential Support Services

- 1. Class members with unmet housing resource needs.
1.6% **3.1%** **10.0%** **MET**
- 2. Class members who were homeless over 12 month period.
8.6% **9.0%** **6%* or fewer** **NOT MET**
- 3. Class members reporting satisfaction with living arrangement.
80.2% **81.6%** **80%*** **MET**
- 4. Lack of housing impeding discharge w/in 7 days of determination
98.0% **74.0%** **70.0%** **MET**
- 5. Lack of housing impeding discharge w/in 30 days of determination
95.9% **76.0%** **80.0%** **NOT MET**
- 6. Lack of housing impeding discharge w/in 45 days of determination
67.3% **81.0%** **90.0%** **NOT 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**

Standard 18. Acute Inpatient Services (Involuntary Cla

- 1. Admissions for whom hospital obtained ISP
31.6% **22.2%** **90.0%**
- 2. Treatment and Discharge plans consistent with ISP
50.0% **0.0%** **90.0%**
- 3. CI/ICI/ICM/ACT worker participated in treatment and
63.1% **88.9%** **90.0%**

Standard 19. Crisis intervention Services

- 1. Face to face crisis contacts that result in hospitalizati
21.0% **28.0%** **20-25%**
- 2. Face to face crisis contacts resulting in follow up anc
community services
47.6% **47.5%** **To Be Establis**
- 3. Face to face crisis contacts using pre-developed cris
12.6% **7.0%** **To Be Establis**
- 4. Face to face crisis contacts in which CI worker was r
78.4% **95.0%** **90.0%**

Standard 20. Crisis Intervention Services

- 1 Class Members reporting they knew how to get help v
87.6% **90.6%** **90.0%**
- 2. Class Members reporting crisis services were availabl
83.3% **88.3%** **85%***

Standard 21. Treatment Services

- 1. Class Members with unmet mental health treatment
4.3% **5.8%** **5% or fewer**
- 2. Lack of MH Tx impeding Riverview discharge w/in 7
94.0% **100.0%** **70.0%**
- 3. Lack of MH Tx impeding Riverview discharge w/in 30
98.0% **100.0%** **80.0%**
- 4. Lack of MH Tx impeding Riverview discharge w/in 45
100.0% **100.0%** **90.0%**
- 5. Class Members use an array of Mental Health Servic
* Table only. No numerical standard.

Standard 22. Treatment Services

- 1. Class members reporting they can get the support th
85.1% **84.5%** **85.0%**
- 2. Class members reporting satisfaction with MH supp

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4a. Corrective action by UR Nurse when rights not maintained				
	25.0%	100.0%	90.0%	<i>MET</i>
5. Admissions for which medical necessity has been established.				
	95.7%	100.0%	90%*	<i>MET</i>

* Denotes Performance Standard

	81.2%	85.4%	85%*
Standard 23. Family Support Services			
1. An array of family support services as per settlement			
* No numerical standard necessary			
2. Number and distribution of family support services pr			
* No numerical standard necessary			

Standard 24. Family Support Services

1. Counseling group participants reporting satisfaction with services
98.7% **No data this quarter** **85%*** **NA**
2. Program participants reporting satisfaction with education programs
100.0% **No data this quarter** **80%*** **NA**
3. Family participants reporting satisfaction with respite services.
100.0% **90.0%** **80%*** **MET**

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.
100.0% **85%*** **MET**

Standard 26. Vocational Employment Services

1. Class members with ISPs - Unmet voc employ. Needs.
1.3% **1.7%** **10%* or fewer** **MET**
2. Class Members in competitive employment in the community.
10.8% **7.4%** **13.0%** **NOT MET**
3. Class members in supported or competitive employment.
21.0% **14.1%** **13.0%** **MET**

Standard 27. Vocational Employment Services

1. Class members reporting satisfaction with employment
78.4% **83.3%** **80%*** **MET**
2. Class members reporting voc supports available when needed.
62.4% **63.0%** **85%*** **NOT MET**

Standard 28. Transportation

1. Class Members with ISPs - Unmet transportation needs.
1.3% **2.2%** **10% or fewer** **MET**

Standard 29. Transportation

1. Class members due to lack of trans., difficulty with mh/med appts.
19.9% **17.0%** **10% or less*** **NOT MET**
2. Class members due to lack of trans., lack of soc/rec activities.
27.3% **22.3%** **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 **23** **NA** **NA**

Standard 31. Rec/Soc/Avoc/Spiritual

1. ISP identified class member unmet needs in rec/soc/
1.0% **1.7%** **10%* or fewer**
2. Class members reporting regular participation in rec/
44.2% **52.2%** **60%***
3. Class members reporting satisfaction with rec/soc/av
62.2% **65.8%** **80%***

Standard 32. Individual Outcomes

1. Consumers with improvement in LOCUS (Baseline to
41.0% **54.8%** **To Be Establis**
2. Consumers who have maintained functioning (Baseli
24.6% **23.5%** **To Be Establis**
3. Consumers reporting positively on functional outcom
78.0% **55.0%** **80%***

Standard 33. Recovery

1. Consumers reporting staff helped them to take charg
70.9% **75.6%** **80%***
2. Consumers reporting staff believed they could grow,
83.5% **75.6%** **80%***
3. Consumers reporting staff supported their recovery e
70.9% **66.0%** **80%***
4. Consumers reporting that providers offered learning
70.9% **68.5%** **80%***
5. Consumers reporting providers stressed natural sup
Question eliminated with 2007 DIG Survey.
6. Consumers reporting providers offered peer recover
53.2% **54.6%** **80%***

Standard 34. Public Education

1. # MH workshops, forums and presentation geared to
38 **19** **NA**
 2. #, type of info packets, publications, press releases c
37 **915** **NA**
- *Qualitative evaluation; no numerical stand.**

* Denotes Performance Standard

9

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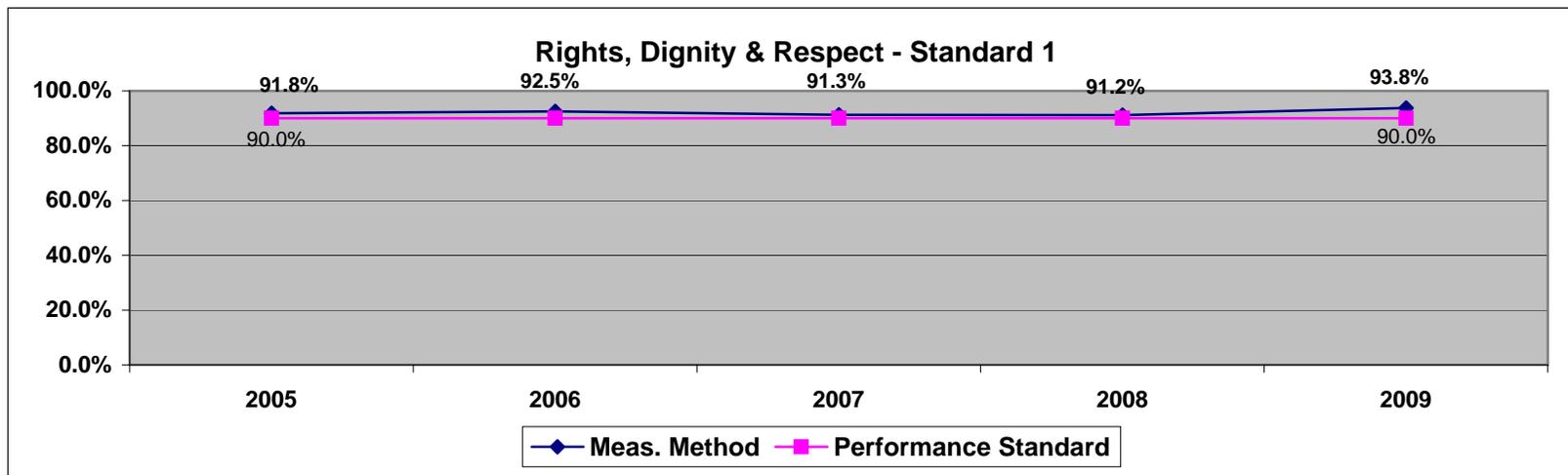
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Rights, Dignity, and Respect



Paragraph Standard 1:

32 a. Meas. Method

Baseline

Current Level

Performance Standard

Treated with respect for their individuality

Class Member Survey Q31. % Yes to "Have Service providers treated you with courtesy and respect?"

91.8% 2004 Class Member Survey (N=538)

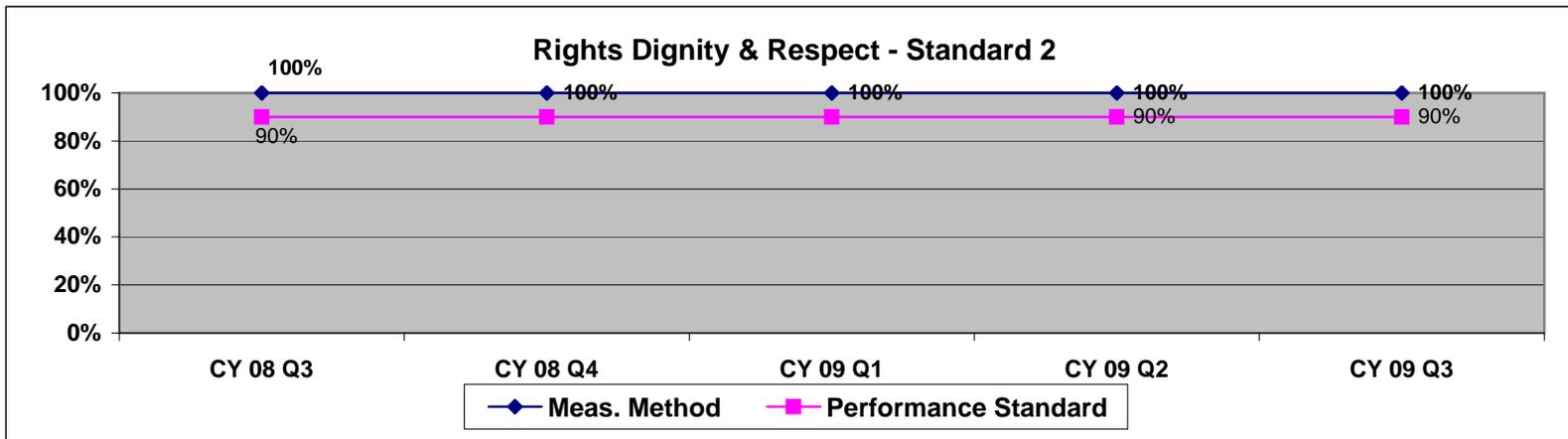
93.8% 2009 Class Member Survey (N=537)

90.0%

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	2005	2006	2007	2008	2009
Meas. Mett	91.8%	92.5%	91.3%	91.2%	93.8%
Performanc	90.0%	90.0%	90.0%	90.0%	90.0%

Rights, Dignity, and Respect



Paragraph 32a

**Standard 2:
Meas. Method
Baseline**

**Current Level
Performance Standard**

Grievances are addressed in a timely manner

DHHS Grievance Tracking System - Response to Level II Grievances within 5 days or agreed upon extension.
 100.0% CY03 Grievance Tracking data (15 out of 15)
 100.0% CY 06 Q1-Q4 Grievance Tracking data (17 out of 17)
 100.0% CY 09 Q3 Grievance Tracking data (9 out of 9)
 90.0%

CY=Calender Year

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	CY 08 Q3	CY 08 Q4	CY 09 Q1	CY 09 Q2	CY 09 Q3
Meas. Mett	100%	100%	100%	100%	100%
Performanc	90%	90%	90%	90%	90%

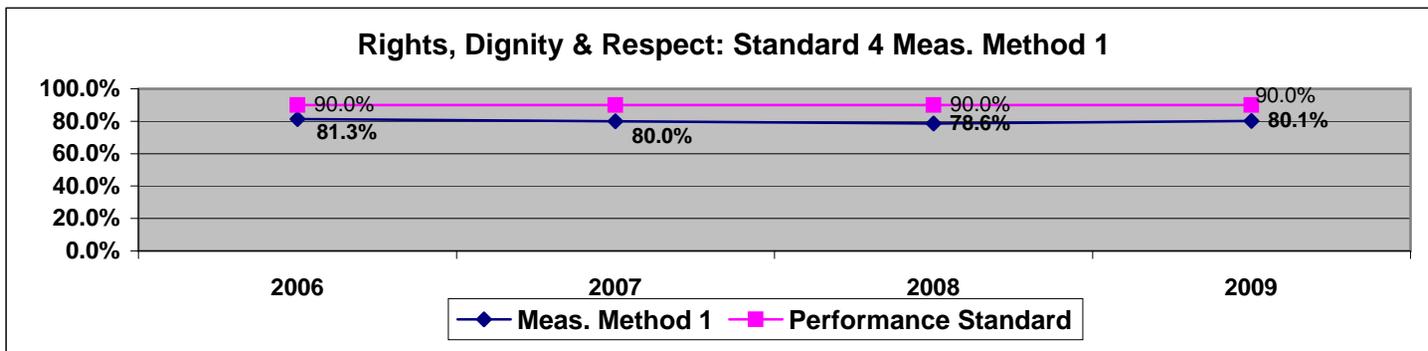
Rights, Dignity, and Respect

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	9 Grievances, 5 Unduplicated individuals CY 09 Q3 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 Q3 9 grievances filed, 0 substantiated.
	Performance Standard	No numerical standards necessary, ongoing monitoring of grievance trends.

CY=Calender Year

Rights, Dignity, and Respect

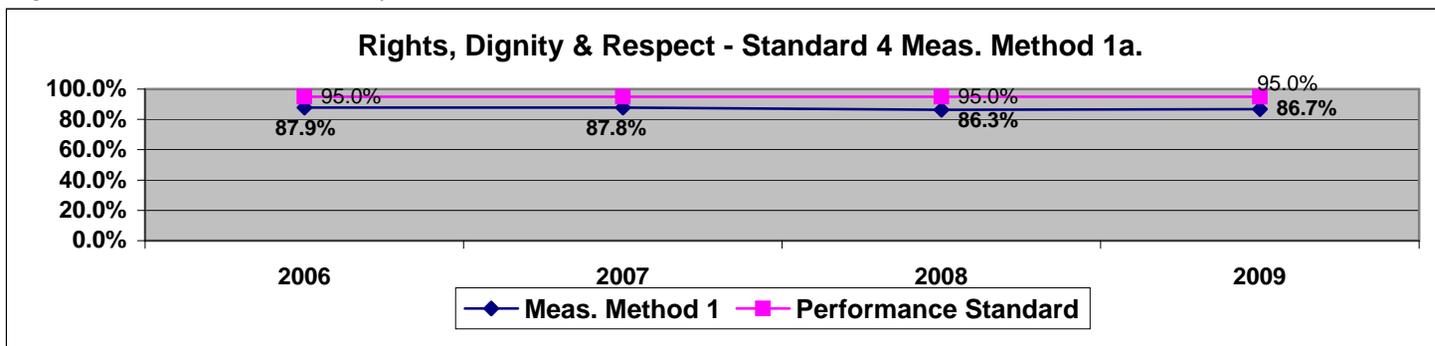


Paragraph Standard 4:
57 Meas. Method 1.

Class Members are informed of their rights

Class Member Survey, Q30, percent of class members informed about rights as a MH consumer in way they could understand.

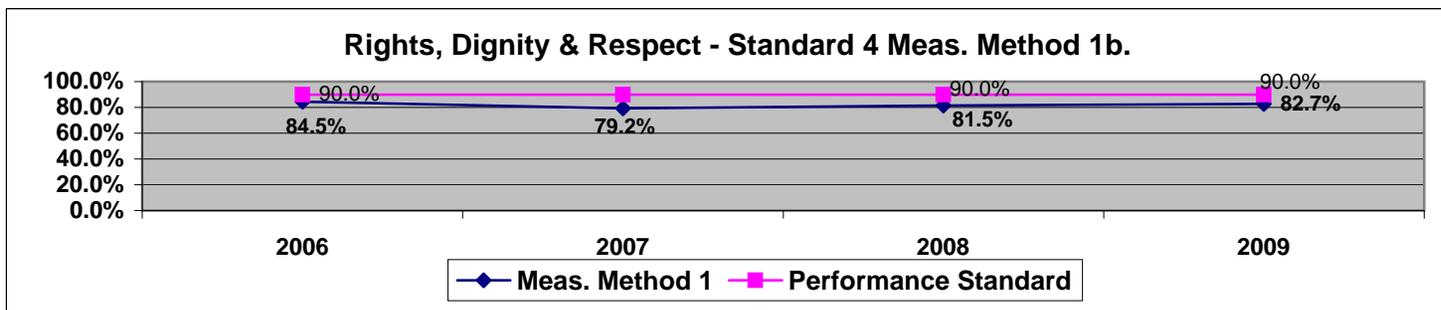
Baseline	77.3%	2004 Class Member Survey (N=538)
Current Level	80.1%	2009 Class Member Survey (N=537)
Performance Standard	90.0%	
Compliance Standard*	See explanation after Standard 4 Measurement Method 2	



Meas. Method 1a.

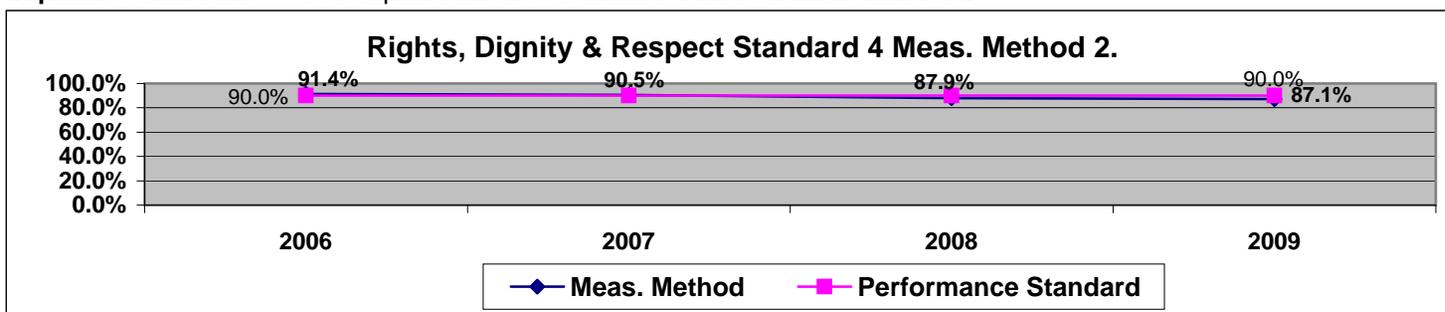
Class Member Survey, Qs 26 & 30, percent of class members who have a CIW reporting they were informed about their rights

Baseline	87.0%	2004 Class Member Survey (N=538)
Current Level	86.7%	2009 Class Member Survey (N=537)
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	82.7%	2009 Class Member Survey (N=537)
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	87.1%	2009 Data Infrastructure Survey-Q22	(N=1283)
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

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	2006	2007	2008	2009
Meas. Mett	81.3%	80.0%	78.6%	80.1%
Performanc	90.0%	90.0%	90.0%	90.0%

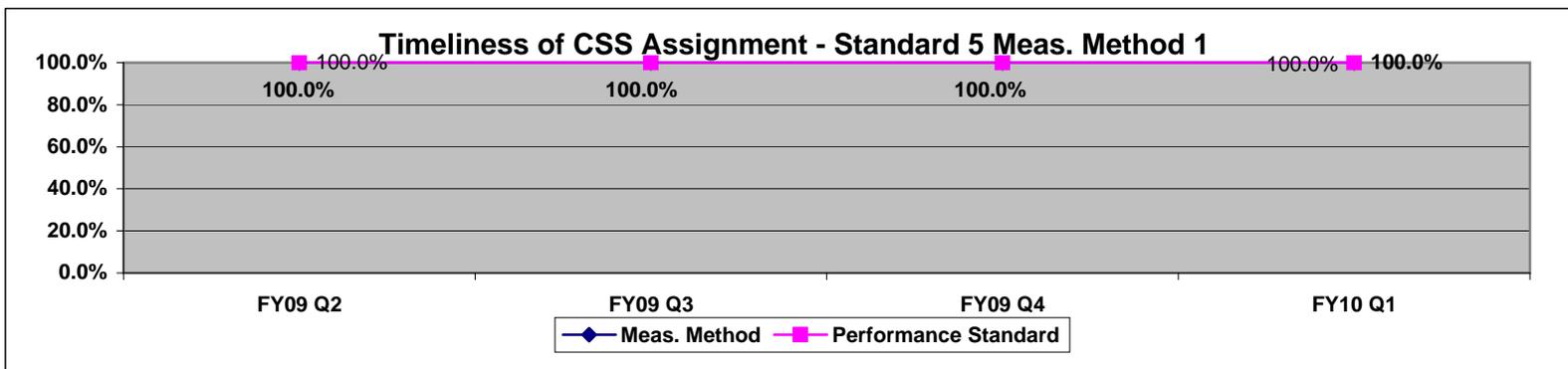
	2006	2007	2008	2009
Meas. Mett	87.9%	87.8%	86.3%	86.7%
Performanc	95.0%	95.0%	95.0%	95.0%

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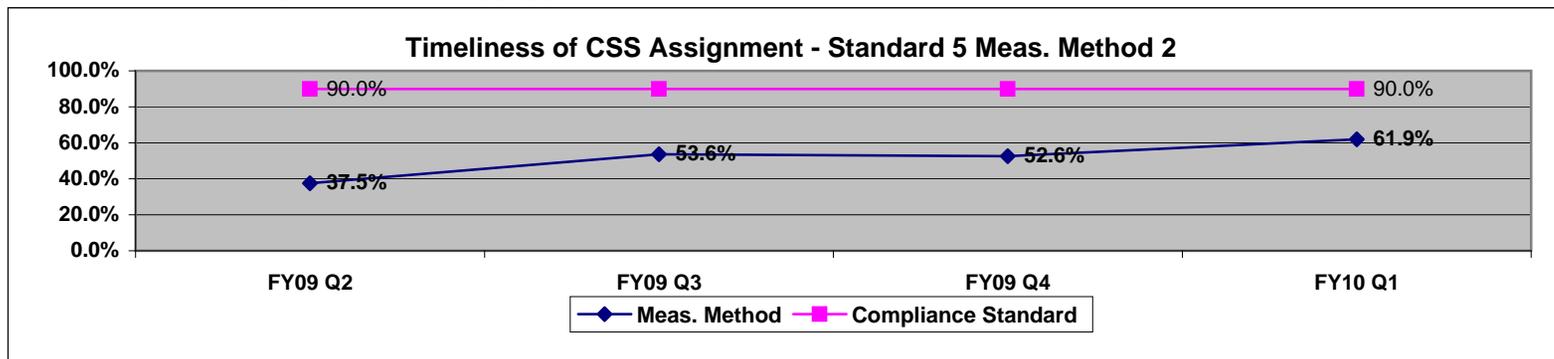
	2006	2007	2008	2009
Meas. Mett	84.5%	79.2%	81.5%	82.7%
Performanc	90.0%	90.0%	90.0%	90.0%

	2006	2007	2008	2009
Meas. Mett	91.4%	90.5%	87.9%	87.1%
Performanc	90.0%	90.0%	90.0%	90.0%

Community Integration/Community Support Services/Individualized Support Planning

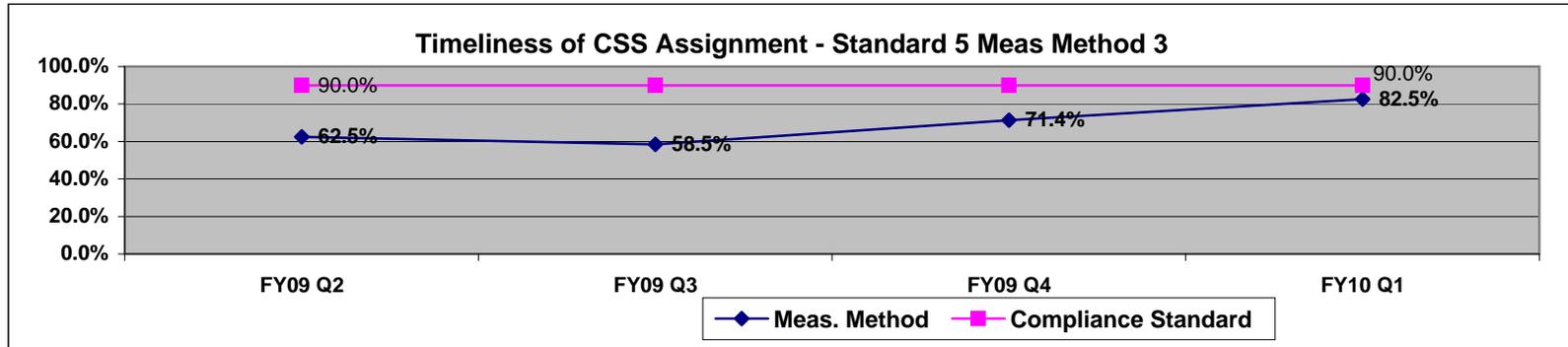


Paragraph 49, 55	Standard 5:	Prompt Assignment of CI/ICI/ICM/ACT Workers, ISP Timeframes/Attendees at ISP Meetings
59, 58	Meas. Method 1	Percentage of class members requesting a worker who were assigned one.
	Baseline	100.0% (36 out of 36) FY06 Q4 ISP RDS Data
	Current Level	100.0% (118 out of 118) FY10 Q1 ISP RDS Data
	Performance Standard	100.0%



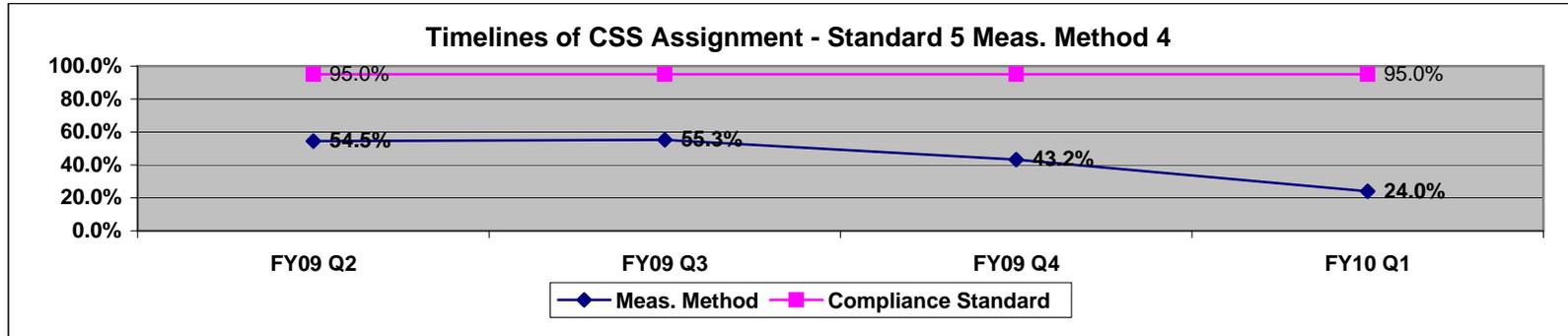
Meas. Method 2.*	Percentage of hospitalized class members who were assigned a worker within 2 working days.		
Baseline	92.0%	(12 out of 13)	FY06 Q4 ISP RDS Data
Current Level	61.9%	(13 out of 21)	FY10 Q1 ISP RDS Data
Performance Standard	90.0%		
Compliance Standard	90.0%	(3 out of 4 quarters)	

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



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

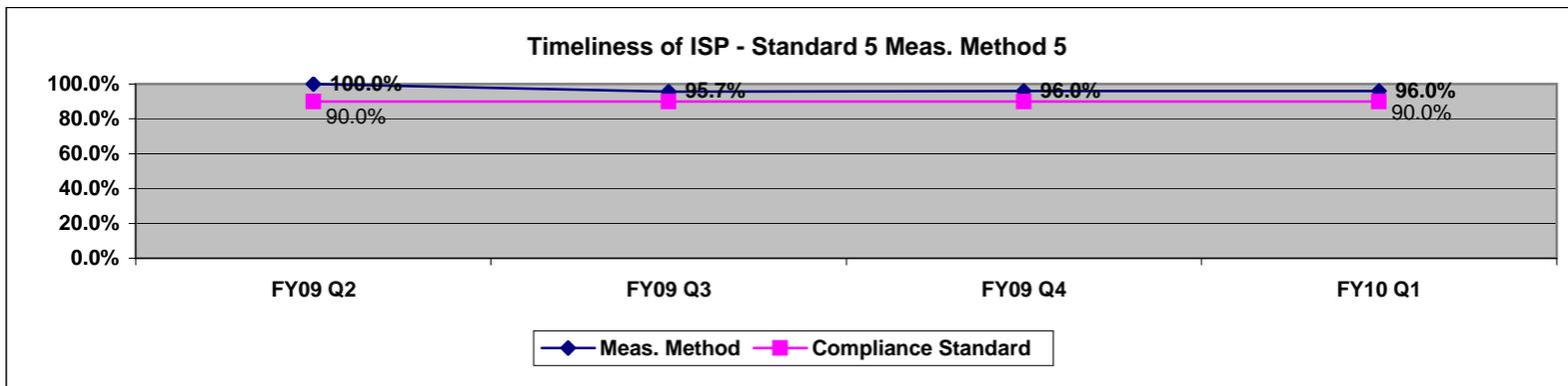
Baseline	70.0%	(16 out of 23)	FY06 Q4 ISP RDS Data
Current Level	82.5%	(80 out of 97)	FY10 Q1 ISP RDS Data
Performance Standard	90.0%		
Compliance Standard	90.0%	(3 out of 4 quarters)	



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

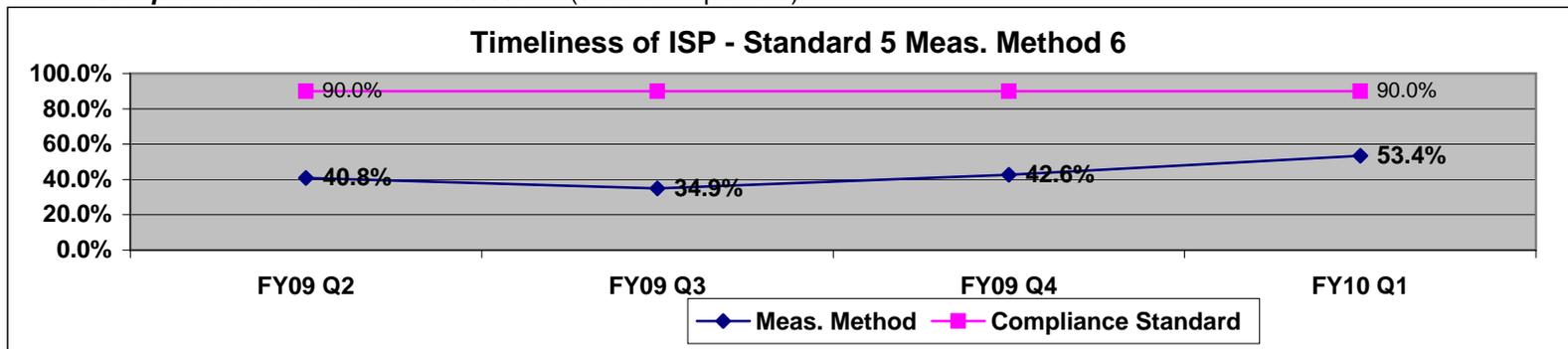
Baseline	71.0%	(6 out of 7)	FY06 Q4 ISP RDS Data
Current Level	24.0%	(6 out of 25)	FY10 Q1 ISP RDS Data
Performance Standard	100.0%		
Compliance Standard	95.0%	(3 out of 4 quarters)	

*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

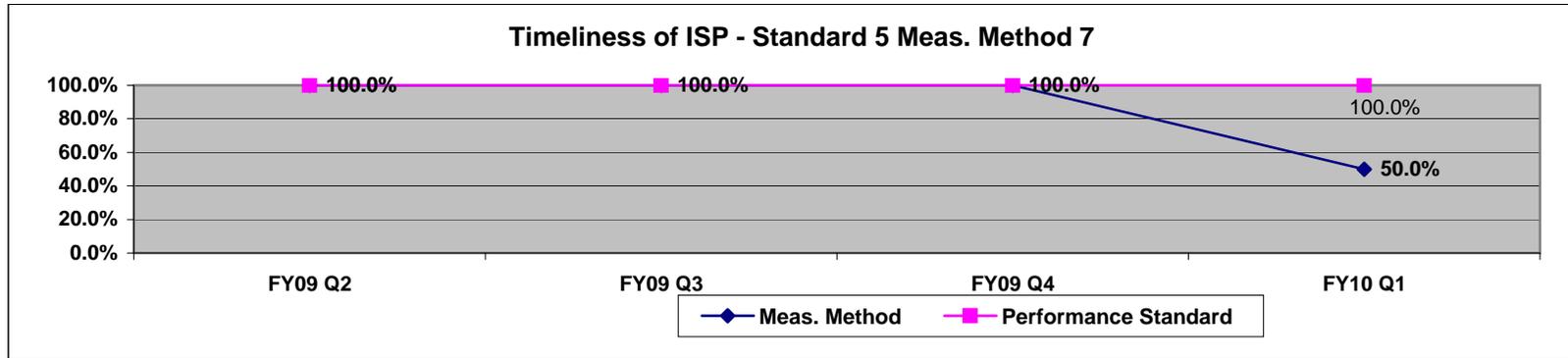
Baseline	75.2%	(158 out of 210)	FY07 Q1 ISP RDS Data
Current Level	96.0%	(48 out of 50)	FY10 Q1 ISP RDS Data
Performance Standard	90.0%		
Compliance Standard	90.0%	(3 out of 4 quarters)	



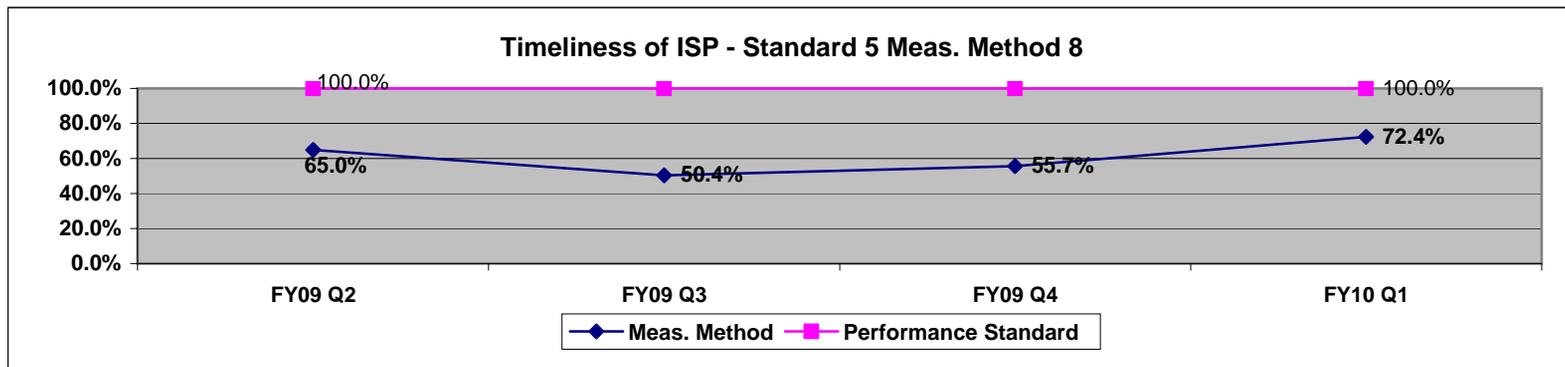
Meas. Method 6.* 90 day ISP review completed within specified timeframe.

Baseline	93.8%	December 2004 ISP Overdue Data
Current Level	53.4%	(498 out of 933) FY10 Q1 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 50.0% (1 out of 2) FY10 Q1 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 72.4% (315 Out of 435) FY10 Q1 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.

DHHS Office of Adult Mental Health Services

	FY09 Q2	FY09 Q3	FY09 Q4	FY10 Q1
Meas. Mett	100.0%	100.0%	100.0%	100.0%
Performanc	100.0%	100.0%	100.0%	100.0%

	FY09 Q2	FY09 Q3	FY09 Q4	FY10 Q1
Meas. Mett	37.5%	53.6%	52.6%	61.9%
Complianc	90.0%	90.0%	90.0%	90.0%

DHHS Office of Adult Mental Health Services

	FY09 Q2	FY09 Q3	FY09 Q4	FY10 Q1
Meas. Mett	62.5%	58.5%	71.4%	82.5%
Complianc	90.0%	90.0%	90.0%	90.0%

	FY09 Q2	FY09 Q3	FY09 Q4	FY10 Q1
Meas. Mett	54.5%	55.3%	43.2%	24.0%
Complianc	95.0%	95.0%	95.0%	95.0%

DHHS Office of Adult Mental Health Services

	FY09 Q2	FY09 Q3	FY09 Q4	FY10 Q1
Meas. Mett	100.0%	95.7%	96.0%	96.0%
Complianc	90.0%	90.0%	90.0%	90.0%

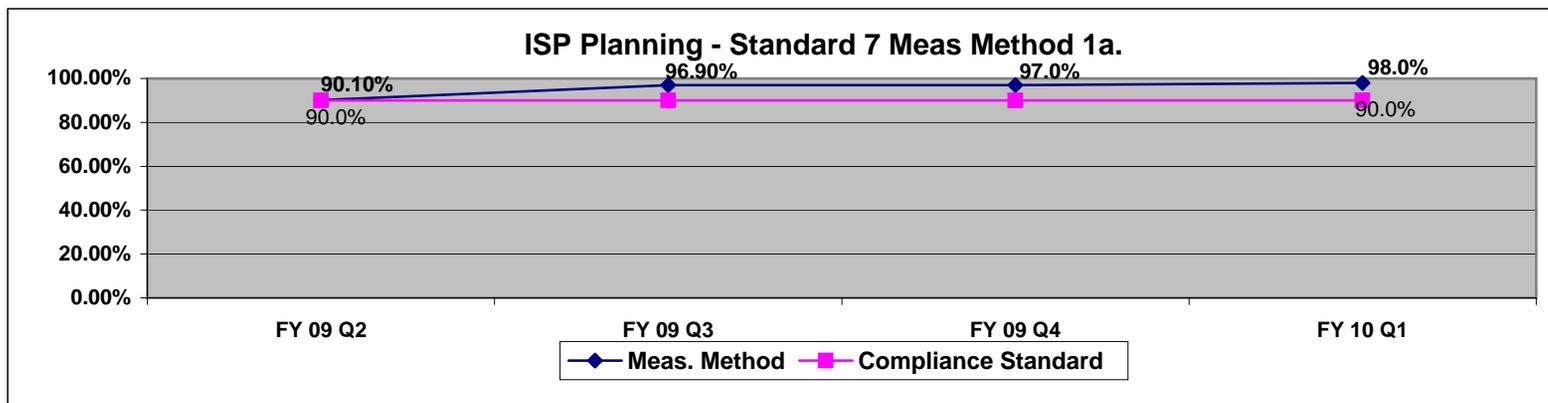
	FY09 Q2	FY09 Q3	FY09 Q4	FY10 Q1
Meas. Mett	40.8%	34.9%	42.6%	53.4%
Complianc	90.0%	90.0%	90.0%	90.0%

DHHS Office of Adult Mental Health Services

	FY09 Q2	FY09 Q3	FY09 Q4	FY10 Q1
Meas. Mett	100.0%	100.0%	100.0%	50.0%
Performanc	100.0%	100.0%	100.0%	100.0%

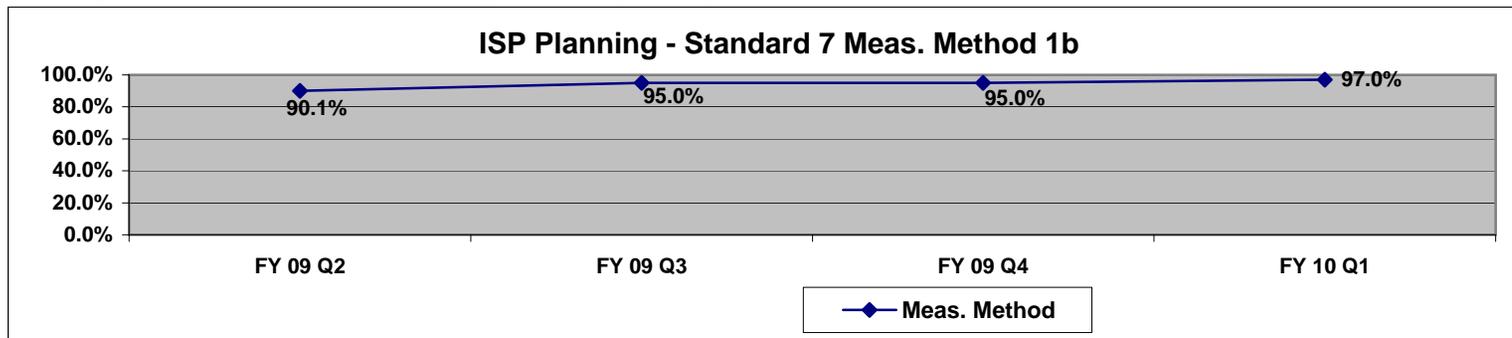
	FY09 Q2	FY09 Q3	FY09 Q4	FY10 Q1
Meas. Mett	65.0%	50.4%	55.7%	72.4%
Performanc	100.0%	100.0%	100.0%	100.0%

Community Integration/Community Support Services/Individualized Support Planning



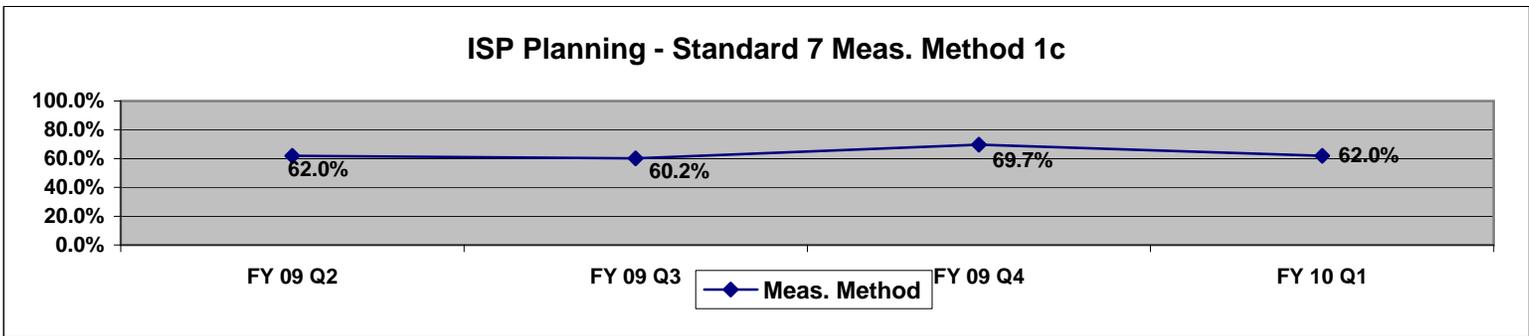
Paragraph 61 Standard 7: Meas. Method 1a. **Demonstrate ISPs are based upon consideration of the class members' strengths & needs**
 Does the record document that the treatment plan goals reflect the strengths of the consumer receiving services? (IIb)

Baseline 79.4% FY 07 Q3 (50 out of 63)
Current Level 98.0% FY 10 Q1 (97 out of 99 class member ISPs reviewed)
Performance Standard 95.0%
Compliance Standard 90.0% (3 out of 4 quarters)

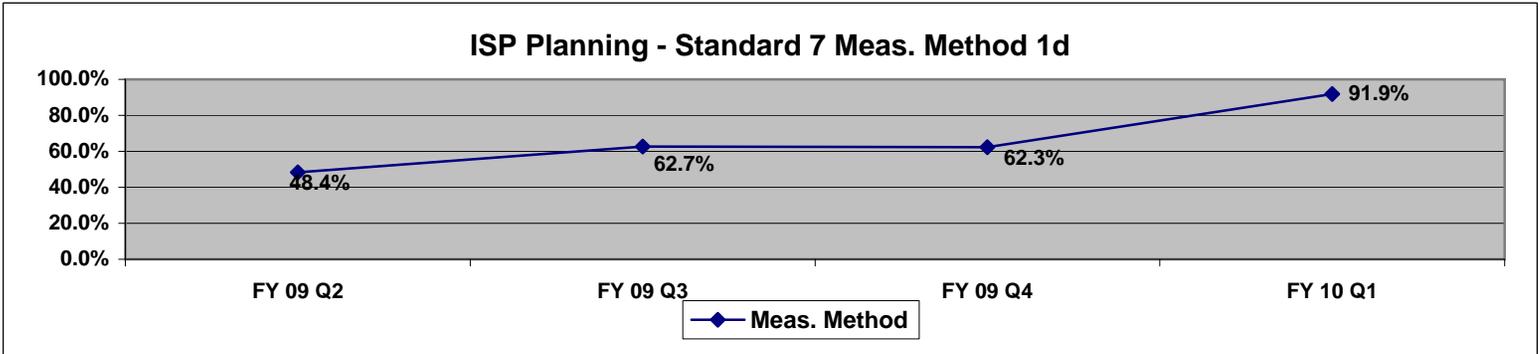


Meas. Method 1b. Does record document the individual's potential need for crisis intervention and resolution services was considered during treatment planning? (IIc.)

Baseline 82.5% FY 07 Q3 (11 out of 52)
Current Level 97.0% FY 10 Q1 (98 out of 101 class member ISPs reviewed)
Performance Standard No Numerical Standard Necessary



Meas. Method 1c Does the record document that the consumer has a crisis plan? (Ile)
Baseline 19.0% FY 07 Q3 (12 out of 63)
Current Level 62.0% FY 10 Q1 (62 out of 100 class member ISPs reviewed)
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 91.9% FY 10 Q1 (57 out of 62 ISPs with crisis plans)
Performance Standard No Numerical Standard

DHHS Office of Adult Mental Health Services

	FY 09 Q2	FY 09 Q3	FY 09 Q4	FY 10 Q1
Meas. Mett	90.10%	96.90%	97.0%	98.0%
Compliance	90.0%	90.0%	90.0%	90.0%

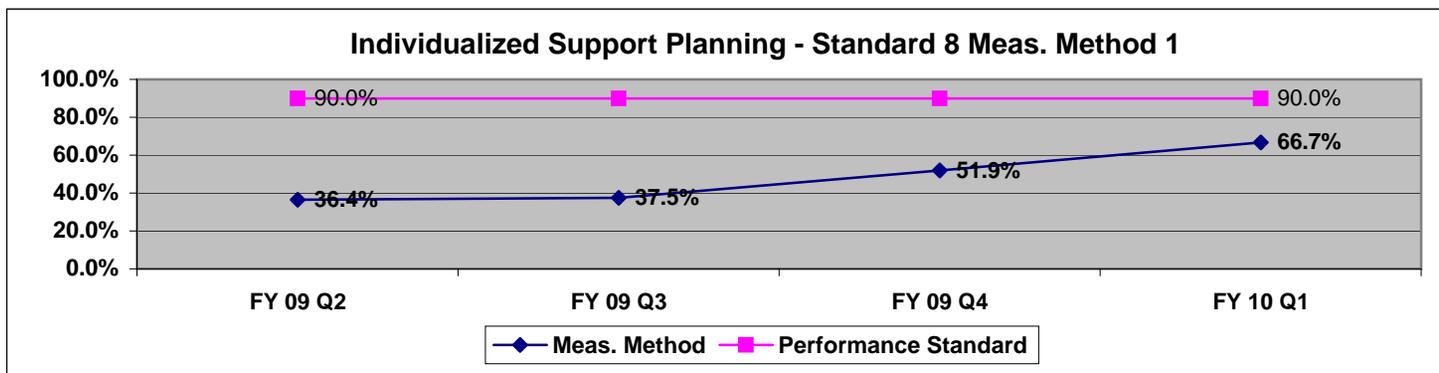
	FY 09 Q2	FY 09 Q3	FY 09 Q4	FY 10 Q1
Meas. Mett	90.1%	95.0%	95.0%	97.0%
Performance Standard				

DHHS Office of Adult Mental Health Services

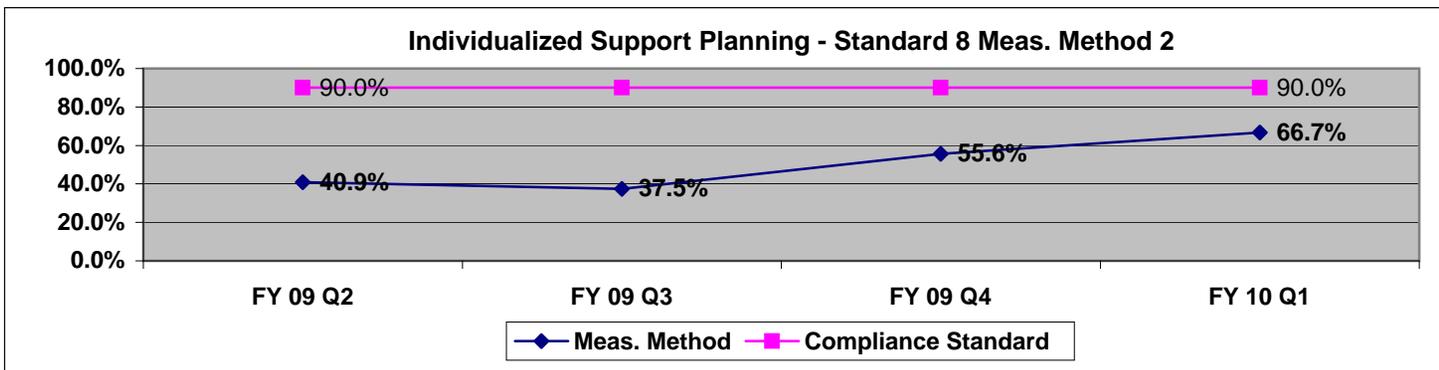
	FY 09 Q2	FY 09 Q3	FY 09 Q4	FY 10 Q1
Meas. Mett	62.0%	60.2%	69.7%	62.0%

	FY 09 Q2	FY 09 Q3	FY 09 Q4	FY 10 Q1
Meas. Mett	48.4%	62.7%	62.3%	91.9%
Performance Standard				

Community Integration/Community Support Services/Individualized Support Planning



Paragraph 63 **Standard 8:** Services are based on actual needs of the class member rather than what services are available
Meas. Method 1. ISPs reviewed in which there is evidence that the ISP team reconvened after an unmet need was identified.
Baseline 50.0% FY 07 Q3 (5 out of 10 identified unmet needs)
Current Level 66.7% FY 10 Q1 (24 identified unmet needs and 16 teams reconvened)
Performance Standard 90.0%



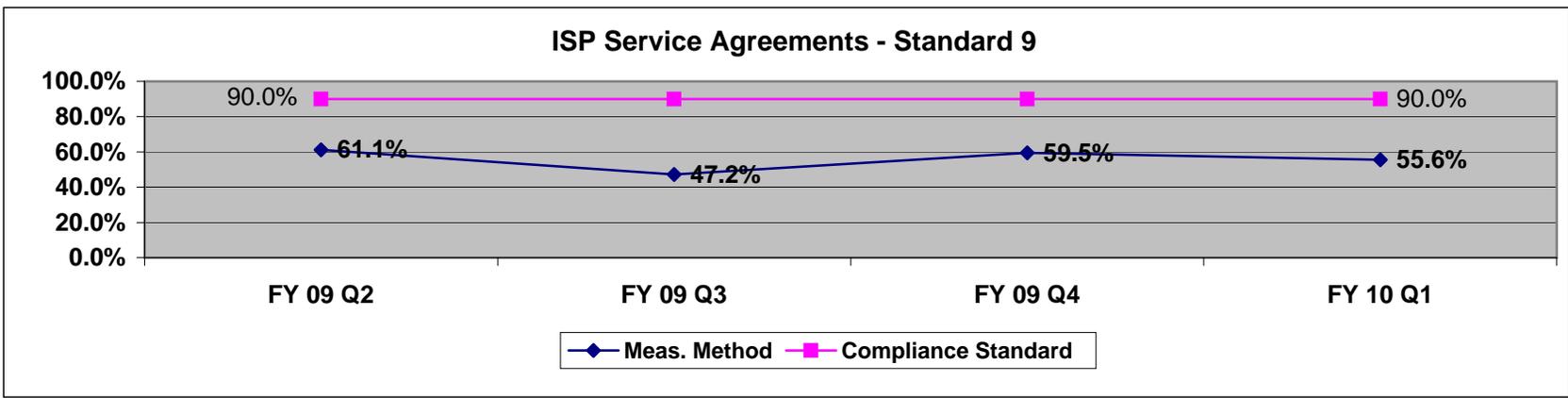
Meas. Method 2. ISPs reviewed with identified unmet needs in which interim plans are established.
Baseline ** FY 05 Q2 ** No Unmet Needs Reported.
Current Level 66.7% FY 10 Q1 (24 identified unmet needs and 16 interim plans established)
Performance Standard 95.0%
Compliance Standard 90.0% (3 out of 4 quarters)

DHHS Office of Adult Mental Health Services

	FY 09 Q2	FY 09 Q3	FY 09 Q4	FY 10 Q1
Meas. Mett	36.4%	37.5%	51.9%	66.7%
Performanc	90.0%	90.0%	90.0%	90.0%

	FY 09 Q2	FY 09 Q3	FY 09 Q4	FY 10 Q1
Meas. Mett	40.9%	37.5%	55.6%	66.7%
Complianc	90.0%	90.0%	90.0%	90.0%

Community Integration/Community Support Services/Individualized Support Planning



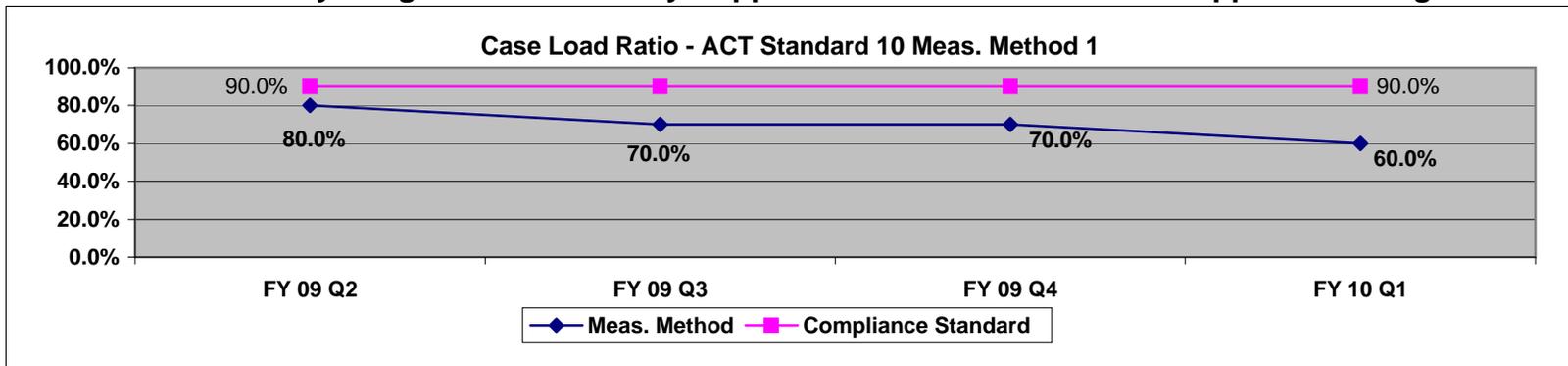
Paragraph 69	Standard 9:	Services to be delivered by an agency funded or licensed by the state.
	Meas. Method 1.	ISPs with services identified and with a treatment plan signed by each provider.
	Baseline	100% (17/17) FY 05 Q2 (17/17)
	Current Level	55.6% FY 10 Q1 (45 identified services and 25 had current service agreements)
	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

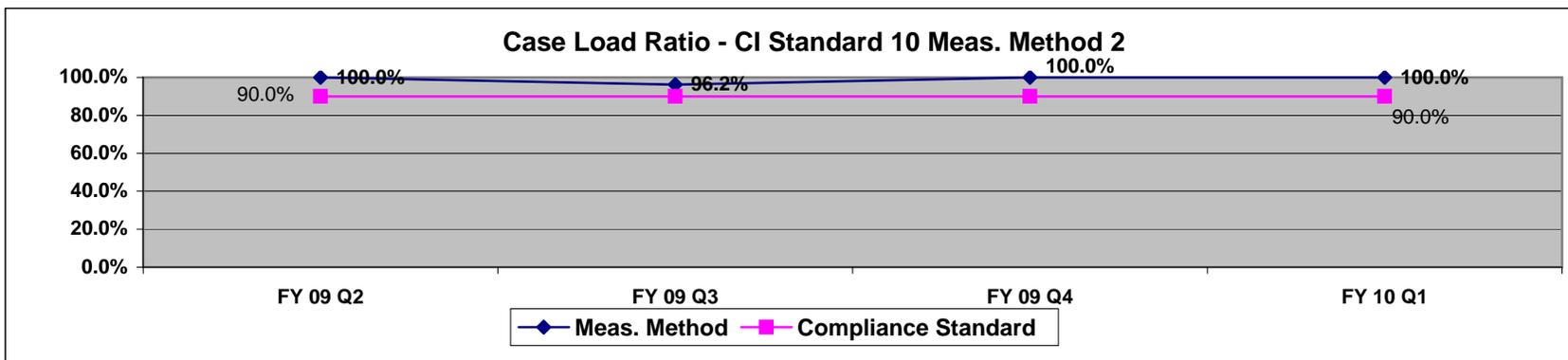
DHHS Office of Adult Mental Health Services

	FY 09 Q2	FY 09 Q3	FY 09 Q4	FY 10 Q1
Meas. Mett	61.1%	47.2%	59.5%	55.6%
Compliance	90.0%	90.0%	90.0%	90.0%

Community Integration/Community Support Services/Individualized Support Planning



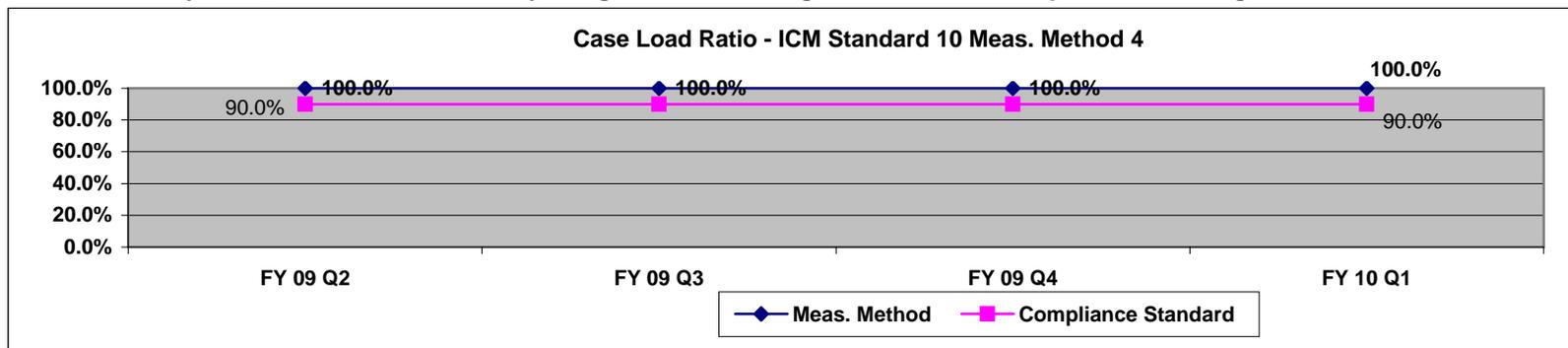
Meas. Method 1. ACT Providers with average caseloads of 10 or fewer.
Baseline 88.9% (8 out of 9) FY08 Q2 Agency Community Support Census/Staffing Ratio Database
Current Level 60.0% (6 out of 10) FY10 Q1 Agency Community Support Census/Staffing Ratio Database
Performance Standard 90.0% of all ACT Teams
Compliance Standard 90.0% of all ACT Teams



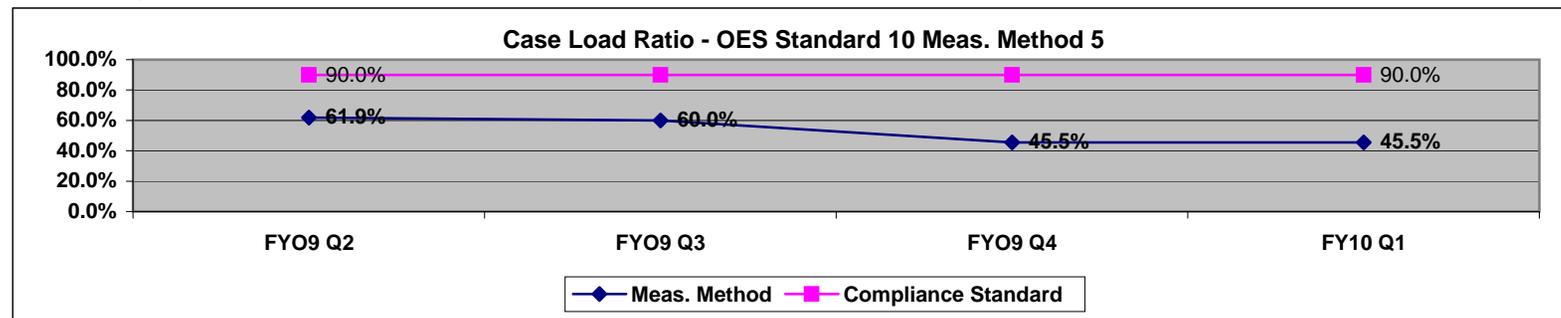
Paragraph 71 Meas. Method 2. Community Integration Workers with average caseloads of 40 or fewer.
Baseline 100.0% (27 out of 27) FY08 Q4 Agency Community Support Census/Staffing Ratio Database
Current Level 100.0% (26 out of 26) FY10 Q1 Agency Community Support Census/Staffing Ratio Database
Performance Standard 90.0% of all CIW Providers
Compliance Standard 90.0% of all CIW Providers

***Standard 10 Meas. Method 3, Caseload Ratio - ICI 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 10 Q1 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 40.9% Sep-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.

DHHS Office of Adult Mental Health Services

	FY 09 Q2	FY 09 Q3	FY 09 Q4	FY 10 Q1
Meas. Mett	80.0%	70.0%	70.0%	60.0%
Compliance	90.0%	90.0%	90.0%	90.0%

	FY 09 Q2	FY 09 Q3	FY 09 Q4	FY 10 Q1
Meas. Mett	100.0%	96.2%	100.0%	100.0%
Compliance	90.0%	90.0%	90.0%	90.0%

DHHS Office of Adult Mental Health Services

	FY 09 Q2	FY 09 Q3	FY 09 Q4	FY 10 Q1
Meas. Mett	100.0%	100.0%	100.0%	100.0%
Complianc	90.0%	90.0%	90.0%	90.0%

	FY09 Q2	FY09 Q3	FY09 Q4	FY10 Q1
Meas. Mett	61.9%	60.0%	45.5%	45.5%
Complianc	90.0%	90.0%	90.0%	90.0%

Community Integration/Community Support Services/Individualized Support Planning

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.

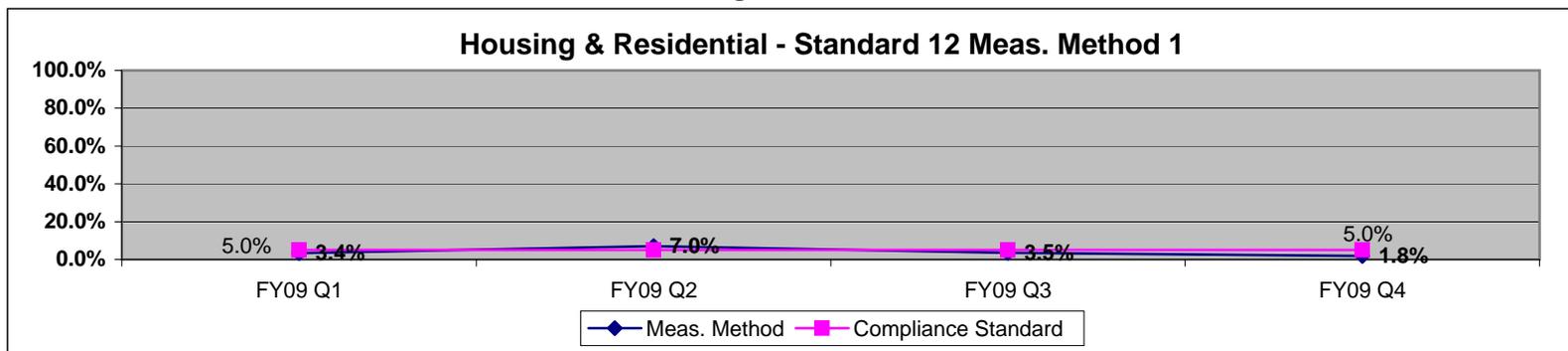
Number of Callers with unmet needs July 1 - Sept 30, 2009

	Region 1	Region 2	Region 3	State
Unique Individuals	33	21	11	63
Unmet Needs:	0	0	1	0

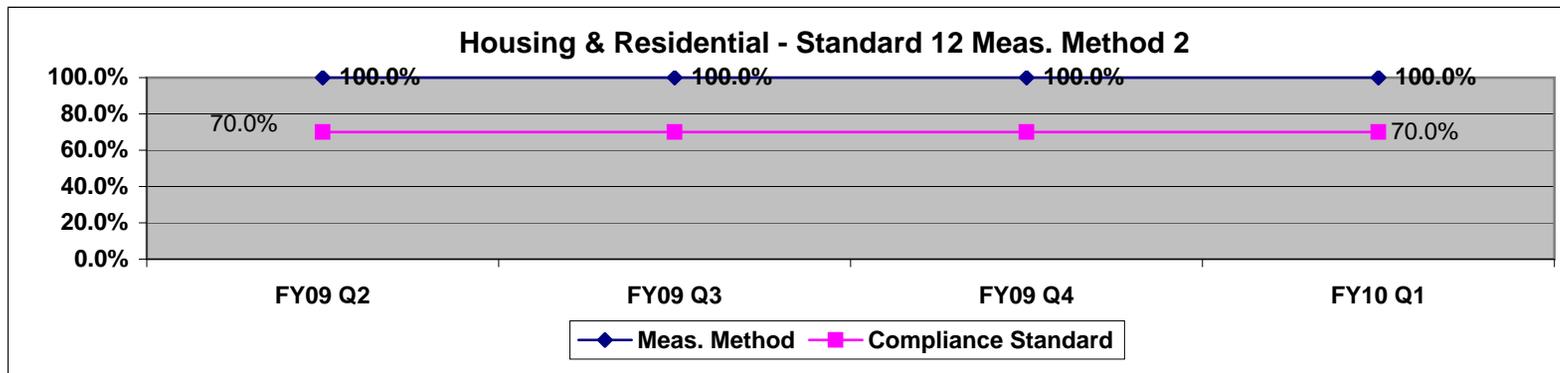
Unmet Needs by Domain Jan 1 ~ Mar 31, 2008	
ISP Domain Areas	State
Mental Health Services	1
MH Crisis Planning Resources	0
Peer, Recovery & Support Resources	0
Substance Abuse Services	0
Housing Resources	0
Health Care Resources	0
Legal Resources	0
Financial Security Resources	0
Education Resources	0
Vocation Employment Resources	0
Living Skills Resources	0
Transportation Resources	0
Personal Growth/Community Participation	0
Other Resources	0

Total	
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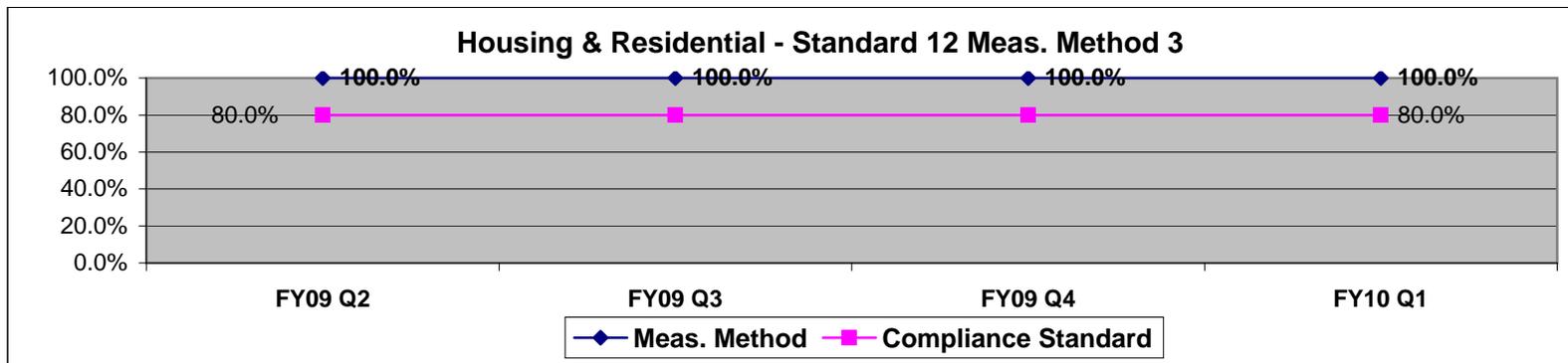
Community Resources and Treatment Services *Housing and Residential*



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 1.8% (27 out of 1474) FY09 Q4 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 10 Q1 Out of 42 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)



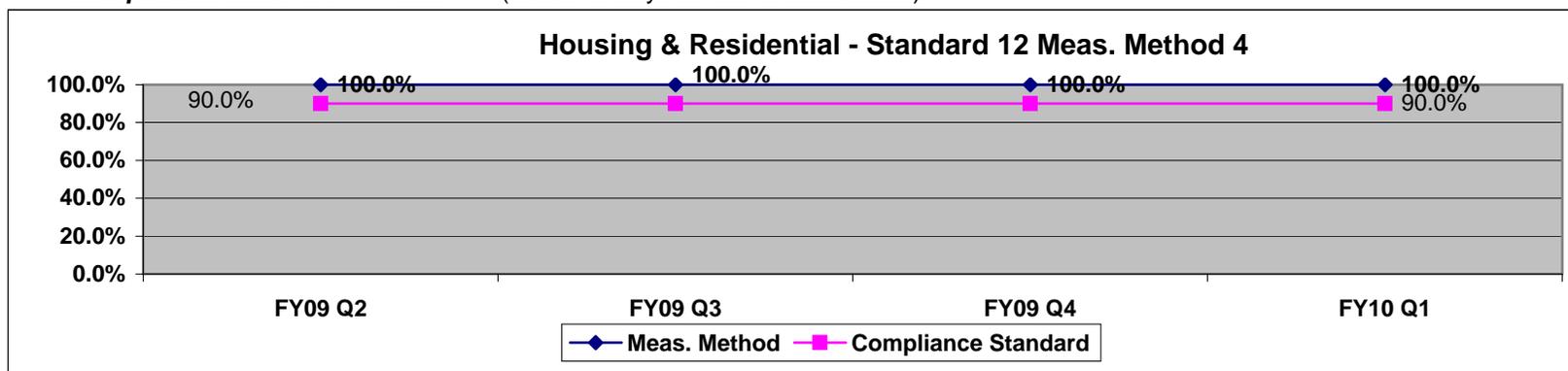
Meas. Method 3. Percentage of patients at Riverview determined to be ready for discharge who are discharged within 30 days of that determination. (discharge is not impeded due to lack of residential support services)

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 10 Q1 Out of 42 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 10 Q1 Out of 42 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:

42 Patients discharged in quarter
23 discharged at 7 days (55.0%)
6 discharged 8-30 days (14.0%)
4 discharged 31-45 days (10.0%)
9 discharged post 45 days (21.0%)

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

DHHS Office of Adult Mental Health Services

	FY09 Q1	FY09 Q2	FY09 Q3	FY09 Q4
Meas. Metl	3.4%	7.0%	3.5%	1.8%
Compliance	5.0%	5.0%	5.0%	5.0%

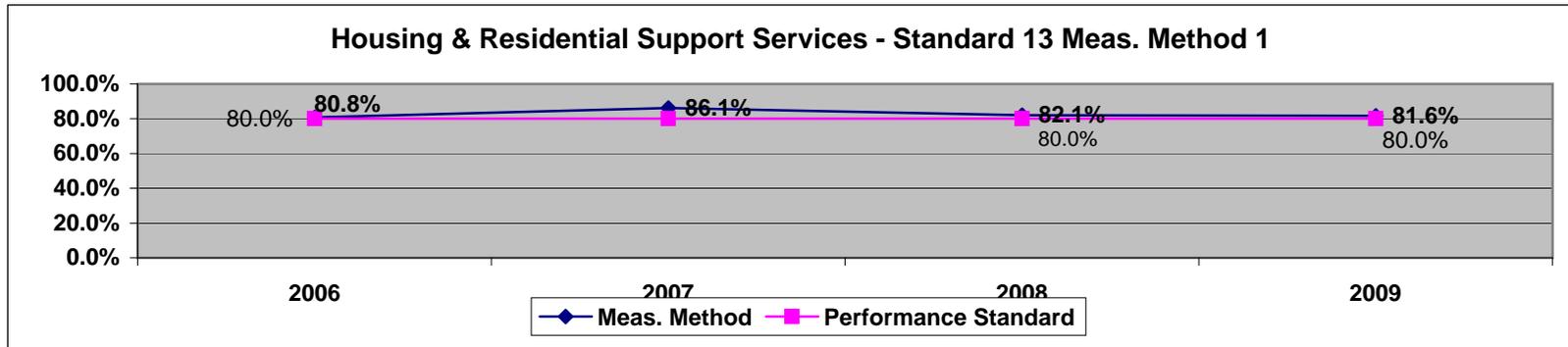
	FY09 Q2	FY09 Q3	FY09 Q4	FY10 Q1
Meas. Metl	100.0%	100.0%	100.0%	100.0%
Compliance	70.0%	70.0%	70.0%	70.0%

DHHS Office of Adult Mental Health Services

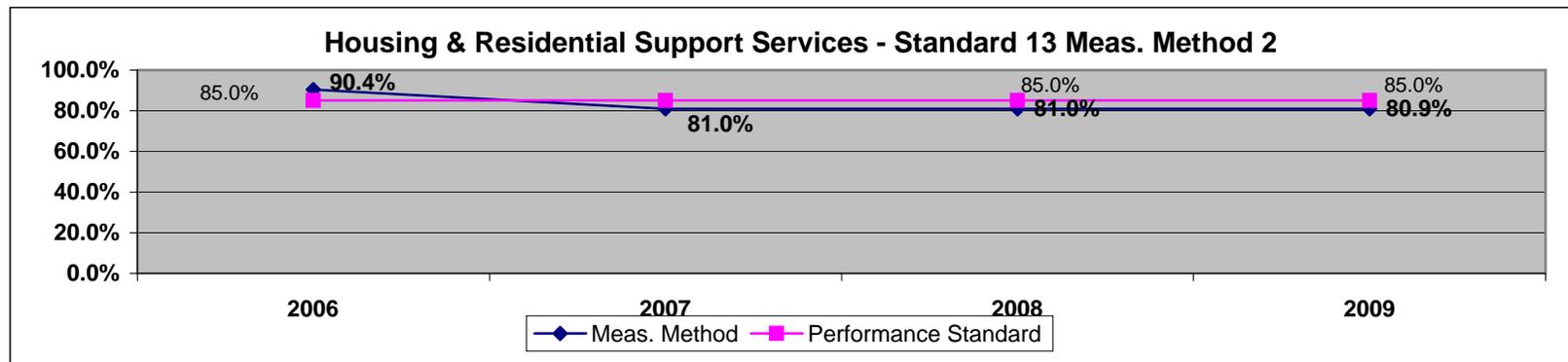
	FY09 Q2	FY09 Q3	FY09 Q4	FY10 Q1
Meas. Mett	100.0%	100.0%	100.0%	100.0%
Complianc	80.0%	80.0%	80.0%	80.0%

	FY09 Q2	FY09 Q3	FY09 Q4	FY10 Q1
Meas. Mett	100.0%	100.0%	100.0%	100.0%
Complianc	90.0%	90.0%	90.0%	90.0%

Community Resources and Treatment Services
Housing and Residential



Paragraph 97,98 **Standard 13:** **Demonstrate class member satisfaction with access and quality of residential support services**
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 81.6% 2009 Class Member Survey (N=537)
Performance Standard 80.0%



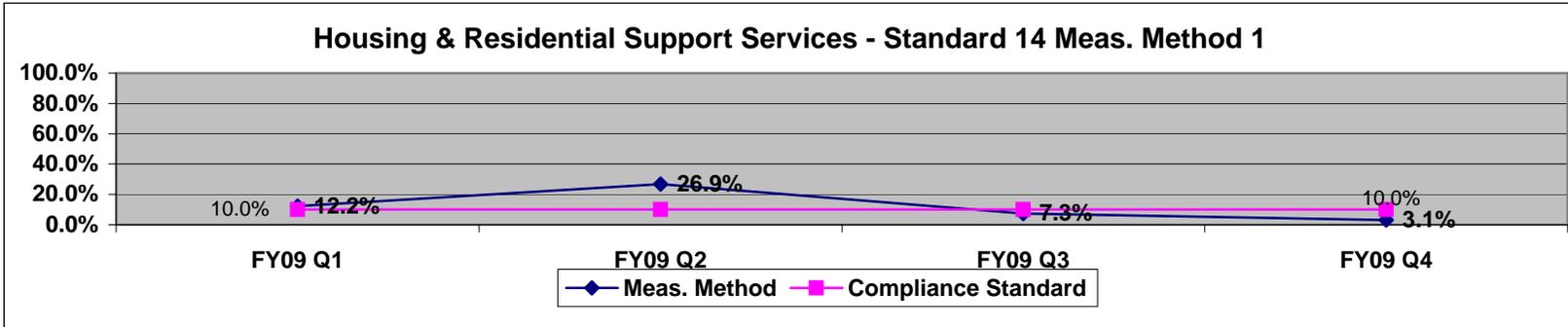
Meas. Method 2. Annual Class Member Survey Q17, Class members receiving residential/housing supports who report satisfaction with services.
Baseline 81.4% 2005 Class Member Survey (N=538) *Question added in 2005
Current Level 80.9% 2009 Class Member Survey (N=537)
Performance Standard 85.0%

DHHS Office of Adult Mental Health Services

	2006	2007	2008	2009
Meas. Mett	80.8%	86.1%	82.1%	81.6%
Performanc	80.0%	80.0%	80.0%	80.0%

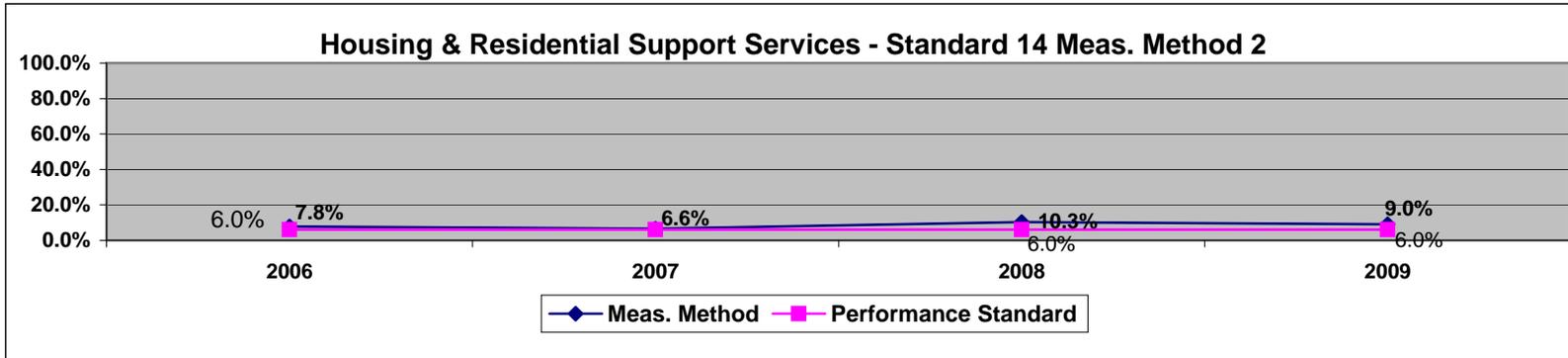
	2006	2007	2008	2009
Meas. Mett	90.4%	81.0%	81.0%	80.9%
Performanc	85.0%	85.0%	85.0%	85.0%

Community Resources and Treatment Services
Housing and Residential



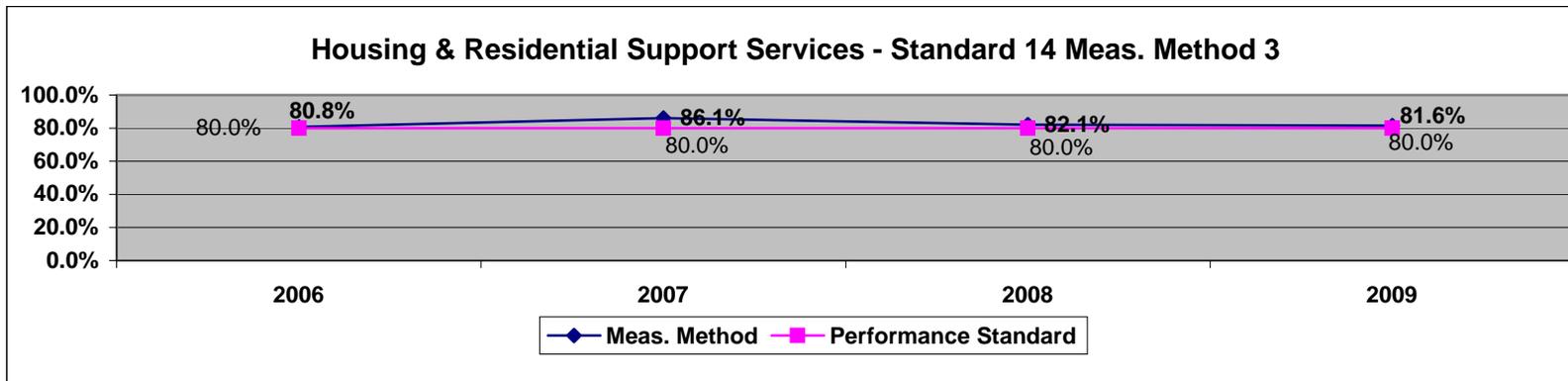
Mea
Corr

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 3.1% (45 out of 1474) FY09 Q4 ISP RDS Data
Performance Standard 10.0% or fewer
Compliance Standard 10.0% or fewer (3 out of 4 quarters)



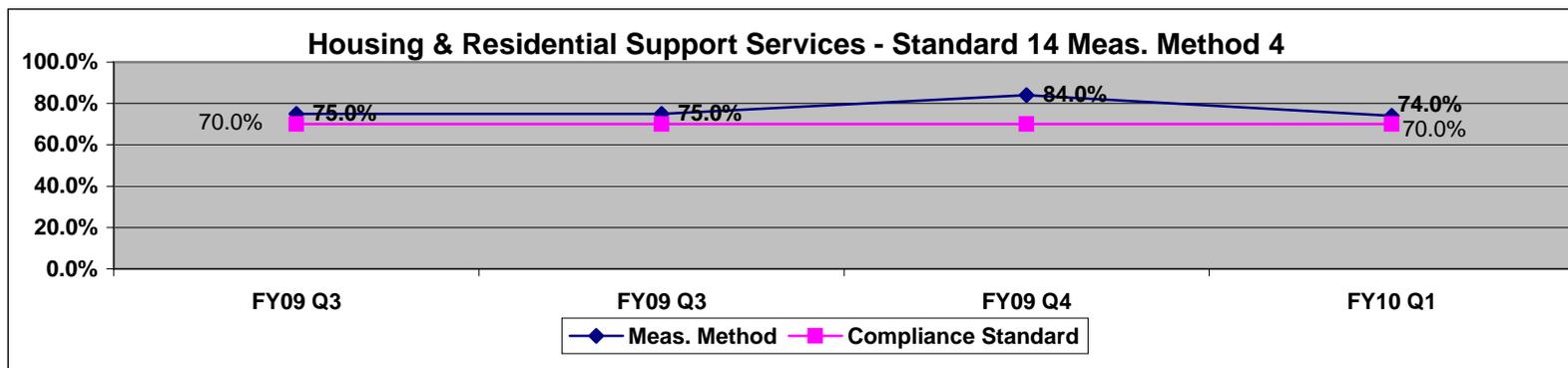
Mea
Perf

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 9.0% 2009 Class Member Survey (N=537)
Performance Standard 6.0% or fewer



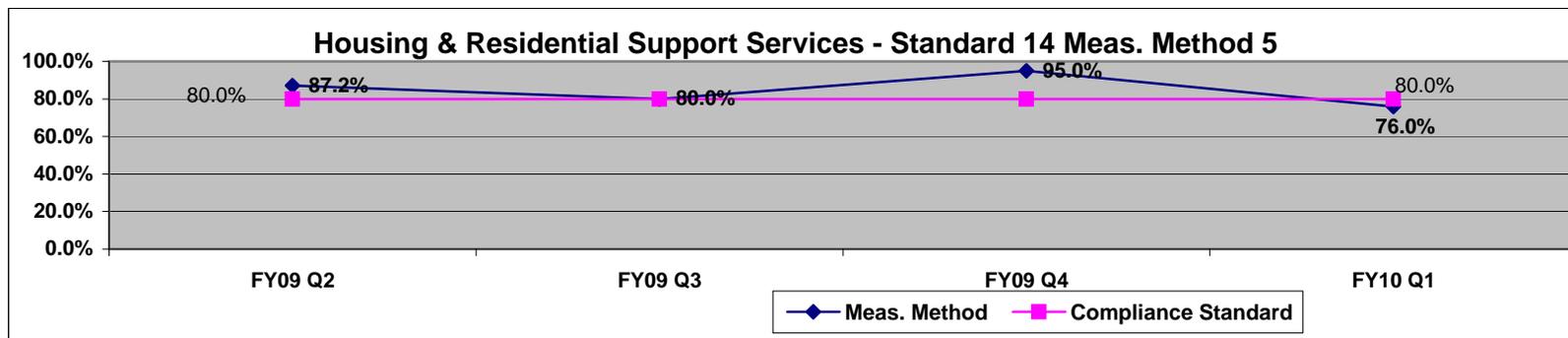
Mea
Mea
Perf

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 81.6% 2009 Class Member Survey (N=537)
Performance Standard 80.0%



Mea
Corr

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 74.0% (FY 10 Q1 Out of 42, 11 could not be discharged within 7 days 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)



Mea
Corr

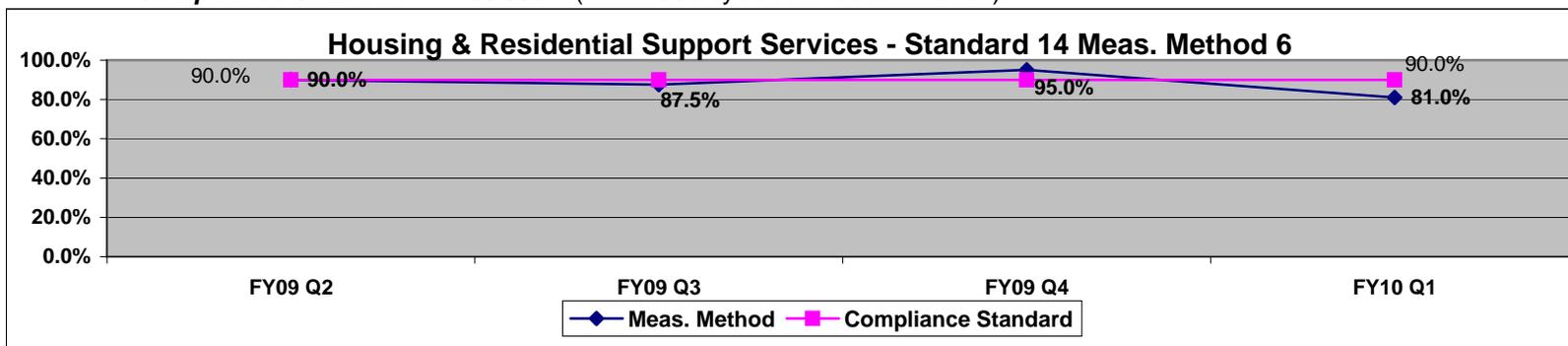
Meas. Method 5. Percentage of patients at Riverview determined to be ready for discharge who are discharged within 30 days of that determination. (discharge not impeded due to lack of housing alternatives)

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 76.0% (FY 10 Q1 Out of 42, 10 could not be discharged within 30 days 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)



Mea
Corr

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 81.0% (FY 10 Q1 Out of 42, 8 could not be discharged within 45 days 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 above standard 14:

42 Patients discharged in quarter

23 discharged at 7 days (55.0%)

6 discharged 8-30 days (14.0%)

4 discharged 31-45 days (10.0%)

9 discharged post 45 days (21.0%)

Housing Alternatives impeded discharge for 11 patients (26.0%)

1 patient discharged 8-30 days post clinical readiness for discharge

2 patients discharged 31-45 days post clinical readiness for discharge

8 patients discharged greater than 45 days post clinical readiness for discharge

DHHS Office of Adult Mental Health Services

FY09 Q1	FY09 Q2	FY09 Q3	FY09 Q4
12.2%	26.9%	7.3%	3.1%
10.0%	10.0%	10.0%	10.0%

2006	2007	2008	2009
7.8%	6.6%	10.3%	9.0%
6.0%	6.0%	6.0%	6.0%

is. Method 1

DHHS Office of Adult Mental Health Services

2006	2007	2008	2009
80.8%	86.1%	82.1%	81.6%
80.0%	80.0%	80.0%	80.0%

FY09 Q3	FY09 Q3	FY09 Q4	FY10 Q1
75.0%	75.0%	84.0%	74.0%
70.0%	70.0%	70.0%	70.0%

FY09 Q2 FY09 Q3 FY09 Q4 FY10 Q1

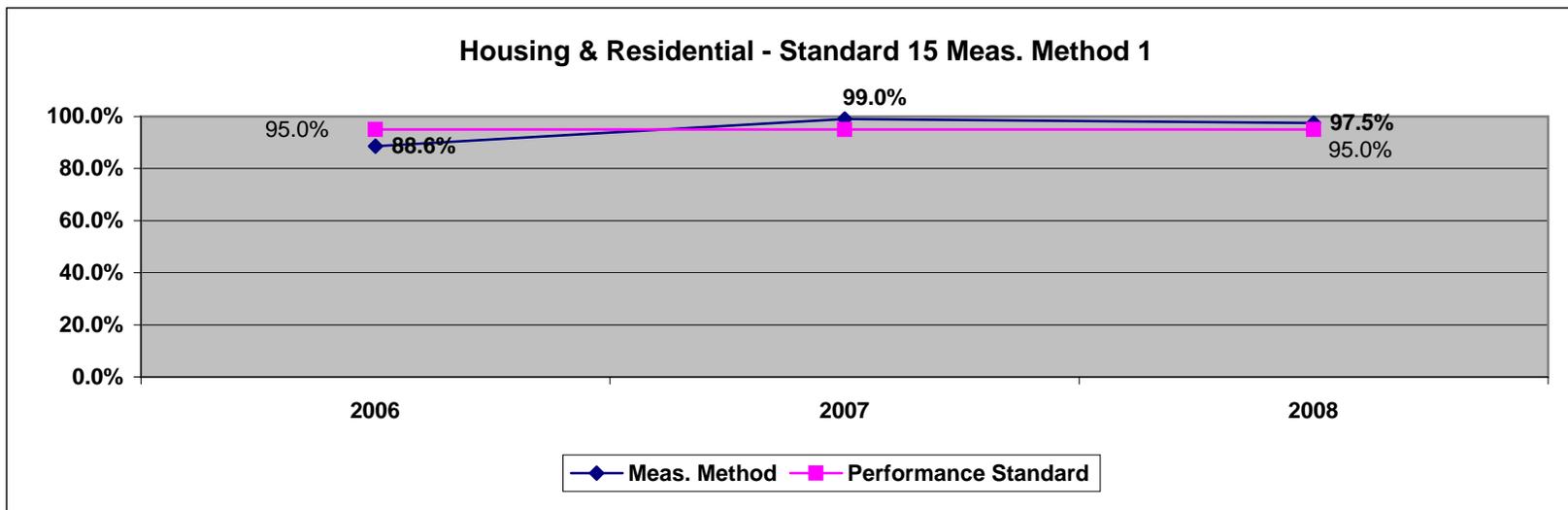
DHHS Office of Adult Mental Health Services

87.2%	80.0%	95.0%	76.0%
80.0%	80.0%	80.0%	80.0%

FY09 Q2	FY09 Q3	FY09 Q4	FY10 Q1
90.0%	87.5%	95.0%	81.0%
90.0%	90.0%	90.0%	90.0%

Community Resources and Treatment Services

Housing and Residential



Paragraph **Standard 15:**
96 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

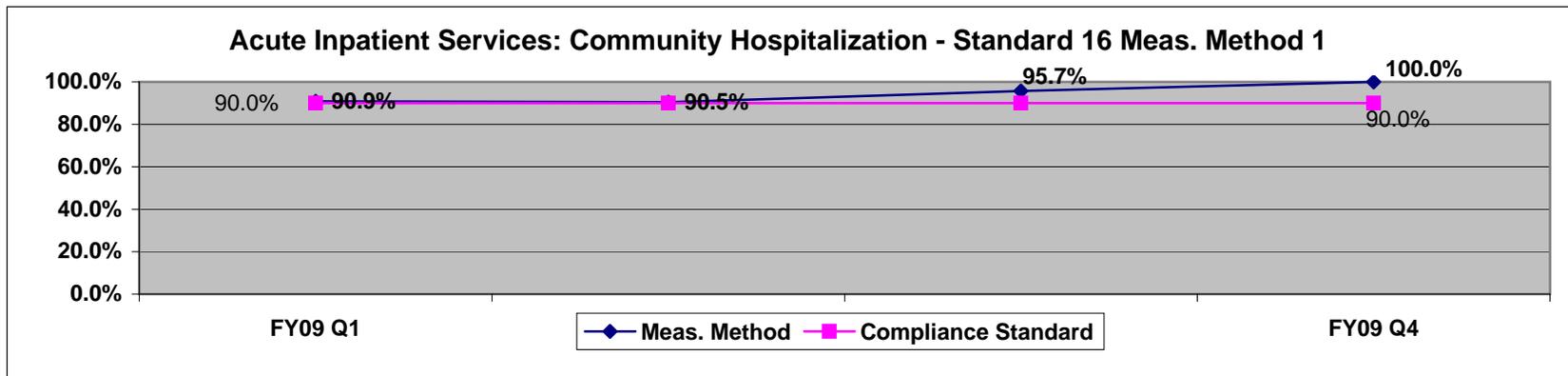
Performance Standard 95.0%

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.

DHHS Office of Adult Mental Health Services

	2006	2007	2008
Meas. Metl	88.6%	99.0%	97.5%
Performanc	95.0%	95.0%	95.0%

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



Paragraph 88	Standard 16:	Psychiatric Hospitalization reasonably near an individual's local community.
	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 FY9 Q4 (13 out of 13)
	Performance Standard	90.0%
	Compliance Standard	90.0% (3 out of 4 quarters)

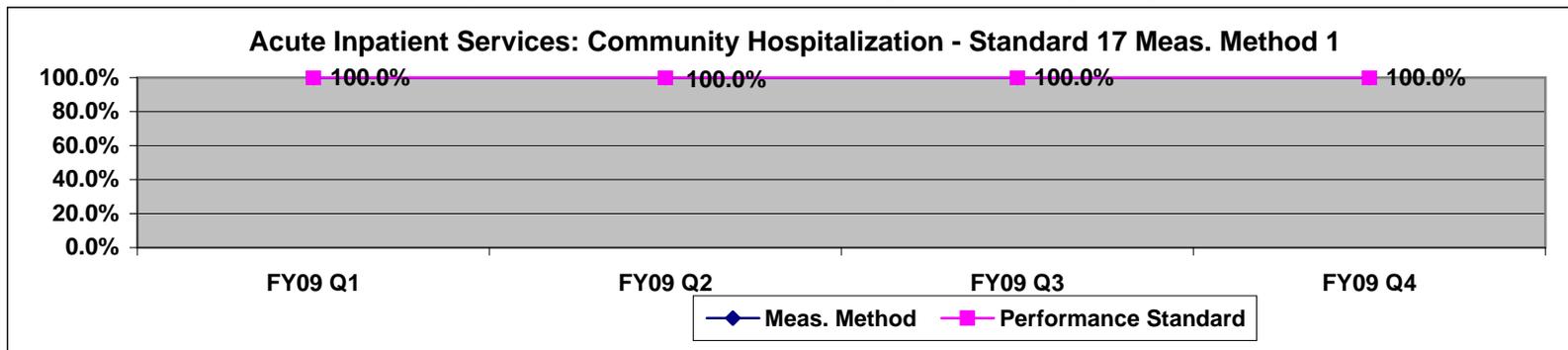
Reasonably Near is defined by Attachment C to the October 29, 2007 approved Compliance Standards.

UR data is now being reported one quarter behind to allow sufficient time for reviews and data entry to be completed. Data for the 3rd and 4th quarters has been recalculated.

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	FY09 Q1	FY09 Q2	FY09 Q3	FY09 Q4
Meas. Mett	90.9%	90.5%	95.7%	100.0%
Complianc	90.0%	90.0%	90.0%	90.0%

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



Paragraph Standard 17:

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

89 Meas. Method 1.

Class member involuntary admissions to community inpatient units have blue paper on file.

Baseline

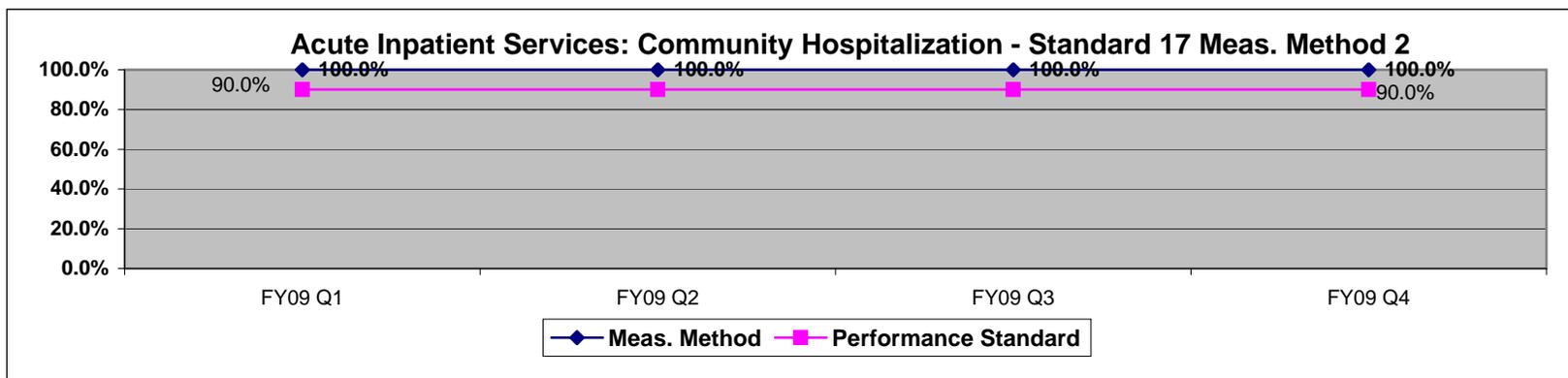
94.7% UR Database Q4-FY '05 (18 out of 19)

Current Level

100.0% UR Database/EIS Q4 FY 09 (13 out of 13)

Performance Standard

100.0%



Meas. Method 2.

Blue paper was completed and in accordance with terms.

Baseline

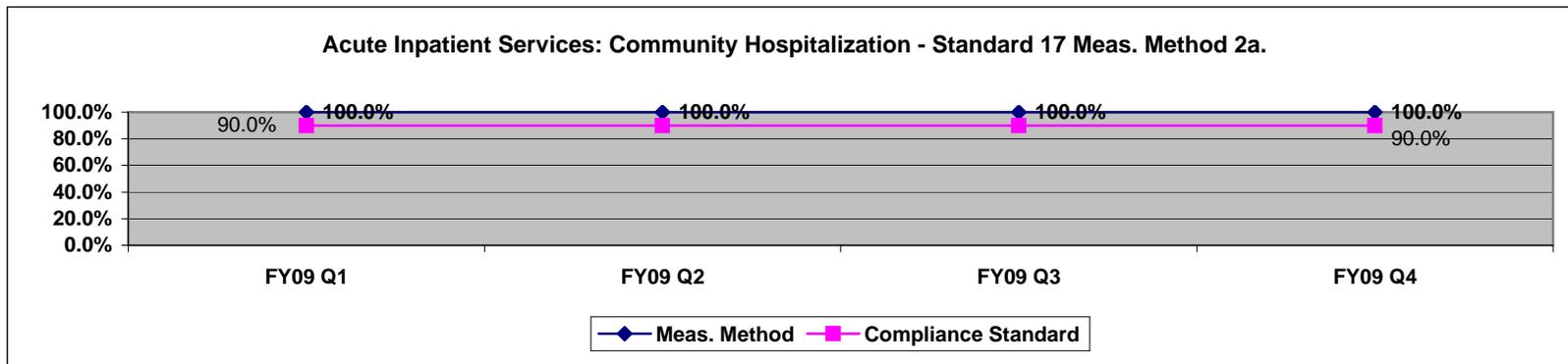
95.7% UR Database Q1-FY '05 (22 out of 23)

Current Level

100.0% UR Database/EIS Q4 FY 09 (13 out of 13)

Performance Standard

90.0%



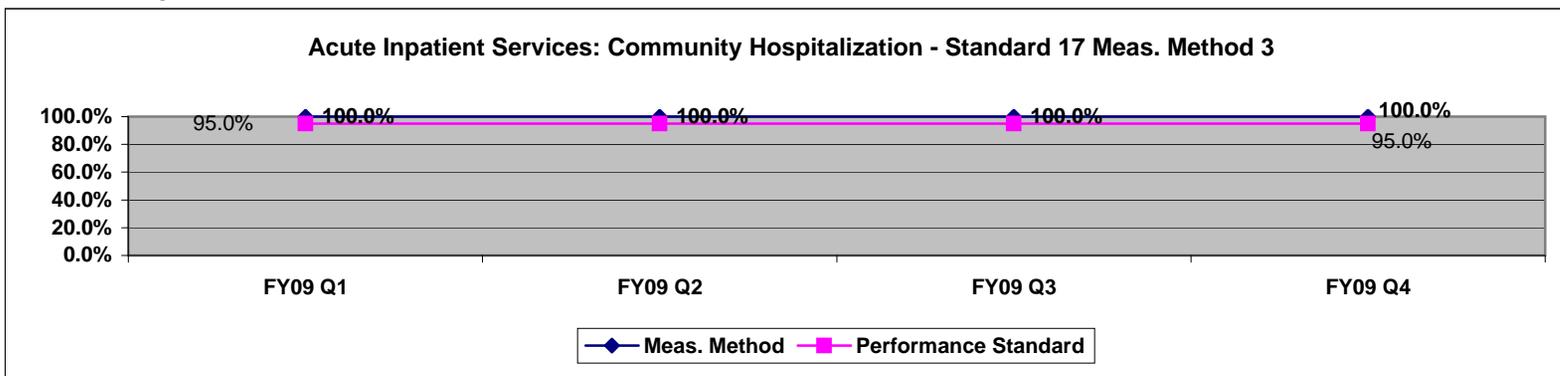
Meas. Method 2a. Corrective action taken by UR nurse where blue paper not completed in accordance with terms.

Baseline 100.0% UR Database Q1-FY '05 (4 out of 4)

Current Level 100.0% UR Database/EIS Q4 FY 09 All Blue Papers reported as completed and in accordance with terms

Performance Standard 95.0%

Compliance Standard 90.0%

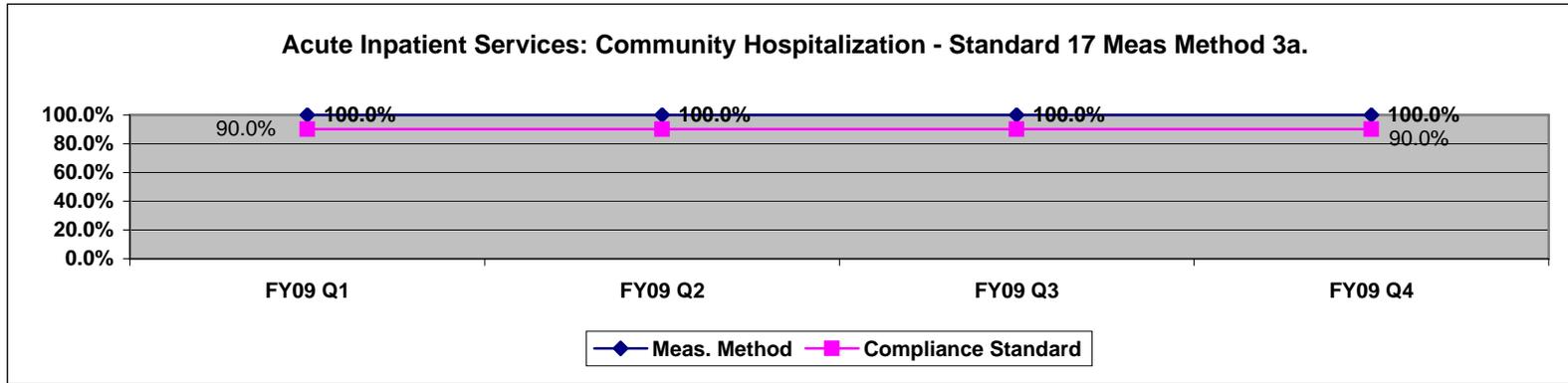


Meas. Method 3. Class member involuntary admissions to community inpatient units in which 24 hour certification was completed.

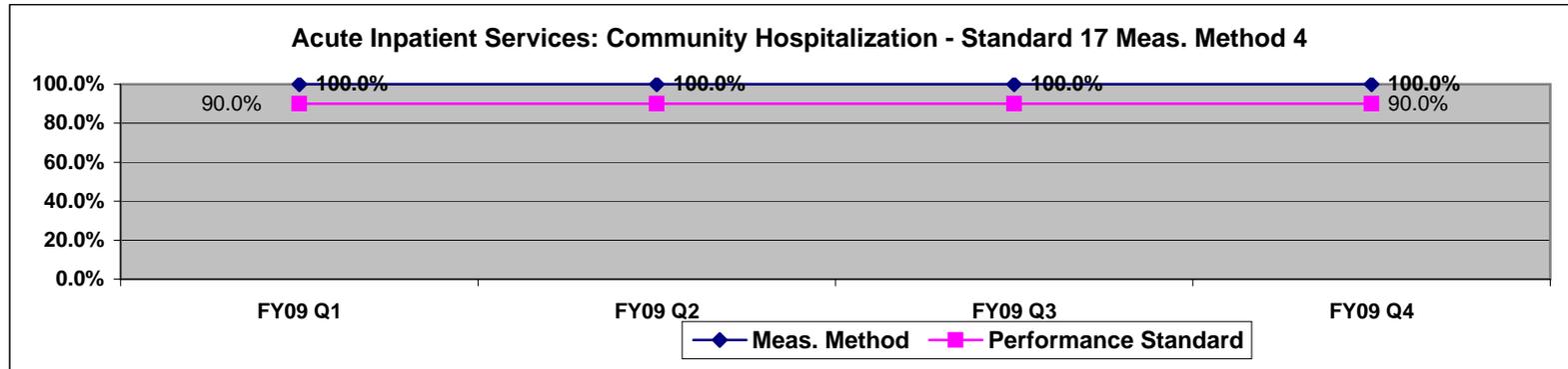
Baseline 65.2% UR Database Q1-FY '05 (15 out of 23)

Current Level 100.0% UR Database/EIS Q4 FY 09 (12 out of 12)

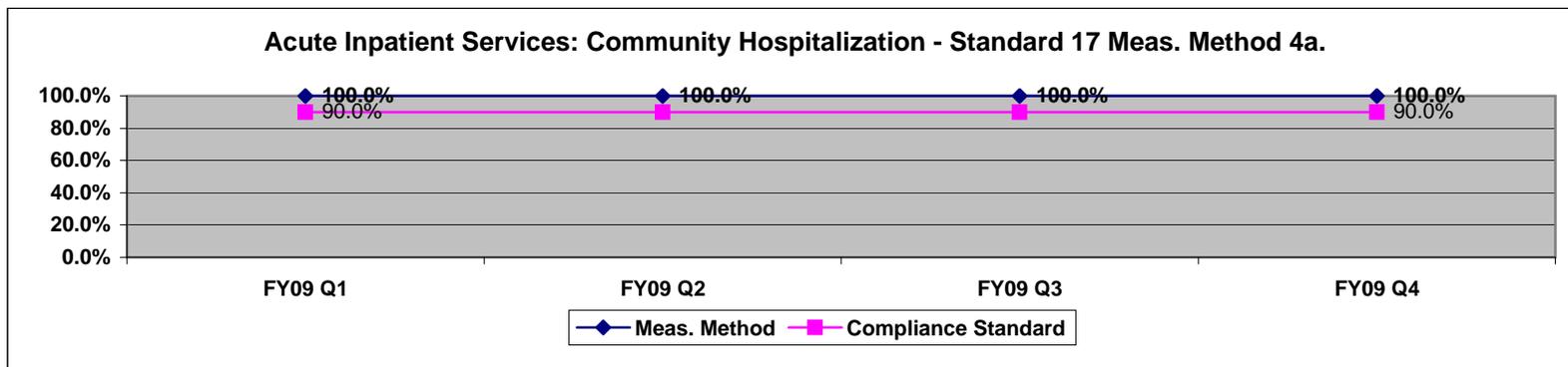
Performance Standard 95.0%



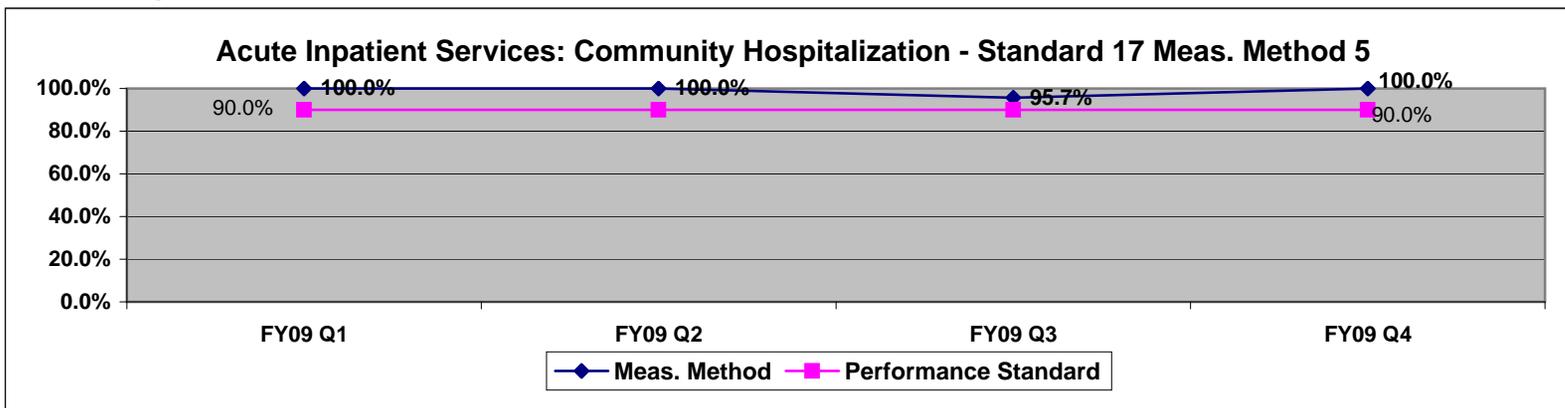
Meas. Method 3a. Corrective action taken by UR nurse where 24 hour certification was not completed.
Baseline 12.5% UR Database Q1-FY '05 (1 out of 8)
Current Level 100.0% UR Database/EIS Q4 FY 09 All 24 hour certifications reported as completed.
Performance Standard 100.0%
Compliance Standard 90.0%



Meas. Method 4. Class member involuntary admissions to community inpatient units in which patients' rights were maintained.
Baseline 82.6% UR Database Q1-FY '05 (19 out of 23)
Current Level 100.0% UR Database/EIS Q4 FY 09 (13 out of 13)
Performance Standard 90.0%



Meas. Method 4a. Corrective action taken by UR nurse where documentation showed patients' rights not maintained.
Baseline 25.0% UR Database Q1-FY '05 (1 out of 4)
Current Level 100.0% UR Database/EIS Q4 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 100.0% UR Database/EIS Q4 FY 09 (13 out of 13)
Performance Standard 90.0%

UR data is now being reported one quarter behind to allow sufficient time for reviews and data entry to be completed. Data for the 3rd and 4th quarters has been recalculated.

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	FY09 Q1	FY09 Q2	FY09 Q3	FY09 Q4
Meas. Metl	100.0%	100.0%	100.0%	100.0%
Performanc	100.0%	100.0%	100.0%	100.0%

	FY09 Q1	FY09 Q2	FY09 Q3	FY09 Q4
Meas. Metl	100.0%	100.0%	100.0%	100.0%
Performanc	90.0%	90.0%	90.0%	90.0%

DHHS Office of Adult Mental Health Services

	FY09 Q1	FY09 Q2	FY09 Q3	FY09 Q4
Meas. Mett	100.0%	100.0%	100.0%	100.0%
Complianc	90.0%	90.0%	90.0%	90.0%

	FY09 Q1	FY09 Q2	FY09 Q3	FY09 Q4
Meas. Mett	100.0%	100.0%	100.0%	100.0%
Performanc	95.0%	95.0%	95.0%	95.0%

DHHS Office of Adult Mental Health Services

	FY09 Q1	FY09 Q2	FY09 Q3	FY09 Q4
Meas. Mett	100.0%	100.0%	100.0%	100.0%
Complianc	90.0%	90.0%	90.0%	90.0%

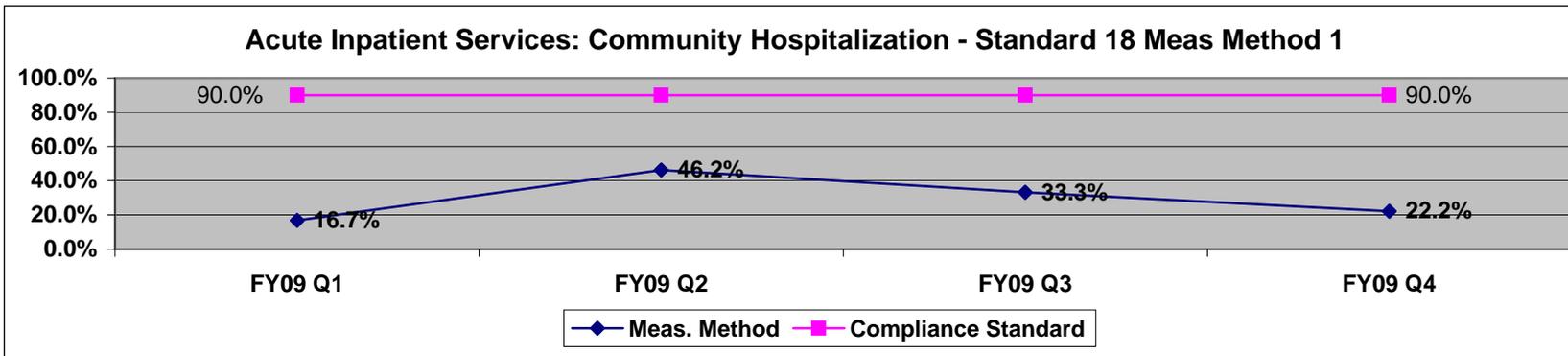
	FY09 Q1	FY09 Q2	FY09 Q3	FY09 Q4
Meas. Mett	100.0%	100.0%	100.0%	100.0%
Performanc	90.0%	90.0%	90.0%	90.0%

DHHS Office of Adult Mental Health Services

	FY09 Q1	FY09 Q2	FY09 Q3	FY09 Q4
Meas. Mett	100.0%	100.0%	100.0%	100.0%
Complianc	90.0%	90.0%	90.0%	90.0%

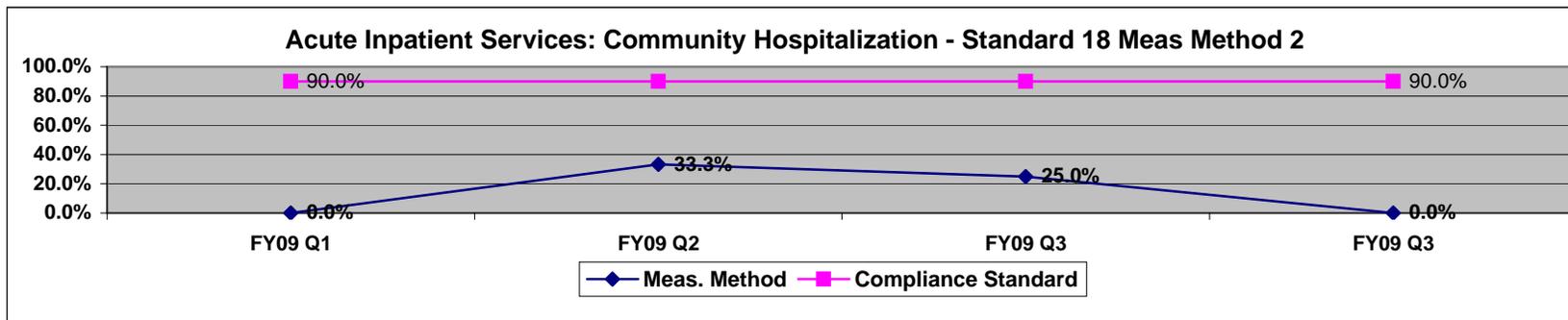
	FY09 Q1	FY09 Q2	FY09 Q3	FY09 Q4
Meas. Mett	100.0%	100.0%	95.7%	100.0%
Performanc	90.0%	90.0%	90.0%	90.0%

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



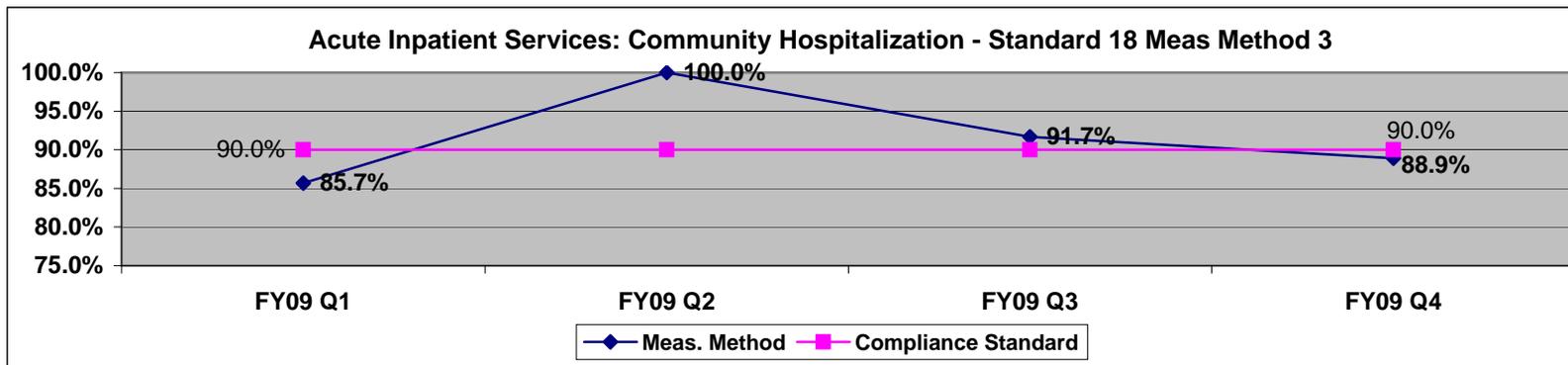
Paragraph 90 **Standard 18:** **Continuity of Treatment is maintained during hospitalization in community inpatient settings**
Meas. Method 1. Class members admitted with ISPs for whom hospital obtained ISP.

Baseline	31.6%	UR Database Q1-FY '05	(6 out of 19)
Current Level	22.2%	UR Database/EIS Q4 FY 09	(2 out of 9)
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	0.0%	UR Database/EIS Q4 FY 09	(0 out of 2)
Performance Standard	90.0%		
Compliance Standard	90.0%		



Meas. Method 3.	CI/ICI/ICM/ACT worker participated in hospital treatment and discharge planning.		
Baseline	63.1%	UR Database Q1-FY '05	(12 out of 19)
Current Level	88.9%	UR Database/EIS Q4 FY 09	(8 out of 9)
Performance Standard	90.0%		
Compliance Standard	90.0%		

UR data is now being reported one quarter behind to allow sufficient time for reviews and data entry to be completed. Data for the 3rd and 4th quarters has been recalculated.

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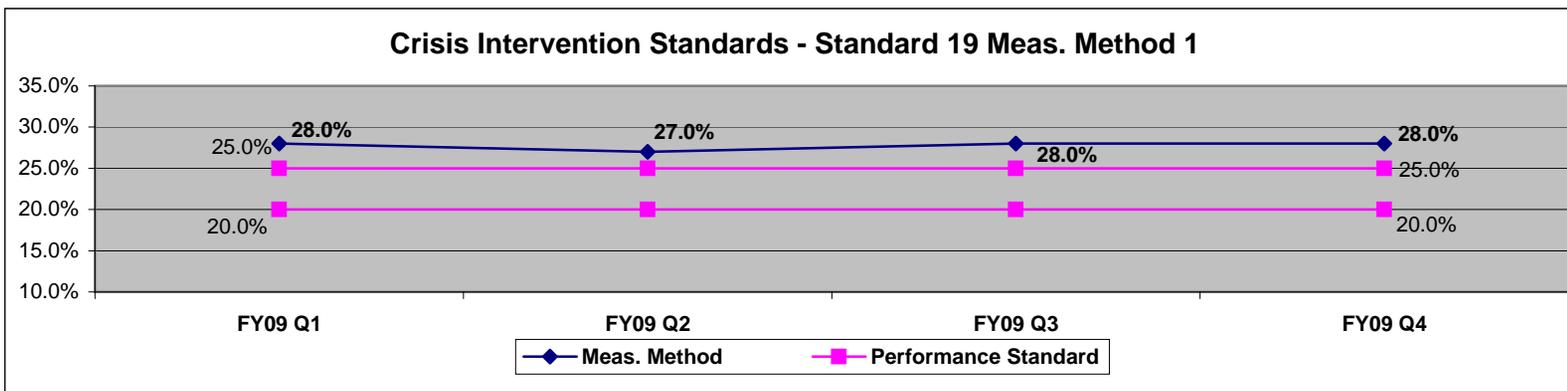
	FY09 Q1	FY09 Q2	FY09 Q3	FY09 Q4
Meas. Mett	16.7%	46.2%	33.3%	22.2%
Compliance	90.0%	90.0%	90.0%	90.0%

	FY09 Q1	FY09 Q2	FY09 Q3	FY09 Q3
Meas. Mett	0.0%	33.3%	25.0%	0.0%
Compliance	90.0%	90.0%	90.0%	90.0%

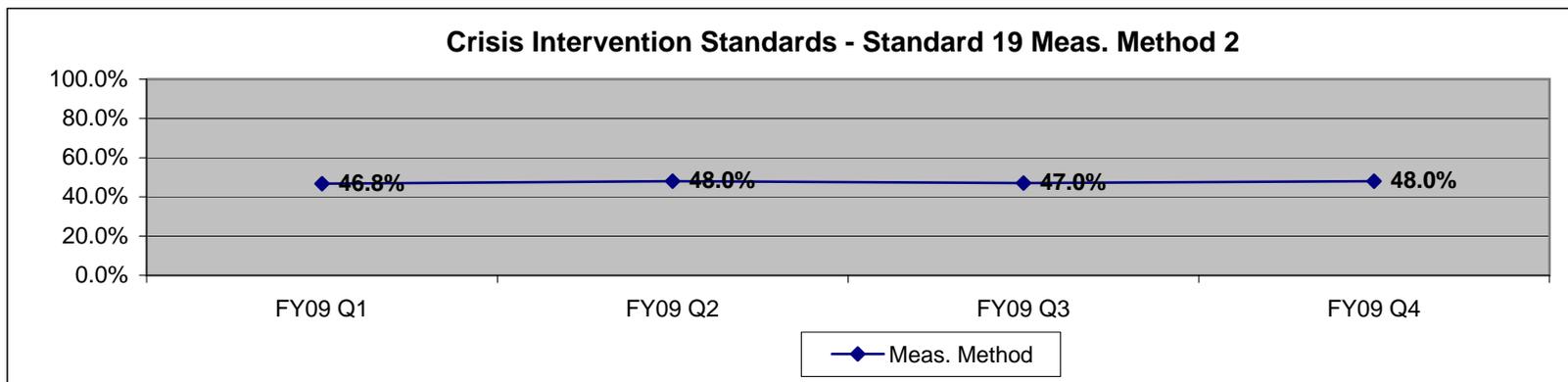
DHHS Office of Adult Mental Health Services

	FY09 Q1	FY09 Q2	FY09 Q3	FY09 Q4
Meas. Mett	85.7%	100.0%	91.7%	88.9%
Compliance	90.0%	90.0%	90.0%	90.0%

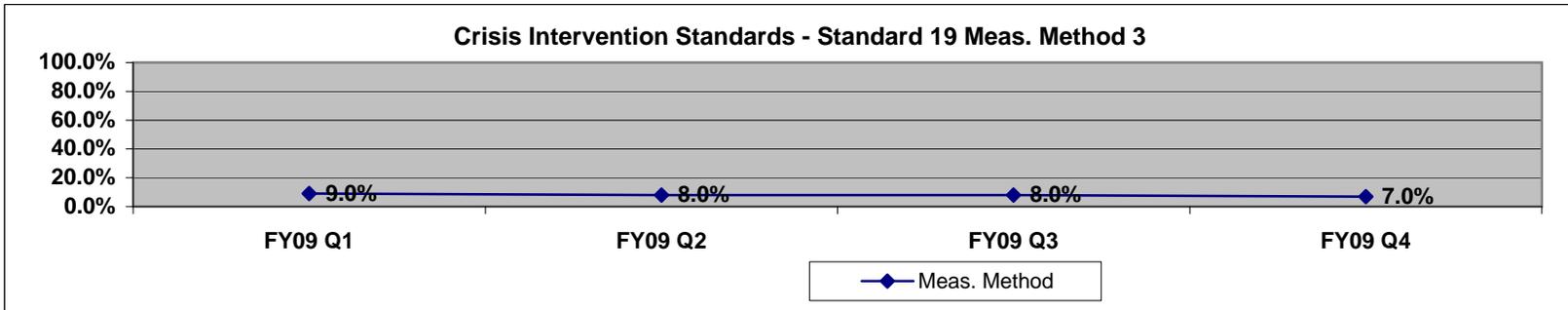
Community Resources and Treatment Services
Crisis Intervention Services



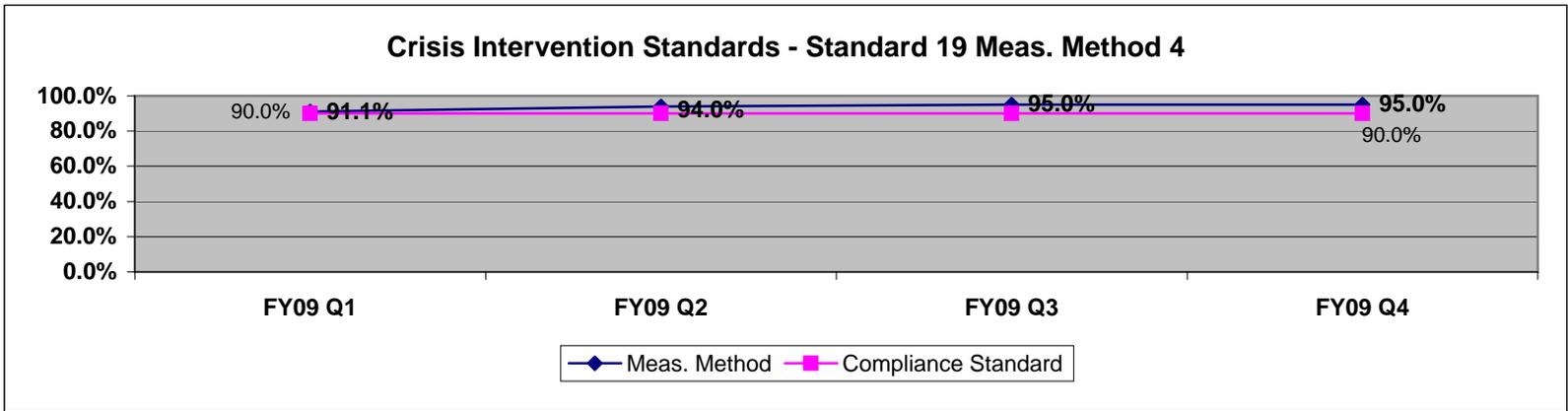
Paragraph 99, 100 Standard 19: Meas. Method 1. **Crisis services are effective and meet Settlement Agreement Standards.**
 Quarterly Contract Performance Data: Face to face crisis contacts that result in hospitalizations.
Baseline 21.0% Performance Indicator Data - Average quarterly % for first three quarters FY 2004
Current Level 28.0% FY 09 Q4 (1292 out of 4610)
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 Q4 (2188 out of 4610 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 7.0% FY 09 Q4 (304 out of 4610 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 95.0% FY 09 Q4 (1213 out of 1279 face to face contacts who have a CI worker)
Compliance Standard 90.0% (3 out of 4 quarters)

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	FY09 Q1	FY09 Q2	FY09 Q3	FY09 Q4
Meas. Method	28.0%	27.0%	28.0%	28.0%
Performance S	20.0%	20.0%	20.0%	20.0%
Performance S	25.0%	25.0%	25.0%	25.0%

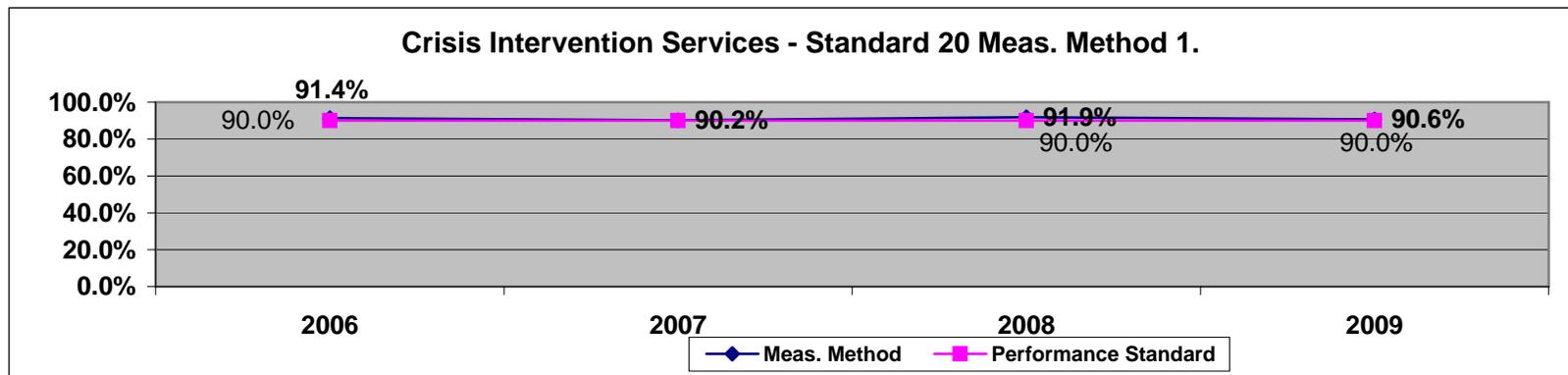
	FY09 Q1	FY09 Q2	FY09 Q3	FY09 Q4
Meas. Method	46.8%	48.0%	47.0%	48.0%

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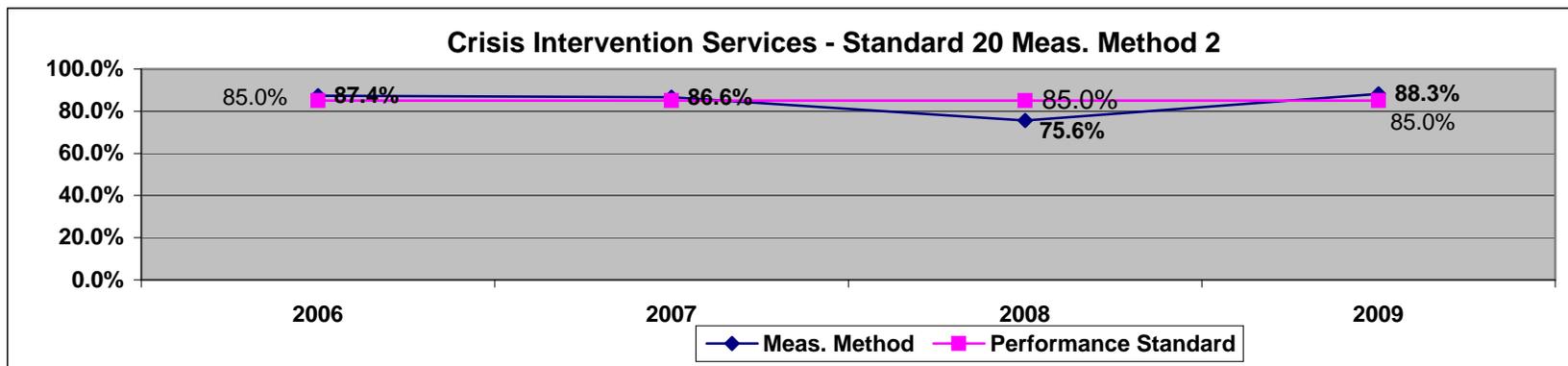
	FY09 Q1	FY09 Q2	FY09 Q3	FY09 Q4
Meas. Method	9.0%	8.0%	8.0%	7.0%

	FY09 Q1	FY09 Q2	FY09 Q3	FY09 Q4
Meas. Method	91.1%	94.0%	95.0%	95.0%
Compliance Sta	90.0%	90.0%	90.0%	90.0%

Community Resources and Treatment Services
Crisis Intervention Services



Paragraph **Standard 20:** **Class member satisfaction with the availability and quality of crisis intervention services.**
99, 100 Meas. Method 1. Class members reporting that they know how to get help in a crisis when they need it-Q2.
Baseline 87.6% 2004 Class Member Survey (N=538)
Current Level 90.6% 2009 Class Member Survey (N=537)
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 88.3% 2009 Class Member Survey (N=537)
Performance Standard 85.0%

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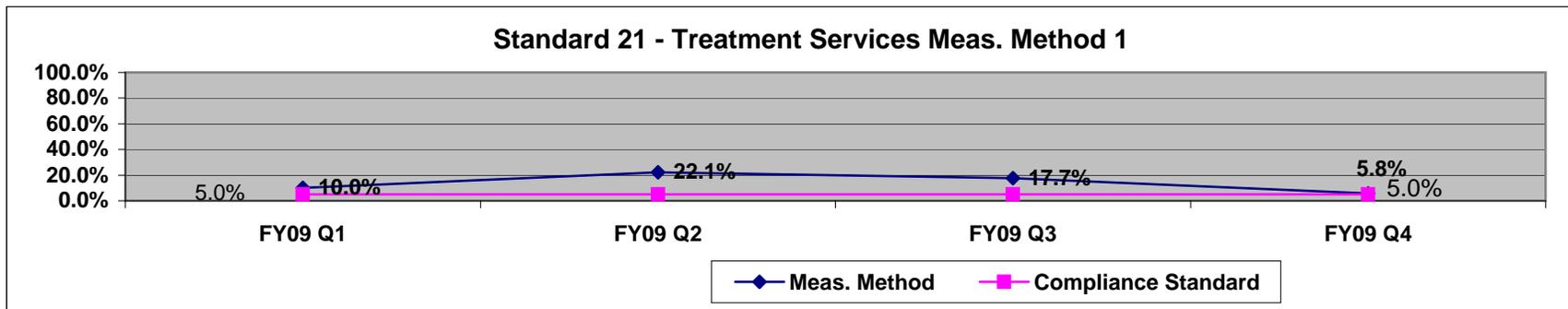
Meas. Method 1

	2006	2007	2008	2009
Meas. Mett	91.4%	90.2%	91.9%	90.6%
Performanc	90.0%	90.0%	90.0%	90.0%

Meas. Method 2

	2006	2007	2008	2009
Meas. Mett	87.4%	86.6%	75.6%	88.3%
Performanc	85.0%	85.0%	85.0%	85.0%

Community Resources and Treatment Services
Treatment Services



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

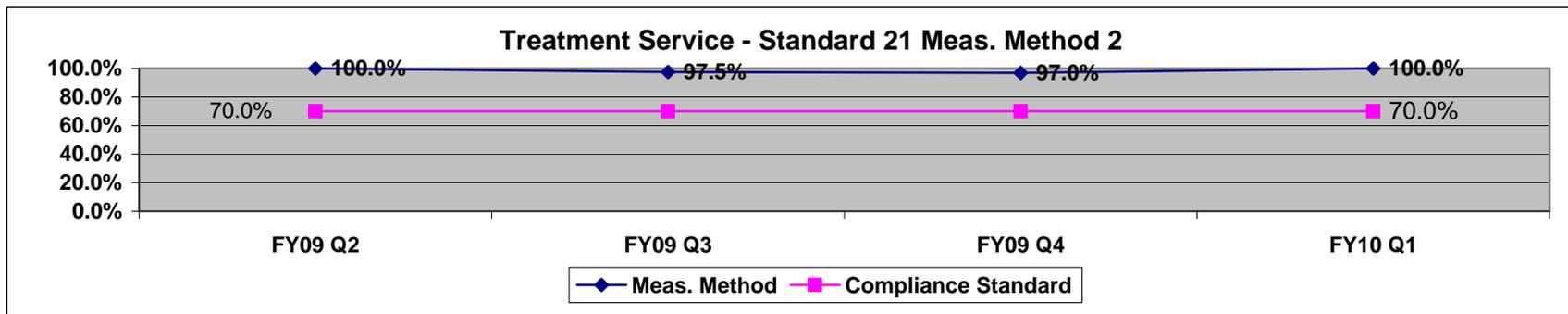
5.8% (85 out of 1474) FY09 Q4 ISP RDS Data

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

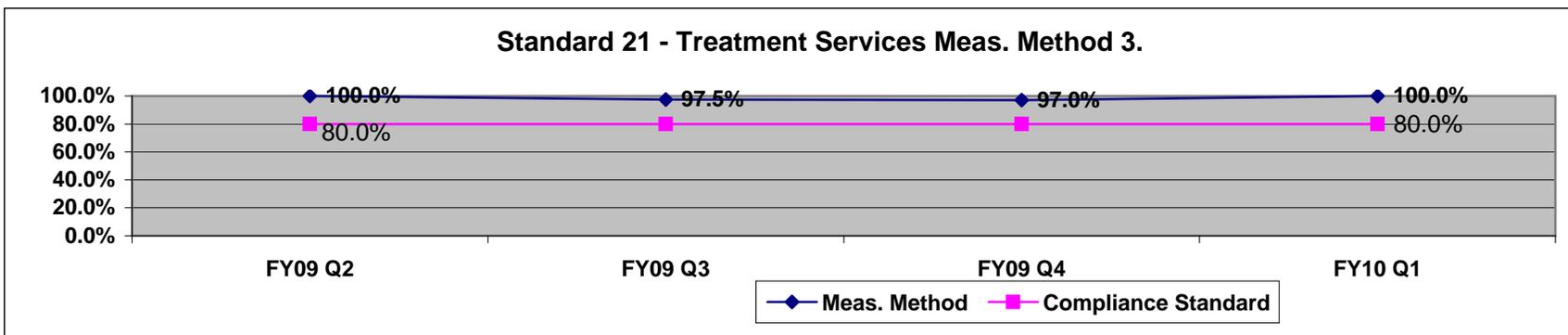
100.0% (FY 10 Q1 Out of 42, 0 could not be discharged within 7 days due to lack of service)

Performance Standard

75.0% (within 7 days of that determination)

Compliance Standard

70.0% (within 7 days of that determination)



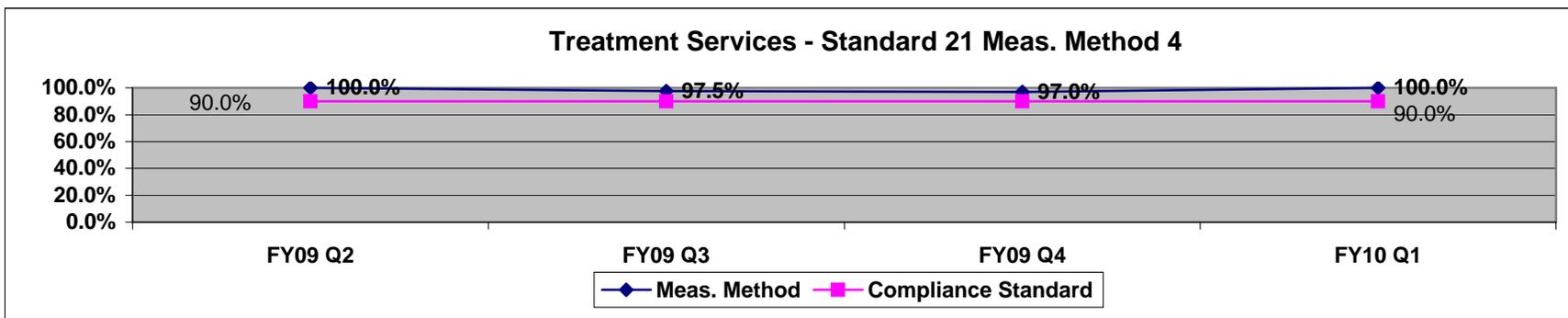
Meas. Method 3. Percentage of patients at Riverview determined to be ready for discharge who are discharged within 30 days of that determination

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 100.0% (FY 10 Q1 Out of 42, 0 could not be discharged within 30 days 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

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 100.0% (FY 10 Q1 Out of 42, 0 could not be discharged within 45 days 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 21:
Discharge Detail:

42 Patients discharged in quarter
 23 discharged at 7 days (55.0%)
 6 discharged 8-30 days (14.0%)
 4 discharged 31-45 days (10.0%)
 9 discharged post 45 days (21.0%)

Mental Health Treatment Services did not impede discharge for any patient 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 Necessary

<i>MaineCare Data FY 2008</i>			
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

DHHS Office of Adult Mental Health Services

	FY09 Q1	FY09 Q2	FY09 Q3	FY09 Q4
Meas. Mett	10.0%	22.1%	17.7%	5.8%
Compliance	5.0%	5.0%	5.0%	5.0%

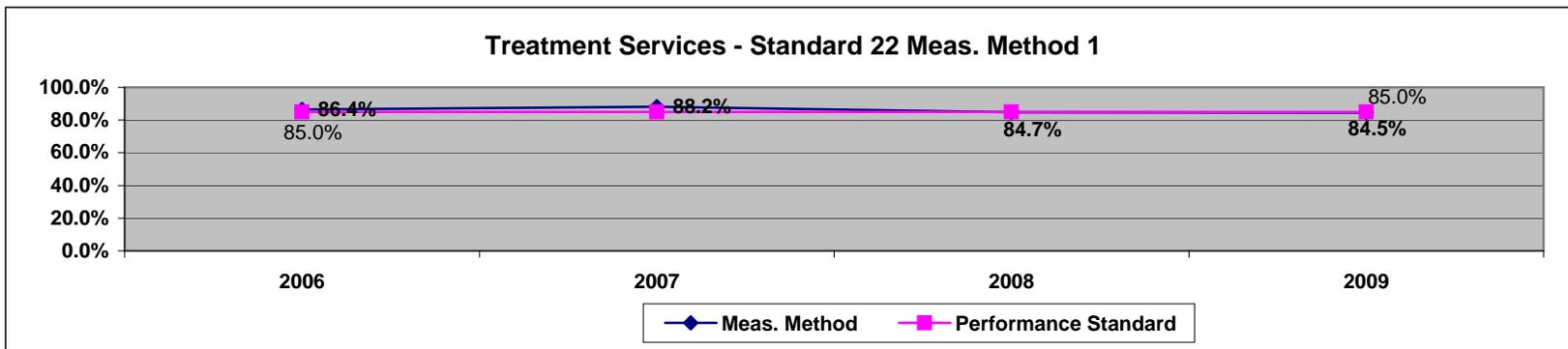
	FY09 Q2	FY09 Q3	FY09 Q4	FY10 Q1
Meas. Mett	100.0%	97.5%	97.0%	100.0%
Compliance	70.0%	70.0%	70.0%	70.0%

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	FY09 Q2	FY09 Q3	FY09 Q4	FY10 Q1
Meas. Mett	100.0%	97.5%	97.0%	100.0%
Complianc	80.0%	80.0%	80.0%	80.0%

	FY09 Q2	FY09 Q3	FY09 Q4	FY10 Q1
Meas. Mett	100.0%	97.5%	97.0%	100.0%
Complianc	90.0%	90.0%	90.0%	90.0%

Community Resources and Treatment Services Treatment Services



Paragraph Standard 22:

Class members are satisfied with access and quality of MH treatment services received.

103 Meas. Method 1.

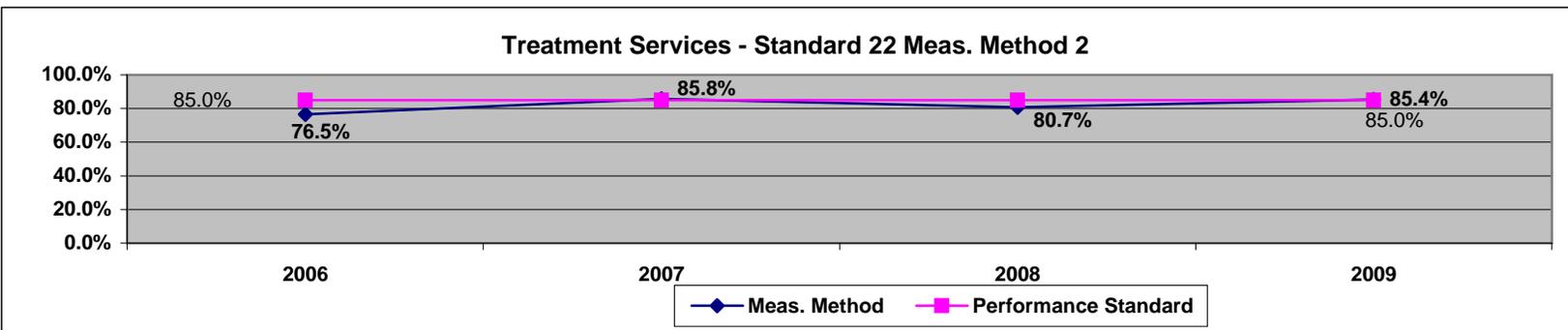
Annual Class Member Survey Q1, % Yes "Can you get the mental health services and supports you feel you need?"

Baseline 85.1% 2004 Class Member Survey (N=538)

Current Level 84.5% 2009 Class Member Survey (N=537)

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 85.4% 2009 Class Member Survey (N=537)

Performance Standard 85.0%

DHHS Office of Adult Mental Health Services

Meas. Method 1

	2006	2007	2008	2009
Meas. Metl	86.4%	88.2%	84.7%	84.5%
Performanc	85.0%	85.0%	85.0%	85.0%

Meas. Method 1

	2006	2007	2008	2009
Meas. Metl	76.5%	85.8%	80.7%	85.4%
Performanc	85.0%	85.0%	85.0%	85.0%

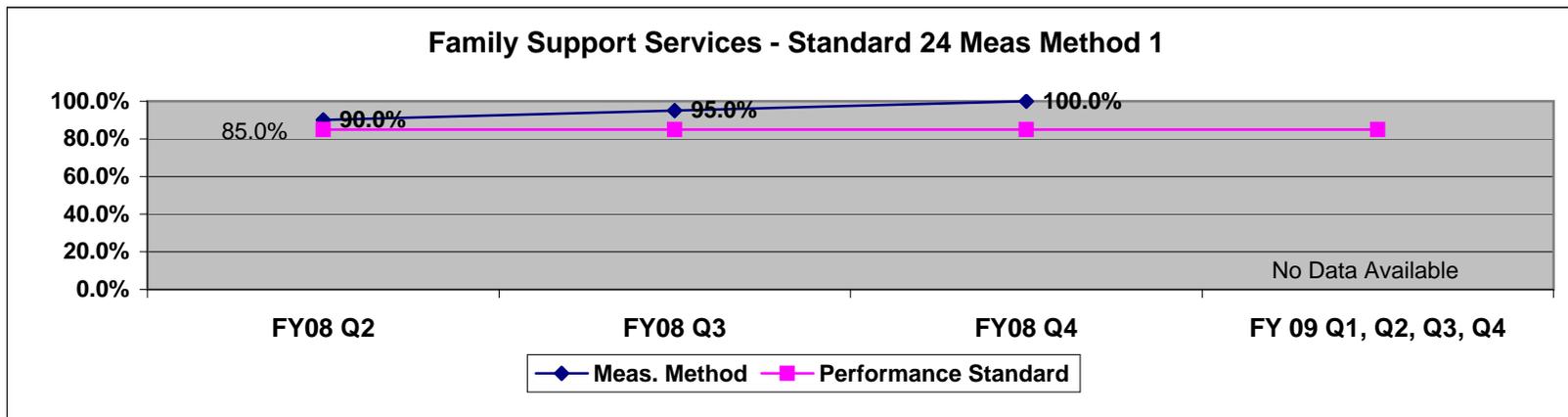
Community Resources and Treatment Services
Family Support Services

Graph Not Available for Standard 23

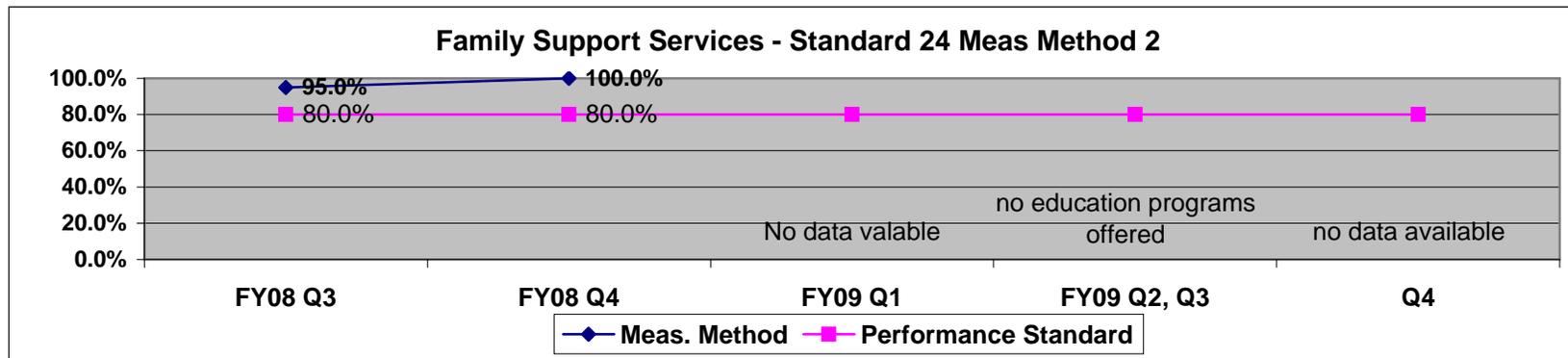
Paragraph	Standard 23:	Demonstrate provision of an array of family support services as per Settlement Agreement
109	<i>Meas. Method 1.</i>	Number of education programs developed and delivered meeting Settlement Agreement requirements
	<i>Baseline</i>	<i>7, Family To Family Programs offered at 7 separate locations through NAMI statewide in FY 2006</i>
	<i>Current Level</i>	<i>3 Family To Family classes: Q1 FY 10</i>
	<i>Performance Standard</i>	<i>No standard necessary</i>
	<i>Meas. Method 2.</i>	Number and distribution of family support services provided
	<i>Baseline</i>	<i>13 services offered at 13 Locations through NAMI statewide in FY 2006</i>
	<i>Current Level</i>	<i>22 Family Support Groups, 15 sites: Q1 FY 10</i>
	<i>Performance Standard</i>	<i>No standard necessary</i>

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

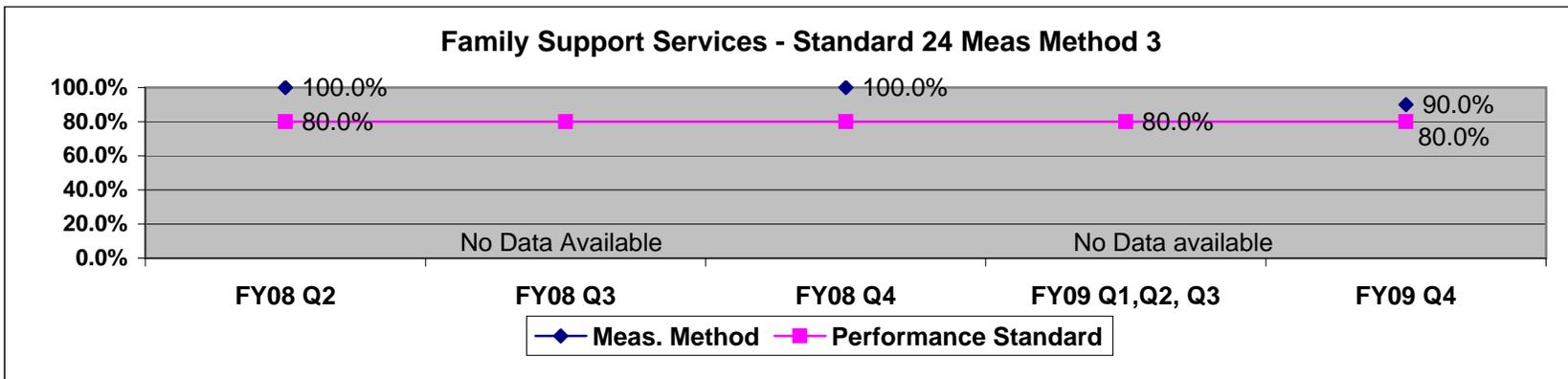
Community Resources and Treatment Services
Family Support Services



Paragraph 109 **Standard 24:** **Consumer/family satisfaction with family support and information and referral services.**
Meas. Method 1. Percentage of support group and group counseling participants reporting satisfaction with services.
Baseline 98.7% Performance Indicator Data, 2nd QTR FY'06 - Information and Referral Services-NAMI
Current Level No data reported by NAMI for FY 09 Q1, Q2, Q3. Data is to be 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 data available
Performance Standard 80.0%



Meas. Method 3. Percentage of family participants reporting satisfaction with respite services.
Baseline 100.0% NAMI Satisfaction Instrument, FY 2007
Current Level 90.0% data reported by NAMI for FY 09 Q4. Data now reported by NAMI annually
Performance Standard 80%

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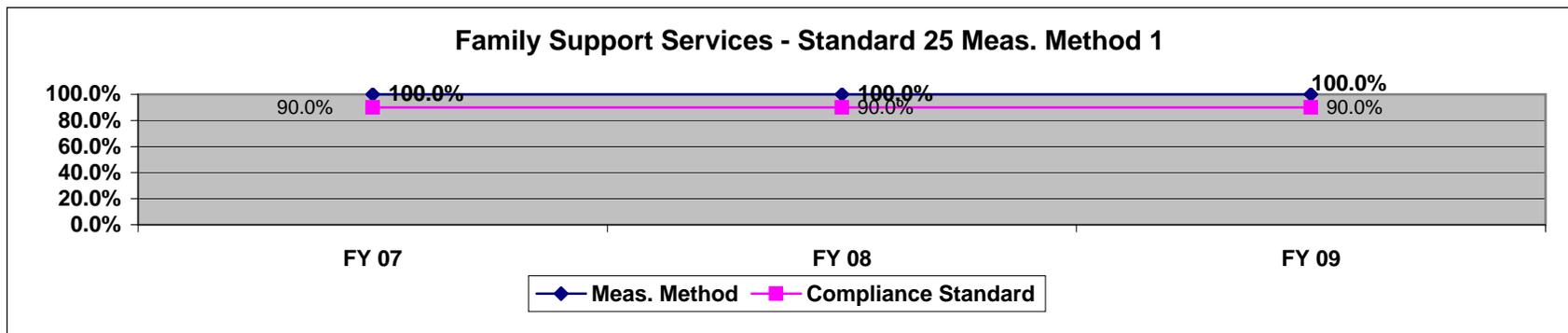
	FY08 Q2	FY08 Q3	FY08 Q4	FY 09 Q1, Q2, Q3, Q4
Meas. Metl	90.0%	95.0%	100.0%	
Performanc	85.0%	85.0%	85.0%	85.0%

	FY08 Q3	FY08 Q4	FY09 Q1	FY09 Q2, Q3	Q4
Meas. Metl	95.0%	100.0%			
Performanc	80.0%	80.0%	80.0%	80.0%	80.0%

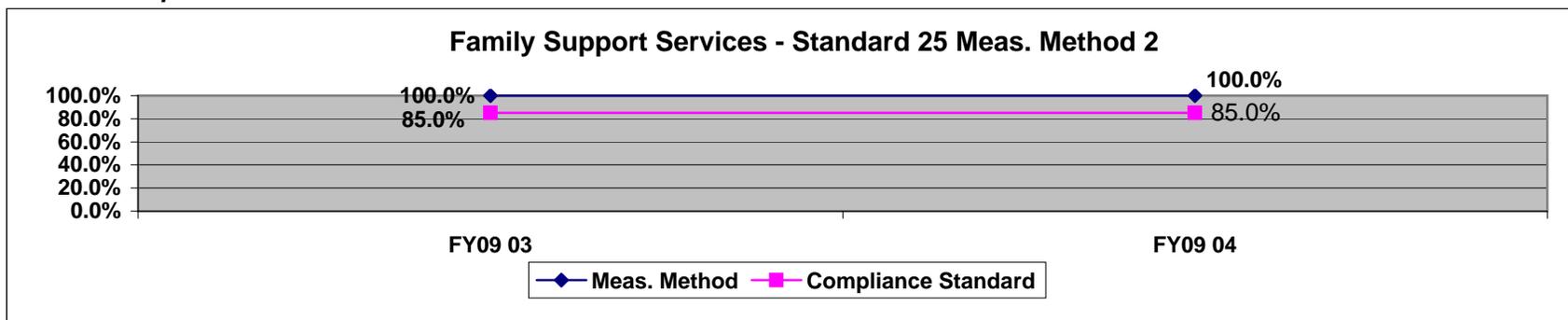
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	FY08 Q2	FY08 Q3	FY08 Q4	FY09 Q1,Q2,	FY09 Q4
Meas. Metl	100.0%		100.0%		90.0%
Performanc	80.0%	80.0%	80.0%	80.0%	80.0%

Community Resources and Treatment Services
Family Support Services



Paragraph 110 Standard 25: **Agencies are referring family members to family support groups**
Meas. Method 1. Agency contracts reviewed with documented evidence of referral mechanism to family support services.
Baseline 100.0% February & March 2007 Contract Reviews
Current Level 100.0% February & March 2009 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 100.0% Performance Indicator Data, FY9 Q4
Performance Standard 85.0%

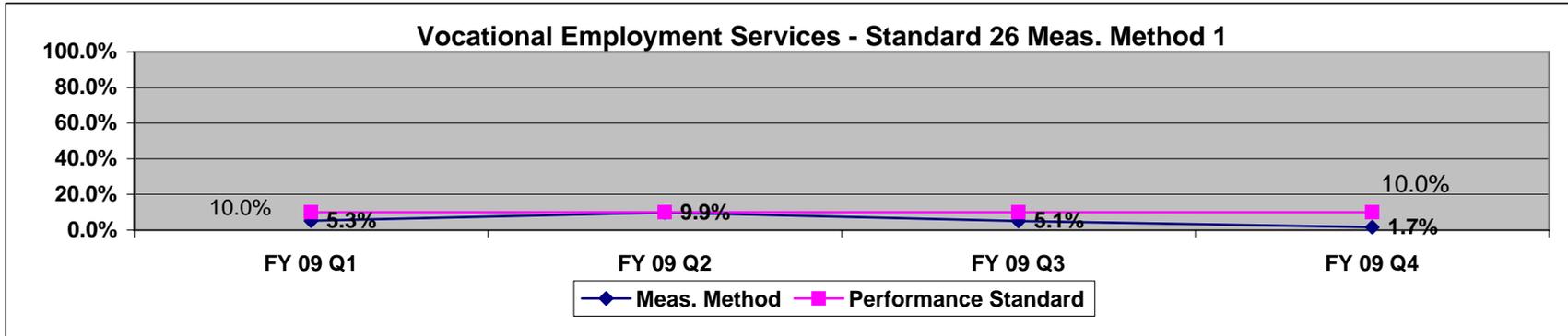
Requirement to collect this data was added to NAMI's contract as of FY09.

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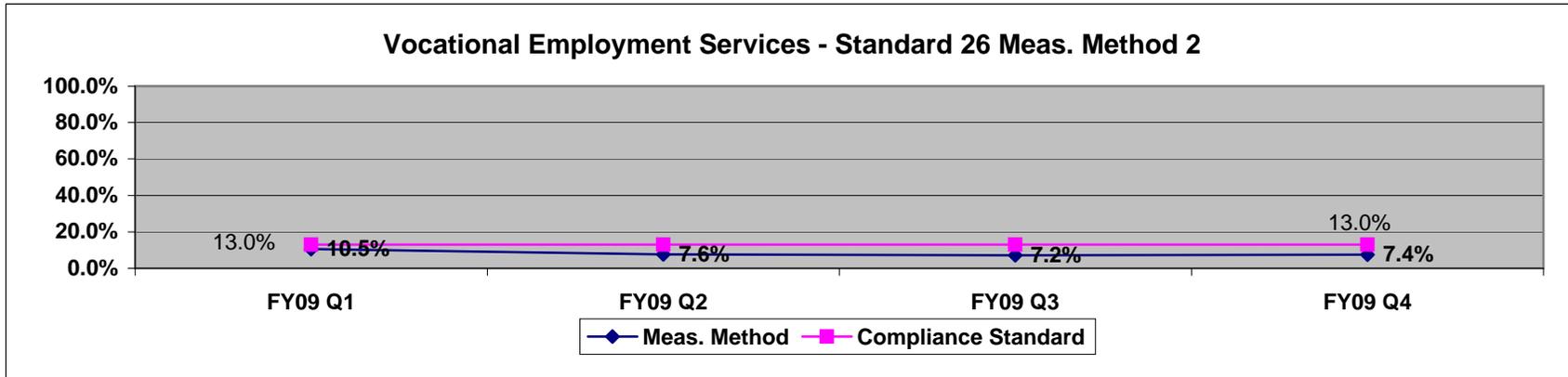
	FY 07	FY 08	FY 09
Meas. Metl	100.0%	100.0%	100.0%
Compliance	90.0%	90.0%	90.0%

	FY09 03	FY09 04
Meas. Metl	100.0%	100.0%
Compliance	85.0%	85.0%

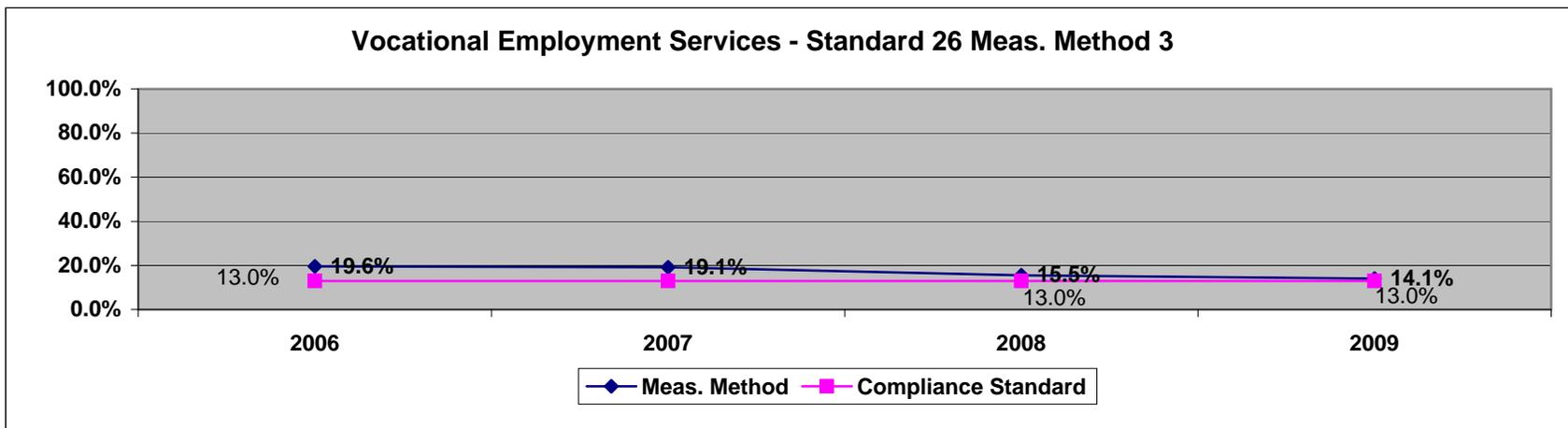
Community Resources and Treatment Services
Vocational Employment Services



Paragraph 101 Standard 26: Reasonable efforts to provide array of vocational opportunities to meet ISP identified needs.
Meas. Method 1 Class members with ISP identified unmet vocational/employment support needs.
Baseline 1.3% (11 out of 305) FY06 Q4 ISP RDS Data
Current Level 1.7% (25 out of 1474) FY09 Q4 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 7.4% (65 out of 874) FY10 Q1 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 14.1% 2009 Class Member Survey (N=73 of 517 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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	FY 09 Q1	FY 09 Q2	FY 09 Q3	FY 09 Q4
Meas. Method	5.3%	9.9%	5.1%	1.7%
Performance Standard	10.0%	10.0%	10.0%	10.0%

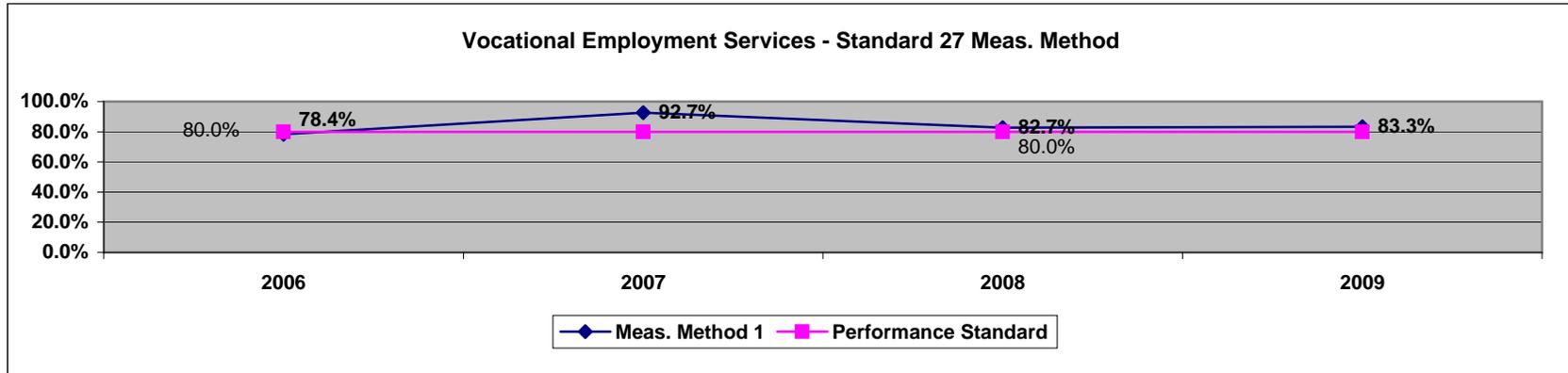
	FY09 Q1	FY09 Q2	FY09 Q3	FY09 Q4
Meas. Method	10.5%	7.6%	7.2%	7.4%
Compliance Standard	13.0%	13.0%	13.0%	13.0%

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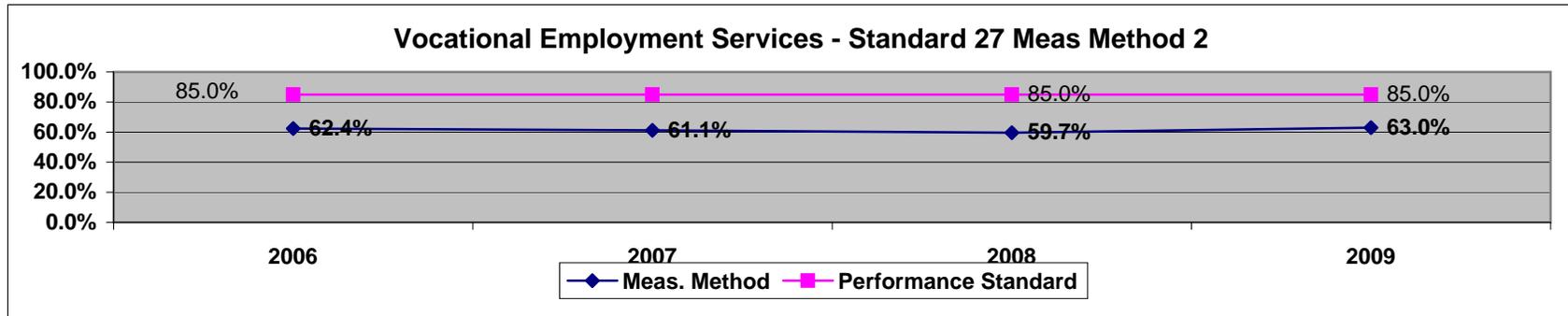
	2006	2007	2008	2009
Meas. Method	19.6%	19.1%	15.5%	14.1%
Compliance Standard	13.0%	13.0%	13.0%	13.0%

Community Resources and Treatment Services

Vocational Employment Services



Paragraph 101 Standard 27: **Satisfaction with employment and with vocational support services**
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 83.3% 2009 Class Member Survey (N=60 out of 73 employed who responded to this question)
Performance Standard 80.0%



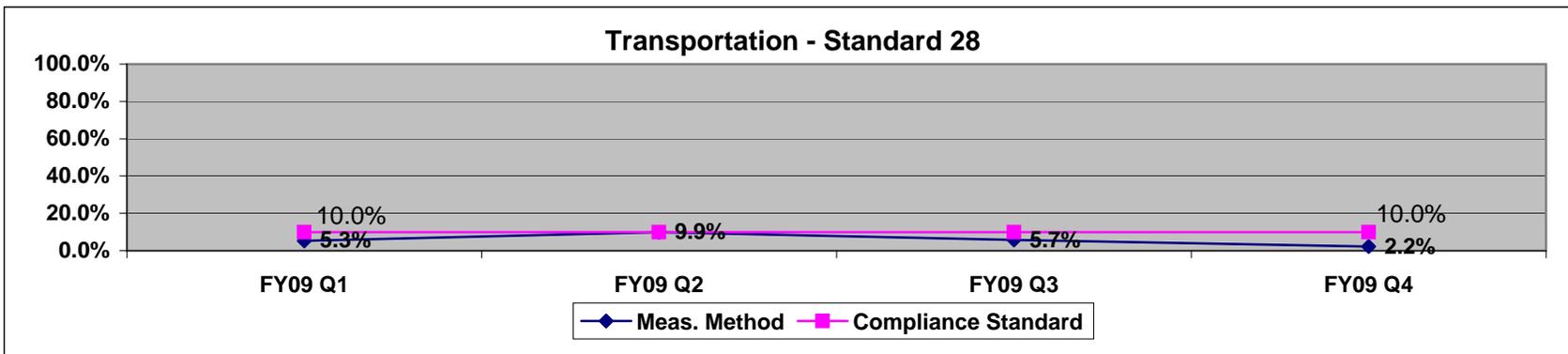
Meas. Method 2. Annual Class Member Survey, Q23, Class members reporting that vocational supports were available when needed.
Baseline 62.4% 2006 Class Member Survey. (N=507)
Current Level 63.0% 2009 Class Member Survey (N=537)
Performance Standard 85.0%

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	2006	2007	2008	2009
Meas. Mett	78.4%	92.7%	82.7%	83.3%
Performanc	80.0%	80.0%	80.0%	80.0%

	2006	2007	2008	2009
Meas. Mett	62.4%	61.1%	59.7%	63.0%
Performanc	85.0%	85.0%	85.0%	85.0%

Community Resources and Treatment Services
Transportation



Paragraph Standard 28:

107 Meas. Method 1.

Baseline

Current Level

Performance Standard

Compliance Standard

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

Percentage of class members with ISP identified unmet transportation needs.

1.3% (4 out of 305) FY06 Q4 ISP RDS Data

2.2% (33 out of 1474) FY09 Q4 ISP RDS Data

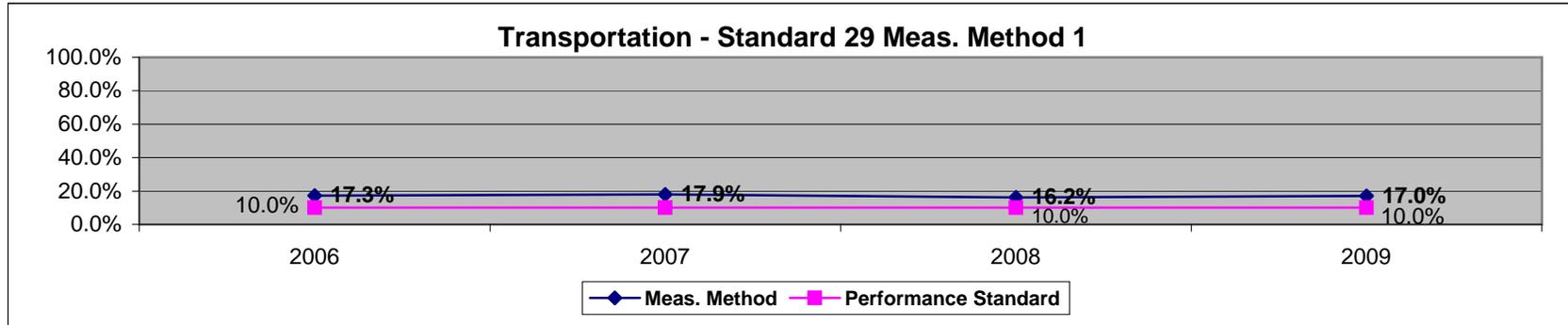
10.0% or fewer

10.0% or fewer (3 out of 4 quarters)

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	FY09 Q1	FY09 Q2	FY09 Q3	FY09 Q4
Meas. Mett	5.3%	9.9%	5.7%	2.2%
Compliance	10.0%	10.0%	10.0%	10.0%

Community Resources and Treatment Services
Transportation

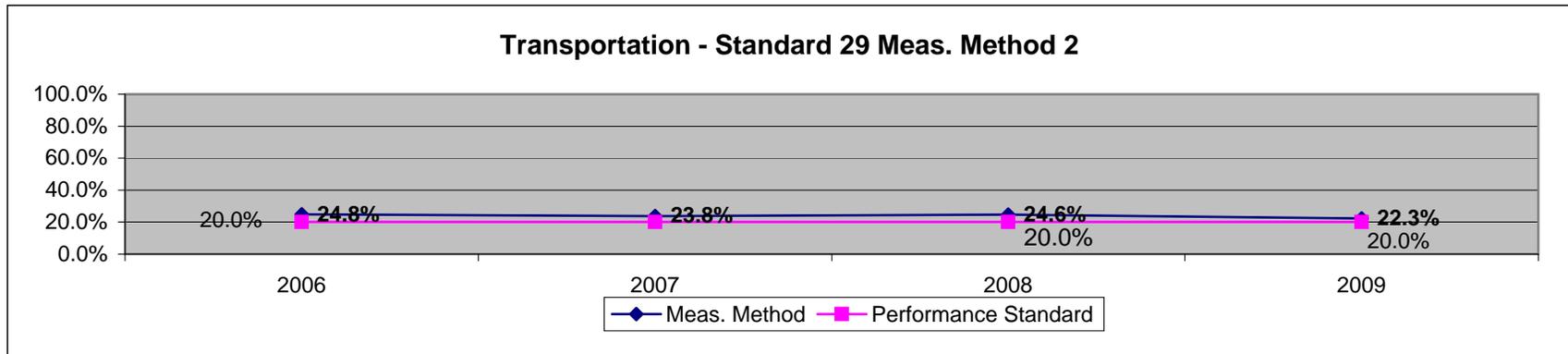


Paragraph Standard 29:
107 Meas. Method 1.

Satisfaction with availability of transportation services

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	17.0%	2009 Class Member Survey (N=537)
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.

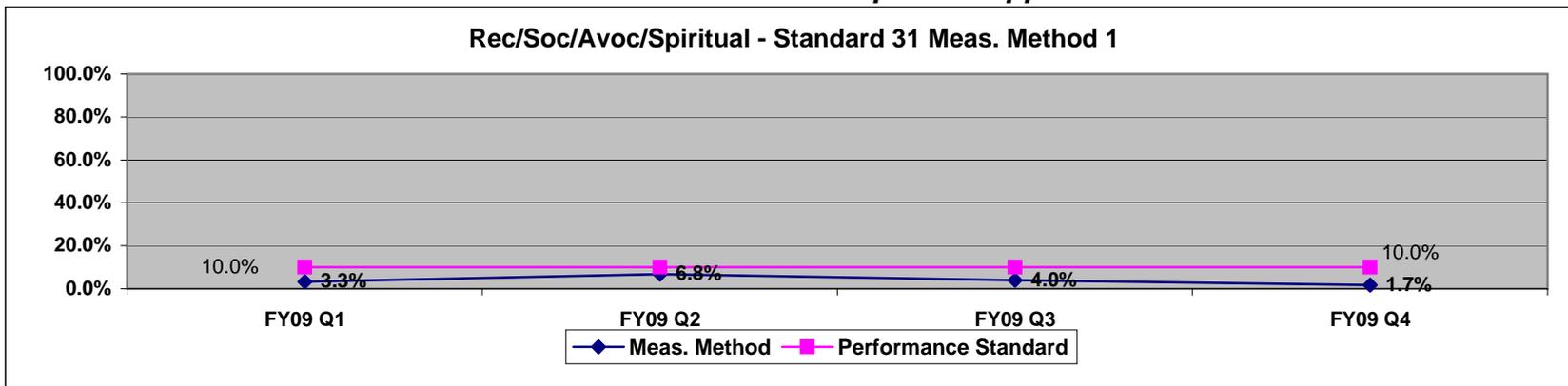
Baseline	27.3%	2004 Class Member Survey (N=538)
Current Level	22.3%	2009 Class Member Survey (N=537)
Performance Standard	20.0%	or fewer

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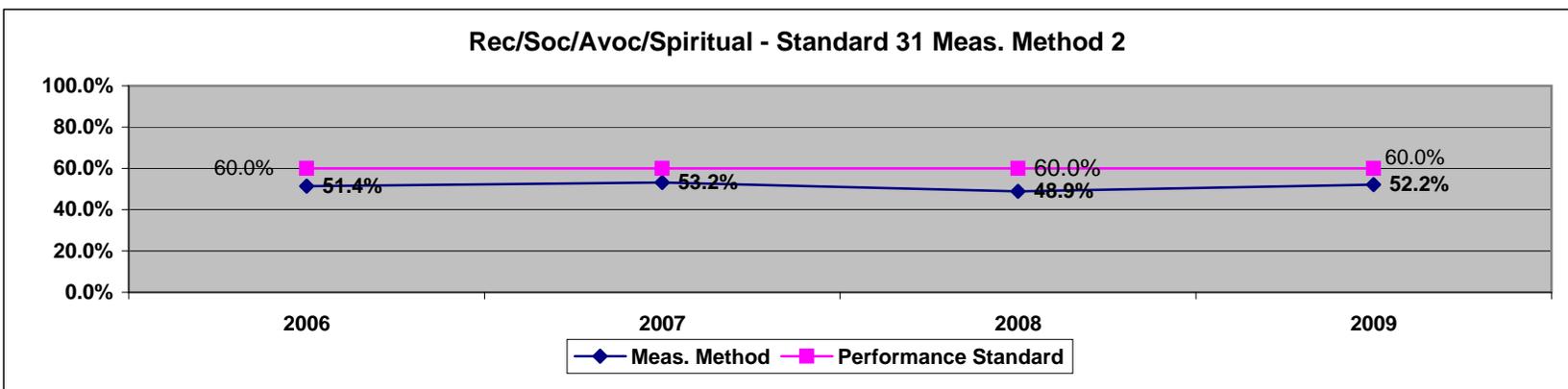
	2006	2007	2008	2009
Meas. Mett	17.3%	17.9%	16.2%	17.0%
Performanc	10.0%	10.0%	10.0%	10.0%

	2006	2007	2008	2009
Meas. Mett	24.8%	23.8%	24.6%	22.3%
Performanc	20.0%	20.0%	20.0%	20.0%

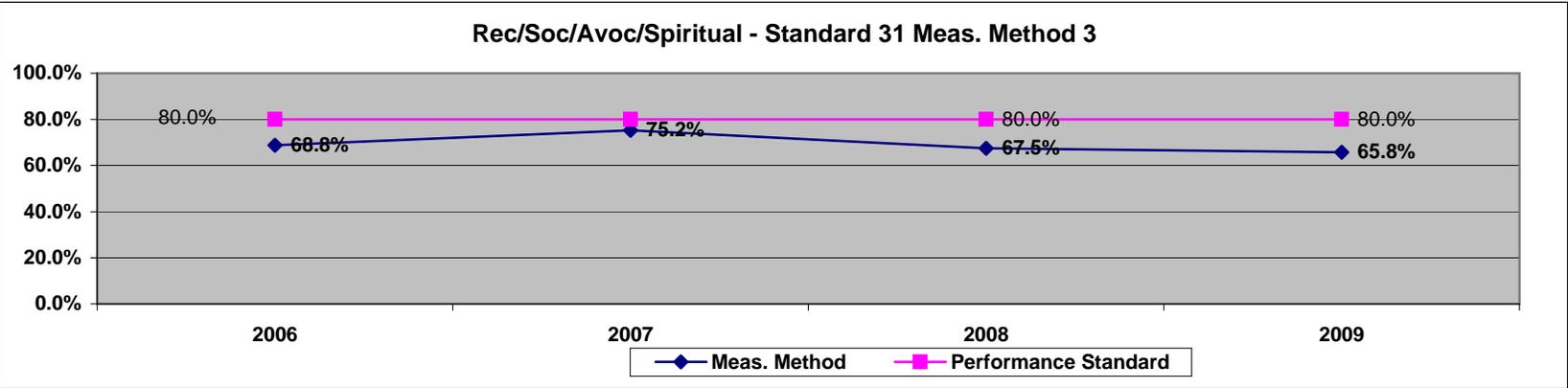
**Community Resources and Treatment Services
Recreation/Social/Avocational/Spiritual Opportunities**



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 1.7% (25 out of 1474) FY09 Q4 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 52.2% 2009 Class Member Survey (N=537)
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 65.8% 2009 Class Member Survey (N=537)
Performance Standard 80.0%

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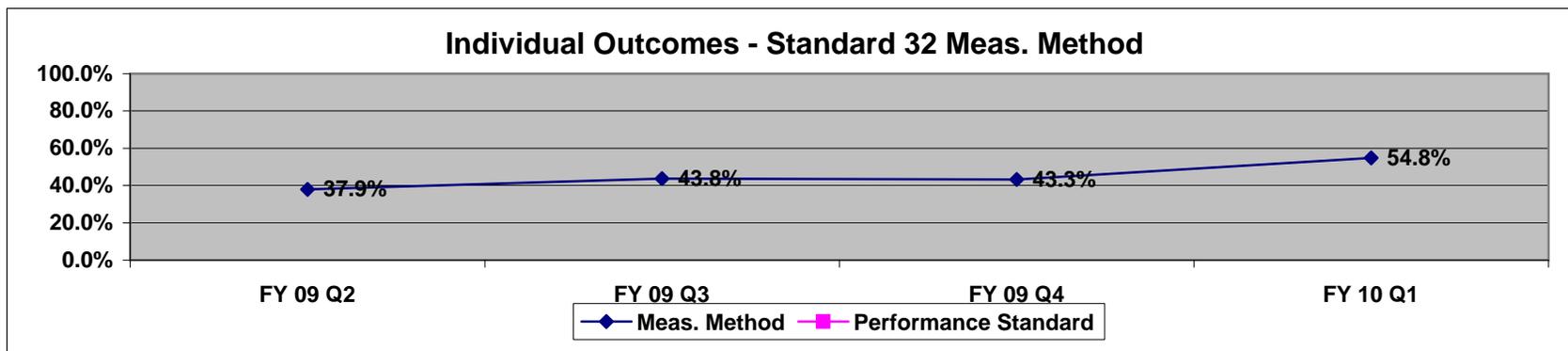
	FY09 Q1	FY09 Q2	FY09 Q3	FY09 Q4
Meas. Metl	3.3%	6.8%	4.0%	1.7%
Performanc	10.0%	10.0%	10.0%	10.0%

	2006	2007	2008	2009
Meas. Metl	51.4%	53.2%	48.9%	52.2%
Performanc	60.0%	60.0%	60.0%	60.0%

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	2006	2007	2008	2009
Meas. Met	68.8%	75.2%	67.5%	65.8%
Performanc	80.0%	80.0%	80.0%	80.0%

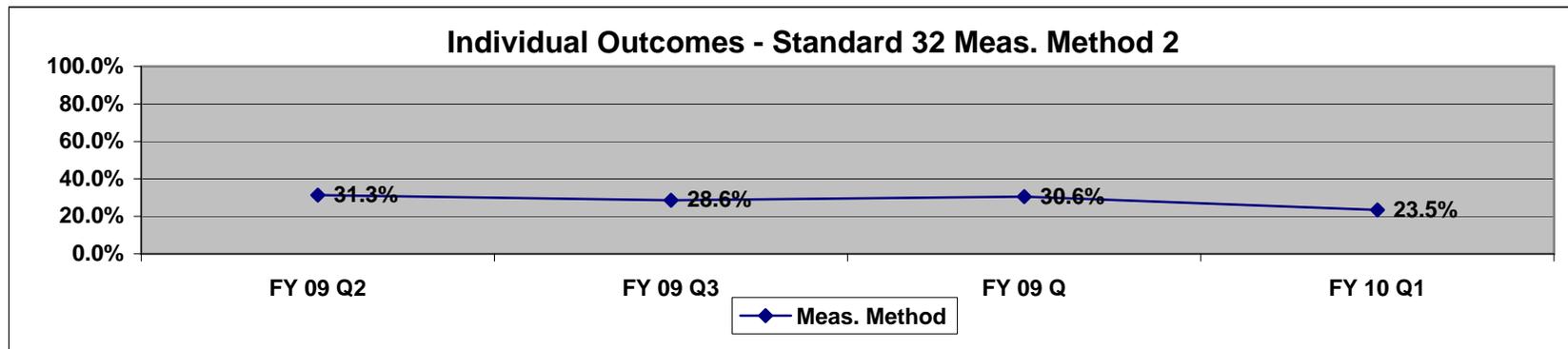
System Outcomes: Supporting the Recovery of Adults with Mental Illness *Recovery*



**Standard 32:
Meas. Method 1.**

Demonstrate functional improvements in the lives of class members receiving services
Class Members demonstrating functional improvement on LOCUS between baseline and 12 month re-certification

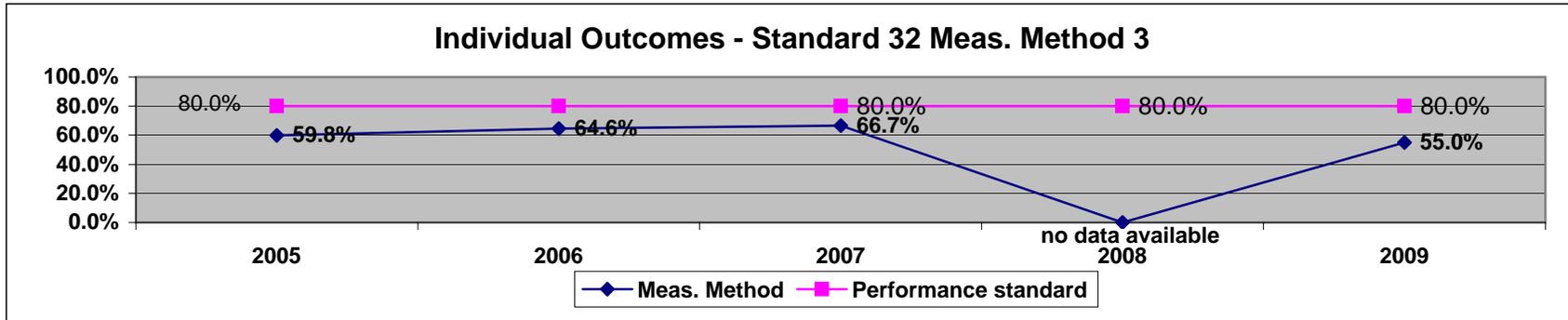
Baseline 41.0% (610/1488) Enrollment data 7/1/04 - 1/6/06 (Based on overall composite score.)
Current Level 54.8% (121 out of 221) Enrollment data FY10 Q1 (Based on overall composite score.)
Performance Standard Standard to be established.



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 23.5% (52 out of 221) Enrollment data FY10 Q1 (Based on overall composite score.)
Performance Standard Standard to be established.



Meas. Method 3.	<i>Consumers reporting positively on functional outcomes on Data Infrastructure Survey outcome items.</i>	
Baseline	78.0%	2003 Data Infrastructure Survey (N=748)
Current Level	55.0%	2009 Data infrastructure Survey (N=1339)
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 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. The Office of Quality Improvement will be doing further analysis of the data looking at differences between the two years of respondents.

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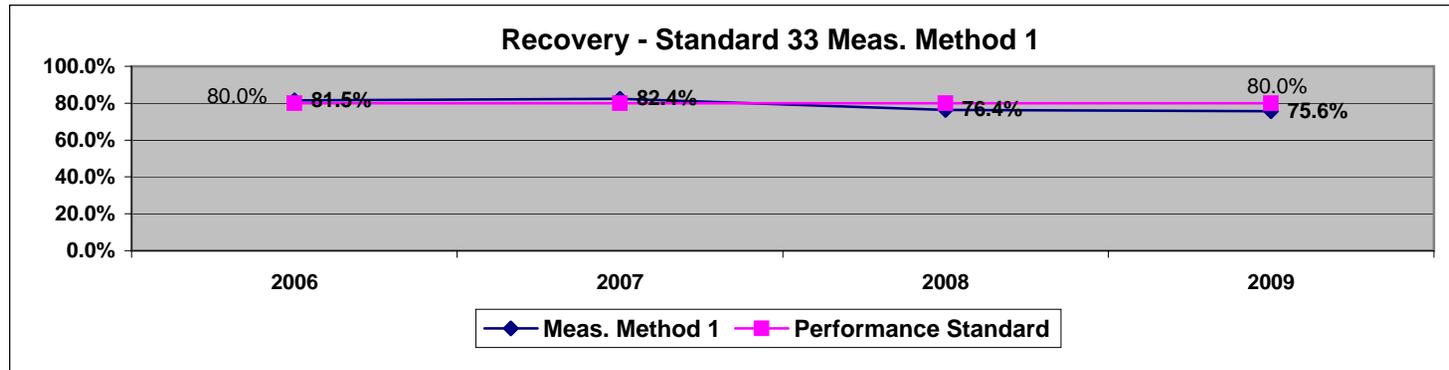
	FY 09 Q2	FY 09 Q3	FY 09 Q4	FY 10 Q1
Meas. Method	37.9%	43.8%	43.3%	54.8%
Performance Standard				

	FY 09 Q2	FY 09 Q3	FY 09 Q	FY 10 Q1
Meas. Method	31.3%	28.6%	30.6%	23.5%

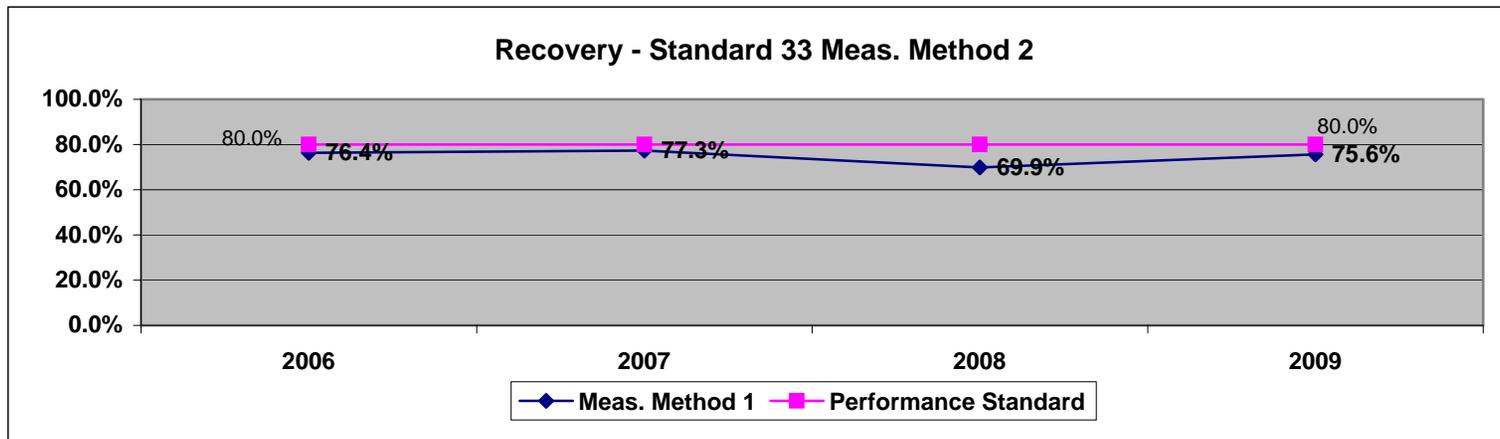
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	2005	2006	2007	2008	2009
Meas. Method	59.8%	64.6%	66.7%	no data	55.0%
Performance standard	80.0%	80.0%	80.0%	80.0%	80.0%

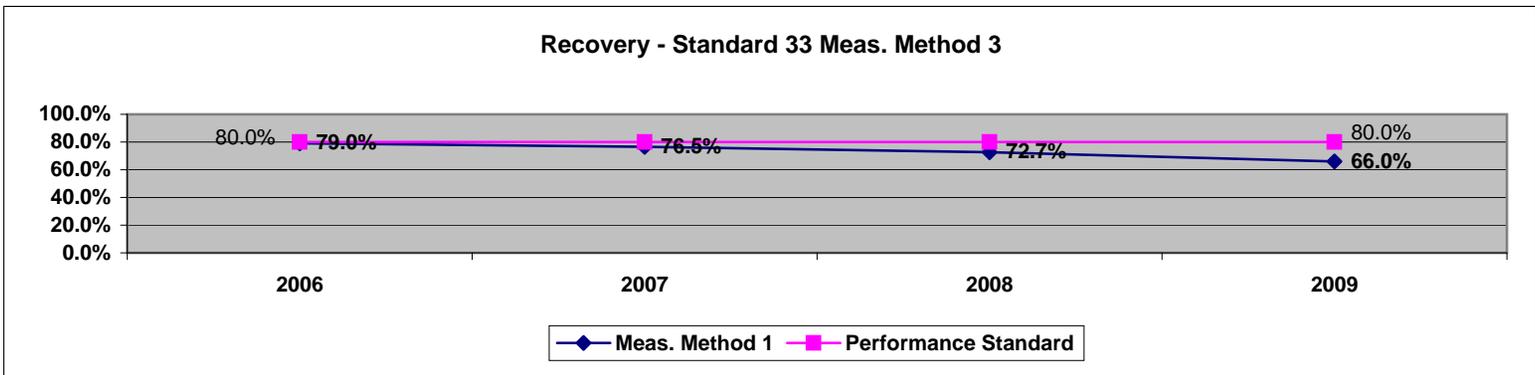
System Outcomes: Supporting the Recovery of Adults with Mental Illness Recovery



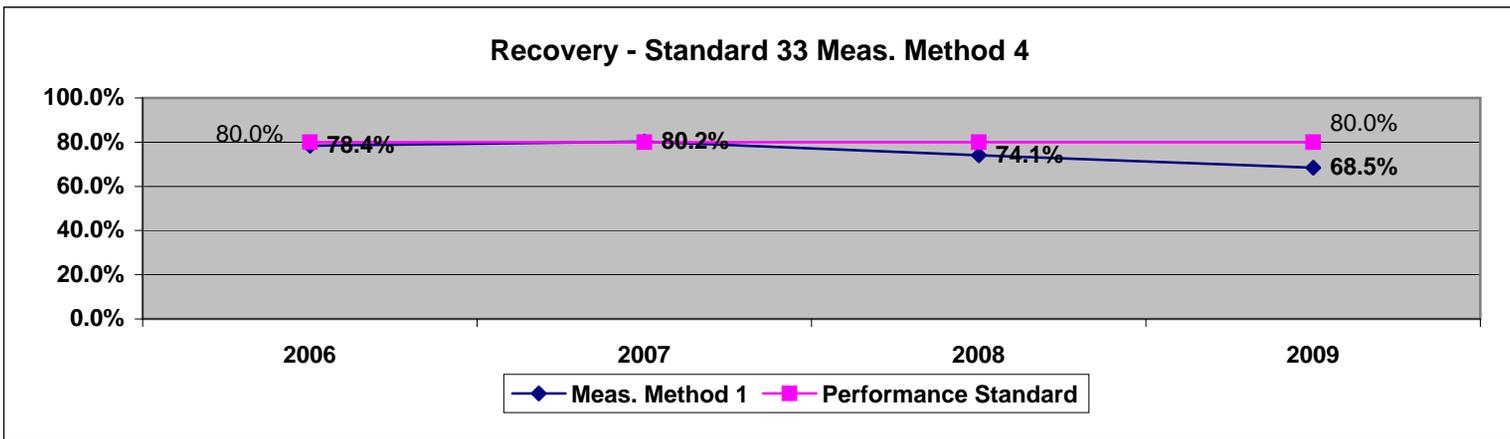
Standard 33: Demonstrate that consumers are supported in their recovery process
Meas. Method 1. Consumer reporting that agency staff helped them obtain info needed to take charge of managing illness.
Baseline 70.9% 2003 Data Infrastructure Survey-Q20 (N=748)
Current Level 75.6% 2009 Data Infrastructure Survey-Q19 (N=1248)
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 75.6% 2009 Data Infrastructure Survey - Q14 (N=1220)
Performance Standard 80.0%

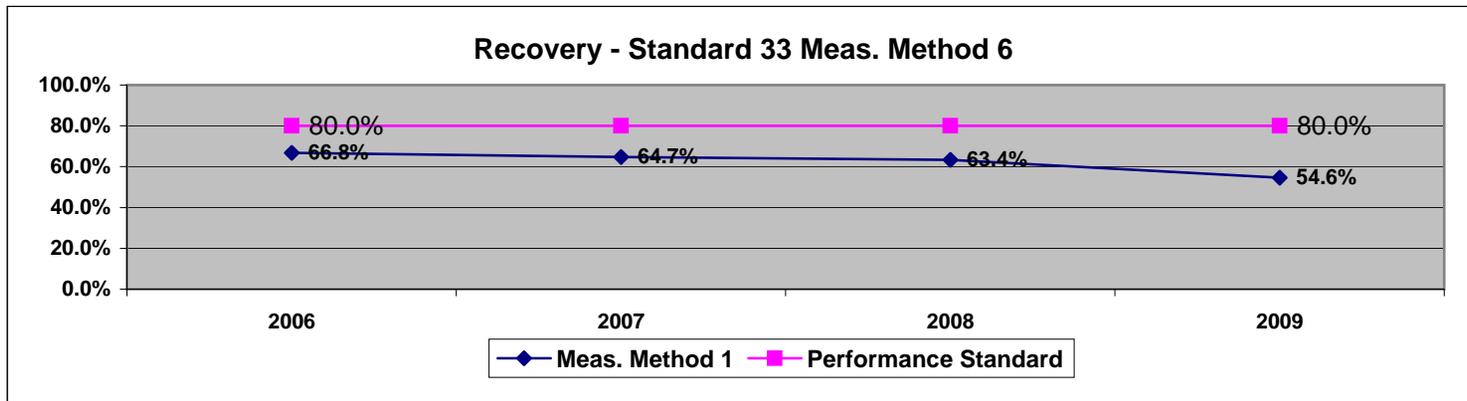


Meas. Method 3. Consumers reporting that agency services and staff supported their recovery and wellness efforts and beliefs.
Baseline 70.9% 2003 Data Infrastructure Survey-Q22 (N=748)
Current Level 66.0% 2009 Data Infrastructure Survey-Q15 (N=1276)
Performance Standard 80.0%



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 68.5% 2009 Data Infrastructure Survey-Q16 (N=1227)
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 54.6% 2009 Data Infrastructure Survey-Q17 (N=1070)
Performance Standard 80.0%

DHHS Office of Adult Mental Health Services

	2006	2007	2008	2009
Meas. Metl	81.5%	82.4%	76.4%	75.6%
Performanc	80.0%	80.0%	80.0%	80.0%

	2006	2007	2008	2009
Meas. Metl	76.4%	77.3%	69.9%	75.6%
Performanc	80.0%	80.0%	80.0%	80.0%

DHHS Office of Adult Mental Health Services

	2006	2007	2008	2009
Meas. Metl	79.0%	76.5%	72.7%	66.0%
Performanc	80.0%	80.0%	80.0%	80.0%

	2006	2007	2008	2009
Meas. Metl	78.4%	80.2%	74.1%	68.5%
Performanc	80.0%	80.0%	80.0%	80.0%

DHHS Office of Adult Mental Health Services

	2006	2007	2008	2009
Meas. Met	66.8%	64.7%	63.4%	54.6%
Performanc	80.0%	80.0%	80.0%	80.0%

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

Paragraph 252	Standard 34:	Provision of a variety of public education programs on mental health and illness topics.
	Meas. Method 1.	# of mental health workshops, forums, and presentations geared toward general public and level of participation.
	Baseline	38 FY 06 Q4
	Current Level	19 FY 10 Q1
	Performance Standard	<i>Qualitative evaluation required, no numerical standard necessary. See Attached List</i>
	Meas. Method 2.	# and type of information packets, publications, press releases, etc. distributed to public audiences.
	Baseline	37 information packets and 1 Newspaper Article FY 06 Q4
	Current Level	915 information packets FY 10 Q1
	Performance Standard	<i>Qualitative evaluation required, no numerical standard necessary.</i>



John E. Baldacci, Governor

Brenda M. Harvey, Commissioner