

STATE OF MAINE Monthly Crisis Report

Agency	Tri-County	Contact Person	Month	June
Address	230 Bartlett St. Lewiston, ME, 04240	Laurie Cyr Martel	Fiscal Year	2012
		Contact Phone Number		
		207-783-4695		

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	Children	Males	28	Females	19				
	Adults	Males	53	Females	53				
Age Range	Children	<5y.o.	1	5-9	11	10-14	20	15-17	15
	Adults	18-21	12	22-35	45	36-60	45	61 & Older	4
Payment Source	Children	MaineCare	37	Private Ins.	10	Uninsured	0	Medicare	2
	Adults	MaineCare	84	Private Ins.	9	Uninsured	13	Medicare	11

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	135	408
b. Total number of all INITIAL face to face contacts.	47	106
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	8	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	4	18

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	0	6
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).	18	58
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	14	52
d. SUM TOTAL time <i>in minutes</i> for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		2927
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		64
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.		38

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	1 to 2 hours	2 to 4 hours	More than 4 hours
38	8	1	0

CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	3 to 6 hours	6 to 8 hours	8 to 14 hours	More than 14 hours
43	2	0	0	2

IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
<i>Number of face to face contacts seen in :</i>		
a. Primary Residence (Home)	11	9
b. Family/Relative/Other Residence	0	0
c. Other Community Setting (Work, School, Police Dept., Public Place)	3	2
d. SNF, Nursing Home, Boarding Home	1	0
e. Residential Program (Congregate Community Residence, Apartment Program)	0	0
f. Homeless Shelter	0	0
g. Provider Office	0	1
h. Crisis Office	1	17
i. Emergency Department	31	66
j. Other Hospital Location	0	10
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	0	1
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	47	106

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
<i>Number of face to face contacts that resulted in:</i>		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	7	14
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up	10	9
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up	9	23
d. Admission to Crisis Stabilization Unit	7	23
e. Inpatient Hospitalization-Medical	0	0
f. Voluntary Psychiatric Hospitalization	14	28
g. Involuntary Psychiatric Hospitalization	0	9
h. Admission to Detox Unit	0	0
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	47	106

AMHI CONSENT DECREE FEEDBACK REPORT		
	Tri-County	June
		SFY2012
No.	Result	STANDARD
IV.35	35%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	27.6 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	96%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	90%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

<<<<- Note: This cell should be no greater than IV.i.

<<<<- NOTE: This cell should be no greater than Sec IV. Total minus IV.i.

<<<<- Note: This cell should appear to be turquoise with a green font, a red strikethrough font indicates an error

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STATE OF MAINE Monthly Crisis Report

Agency	AMHC-Aroostook	Contact Person	Month	Apr
Address	PO Box 1018	Lorraine Chamberlain	Fiscal Year	2012
	Caribou, ME 04736	Contact Phone Number		
		207-498-6431		

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	Children	Males	18	Females	9				
	Adults	Males	63	Females	40				
Age Range	Children	<5y.o.	3	5-9	3	10-14	9	15-17	12
	Adults	18-21	18	22-35	25	36-60	50	61 & Older	10
Payment Source	Children	MaineCare	21	Private Ins.	4	Uninsured	2	Medicare	
	Adults	MaineCare	59	Private Ins.	17	Uninsured	27	Medicare	

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	103	1114
b. Total number of all INITIAL face to face contacts.	27	103
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	1	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	61	89

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	3	10
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).	14	24
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	12	22
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		3014
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		40
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.		59

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	10	1 to 2 hours	10	2 to 4 hours	7	More than 4 hours	0
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CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	18	3 to 6 hours	9	6 to 8 hours		8 to 14 hours		More than 14 hours	
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IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
<i>Number of face to face contacts seen in :</i>		
a. Primary Residence (Home)	3	6
b. Family/Relative/Other Residence		
c. Other Community Setting (Work, School, Police Dept., Public Place)	0	0
d. SNF, Nursing Home, Boarding Home		10
e. Residential Program (Congregate Community Residence, Apartment Program)	0	0
f. Homeless Shelter	0	0
g. Provider Office		0
h. Crisis Office	8	19
i. Emergency Department	14	44
j. Other Hospital Location	1	16
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	1	8
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	27	103

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
<i>Number of face to face contacts that resulted in:</i>		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	6	7
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up		
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up	13	62
d. Admission to Crisis Stabilization Unit	2	12
e. Inpatient Hospitalization-Medical	0	6
f. Voluntary Psychiatric Hospitalization	6	15
g. Involuntary Psychiatric Hospitalization		1
h. Admission to Detox Unit		0
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	27	103

AMHI CONSENT DECREE FEEDBACK REPORT		
AMHC-Aroostook		Apr
		SFY2012
No.	Result	STANDARD
IV.35	16%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	29.3 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	96%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	92%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report

Agency	AMHC-Atlantic	Contact Person	Month	Apr
Address	1 Stackpole Rd	Annette Adams	Fiscal Year	2012
	Machias	Contact Phone Number		
		207-255-0996		

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	Children	Males	13	Females	4				
	Adults	Males	49	Females	47				
Age Range	Children	<5y.o.	0	5-9	3	10-14	9	15-17	5
	Adults	18-21	6	22-35	20	36-60	59	61 & Older	11
Payment Source	Children	MaineCare	11	Private Ins.	1	Uninsured	5	Medicare	0
	Adults	MaineCare	50	Private Ins.	13	Uninsured	14	Medicare	19

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	848	4978
b. Total number of all INITIAL face to face contacts.	17	96
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	0	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	11	52

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	11	52
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).	9	17
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	5	13
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		2387
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		47
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.		49

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	11	1 to 2 hours	5	2 to 4 hours	1	More than 4 hours	
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CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	10	3 to 6 hours	4	6 to 8 hours	1	8 to 14 hours	2	More than 14 hours	
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IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
<i>Number of face to face contacts seen in :</i>		
a. Primary Residence (Home)	3	13
b. Family/Relative/Other Residence		
c. Other Community Setting (Work, School, Police Dept., Public Place)	2	3
d. SNF, Nursing Home, Boarding Home		
e. Residential Program (Congregate Community Residence, Apartment Program)		
f. Homeless Shelter		
g. Provider Office		4
h. Crisis Office	5	8
i. Emergency Department	7	47
j. Other Hospital Location		16
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)		5
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	17	96

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
<i>Number of face to face contacts that resulted in:</i>		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	1	16
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up	3	21
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up	7	29
d. Admission to Crisis Stabilization Unit	2	1
e. Inpatient Hospitalization-Medical		10
f. Voluntary Psychiatric Hospitalization	3	15
g. Involuntary Psychiatric Hospitalization		3
h. Admission to Detox Unit	1	1
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	17	96

AMHI CONSENT DECREE FEEDBACK REPORT		
AMHC-Atlantic	Apr	SFY2012
No.	Result	STANDARD
IV.35	19%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	24.9 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	100%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	76%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report										AMH						
										Community Health & C						
Agency	Community Health & Counseling Services			Contact Person		Tom Lynn		Month	Apr	No.	Result					
Address	PO Box 425		Bangor, ME 04402-0425		Contact Phone Number		947-0366 ext. 344		Fiscal Year	2012	IV.35	13% No more tr				
											IV.36	29.6 Average Minutes	90% of Cris within an a			
I. Consumer Demographics (Unduplicated Counts - Face to Face)																
Gender	Children	Males	15	Females	9											
	Adults	Males	81	Females	63											
Age Range	Children	<5y.o.	0	5-9	5	10-14	10	15-17	9	IV. 37	100%	90% of all I Hours of In				
	Adults	18-21	13	22-35	48	36-60	70	61 & Older	13							
Payment Source	Children	MaineCare	18	Private Ins.	2	Uninsured	4	Medicare	0							
	Adults	MaineCare	89	Private Ins.	52	Uninsured	3	Medicare	0							
II. Summary of All Crisis Contacts										CHILDREN	ADULT	IV.38	85%	90% of all F Worker, th		
a. Total number of telephone contacts.										166	1172					
b. Total number of all INITIAL face to face contacts.										24	144					
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER										1		NOTE: IF STANDARD IS MET, THE				
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.										0	59	GREEN ON A TURQUOISE				
III. Initial Crisis Contact Information										CHILDREN	ADULT					
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.										5	25	IF STANDARD IS NOT MET				
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).										11	33	RED BOLD ON A GOLD B				
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.										9	28					
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.											4260					
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.											91	<<<< Note: This cell should be no greater than				
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.											53	<<<< NOTE: This cell should be no greater than				
CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :																
Less than 1 hour	20	1 to 2 hours	3	2 to 4 hours	1	More than 4 hours	0									
CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:																
Less than 3 hours	22	3 to 6 hours	2	6 to 8 hours	0	8 to 14 hours	0	More than 14 hours	0							
IV. Site of Initial Face to Face Contacts										CHILDREN	ADULT					
Number of face to face contacts seen in :																
a. Primary Residence (Home)										1	11					
b. Family/Relative/Other Residence										3	6					
c. Other Community Setting (Work, School, Police Dept., Public Place)										5	5					
d. SNF, Nursing Home, Boarding Home										0	0					
e. Residential Program (Congregate Community Residence, Apartment Program)										0	1					
f. Homeless Shelter										0	2					
g. Provider Office										0	2					
h. Crisis Office										2	20					
i. Emergency Department										12	91					
j. Other Hospital Location										1	6					
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)										0	0					
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts										Sec. IV Total		24	144	<<<< Note: This cell should appear to be turqo		
V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)										CHILDREN	ADULT					
Number of face to face contacts that resulted in:																
a. Crisis stabilization with no referral for mental health/substance abuse follow-up										2	6					
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up										3	24					
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up										10	48					
d. Admission to Crisis Stabilization Unit										5	29					
e. Inpatient Hospitalization-Medical										2	11					
f. Voluntary Psychiatric Hospitalization										2	17					
g. Involuntary Psychiatric Hospitalization										0	2					
h. Admission to Detox Unit										0	7					
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts										Sec. V Total		24	144	<<<< Note: This cell should appear to be turqo		

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DECREE FEEDBACK REPORT		
Services	Apr	SFY2012
<u>STANDARD</u>		
of face to face contacts result in Psychiatric Hospitalization.		
[REDACTED]		
Calls Requiring Face to Face Assessments are responded to within 30 minutes from the end of the phone call.		
[REDACTED]		
Face Assessments Result in Resolution for the Consumer Within 8 Hours of Face to Face Assessment.		
[REDACTED]		
In all Contacts in which the client has a Community Support Worker notified of the crisis.		
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STATE OF MAINE Monthly Crisis Report

Agency	Crisis & Counseling Centers	Contact Person	Month	Apr
Address	10 Caldwell Road Augusta, ME 04330	Nicole Auclair	Fiscal Year	2012
		Contact Phone Number		
		207-626-3448 ext. 1155		

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	Children	Males	37	Females	28				
	Adults	Males	123	Females	150				
Age Range	Children	<5y.o.	0	5-9	3	10-14	31	15-17	31
	Adults	18-21	23	22-35	92	36-60	132	61 & Older	26
Payment Source	Children	MaineCare	48	Private Ins.	16	Uninsured	1	Medicare	0
	Adults	MaineCare	186	Private Ins.	41	Uninsured	38	Medicare	8

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	572	2738
b. Total number of all INITIAL face to face contacts.	65	273
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	2	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	4	38

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	0	15
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).	22	85
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	22	84
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		4266
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		168
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.		104

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	6	1 to 2 hours	36	2 to 4 hours	23	More than 4 hours	0
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CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	65	3 to 6 hours	0	6 to 8 hours	0	8 to 14 hours	0	More than 14 hours	0
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IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
<i>Number of face to face contacts seen in :</i>		
a. Primary Residence (Home)	20	46
b. Family/Relative/Other Residence	0	1
c. Other Community Setting (Work, School, Police Dept., Public Place)	7	8
d. SNF, Nursing Home, Boarding Home	0	2
e. Residential Program (Congregate Community Residence, Apartment Program)	0	2
f. Homeless Shelter	0	1
g. Provider Office	0	5
h. Crisis Office	9	23
i. Emergency Department	29	169
j. Other Hospital Location	0	9
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	0	7
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	65	273
Sec. IV Total	65	273

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
<i>Number of face to face contacts that resulted in:</i>		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	0	10
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up	10	40
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up	21	112
d. Admission to Crisis Stabilization Unit	21	40
e. Inpatient Hospitalization-Medical	0	1
f. Voluntary Psychiatric Hospitalization	13	61
g. Involuntary Psychiatric Hospitalization	0	8
h. Admission to Detox Unit	0	1
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	65	273
Sec. V Total	65	273

AMHI CONSENT DECREE FEEDBACK REPORT		
Crisis & Counseling Centers	Apr	SFY2012
No.	Result	STANDARD
IV.35	25%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	15.6 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	100%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	99%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

<<<<- Note: This cell should be no greater than IV.i.

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STATE OF MAINE Monthly Crisis Report

Agency	Counseling Services Inc.	Contact Person	Month	Apr
Address	PO Box 1010	Jennifer Goodwin	Fiscal Year	2012
	Saco, ME 04072	Contact Phone Number		
		207-282-1500		

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	Children	Males	32	Females	30				
	Adults	Males	69	Females	108				
Age Range	Children	<5y.o.	0	5-9	8	10-14	30	15-17	24
	Adults	18-21	24	22-35	50	36-60	90	61 & Older	13
Payment Source	Children	MaineCare	34	Private Ins.	22	Uninsured	6	Medicare	0
	Adults	MaineCare	94	Private Ins.	40	Uninsured	36	Medicare	7

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	147	570
b. Total number of all INITIAL face to face contacts.	70	207
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	0	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	2	10

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	1	7
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).	12	13
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	12	13
d. SUM TOTAL time <i>in minutes</i> for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		6248
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		140
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.		39

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	1 to 2 hours	2 to 4 hours	More than 4 hours
1	30	21	18

CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	3 to 6 hours	6 to 8 hours	8 to 14 hours	More than 14 hours
39	21	4	4	2

IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
<i>Number of face to face contacts seen in :</i>		
a. Primary Residence (Home)	3	8
b. Family/Relative/Other Residence		
c. Other Community Setting (Work, School, Police Dept., Public Place)	2	
d. SNF, Nursing Home, Boarding Home		1
e. Residential Program (Congregate Community Residence, Apartment Program)		
f. Homeless Shelter		
g. Provider Office	2	3
h. Crisis Office	24	29
i. Emergency Department	39	166
j. Other Hospital Location		
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)		
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	70	207

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
<i>Number of face to face contacts that resulted in:</i>		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up		
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up	29	55
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up	16	67
d. Admission to Crisis Stabilization Unit	7	4
e. Inpatient Hospitalization-Medical		
f. Voluntary Psychiatric Hospitalization	18	61
g. Involuntary Psychiatric Hospitalization		17
h. Admission to Detox Unit		3
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	70	207

AMHI CONSENT DECREE FEEDBACK REPORT		
Counseling Services Inc.		Apr SFY2012
No.	Result	STANDARD
IV.35	38%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	30.2 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	86%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	100%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report

STATE OF MAINE Monthly Crisis Report									
Agency	Evergreen Behavioral Services		Contact Person			Month		Apr	
Address	131 Franklin Health Commons Ste A		Crystal Harting			Fiscal Year		2012	
	Farmington ME 04938		Contact Phone Number						
			207-779-2843						
I. Consumer Demographics (Unduplicated Counts - Face to Face)									
Gender	Children	Males	8	Females	5				
	Adults	Males	17	Females	26				
Age Range	Children	<5y.o.	0	5-9		10-14	5	15-17	8
	Adults	18-21	7	22-35	11	36-60	23	61 & Older	2
Payment Source	Children	MaineCare	9	Private Ins.	2	Uninsured	2	Medicare	0
	Adults	MaineCare	25	Private Ins.	13	Uninsured	4	Medicare	5
II. Summary of All Crisis Contacts								CHILDREN	ADULT
a. Total number of telephone contacts.								91	218
b. Total number of all INITIAL face to face contacts.								13	47
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER								3	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.								7	32
III. Initial Crisis Contact Information								CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.								1	2
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).								4	14
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.								4	13
d. SUM TOTAL time <i>in minutes</i> for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.									668
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.									14
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.									30
CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :									
Less than 1 hour	11	1 to 2 hours	2	2 to 4 hours	0	More than 4 hours	0		
CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:									
Less than 3 hours	8	3 to 6 hours	4	6 to 8 hours	0	8 to 14 hours	0	More than 14 hours	1
IV. Site of Initial Face to Face Contacts								CHILDREN	ADULT
Number of face to face contacts seen in :									
a. Primary Residence (Home)								1	3
b. Family/Relative/Other Residence								0	0
c. Other Community Setting (Work, School, Police Dept., Public Place)								1	1
d. SNF, Nursing Home, Boarding Home								0	0
e. Residential Program (Congregate Community Residence, Apartment Program)								0	0
f. Homeless Shelter								0	0
g. Provider Office								0	0
h. Crisis Office								7	25
i. Emergency Department								3	17
j. Other Hospital Location								1	1
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)								0	0
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts							Sec. IV Total	13	47
V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)								CHILDREN	ADULT
Number of face to face contacts that resulted in:									
a. Crisis stabilization with no referral for mental health/substance abuse follow-up								0	3
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up								5	18
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up								3	16
d. Admission to Crisis Stabilization Unit								3	3
e. Inpatient Hospitalization-Medical								0	0
f. Voluntary Psychiatric Hospitalization								2	7
g. Involuntary Psychiatric Hospitalization								0	0
h. Admission to Detox Unit								0	0
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts							Sec. V Total	13	47

AMHI CONSENT DECREE FEEDBACK REPORT		
Evergreen Behavioral Services		Apr SFY2012
No.	Result	STANDARD
IV.35	15%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	14.2 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	94%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	93%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report

Agency	Mid-Coast Mental Health Center	Contact Person	Month	Apr
Address	12 Union St., Rockland, ME 04841	Patti Isnardi	Fiscal Year	2012
		Contact Phone Number		
		701-4476		

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	Children	Males	13	Females	9				
	Adults	Males	58	Females	55				
Age Range	Children	<5y.o.	0	5-9	2	10-14	13	15-17	7
	Adults	18-21	13	22-35	38	36-60	52	61 & Older	11
Payment Source	Children	MaineCare	18	Private Ins.	3	Uninsured	0	Medicare	0
	Adults	MaineCare	39	Private Ins.	21	Uninsured	17	Medicare	35

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	27	175
b. Total number of all INITIAL face to face contacts.	23	122
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	0	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	1	36

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	4	5
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).	5	20
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	5	18
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		1768
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		82
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.		32

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	20	1 to 2 hours	3	2 to 4 hours	0	More than 4 hours	0
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CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	15	3 to 6 hours	7	6 to 8 hours	1	8 to 14 hours	0	More than 14 hours	0
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IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
<i>Number of face to face contacts seen in :</i>		
a. Primary Residence (Home)	1	2
b. Family/Relative/Other Residence	0	0
c. Other Community Setting (Work, School, Police Dept., Public Place)	4	1
d. SNF, Nursing Home, Boarding Home	0	0
e. Residential Program (Congregate Community Residence, Apartment Program)	0	0
f. Homeless Shelter	0	0
g. Provider Office	0	1
h. Crisis Office	4	18
i. Emergency Department	14	88
j. Other Hospital Location	0	3
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	0	9
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	23	122

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
<i>Number of face to face contacts that resulted in:</i>		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	1	1
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up	1	11
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up	13	47
d. Admission to Crisis Stabilization Unit	2	8
e. Inpatient Hospitalization-Medical	0	3
f. Voluntary Psychiatric Hospitalization	6	31
g. Involuntary Psychiatric Hospitalization	0	0
h. Admission to Detox Unit	0	21
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	23	122

AMHI CONSENT DECREE FEEDBACK REPORT		
Mid-Coast Mental Health Center		Apr
		SFY2012
No.	Result	STANDARD
IV.35	25%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	14.5 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	93%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	90%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report

STATE OF MAINE Monthly Crisis Report									
Agency	Oxford County Mental Health		Contact Person			Month		Apr	
Address	150 Congress Street		Karen Hodgkins			Fiscal Year		2012	
	Rumford, Maine 04276		Contact Phone Number						
			207 364-3549						
I. Consumer Demographics (Unduplicated Counts - Face to Face)									
Gender	Children	Males	5	Females	12				
	Adults	Males	21	Females	26				
Age Range	Children	<5y.o.	0	5-9	2	10-14	11	15-17	4
	Adults	18-21	2	22-35	20	36-60	23	61 & Older	3
Payment Source	Children	MaineCare	14	Private Ins.	3	Uninsured	0	Medicare	0
	Adults	MaineCare	27	Private Ins.	6	Uninsured	9	Medicare	5
II. Summary of All Crisis Contacts								CHILDREN	ADULT
a. Total number of telephone contacts.								15	77
b. Total number of all INITIAL face to face contacts.								17	47
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER								3	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.								6	12
III. Initial Crisis Contact Information								CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.								1	0
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).								6	19
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.								6	19
d. SUM TOTAL time <i>in minutes</i> for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.									1335
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.									25
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.									17
CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :									
Less than 1 hour	15	1 to 2 hours	2	2 to 4 hours	0	More than 4 hours	0		
CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:									
Less than 3 hours	14	3 to 6 hours	3	6 to 8 hours	0	8 to 14 hours	0	More than 14 hours	0
IV. Site of Initial Face to Face Contacts								CHILDREN	ADULT
Number of face to face contacts seen in :									
a. Primary Residence (Home)								1	0
b. Family/Relative/Other Residence								0	0
c. Other Community Setting (Work, School, Police Dept., Public Place)								0	0
d. SNF, Nursing Home, Boarding Home								0	1
e. Residential Program (Congregate Community Residence, Apartment Program)								0	1
f. Homeless Shelter								0	0
g. Provider Office								0	0
h. Crisis Office								6	12
i. Emergency Department								10	29
j. Other Hospital Location								0	4
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)								0	0
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts							Sec. IV Total	17	47
V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)								CHILDREN	ADULT
Number of face to face contacts that resulted in:									
a. Crisis stabilization with no referral for mental health/substance abuse follow-up								2	5
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up								7	11
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up								2	4
d. Admission to Crisis Stabilization Unit								3	11
e. Inpatient Hospitalization-Medical								0	1
f. Voluntary Psychiatric Hospitalization								3	14
g. Involuntary Psychiatric Hospitalization								0	1
h. Admission to Detox Unit								0	0
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts							Sec. V Total	17	47

AMHI CONSENT DECREE FEEDBACK REPORT		
Oxford County Mental Health		Apr SFY2012
No.	Result	STANDARD
IV.35	32%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	28.4 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	89%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	100%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report

Agency	Sweetser	Contact Person	Month	Apr
Address	50 Moody St Saco ME 04072	Beth Delano	Fiscal Year	2012
		Contact Phone Number		
		294-4530		

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	Children	Males	41	Females	41				
	Adults	Males		Females					
Age Range	Children	<5y.o.	1	5-9	11	10-14	38	15-17	32
	Adults	18-21		22-35		36-60		61 & Older	
Payment Source	Children	MaineCare	46	Private Ins.	29	Uninsured	7	Medicare	0
	Adults	MaineCare		Private Ins.		Uninsured		Medicare	

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	364	
b. Total number of all INITIAL face to face contacts.	87	
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	5	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	14	

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	28	
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).	47	
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	47	
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.		

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	82	1 to 2 hours	5	2 to 4 hours	0	More than 4 hours	0
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CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	44	3 to 6 hours	33	6 to 8 hours	5	8 to 14 hours	1	More than 14 hours	4
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IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
<i>Number of face to face contacts seen in :</i>		
a. Primary Residence (Home)	22	
b. Family/Relative/Other Residence	2	
c. Other Community Setting (Work, School, Police Dept., Public Place)	19	
d. SNF, Nursing Home, Boarding Home	0	
e. Residential Program (Congregate Community Residence, Apartment Program)	0	
f. Homeless Shelter	0	
g. Provider Office	2	
h. Crisis Office	3	
i. Emergency Department	39	
j. Other Hospital Location	0	
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	0	
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	87	0
Sec. IV Total	87	0

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
<i>Number of face to face contacts that resulted in:</i>		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	2	
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up	10	
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up	51	
d. Admission to Crisis Stabilization Unit	8	
e. Inpatient Hospitalization-Medical	0	
f. Voluntary Psychiatric Hospitalization	16	
g. Involuntary Psychiatric Hospitalization	0	
h. Admission to Detox Unit	0	
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	87	0
Sec. V Total	87	0

AMHI CONSENT DECREE FEEDBACK REPORT		
	Sweetser	Apr SFY2012
No.	Result	STANDARD
IV.35		No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37		90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38		90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report

Agency	Sweetser	Contact Person	Month	Apr
Address	50 Moody St. Saco ME	Beth Delano	Fiscal Year	2012
		Contact Phone Number		
		294-4530		

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	Children	Males	15	Females	29				
	Adults	Males	60	Females	82				
Age Range	Children	<5y.o.	0	5-9	4	10-14	24	15-17	16
	Adults	18-21	12	22-35	52	36-60	59	61 & Older	19
Payment Source	Children	MaineCare	28	Private Ins.	15	Uninsured	1	Medicare	0
	Adults	MaineCare	62	Private Ins.	19	Uninsured	61	Medicare	0

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	74	230
b. Total number of all INITIAL face to face contacts.	46	149
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	2	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	0	11

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	5	23
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).	12	37
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	12	35
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		3995
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		80
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.		47

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	39	1 to 2 hours	7	2 to 4 hours	0	More than 4 hours	0
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CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	30	3 to 6 hours	9	6 to 8 hours	0	8 to 14 hours	2	More than 14 hours	5
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IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
<i>Number of face to face contacts seen in :</i>		
a. Primary Residence (Home)	3	4
b. Family/Relative/Other Residence	1	0
c. Other Community Setting (Work, School, Police Dept., Public Place)	3	5
d. SNF, Nursing Home, Boarding Home	0	1
e. Residential Program (Congregate Community Residence, Apartment Program)	0	1
f. Homeless Shelter	0	1
g. Provider Office	0	6
h. Crisis Office	14	25
i. Emergency Department	25	97
j. Other Hospital Location	0	3
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	0	6
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	46	149

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
<i>Number of face to face contacts that resulted in:</i>		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	1	6
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up	10	24
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up	20	46
d. Admission to Crisis Stabilization Unit	3	22
e. Inpatient Hospitalization-Medical	0	3
f. Voluntary Psychiatric Hospitalization	12	39
g. Involuntary Psychiatric Hospitalization	0	9
h. Admission to Detox Unit	0	0
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	46	149

AMHI CONSENT DECREE FEEDBACK REPORT		
	Sweetser	Apr SFY2012
No.	Result	STANDARD
IV.35	32%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	26.8 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	85%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	95%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report

Agency	Tri-County	Contact Person	Month	Apr
Address	230 Bartlett St. Lewiston, ME, 04240	Laurie Cyr Martel	Fiscal Year	2012
		Contact Phone Number		
		207-783-4695		

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	Children	Males	35	Females	29				
	Adults	Males	53	Females	70				
Age Range	Children	<5y.o.	0	5-9	15	10-14	33	15-17	16
	Adults	18-21	18	22-35	35	36-60	65	61 & Older	5
Payment Source	Children	MaineCare	58	Private Ins.	9	Uninsured	1	Medicare	0
	Adults	MaineCare	95	Private Ins.	17	Uninsured	7	Medicare	20

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	162	360
b. Total number of all INITIAL face to face contacts.	64	123
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	7	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	5	10

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	2	2
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).	33	48
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	28	43
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		5760
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		66
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.		40

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	50	1 to 2 hours	10	2 to 4 hours	4	More than 4 hours	0
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CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	58	3 to 6 hours	5	6 to 8 hours	0	8 to 14 hours	0	More than 14 hours	1
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IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
<i>Number of face to face contacts seen in :</i>		
a. Primary Residence (Home)	5	8
b. Family/Relative/Other Residence	1	1
c. Other Community Setting (Work, School, Police Dept., Public Place)	5	9
d. SNF, Nursing Home, Boarding Home	0	0
e. Residential Program (Congregate Community Residence, Apartment Program)	0	0
f. Homeless Shelter	0	0
g. Provider Office	0	3
h. Crisis Office	5	17
i. Emergency Department	48	82
j. Other Hospital Location	0	1
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	0	2
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	64	123

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
<i>Number of face to face contacts that resulted in:</i>		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	9	16
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up	13	16
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up	19	21
d. Admission to Crisis Stabilization Unit	4	17
e. Inpatient Hospitalization-Medical	0	0
f. Voluntary Psychiatric Hospitalization	19	43
g. Involuntary Psychiatric Hospitalization	0	8
h. Admission to Detox Unit	0	2
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	64	123

AMHI CONSENT DECREE FEEDBACK REPORT		
Tri-County	Apr	SFY2012
No.	Result	STANDARD
IV.35	41%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	46.8 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	86%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	90%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report

Agency	YI	Contact Person	Month	Apr
Address	50 Lydia Lane	Veronica Ross	Fiscal Year	2012
	South Portland, Me 04106	Contact Phone Number		
		207-523-5068		

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	Children	Males	2	Females	0				
	Adults	Males	78	Females	97				
Age Range	Children	<5y.o.	0	5-9	0	10-14	0	15-17	2
	Adults	18-21	18	22-35	47	36-60	88	61 & Older	9
Payment Source	Children	MaineCare	1	Private Ins.	0	Uninsured	1	Medicare	0
	Adults	MaineCare	72	Private Ins.	21	Uninsured	37	Medicare	45

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	0	1310
b. Total number of all INITIAL face to face contacts.	2	192
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	0	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	1	240

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	0	5
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).	2	75
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	2	70
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		4928
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		5
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.		187

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	2	1 to 2 hours	0	2 to 4 hours	0	More than 4 hours	0
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CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	0	3 to 6 hours	0	6 to 8 hours	0	8 to 14 hours	0	More than 14 hours	0
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IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
<i>Number of face to face contacts seen in :</i>		
a. Primary Residence (Home)	1	30
b. Family/Relative/Other Residence	0	0
c. Other Community Setting (Work, School, Police Dept., Public Place)	1	16
d. SNF, Nursing Home, Boarding Home	0	0
e. Residential Program (Congregate Community Residence, Apartment Program)	0	8
f. Homeless Shelter	0	0
g. Provider Office	0	14
h. Crisis Office	0	118
i. Emergency Department	0	5
j. Other Hospital Location	0	1
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	0	0
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	2	192

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
<i>Number of face to face contacts that resulted in:</i>		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	0	12
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up	0	43
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up	2	108
d. Admission to Crisis Stabilization Unit	0	23
e. Inpatient Hospitalization-Medical	0	0
f. Voluntary Psychiatric Hospitalization	0	5
g. Involuntary Psychiatric Hospitalization	0	0
h. Admission to Detox Unit	0	1
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	2	192

AMHI CONSENT DECREE FEEDBACK REPORT		
	YI	Apr SFY2012
No.	Result	STANDARD
IV.35	3%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	25.7 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	100%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	93%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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Maine Department of Health and Human Services Integrated Monthly Crisis Report

STATEWIDE
 April 2012



Continuous Quality
 Improvement Services
 An Office of the
 Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	Children	Males	234	Females	205				
	Adults	Males	672	Females	764				
Age Range	Children	<5y.o.	4	5-9	56	10-14	213	15-17	166
	Adults	18-21	154	22-35	438	36-60	711	61 & Older	122
Payment Source	Children	MaineCare	306	Private Ins.	106	Uninsured	30	Medicare	0
	Adults	MaineCare	798	Private Ins.	260	Uninsured	253	Medicare	144

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	2569	12942
b. Total number of all INITIAL face to face contacts.	455	1503
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	24	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	112	589

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	61	146
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).	177	385
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	164	358
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		38629
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		758
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.		657

contact	CHILDREN	ADULT
Less than 1 hour	267	113
1 to 2 hours	113	57
2 to 4 hours	57	18
More than 4 hours	18	
	59%	25%
		13%
		4%

CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis :

	CHILDREN	ADULT
Less than 3 hours	323	97
3 to 6 hours	97	11
6 to 8 hours	11	9
8 to 14 hours	9	
More than 14 hours		13
	71%	21%
		2%
		2%
		3%

IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
<i>Number of face to face contacts seen in :</i>		
a. Primary Residence (Home)	64	131
b. Family/Relative/Other Residence	7	8
c. Other Community Setting (Work, School, Police Dept., Public Place)	49	48
d. SNF, Nursing Home, Boarding Home	0	15
e. Residential Program (Congregate Community Residence, Apartment Program)	0	13
f. Homeless Shelter	0	4
g. Provider Office	4	38
h. Crisis Office	87	314
i. Emergency Department	240	835
j. Other Hospital Location	3	60
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	1	37
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	455	1503
Sec. IV Total	100%	100%

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
<i>Number of face to face contacts that resulted in:</i>		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	24	82
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up	91	263
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up	177	560
d. Admission to Crisis Stabilization Unit	60	170
e. Inpatient Hospitalization-Medical	2	35
f. Voluntary Psychiatric Hospitalization	100	308
g. Involuntary Psychiatric Hospitalization	0	49
h. Admission to Detox Unit	1	36
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	455	1503
Sec. V Total	100%	100%

ADULTS ONLY

Adult AMHI CONSENT DECREE FEEDBACK REPORT		
<u>No.</u>	<u>Result</u>	<u>STANDARD</u>
IV.35	23.8%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	25.7 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV.37	94%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	93%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.

STATE OF MAINE Monthly Crisis Report									
Agency	AMHC-Aroostook		Contact Person			Month		May	
Address	PO Box 1018		Lorraine Chamberlain			Fiscal Year		2012	
	Caribou, ME 04736		Contact Phone Number						
			207-498-6431						
I. Consumer Demographics (Unduplicated Counts - Face to Face)									
Gender	Children	Males	4	Females	28				
	Adults	Males	66	Females	47				
Age Range	Children	<5y.o.	0	5-9	12	10-14	8	15-17	12
	Adults	18-21	10	22-35	43	36-60	56	61 & Older	4
Payment Source	Children	MaineCare	26	Private Ins.	0	Uninsured	6	Medicare	
	Adults	MaineCare	59	Private Ins.	17	Uninsured	27	Medicare	
II. Summary of All Crisis Contacts								CHILDREN	ADULT
a. Total number of telephone contacts.								108	932
b. Total number of all <i>INITIAL</i> face to face contacts.								32	113
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER								1	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.								70	90
III. Initial Crisis Contact Information								CHILDREN	ADULT
a. Total number of <i>INITIAL</i> face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.								12	15
b. Number of <i>INITIAL</i> face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).								17	34
c. Number of <i>INITIAL</i> face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.								15	31
d. SUM TOTAL time <i>in minutes</i> for all <i>INITIAL</i> face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.									2599
e. Number of <i>INITIAL</i> face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.									54
f. Number of <i>INITIAL</i> face to face contacts <i>NOT</i> in Emergency Department with final disposition made within 8 hours of that contact.									48
CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :									
Less than 1 hour	8	1 to 2 hours	14	2 to 4 hours	7	More than 4 hours	3		
CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:									
Less than 3 hours	14	3 to 6 hours	8	6 to 8 hours		8 to 14 hours	2	More than 14 hours	1
IV. Site of Initial Face to Face Contacts								CHILDREN	ADULT
<i>Number of face to face contacts seen in :</i>									
a. Primary Residence (Home)								6	5
b. Family/Relative/Other Residence									
c. Other Community Setting (Work, School, Police Dept., Public Place)								2	2
d. SNF, Nursing Home, Boarding Home									3
e. Residential Program (Congregate Community Residence, Apartment Program)								2	0
f. Homeless Shelter								0	0
g. Provider Office									3
h. Crisis Office								5	25
i. Emergency Department								17	58
j. Other Hospital Location								0	14
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)								0	3
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts								32	113
V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)								CHILDREN	ADULT
<i>Number of face to face contacts that resulted in:</i>									
a. Crisis stabilization with no referral for mental health/substance abuse follow-up								5	7
b. Crisis stabilization with <i>referral to new provider</i> for mental health/substance abuse follow-up									
c. Crisis stabilization with <i>referral back to current provider</i> for mental health/substance abuse follow-up								14	62
d. Admission to Crisis Stabilization Unit								4	13
e. Inpatient Hospitalization-Medical								0	5
f. Voluntary Psychiatric Hospitalization								9	21
g. Involuntary Psychiatric Hospitalization									5
h. Admission to Detox Unit									0
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts								32	113

AMHI CONSENT DECREE FEEDBACK REPORT		
AMHC-Aroostook		May
		SFY2012
No.	Result	STANDARD
IV.35	23%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	23.0 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	90%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	91%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report

Agency	AMHC-Atlantic	Contact Person	Month	May
Address	1 Stackpole Rd	Annette Adams	Fiscal Year	2012
	Machias	Contact Phone Number		
		207-255-0996		

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	Children	Males	9	Females	13				
	Adults	Males	59	Females	38				
Age Range	Children	<5y.o.	0	5-9	5	10-14	8	15-17	9
	Adults	18-21	8	22-35	30	36-60	51	61 & Older	9
Payment Source	Children	MaineCare	15	Private Ins.	5	Uninsured	2	Medicare	0
	Adults	MaineCare	42	Private Ins.	18	Uninsured	20	Medicare	17

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	889	4696
b. Total number of all INITIAL face to face contacts.	22	98
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	1	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	11	60

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	11	60
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).	9	10
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	7	9
d. SUM TOTAL time <i>in minutes</i> for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		2115
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		50
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.		47

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	5	1 to 2 hours	13	2 to 4 hours	2	More than 4 hours	2
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CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	19	3 to 6 hours	2	6 to 8 hours	0	8 to 14 hours	1	More than 14 hours	0
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IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
<i>Number of face to face contacts seen in :</i>		
a. Primary Residence (Home)	3	6
b. Family/Relative/Other Residence	1	1
c. Other Community Setting (Work, School, Police Dept., Public Place)		1
d. SNF, Nursing Home, Boarding Home		1
e. Residential Program (Congregate Community Residence, Apartment Program)		
f. Homeless Shelter		
g. Provider Office		1
h. Crisis Office	5	17
i. Emergency Department	13	50
j. Other Hospital Location		11
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)		10
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	22	98
Sec. IV Total		

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
<i>Number of face to face contacts that resulted in:</i>		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	0	5
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up	8	36
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up	9	27
d. Admission to Crisis Stabilization Unit	3	1
e. Inpatient Hospitalization-Medical	1	7
f. Voluntary Psychiatric Hospitalization	1	17
g. Involuntary Psychiatric Hospitalization	0	2
h. Admission to Detox Unit	0	3
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	22	98
Sec. V Total		

AMHI CONSENT DECREE FEEDBACK REPORT		
AMHC-Atlantic	May	SFY2012
No.	Result	STANDARD
IV.35	19%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	21.6 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	99%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	90%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report										AMH			
										Community Health & C			
Agency	Community Health & Counseling Services		Contact Person			Month		May		No.	Result		
Address	PO Box 425 Bangor, ME 04402-0425		Tom Lynn			Fiscal Year		2012		IV.35	8% No more tr		
			Contact Phone Number							IV.36	22.3 Average Minutes 90% of Cris within an a		
I. Consumer Demographics (Unduplicated Counts - Face to Face)													
Gender	Children	Males	18	Females	17								
	Adults	Males	60	Females	74								
Age Range	Children	<5y.o.	0	5-9	2	10-14	18	15-17	15	IV. 37	100% 90% of all I Hours of In		
	Adults	18-21	8	22-35	40	36-60	71	61 & Older	15				
Payment Source	Children	MaineCare	28	Private Ins.	6	Uninsured	1	Medicare	0				
	Adults	MaineCare	80	Private Ins.	49	Uninsured	5	Medicare	0				
II. Summary of All Crisis Contacts													
a. Total number of telephone contacts.										CHILDREN	ADULT	IV.38	89% 90% of all F Worker, th
b. Total number of all INITIAL face to face contacts.										276	1177		
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER										35	134		
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.										3			NOTE: IF STANDARD IS MET, THE
										11	60		GREEN ON A TURQUOISE
III. Initial Crisis Contact Information										CHILDREN	ADULT		IF STANDARD IS NOT MET
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.										6	34		RED BOLD ON A GOLD B
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).										14	36		
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.										13	32		
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.											2985		
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.											83		<<<< Note: This cell should be no greater than
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.											51		<<<< NOTE: This cell should be no greater than
CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :													
Less than 1 hour	25	1 to 2 hours	6	2 to 4 hours	4	More than 4 hours	0						
CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:													
Less than 3 hours	34	3 to 6 hours	1	6 to 8 hours	0	8 to 14 hours	0	More than 14 hours	0				
IV. Site of Initial Face to Face Contacts										CHILDREN	ADULT		
Number of face to face contacts seen in :													
a. Primary Residence (Home)										9	7		
b. Family/Relative/Other Residence										5	1		
c. Other Community Setting (Work, School, Police Dept., Public Place)										1	6		
d. SNF, Nursing Home, Boarding Home										0	1		
e. Residential Program (Congregate Community Residence, Apartment Program)										0	3		
f. Homeless Shelter										0	2		
g. Provider Office										0	1		
h. Crisis Office										5	24		
i. Emergency Department										14	83		
j. Other Hospital Location										0	5		
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)										1	1		
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts										35	134		<<<< Note: This cell should appear to be turq
Sec. IV Total													
V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)										CHILDREN	ADULT		
Number of face to face contacts that resulted in:													
a. Crisis stabilization with no referral for mental health/substance abuse follow-up										1	11		
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up										9	21		
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up										11	41		
d. Admission to Crisis Stabilization Unit										10	33		
e. Inpatient Hospitalization-Medical										0	11		
f. Voluntary Psychiatric Hospitalization										3	11		
g. Involuntary Psychiatric Hospitalization										1	0		
h. Admission to Detox Unit										0	6		
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts										35	134		<<<< Note: This cell should appear to be turq
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DECREE FEEDBACK REPORT		
Services	May	SFY2012
<u>STANDARD</u>		
of face to face contacts result in Psychiatric Hospitalization.		
[REDACTED]		
Calls Requiring Face to Face Assessments are responded to within 30 minutes from the end of the phone call.		
[REDACTED]		
Face Assessments Result in Resolution for the Consumer Within 8 Hours of Face to Face Assessment.		
[REDACTED]		
In all contacts in which the client has a Community Support Worker notified of the crisis.		
[REDACTED]		
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STATE OF MAINE Monthly Crisis Report

Agency	Crisis & Counseling Centers	Contact Person	Month	May
Address	10 Caldwell Road Augusta, ME 04330	Nicole Auclair	Fiscal Year	2012
		Contact Phone Number 207-213-4535 Direct Line		

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	Children	Males	53	Females	51				
	Adults	Males	153	Females	178				
Age Range	Children	<5y.o.	0	5-9	3	10-14	59	15-17	42
	Adults	18-21	29	22-35	103	36-60	169	61 & Older	30
Payment Source	Children	MaineCare	88	Private Ins.	14	Uninsured	2	Medicare	0
	Adults	MaineCare	225	Private Ins.	58	Uninsured	38	Medicare	10

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	800	3658
b. Total number of all INITIAL face to face contacts.	104	331
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	1	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	8	56

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	1	17
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).	39	89
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	37	88
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		5698
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		219
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.		110

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	1 to 2 hours	2 to 4 hours	More than 4 hours
9	66	29	0

CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	3 to 6 hours	6 to 8 hours	8 to 14 hours	More than 14 hours
102	2	0	0	0

IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
<i>Number of face to face contacts seen in :</i>		
a. Primary Residence (Home)	36	59
b. Family/Relative/Other Residence	2	4
c. Other Community Setting (Work, School, Police Dept., Public Place)	8	1
d. SNF, Nursing Home, Boarding Home	0	0
e. Residential Program (Congregate Community Residence, Apartment Program)	2	0
f. Homeless Shelter	1	0
g. Provider Office	1	3
h. Crisis Office	9	34
i. Emergency Department	45	220
j. Other Hospital Location	0	8
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	0	2
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	104	331

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
<i>Number of face to face contacts that resulted in:</i>		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	1	24
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up	17	54
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up	43	124
d. Admission to Crisis Stabilization Unit	34	43
e. Inpatient Hospitalization-Medical	0	0
f. Voluntary Psychiatric Hospitalization	9	65
g. Involuntary Psychiatric Hospitalization	0	20
h. Admission to Detox Unit	0	1
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	104	331

AMHI CONSENT DECREE FEEDBACK REPORT		
Crisis & Counseling Centers	May	SFY2012
No.	Result	STANDARD
IV.35	26%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	17.2 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	99%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	99%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report

Agency	Counseling Services Inc.	Contact Person	Month	May
Address	PO Box 1010	Jennifer Goodwin	Fiscal Year	2012
	Saco, ME 04072	Contact Phone Number		
		207-282-1500		

I. Consumer Demographics (Unduplicated Counts - Face to Face)									
Gender	Children	Males	30	Females	41				
	Adults	Males	101	Females	116				
Age Range	Children	<5y.o.	1	5-9	6	10-14	30	15-17	33
	Adults	18-21	28	22-35	62	36-60	104	61 & Older	24
Payment Source	Children	MaineCare	39	Private Ins.	25	Uninsured	7	Medicare	0
	Adults	MaineCare	95	Private Ins.	46	Uninsured	70	Medicare	6

II. Summary of All Crisis Contacts										CHILDREN	ADULT
a. Total number of telephone contacts.										134	618
b. Total number of all INITIAL face to face contacts.										82	255
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER										1	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.										7	20

III. Initial Crisis Contact Information										CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.										4	35
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).										6	58
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.										6	58
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.											8112
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.											171
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.											51

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :									
Less than 1 hour	0	1 to 2 hours	18	2 to 4 hours	41	More than 4 hours	23		

CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:									
Less than 3 hours	41	3 to 6 hours	34	6 to 8 hours	3	8 to 14 hours	3	More than 14 hours	1

IV. Site of Initial Face to Face Contacts										CHILDREN	ADULT
Number of face to face contacts seen in :											
a. Primary Residence (Home)										7	7
b. Family/Relative/Other Residence											
c. Other Community Setting (Work, School, Police Dept., Public Place)										1	10
d. SNF, Nursing Home, Boarding Home											
e. Residential Program (Congregate Community Residence, Apartment Program)											
f. Homeless Shelter											
g. Provider Office											3
h. Crisis Office										28	36
i. Emergency Department										46	199
j. Other Hospital Location											
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)											
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts										82	255
Sec. IV Total											

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)										CHILDREN	ADULT
Number of face to face contacts that resulted in:											
a. Crisis stabilization with no referral for mental health/substance abuse follow-up											
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up										34	103
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up										21	54
d. Admission to Crisis Stabilization Unit										10	7
e. Inpatient Hospitalization-Medical										1	3
f. Voluntary Psychiatric Hospitalization										16	62
g. Involuntary Psychiatric Hospitalization											22
h. Admission to Detox Unit											4
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts										82	255
Sec. V Total											

AMHI CONSENT DECREE FEEDBACK REPORT		
Counseling Services Inc.		May
		SFY2012
No.	Result	STANDARD
IV.35	33%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	31.8 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	87%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	100%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report

Agency	Evergreen Behavioral Services	Contact Person	Month	May
Address	131 Franklin Health Commons Ste A	Crystal Harting	Fiscal Year	2012
	Farmington ME 04938	Contact Phone Number		
		207-779-2843		

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	Children	Males	5	Females	9				
	Adults	Males	22	Females	22				
Age Range	Children	<5y.o.	0	5-9	0	10-14	7	15-17	7
	Adults	18-21	6	22-35	21	36-60	15	61 & Older	2
Payment Source	Children	MaineCare	12	Private Ins.	2	Uninsured	0	Medicare	0
	Adults	MaineCare	33	Private Ins.	2	Uninsured	4	Medicare	9

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	63	209
b. Total number of all INITIAL face to face contacts.	14	46
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	0	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	7	11

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	0	3
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).	5	16
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	5	16
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		908
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		8
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.		28

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	1 to 2 hours	2 to 4 hours	More than 4 hours
13	0	1	0

CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	3 to 6 hours	6 to 8 hours	8 to 14 hours	More than 14 hours
14	0	0	0	0

IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
<i>Number of face to face contacts seen in :</i>		
a. Primary Residence (Home)	2	7
b. Family/Relative/Other Residence		0
c. Other Community Setting (Work, School, Police Dept., Public Place)	1	0
d. SNF, Nursing Home, Boarding Home	0	0
e. Residential Program (Congregate Community Residence, Apartment Program)	0	0
f. Homeless Shelter	0	0
g. Provider Office	1	2
h. Crisis Office	7	19
i. Emergency Department	3	13
j. Other Hospital Location	0	4
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	0	1
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	14	46

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
<i>Number of face to face contacts that resulted in:</i>		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	1	4
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up	3	12
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up	9	16
d. Admission to Crisis Stabilization Unit	1	4
e. Inpatient Hospitalization-Medical	0	2
f. Voluntary Psychiatric Hospitalization	0	6
g. Involuntary Psychiatric Hospitalization	0	2
h. Admission to Detox Unit	0	0
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	14	46

AMHI CONSENT DECREE FEEDBACK REPORT		
Evergreen Behavioral Services		May
		SFY2012
No.	Result	STANDARD
IV.35	17%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	19.7 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	78%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	100%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report

Agency	Mid-Coast Mental Health Center	Contact Person	Month	May
Address	12 Union St., Rockland, ME 04841	Patti Isnardi	Fiscal Year	2012
		Contact Phone Number		
		701-4476		

I. Consumer Demographics (Unduplicated Counts - Face to Face)									
Gender	Children	Males	12	Females	16				
	Adults	Males	74	Females	58				
Age Range	Children	<5y.o.	0	5-9	3	10-14	16	15-17	8
	Adults	18-21	20	22-35	49	36-60	55	61 & Older	9
Payment Source	Children	MaineCare	20	Private Ins.	8	Uninsured	0	Medicare	0
	Adults	MaineCare	47	Private Ins.	30	Uninsured	25	Medicare	3

II. Summary of All Crisis Contacts										CHILDREN	ADULT
a. Total number of telephone contacts.										24	159
b. Total number of all INITIAL face to face contacts.										27	152
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER										1	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.										5	32

III. Initial Crisis Contact Information										CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.										2	3
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).										11	21
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.										11	20
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.											2277
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.											108
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.											37

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :									
Less than 1 hour	26	1 to 2 hours	1	2 to 4 hours	0	More than 4 hours	0		

CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:									
Less than 3 hours	19	3 to 6 hours	6	6 to 8 hours		8 to 14 hours	0	More than 14 hours	1

IV. Site of Initial Face to Face Contacts										CHILDREN	ADULT
Number of face to face contacts seen in :											
a. Primary Residence (Home)										1	3
b. Family/Relative/Other Residence										0	0
c. Other Community Setting (Work, School, Police Dept., Public Place)										2	2
d. SNF, Nursing Home, Boarding Home										0	0
e. Residential Program (Congregate Community Residence, Apartment Program)										0	0
f. Homeless Shelter										0	0
g. Provider Office										0	0
h. Crisis Office										6	17
i. Emergency Department										18	114
j. Other Hospital Location										0	9
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)										0	7
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts							Sec. IV Total		27	152	

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)										CHILDREN	ADULT
Number of face to face contacts that resulted in:											
a. Crisis stabilization with no referral for mental health/substance abuse follow-up										1	4
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up										1	16
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up										15	52
d. Admission to Crisis Stabilization Unit										1	10
e. Inpatient Hospitalization-Medical										0	0
f. Voluntary Psychiatric Hospitalization										9	39
g. Involuntary Psychiatric Hospitalization										0	8
h. Admission to Detox Unit										0	23
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts							Sec. V Total		27	152	

AMHI CONSENT DECREE FEEDBACK REPORT		
Mid-Coast Mental Health Center		May
		SFY2012
No.	Result	STANDARD
IV.35	31%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	15.0 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	95%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	95%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report

Agency	Oxford County Mental Health	Contact Person	Month	May
Address	150 Congress Street	Karen Hodgkins	Fiscal Year	2012
	Rumford, Maine 04276	Contact Phone Number		
		207 364-3549		

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	Children	Males	14	Females	9				
	Adults	Males	30	Females	27				
Age Range	Children	<5y.o.	0	5-9	3	10-14	11	15-17	9
	Adults	18-21	4	22-35	16	36-60	31	61 & Older	6
Payment Source	Children	MaineCare	16	Private Ins.	7	Uninsured	0	Medicare	0
	Adults	MaineCare	35	Private Ins.	8	Uninsured	9	Medicare	5

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	34	130
b. Total number of all INITIAL face to face contacts.	23	57
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	2	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	5	20

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	0	0
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).	10	23
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	10	23
d. SUM TOTAL time <i>in minutes</i> for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		2286
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		34
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.		17

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	18	1 to 2 hours	3	2 to 4 hours	1	More than 4 hours	1
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CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	17	3 to 6 hours	5	6 to 8 hours	0	8 to 14 hours	0	More than 14 hours	1
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IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
<i>Number of face to face contacts seen in :</i>		
a. Primary Residence (Home)	2	1
b. Family/Relative/Other Residence	0	0
c. Other Community Setting (Work, School, Police Dept., Public Place)	0	0
d. SNF, Nursing Home, Boarding Home	0	1
e. Residential Program (Congregate Community Residence, Apartment Program)	0	1
f. Homeless Shelter	0	0
g. Provider Office	0	0
h. Crisis Office	8	11
i. Emergency Department	13	37
j. Other Hospital Location	0	5
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	0	1
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	23	57

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
<i>Number of face to face contacts that resulted in:</i>		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	0	1
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up	6	14
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up	8	16
d. Admission to Crisis Stabilization Unit	6	16
e. Inpatient Hospitalization-Medical	0	1
f. Voluntary Psychiatric Hospitalization	3	7
g. Involuntary Psychiatric Hospitalization	0	1
h. Admission to Detox Unit	0	1
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	23	57

AMHI CONSENT DECREE FEEDBACK REPORT		
Oxford County Mental Health		May
		SFY2012
No.	Result	STANDARD
IV.35	14%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	40.1 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	89%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	100%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report

STATE OF MAINE Monthly Crisis Report										
Agency	Sweetser		Contact Person			Month		May		
Address	50 Moody St Saco ME 04072		Beth Delano			Fiscal Year		2012		
			Contact Phone Number							
		294-4530								
I. Consumer Demographics (Unduplicated Counts - Face to Face)										
Gender	Children	Males	56	Females	36					
	Adults	Males		Females						
Age Range	Children	<5y.o.	0	5-9	13	10-14	41	15-17	38	
	Adults	18-21		22-35		36-60		61 & Older		
Payment Source	Children	MaineCare	52	Private Ins.	32	Uninsured	8	Medicare	0	
	Adults	MaineCare		Private Ins.		Uninsured		Medicare		
II. Summary of All Crisis Contacts								CHILDREN	ADULT	
a. Total number of telephone contacts.								398		
b. Total number of all INITIAL face to face contacts.								94		
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER								15		
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.								12	0	
III. Initial Crisis Contact Information								CHILDREN	ADULT	
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.								27		
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).								48		
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.								47		
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.										
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.										
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.										
CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :										
Less than 1 hour	91	1 to 2 hours	3	2 to 4 hours	0	More than 4 hours	0			
CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:										
Less than 3 hours	56	3 to 6 hours	31	6 to 8 hours	4	8 to 14 hours	0	More than 14 hours	3	
IV. Site of Initial Face to Face Contacts								CHILDREN	ADULT	
Number of face to face contacts seen in :										
a. Primary Residence (Home)								29		
b. Family/Relative/Other Residence								3		
c. Other Community Setting (Work, School, Police Dept., Public Place)								25		
d. SNF, Nursing Home, Boarding Home								0		
e. Residential Program (Congregate Community Residence, Apartment Program)								2		
f. Homeless Shelter								0		
g. Provider Office								1		
h. Crisis Office								5		
i. Emergency Department								29		
j. Other Hospital Location								0		
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)								0		
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts							Sec. IV Total	94	0	
V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)								CHILDREN	ADULT	
Number of face to face contacts that resulted in:										
a. Crisis stabilization with no referral for mental health/substance abuse follow-up								2		
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up								10		
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up								60		
d. Admission to Crisis Stabilization Unit								11		
e. Inpatient Hospitalization-Medical								0		
f. Voluntary Psychiatric Hospitalization								11		
g. Involuntary Psychiatric Hospitalization								0		
h. Admission to Detox Unit								0		
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts							Sec. V Total	94	0	

AMHI CONSENT DECREE FEEDBACK REPORT		
	Sweetser	May SFY2012
No.	Result	STANDARD
IV.35		No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37		90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38		90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report

Agency	Sweetser	Contact Person	Month	May
Address	50 Moody St. Saco ME	Beth Delano	Fiscal Year	2012
		Contact Phone Number		
		294-4530		

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	Children	Males	16	Females	15				
	Adults	Males	62	Females	71				
Age Range	Children	<5y.o.	0	5-9	4	10-14	15	15-17	12
	Adults	18-21	28	22-35	36	36-60	55	61 & Older	14
Payment Source	Children	MaineCare	16	Private Ins.	14	Uninsured	1	Medicare	0
	Adults	MaineCare	57	Private Ins.	25	Uninsured	51	Medicare	0

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	44	249
b. Total number of all INITIAL face to face contacts.	31	137
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	6	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	0	11

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	4	13
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).	11	20
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	11	18
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		4290
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		76
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.		38

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	27	1 to 2 hours	3	2 to 4 hours	1	More than 4 hours	0
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CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	19	3 to 6 hours	5	6 to 8 hours	1	8 to 14 hours	0	More than 14 hours	6
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IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
<i>Number of face to face contacts seen in :</i>		
a. Primary Residence (Home)	1	6
b. Family/Relative/Other Residence	0	1
c. Other Community Setting (Work, School, Police Dept., Public Place)	1	6
d. SNF, Nursing Home, Boarding Home	0	0
e. Residential Program (Congregate Community Residence, Apartment Program)	0	1
f. Homeless Shelter	0	0
g. Provider Office	0	3
h. Crisis Office	8	19
i. Emergency Department	21	91
j. Other Hospital Location	0	5
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	0	5
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	31	137

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
<i>Number of face to face contacts that resulted in:</i>		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	1	4
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up	6	19
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up	12	39
d. Admission to Crisis Stabilization Unit	3	26
e. Inpatient Hospitalization-Medical	0	1
f. Voluntary Psychiatric Hospitalization	9	38
g. Involuntary Psychiatric Hospitalization	0	10
h. Admission to Detox Unit	0	0
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	31	137

AMHI CONSENT DECREE FEEDBACK REPORT		
	Sweetser	May
		SFY2012
No.	Result	STANDARD
IV.35	35%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	31.3 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	83%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	90%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report

Agency	Tri-County	Contact Person	Month	May
Address	230 Bartlett St. Lewiston, ME, 04240	Laurie Cyr Martel	Fiscal Year	2012
		Contact Phone Number		
		207-783-4695		

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	Children	Males	37	Females	27				
Adults	Males	64	Females	60					
Age Range	Children	<5y.o.	0	5-9	17	10-14	37	15-17	10
	Adults	18-21	12	22-35	40	36-60	60	61 & Older	12
Payment Source	Children	MaineCare	54	Private Ins.	11	Uninsured	0	Medicare	0
	Adults	MaineCare	90	Private Ins.	16	Uninsured	15	Medicare	15

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	144	345
b. Total number of all INITIAL face to face contacts.	64	124
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	5	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	9	16

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	0	0
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).	29	34
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	25	32
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		6330
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		81
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.		26

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	41	1 to 2 hours	18	2 to 4 hours	5	More than 4 hours	0
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CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	57	3 to 6 hours	6	6 to 8 hours	0	8 to 14 hours	0	More than 14 hours	1
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IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
<i>Number of face to face contacts seen in :</i>		
a. Primary Residence (Home)	4	3
b. Family/Relative/Other Residence	0	0
c. Other Community Setting (Work, School, Police Dept., Public Place)	3	4
d. SNF, Nursing Home, Boarding Home	0	1
e. Residential Program (Congregate Community Residence, Apartment Program)	0	0
f. Homeless Shelter	0	1
g. Provider Office	0	4
h. Crisis Office	3	14
i. Emergency Department	53	87
j. Other Hospital Location	1	7
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	0	3
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	64	124

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
<i>Number of face to face contacts that resulted in:</i>		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	7	28
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up	11	12
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up	14	27
d. Admission to Crisis Stabilization Unit	12	18
e. Inpatient Hospitalization-Medical	0	0
f. Voluntary Psychiatric Hospitalization	20	36
g. Involuntary Psychiatric Hospitalization	0	3
h. Admission to Detox Unit	0	0
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	64	124

AMHI CONSENT DECREE FEEDBACK REPORT		
	Tri-County	May
		SFY2012
No.	Result	STANDARD
IV.35	31%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	51.0 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	86%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	94%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report

Agency	YI	Contact Person	Month	May
Address	50 Lydia Lane	Veronica Ross	Fiscal Year	2012
	South Portland, Me 04106	Contact Phone Number		
		207-523-5068		

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	Children	Males	2	Females	0				
	Adults	Males	100	Females	113				
Age Range	Children	<5y.o.	0	5-9	0	10-14	1	15-17	1
	Adults	18-21	11	22-35	66	36-60	119	61 & Older	18
Payment Source	Children	MaineCare	0	Private Ins.	0	Uninsured	2	Medicare	0
	Adults	MaineCare	80	Private Ins.	31	Uninsured	55	Medicare	57

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	1	1302
b. Total number of all INITIAL face to face contacts.	2	223
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	0	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	0	272

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	0	1
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).	0	67
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	0	64
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		5952
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		21
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.		202

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	1	1 to 2 hours	0	2 to 4 hours	0	More than 4 hours	0
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CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	0	3 to 6 hours	0	6 to 8 hours	0	8 to 14 hours	0	More than 14 hours	0
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IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
<i>Number of face to face contacts seen in :</i>		
a. Primary Residence (Home)	1	41
b. Family/Relative/Other Residence	0	0
c. Other Community Setting (Work, School, Police Dept., Public Place)	1	17
d. SNF, Nursing Home, Boarding Home	0	0
e. Residential Program (Congregate Community Residence, Apartment Program)	0	13
f. Homeless Shelter	0	4
g. Provider Office	0	14
h. Crisis Office	0	112
i. Emergency Department	0	21
j. Other Hospital Location	0	1
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	0	0
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	2	223

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
<i>Number of face to face contacts that resulted in:</i>		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	1	26
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up	1	52
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up	0	115
d. Admission to Crisis Stabilization Unit	0	23
e. Inpatient Hospitalization-Medical	0	0
f. Voluntary Psychiatric Hospitalization	0	6
g. Involuntary Psychiatric Hospitalization	0	0
h. Admission to Detox Unit	0	1
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	2	223

AMHI CONSENT DECREE FEEDBACK REPORT		
YI	May	SFY2012
No.	Result	STANDARD
IV.35	3%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	26.7 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	100%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	96%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

<<<<- Note: This cell should be no greater than IV.i.

<<<<- NOTE: This cell should be no greater than Sec IV. Total minus IV.i.

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Maine Department of Health and Human Services Integrated Monthly Crisis Report

STATEWIDE
 May 2012



Continuous Quality
 Improvement Services
 An Office of the
 Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	Children	Males	256	Females	262				
	Adults	Males	791	Females	804				
Age Range	Children	<5y.o.	1	5-9	68	10-14	251	15-17	196
	Adults	18-21	164	22-35	506	36-60	786	61 & Older	143
Payment Source	Children	MaineCare	366	Private Ins.	124	Uninsured	29	Medicare	0
	Adults	MaineCare	843	Private Ins.	300	Uninsured	319	Medicare	122

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	2915	13475
b. Total number of all INITIAL face to face contacts.	530	1670
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	36	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	145	648

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	67	181
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).	199	408
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	187	391
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		43552
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		905
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.		655

contact	CHILDREN	ADULT
Less than 1 hour	264	145
1 to 2 hours	145	91
2 to 4 hours	91	29
More than 4 hours	29	
	50%	27%

CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis :

contact	CHILDREN	ADULT
Less than 3 hours	392	100
3 to 6 hours	100	8
6 to 8 hours	8	6
8 to 14 hours	6	
More than 14 hours		14
	74%	19%

IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
Number of face to face contacts seen in :		
a. Primary Residence (Home)	101	145
b. Family/Relative/Other Residence	11	7
c. Other Community Setting (Work, School, Police Dept., Public Place)	45	49
d. SNF, Nursing Home, Boarding Home	0	7
e. Residential Program (Congregate Community Residence, Apartment Program)	6	18
f. Homeless Shelter	1	7
g. Provider Office	3	34
h. Crisis Office	89	328
i. Emergency Department	272	973
j. Other Hospital Location	1	69
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	1	33
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	530	1670

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
Number of face to face contacts that resulted in:		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	20	114
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up	106	339
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up	216	573
d. Admission to Crisis Stabilization Unit	95	194
e. Inpatient Hospitalization-Medical	2	30
f. Voluntary Psychiatric Hospitalization	90	308
g. Involuntary Psychiatric Hospitalization	1	73
h. Admission to Detox Unit	0	39
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	530	1670

ADULTS ONLY

Adult AMHI CONSENT DECREE FEEDBACK REPORT		
<u>No.</u>	<u>Result</u>	<u>STANDARD</u>
IV.35	22.8%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	26.1 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV.37	93%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	96%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.

STATE OF MAINE Monthly Crisis Report

Agency	AMHC-Aroostook	Contact Person	Month	June
Address	PO Box 1018	Lorraine Chamberlain	Fiscal Year	2012
	Caribou, ME 04736	Contact Phone Number		
		207-498-6431		

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	Children	Males	11	Females	5				
	Adults	Males	57	Females	43				
Age Range	Children	<5y.o.	0	5-9	0	10-14	2	15-17	14
	Adults	18-21	19	22-35	40	36-60	37	61 & Older	4
Payment Source	Children	MaineCare	11	Private Ins.	4	Uninsured	1	Medicare	
	Adults	MaineCare	64	Private Ins.	7	Uninsured	29	Medicare	

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	84	1017
b. Total number of all INITIAL face to face contacts.	16	100
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	1	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	28	74

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	5	6
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).	11	26
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	10	24
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		2549
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		47
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.		44

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	5	1 to 2 hours	5	2 to 4 hours	4	More than 4 hours	2
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CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	4	3 to 6 hours	4	6 to 8 hours	6	8 to 14 hours	2	More than 14 hours	0
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IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
<i>Number of face to face contacts seen in :</i>		
a. Primary Residence (Home)	2	3
b. Family/Relative/Other Residence		
c. Other Community Setting (Work, School, Police Dept., Public Place)	2	2
d. SNF, Nursing Home, Boarding Home		2
e. Residential Program (Congregate Community Residence, Apartment Program)	0	4
f. Homeless Shelter	0	0
g. Provider Office		0
h. Crisis Office	3	11
i. Emergency Department	8	54
j. Other Hospital Location	1	13
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	0	11
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	16	100

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
<i>Number of face to face contacts that resulted in:</i>		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	2	7
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up		
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up	7	57
d. Admission to Crisis Stabilization Unit	2	8
e. Inpatient Hospitalization-Medical	0	6
f. Voluntary Psychiatric Hospitalization	5	13
g. Involuntary Psychiatric Hospitalization		7
h. Admission to Detox Unit		2
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	16	100

AMHI CONSENT DECREE FEEDBACK REPORT		
AMHC-Aroostook		June
		SFY2012
No.	Result	STANDARD
IV.35	20%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	25.5 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	91%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	92%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report

Agency	AMHC-Atlantic	Contact Person	Month	June
Address	1 Stackpole Rd	Annette Adams	Fiscal Year	2012
	Machias	Contact Phone Number		
		207-255-0996		

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	Children	Males	8	Females	9				
	Adults	Males	43	Females	53				
Age Range	Children	<5y.o.	0	5-9	4	10-14	4	15-17	9
	Adults	18-21	9	22-35	20	36-60	55	61 & Older	12
Payment Source	Children	MaineCare	11	Private Ins.	4	Uninsured	2	Medicare	
	Adults	MaineCare	40	Private Ins.	11	Uninsured	31	Medicare	14

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	729	5685
b. Total number of all INITIAL face to face contacts.	17	96
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	1	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	8	678

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	8	78
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).	4	12
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	3	10
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		2505
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		44
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.		52

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	6	1 to 2 hours	8	2 to 4 hours	3	More than 4 hours	0
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CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	11	3 to 6 hours	4	6 to 8 hours	1	8 to 14 hours	1	More than 14 hours	
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IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
<i>Number of face to face contacts seen in :</i>		
a. Primary Residence (Home)	3	15
b. Family/Relative/Other Residence		
c. Other Community Setting (Work, School, Police Dept., Public Place)		1
d. SNF, Nursing Home, Boarding Home		1
e. Residential Program (Congregate Community Residence, Apartment Program)		
f. Homeless Shelter		1
g. Provider Office		4
h. Crisis Office	5	5
i. Emergency Department	9	44
j. Other Hospital Location		16
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)		9
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	17	96

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
<i>Number of face to face contacts that resulted in:</i>		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	1	13
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up	6	17
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up	5	22
d. Admission to Crisis Stabilization Unit	4	6
e. Inpatient Hospitalization-Medical	0	17
f. Voluntary Psychiatric Hospitalization	1	14
g. Involuntary Psychiatric Hospitalization		6
h. Admission to Detox Unit	0	1
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	17	96

AMHI CONSENT DECREE FEEDBACK REPORT		
AMHC-Atlantic	June	SFY2012
No.	Result	STANDARD
IV.35	21%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	26.1 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	100%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	83%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report										AMH						
										Community Health & C						
Agency	Community Health & Counseling Services		Contact Person			Month		June		No.	Result					
Address	PO Box 425		Tom Lynn			Fiscal Year		2012		IV.35	9%	No more tr				
	Bangor, ME 04402-0425		Contact Phone Number							IV.36	17.7	90% of Cris				
		947-0366 ext. 344									Average Minutes	within an a				
I. Consumer Demographics (Unduplicated Counts - Face to Face)																
Gender	Children	Males	9	Females	13											
	Adults	Males	74	Females	71											
Age Range	Children	<5y.o.	0	5-9	2	10-14	10	15-17	10	IV. 37	100%	90% of all I				
	Adults	18-21	12	22-35	52	36-60	65	61 & Older	16	Hours of In						
Payment Source	Children	MaineCare	17	Private Ins.	2	Uninsured	3	Medicare	0							
	Adults	MaineCare	90	Private Ins.	51	Uninsured	4	Medicare	0							
II. Summary of All Crisis Contacts										CHILDREN	ADULT	IV.38	84%	90% of all F		
a. Total number of telephone contacts.										168	1035	Worker, th				
b. Total number of all INITIAL face to face contacts.										22	145					
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER										3		NOTE: IF STANDARD IS MET, THE				
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.										3	49	GREEN ON A TURQUOISE				
III. Initial Crisis Contact Information										CHILDREN	ADULT					
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.										4	23	IF STANDARD IS NOT MET				
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).										9	45	RED BOLD ON A GOLD B				
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.										8	38					
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.											2565					
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.											85	<<<< Note: This cell should be no greater than				
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.											60	<<<< NOTE: This cell should be no greater than				
CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :																
Less than 1 hour	19	1 to 2 hours	3	2 to 4 hours	0	More than 4 hours	0									
CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:																
Less than 3 hours	21	3 to 6 hours	0	6 to 8 hours	0	8 to 14 hours	1	More than 14 hours	0							
IV. Site of Initial Face to Face Contacts										CHILDREN	ADULT					
Number of face to face contacts seen in :																
a. Primary Residence (Home)										1	9					
b. Family/Relative/Other Residence										5	5					
c. Other Community Setting (Work, School, Police Dept., Public Place)										1	8					
d. SNF, Nursing Home, Boarding Home										0	1					
e. Residential Program (Congregate Community Residence, Apartment Program)										0	1					
f. Homeless Shelter										1	3					
g. Provider Office										1	3					
h. Crisis Office										3	24					
i. Emergency Department										10	85					
j. Other Hospital Location										0	6					
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)										0	0					
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts										Sec. IV Total		22	145	<<<< Note: This cell should appear to be turqo		
V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)										CHILDREN	ADULT					
Number of face to face contacts that resulted in:																
a. Crisis stabilization with no referral for mental health/substance abuse follow-up										1	17					
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up										4	16					
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up										11	58					
d. Admission to Crisis Stabilization Unit										4	24					
e. Inpatient Hospitalization-Medical										0	14					
f. Voluntary Psychiatric Hospitalization										2	13					
g. Involuntary Psychiatric Hospitalization										0	0					
h. Admission to Detox Unit										0	3					
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts										Sec. V Total		22	145	<<<< Note: This cell should appear to be turqo		

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DECREE FEEDBACK REPORT		
Services	June	SFY2012
<u>STANDARD</u>		
of face to face contacts result in Psychiatric Hospitalization.		
[REDACTED]		
Calls Requiring Face to Face Assessments are responded to within 30 minutes from the end of the phone call.		
[REDACTED]		
Face Assessments Result in Resolution for the Consumer Within 8 Hours of Face to Face Assessment.		
[REDACTED]		
In all contacts in which the client has a Community Support Worker notified of the crisis.		
[REDACTED]		
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STATE OF MAINE Monthly Crisis Report

Agency	Crisis & Counseling Centers	Contact Person	Month	June
Address	10 Caldwell Road	Nicole Auclair	Fiscal Year	2012
	Augusta, ME 04330	Contact Phone Number		
		207-213-4535 Direct Line		

I. Consumer Demographics (Unduplicated Counts - Face to Face)									
Gender	Children	Males	32	Females	27				
	Adults	Males	148	Females	134				
Age Range	Children	<5y.o.	2	5-9	4	10-14	19	15-17	34
	Adults	18-21	26	22-35	82	36-60	145	61 & Older	29
Payment Source	Children	MaineCare	47	Private Ins.	9	Uninsured	3	Medicare	0
	Adults	MaineCare	191	Private Ins.	55	Uninsured	29	Medicare	7

II. Summary of All Crisis Contacts										CHILDREN	ADULT
a. Total number of telephone contacts.										468	3243
b. Total number of all INITIAL face to face contacts.										59	282
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER										1	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.										1	49

III. Initial Crisis Contact Information										CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.										1	17
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).										27	92
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.										27	89
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.											3319
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.											195
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.											85

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :									
Less than 1 hour	2	1 to 2 hours	36	2 to 4 hours	20	More than 4 hours	1		

CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:									
Less than 3 hours	58	3 to 6 hours	1	6 to 8 hours	0	8 to 14 hours	0	More than 14 hours	0

IV. Site of Initial Face to Face Contacts										CHILDREN	ADULT
Number of face to face contacts seen in :											
a. Primary Residence (Home)										13	45
b. Family/Relative/Other Residence										0	2
c. Other Community Setting (Work, School, Police Dept., Public Place)										8	1
d. SNF, Nursing Home, Boarding Home										0	1
e. Residential Program (Congregate Community Residence, Apartment Program)										2	1
f. Homeless Shelter										1	2
g. Provider Office										0	2
h. Crisis Office										5	24
i. Emergency Department										30	196
j. Other Hospital Location										0	6
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)										0	2
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts							Sec. IV Total		59	282	

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)										CHILDREN	ADULT
Number of face to face contacts that resulted in:											
a. Crisis stabilization with no referral for mental health/substance abuse follow-up										1	13
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up										11	33
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up										24	126
d. Admission to Crisis Stabilization Unit										13	35
e. Inpatient Hospitalization-Medical										0	0
f. Voluntary Psychiatric Hospitalization										10	61
g. Involuntary Psychiatric Hospitalization										0	12
h. Admission to Detox Unit										0	2
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts							Sec. V Total		59	282	

AMHI CONSENT DECREE FEEDBACK REPORT		
Crisis & Counseling Centers	June	SFY2012
No.	Result	STANDARD
IV.35	26%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	11.8 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	99%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	97%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report

Agency	Counseling Services Inc.	Contact Person	Month	June
Address	PO Box 1010	Jennifer Goodwin	Fiscal Year	2012
	Saco, ME 04072	Contact Phone Number		
		207-282-1500		

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	Children	Males	22	Females	30				
Adults	Males	67	Females	101					
Age Range	Children	<5y.o.	1	5-9	4	10-14	21	15-17	26
	Adults	18-21	20	22-35	49	36-60	82	61 & Older	17
Payment Source	Children	MaineCare	31	Private Ins.	18	Uninsured	3	Medicare	
	Adults	MaineCare	79	Private Ins.	35	Uninsured	49	Medicare	5

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	484	105
b. Total number of all INITIAL face to face contacts.	62	207
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	1	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	8	17

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	15	17
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).	13	64
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	13	64
d. SUM TOTAL time <i>in minutes</i> for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		5401
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		134
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.		42

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	1 to 2 hours	2 to 4 hours	More than 4 hours
1	21	23	17

CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	3 to 6 hours	6 to 8 hours	8 to 14 hours	More than 14 hours
31	16	7	4	4

IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
<i>Number of face to face contacts seen in :</i>		
a. Primary Residence (Home)	5	9
b. Family/Relative/Other Residence		
c. Other Community Setting (Work, School, Police Dept., Public Place)	3	2
d. SNF, Nursing Home, Boarding Home		1
e. Residential Program (Congregate Community Residence, Apartment Program)		
f. Homeless Shelter		
g. Provider Office		
h. Crisis Office	20	37
i. Emergency Department	34	158
j. Other Hospital Location		
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)		
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	62	207

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
<i>Number of face to face contacts that resulted in:</i>		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	2	1
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up	20	61
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up	25	62
d. Admission to Crisis Stabilization Unit	2	4
e. Inpatient Hospitalization-Medical		
f. Voluntary Psychiatric Hospitalization	13	54
g. Involuntary Psychiatric Hospitalization		25
h. Admission to Detox Unit		
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	62	207

AMHI CONSENT DECREE FEEDBACK REPORT		
Counseling Services Inc.		June
		SFY2012
No.	Result	STANDARD
IV.35	38%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	26.1 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	85%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	100%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report

Agency	Evergreen Behavioral Services	Contact Person	Month	June
Address	131 Franklin Health Commons Ste A	Crystal Harting	Fiscal Year	2012
	Farmington ME 04938	Contact Phone Number		
		207-779-2843		

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	Children	Males	3	Females	4				
	Adults	Males	18	Females	29				
Age Range	Children	<5y.o.	0	5-9	2	10-14	2	15-17	3
	Adults	18-21	6	22-35	19	36-60	18	61 & Older	4
Payment Source	Children	MaineCare	6	Private Ins.	1	Uninsured	0	Medicare	0
	Adults	MaineCare	28	Private Ins.	6	Uninsured	9	Medicare	4

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	35	283
b. Total number of all INITIAL face to face contacts.	7	51
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	1	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	2	12

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	0	2
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).	3	14
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	3	14
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		15
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.		2

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	6	1 to 2 hours	1	2 to 4 hours	0	More than 4 hours	0
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CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	6	3 to 6 hours	1	6 to 8 hours	0	8 to 14 hours	0	More than 14 hours	0
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IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
<i>Number of face to face contacts seen in :</i>		
a. Primary Residence (Home)	1	3
b. Family/Relative/Other Residence	0	0
c. Other Community Setting (Work, School, Police Dept., Public Place)	1	1
d. SNF, Nursing Home, Boarding Home	0	0
e. Residential Program (Congregate Community Residence, Apartment Program)	0	0
f. Homeless Shelter	0	0
g. Provider Office	0	3
h. Crisis Office	2	16
i. Emergency Department	3	22
j. Other Hospital Location	0	1
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	0	5
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	7	51
Sec. IV Total	7	51

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
<i>Number of face to face contacts that resulted in:</i>		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	1	5
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up	0	14
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up	5	21
d. Admission to Crisis Stabilization Unit	1	3
e. Inpatient Hospitalization-Medical	0	1
f. Voluntary Psychiatric Hospitalization	0	4
g. Involuntary Psychiatric Hospitalization	0	2
h. Admission to Detox Unit	0	1
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	7	51
Sec. V Total	7	51

AMHI CONSENT DECREE FEEDBACK REPORT		
Evergreen Behavioral Services		June
		SFY2012
No.	Result	STANDARD
IV.35	12%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	0.0 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	33%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	100%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report

STATE OF MAINE Monthly Crisis Report									
Agency	Mid-Coast Mental Health Center		Contact Person			Month		June	
Address	12 Union St., Rockland, ME 04841		Patti Isnardi			Fiscal Year		2012	
			Contact Phone Number						
			701-4476						
I. Consumer Demographics (Unduplicated Counts - Face to Face)									
Gender	Children	Males	14	Females	7				
	Adults	Males	52	Females	65				
Age Range	Children	<5y.o.	1	5-9	4	10-14	12	15-17	4
	Adults	18-21	10	22-35	35	36-60	57	61 & Older	15
Payment Source	Children	MaineCare	16	Private Ins.	4	Uninsured	1	Medicare	0
	Adults	MaineCare	38	Private Ins.	18	Uninsured	19	Medicare	43
II. Summary of All Crisis Contacts								CHILDREN	ADULT
a. Total number of telephone contacts.								24	118
b. Total number of all INITIAL face to face contacts.								23	124
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER								4	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.								3	16
III. Initial Crisis Contact Information								CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.								4	7
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).								8	18
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.								8	17
d. SUM TOTAL time <i>in minutes</i> for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.									1770
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.									92
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.									27
CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :									
Less than 1 hour	20	1 to 2 hours	2	2 to 4 hours	1	More than 4 hours	0		
CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:									
Less than 3 hours	15	3 to 6 hours	8	6 to 8 hours	0	8 to 14 hours	0	More than 14 hours	0
IV. Site of Initial Face to Face Contacts								CHILDREN	ADULT
Number of face to face contacts seen in :									
a. Primary Residence (Home)								1	1
b. Family/Relative/Other Residence								0	0
c. Other Community Setting (Work, School, Police Dept., Public Place)								3	0
d. SNF, Nursing Home, Boarding Home								0	0
e. Residential Program (Congregate Community Residence, Apartment Program)								0	0
f. Homeless Shelter								0	0
g. Provider Office								0	0
h. Crisis Office								5	11
i. Emergency Department								14	96
j. Other Hospital Location								0	9
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)								0	7
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts							Sec. IV Total	23	124
V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)								CHILDREN	ADULT
Number of face to face contacts that resulted in:									
a. Crisis stabilization with no referral for mental health/substance abuse follow-up								1	1
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up								1	8
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up								11	42
d. Admission to Crisis Stabilization Unit								3	8
e. Inpatient Hospitalization-Medical								0	0
f. Voluntary Psychiatric Hospitalization								7	36
g. Involuntary Psychiatric Hospitalization								0	3
h. Admission to Detox Unit								0	26
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts							Sec. V Total	23	124

AMHI CONSENT DECREE FEEDBACK REPORT		
Mid-Coast Mental Health Center		June
		SFY2012
No.	Result	STANDARD
IV.35	31%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	14.3 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	96%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	94%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report

Agency	Oxford County Mental Health	Contact Person	Month	June
Address	150 Congress Street	Karen Hodgkins	Fiscal Year	2012
	Rumford, Maine 04276	Contact Phone Number		
		207 364-3549		

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	Children	Males	6	Females	5				
	Adults	Males	25	Females	21				
Age Range	Children	<5y.o.	0	5-9	0	10-14	5	15-17	6
	Adults	18-21	3	22-35	16	36-60	21	61 & Older	6
Payment Source	Children	MaineCare	9	Private Ins.	3	Uninsured	0	Medicare	0
	Adults	MaineCare	29	Private Ins.	5	Uninsured	6	Medicare	6

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.		
b. Total number of all INITIAL face to face contacts.	11	46
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	0	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	5	16

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	0	2
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).	4	17
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	4	17
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		1041
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		26
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.		18

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	10	1 to 2 hours	0	2 to 4 hours	1	More than 4 hours	0
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CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	8	3 to 6 hours	2	6 to 8 hours	0	8 to 14 hours	0	More than 14 hours	1
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IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
Number of face to face contacts seen in :		
a. Primary Residence (Home)	1	2
b. Family/Relative/Other Residence	0	0
c. Other Community Setting (Work, School, Police Dept., Public Place)	0	0
d. SNF, Nursing Home, Boarding Home	0	2
e. Residential Program (Congregate Community Residence, Apartment Program)	0	0
f. Homeless Shelter	0	0
g. Provider Office	0	1
h. Crisis Office	2	9
i. Emergency Department	8	28
j. Other Hospital Location	0	3
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	0	1
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	11	46
Sec. IV Total	11	46

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
Number of face to face contacts that resulted in:		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	0	1
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up	4	14
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up	5	10
d. Admission to Crisis Stabilization Unit	0	14
e. Inpatient Hospitalization-Medical	0	0
f. Voluntary Psychiatric Hospitalization	2	3
g. Involuntary Psychiatric Hospitalization	0	4
h. Admission to Detox Unit	0	0
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	11	46
Sec. V Total	11	46

AMHI CONSENT DECREE FEEDBACK REPORT		
Oxford County Mental Health		June
		SFY2012
No.	Result	STANDARD
IV.35	15%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	22.6 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	96%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	100%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report

STATE OF MAINE Monthly Crisis Report										
Agency	Sweetser		Contact Person			Month		June		
Address	50 Moody St Saco ME 04072		Beth Delano			Fiscal Year		2012		
			Contact Phone Number							
		294-4530								
I. Consumer Demographics (Unduplicated Counts - Face to Face)										
Gender	Children	Males	25	Females	30					
	Adults	Males		Females						
Age Range	Children	<5y.o.	0	5-9	5	10-14	28	15-17	22	
	Adults	18-21		22-35		36-60		61 & Older		
Payment Source	Children	MaineCare	35	Private Ins.	17	Uninsured	3	Medicare	0	
	Adults	MaineCare		Private Ins.		Uninsured		Medicare		
II. Summary of All Crisis Contacts								CHILDREN	ADULT	
a. Total number of telephone contacts.								241		
b. Total number of all INITIAL face to face contacts.								57		
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER								10		
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.								5		
III. Initial Crisis Contact Information								CHILDREN	ADULT	
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.								10		
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).								33		
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.								32		
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.										
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.										
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.										
CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :										
Less than 1 hour	53	1 to 2 hours	4	2 to 4 hours	0	More than 4 hours	0			
CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:										
Less than 3 hours	31	3 to 6 hours	24	6 to 8 hours	0	8 to 14 hours	1	More than 14 hours	1	
IV. Site of Initial Face to Face Contacts								CHILDREN	ADULT	
Number of face to face contacts seen in :										
a. Primary Residence (Home)								14		
b. Family/Relative/Other Residence								0		
c. Other Community Setting (Work, School, Police Dept., Public Place)								7		
d. SNF, Nursing Home, Boarding Home								0		
e. Residential Program (Congregate Community Residence, Apartment Program)								0		
f. Homeless Shelter								0		
g. Provider Office								1		
h. Crisis Office								5		
i. Emergency Department								30		
j. Other Hospital Location								0		
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)								0		
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts							Sec. IV Total	57	0	
V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)								CHILDREN	ADULT	
Number of face to face contacts that resulted in:										
a. Crisis stabilization with no referral for mental health/substance abuse follow-up								2		
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up								6		
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up								31		
d. Admission to Crisis Stabilization Unit								8		
e. Inpatient Hospitalization-Medical								0		
f. Voluntary Psychiatric Hospitalization								9		
g. Involuntary Psychiatric Hospitalization								1		
h. Admission to Detox Unit								0		
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts							Sec. V Total	57	0	

AMHI CONSENT DECREE FEEDBACK REPORT		
	Sweetser	June SFY2012
No.	Result	STANDARD
IV.35		No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37		90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38		90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report

STATE OF MAINE Monthly Crisis Report									
Agency	Sweetser		Contact Person			Month		June	
Address	50 Moody St. Saco ME		Beth Delano			Fiscal Year		2012	
			Contact Phone Number						
			294-4530						
I. Consumer Demographics (Unduplicated Counts - Face to Face)									
Gender	Children	Males	8	Females	11				
	Adults	Males	54	Females	75				
Age Range	Children	<5y.o.	0	5-9	2	10-14	9	15-17	8
	Adults	18-21	12	22-35	29	36-60	67	61 & Older	21
Payment Source	Children	MaineCare	14	Private Ins.	4	Uninsured	1	Medicare	0
	Adults	MaineCare	67	Private Ins.	22	Uninsured	40	Medicare	0
II. Summary of All Crisis Contacts								CHILDREN	ADULT
a. Total number of telephone contacts.								39	278
b. Total number of all INITIAL face to face contacts.								20	132
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER								3	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.								3	20
III. Initial Crisis Contact Information								CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.								3	18
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).								4	31
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.								4	31
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.									4630
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.									76
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.									38
CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :									
Less than 1 hour	16	1 to 2 hours	4	2 to 4 hours	0	More than 4 hours	0		
CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:									
Less than 3 hours	16	3 to 6 hours	2	6 to 8 hours	0	8 to 14 hours	0	More than 14 hours	2
IV. Site of Initial Face to Face Contacts								CHILDREN	ADULT
Number of face to face contacts seen in :									
a. Primary Residence (Home)								3	9
b. Family/Relative/Other Residence								1	0
c. Other Community Setting (Work, School, Police Dept., Public Place)								0	5
d. SNF, Nursing Home, Boarding Home								0	2
e. Residential Program (Congregate Community Residence, Apartment Program)								0	0
f. Homeless Shelter								0	1
g. Provider Office								0	0
h. Crisis Office								2	15
i. Emergency Department								14	91
j. Other Hospital Location								0	0
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)								0	9
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts							Sec. IV Total	20	132
V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)								CHILDREN	ADULT
Number of face to face contacts that resulted in:									
a. Crisis stabilization with no referral for mental health/substance abuse follow-up								0	5
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up								1	25
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up								11	40
d. Admission to Crisis Stabilization Unit								2	22
e. Inpatient Hospitalization-Medical								0	2
f. Voluntary Psychiatric Hospitalization								6	31
g. Involuntary Psychiatric Hospitalization								0	5
h. Admission to Detox Unit								0	2
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts							Sec. V Total	20	132

AMHI CONSENT DECREE FEEDBACK REPORT		
	Sweetser	June
		SFY2012
No.	Result	STANDARD
IV.35	27%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	35.1 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	86%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	100%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report

Agency	YI	Contact Person	Month	June
Address	50 Lydia Lane	Veronica Ross	Fiscal Year	2012
	South Portland, Me 04106	Contact Phone Number		
		207-523-5068		

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	Children	Males	0	Females	0				
	Adults	Males	90	Females	94				
Age Range	Children	<5y.o.	0	5-9	0	10-14	0	15-17	0
	Adults	18-21	17	22-35	54	36-60	82	61 & Older	22
Payment Source	Children	MaineCare	0	Private Ins.	0	Uninsured	0	Medicare	0
	Adults	MaineCare	58	Private Ins.	29	Uninsured	43	Medicare	54

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	0	1130
b. Total number of all INITIAL face to face contacts.	0	198
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	0	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	0	214

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	0	6
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).	0	68
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	0	63
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		5118
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		23
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.		175

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	0	1 to 2 hours	0	2 to 4 hours	0	More than 4 hours	0
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CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	0	3 to 6 hours	0	6 to 8 hours	0	8 to 14 hours	0	More than 14 hours	0
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IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
<i>Number of face to face contacts seen in :</i>		
a. Primary Residence (Home)	0	39
b. Family/Relative/Other Residence	0	0
c. Other Community Setting (Work, School, Police Dept., Public Place)	0	14
d. SNF, Nursing Home, Boarding Home	0	0
e. Residential Program (Congregate Community Residence, Apartment Program)	0	8
f. Homeless Shelter	0	4
g. Provider Office	0	10
h. Crisis Office	0	96
i. Emergency Department	0	23
j. Other Hospital Location	0	4
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	0	0
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	Sec. IV Total	198

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
<i>Number of face to face contacts that resulted in:</i>		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	0	2
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up	0	41
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up	0	125
d. Admission to Crisis Stabilization Unit	0	23
e. Inpatient Hospitalization-Medical	0	
f. Voluntary Psychiatric Hospitalization	0	6
g. Involuntary Psychiatric Hospitalization	0	
h. Admission to Detox Unit	0	1
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	Sec. V Total	198

AMHI CONSENT DECREE FEEDBACK REPORT		
	YI	June SFY2012
No.	Result	STANDARD
IV.35	3%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	25.8 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	100%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	93%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.
NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE		
GREEN ON A TURQUOISE BACKGROUND.		
IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
RED BOLD ON A GOLD BACKGROUND		

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Maine Department of Health and Human Services Integrated Monthly Crisis Report

STATEWIDE
 June 2012



Continuous Quality
 Improvement Services
 An Office of the
 Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	Children	Males	166	Females	160				
	Adults	Males	681	Females	739				
Age Range	Children	<5y.o.	5	5-9	38	10-14	132	15-17	151
	Adults	18-21	146	22-35	441	36-60	674	61 & Older	150
Payment Source	Children	MaineCare	234	Private Ins.	76	Uninsured	17	Medicare	2
	Adults	MaineCare	768	Private Ins.	248	Uninsured	272	Medicare	144

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	2407	13302
b. Total number of all INITIAL face to face contacts.	341	1487
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	33	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	70	1163

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	50 (15%)	182 (12.2%)
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT, TCM).	134 (39%)	445 (29.9%)
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	126 (94%)	419 (94.2%)
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		31825 (21.4)
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		801 (92.8%)
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.		581 (93.1%)

contact

Less than 1 hour	1 to 2 hours	2 to 4 hours	More than 4 hours
176 (52%)	92 (27%)	53 (16%)	20 (6%)

CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis :

Less than 3 hours	3 to 6 hours	6 to 8 hours	8 to 14 hours	More than 14 hours
244 (72%)	64 (19%)	14 (4%)	9 (3%)	10 (3%)

IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
<i>Number of face to face contacts seen in :</i>		
a. Primary Residence (Home)	55 (16%)	144 (9.7%)
b. Family/Relative/Other Residence	6 (2%)	7 (0.5%)
c. Other Community Setting (Work, School, Police Dept., Public Place)	28 (8%)	36 (2.4%)
d. SNF, Nursing Home, Boarding Home	1 (0%)	10 (0.7%)
e. Residential Program (Congregate Community Residence, Apartment Program)	2 (1%)	14 (0.9%)
f. Homeless Shelter	2 (1%)	11 (0.7%)
g. Provider Office	2 (1%)	24 (1.6%)
h. Crisis Office	53 (16%)	265 (17.8%)
i. Emergency Department	191 (56%)	863 (58.0%)
j. Other Hospital Location	1 (0%)	68 (4.6%)
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	0 (0%)	45 (3.0%)
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	341 (100%)	1487 (100%)

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
<i>Number of face to face contacts that resulted in:</i>		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	18 (5%)	79 (5.3%)
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up	63 (18%)	238 (16.0%)
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up	144 (42%)	586 (39.4%)
d. Admission to Crisis Stabilization Unit	46 (13%)	170 (11.4%)
e. Inpatient Hospitalization-Medical	0 (0%)	40 (2.7%)
f. Voluntary Psychiatric Hospitalization	69 (20%)	263 (17.7%)
g. Involuntary Psychiatric Hospitalization	1 (0%)	73 (4.9%)
h. Admission to Detox Unit	0 (0%)	38 (2.6%)
NOTE: Sum of Crisis Resolutions must equal II.b. = Total no. of all INITIAL face-to-face contacts	341 (100%)	1487 (100%)

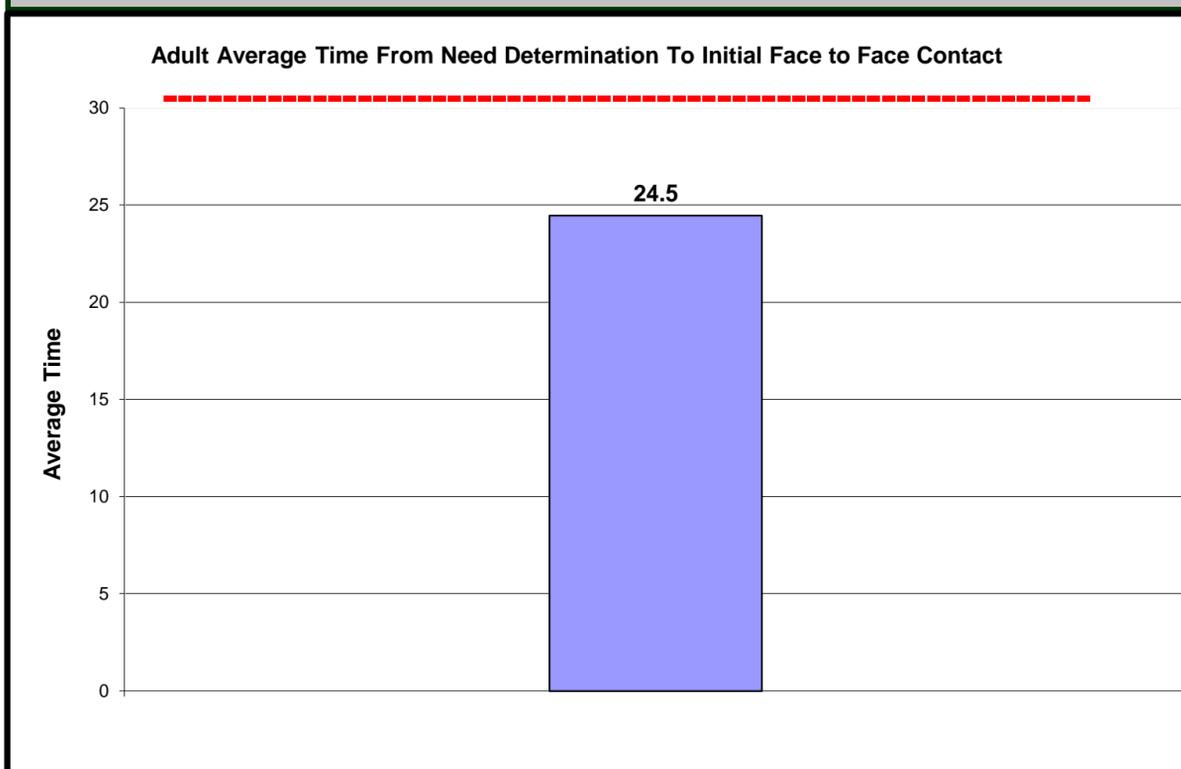
ADULTS ONLY

Adult AMHI CONSENT DECREE FEEDBACK REPORT		
<u>No.</u>	<u>Result</u>	<u>STANDARD</u>
IV.35	22.6%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	21.4 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV.37	93%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	94%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.

ADULTS ONLY

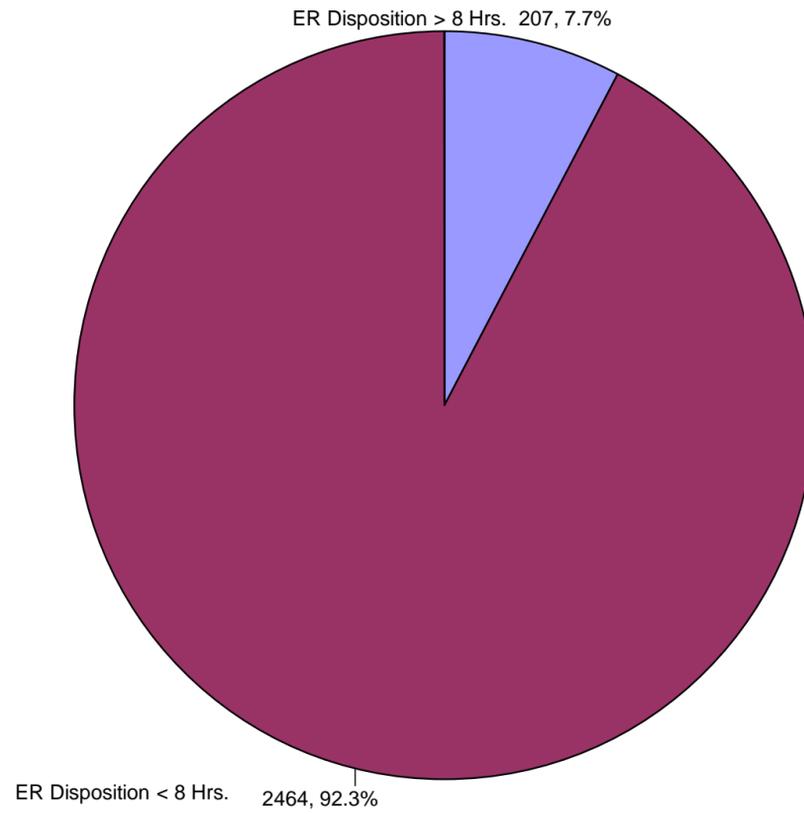
Adult AMHI CONSENT DECREE FEEDBACK REPORT

No.	Result	STANDARD
IV.35	23.0%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	24.5 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	93.5%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	94.3%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.

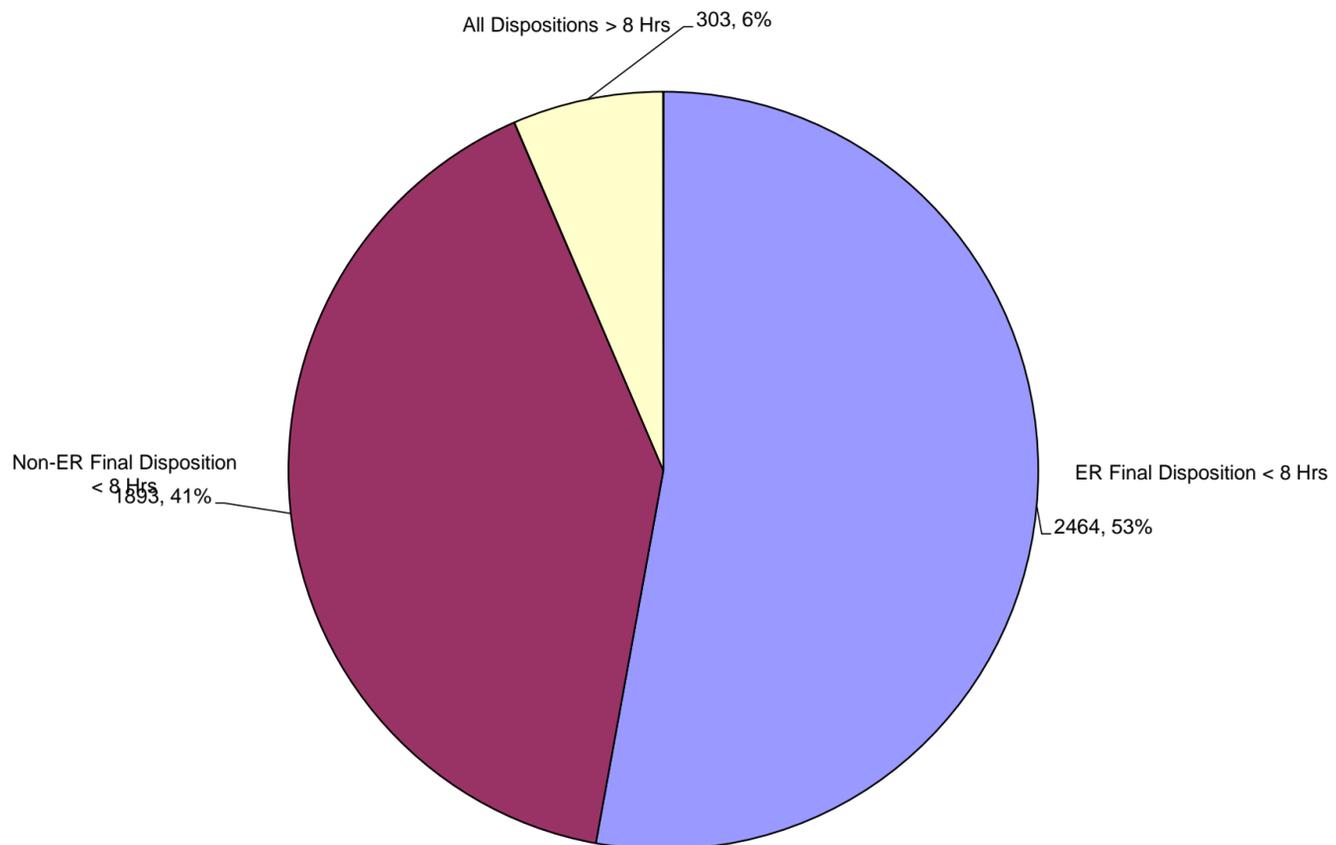


ADULTS ONLY

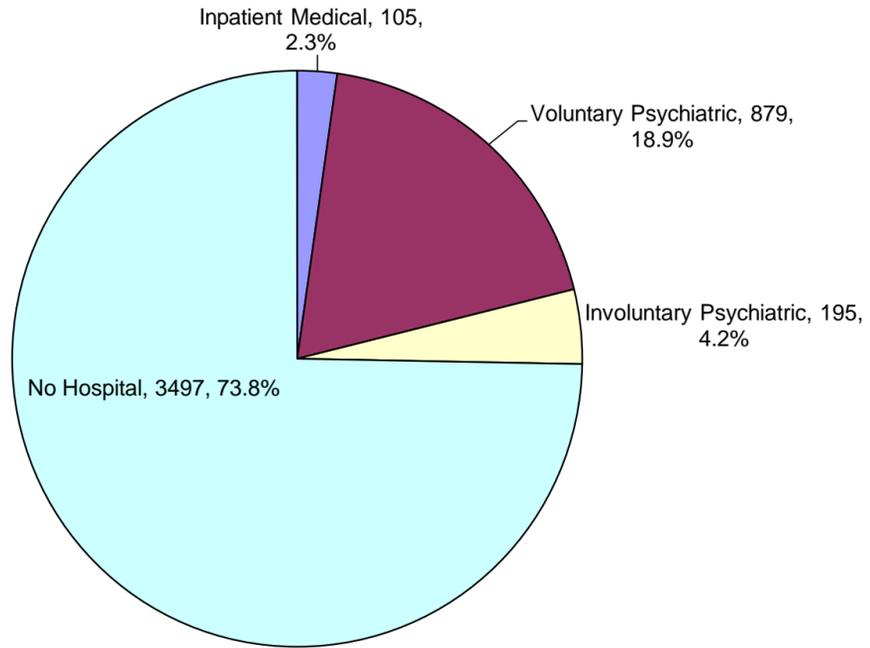
Adult Emergency Room Disposition Within 8 Hours By Site



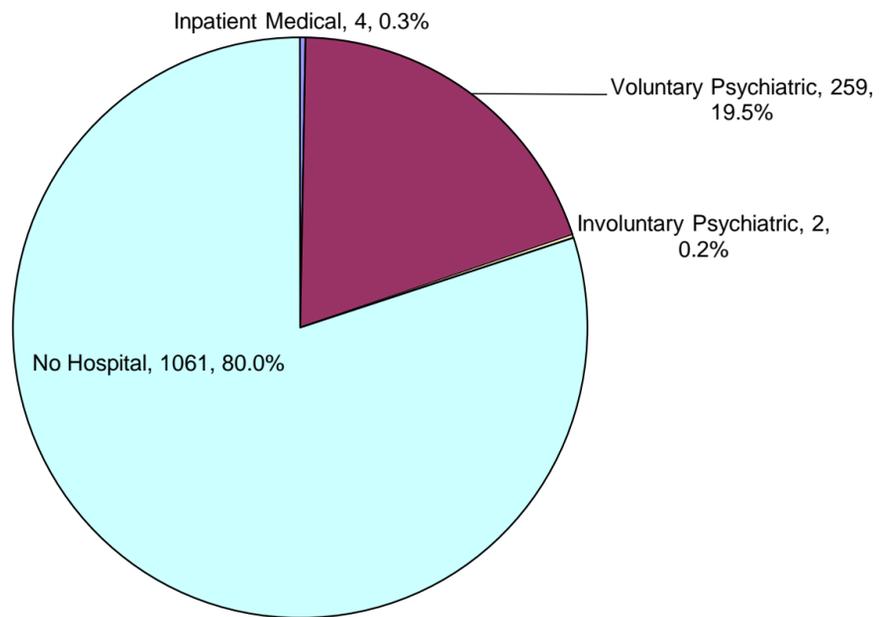
Adult Dispositions Within 8 Hours By Site



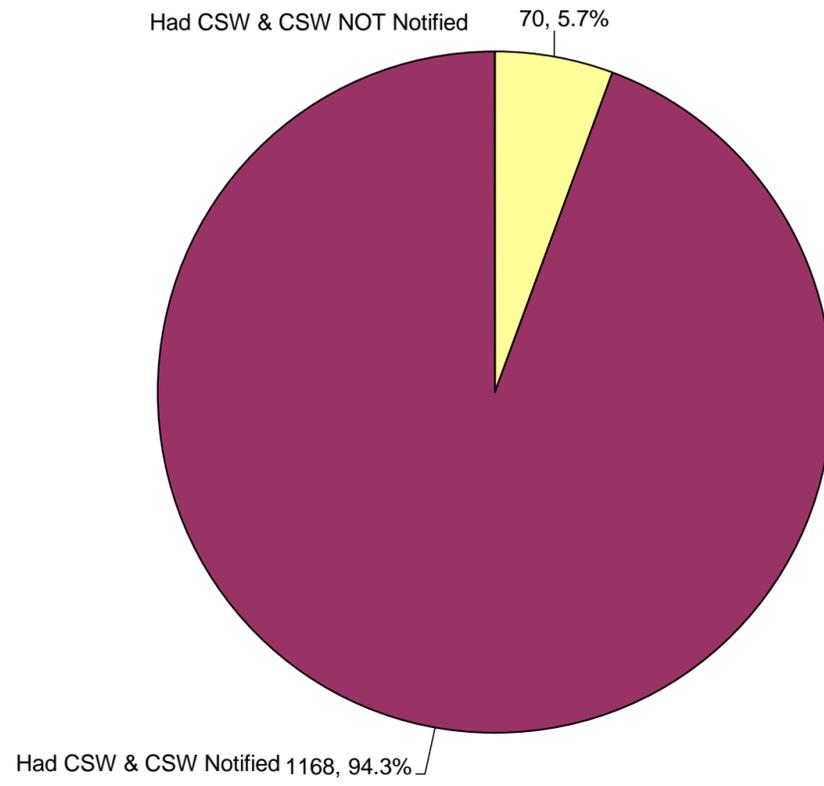
Adult Initial Contacts Hospitalized



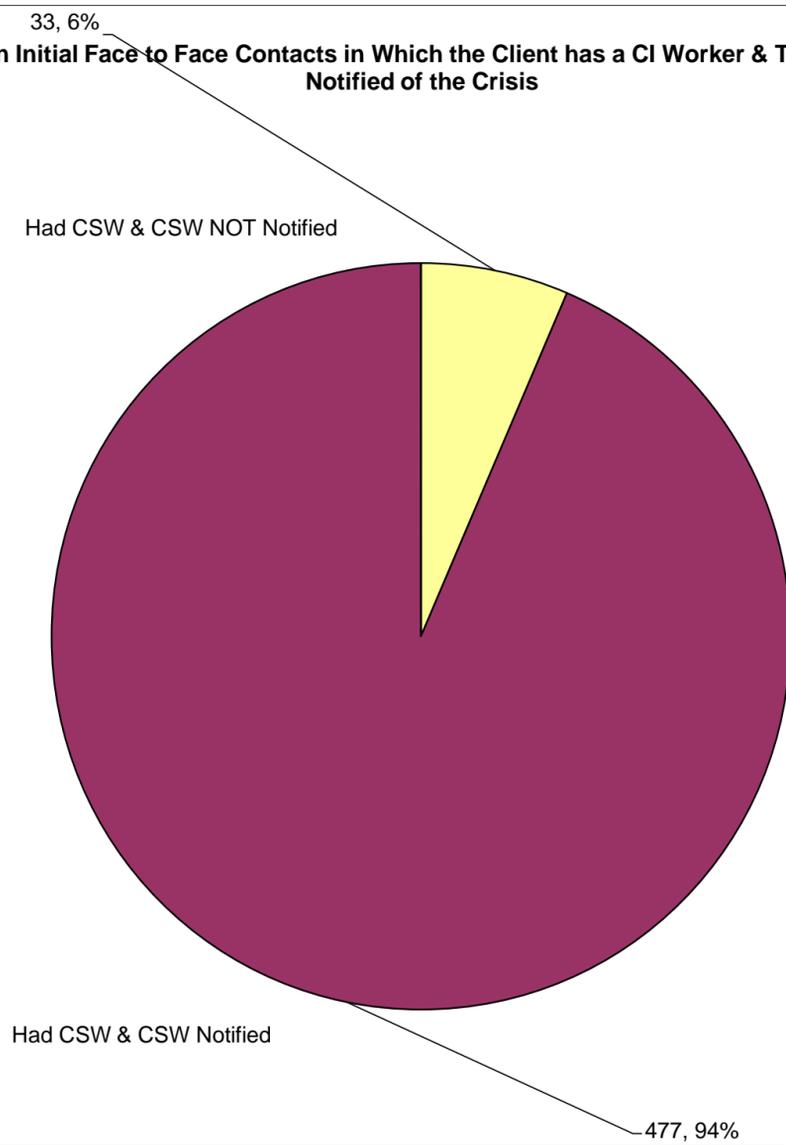
Children Initial Contacts Hospitalized



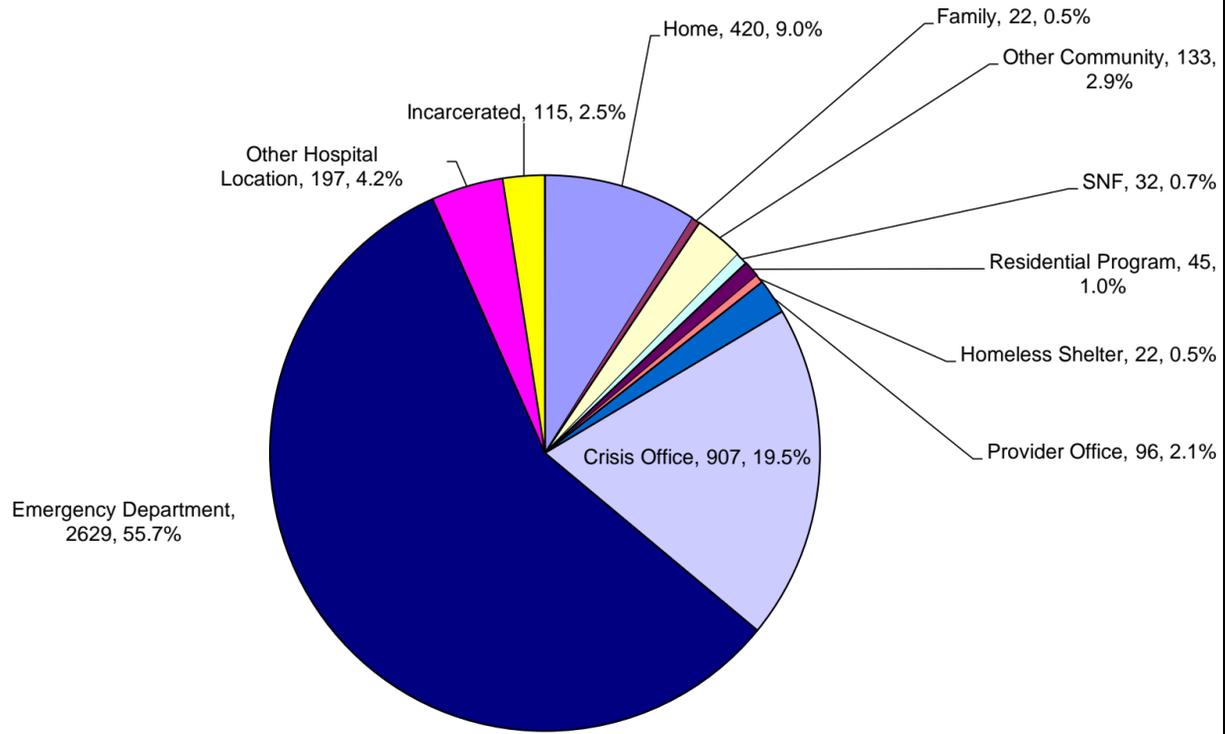
Adult Initial Face to Face Contacts in Which the Client has a CI Worker & The Worker is Notified of the Crisis



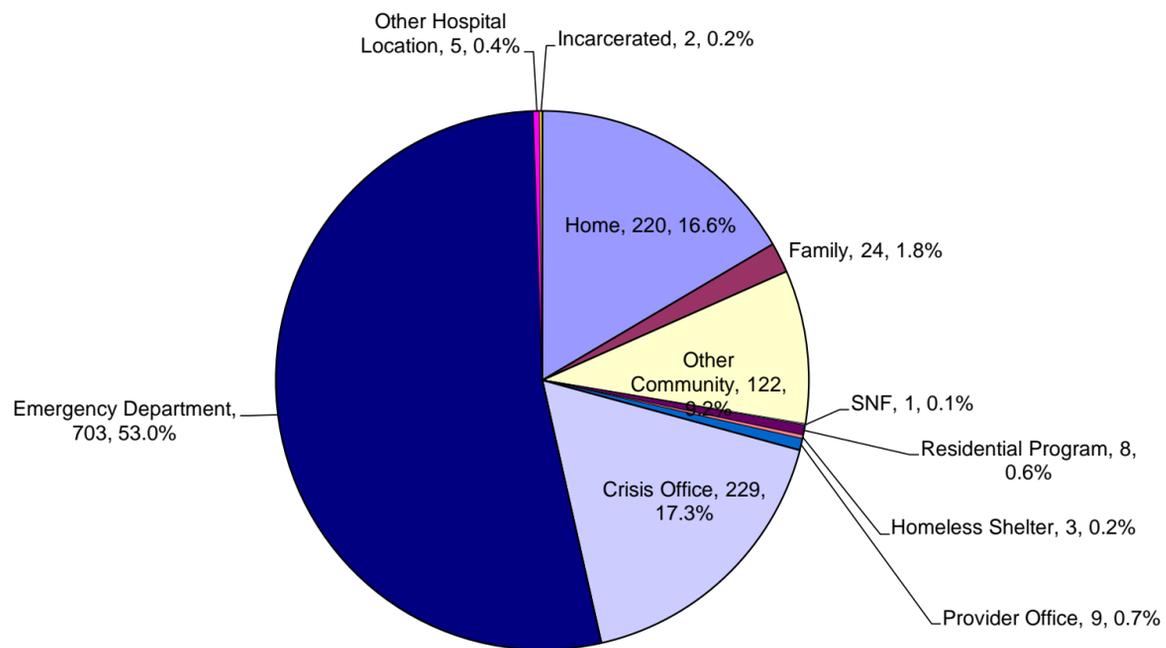
Children Initial Face to Face Contacts in Which the Client has a CI Worker & The Worker is Notified of the Crisis



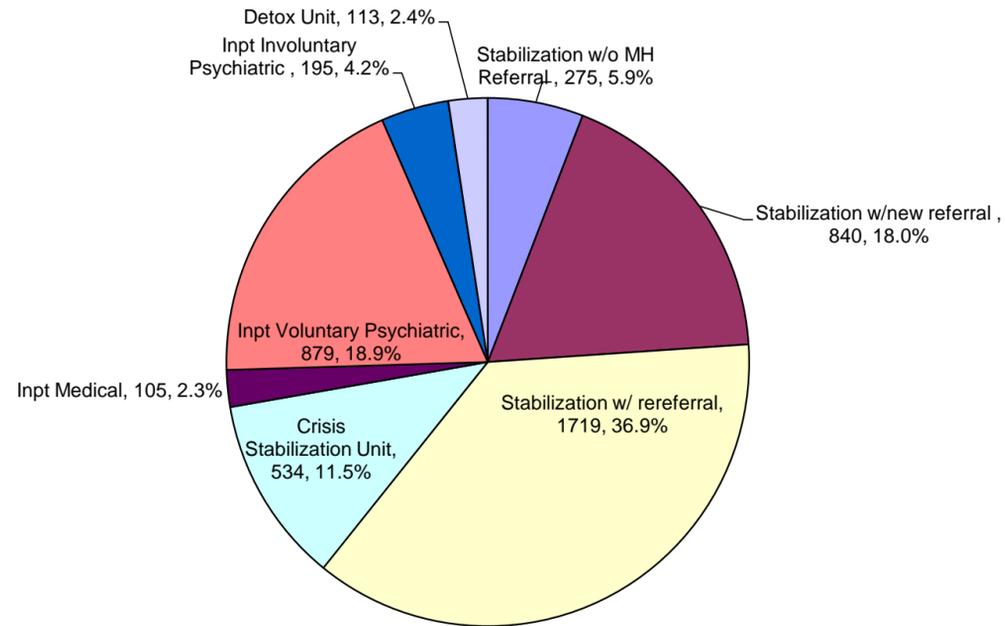
Adult Site of Initial Face To Face Contact



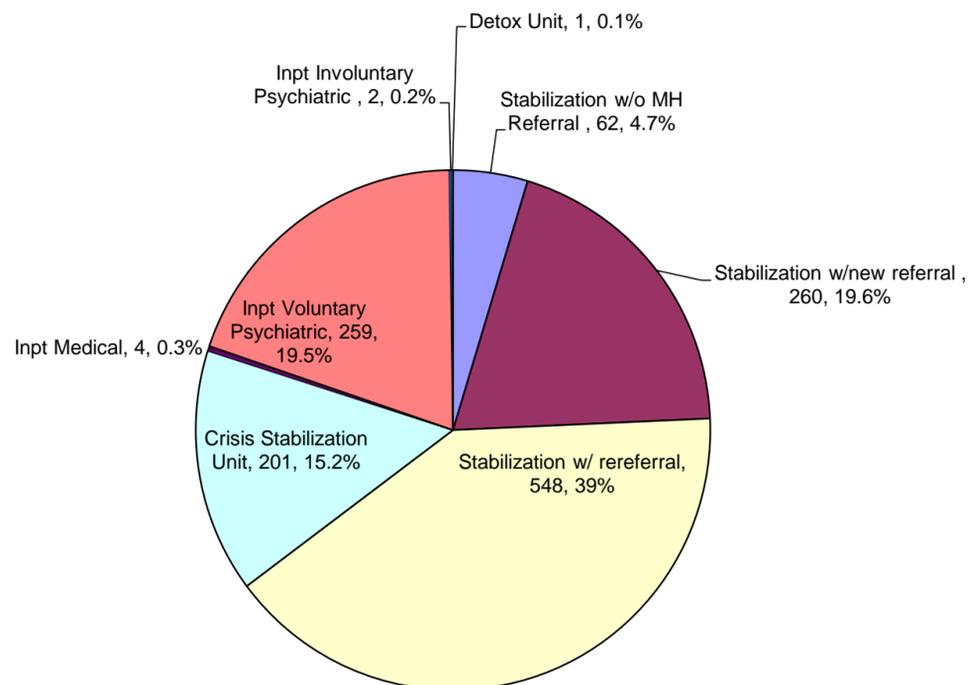
Children Site of Initial Face To Face Contact



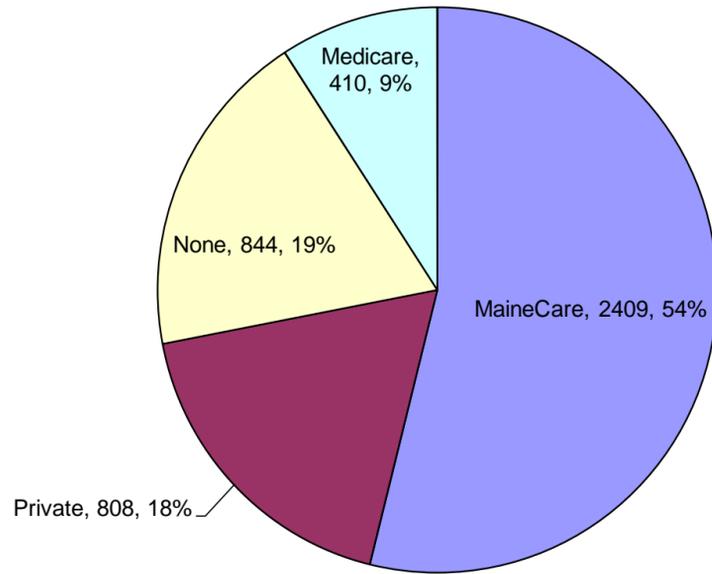
Adult Initial Crisis Resolution



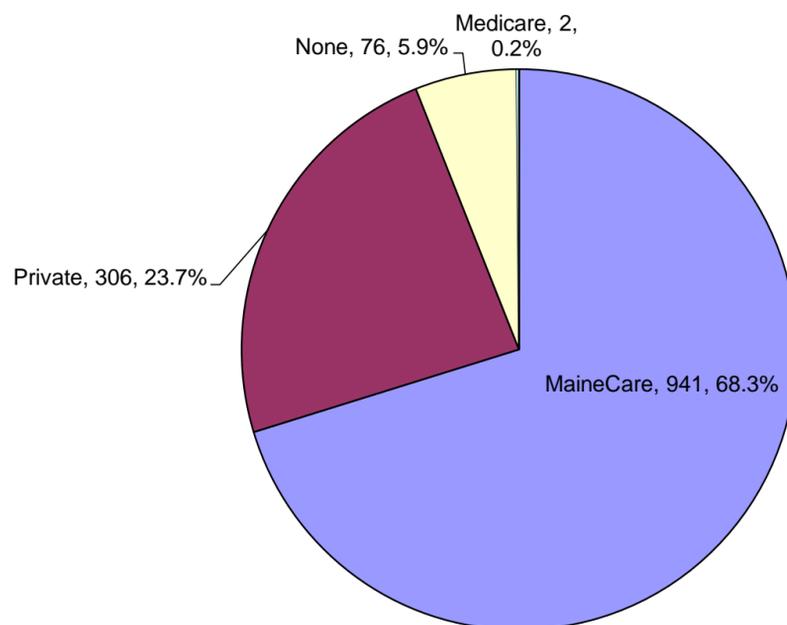
Children Initial Crisis Resolution



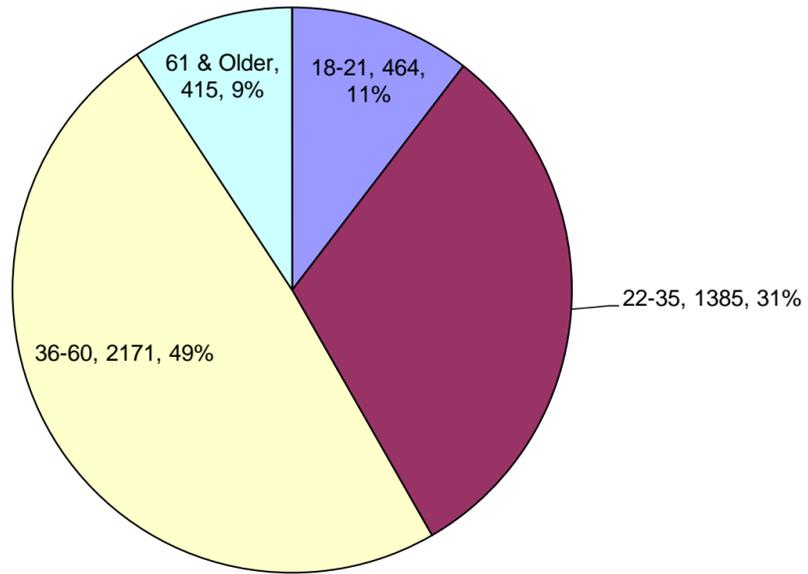
Percentage of Adults Served By Payment Source



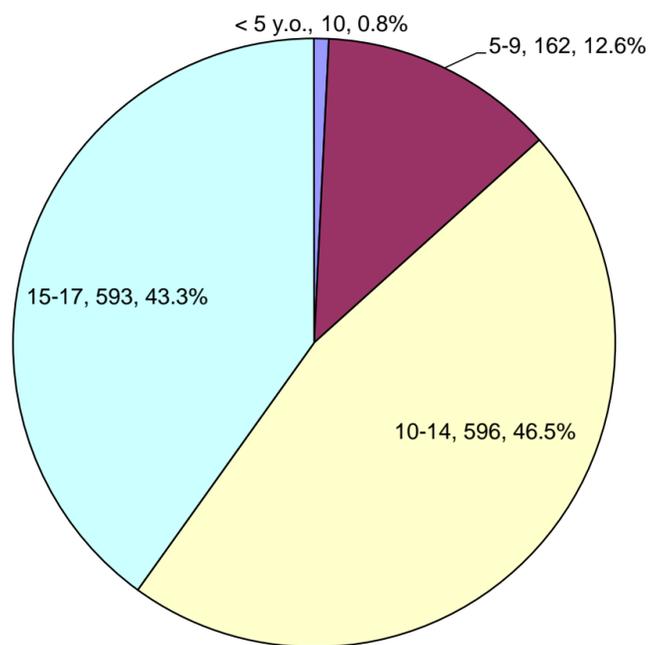
Percentage of Children Served By Payment Source



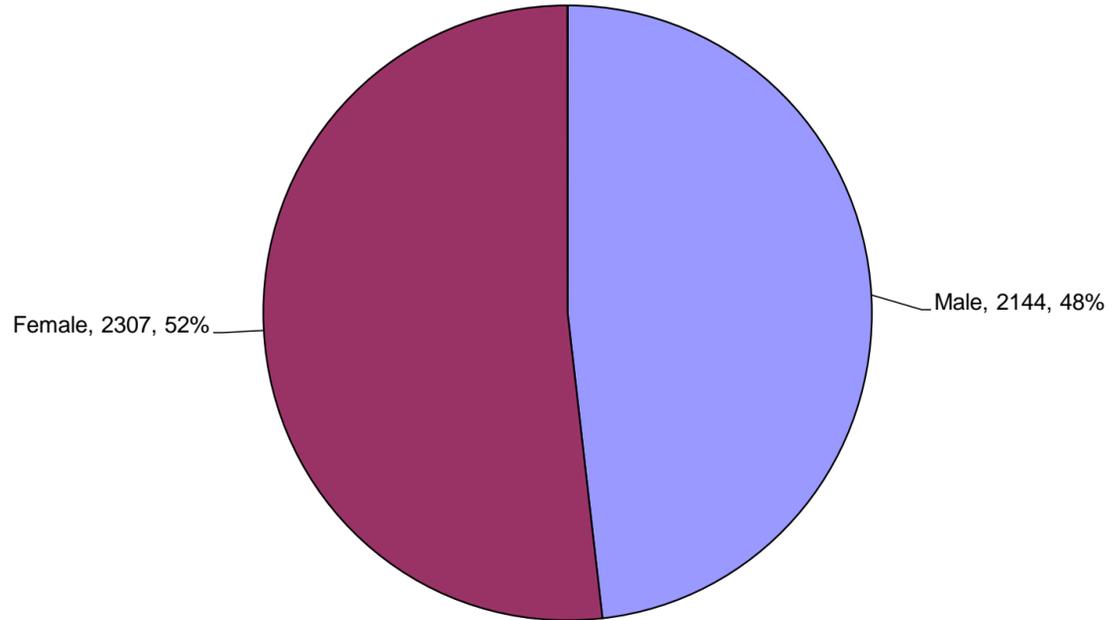
Percentage of Adults Served By Age Cohort



Percentage of Children Served By Age Cohort



Percentage of Adults Served By Gender



Percentage of Children Served By Gender

