

Consent Decree Performance and Quality Improvement Standards: August 2014

The attached compliance and performance standards are primarily for use in monitoring, evaluation and quality assurance of the areas covered by the Consent Decree pertaining to the community mental health system. The standards are intended to offer the parties and the court master a means of measuring system function and improvement over time and the Department's work towards compliance. If the percentage is within .5% of standard, the standard is considered met.

Starting fiscal year 2012, quarter 3, standard 5.1, 5.2, 5.3 and 5.4 will now be calculated by APS Healthcare.

All standards utilizing RDS/enrollment data, inclusive of unmet need data, are reported one quarter behind (for example, reporting 3rd quarter data in the 4th quarter).

Reporting includes, where pertinent, discussion of the data and recommendations.

Definitions:

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

Calendar and Fiscal Year Definitions:

CY: Calendar Year - January 1 - December 31.

FY: Fiscal Year - State Fiscal Year July 1 - June 30.

DHHS Office of Substance Abuse and Mental Health Services
Compliance and Performance Standards: Summary Sheet
April - June 2014

Standard 1. Rights Dignity and Respect

Average of positive responses in the Adult Mental Health and Well Being Survey Quality and Appropriateness domain

Standard 2. Rights Dignity and Respect

Response to Level II Grievances within 5 days

Standard 3. Rights Dignity and Respect

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

Standard 4. Rights Dignity and Respect

1. Deleted: Amendment request to delete approved 01/19/2011
- 1a. Deleted: Amendment request to delete approved 01/19/2011
- 1b. Deleted: Amendment request to delete approved 01/19/2011
2. Consumers given information about their rights

Standard 5. Timeliness of ISP and CI/CSS Assignment

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

Standard 7. CI/CSS/ Individualized Support Planning

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

Standard 8. CI/CSS Individualized Support Planning

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

Standard 9. ISP Service Agreements

ISPs that require Service Agreements that have current Service Agreements

DHHS Office of Substance Abuse and Mental Health Services
Compliance and Performance Standards: Summary Sheet
April - June 2014

Standard 10. Case Load Ratios

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

Standard 11. CI/CSS Individualized Support Planning

Paragraph 74. Needs of Class Members not in Service

Standard 12. Housing & Residential Support Services

1. Class Members with ISPs, with unmet Residential Support Needs
2. Lack of Residential Support impedes Riverview discharge within 7 days of determination of readiness for discharge.
3. Lack of Residential Support impedes discharge within 30 days of determination.
4. Lack of Residential Support impedes discharge within 45 days of determination.

Standard 13. Housing & Residential Support Services

1. Average of positive responses in the Adult Mental Health and Well Being Survey Perception of Outcomes domain
2. Deleted: Amendment request to delete approved 01/19/2011

Standard 14. Housing & Residential Support Services

1. Class members with unmet housing resource needs.
2. Respondents who were homeless over 12 month period.
3. Deleted: Amendment request to delete approved 01/19/2011
4. Lack of housing impedes Riverview discharge within 7 days of determination of readiness for discharge
5. Lack of housing impedes Riverview discharge within 30 days of determination
6. Lack of housing impedes Riverview discharge within 45 days of determination

Standard 15. Housing & Residential Services

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

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

Inpatient admissions reasonably near community residence.

**Compliance and Performance Standards: Summary Sheet
April - June 2014**

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

1. Admission to community inpatient units with blue paper on file.
2. Blue paper was completed and in accordance with terms.
- 2a. Corrective action by UR Nurse when Blue paper not complete
3. Admissions in which 24 hour certification completed.
- 3a. Corrective action by UR Nurse when 24 hour certification not complete
4. Admission in which patients' rights were maintained
- 4a. Corrective action by UR Nurse when rights not maintained
5. Admissions for which medical necessity has been established.

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

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

Standard 19. Crisis intervention Services

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

Standard 20. Crisis Intervention Services

1. Deleted: Amendment request to delete approved 01/19/2011
2. Deleted: Amendment request to delete approved 01/19/2011

Standard 21. Treatment Services

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

Standard 22. Treatment Services

1. Average of positive responses in the Adult Mental Health and Well Being Survey Perception of Access domain
2. Average of positive responses in the Adult Mental Health and Well Being survey General Satisfaction domain

Standard 23. Family Support Services

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

DHHS Office of Substance Abuse and Mental Health Services
Compliance and Performance Standards: Summary Sheet
April - June 2014

Standard 24. Family Support Services

1. Counseling group participants reporting satisfaction with services
2. Program participants reporting satisfaction with education programs
3. Deleted: Family participants reporting satisfaction with respite services in the community - NAMI closed its respite programs as of January 2010

Standard 25. Family Support Services

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

Standard 26. Vocational Employment Services

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

Standard 27. Vocational Employment Services

1. Deleted: Amendment request to delete approved 01/19/2011
2. Deleted: Amendment request to delete approved 01/19/2011

Standard 28. Transportation

Class Members with ISPs - Unmet transportation needs.

Standard 29. Transportation

1. Deleted: Amendment request to delete approved 01/19/2011
2. Deleted: Amendment request to delete approved 01/19/2011

Standard 30. Rec/Soc/Avocational/Spiritual Opportunities

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

Standard 31. Rec/Soc/Avoc/Spiritual

1. ISP identified class member unmet needs in recreational/social/avocational/spiritual areas
Social Connectedness domain
3. Deleted: Amendment request to delete approved 01/19/2011

Standard 32. Individual Outcomes

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

Compliance and Performance Standards: Summary Sheet
April - June 2014

Standard 33. Recovery

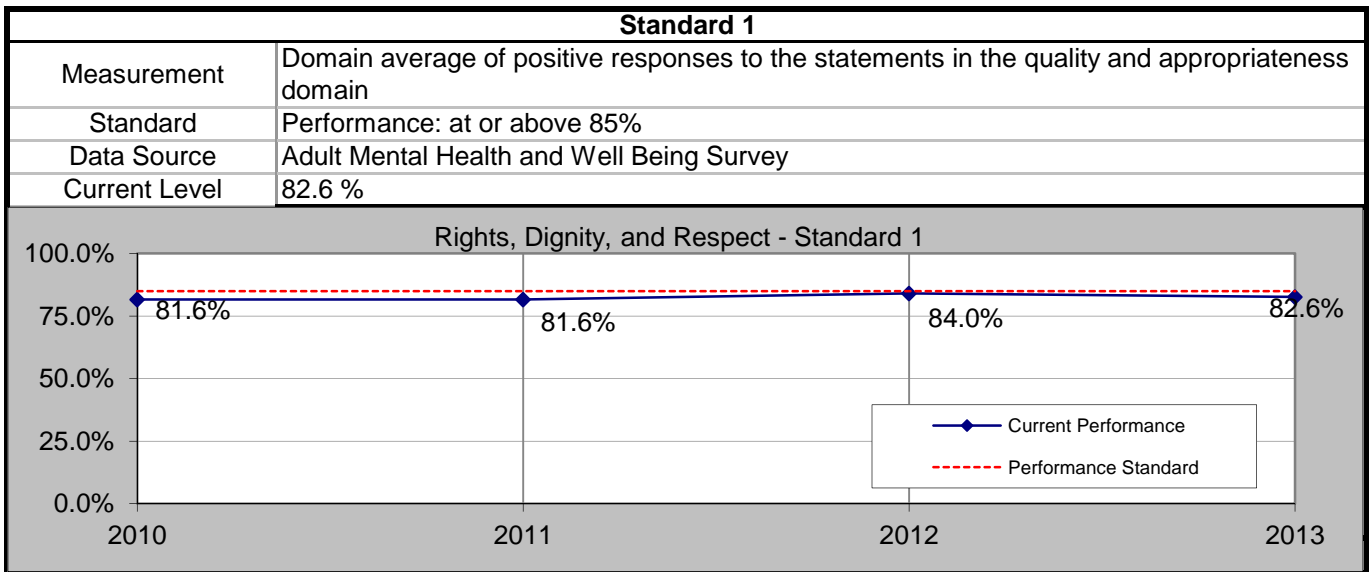
1. Consumers reporting staff helped them to take charge of managing illness.
2. Consumers reporting staff believed they could grow, change, recover
3. Consumers reporting staff supported their recovery efforts
4. Deleted: Consumers reporting that providers offered learning opportunities: questions eliminated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

Standard 34. Public Education

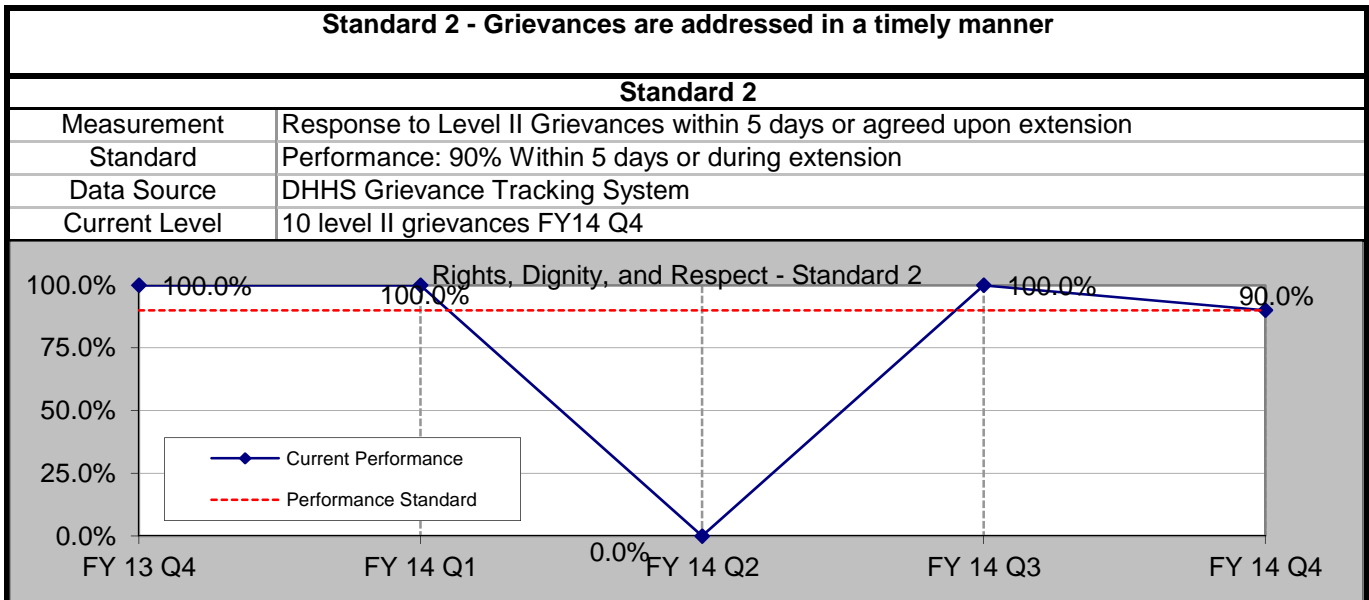
1. # MH workshops, forums and presentations geared to public participation.
2. #, type of information packets, publications, and press releases distributed to public.

Rights, Dignity, and Respect

Standard 1 - Treated with respect for their individuality

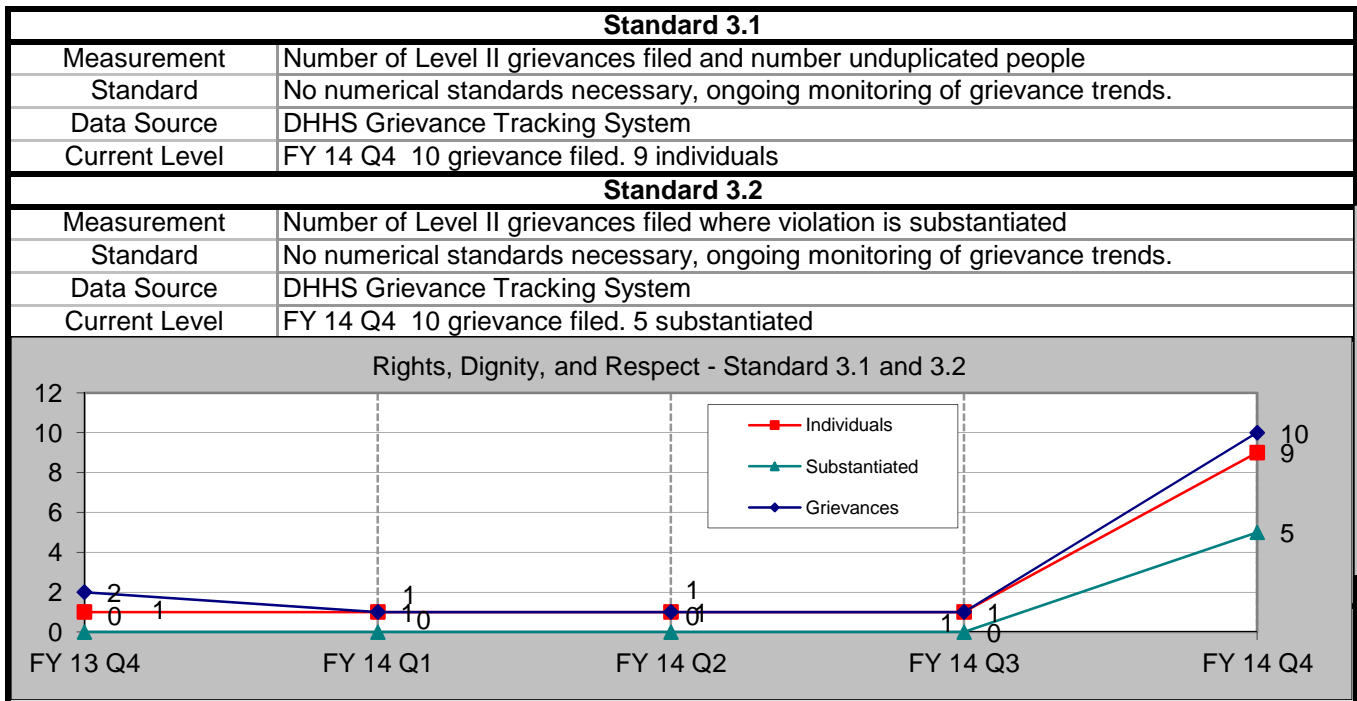


Standard 2 - Grievances are addressed in a timely manner



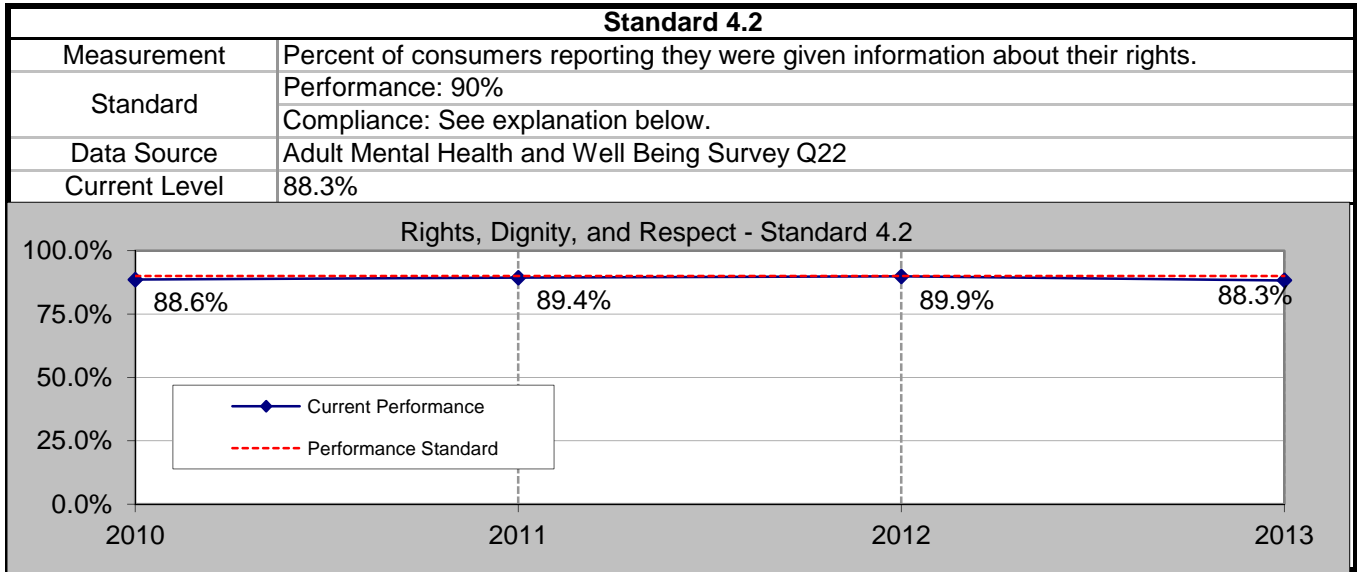
Rights, Dignity, and Respect

Standard 3 - Demonstrate rights are respected and maintained



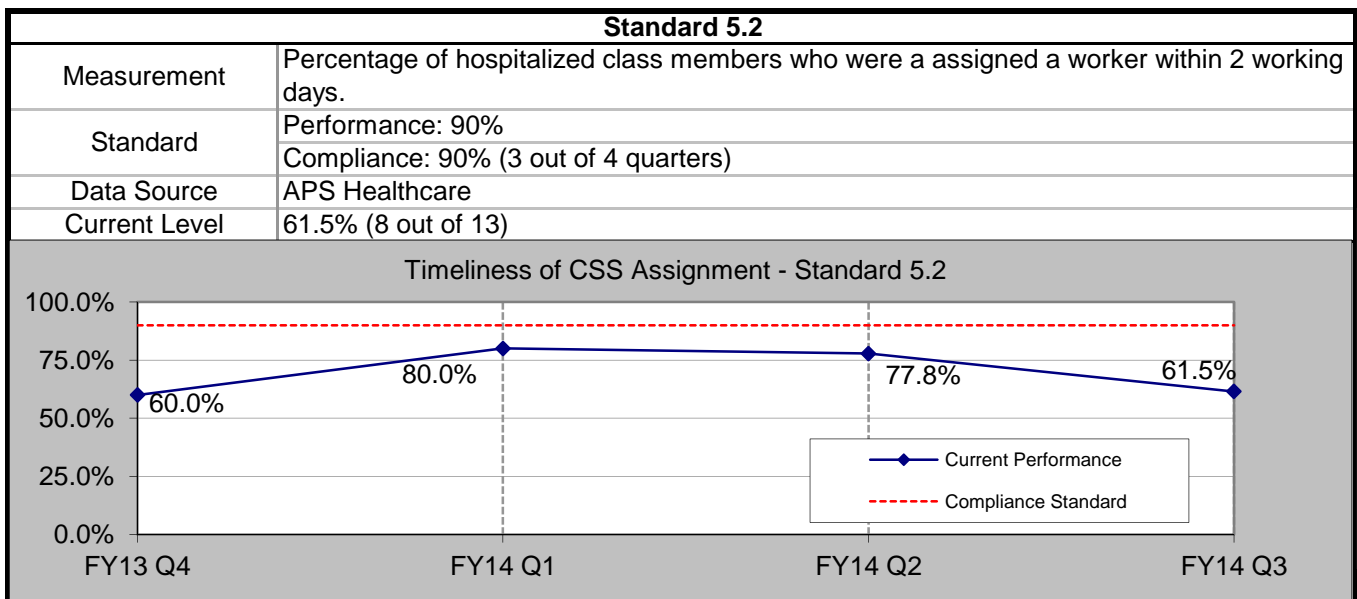
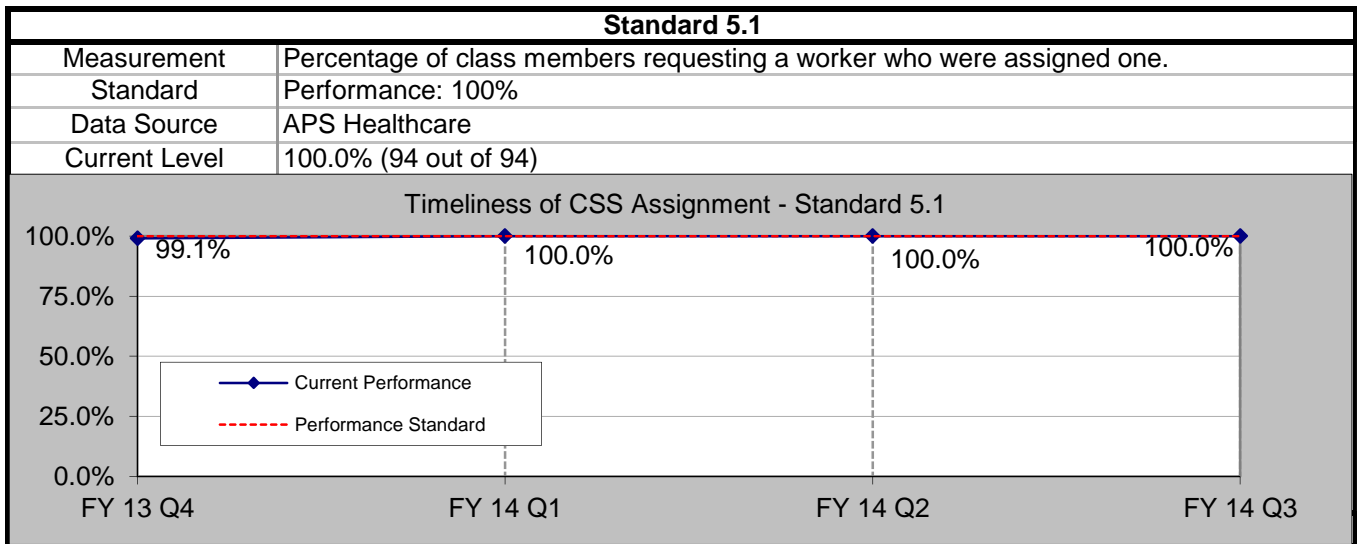
Rights, Dignity, and Respect

Standard 4 - Class Members are informed of their rights

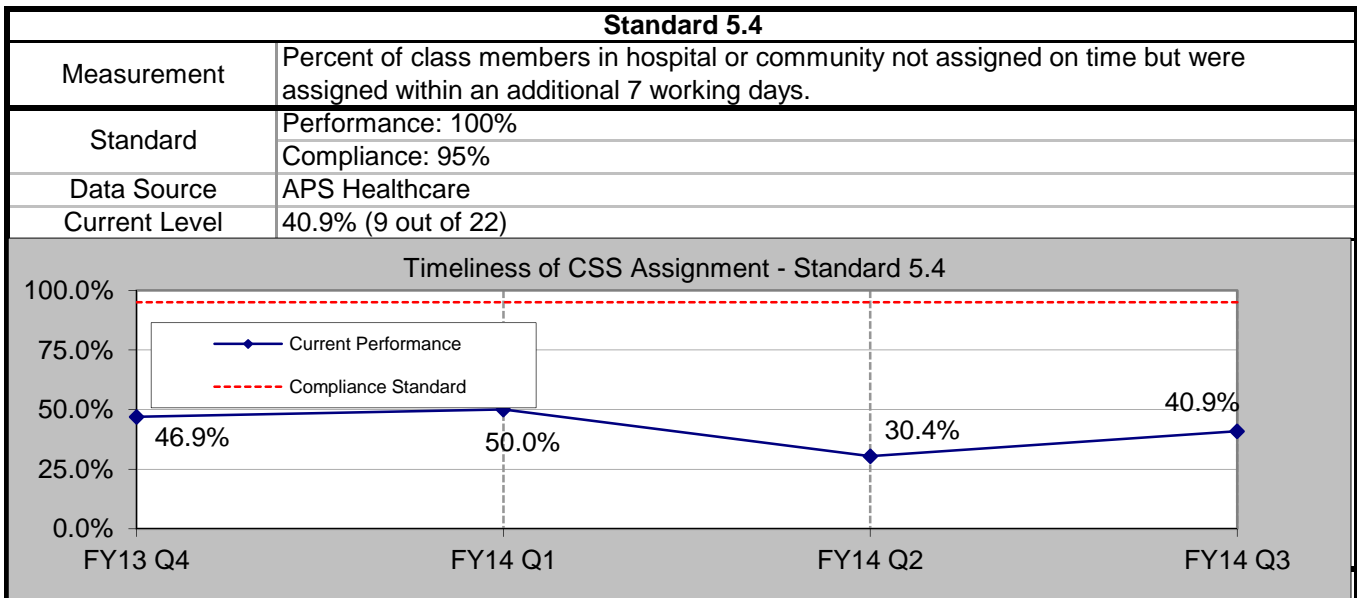
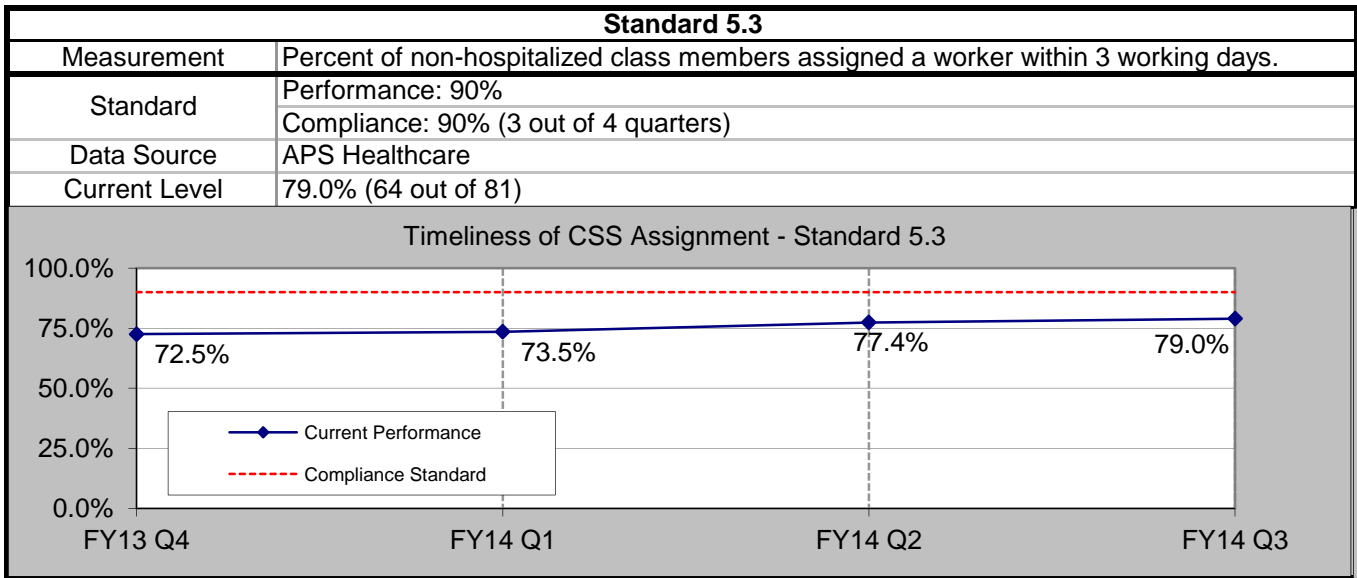


**Community Integration / Community Support Services /
Individualized Support Planning**

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

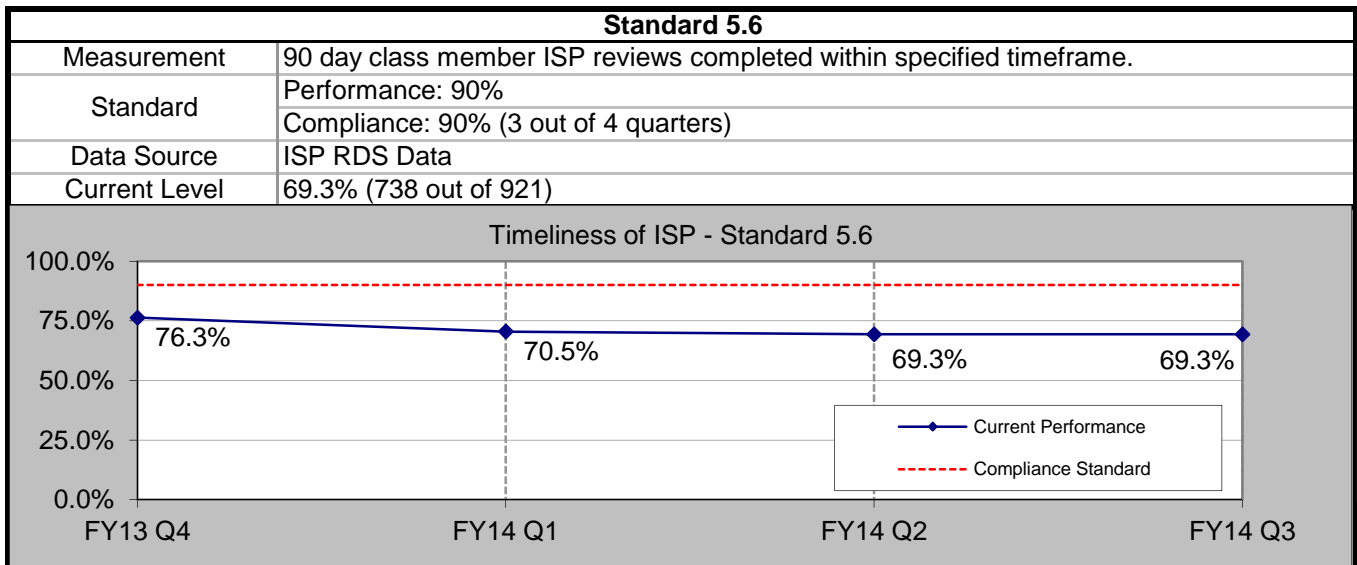
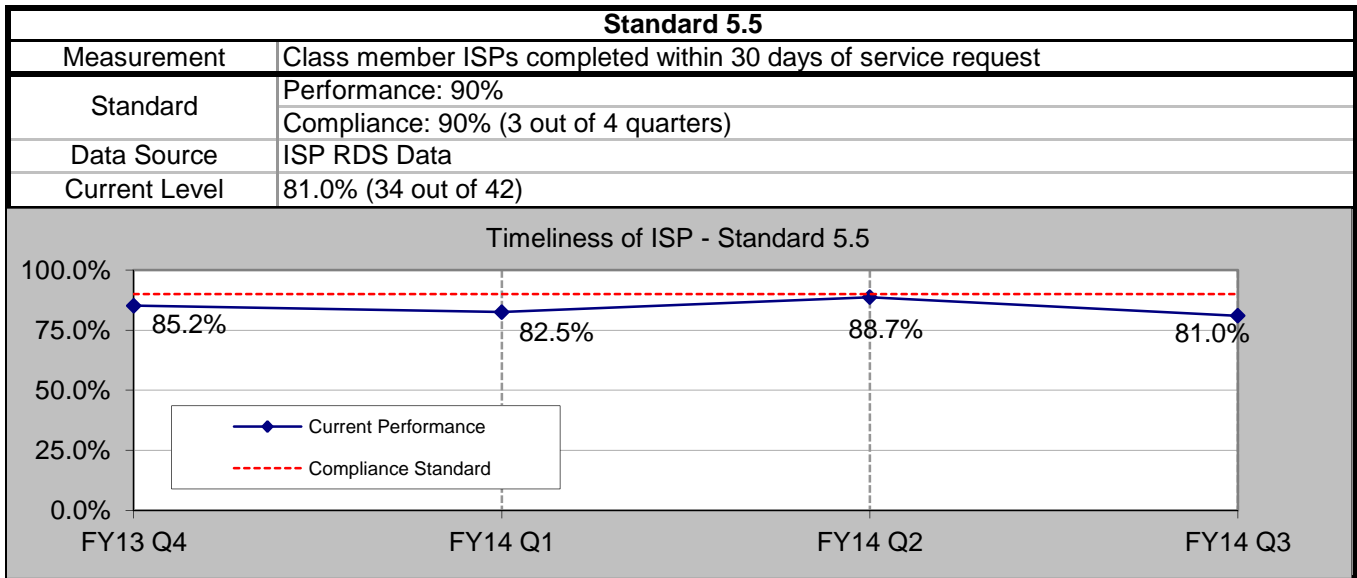


**Community Integration / Community Support Services /
Individualized Support Planning**

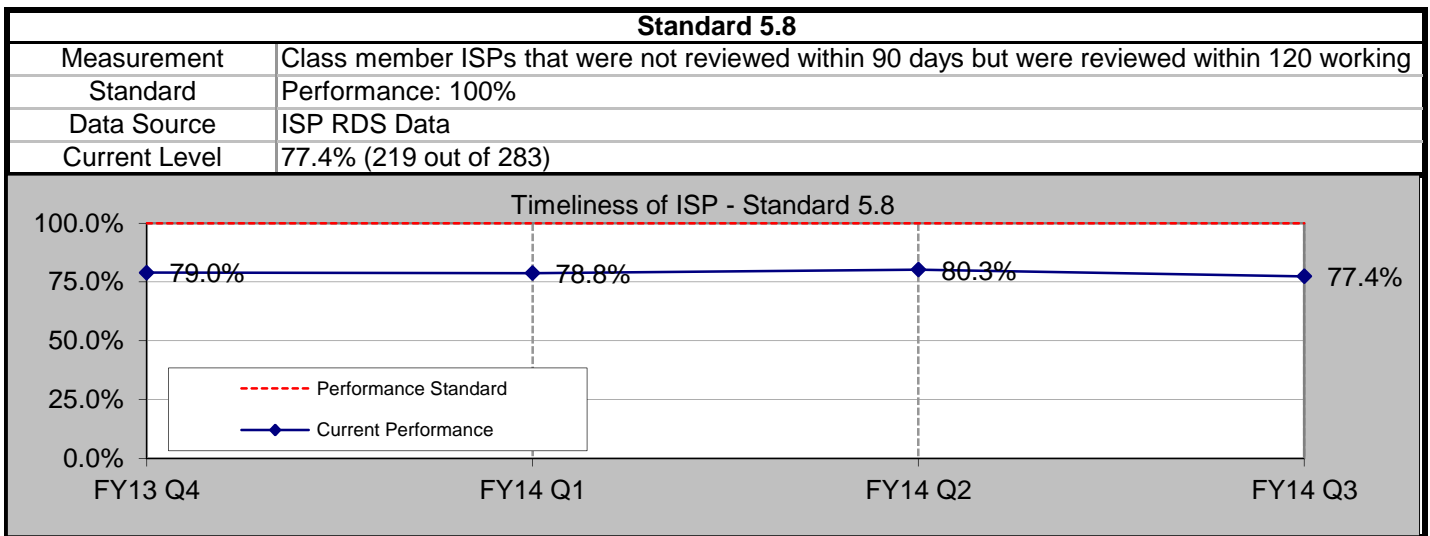
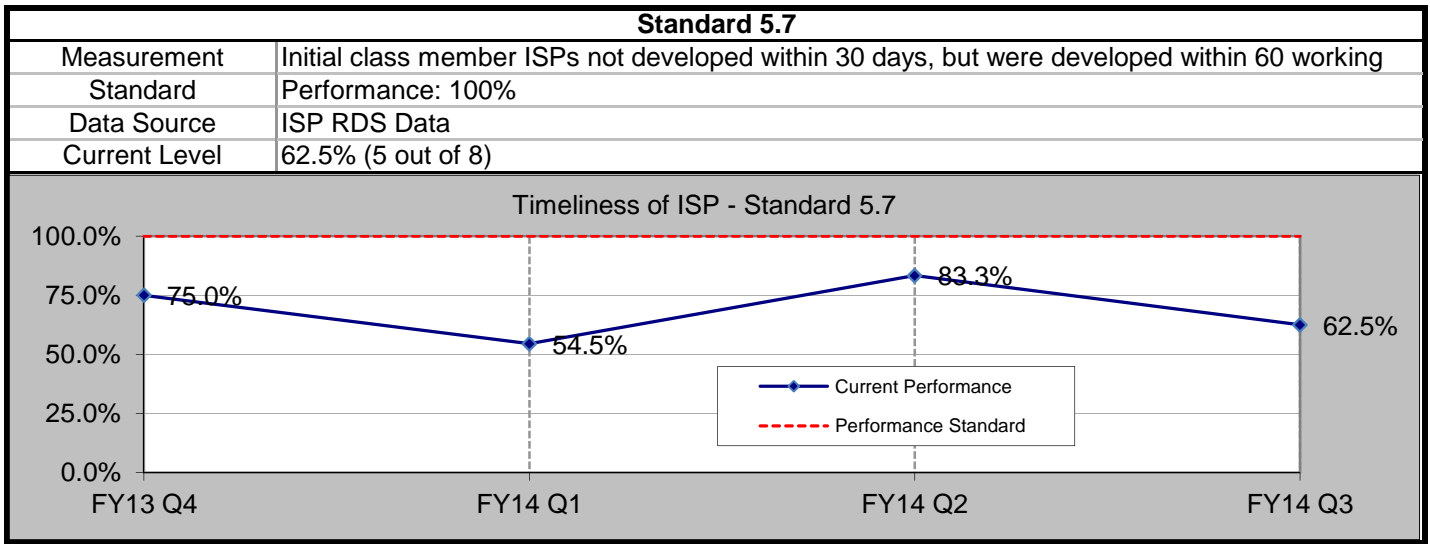


Standards 5.1 -5.4 – Calculations are now based on days from Contact for Service Notification to date of assignment. The first 3 quarters have been re-calculated using this formula.

**Community Integration / Community Support Services /
Individualized Support Planning**



**Community Integration / Community Support Services /
Individualized Support Planning**

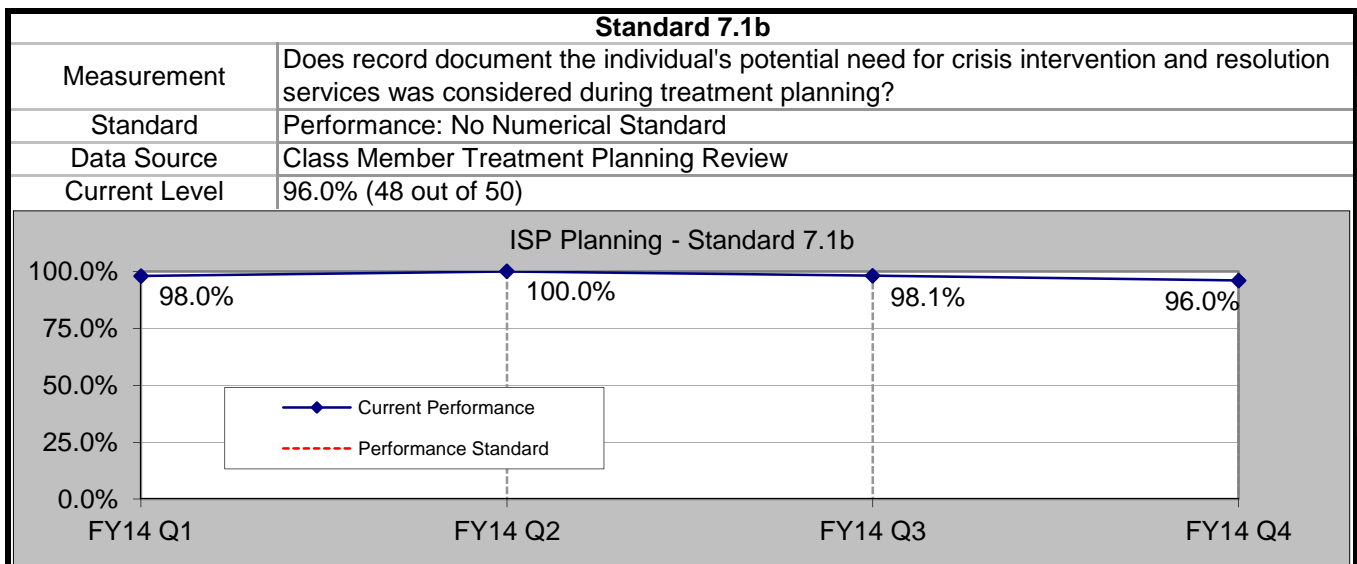
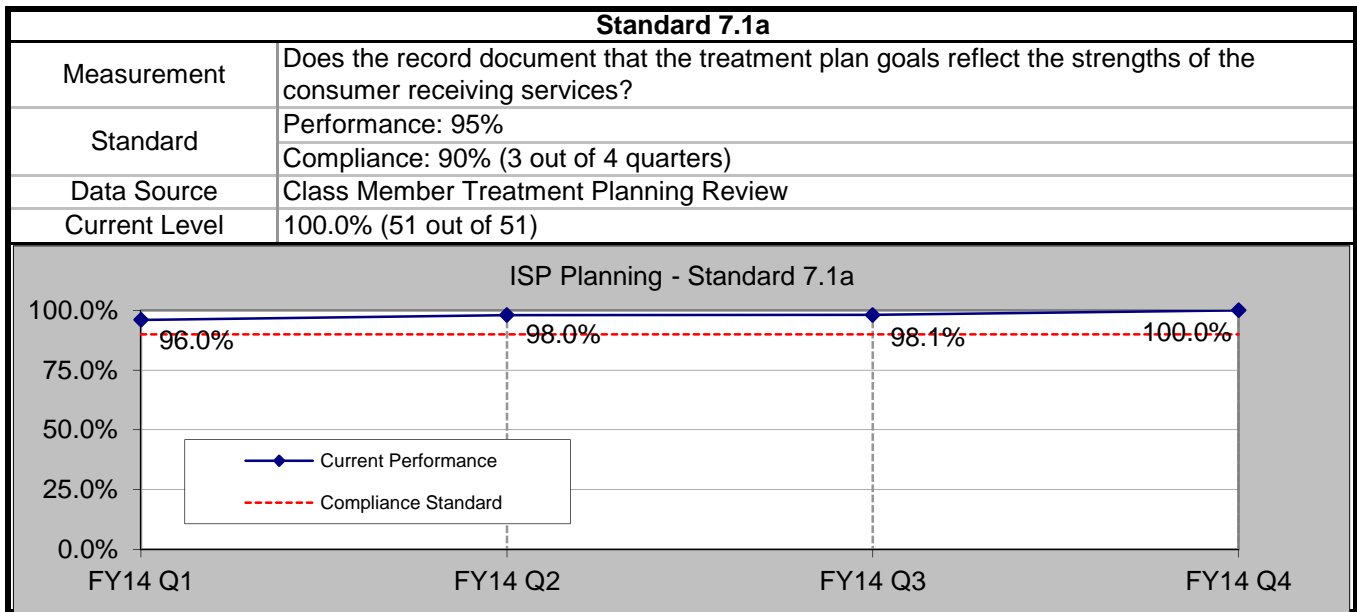


Discussion:

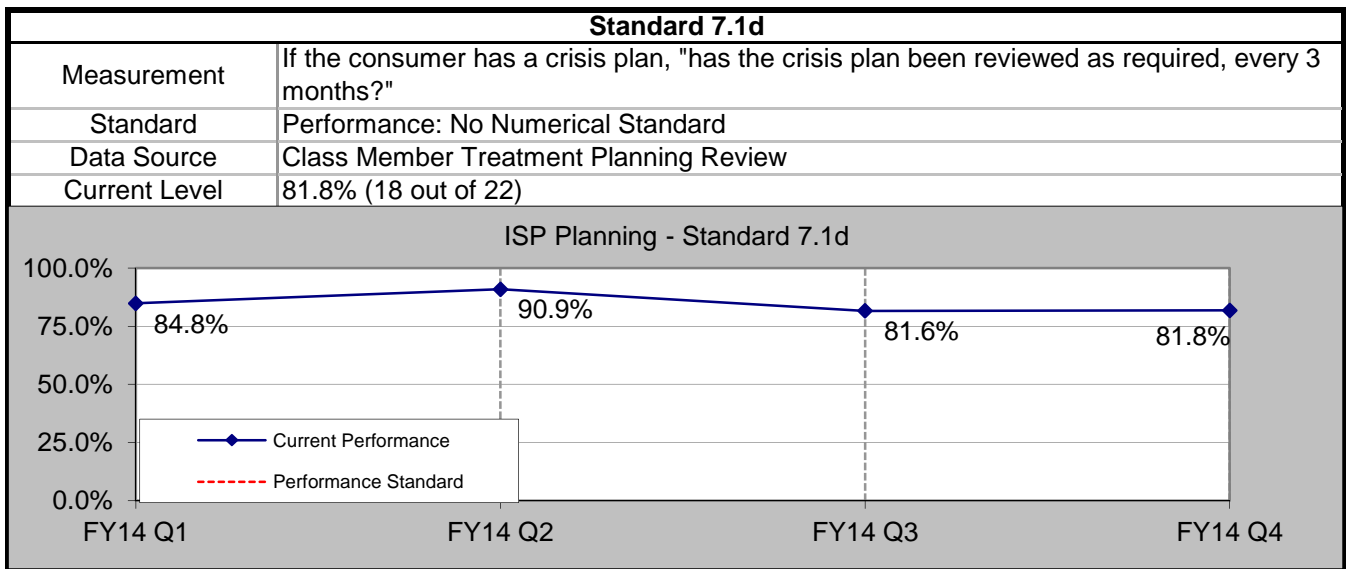
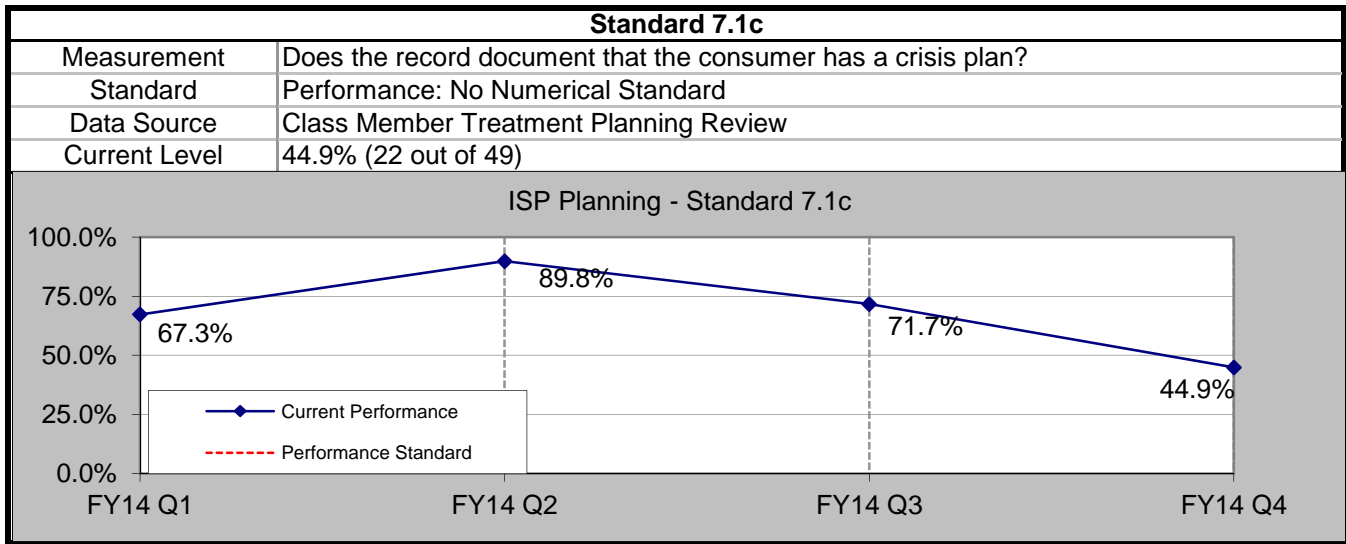
Standards 5.1 - 5.8: Field Quality Managers have completed additional agency trainings around assignment times. Assignment time performance measures are now included in Rider E of agency contracts. Data Quality Management Team will identify outliers for follow up by the treatment team and provider agencies driving these numbers.

Community Integration / Community Support Services / Individualized Support Planning

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

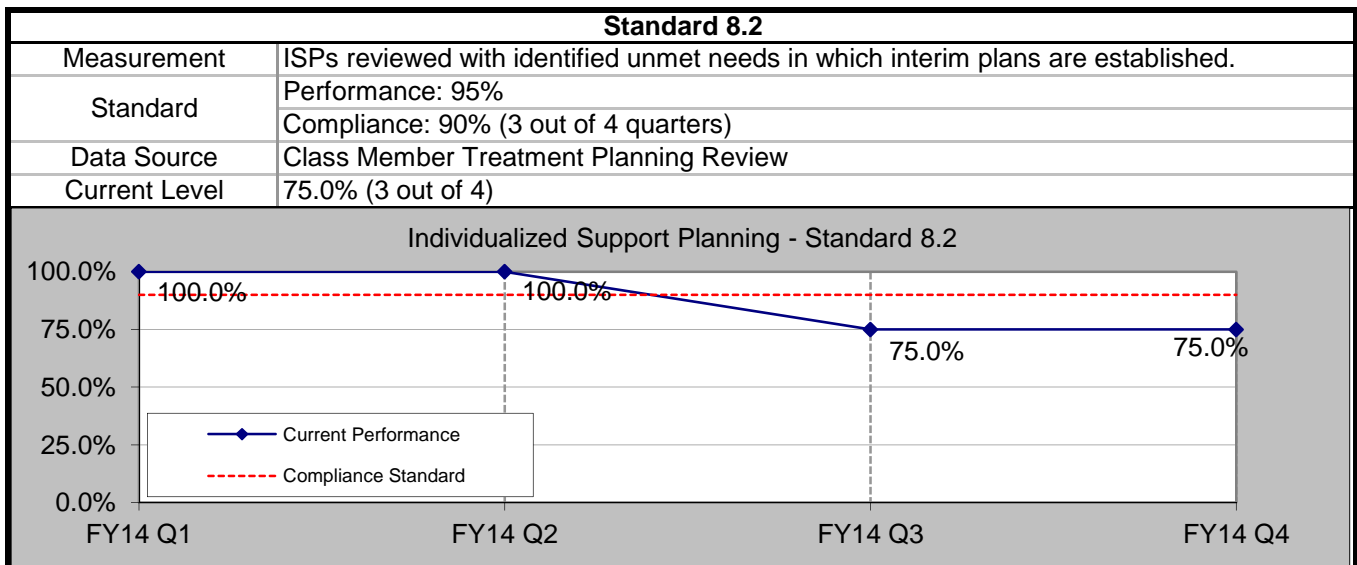
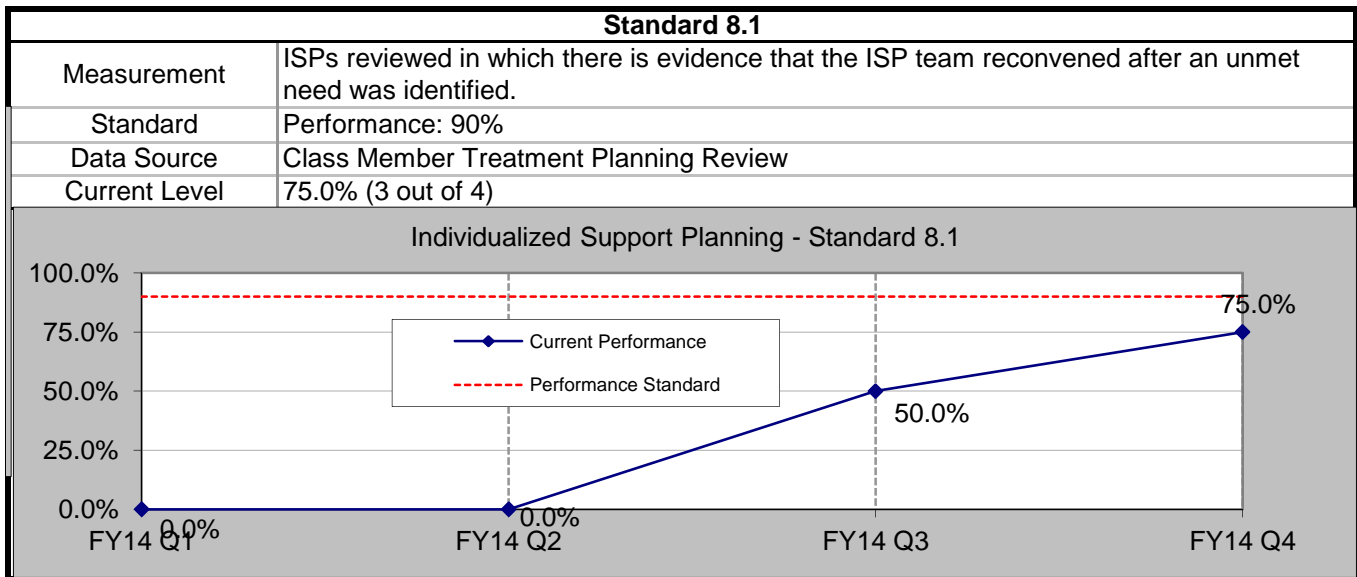


**Community Integration / Community Support Services /
Individualized Support Planning**



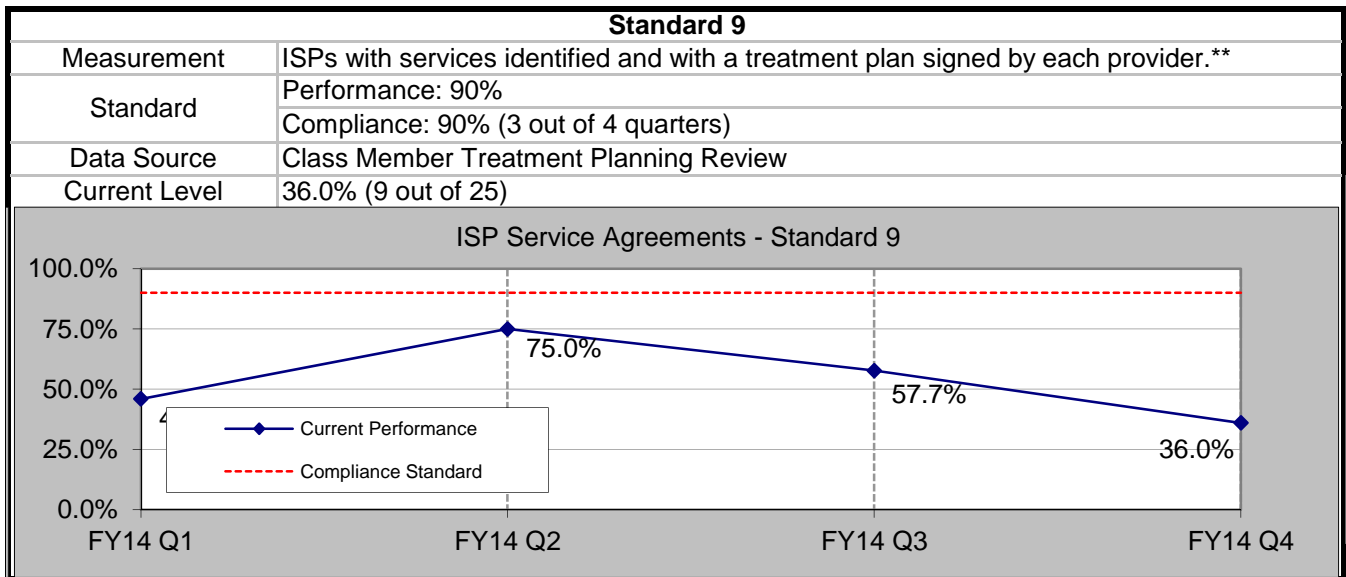
Community Integration / Community Support Services / Individualized Support Planning

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



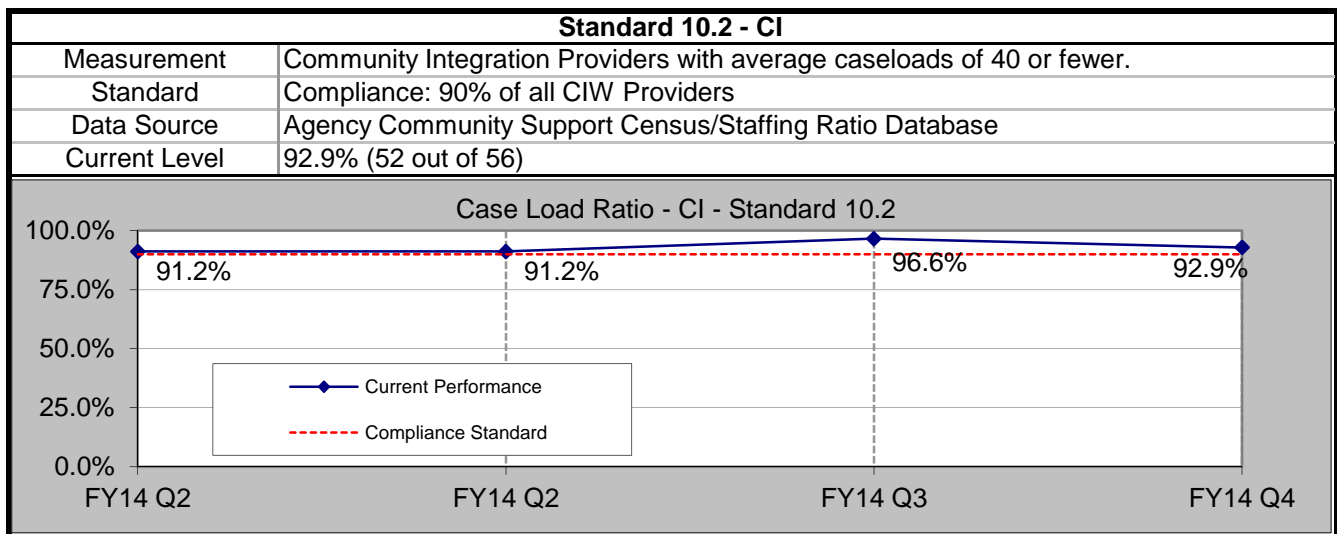
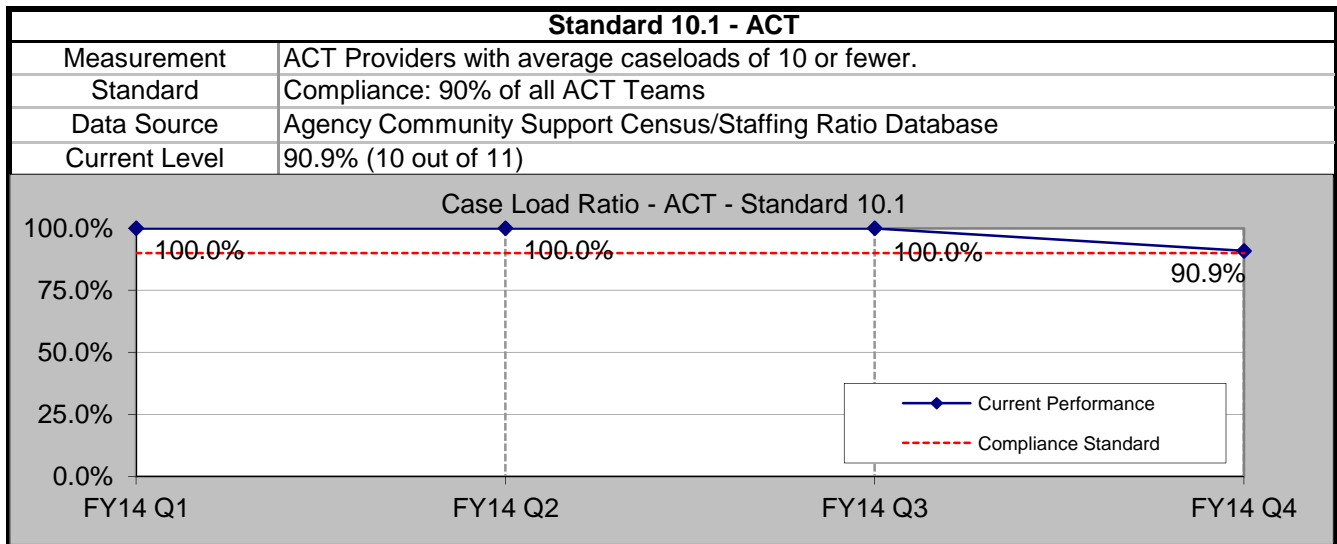
**Community Integration / Community Support Services /
Individualized Support Planning**

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



Community Integration / Community Support Services / Individualized Support Planning

Standard 10 - Case Load Ratio

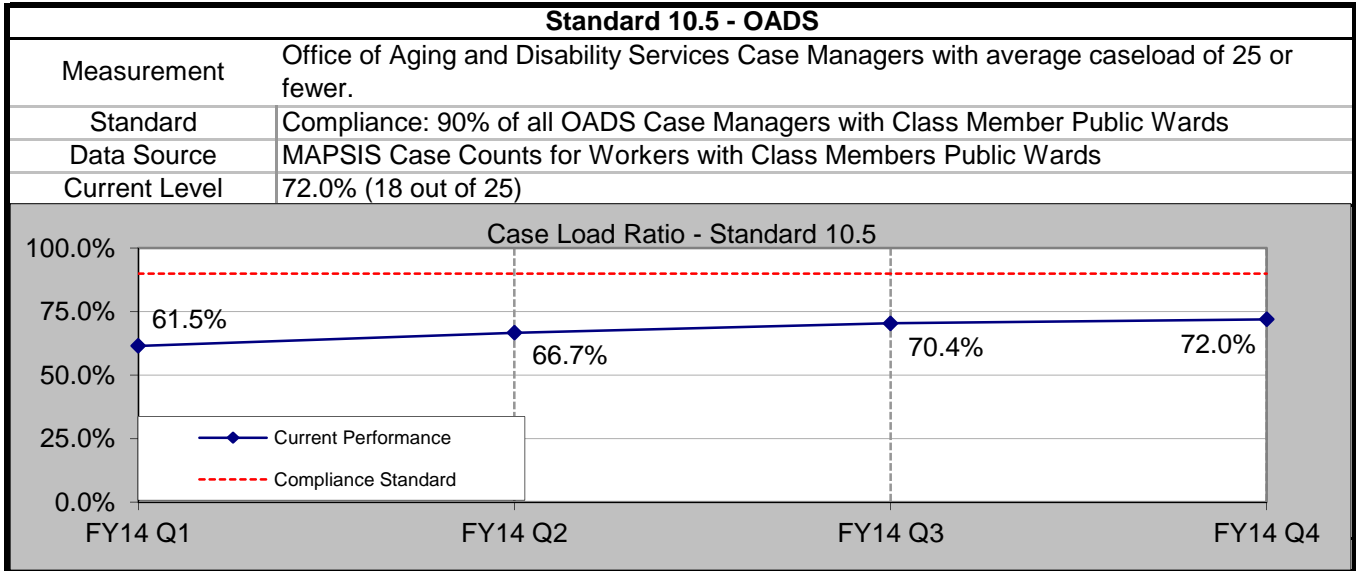


Discussion:

Standard 10.2: The volume of clients is growing by 10% every year and 10 new agencies have begun providing case management services and reporting case load ratio data within the last 6 months. This volume increase in clients and initial reporting for many agencies may cause the percentage to drop slightly. Low performing agencies will be monitored and corrective action taken if case load ratios do not stabilize.

**Community Integration / Community Support Services /
Individualized Support Planning**

Standard 10.4 - ICM	
Measurement	Intensive Case Managers with average caseloads of 16 or fewer.
Standard	Compliance: 90% of all ICM Workers with Class Member caseloads
	ICMs focus on outreach with individuals in forensic facilities. ICMs no longer carry traditional caseloads. In the future, if ICMs carry caseloads, OAMHS will resume reporting caseload ratios.



**Community Integration / Community Support Services /
Individualized Support Planning**

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

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

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

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

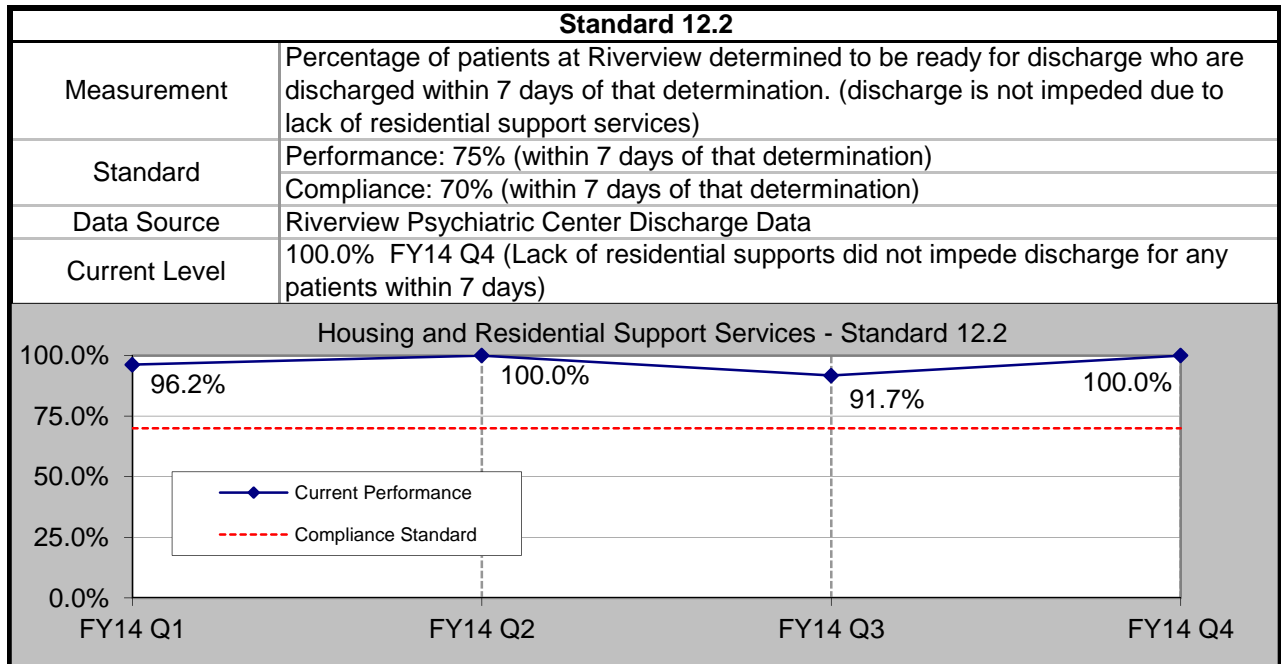
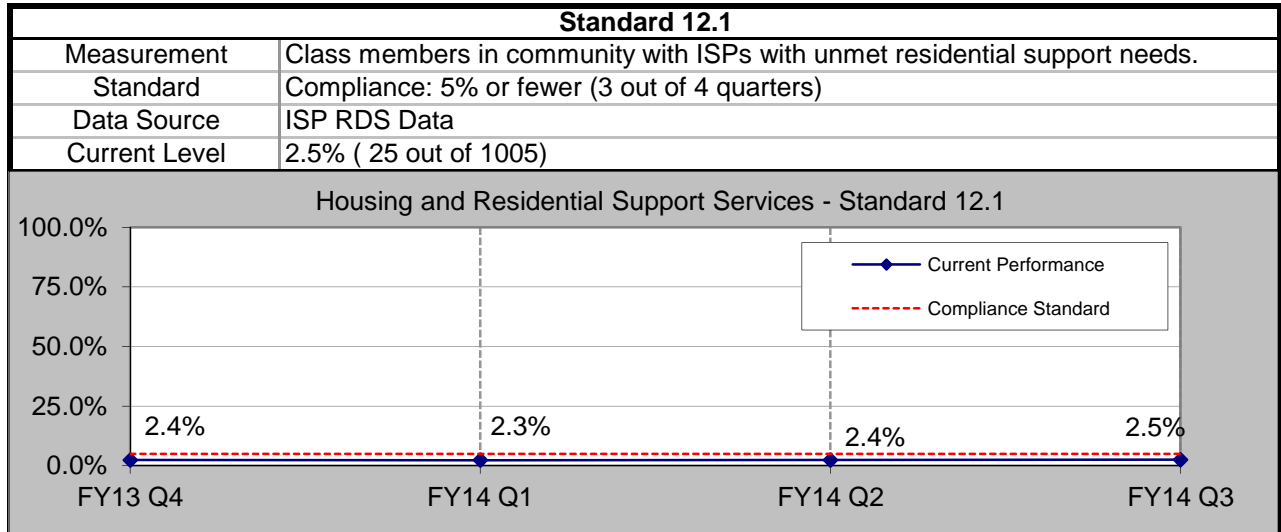
Number of contacts with resource needs Jan 1 - Mar 31, 2014				
	Region 1	Region 2	Region 3	Total
Unique Individuals:	8	5	11	24
Unmet Needs:	0	4	11	15

Unmet Needs by Domain Jan 1 - Mar 31, 2014	
ISP Domain Areas	State
Mental Health Services	0
MH Crisis Planning Resources	0
Peer, Recovery & Support Resources	0
Substance Abuse Services	0
Housing Resources	15
Health Care Resources	0
Legal Resources	0
Financial Security Resources	0
Education Resources	0
Vocation Employment Resources	0
Living Skills Resources	0
Transportation Resources	0
Personal Growth/Community Participation Resources	0
Total	0

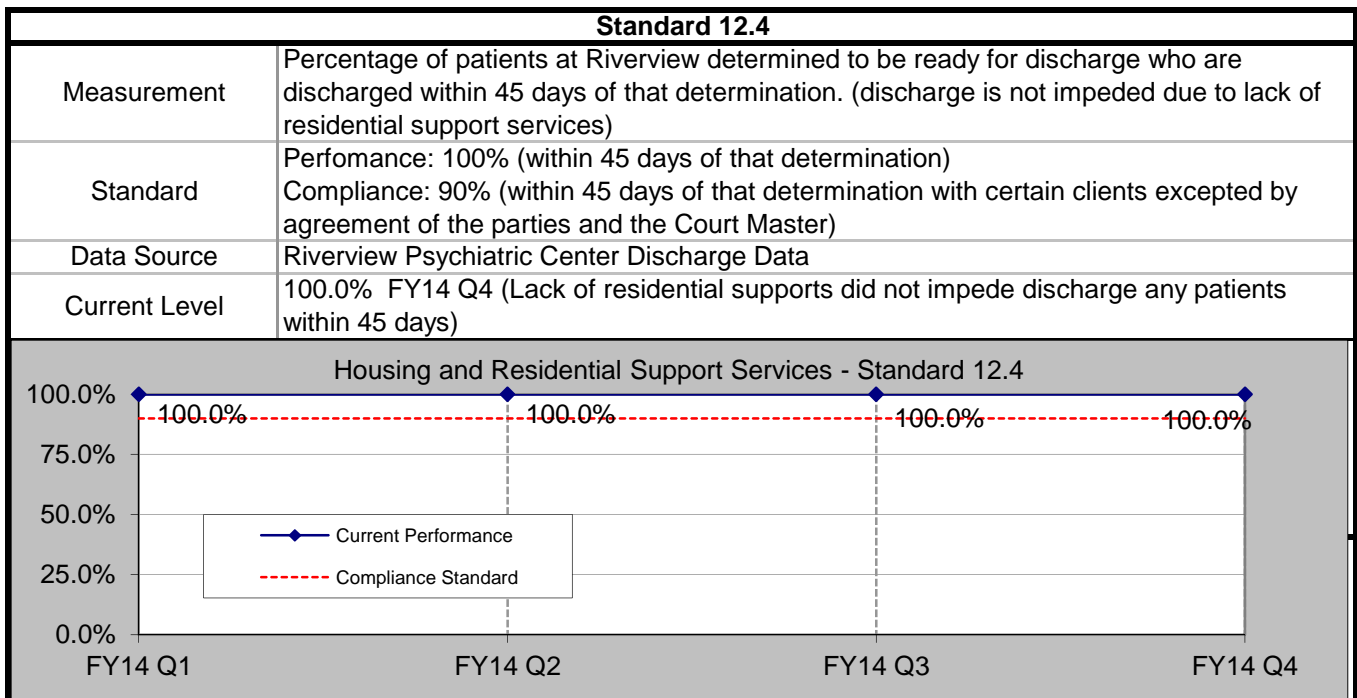
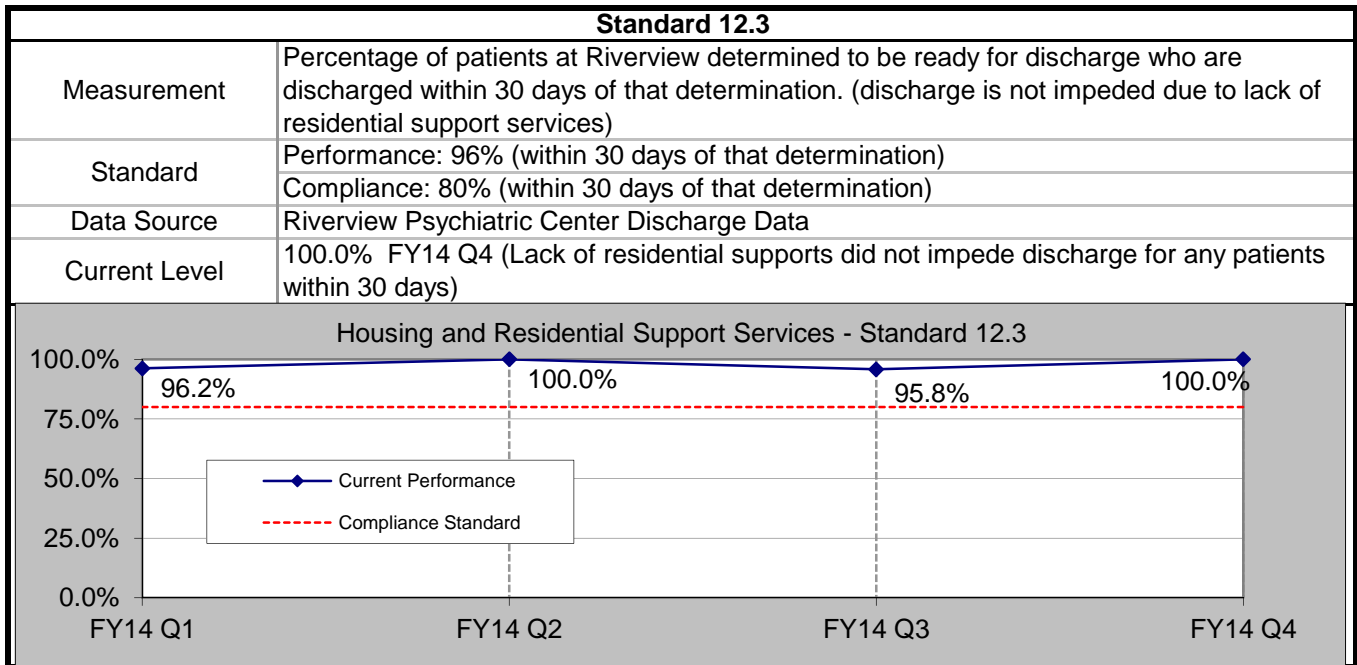
Unmet needs have increased due to a more complete collection of the data.

**Community Resources and Treatment Services
Housing and Residential**

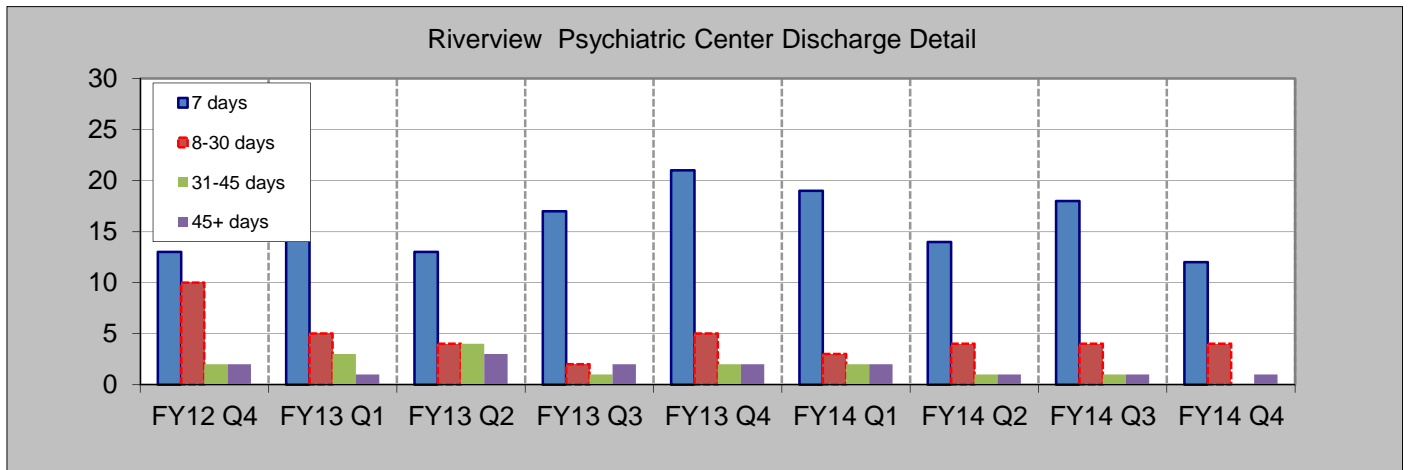
Standard 12 - Residential Support services adequate to meet ISP needs of those ready for discharge



**Community Resources and Treatment Services
Housing and Residential**



Community Resources and Treatment Services Housing and Residential



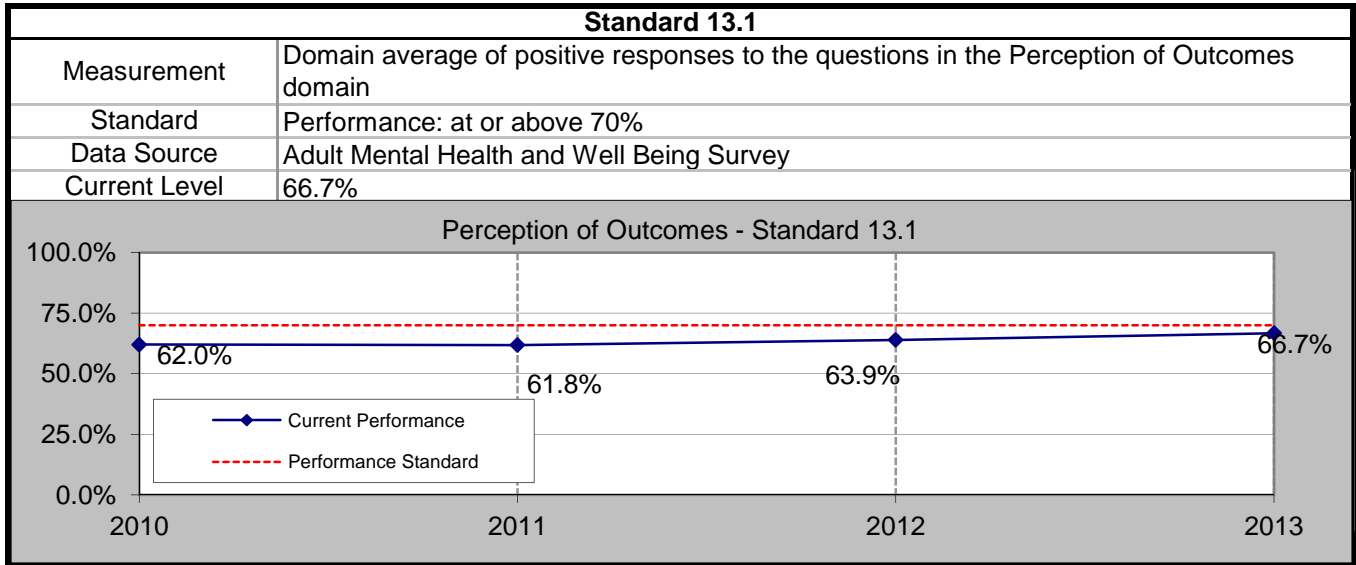
Riverview Psychiatric Center Discharge Detail to amplify data presented in Standards 12.2, 12.3, 12.4:

17 Civil Patients discharged in quarter

- 12 discharged at 7 days (70.6%)
- 4 discharged 8-30 days (23.5%)
- 1 discharged post 45 days (5.9%)

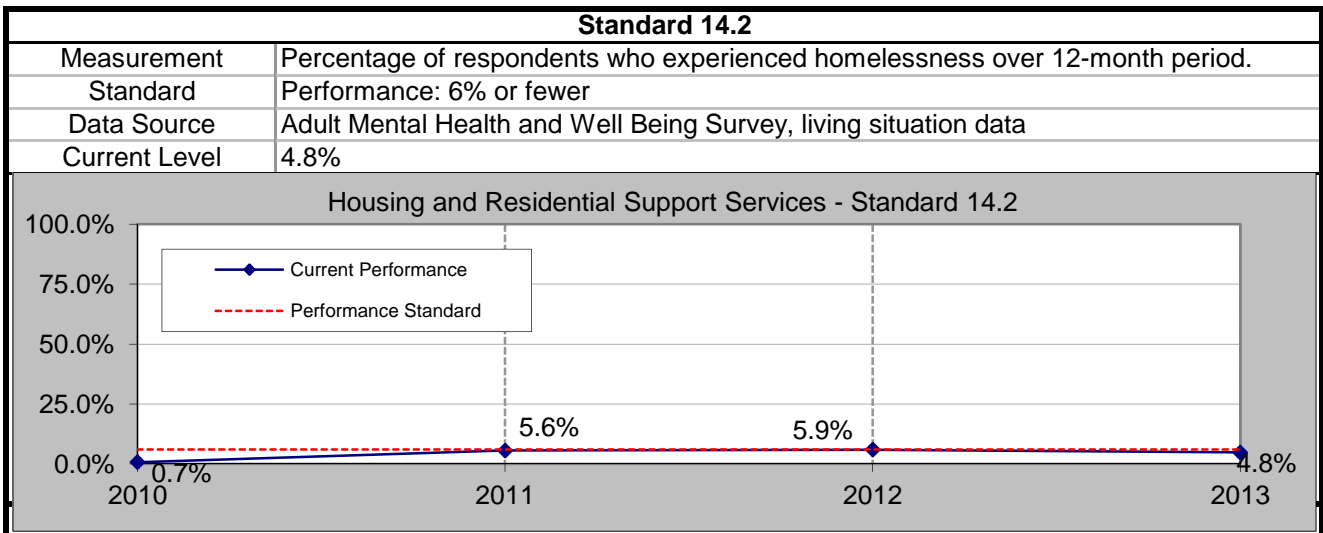
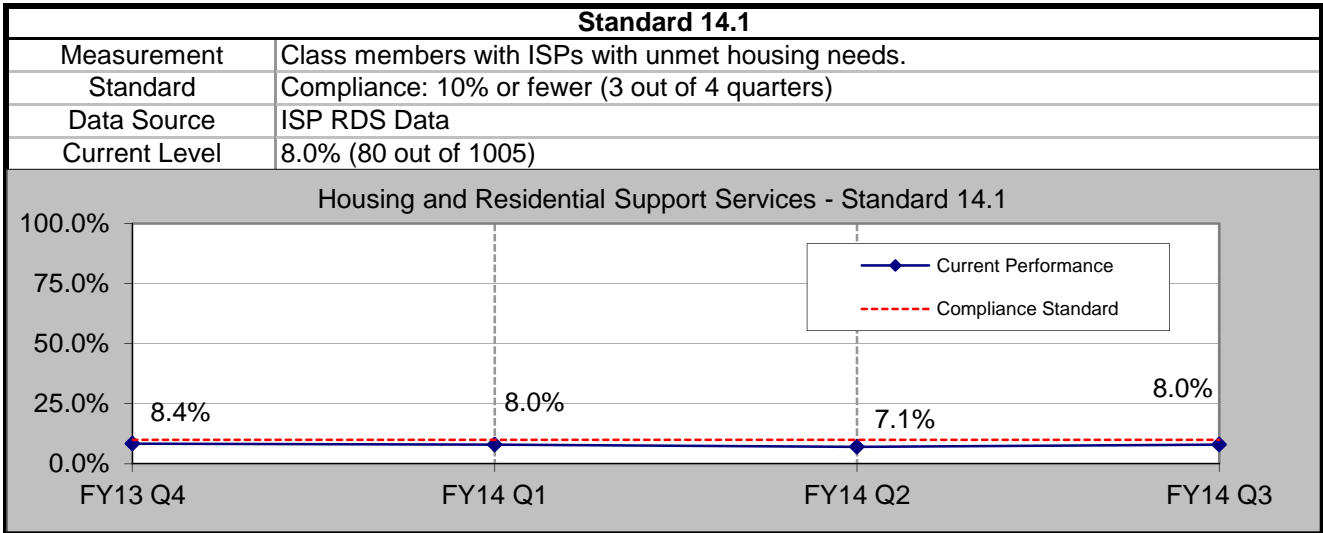
Residential Supports did not impede discharge for any patients post clinical readiness for discharge.

**Community Resources and Treatment Services
Housing and Residential**

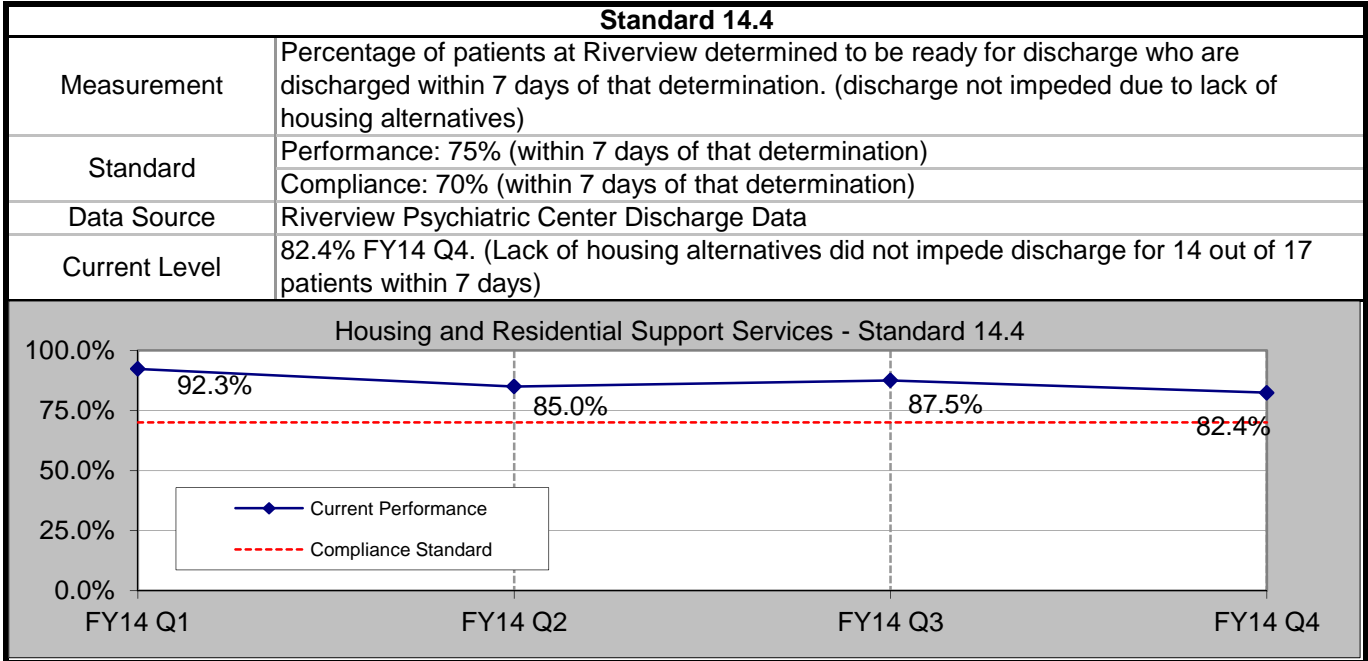


**Community Resources and Treatment Services
Housing and Residential**

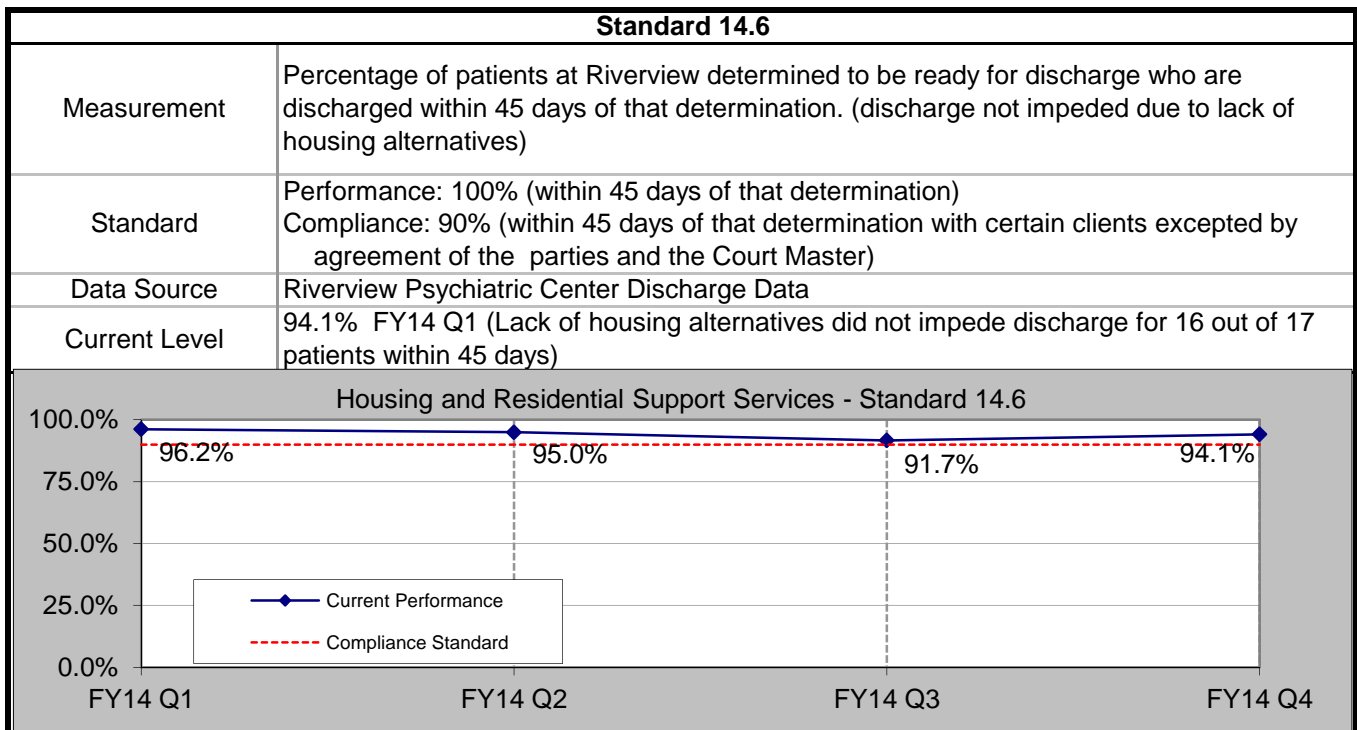
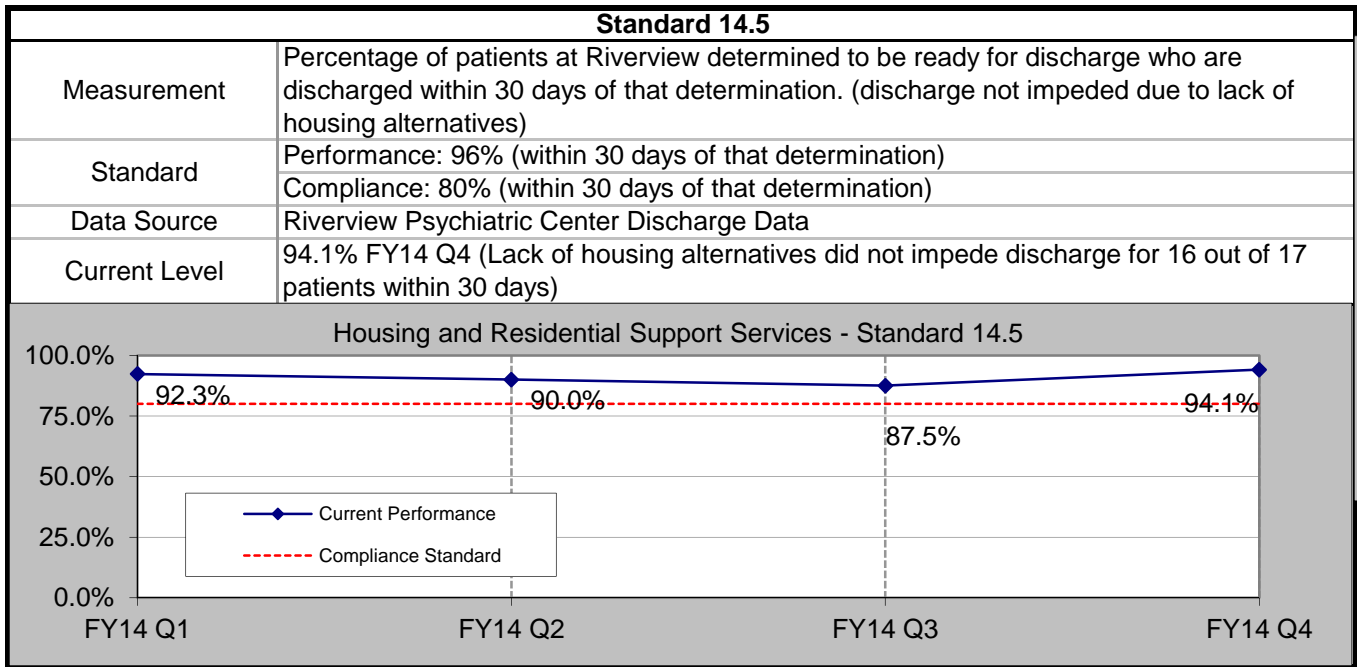
Standard 14 - Demonstrate an array of housing alternatives available to meet class member needs.



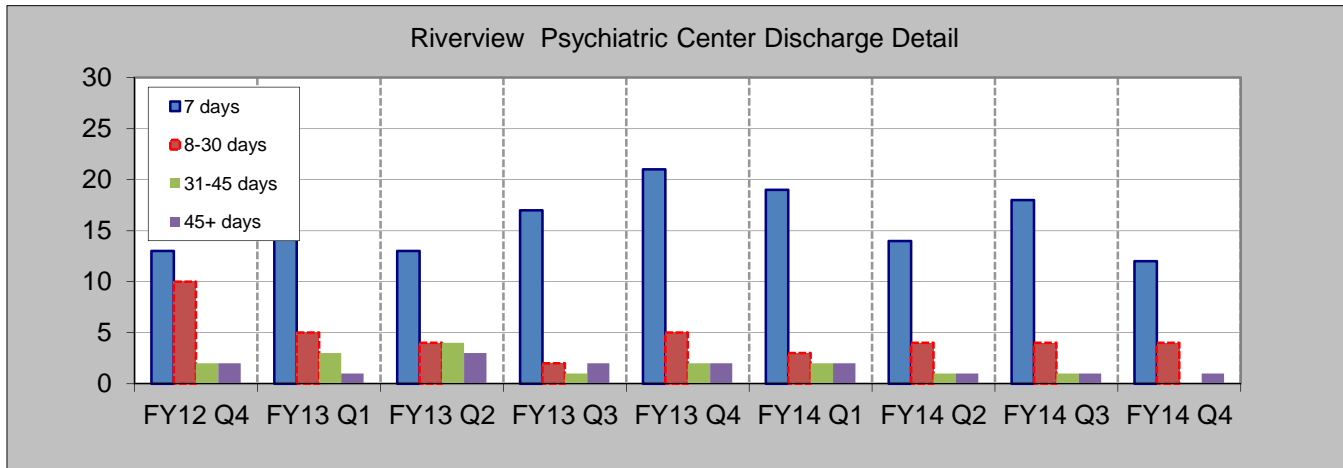
**Community Resources and Treatment Services
Housing and Residential**



**Community Resources and Treatment Services
Housing and Residential**



**Community Resources and Treatment Services
Housing and Residential**



17 Civil Patients discharged in quarter

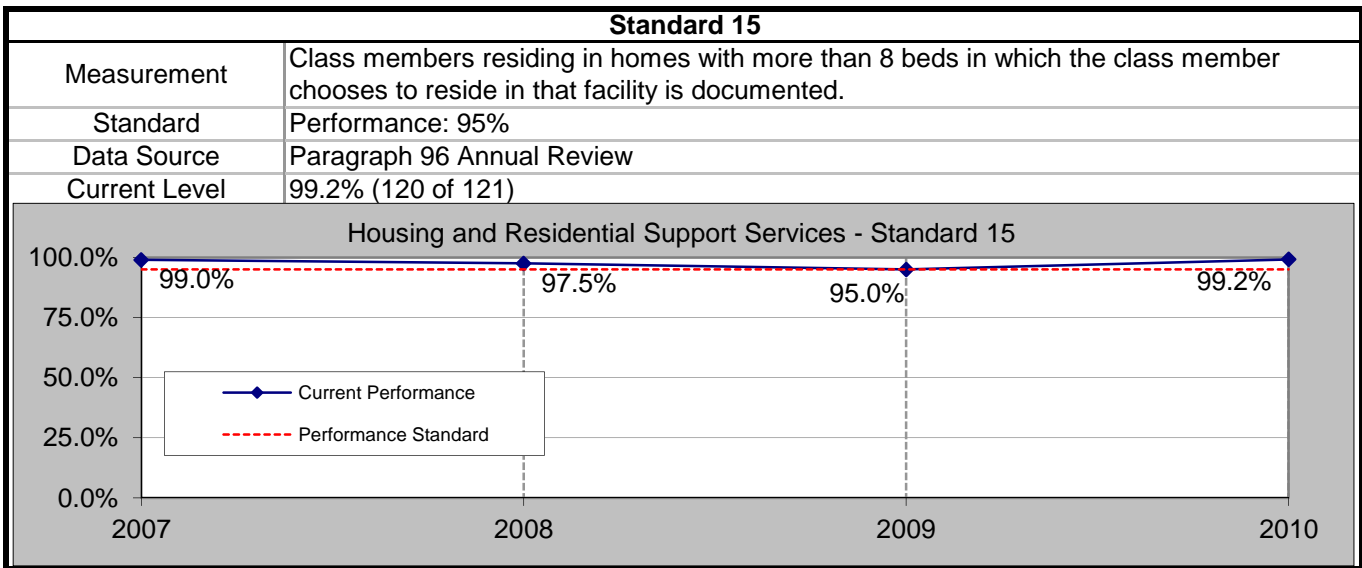
- 12 discharged at 7 days (70.6%)
- 4 discharged 8-30 days (23.5%)
- 1 discharged post 45 days (5.9%)

Housing Alternatives impeded discharge for 3 patients (17.6%)

- 2 patient discharged within 7-30 days post clinical readiness for discharge
- 1 patient discharged greater than 45 days post clinical readiness for discharge

**Community Resources and Treatment Services
Housing and Residential**

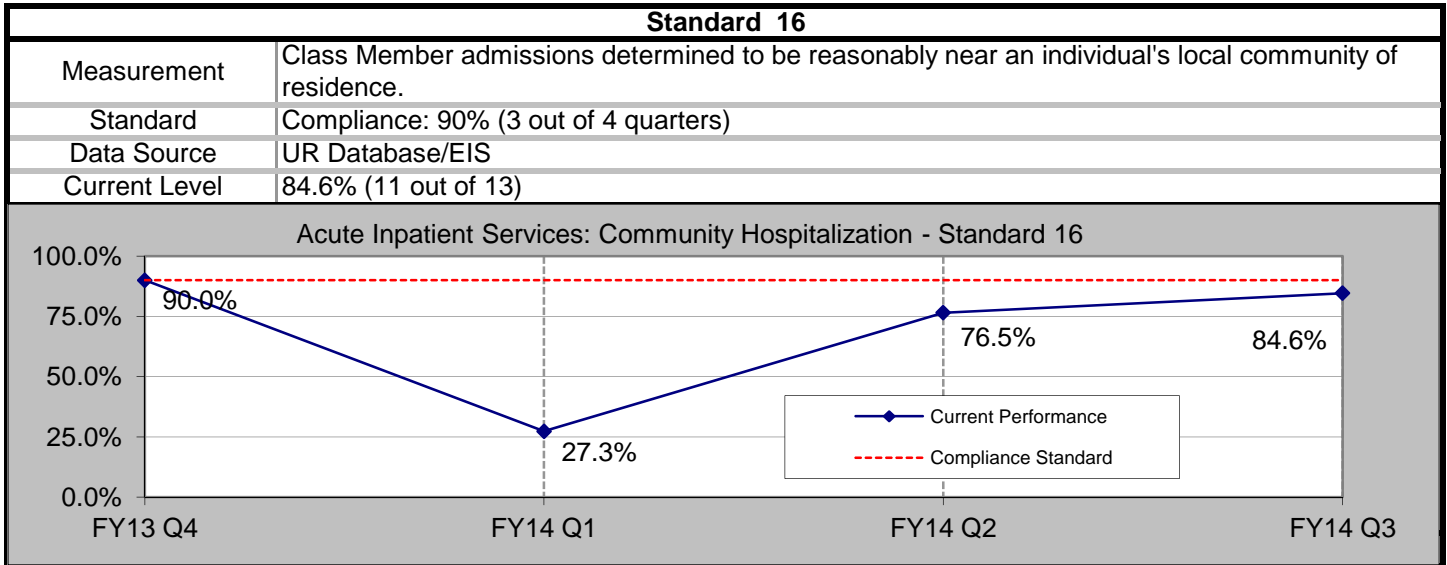
Standard 15 - Housing where community services are located / Homes with more than 8 beds



The protocol for obtaining the informed consent of Class Members to live in homes with greater than 8 beds (Settlement Agreement Paragraph 96) is followed annually to track data for this standard. SAMHS submitted an amendment request to modify this requirement on November 23, 2011. While the request is being reviewed, SAMHS was granted permission to hold the 2011 review in abeyance until a decision is made.

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

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



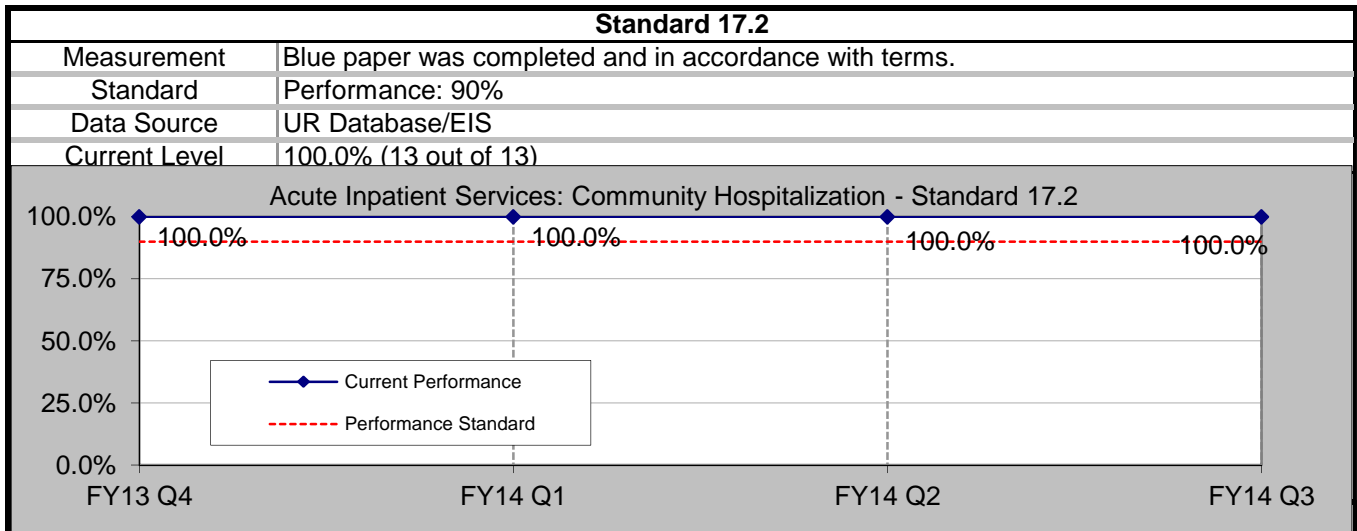
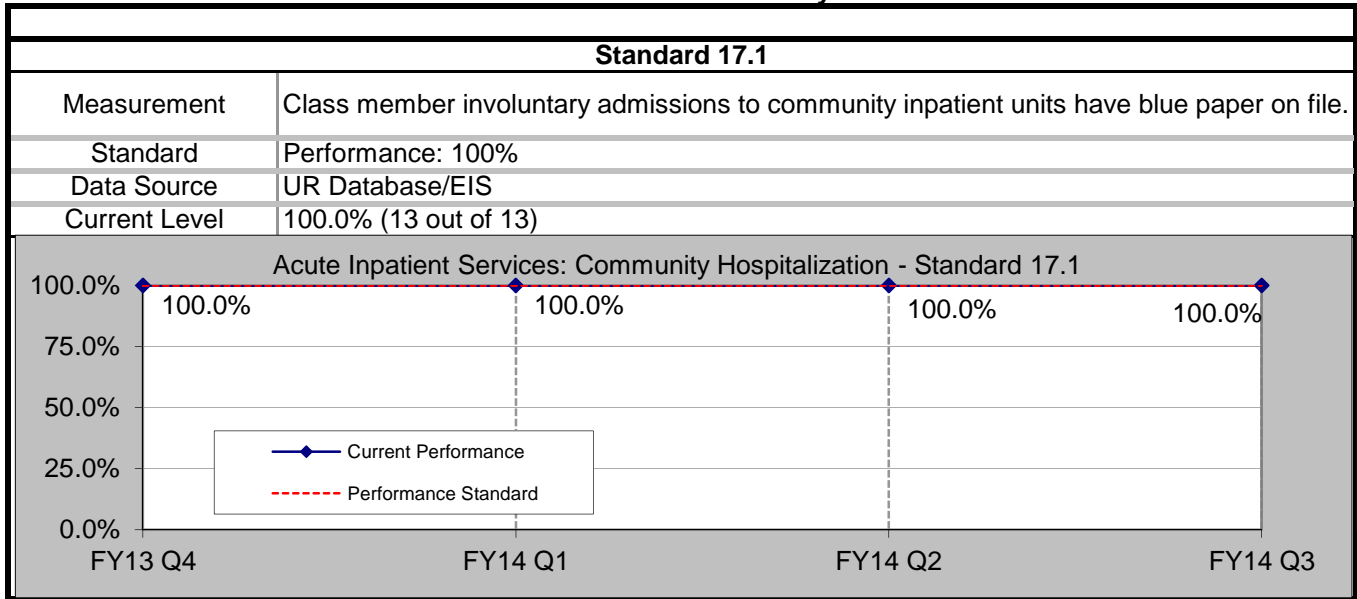
Reasonably Near is defined by Attachment C to the October 29, 2007 approved Compliance Standards.

Discussion:

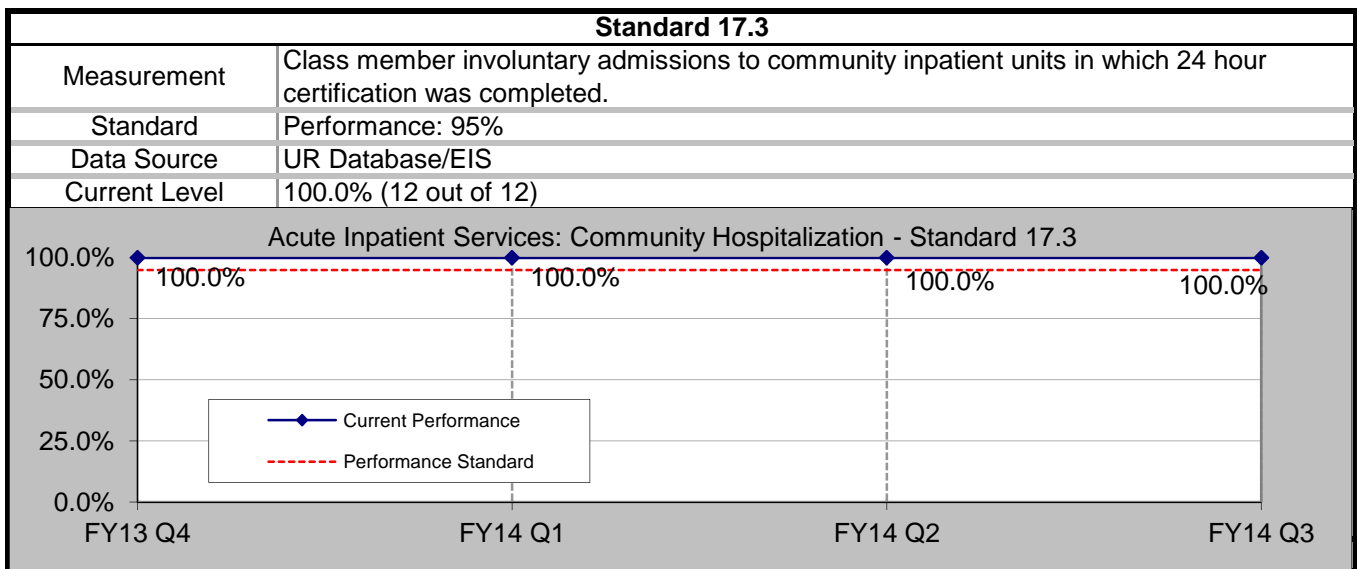
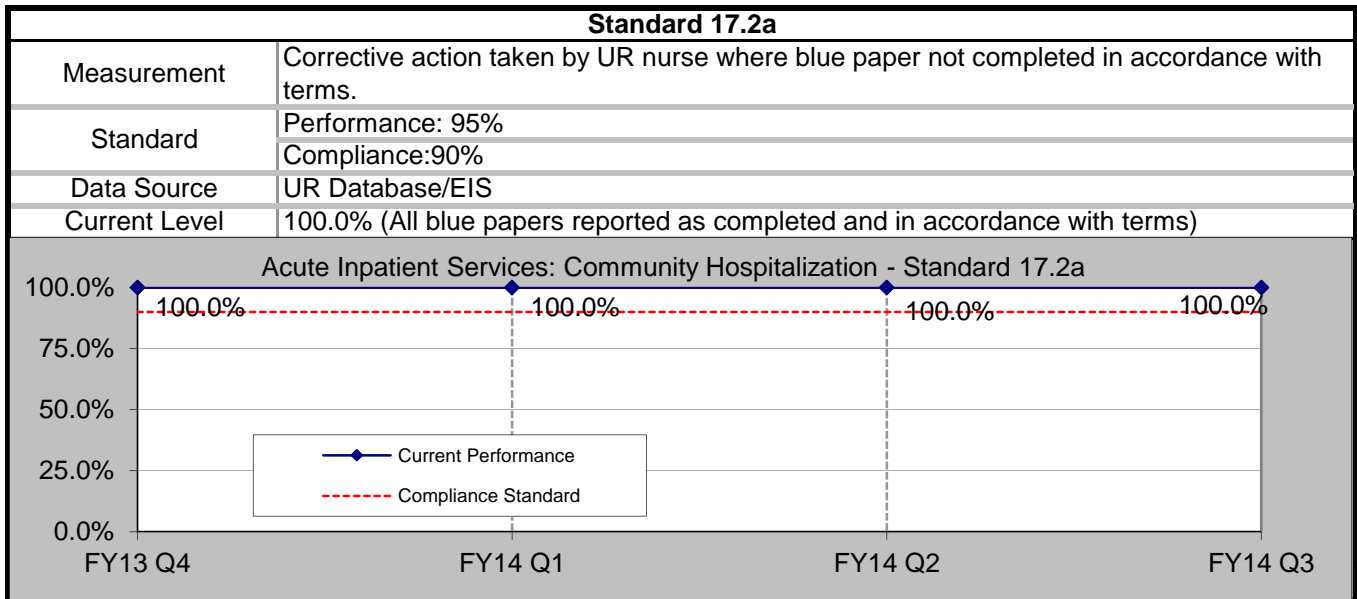
Standard 16 FY14 Q1: Data has been double checked manually and percentage reported is accurate. Persons needing hospitalization during the quarter were placed in the nearest **available** hospital bed. This could result in admissions outside the individual's catchment area. Measure will continue to be monitored to verify if a reflection of larger trend or an anomaly.

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

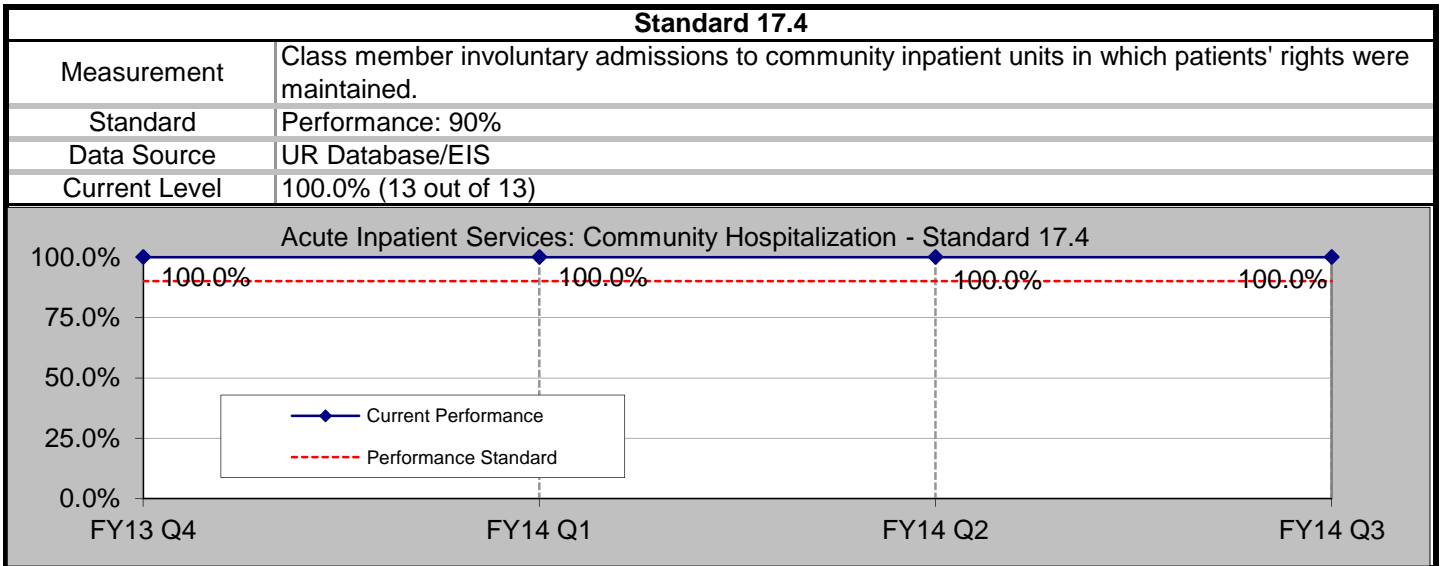
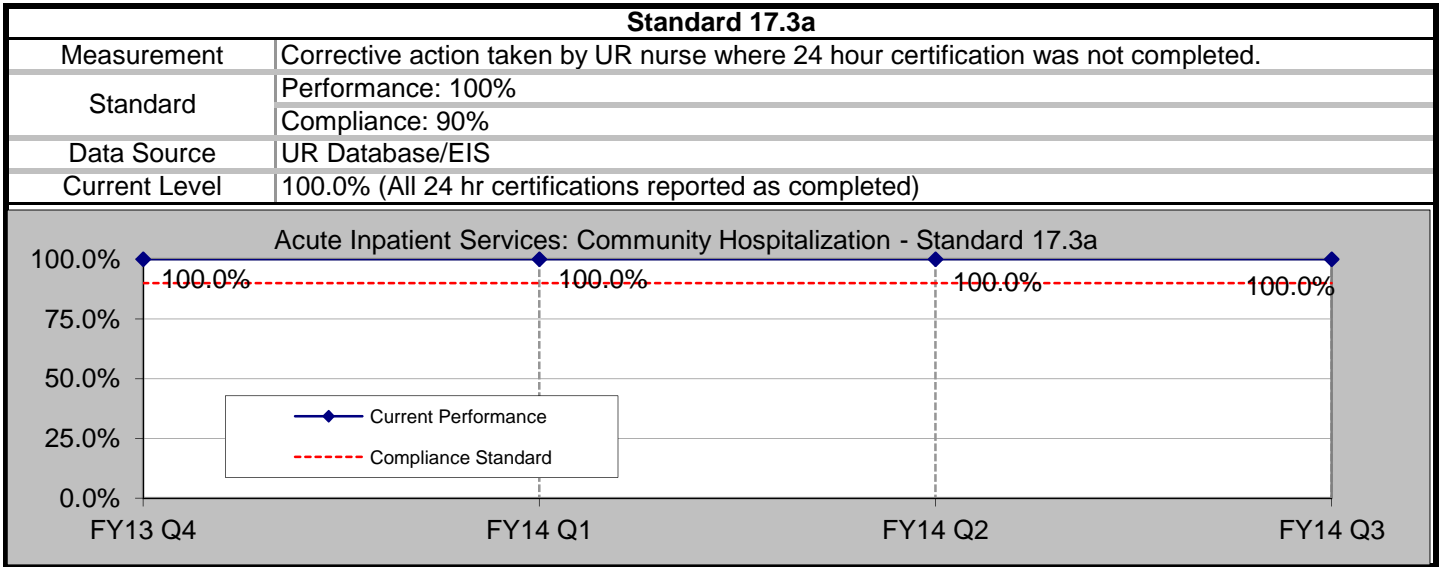
Standard 17 - Class member admissions to community involuntary inpatient units are in accordance with law and meet medical necessity criteria



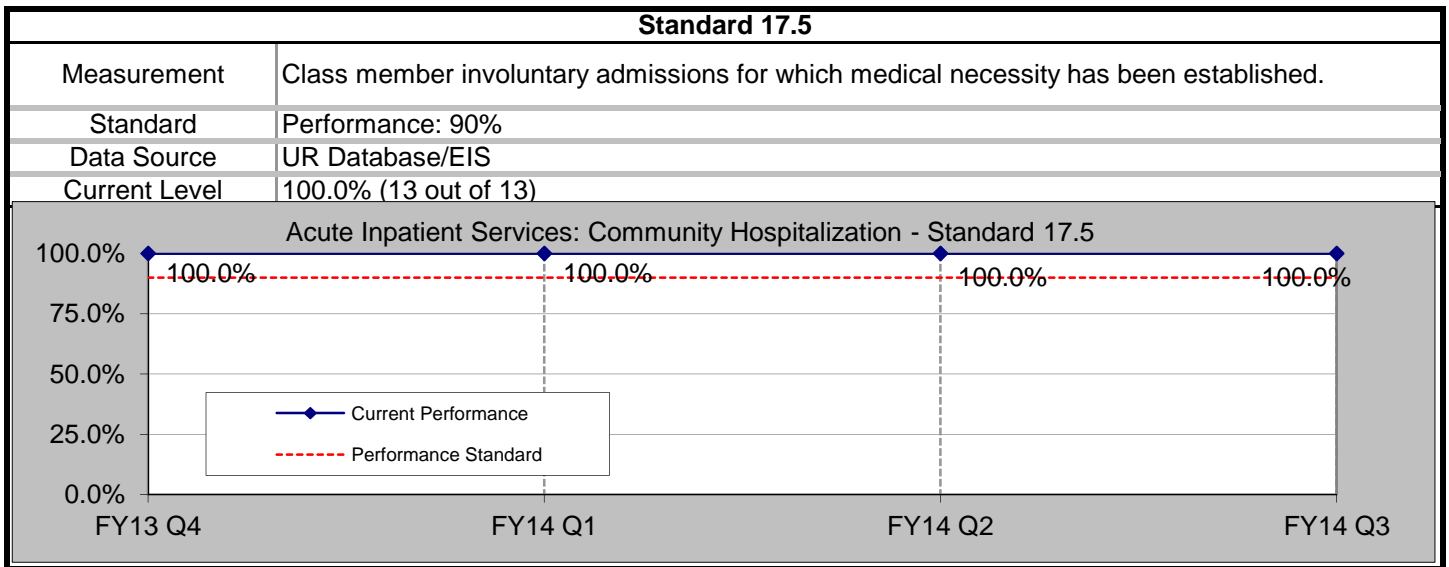
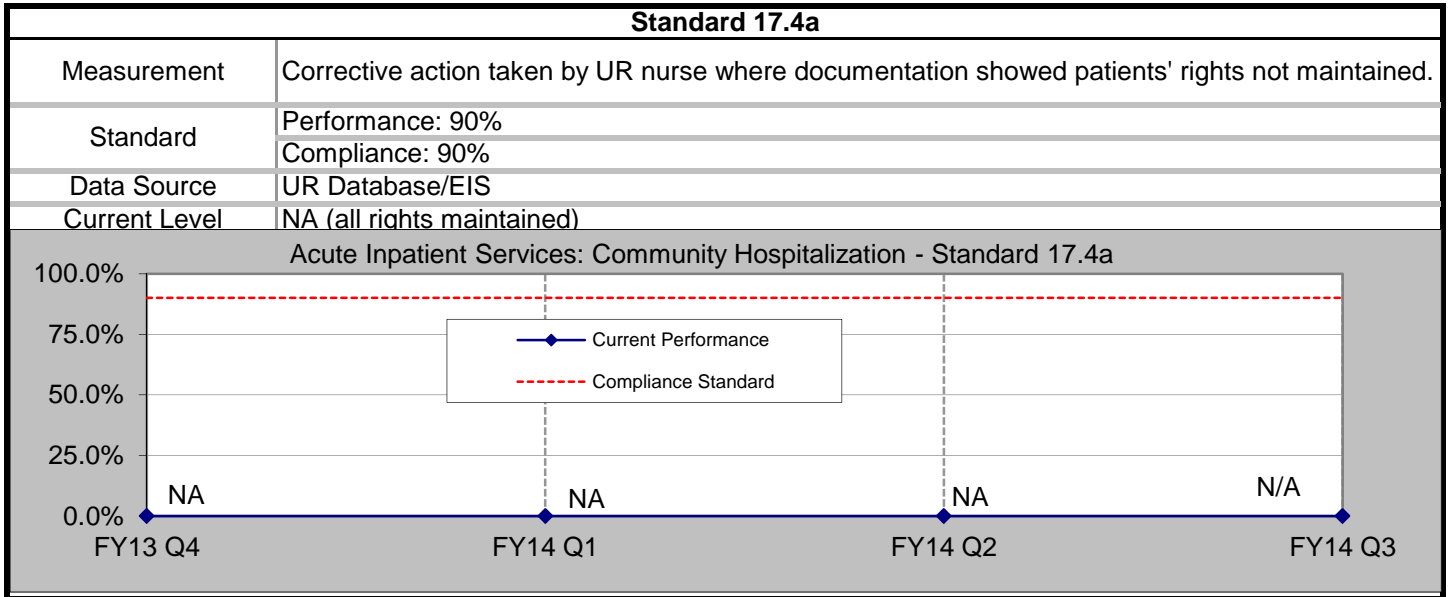
Community Resources and Treatment Services
Acute Inpatient Services: Involuntary Community Hospitalization



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

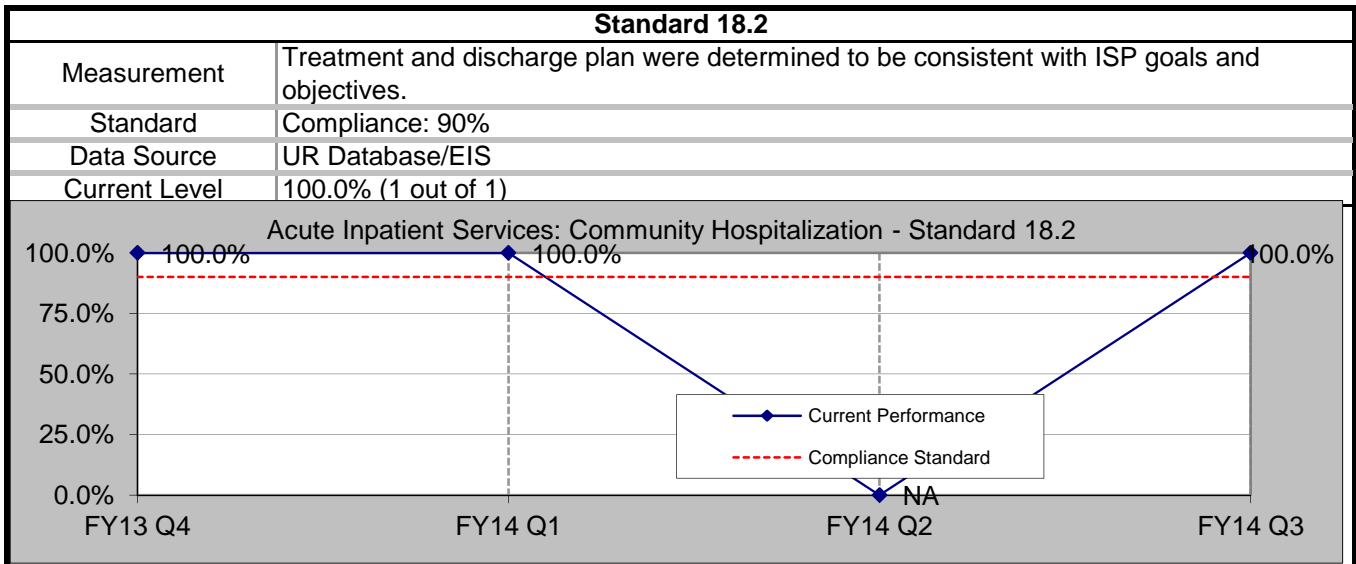
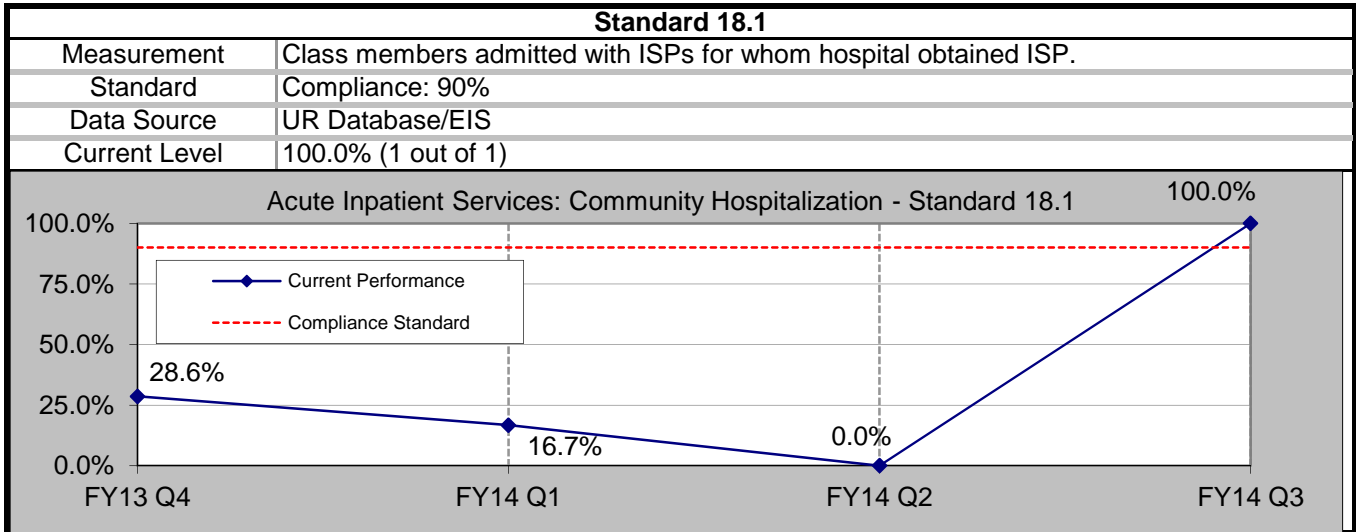


Community Resources and Treatment Services
Acute Inpatient Services: Involuntary Community Hospitalization

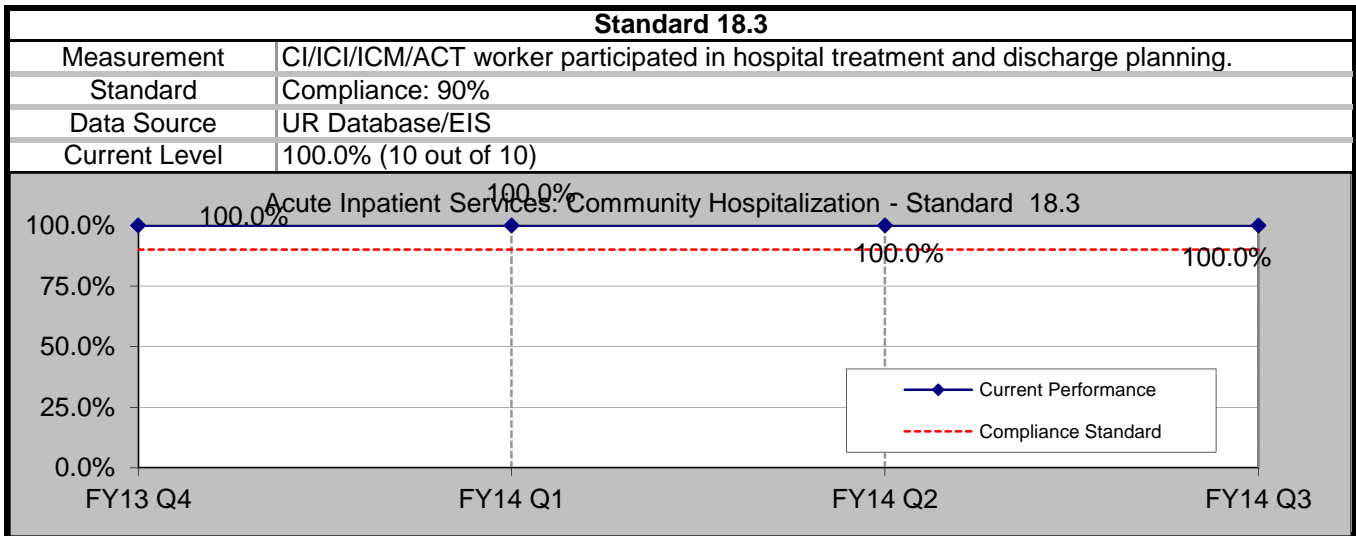


Community Resources and Treatment Services
Acute Inpatient Services: Involuntary Community Hospitalization

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

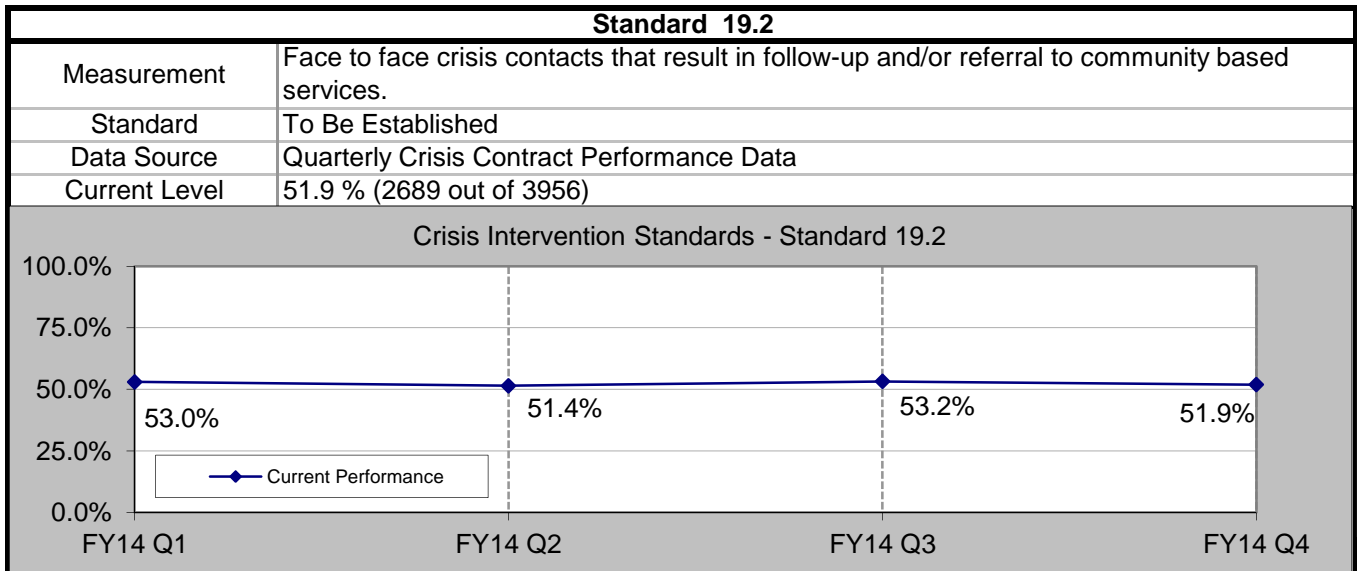
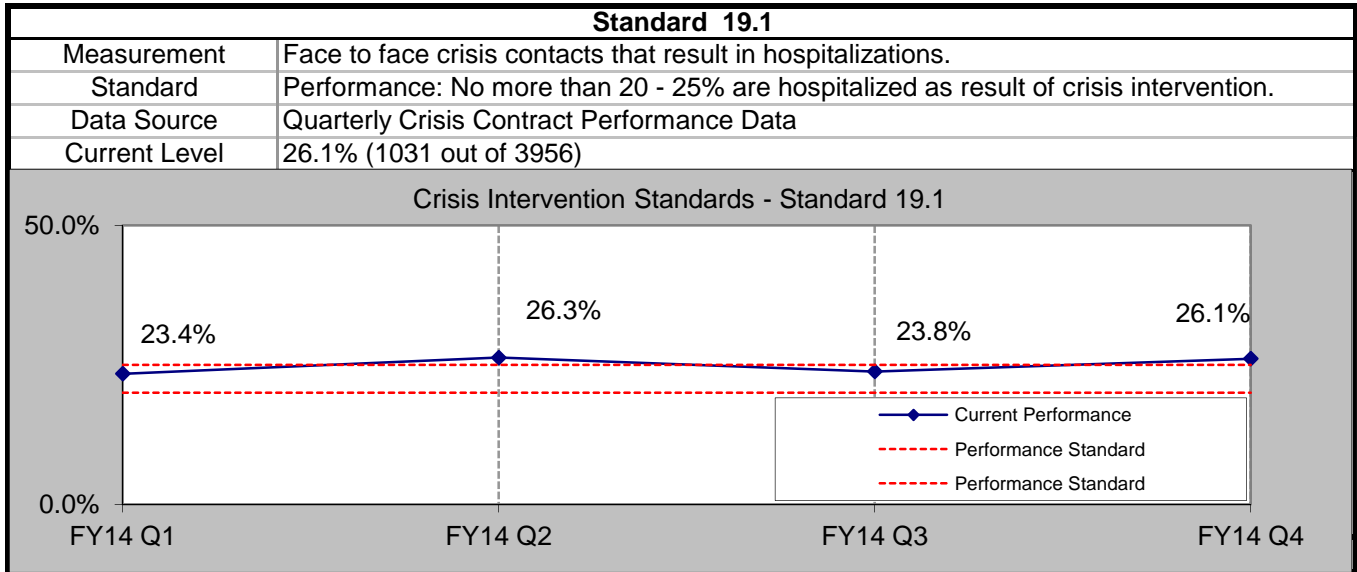


Community Resources and Treatment Services
Acute Inpatient Services: Involuntary Community Hospitalization

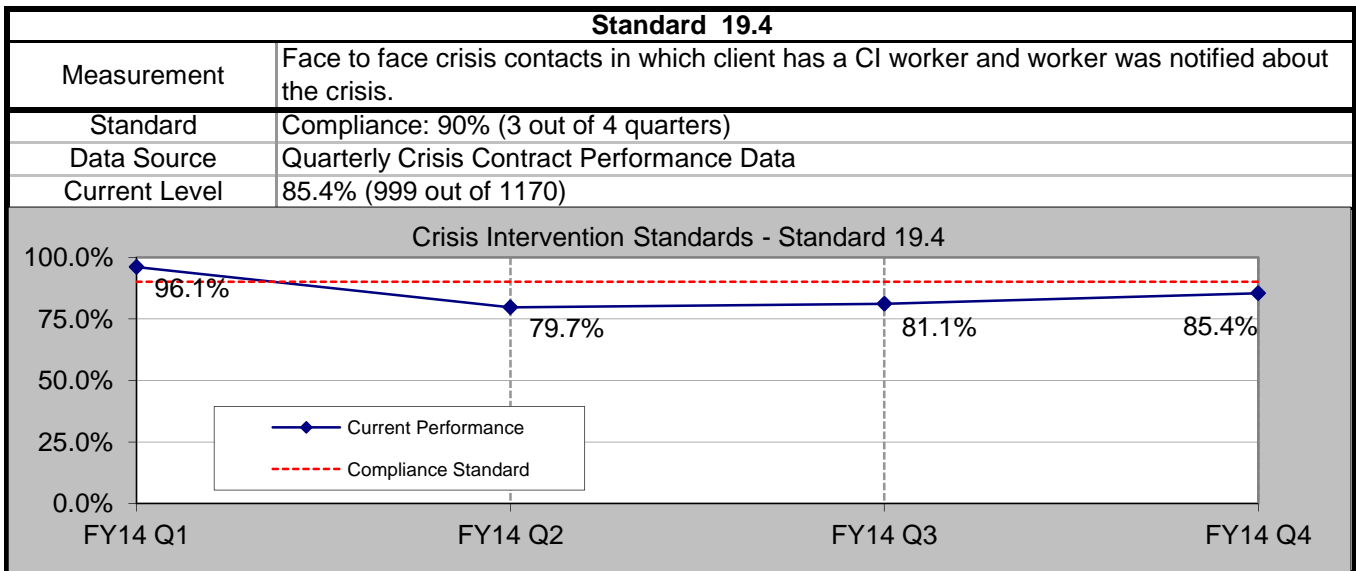
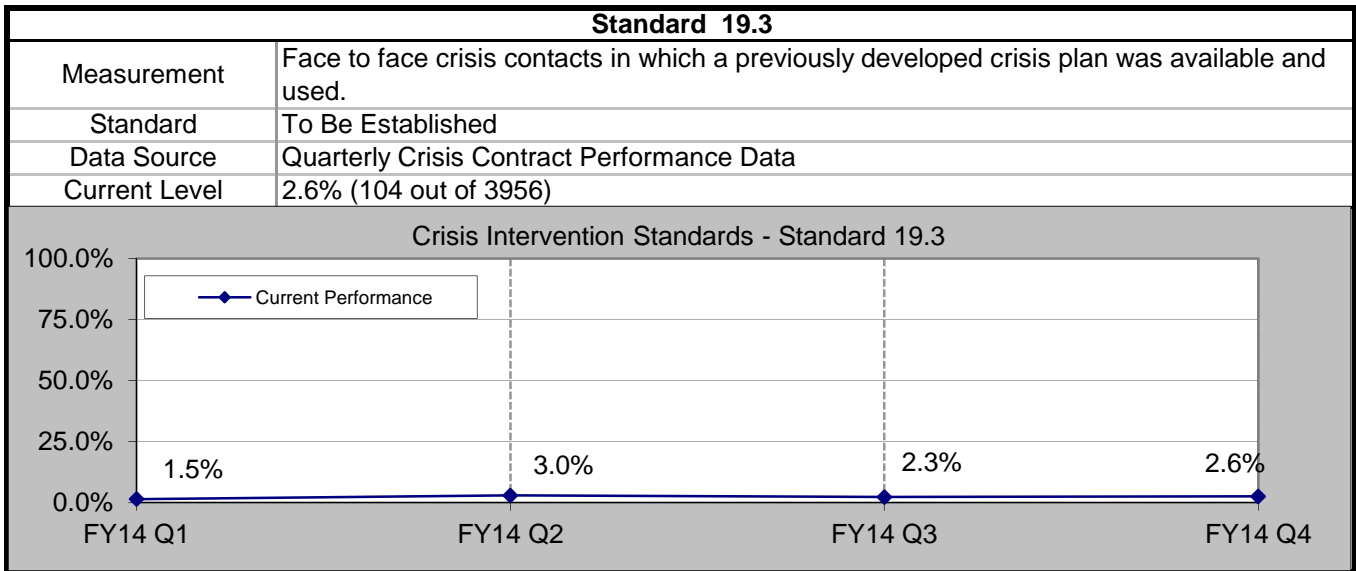


**Community Resources and Treatment Services
Crisis Intervention Services**

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



**Community Resources and Treatment Services
Crisis Intervention Services**

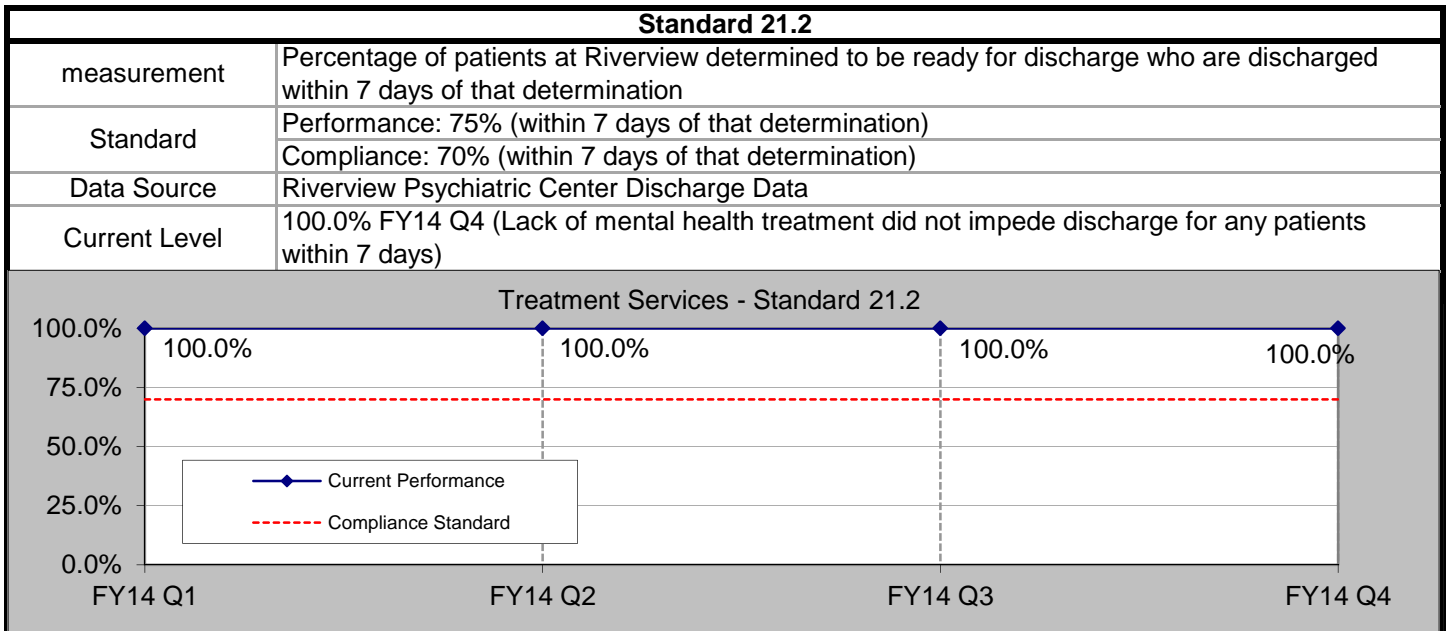
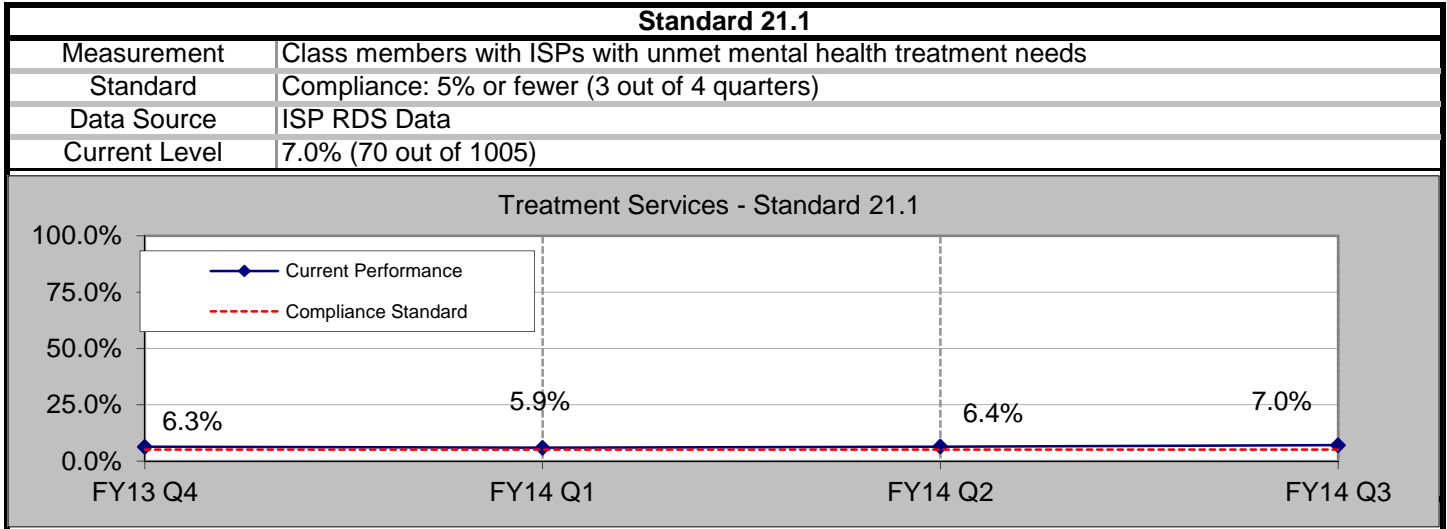


Discussion:

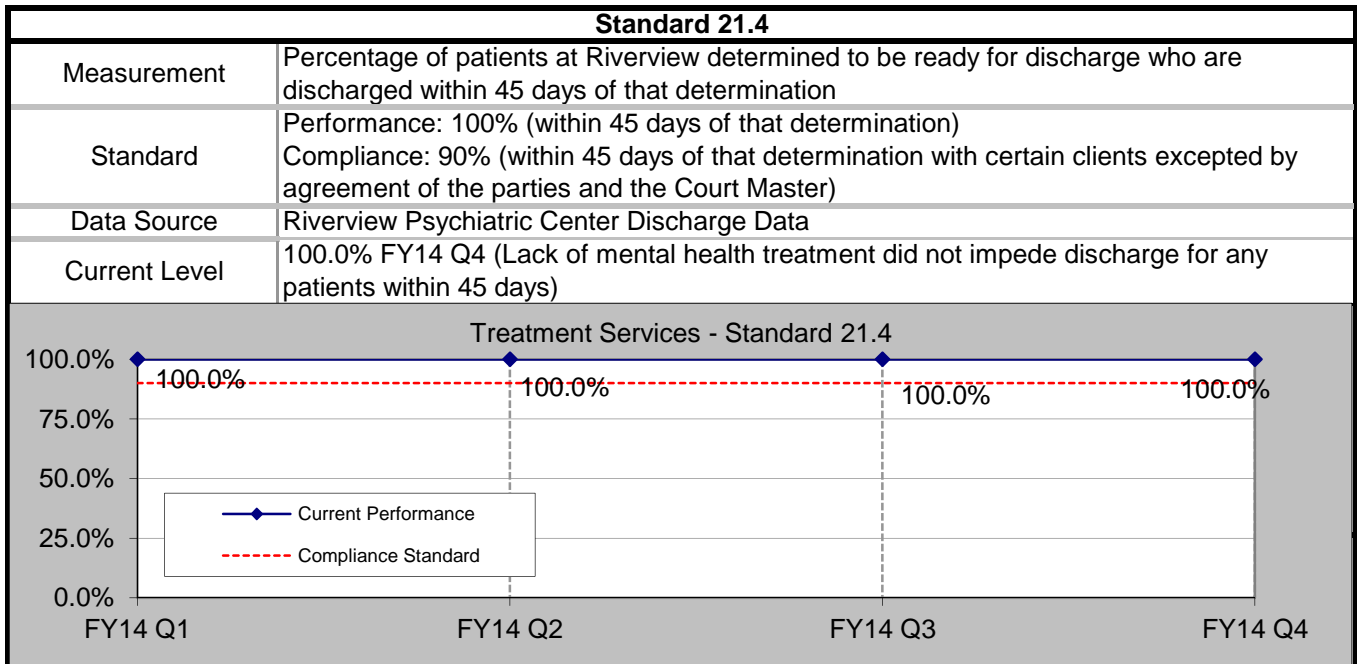
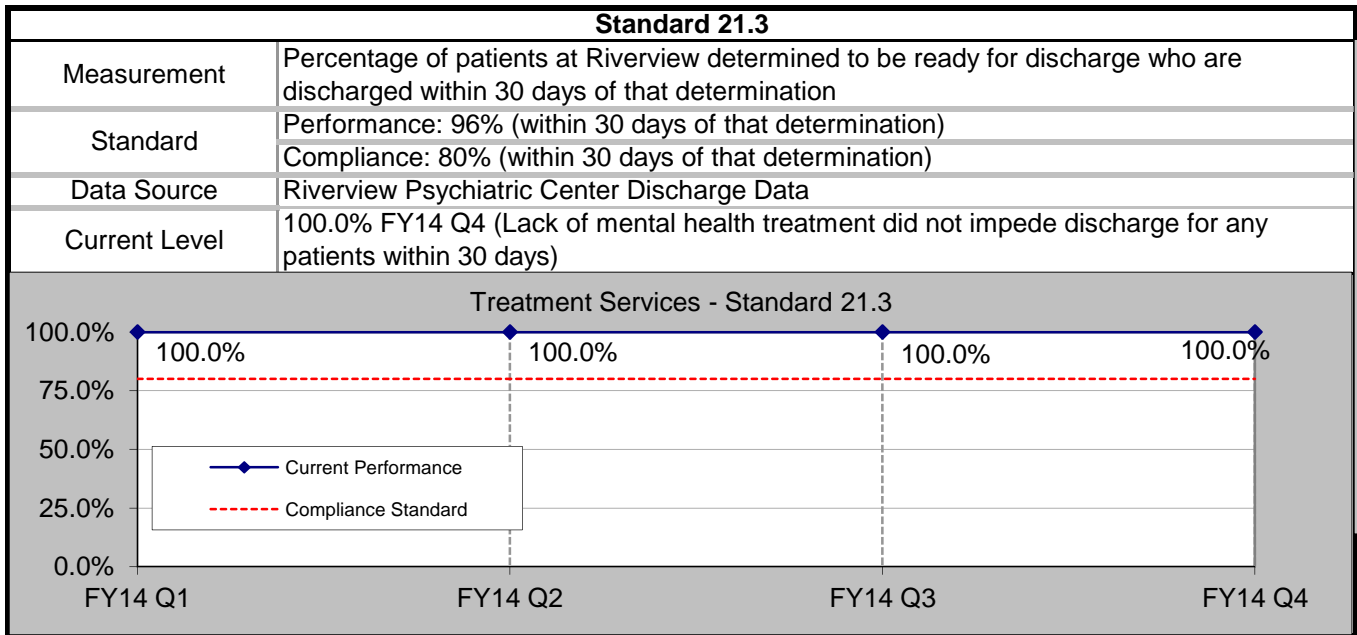
Standard 19.4: The department recently modified the reporting tool and process for capturing this data and is currently working with providers to collect more accurate data. Continue to monitor.

**Community Resources and Treatment Services
Treatment Services**

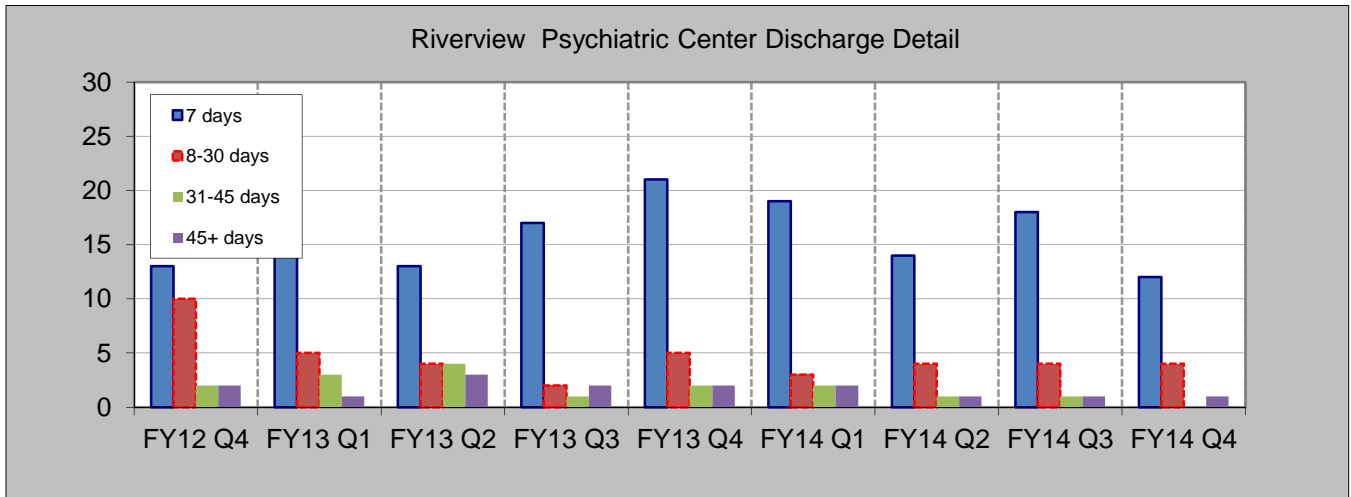
Standard 21 - An array of mental health treatment services are available and sufficient to meet ISP needs of class members and the needs of hospitalized class members ready for discharge.



Community Resources and Treatment Services
Treatment Services



**Community Resources and Treatment Services
Treatment Services**



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

17 Civil Patients discharged in quarter

- 12 discharged at 7 days (70.6%)
- 4 discharged 8-30 days (23.5%)
- 1 discharged post 45 days (5.9%)

Treatment services did not impede discharge for any patient post clinical readiness for discharge.

**Community Resources and Treatment Services
Treatment Services**

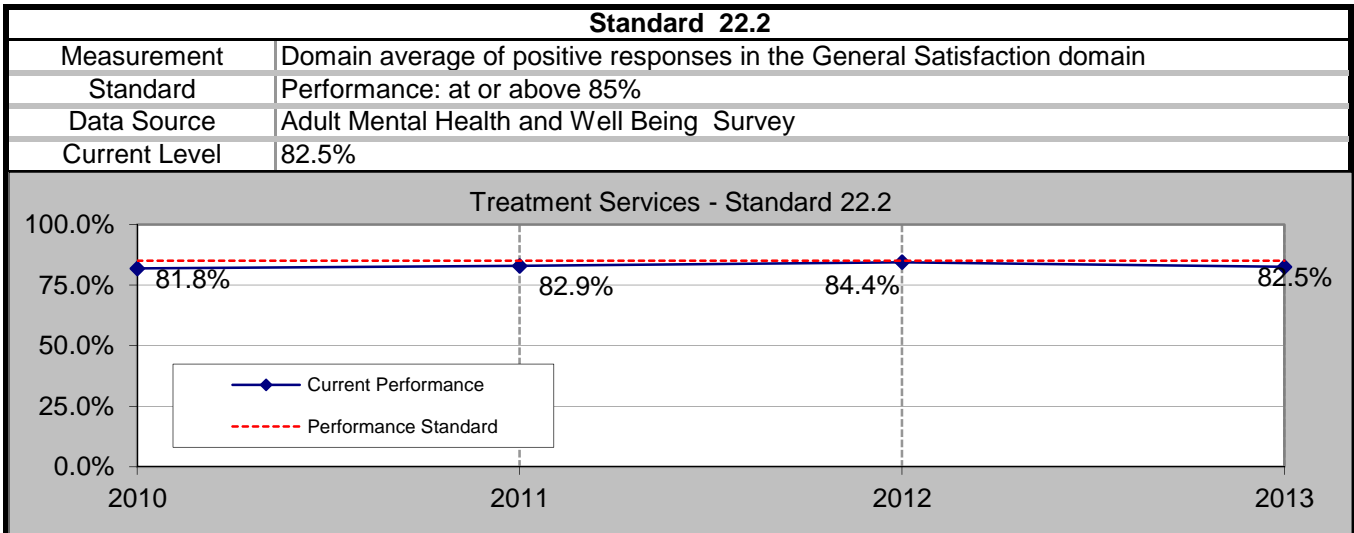
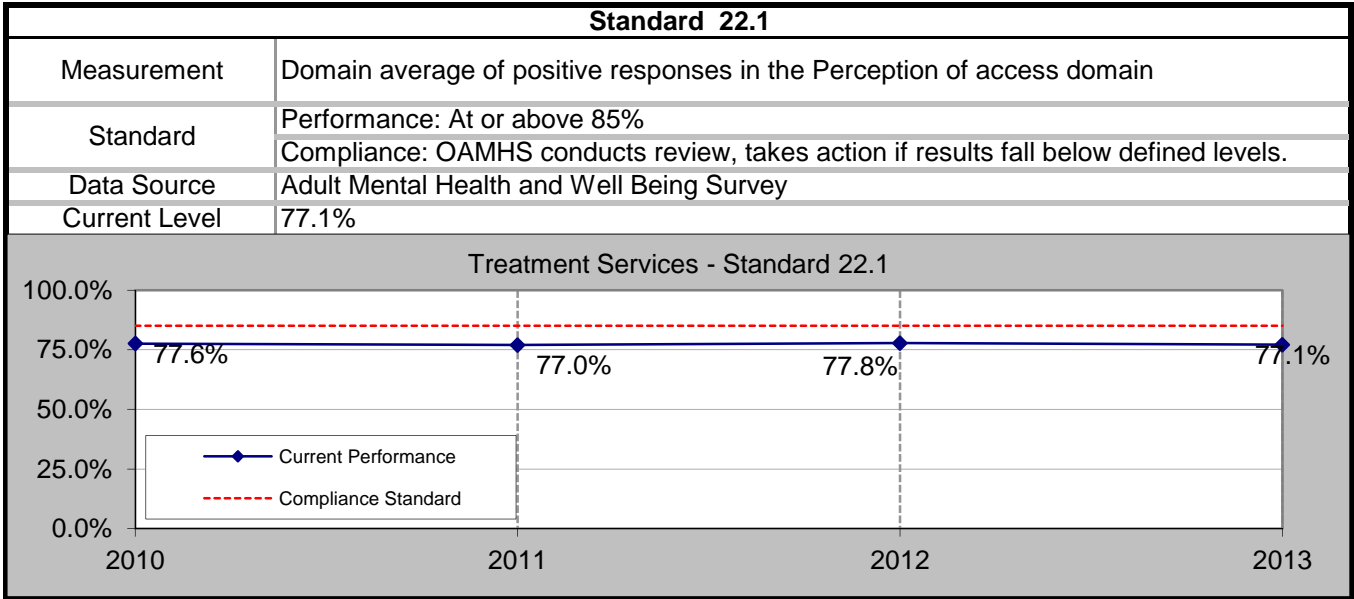
Standard 21.5	
Measurement	MaineCare data demonstrates by mental health service category that class members use an array of mental health treatment services.
Standard	No Numerical Standard Necessary
Data Source	Paid Claims data

<i>MaineCare Data FY 2013</i>			
Mental Health Treatment Services Received	Total Number	Total Number of Class Members	Percent of Class Members
Assertive Community Treatment	863	285	33.0%
Community Integration	14,670	1,170	8.0%
Community Rehabilitation	185	64	34.6%
Crisis Services	5,186	543	10.5%
Crisis Residential (CSU)	2,049	479	23.4%
Day Support/Day Treatment	1,138	126	11.1%
Medication Management	12,608	558	4.4%
Outpatient (Comp Assess&Therapy)	23,716	538	2.3%
Residential	884	310	35.1%
Skills Development	502	49	9.8%
Daily Living Supports	1,924	229	11.9%
*Total Unduplicated Count	36,553	1,758	4.8%

*Total unduplicated counts will not be the sum of the total numbers. Members often receive more than one type of service.

**Community Resources and Treatment Services
Treatment Services**

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



**Community Resources and Treatment Services
Family Support Services**

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

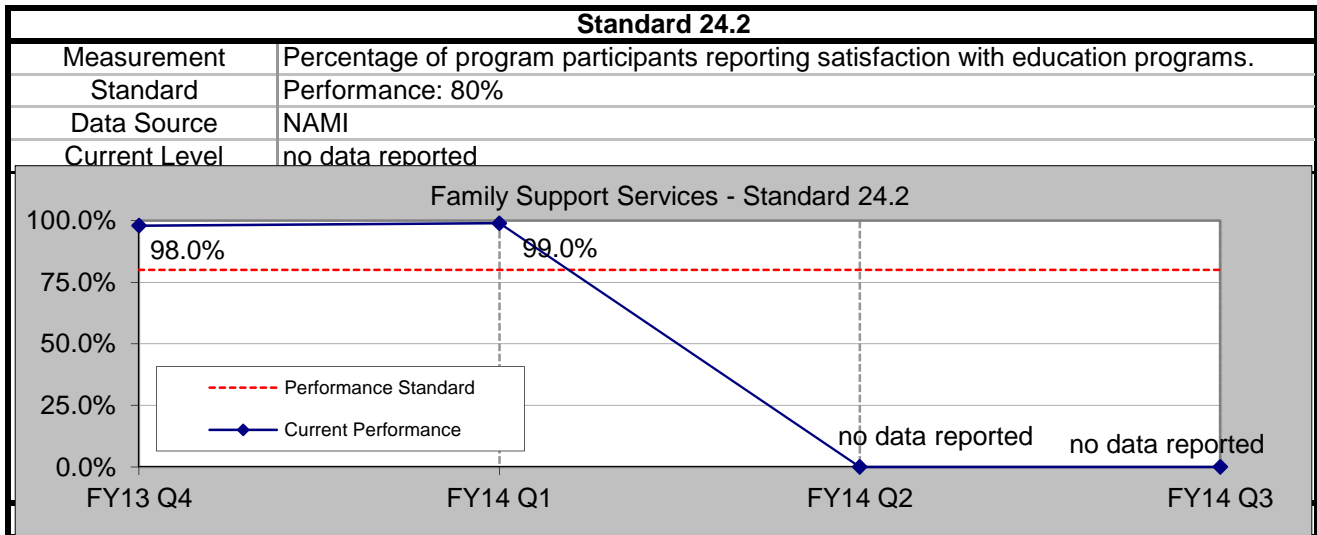
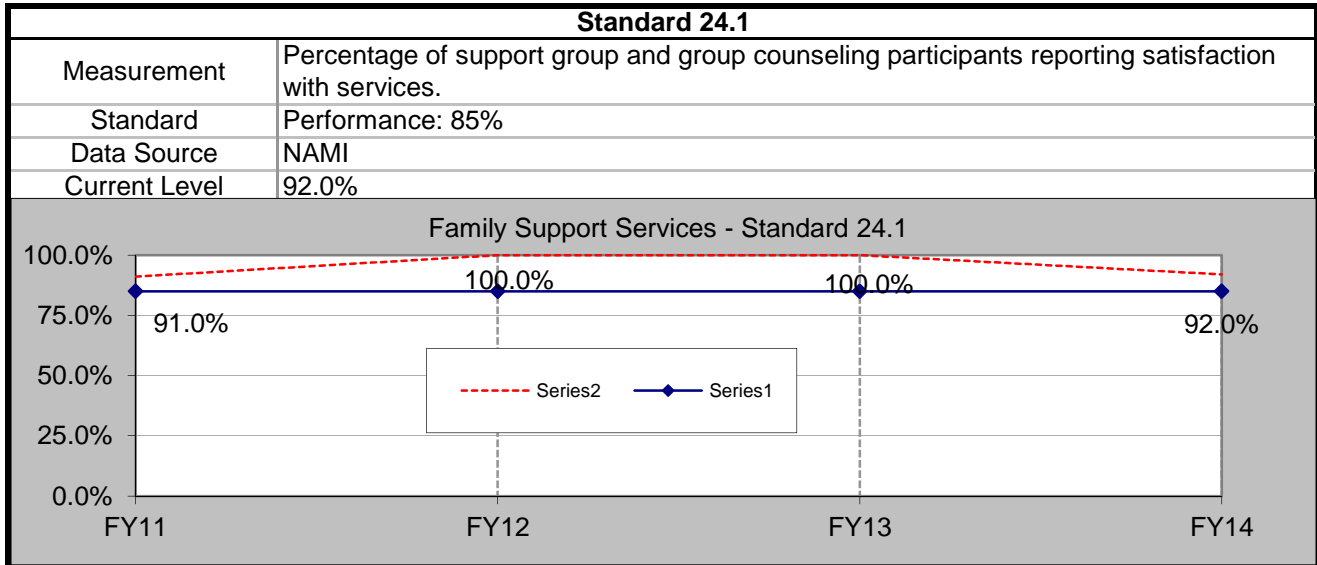
Standard 23.1	
Measurement	Number of education programs developed and delivered meeting Settlement Agreement requirements
Standard	No standard necessary
Data Source	NAMI
Current Level	3 family to family classes: Q3 FY 14

Standard 23.2	
Measurement	Number and distribution of family support services provided
Standard	No standard necessary
Data Source	NAMI
Current Level	45 family support groups, 18 sites: Q3 FY 14

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

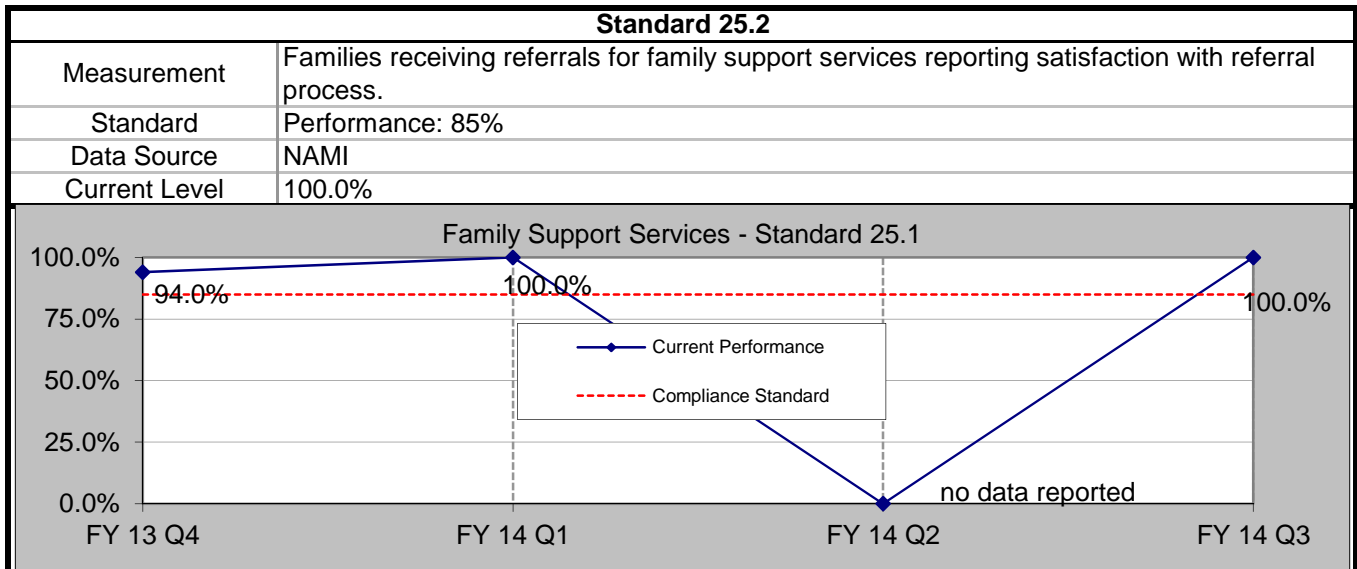
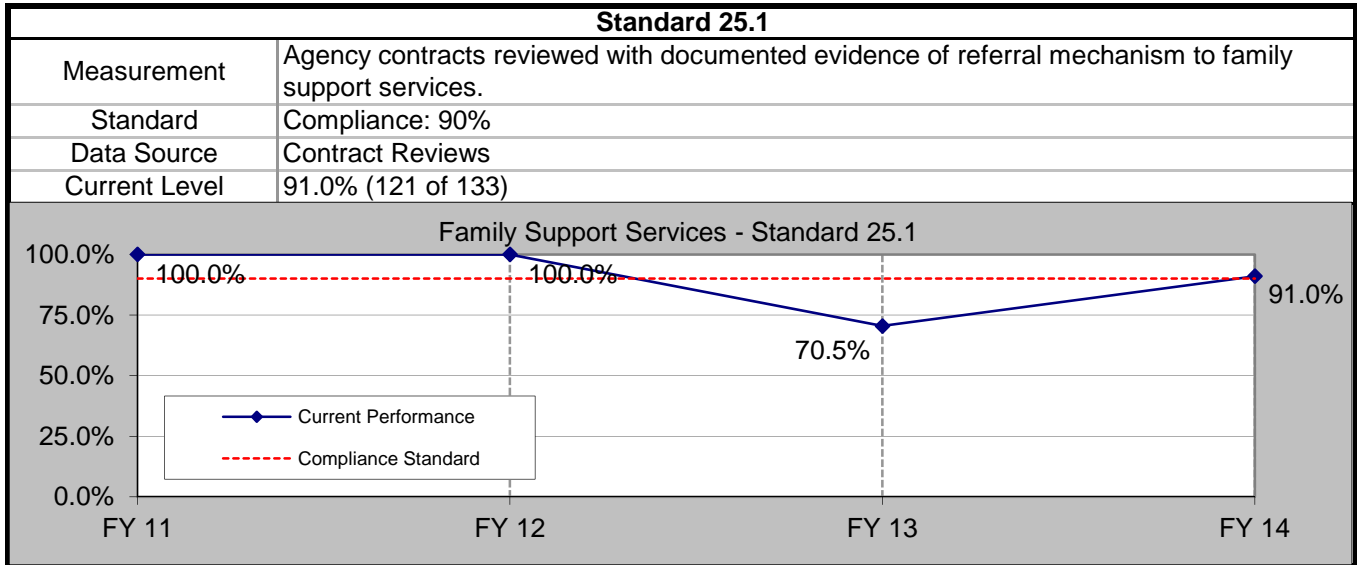
**Community Resources and Treatment Services
Family Support Services**

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



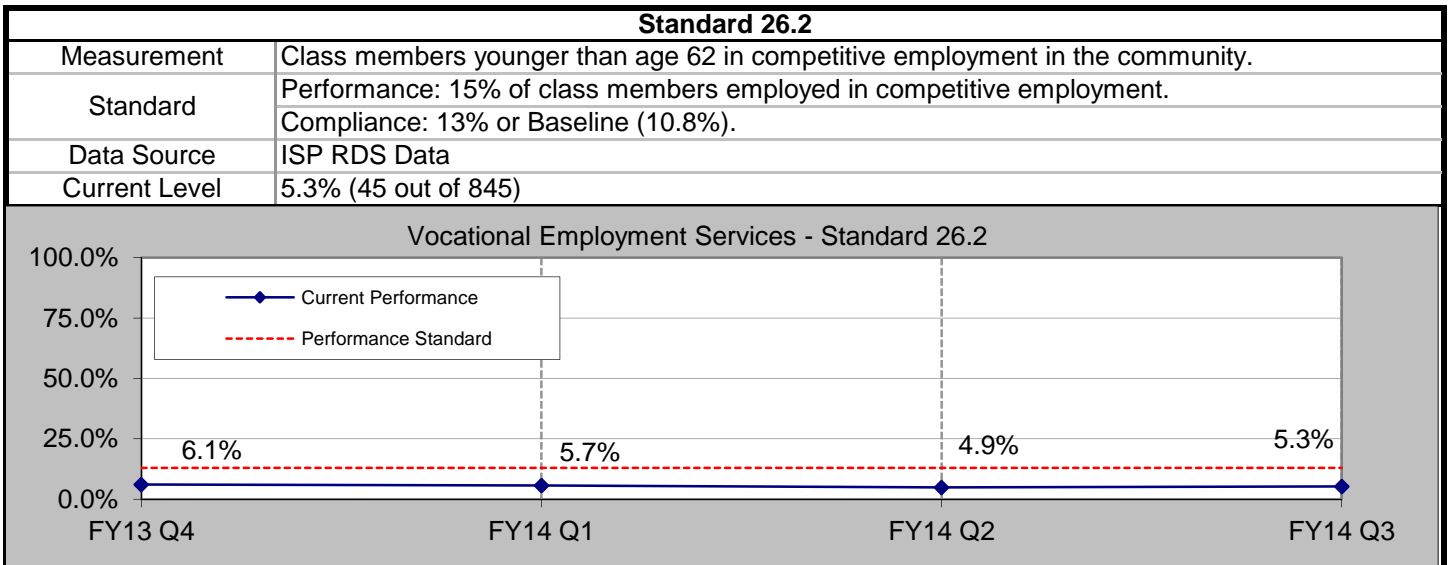
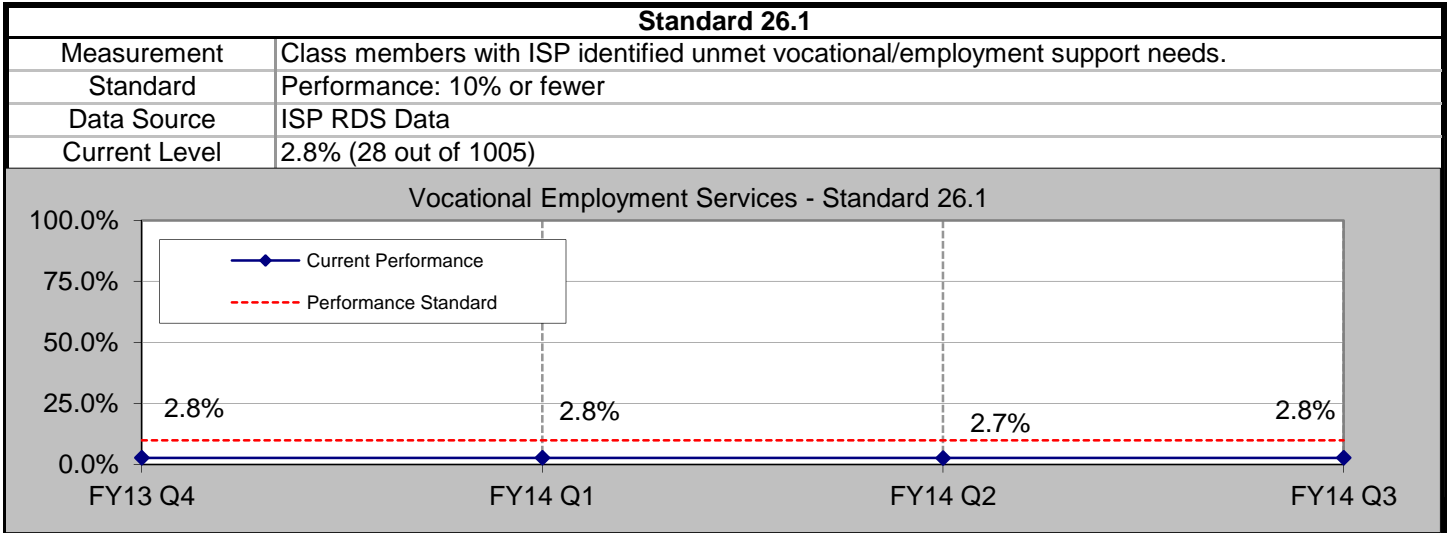
**Community Resources and Treatment Services
Family Support Services**

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

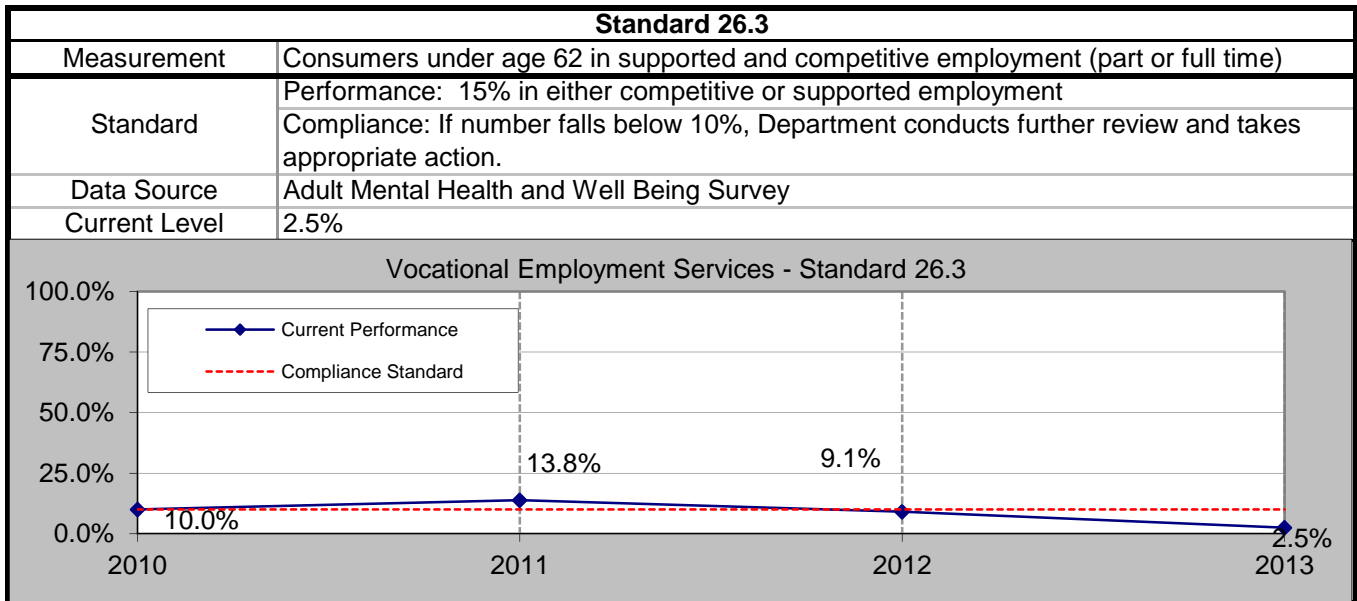


**Community Resources and Treatment Services
Vocational Employment Services**

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



**Community Resources and Treatment Services
Vocational Employment Services**



Discussion:

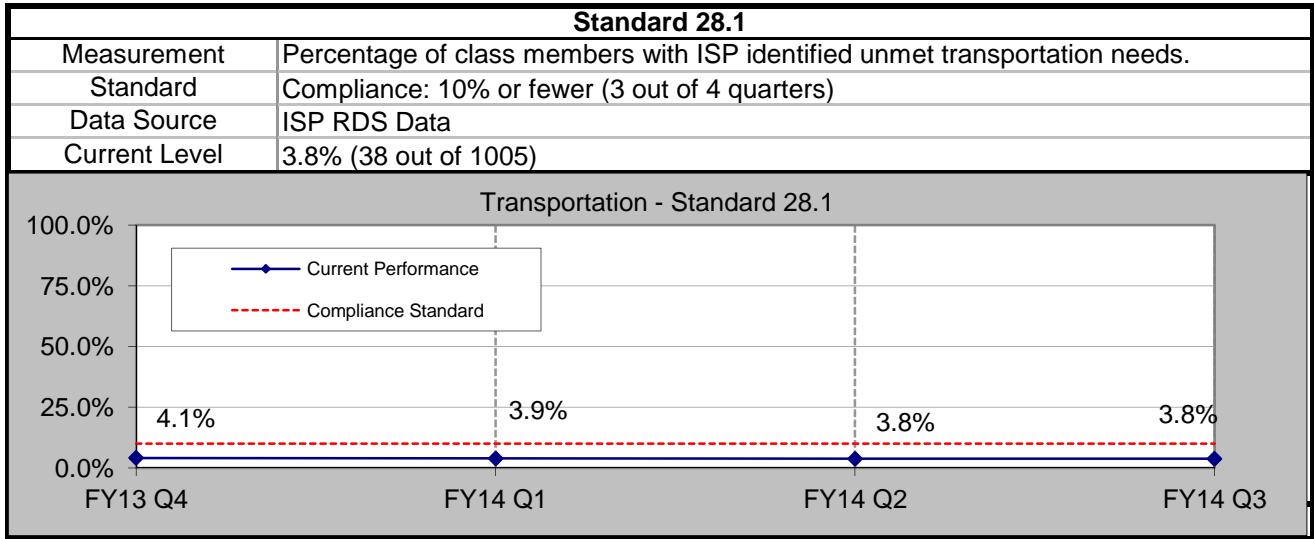
This standard factored out those persons responding to the Adult Mental Health and Well Being Survey employment questions who are 62 and older, indicated they were retired or indicated they were not looking for work

The response rate for the Adult Mental Health survey was very low in 2012 and the department is currently working on a plan to have a higher response rate.

Standard 26.3: Vocational performance standard has been discussed during fidelity reviews. The job of the vocational specialist to involve client has also been discussed.

**Community Resources and Treatment Services
Transportation**

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



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

Standard 30.1	
Measurement	Number of social clubs/peer centers and participants by region.
Standard	Qualitative evaluation; no numerical standard required.
Data Source	Treatment and Recovery
Current Level	34509 total visits, 1014 unduplicated clients (14 of 14 social clubs/peer centers reporting for FY 14 Q3.)

Standard 30.2	
Measurement	Number of other peer support programs and participation.
Standard	Qualitative evaluation; no numerical standard required.
Data Source	Treatment and Recovery
Current Level	14 Peer Support programs statewide during FY 2014 Q3. (includes social clubs/peer centers): Participation data is not collected for the Statewide Initiatives noted below.

Peer Support Groups funded by DHHS FY2014 Q3:

Peer Centers and Social Clubs:

Center for Life Enrichment -- Kittery, Common Connections -- Saco, Friends Together -- Jay,
Harmony Support Center -- Sanford, Harvest Social Club -- Caribou, LINC -- Augusta, 100 Pine Street -- Lewiston,
Sweetser Peer Center -- Brunswick, Together Place -- Bangor, Valley Social Club -- Madawaska,
Waterville Social Club -- Waterville

Club Houses: Capitol Club House -- Augusta, High Hopes -- Waterville, LA Clubhouse -- Lewiston
Unlimited Solutions Clubhouse -- Bangor

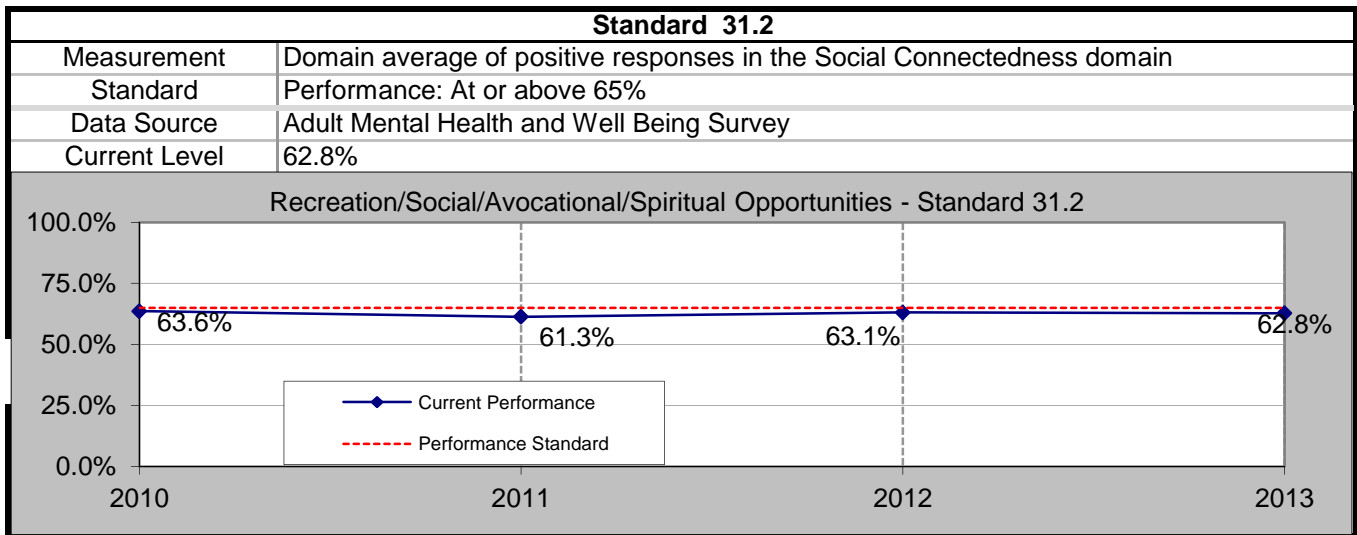
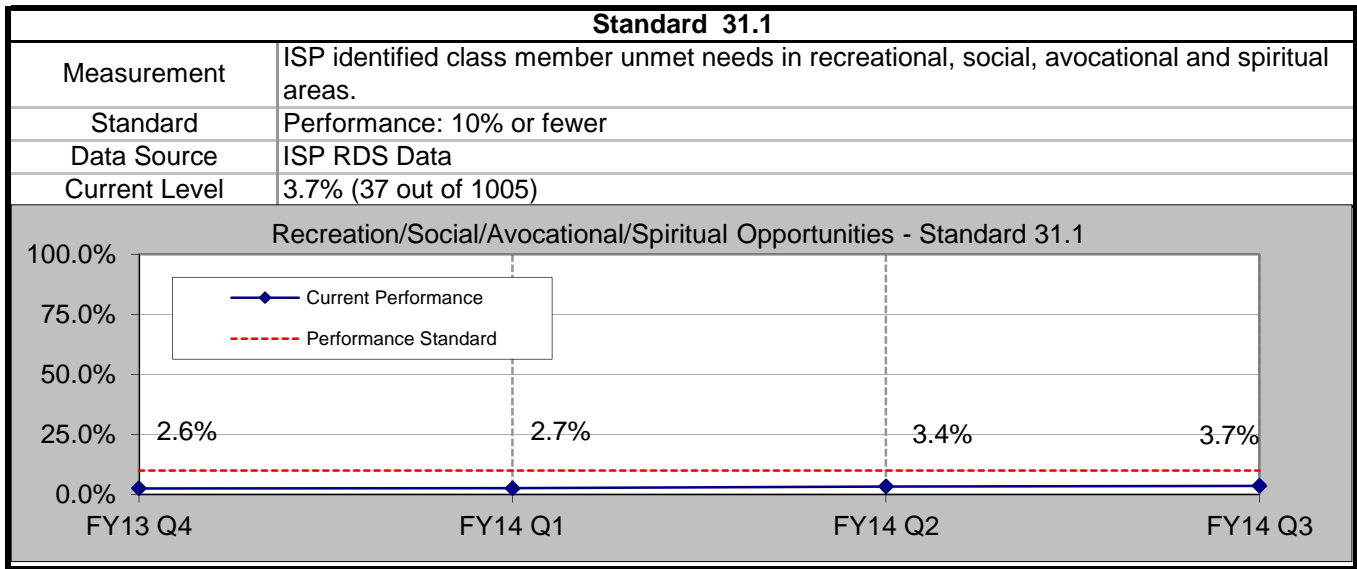
Statewide:

Community Connections: Community based recreational opportunities and leisure planning
MAPSRC (Maine Association of Psychosocial Rehabilitation Centers)

NAMI Support Groups primarily attended by consumers:

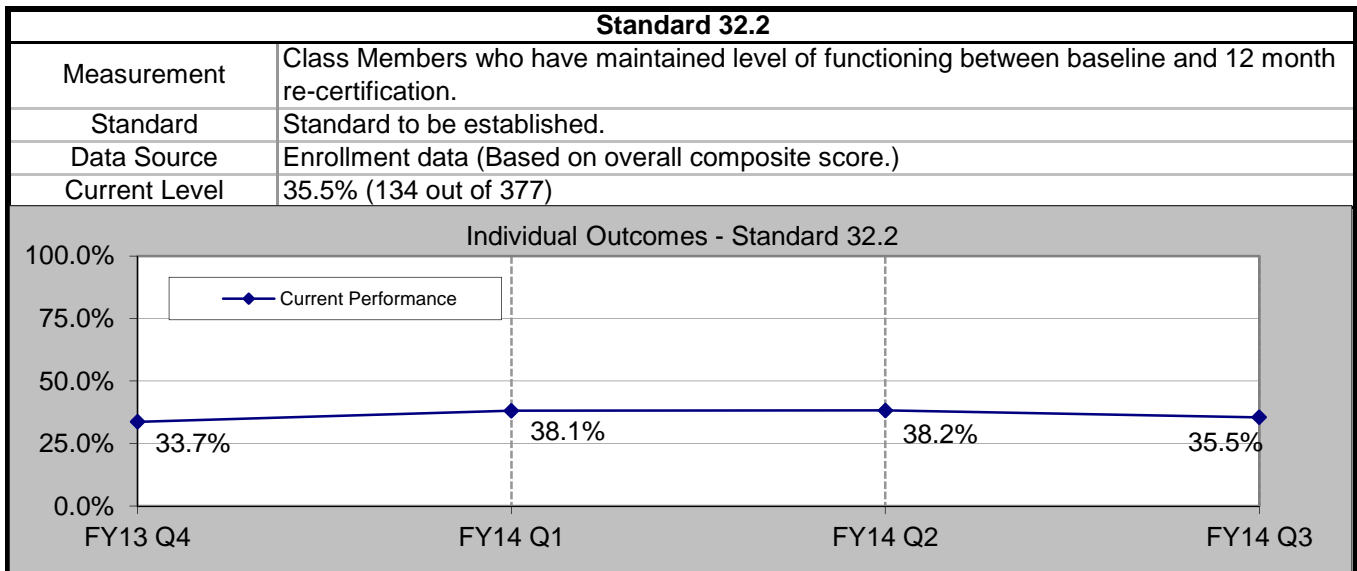
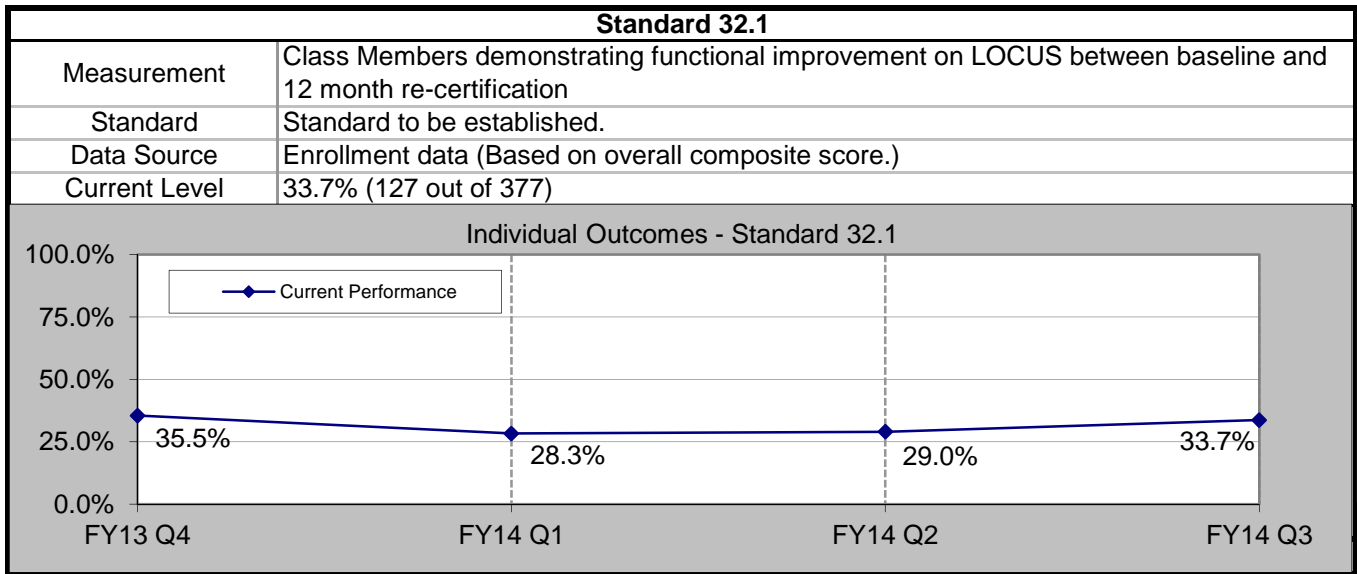
Augusta, Bangor, Biddeford, Damariscotta, Dover Foxcroft, Ellsworth, Farmington, Harrington, Houlton,
Lewiston, Machias, Norway, Rockland, Sanford, South Paris, and Waterville.

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

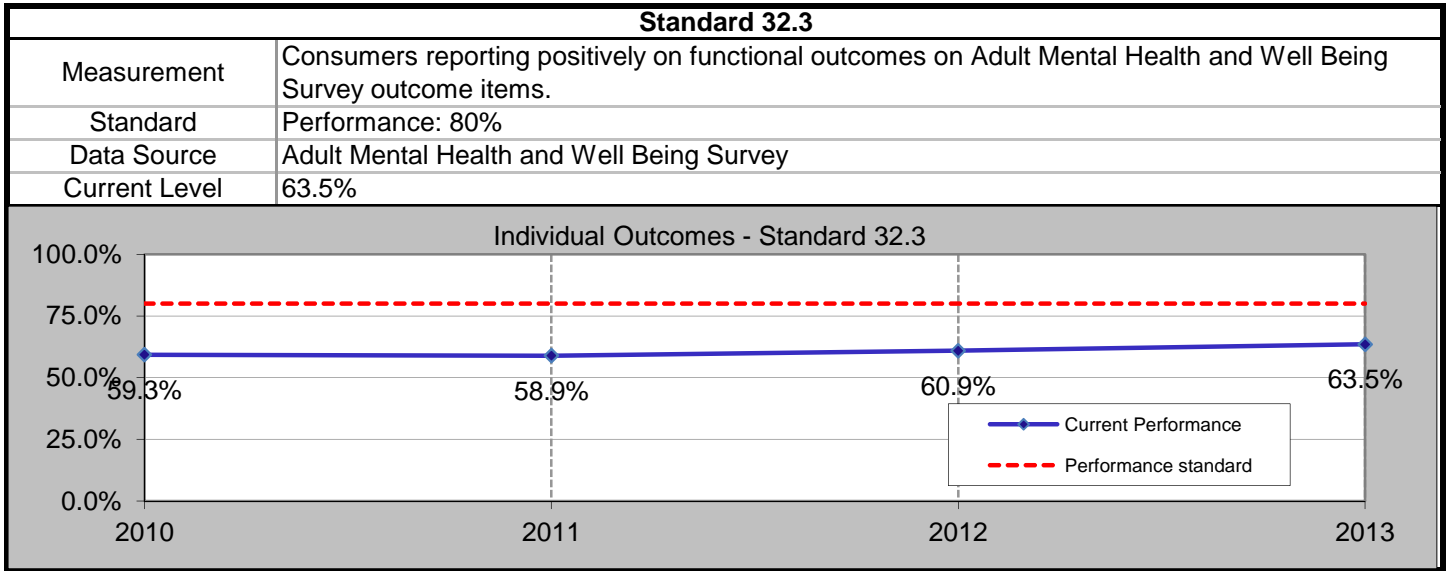


System Outcomes: Supporting the Recovery of Adults with Mental Illness Recovery

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

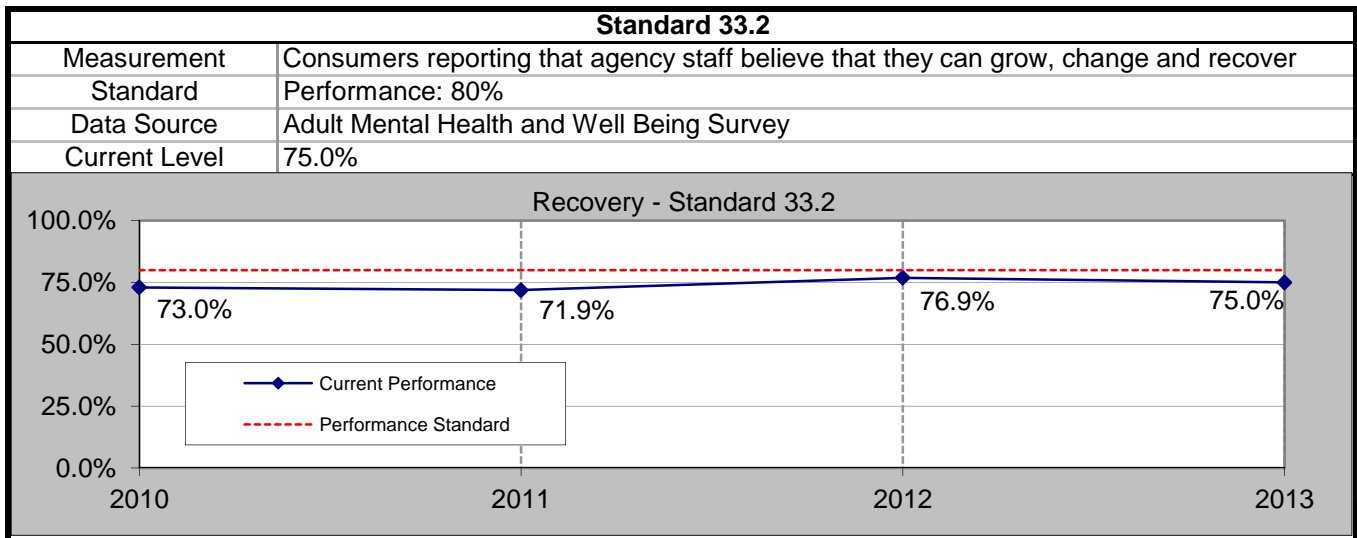
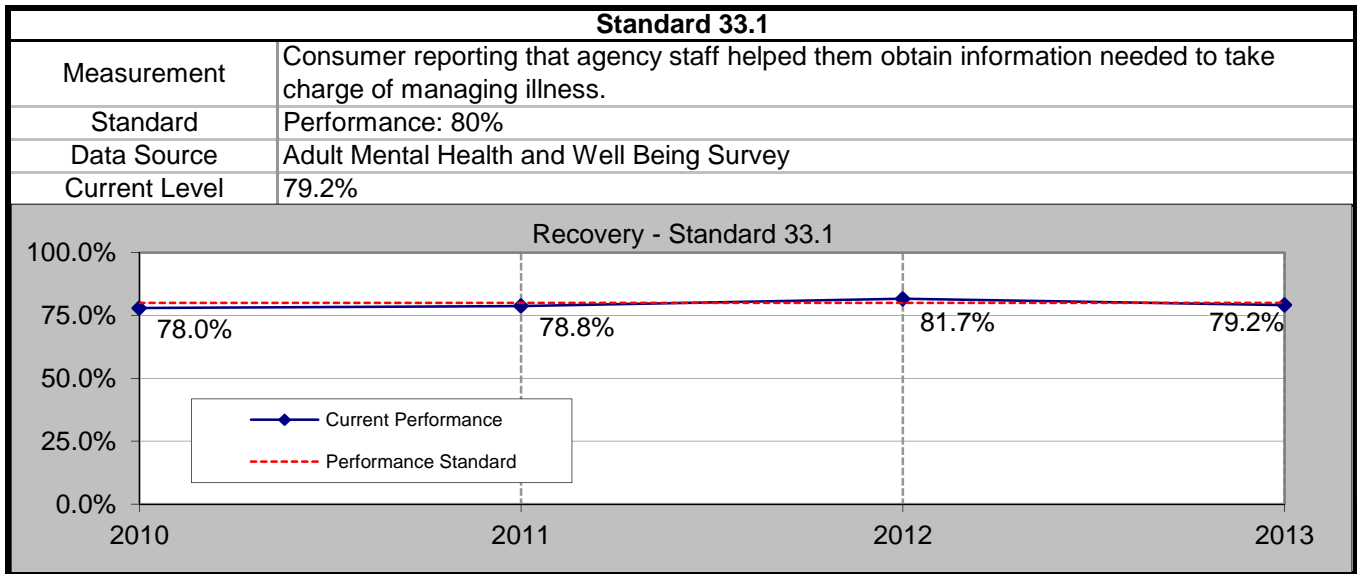


**System Outcomes: Supporting the Recovery of Adults with Mental Illness
Recovery**

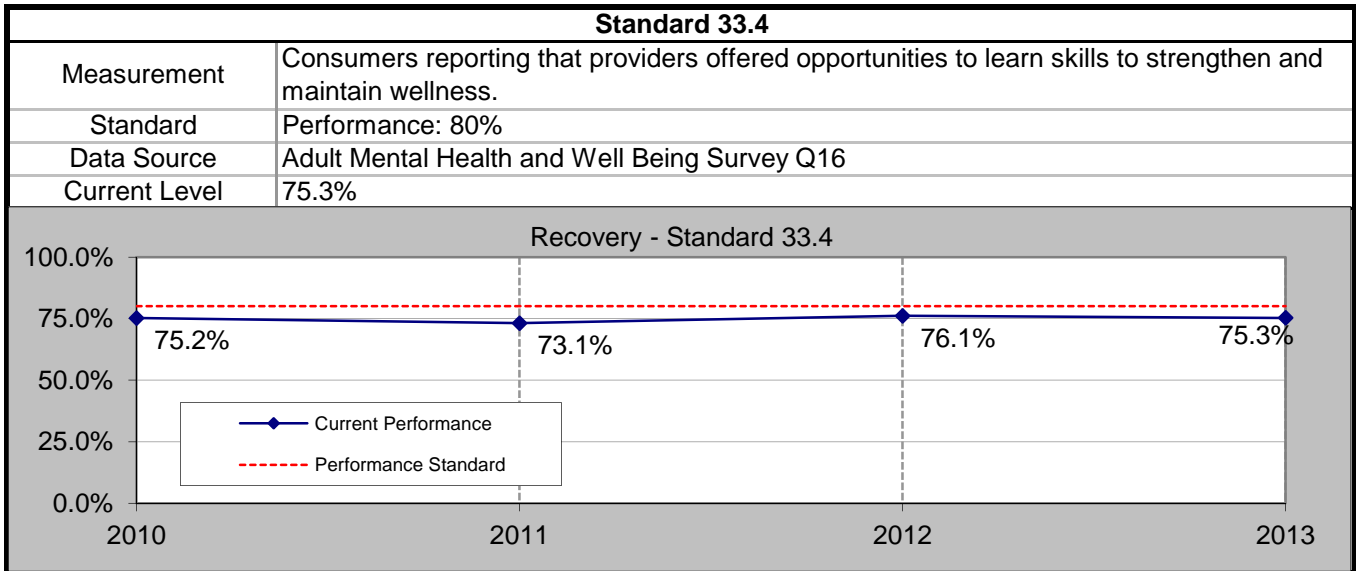
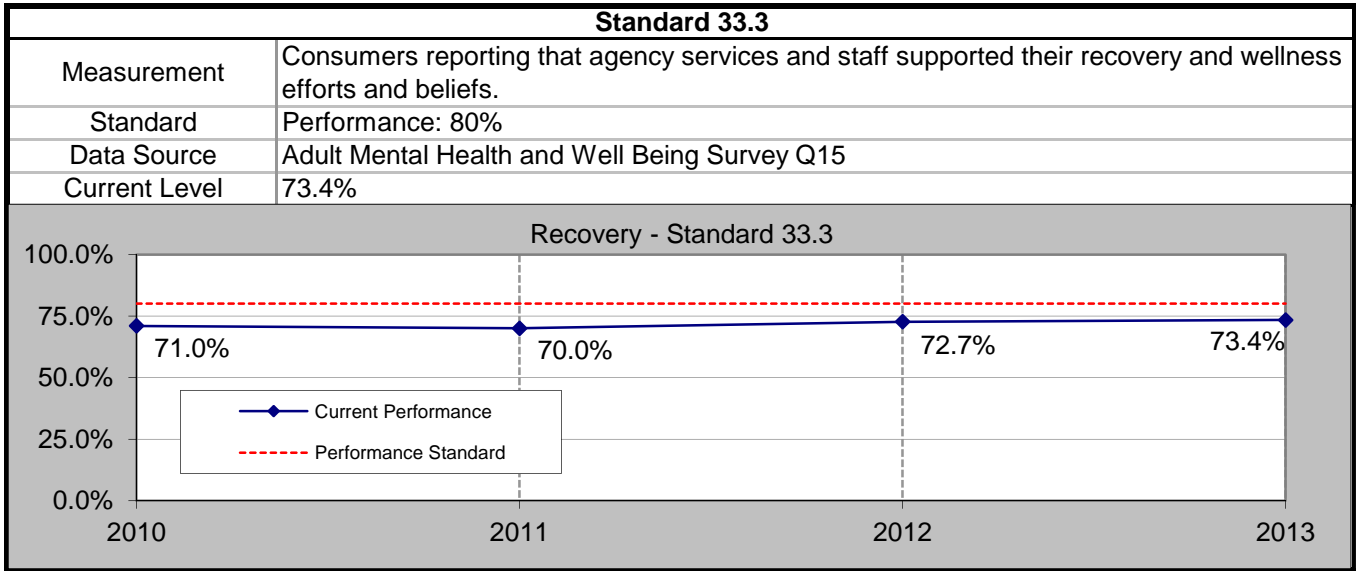


System Outcomes: Supporting the Recovery of Adults with Mental Illness Recovery

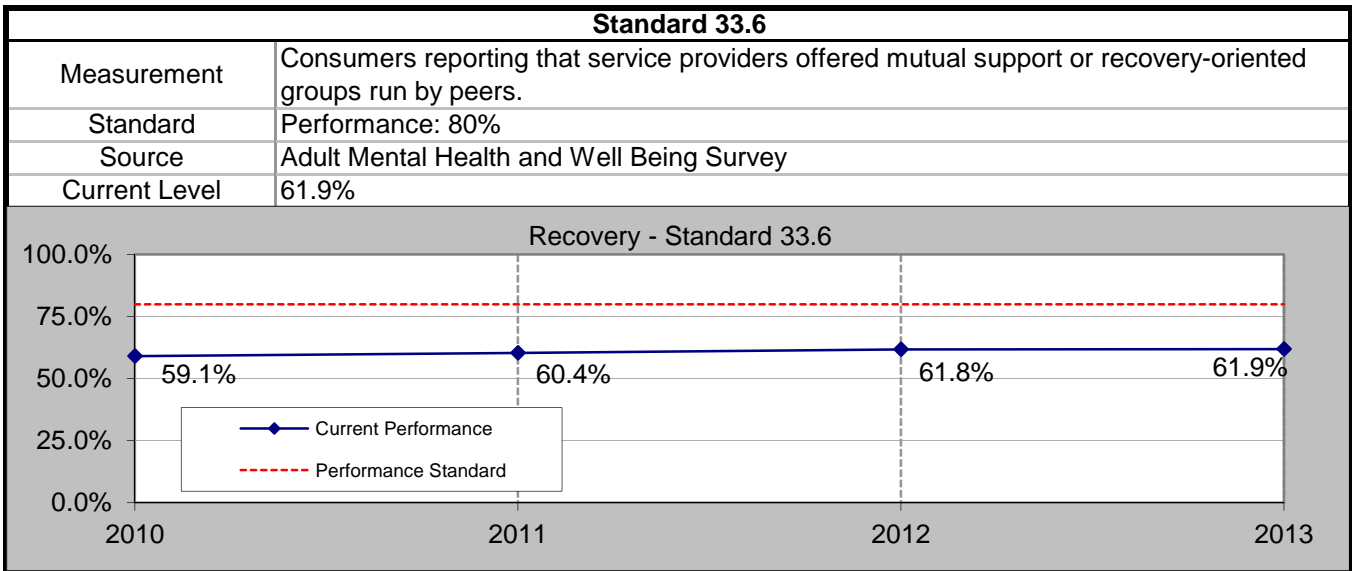
Standard 33 - Demonstrate that consumers are supported in their recovery process



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



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



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

Standard 34.1	
Measurement	# of mental health workshops, forums, and presentations geared toward general public and level of participation.
Standard	Qualitative evaluation required, no numerical standard necessary.
Data Source	NAMI
Current Level	35 FY14 Q3

Standard 34.2	
Measurement	Number and type of info packets, publications, press releases, etc. distributed to public audiences.
Standard	Qualitative evaluation required, no numerical standard necessary.
Data Source	NAMI
Current Level	3412 FY14 Q3