



Consent Decree Performance and Quality Improvement Standards: Jan 2011

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.

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.
- Current Level: The most recent data available for the Standard.
- Performance Standard: Standard set as a component of the Department's approved Adult Mental Health Services Plan dated October 13, 2006.
- Compliance Standard: Standard set as a component of the Department's approved standards for defining substantial compliance approved October 29, 2007.

Calendar and Fiscal Year Definitions:

CY: Calendar Year - January 1 - December 31.

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

**Compliance and Performance Standards: Summary Sheet
October - December 2010**

Standard 1. Rights Dignity and Respect

Have providers treated you with dignity and respect?

Standard 2. Rights Dignity and Respect

Response to Level II Grievances within 5 days

Standard 3. Rights Dignity and Respect

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

Standard 4. Rights Dignity and Respect

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

Standard 5. Timeliness of ISP and CI/CSS Assignment

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

Standard 7. CI/CSS/ Individualized Support Planning

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

Standard 8. CI/CSS Individualized Support Planning

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

Standard 9. ISP Service Agreements

ISPs that require Service Agreements that have current Service Agreements

**Compliance and Performance Standards: Summary Sheet
October - December 2010**

Standard 10. Case Load Ratios

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

Standard 11. CI/CSS Individualized Support Planning

Paragraph 74. Needs of Class Members not in Service

Standard 12. Housing & Residential Support Services

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

Standard 13. Housing & Residential Support Services

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

Standard 14. Housing & Residential Support Services

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

Standard 15. Housing & Residential Services

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

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

Inpatient admissions reasonably near community residence.

**Compliance and Performance Standards: Summary Sheet
October - December 2010**

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

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

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

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

Standard 19. Crisis intervention Services

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

Standard 20. Crisis Intervention Services

- 1 Class Members reporting they knew how to get help when it was needed.
2. Class Members reporting crisis services were available when needed.

Standard 21. Treatment Services

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

Standard 22. Treatment Services

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

Standard 23. Family Support Services

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

**Compliance and Performance Standards: Summary Sheet
October - December 2010**

Standard 24. Family Support Services

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

Standard 25. Family Support Services

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

Standard 26. Vocational Employment Services

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

Standard 27. Vocational Employment Services

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

Standard 28. Transportation

Class Members with ISPs - Unmet transportation needs.

Standard 29. Transportation

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

Standard 30. Rec/Soc/Avocational/Spiritual Opportunities

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

Standard 31. Rec/Soc/Avoc/Spiritual

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

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
October - December 2010**

Standard 33. Recovery

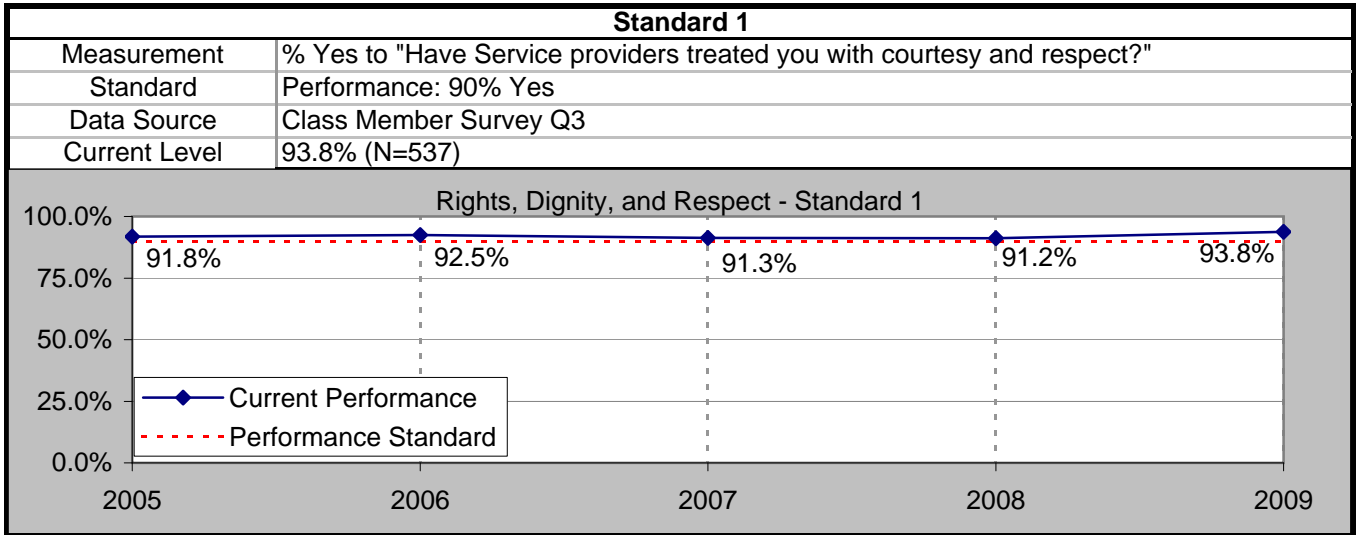
1. Consumers reporting staff helped them to take charge of managing illness.
2. Consumers reporting staff believed they could grow, change, recover
3. Consumers reporting staff supported their recovery efforts
4. Consumers reporting that providers offered learning opportunities: question eliminated with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

Standard 34. Public Education

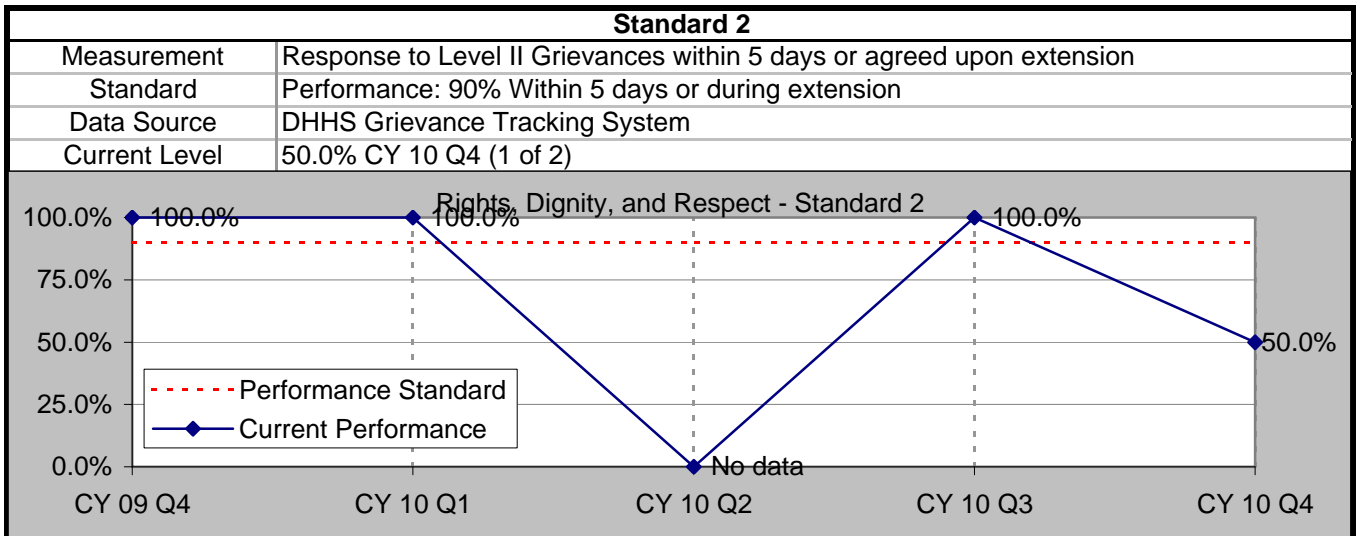
1. # MH workshops, forums and presentations geared to public participation.
2. #, type of information packets, publications, and press releases distributed to public.

Rights, Dignity, and Respect

Standard 1 - Treated with respect for their individuality



Standard 2 - Grievances are addressed in a timely manner



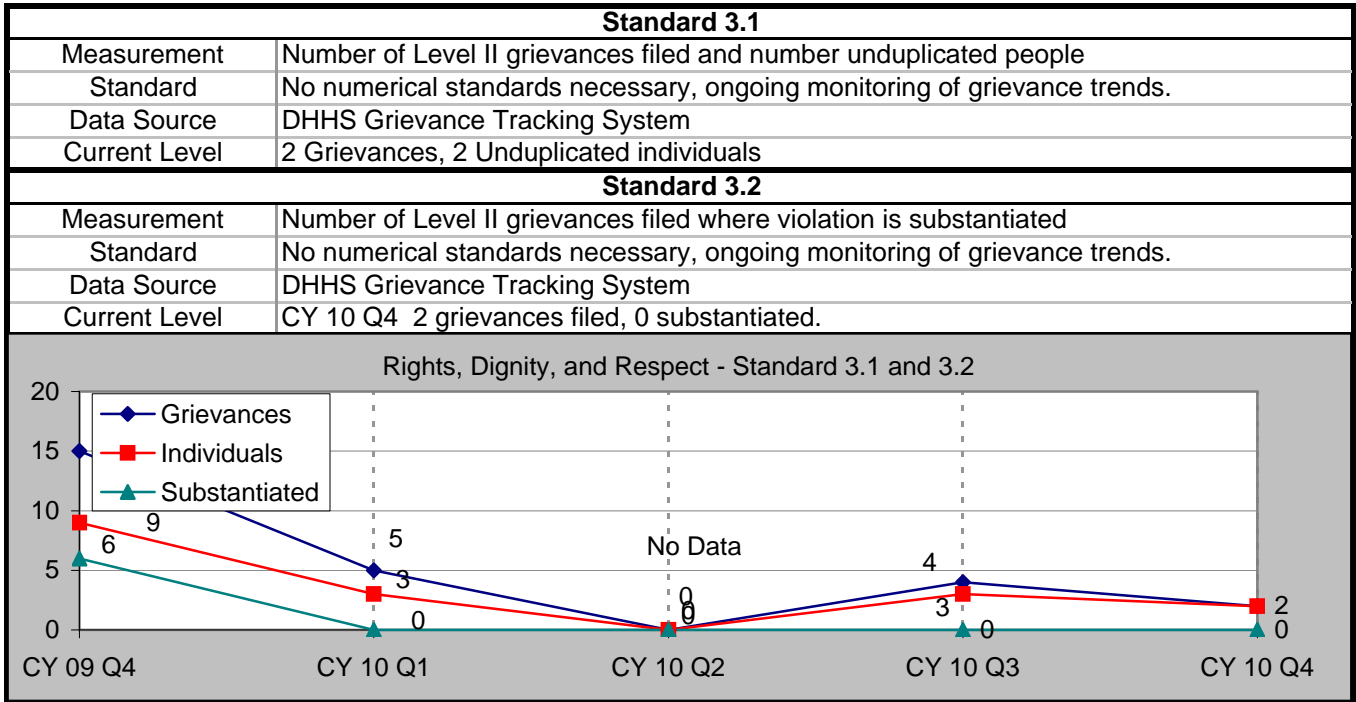
Discussion:

Standard 1: No Class Member Survey was administered in 2010. In February 2010, the Department submitted a consent decree plan amendment request to the Court Master seeking to allow the use of the DIG survey instead of both the DIG Survey and the class member survey to measure performance of the state mental health system and compliance with the Consent Decree Plan. That amendment request was approved 01/19/2011. This standard will reflect the approved changes in the next quarterly report, May 1, 2011.

Standard 2: Met from calendar year 2006 thru the 1st and 3rd quarters of calendar year 2010. Not met Q4 - one of two grievances was not responded to within the prescribed timeframe.

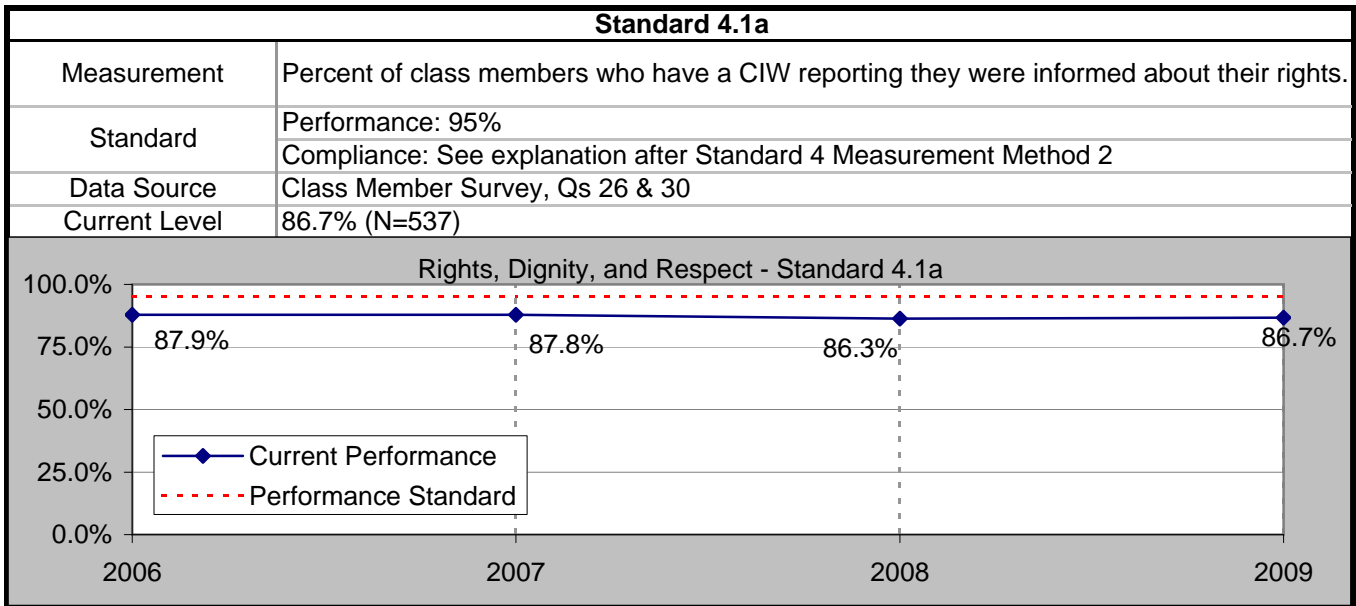
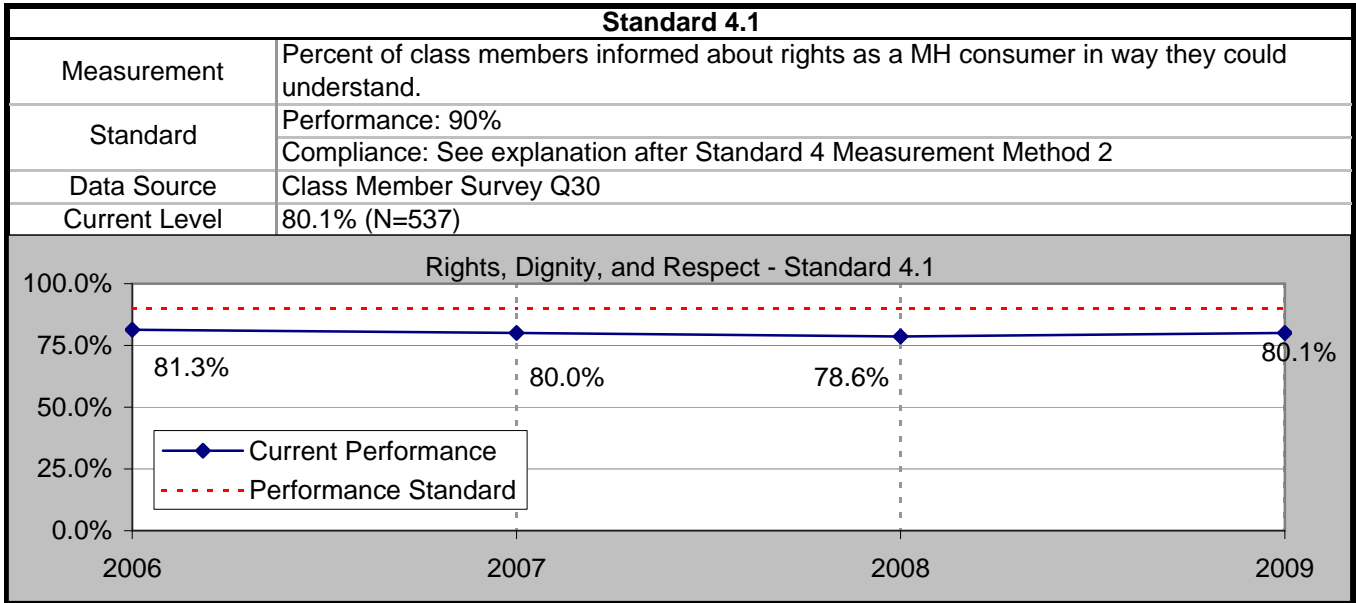
Rights, Dignity, and Respect

Standard 3 - Demonstrate rights are respected and maintained

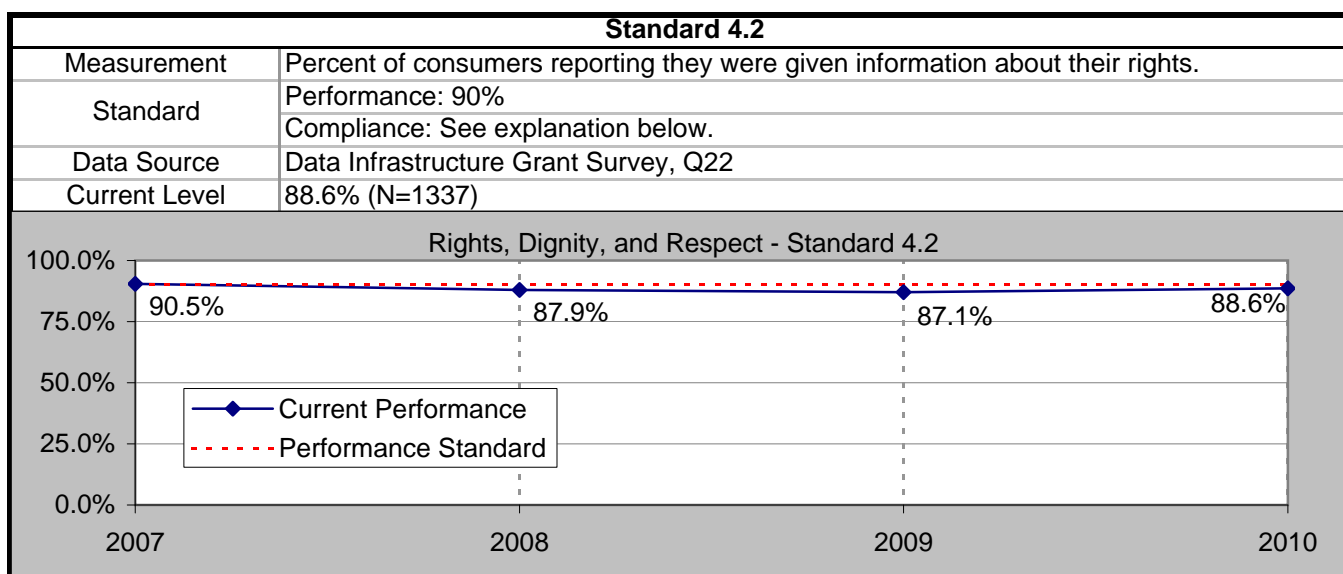
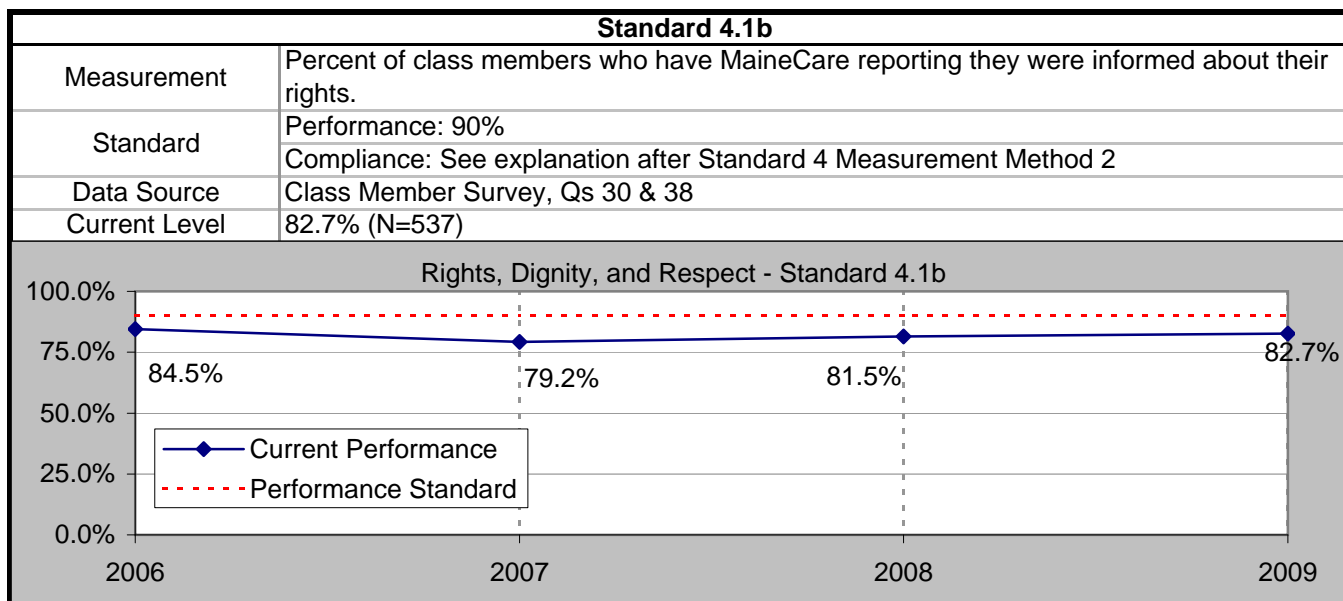


Rights, Dignity, and Respect

Standard 4 - Class Members are informed of their rights



Rights, Dignity, and Respect



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

If results fall below performance standard levels, the Department:

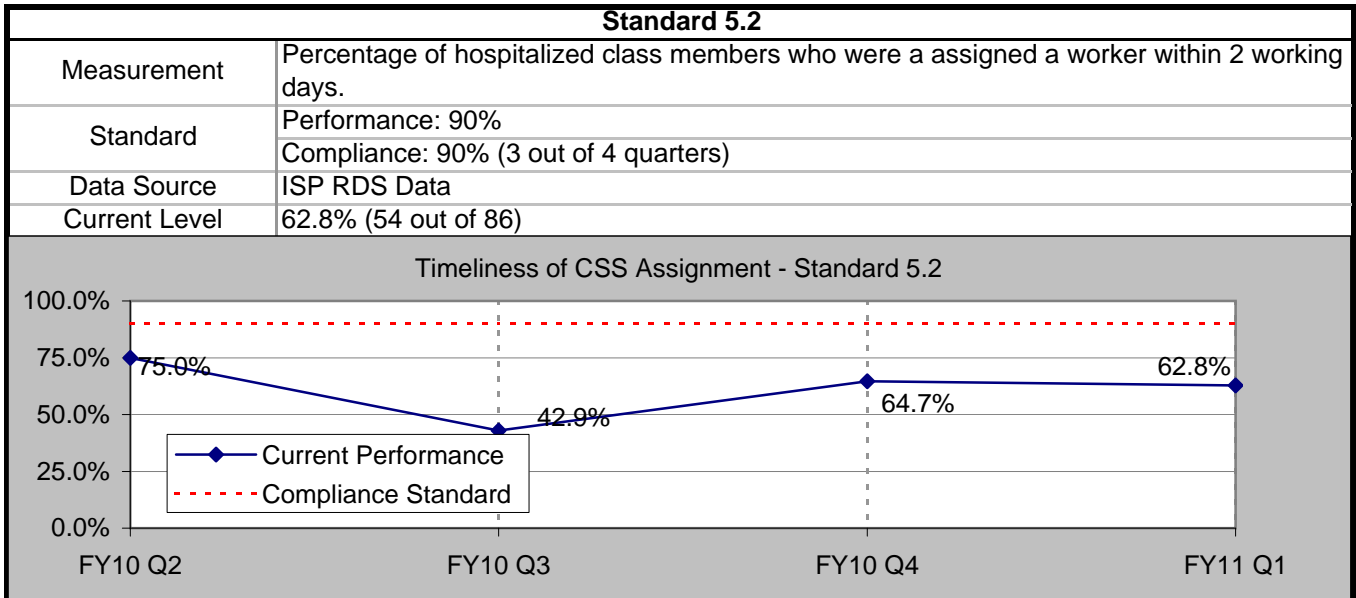
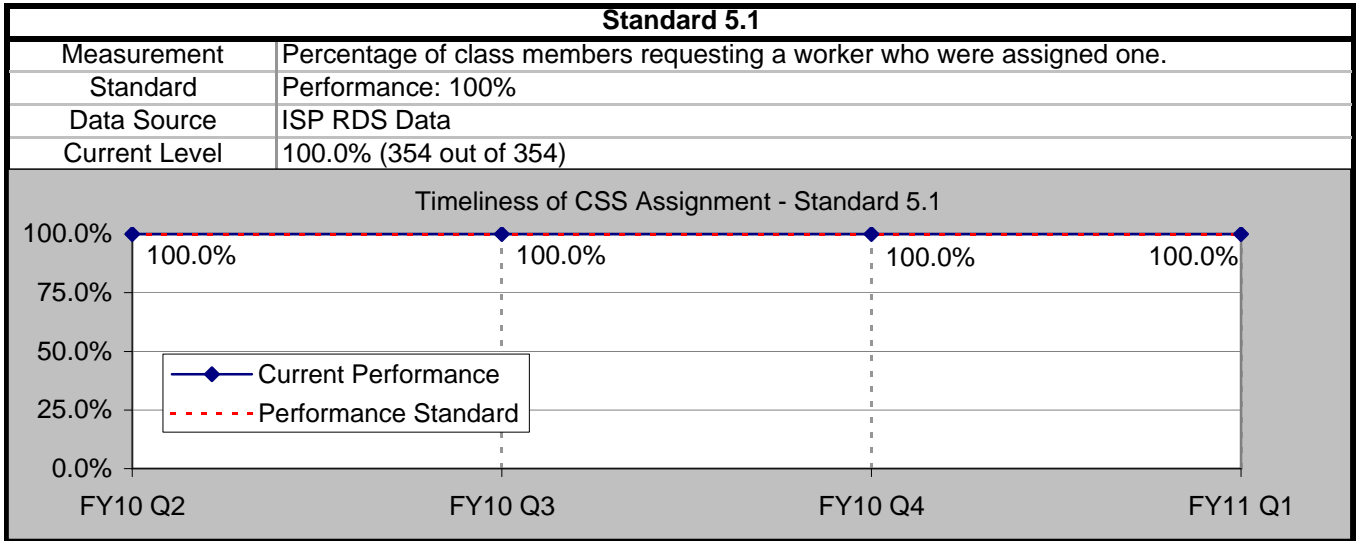
- Consults with the consumer council
- Takes corrective action if deemed necessary by the consumer council and
- Develops that corrective action in collaboration with the consumer council

Discussion:

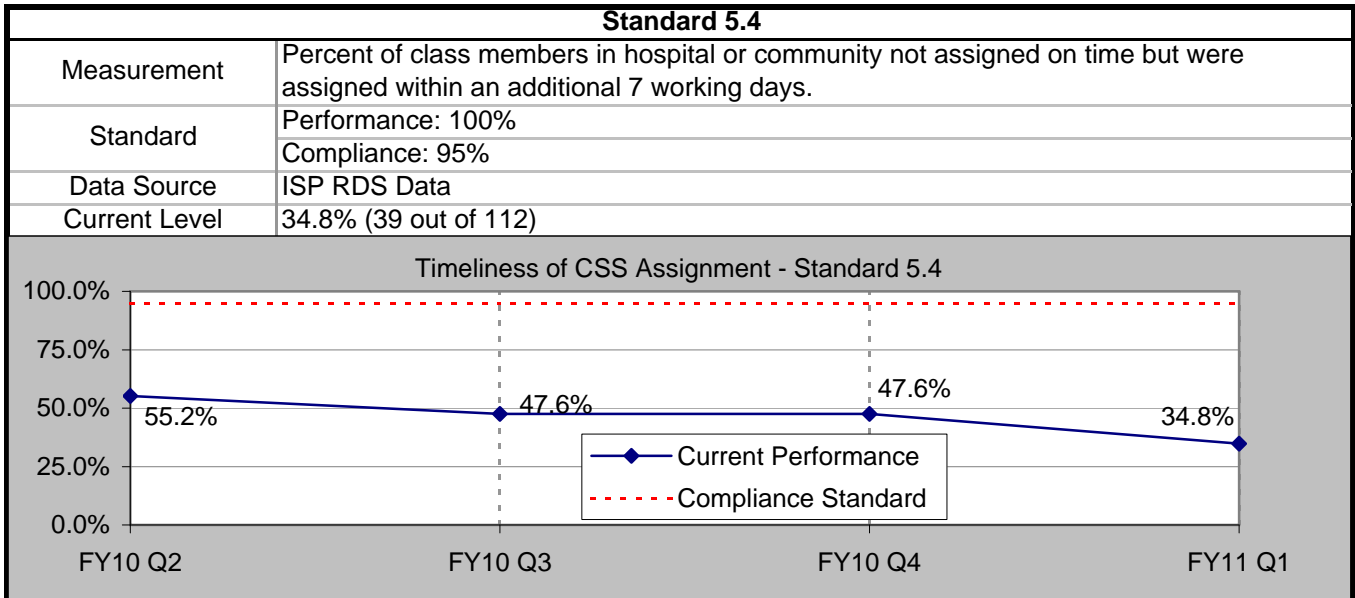
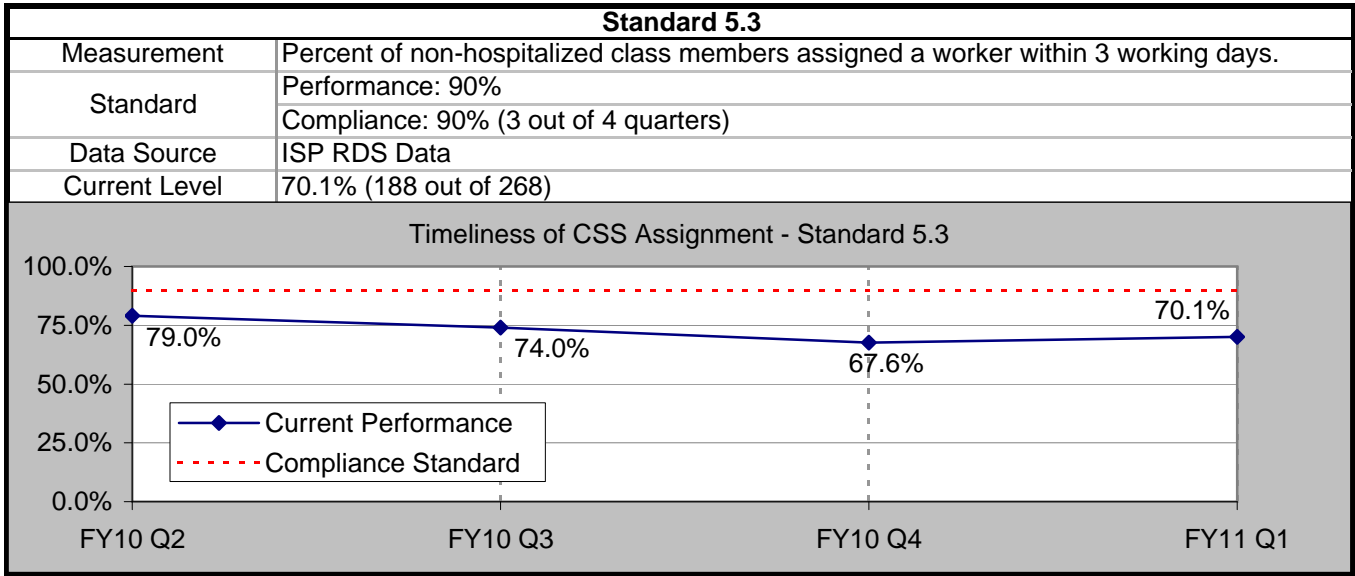
Standards 4.1a, 4.1b, and 4.1c: No Class Member Survey was administered in 2010. In February 2010, the Department submitted a consent decree plan amendment request to the Court Master seeking to allow the use of the DIG survey instead of both the DIG Survey and the class member survey to measure performance of the state mental health system and compliance with the Consent Decree Plan. That amendment request was approved 01/19/2011. This standard will reflect the approved changes in the next quarterly report, May 1, 2011.

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

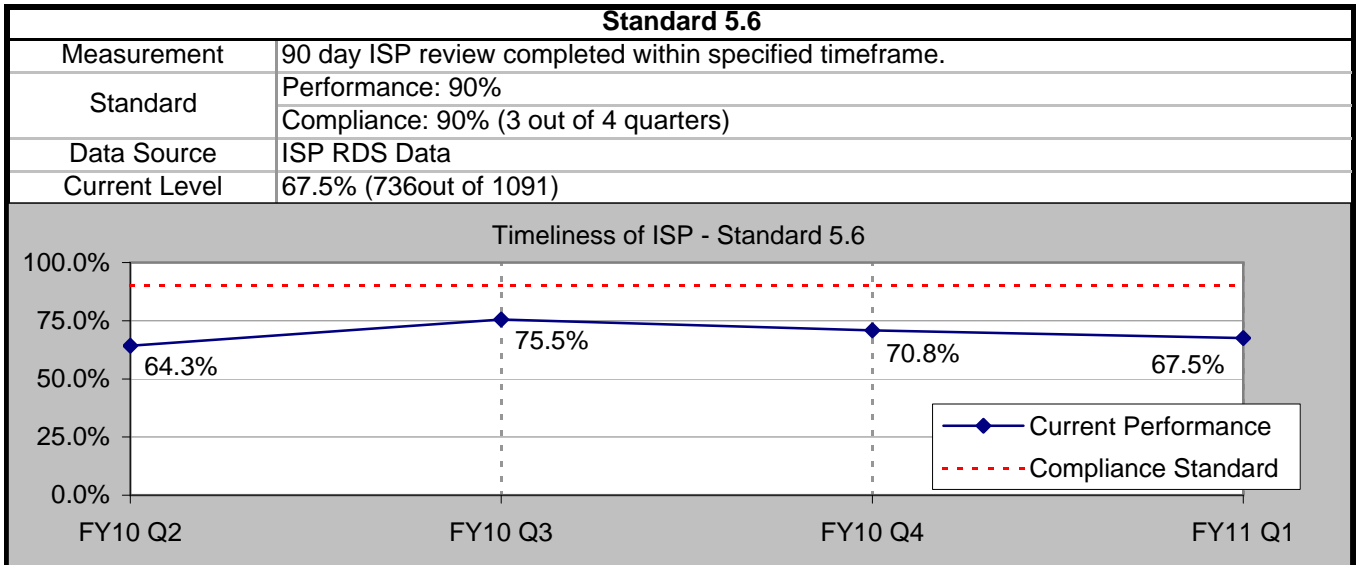
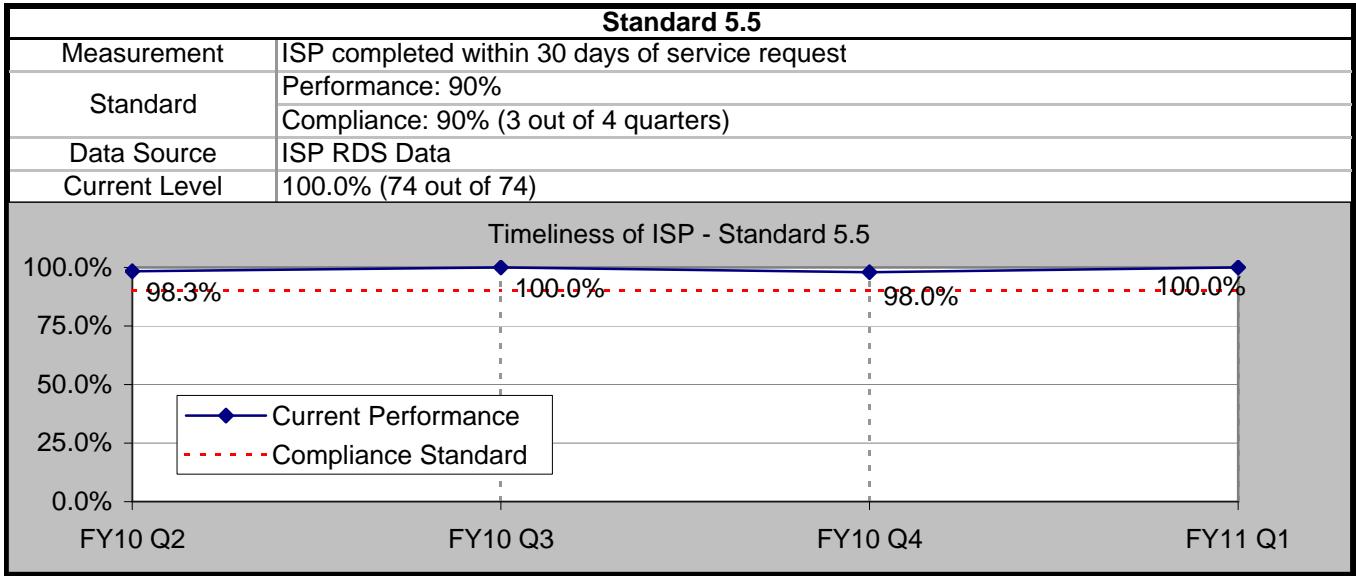


Discussion:

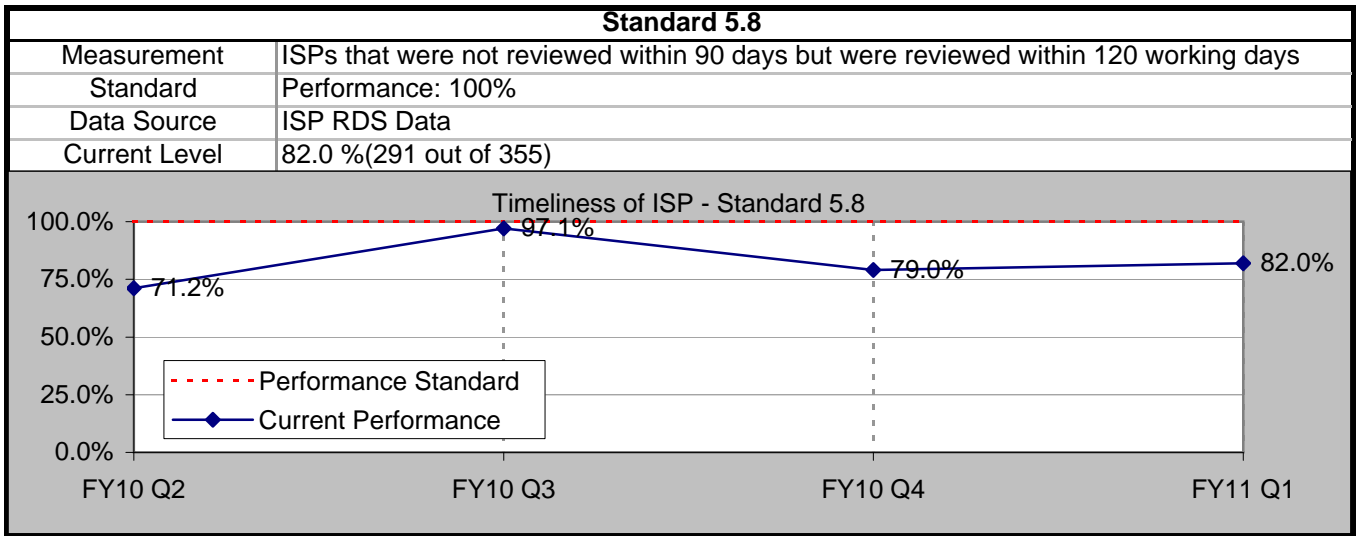
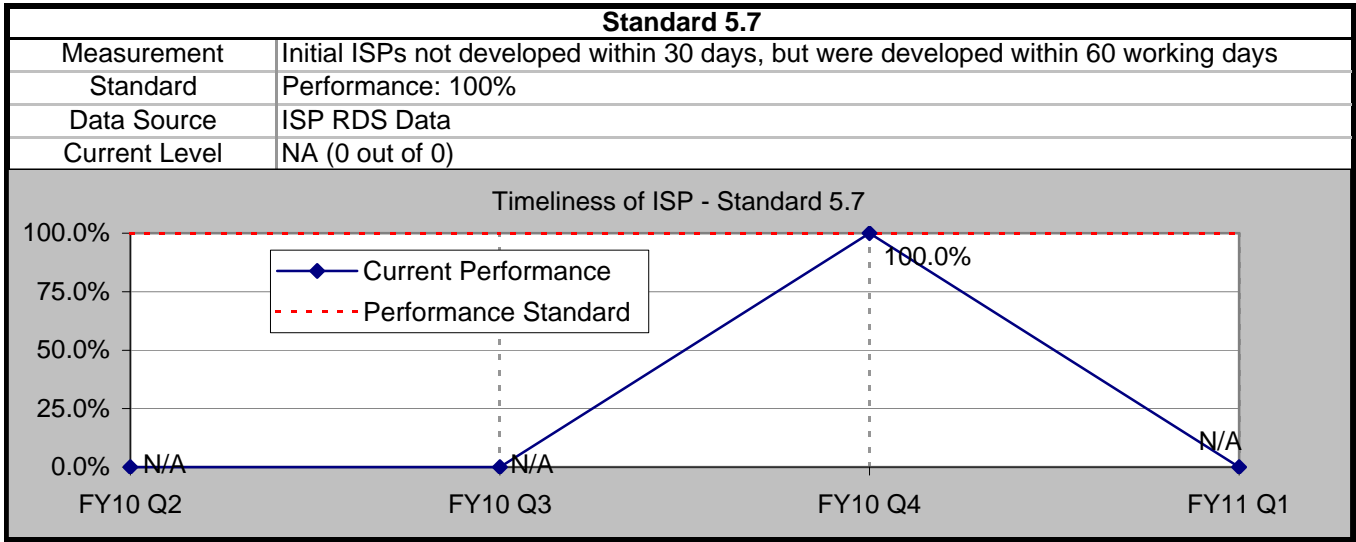
Standard 5.1: As this standard is figured on RDS/enrollment data submitted for persons in service, the standard is always met as, by definition the individual has a community integration worker

Standard 5.2, 5.3, 5.4: Timeliness standards not met. Standard 5.3 has displayed a downward trend (moving away from the standard) over the 4 quarters of FY 10, up slightly in the 1st quarter FY 11.

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



Community Integration / Community Support Services / Individualized Support Planning

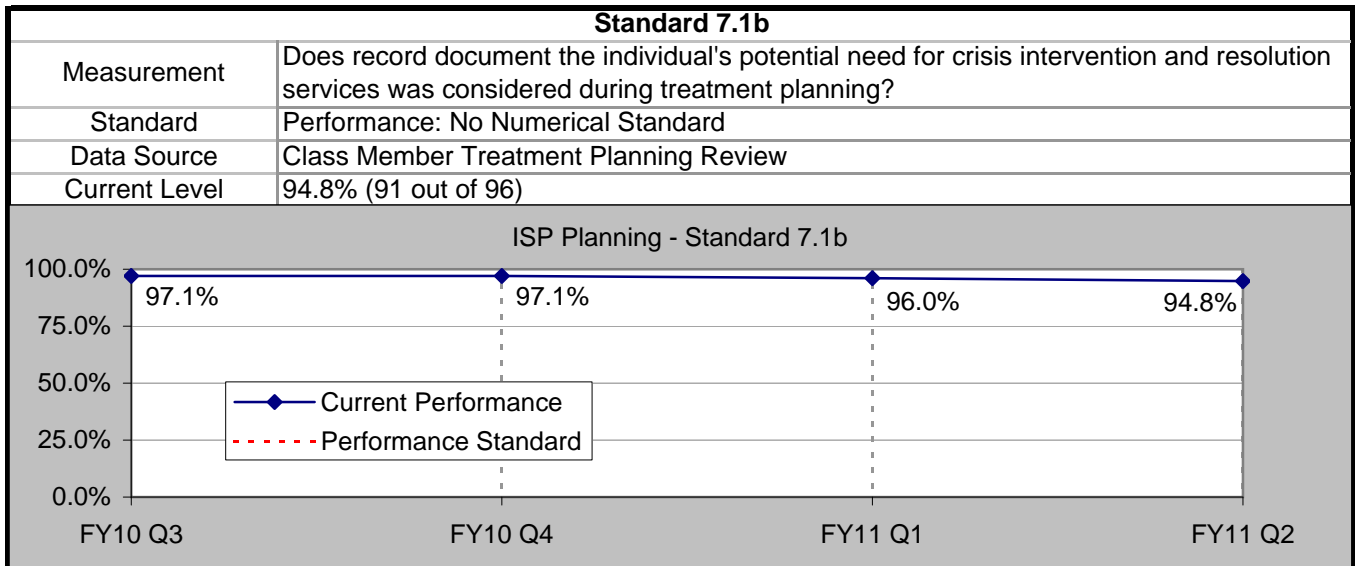
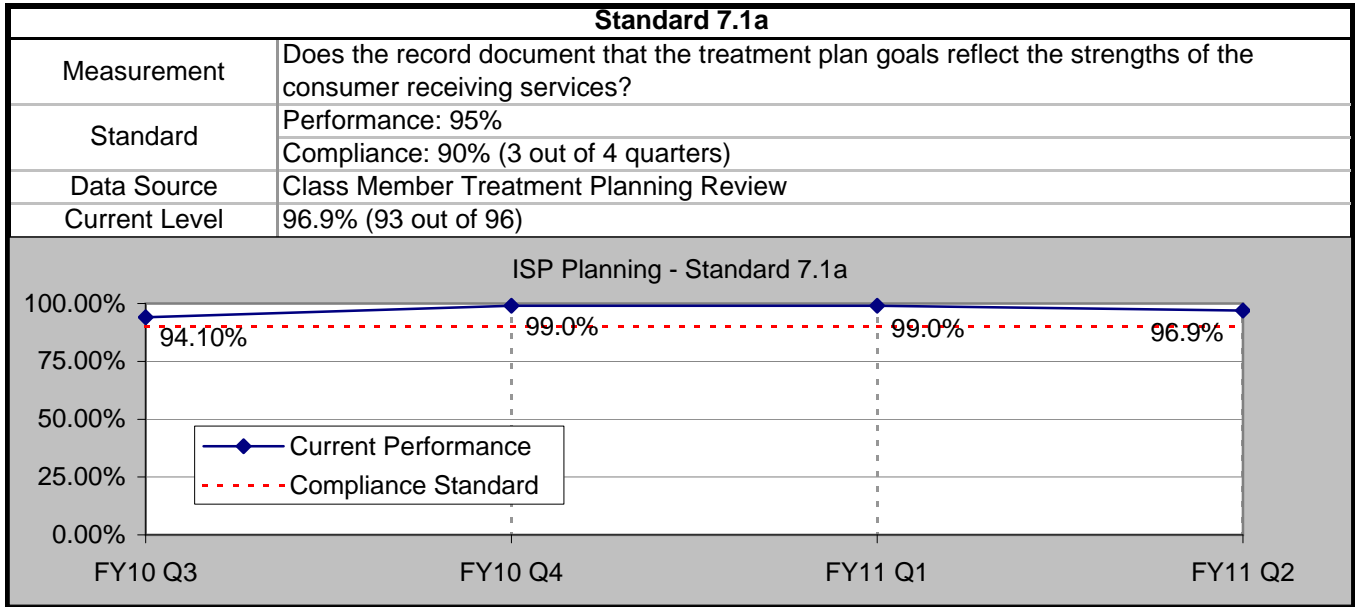


Discussion:

Standard 5.5: Met since the 3rd quarter of FY 08

Community Integration / Community Support Services / Individualized Support Planning

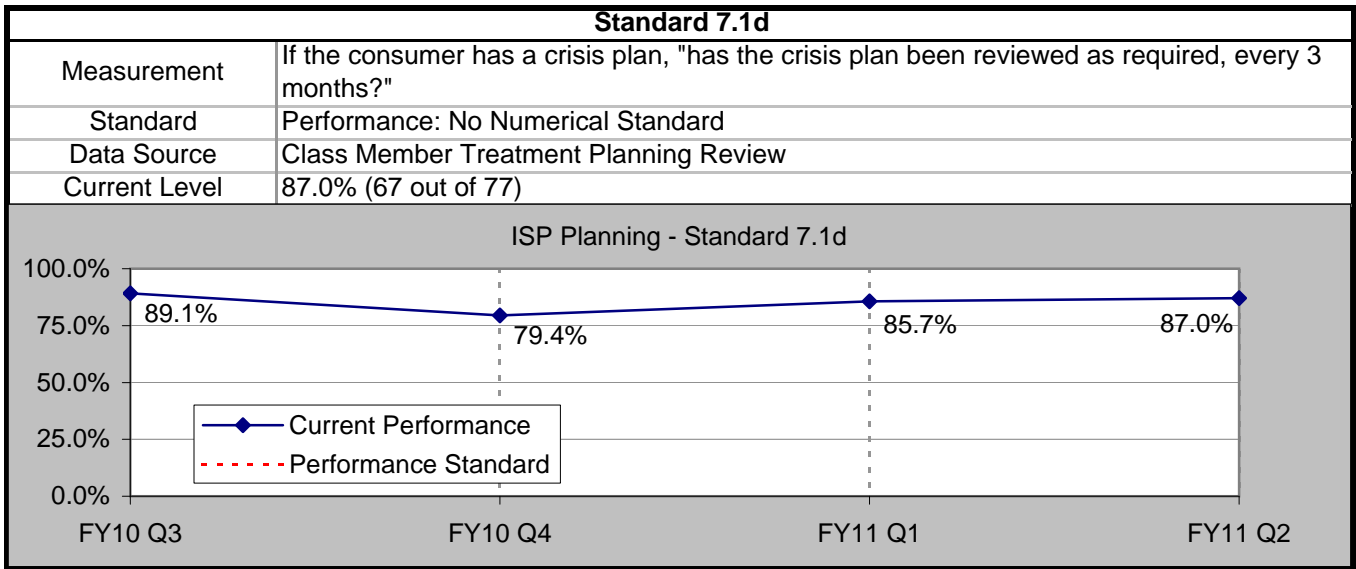
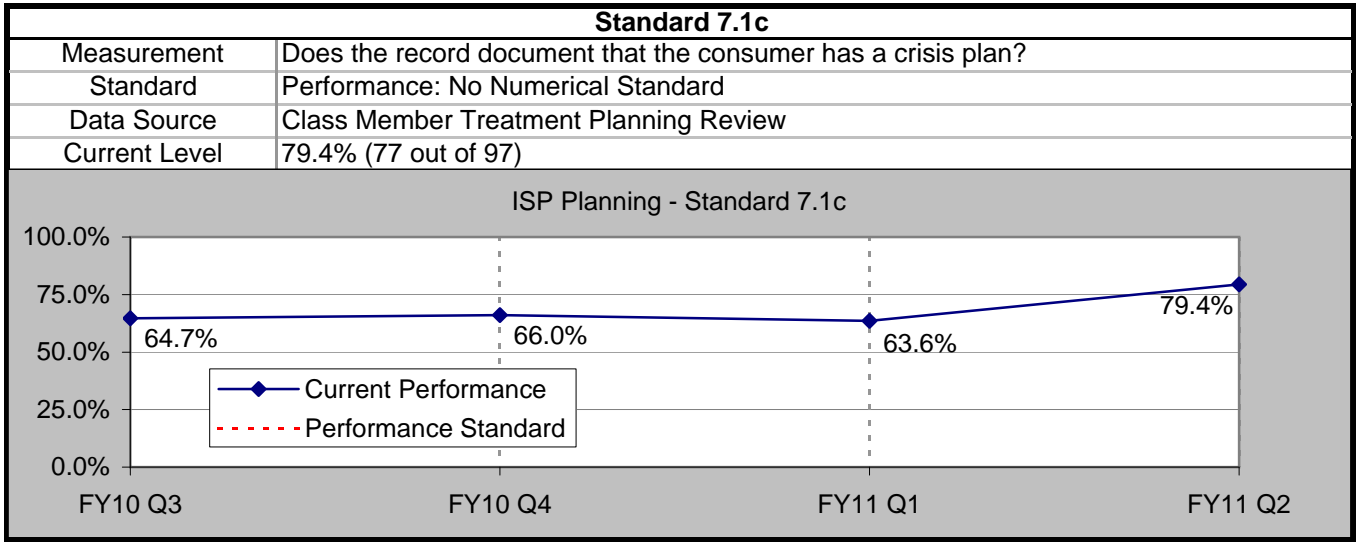
Standard 7 - ISPs are based on class members' strengths & needs



Discussion:

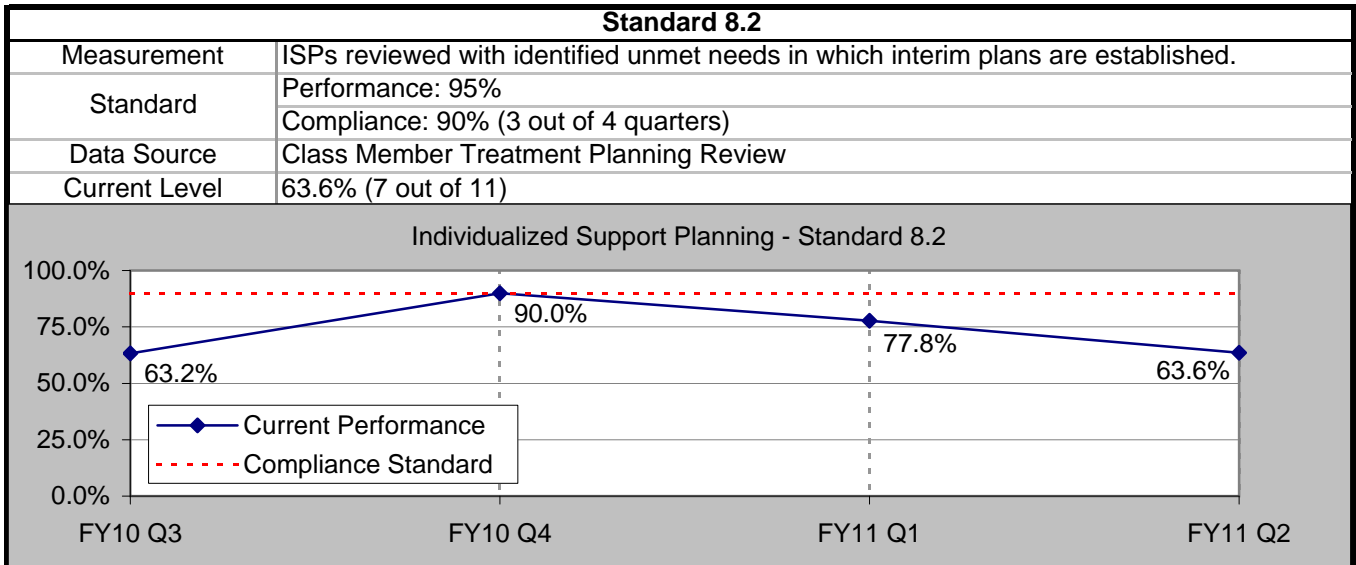
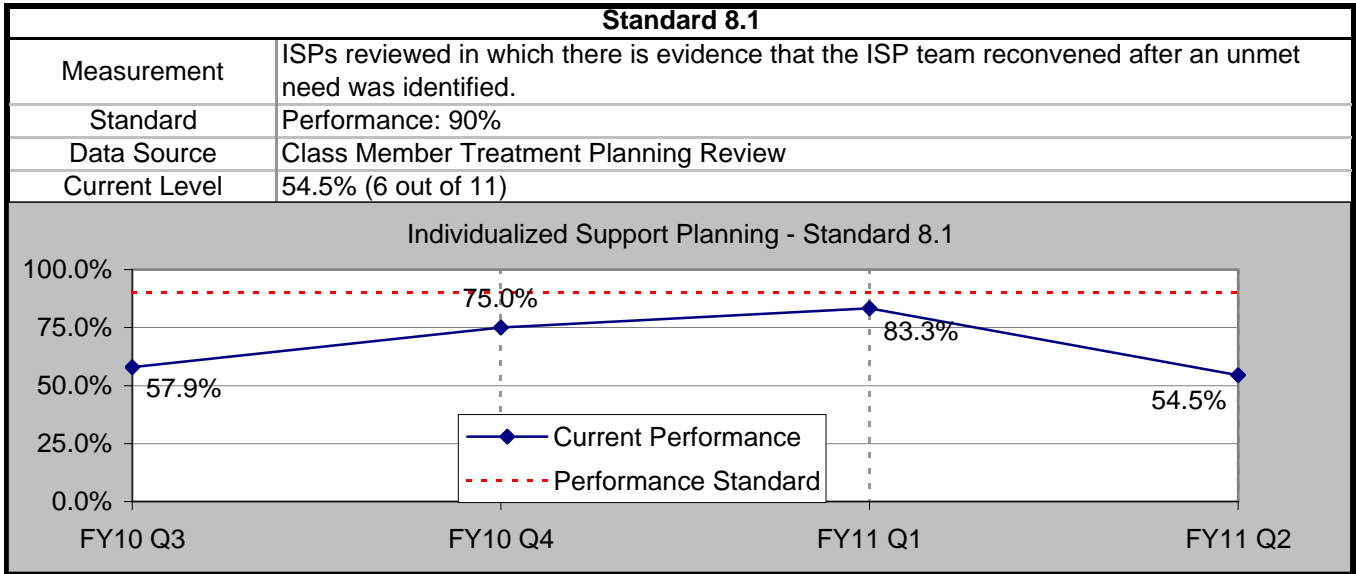
Standard 7.1a: Met continuously since the first quarter of FY 08.

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



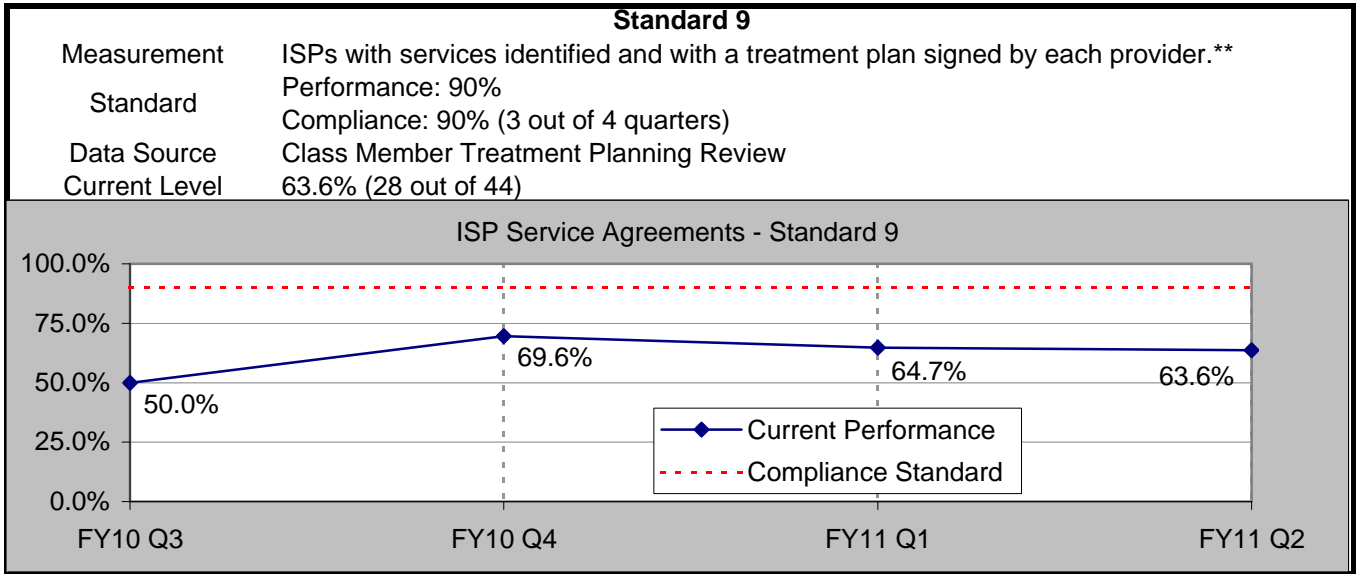
**Community Integration / Community Support Services /
Individualized Support Planning**

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

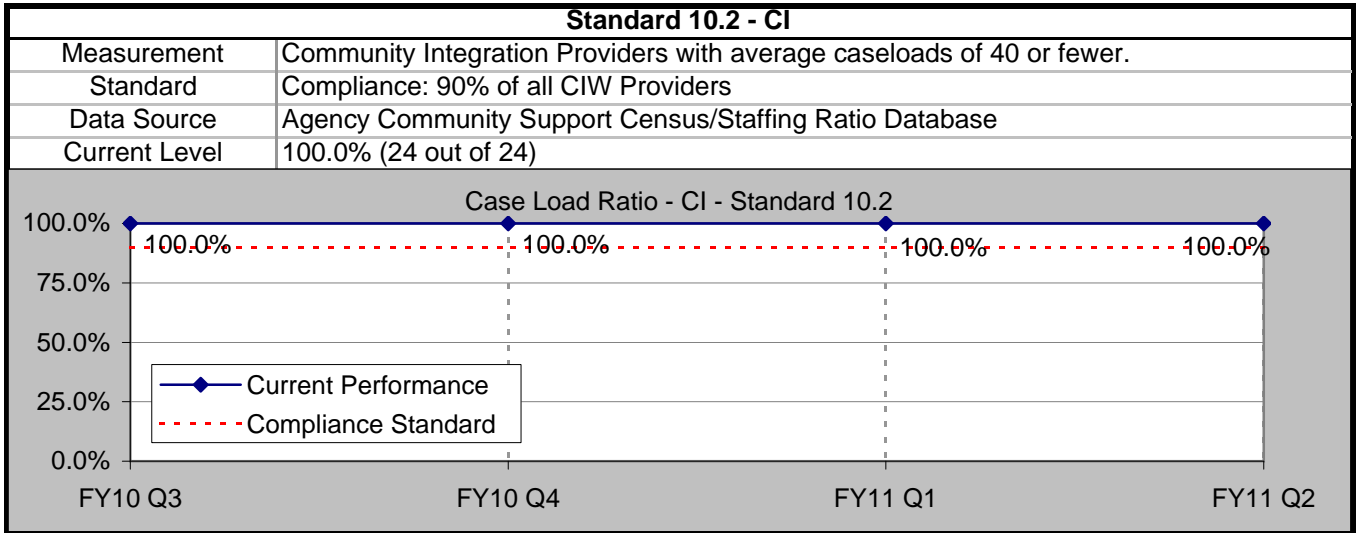
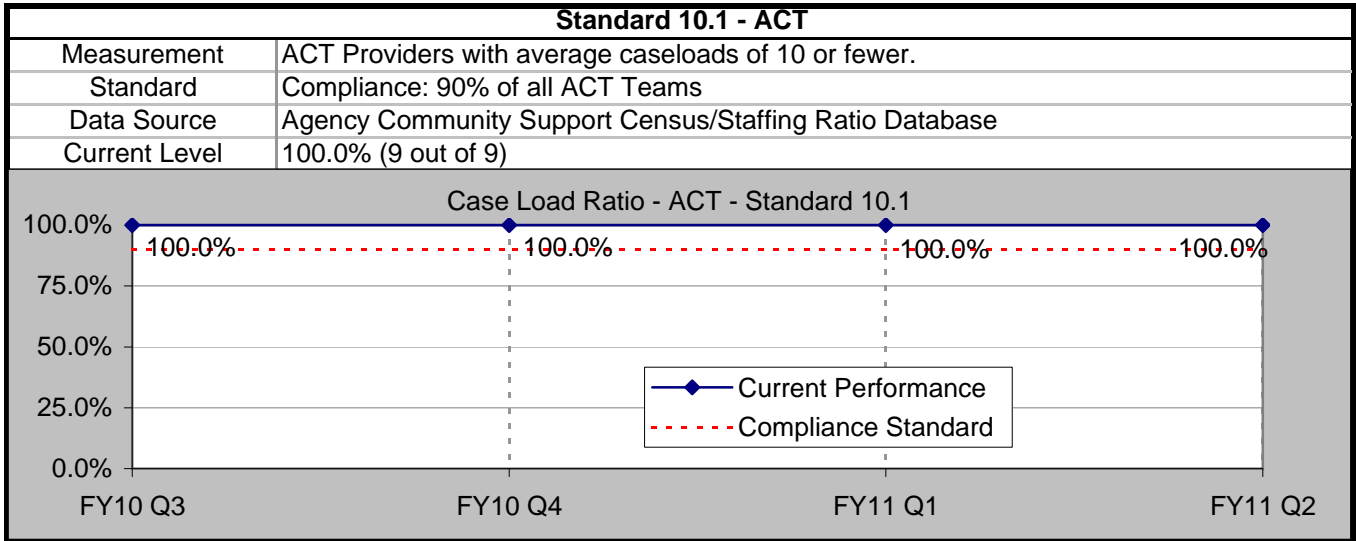


Discussion:

Standard 9: Continues not to be met

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

Standard 10 - Case Load Ratio

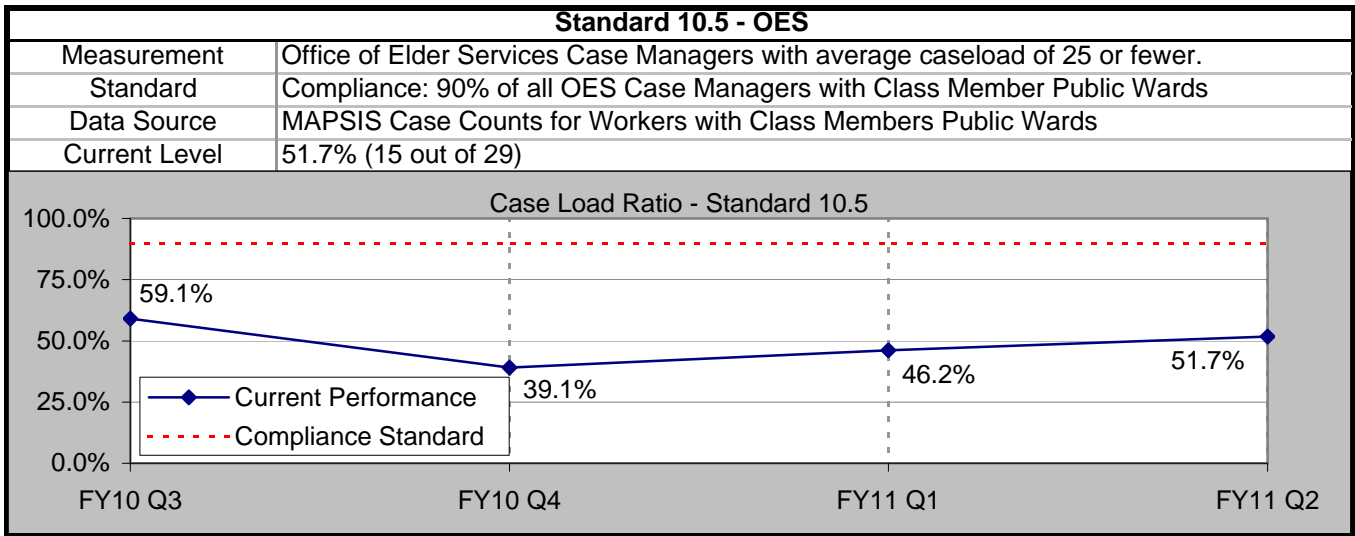
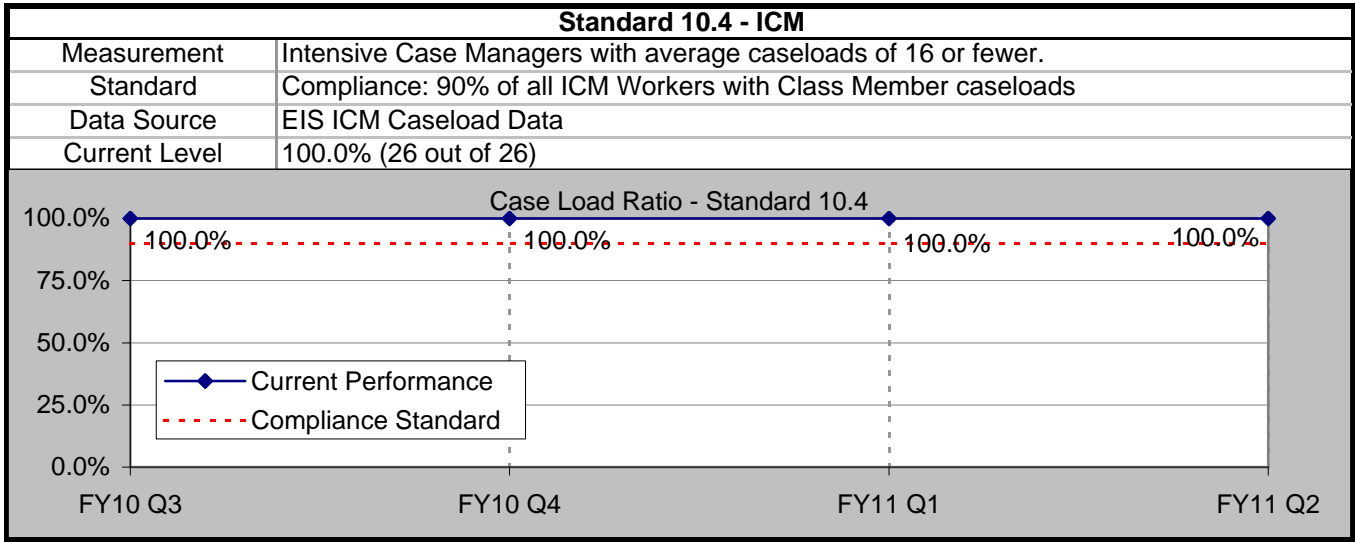


Discussion:

Standard 10.1: The 10/01/2009 revision of MaineCare Section 17 clearly specified staff to be included in calculating staffing ratios; ratio has now been met since the 2nd quarter FY 10.

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

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



Discussion:

Standard 10.4: Standard met since the 2nd quarter of FY 08. ICM focus is primarily outreach with individuals in forensic facilities or with individuals who are homeless. ICMs no longer carry traditional caseloads.

Standard 10.5: OES continues not to meet staff/client ratios. As of October 2010, all vacant caseworker positions are filled.

Recommendations:

Continue to monitor

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

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

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

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

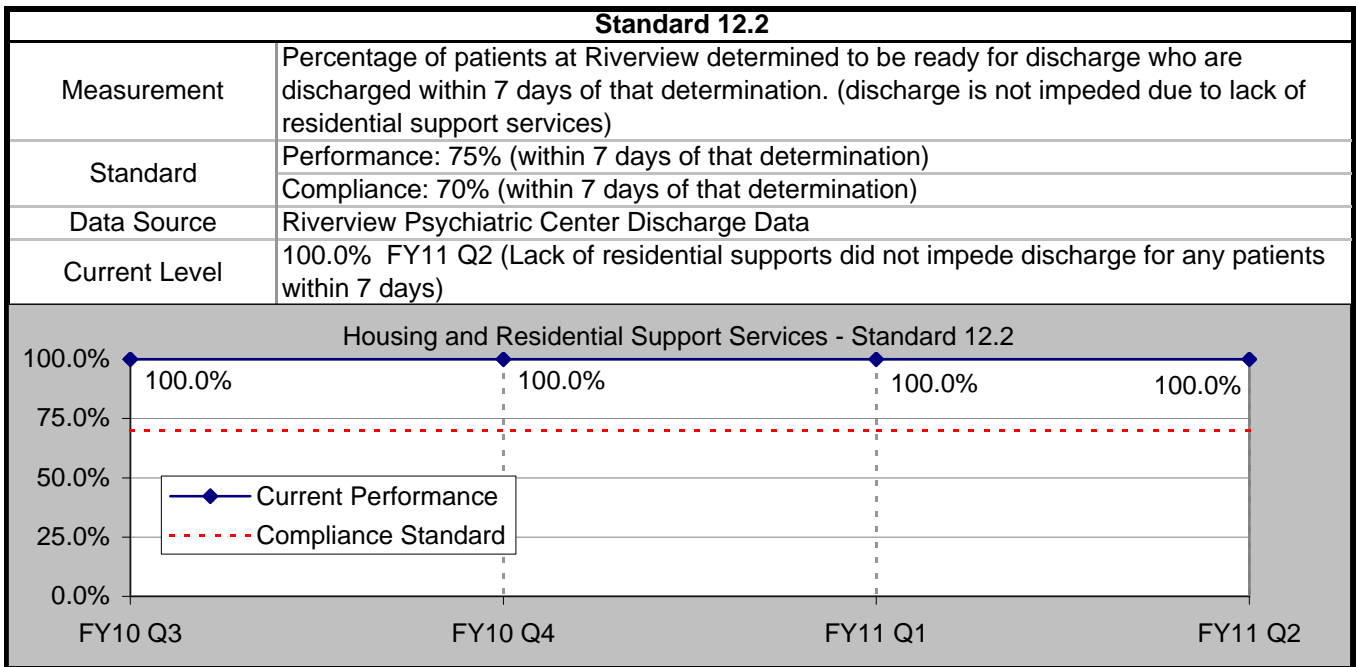
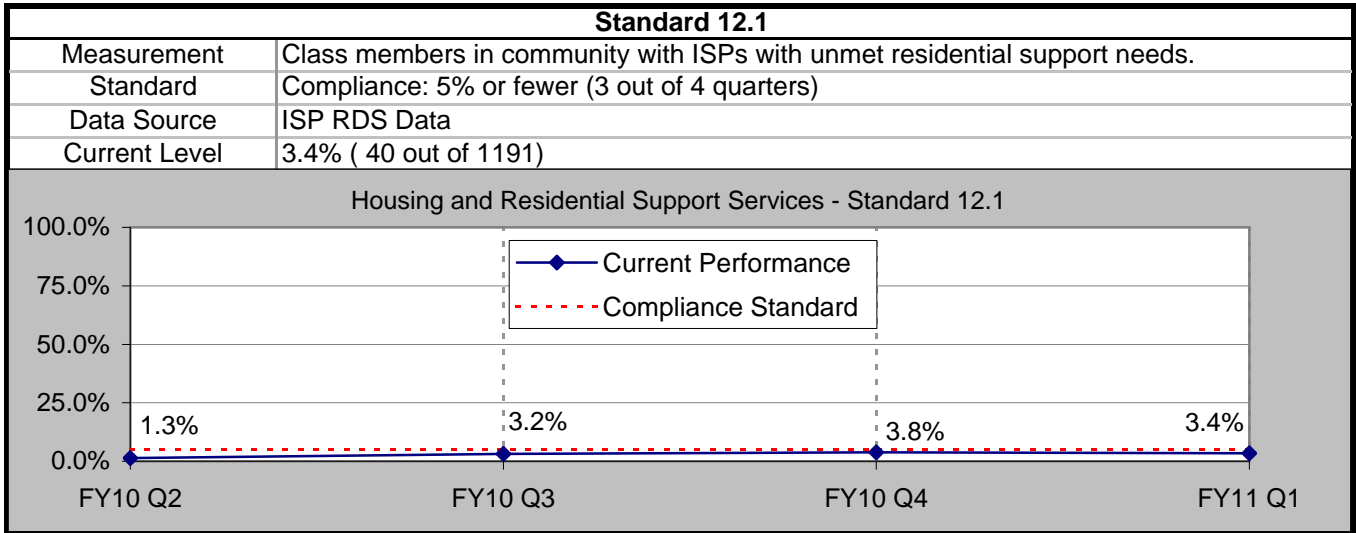
The total of unique individuals for all regions may not equal the total unique individuals for the State as an individual may make a request of a CDC in more than one region.

Number of Callers with resource needs July 1 - Sept 30, 2010				
	Region 1	Region 2	Region 3	Total
Unique Individuals:	14	14	3	31
Unmet Needs:	0	0	0	0

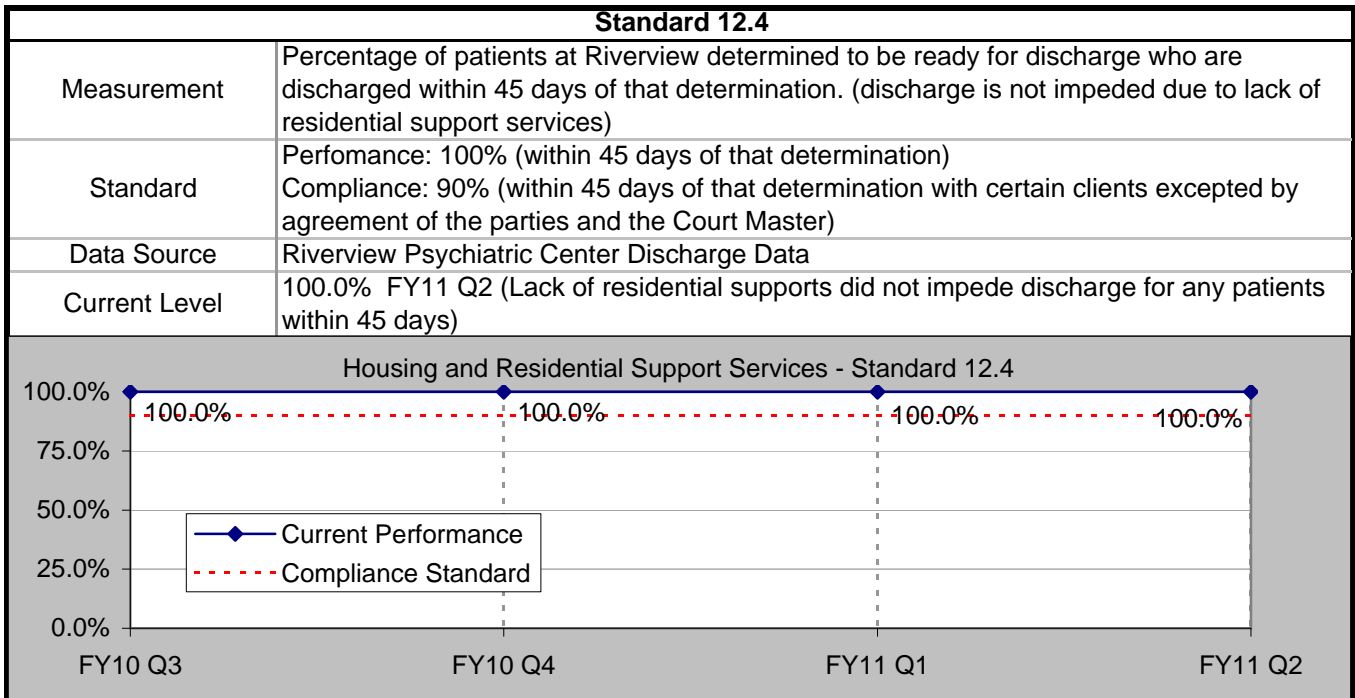
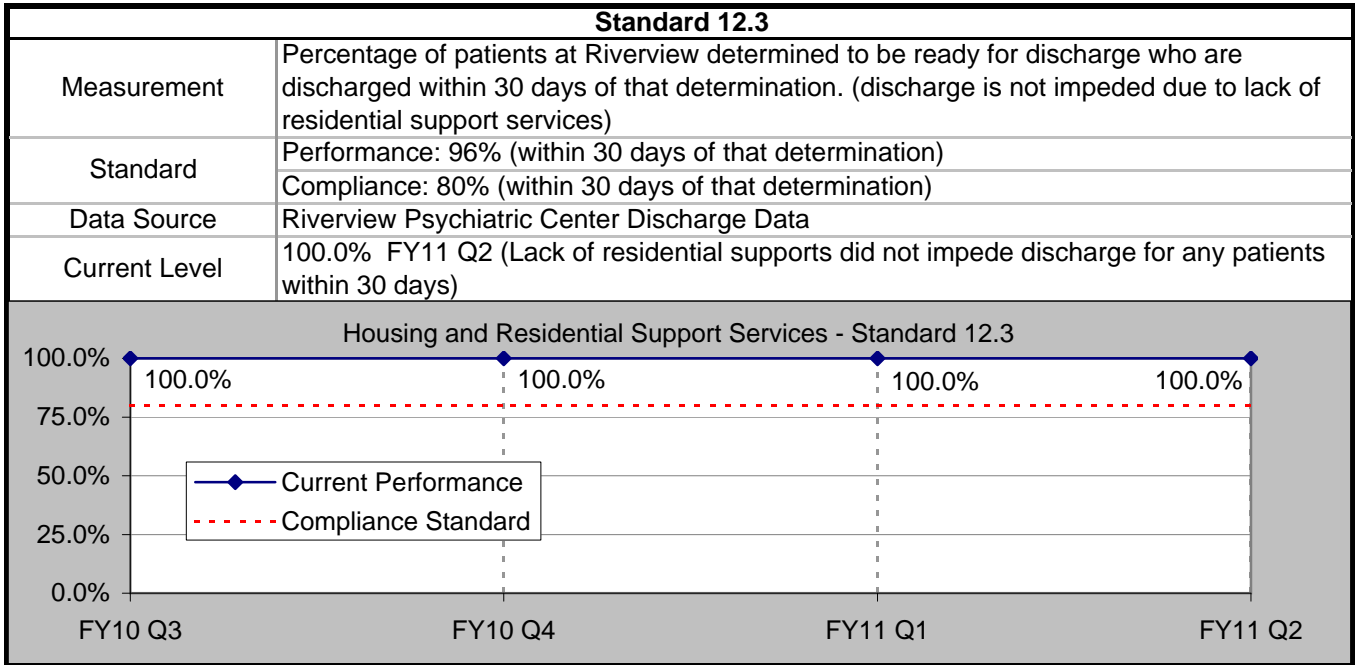
Unmet Needs by Domain Jul 1 ~ Sept 30, 2010	
ISP Domain Areas	State
Mental Health Services	0
MH Crisis Planning Resources	0
Peer, Recovery & Support Resources	0
Substance Abuse Services	0
Housing Resources	0
Health Care Resources	0
Legal Resources	0
Financial Security Resources	0
Education Resources	0
Vocation Employment Resources	0
Living Skills Resources	0
Transportation Resources	0
Personal Growth/Community Participation Resources	0
Total	0

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

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



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



DHHS Office of Adult Mental Health Services
Community Resources and Treatment Services
Housing and Residential

Discussion:

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

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

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

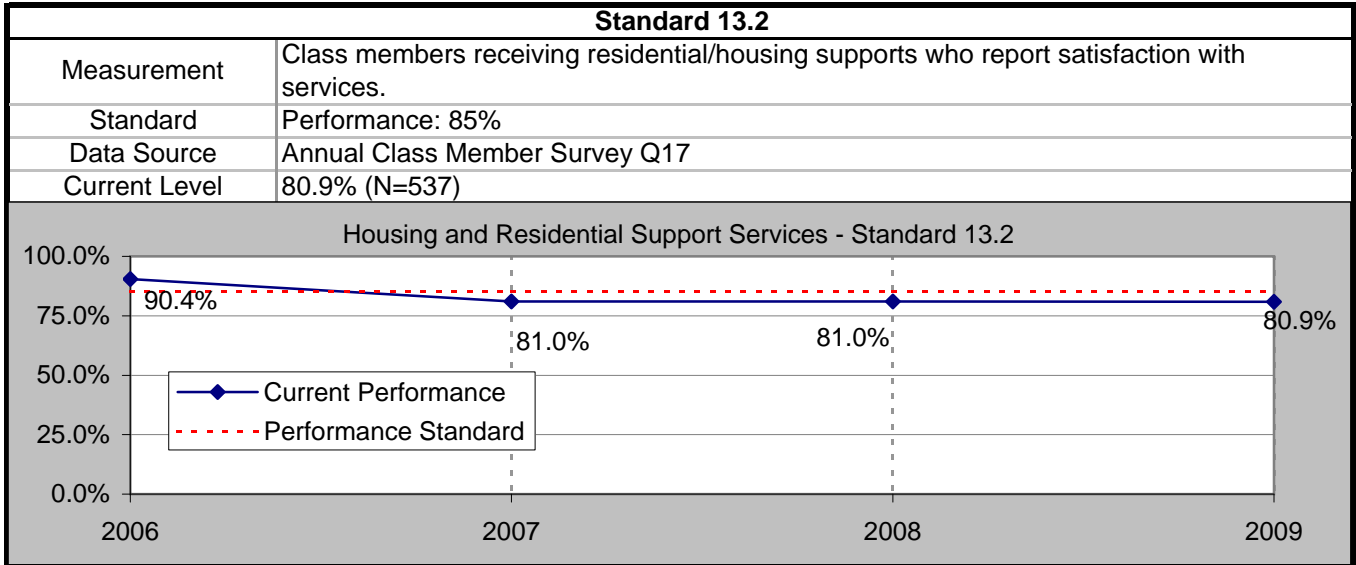
45 Civil Patients discharged in quarter

30 discharged at 7 days (66.7%)
6 discharged 8-30 days (13.3%)
2 discharged 31-45 days (4.4%)
7 discharged post 45 days (15.6%)

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

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

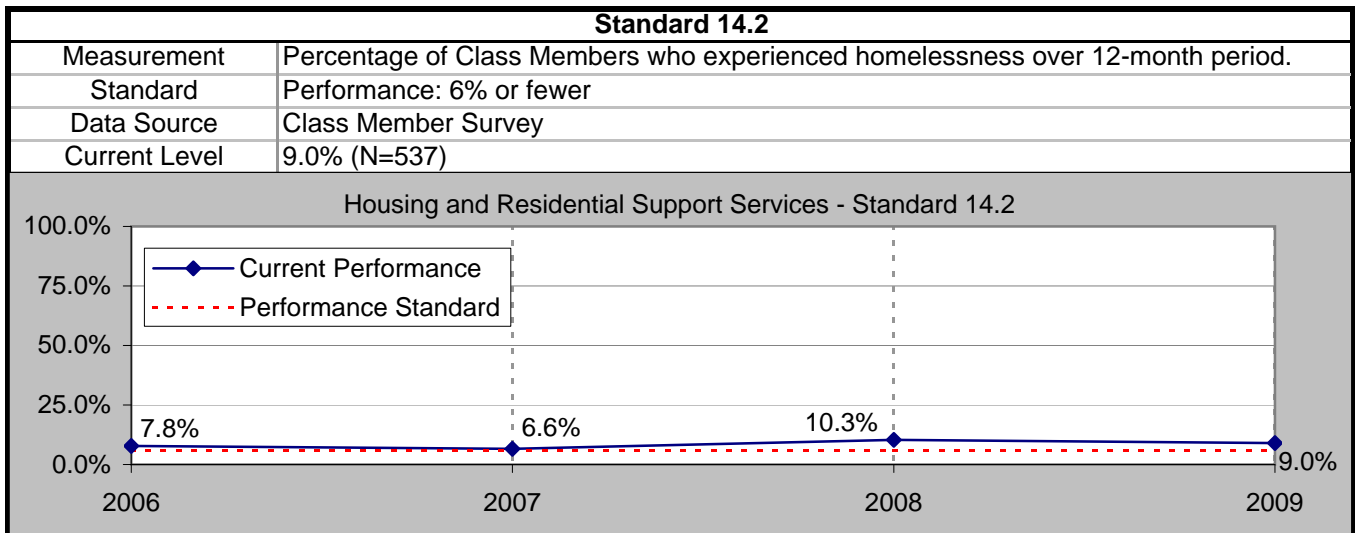
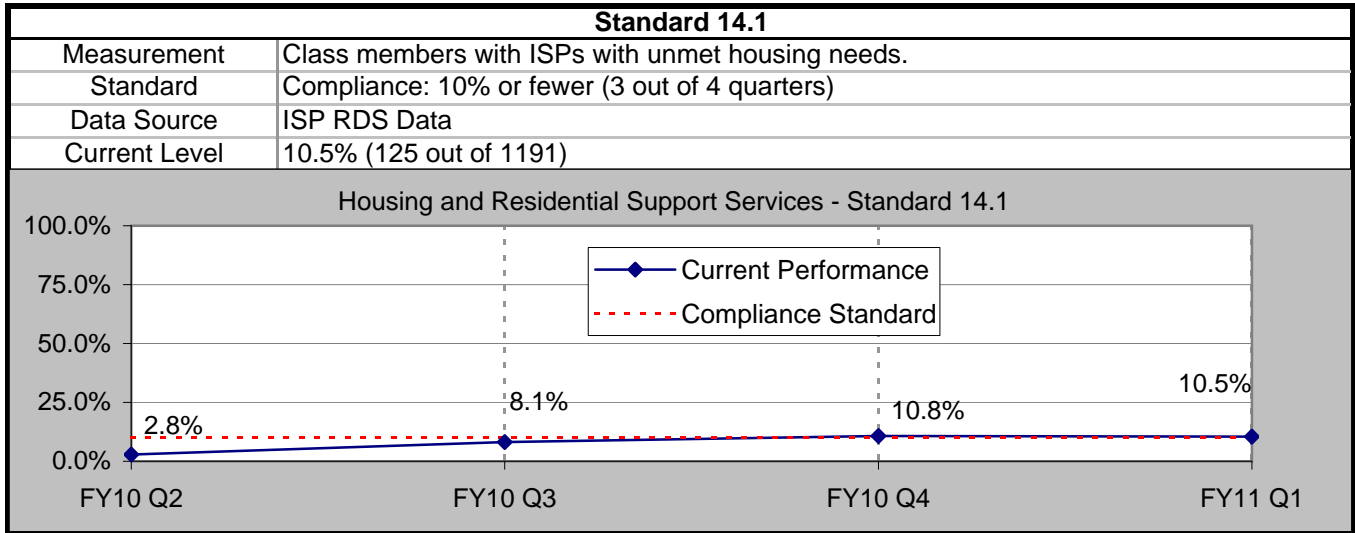
Standard 13.1 - Class member satisfaction with access to and quality of residential support services - Data now reported under standard 14.3



No Class Member Survey was administered in 2010. In February 2010, the Department submitted a consent decree plan amendment request to the Court Master seeking to allow the use of the DIG survey instead of both the DIG Survey and the class member survey to measure performance of the state mental health system and compliance with the Consent Decree Plan. That amendment request was approved 01/19/2011. This standard will reflect the approved changes in the next quarterly report, May 1, 2011.

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

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



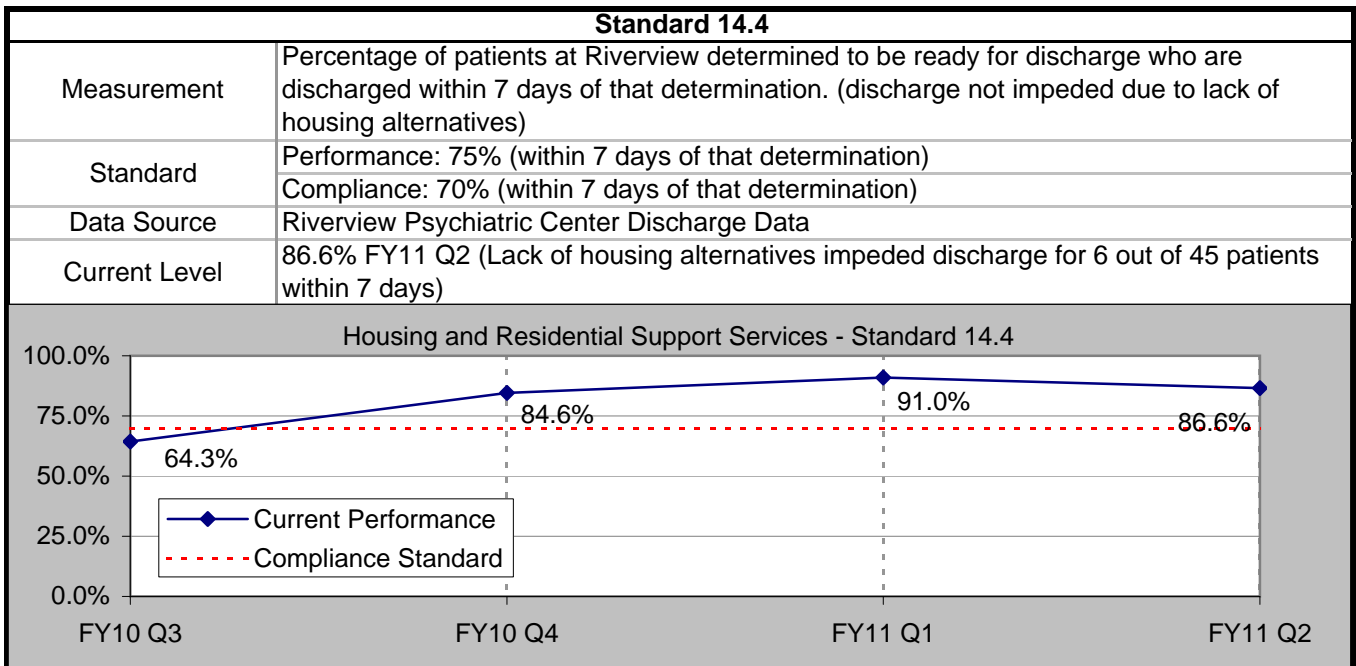
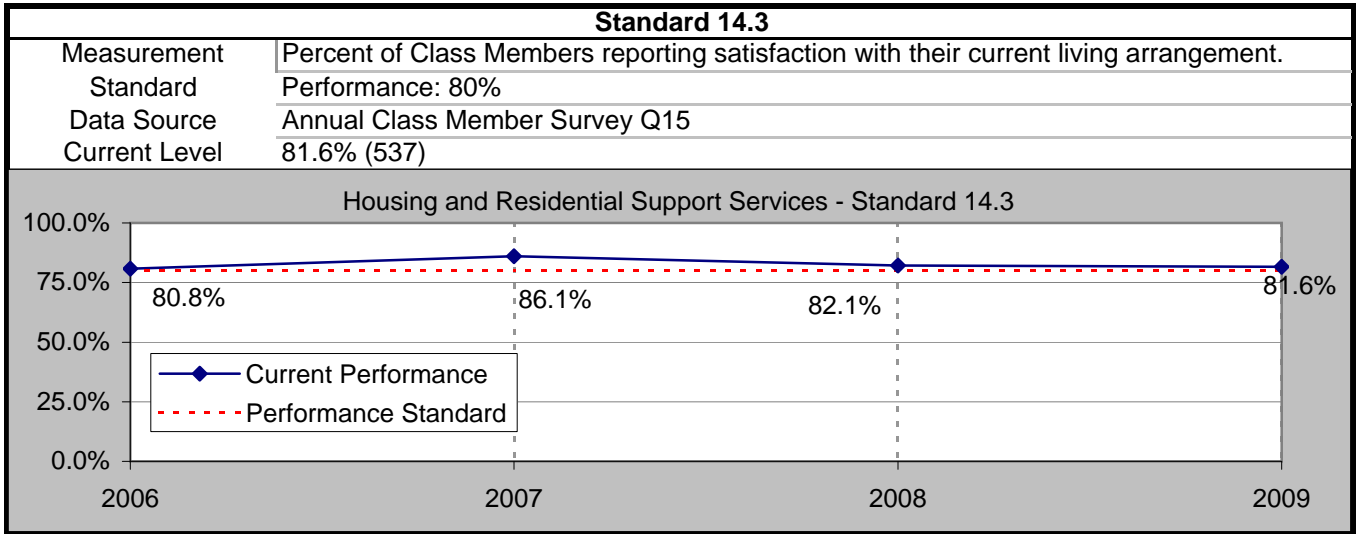
Discussion:

Standard 14.1: Met from quarter 3 FY 09 through quarter 3 FY 10. The last 2 quarters have exceeded the standard by .8% and .5% respectively. There has been an increase in the percentage of unmet need over 4 quarters from 2.8 to 10.5, an almost 8 percentage point change.

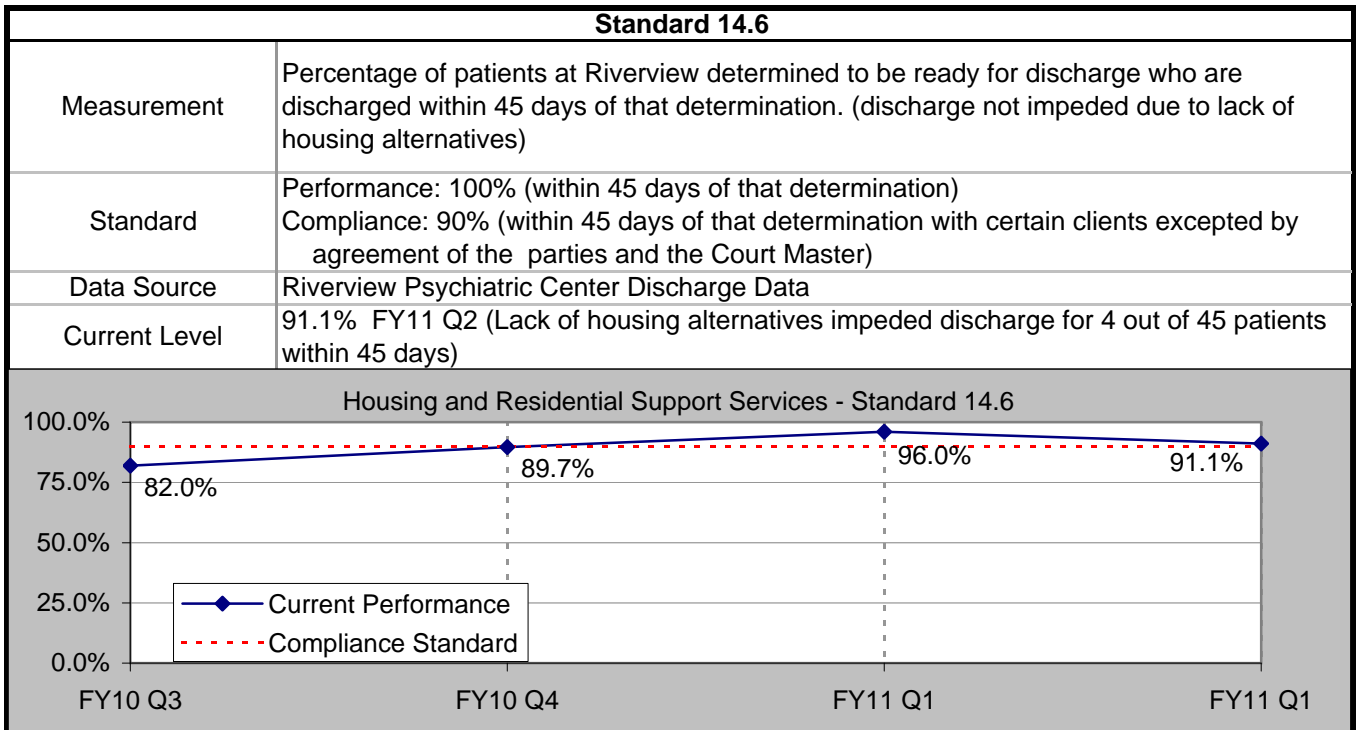
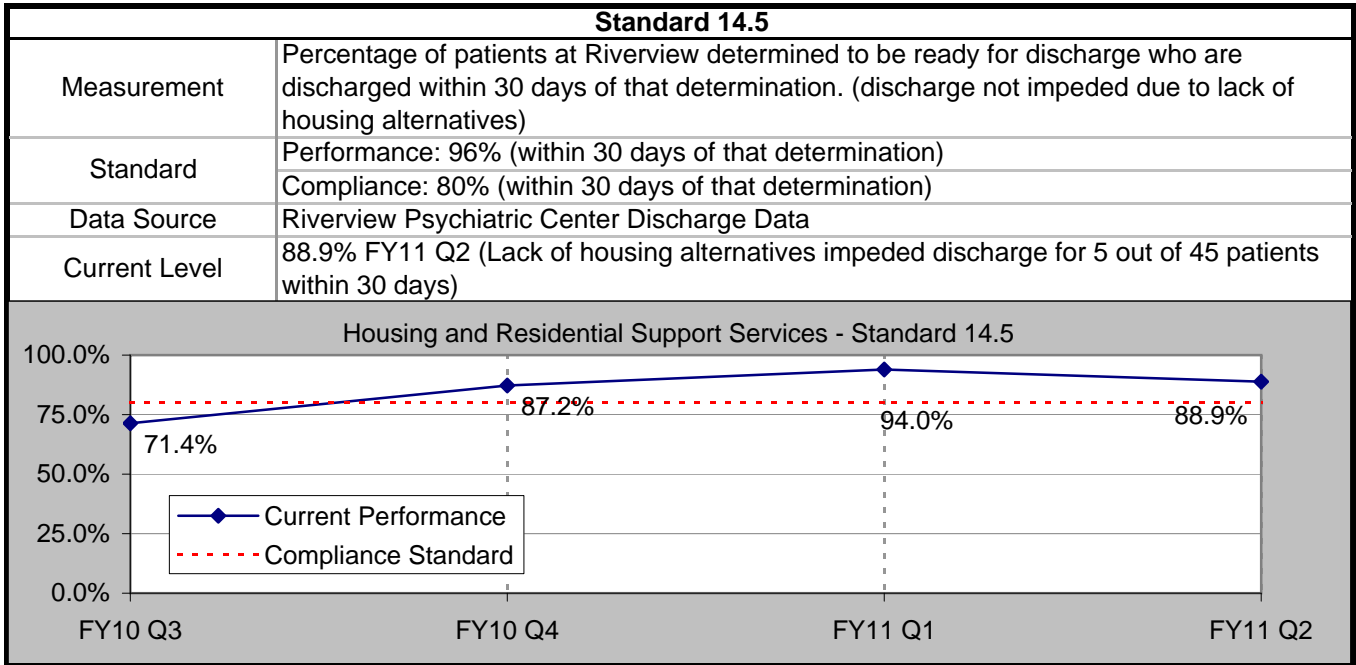
Recommendations:

Continue to monitor

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



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



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

Discussion:

Standard 14.1 and 14.3: No Class Member Survey has been administered in 2010. In February 2010, the Department submitted a consent decree plan amendment request to the Court Master seeking to allow the use of the DIG survey instead of both the DIG Survey and the class member survey to measure performance of the state mental health system and compliance with the Consent Decree Plan. That amendment request was approved 01/19/2011. This standard will reflect the approved changes in the next quarterly report, May 1, 2011.

Standard 14.4: Met for all quarters FY 09; the 1st, 2nd, and 4th quarters of FY 10; and the 1st and 2nd quarters FY11

Standard 14.5: Met the 3rd and 4th quarters FY 09; the 2nd and 4th quarters FY 10; and the 1st and 2nd quarters FY 11

Standard 14.6: Met 2nd and 4th quarters FY 09; 2nd and 4th quarters FY 10; and the 1st and 2nd quarters FY 11

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

45 Civil Patients discharged in quarter

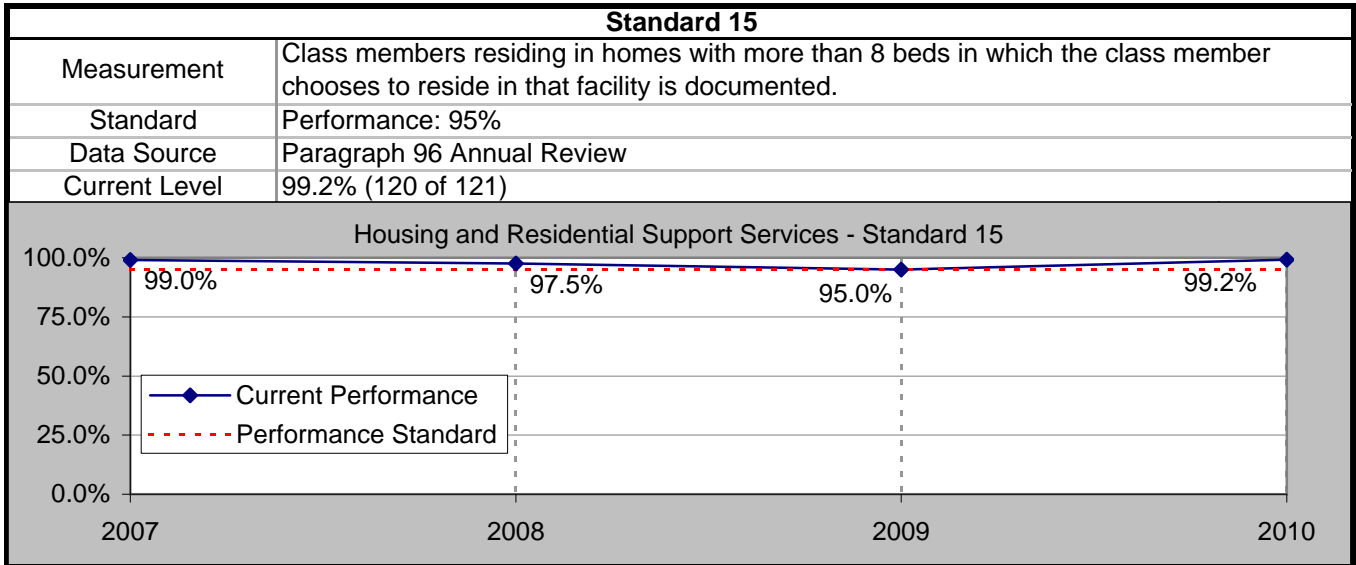
- 30 discharged at 7 days (66.7%)
- 6 discharged 8-30 days (13.3%)
- 2 discharged 31-45 days (4.4%)
- 7 discharged post 45 days (15.6%)

Housing Alternatives impeded discharge for 7 patients (15.6%)

- 1 patient discharged within 7 days post clinical readiness for discharge
- 1 patient discharged 8-30 days post clinical readiness for discharge
- 1 patients discharged 31-45 days post clinical readiness for discharge
- 4 patients discharged greater than 45 days post clinical readiness for discharge

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

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



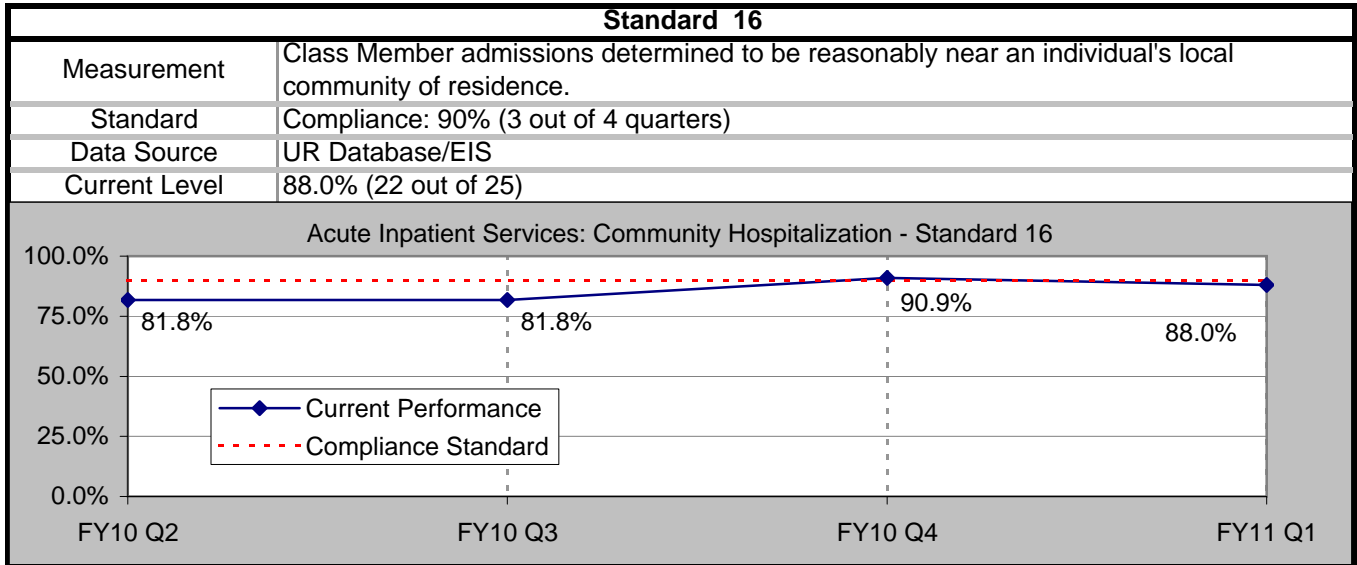
Discussion:

Standard met since 2007.

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

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

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:

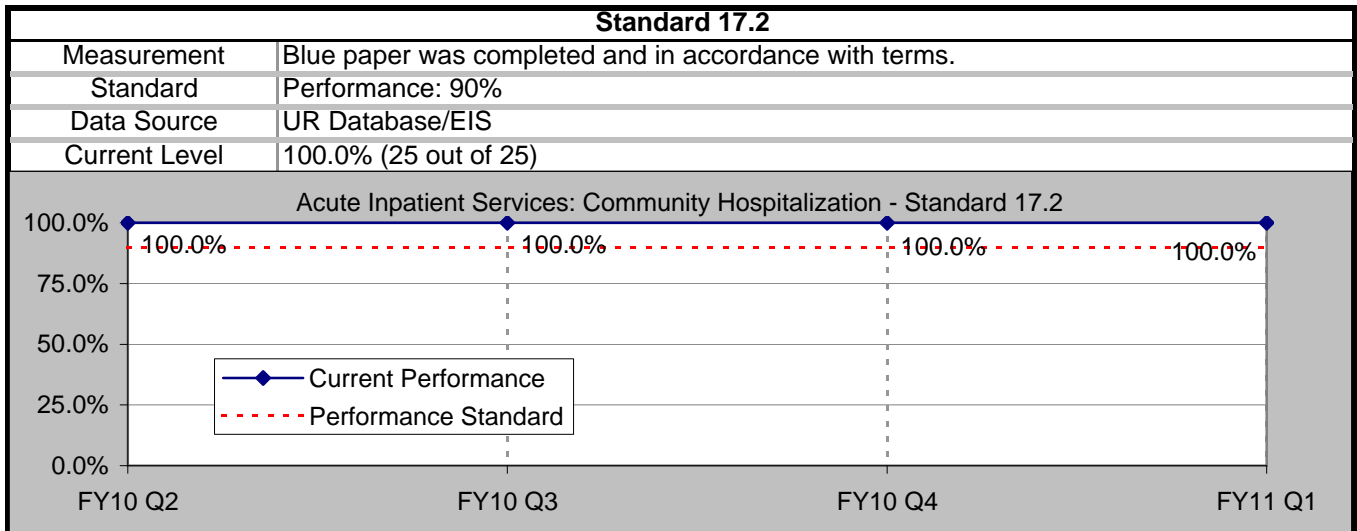
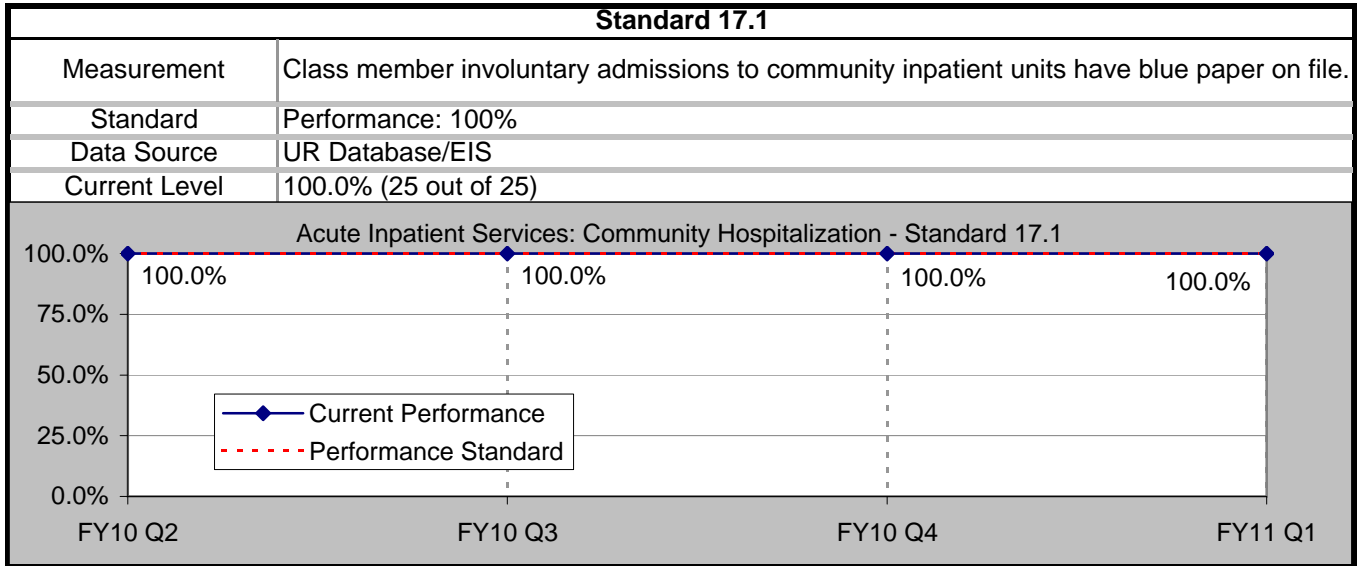
Standard was met in FY 09 and one quarter (Q4) in FY 10. The number of class member reviews is small making it difficult to draw conclusions systemically.

Recommendations:

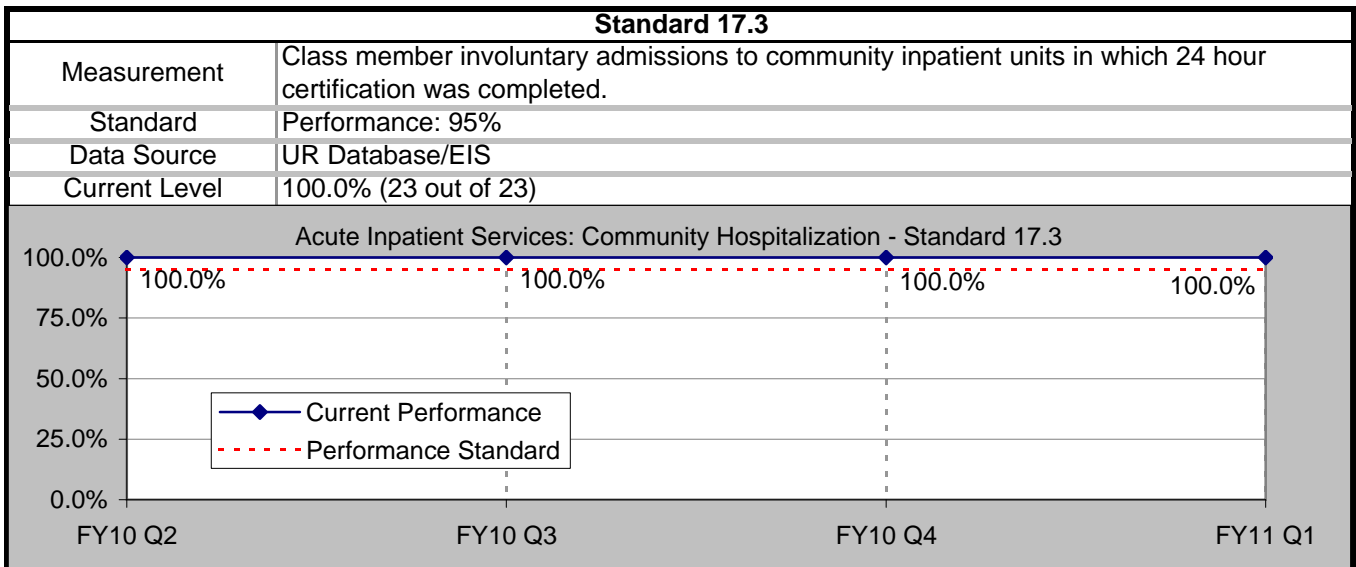
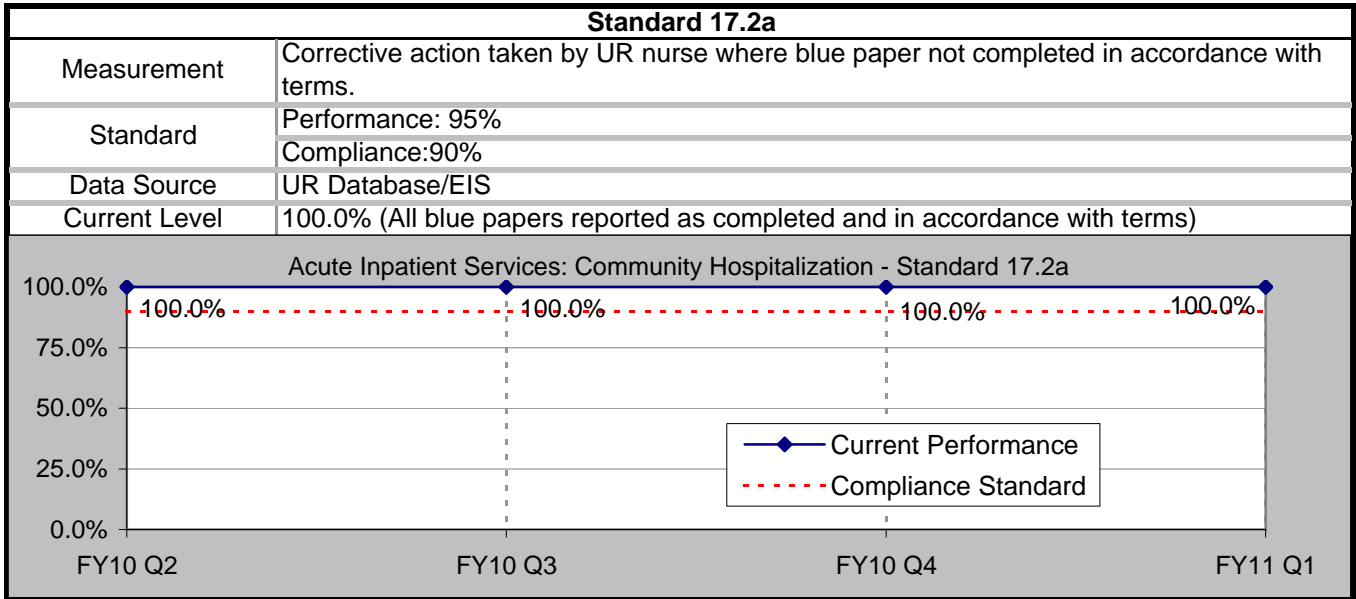
Continue to monitor.

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

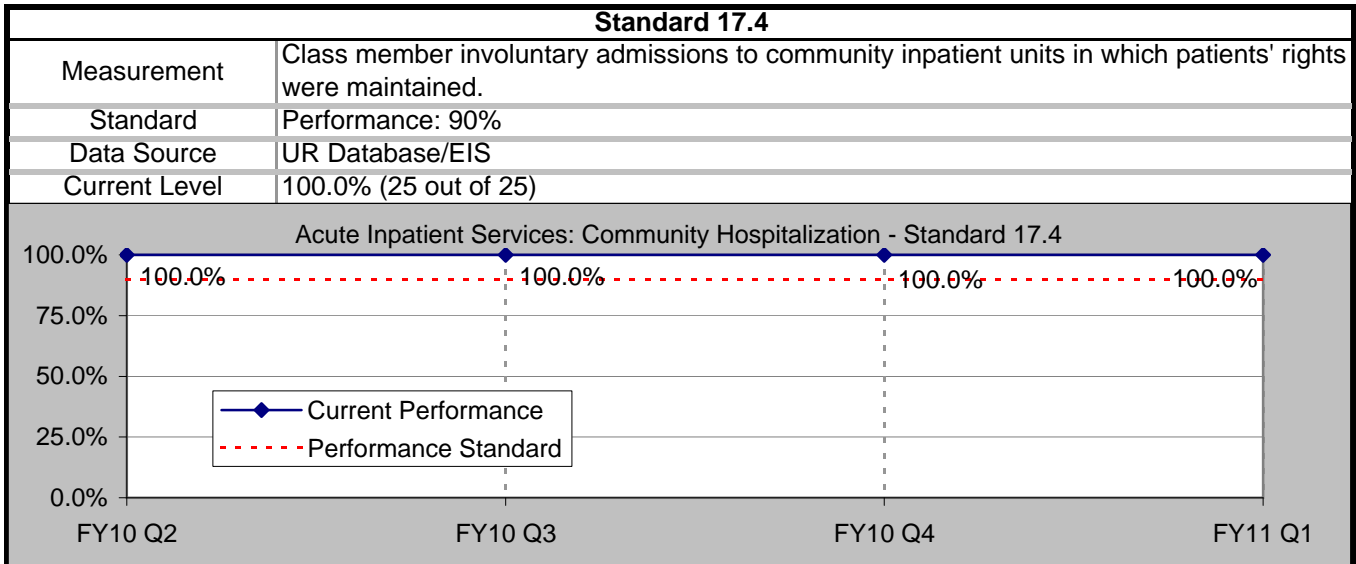
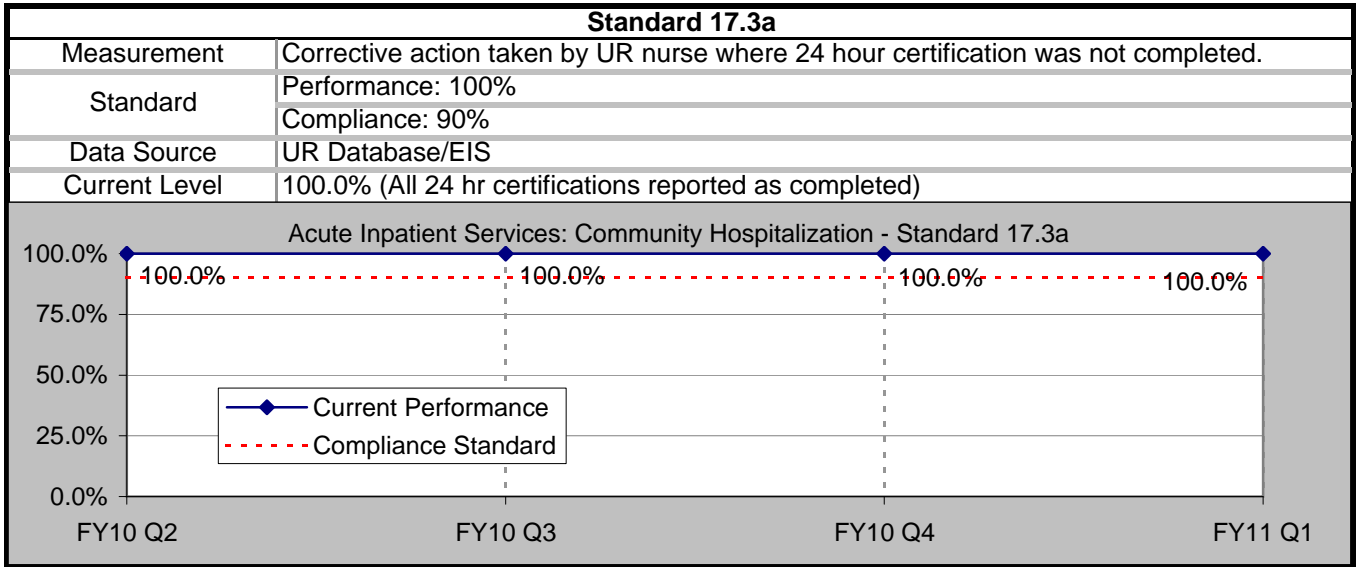
Standard 17 - Class member admissions to community involuntary inpatient units are in accordance with law and meet medical necessity criteria



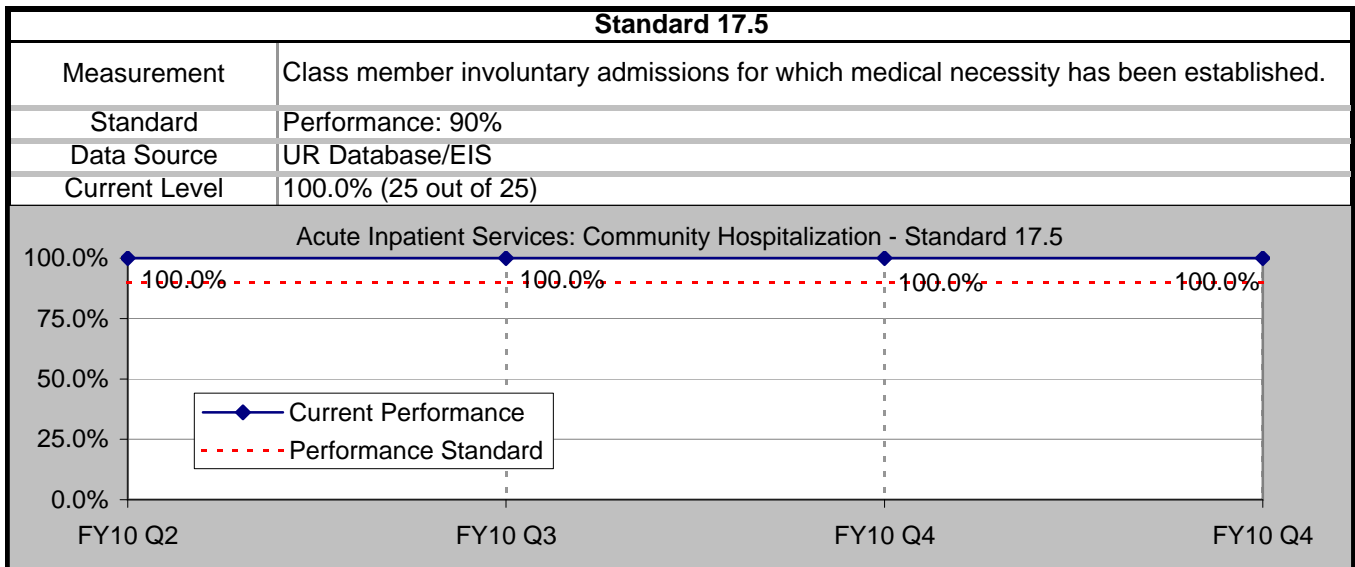
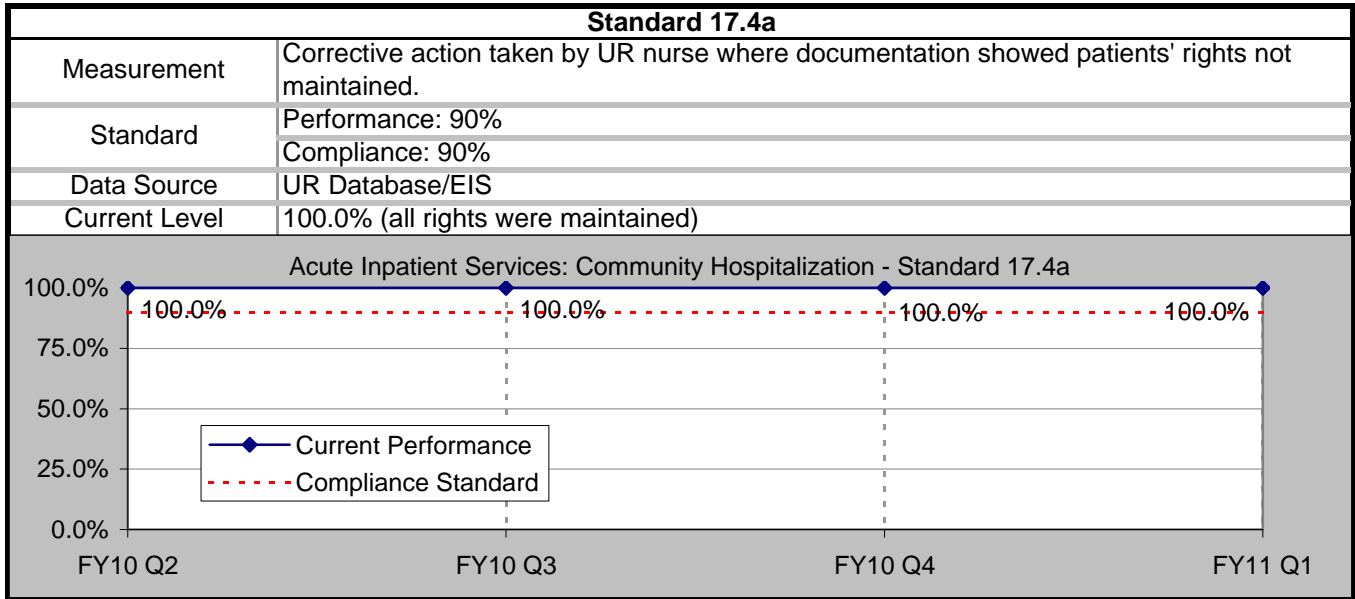
**Community Resources and Treatment Services
Acute Inpatient Services: Involuntary Community Hospitalization**



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



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



Discussion:

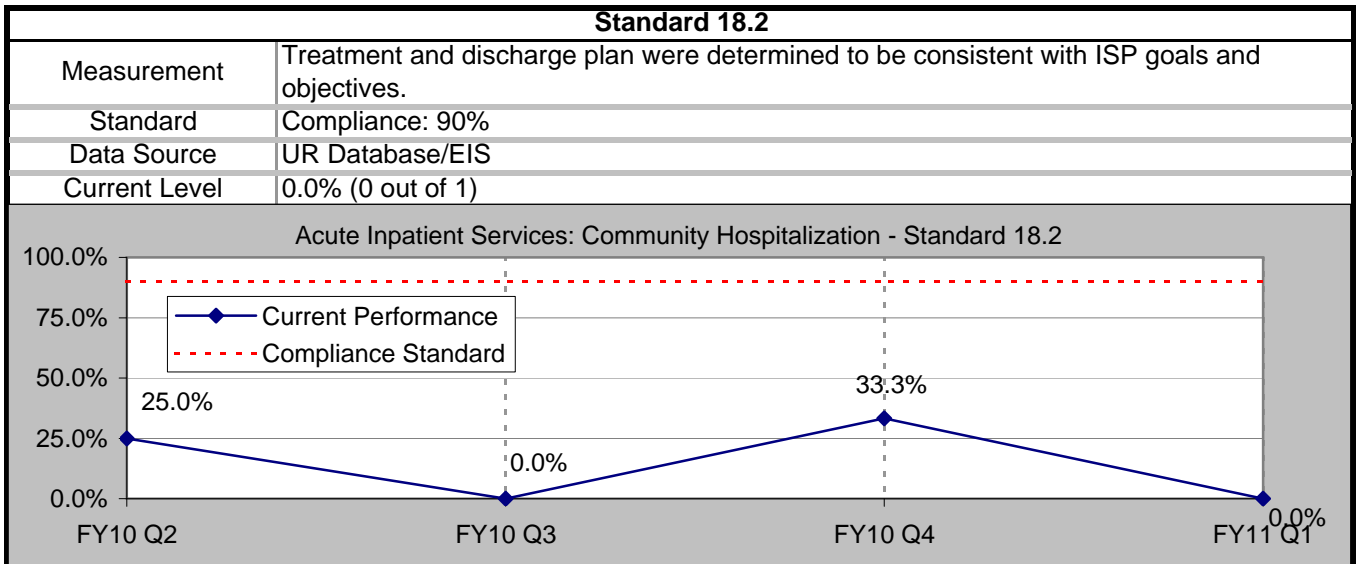
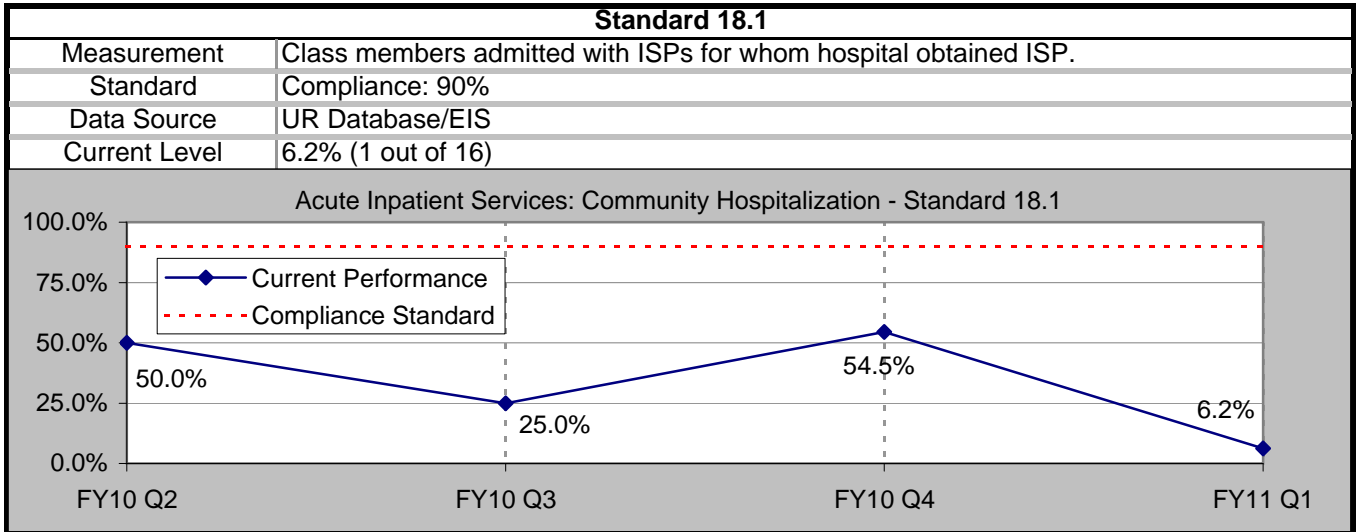
Standards 17.1, 17.2, 17.3, 17.4, 17.4a, and 17.5: Consistently met since the 1st quarter of FY 08

Recommendations:

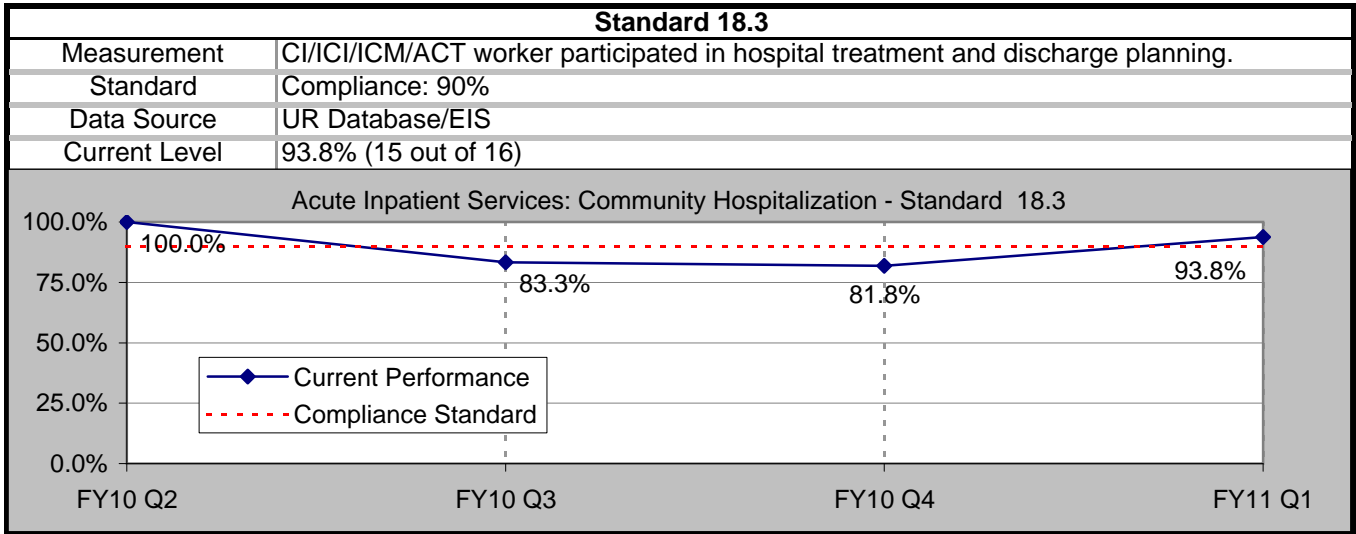
Consider whether it continues to be necessary to review all emergency involuntary admissions; would a sample of admissions be sufficient to measure compliance?

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

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



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



Discussion

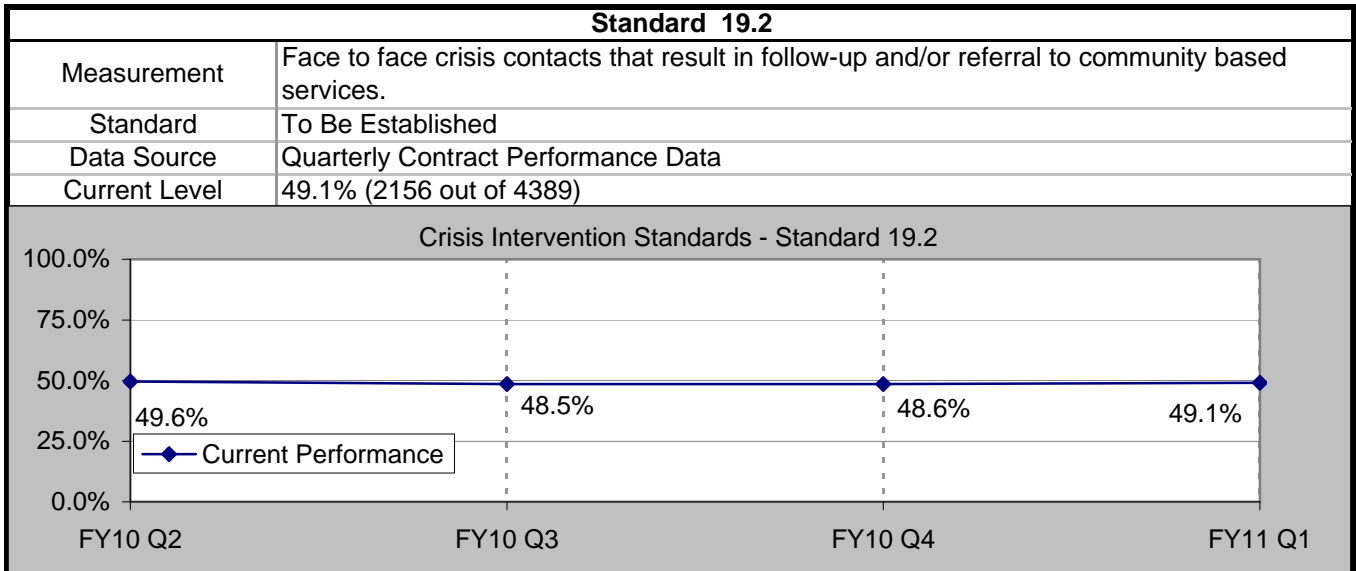
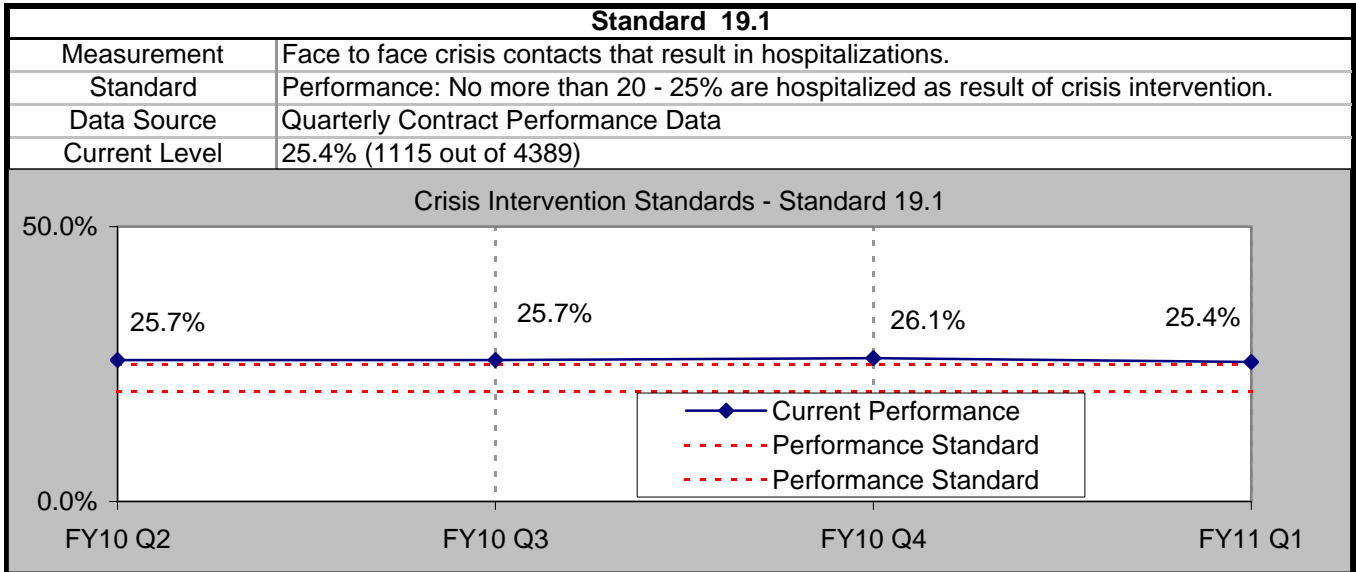
Standards 18.1, 18.2, and 18.3: Each quarter, hospital specific data regarding these standards is shared with each CSN. Numbers for each standard are very small making it difficult to draw definitive conclusions. Worker participation has been higher than the hospital actually receiving the ISP. Standard met Q2 FY10 and Q1 FY 11.

Recommendations:

Continue to monitor and share data with the CSNs.

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

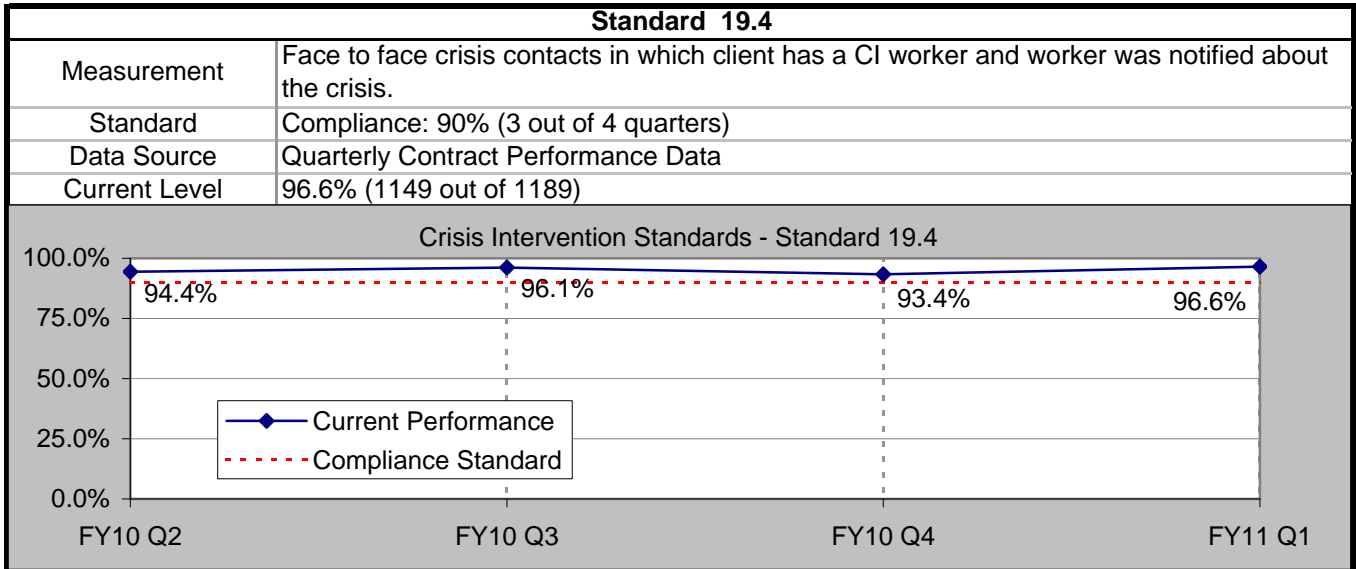
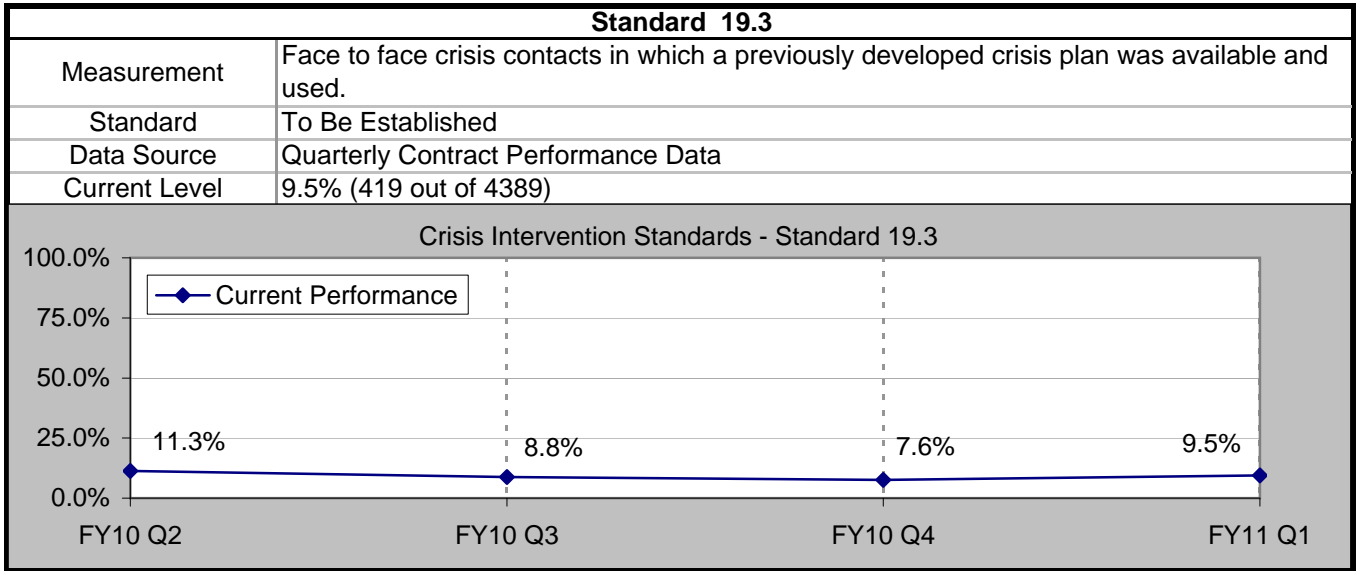
Standard 19 - Crisis services are effective and meet Settlement Agreement Standards



Discussion:

Standard 19.1: Data continues to run slightly above the standard.

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

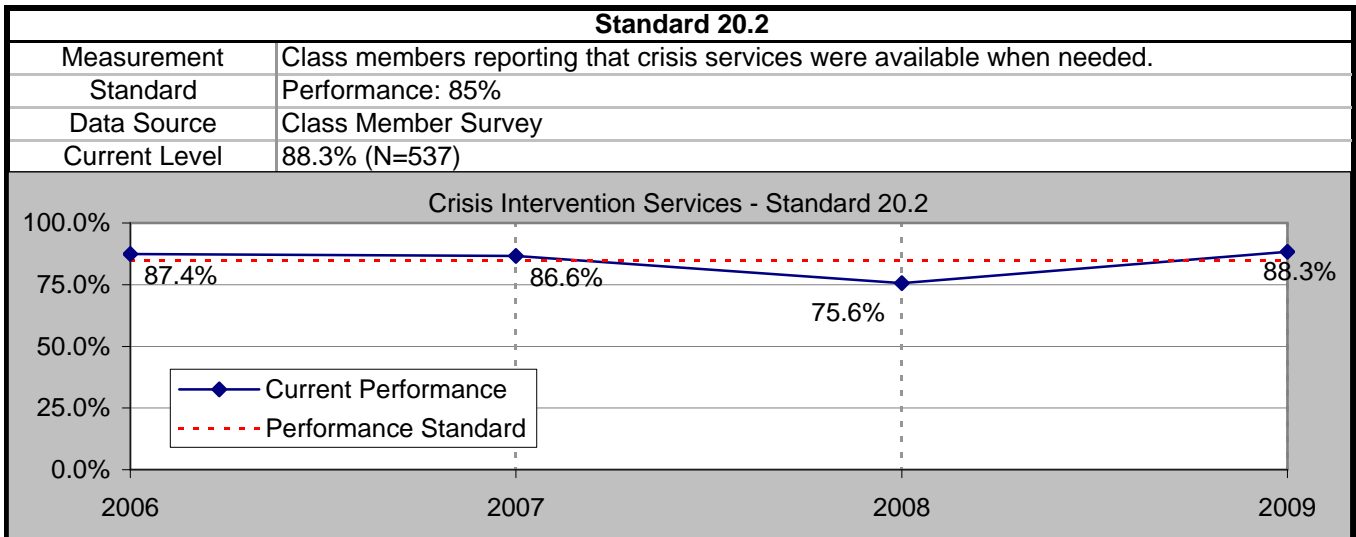
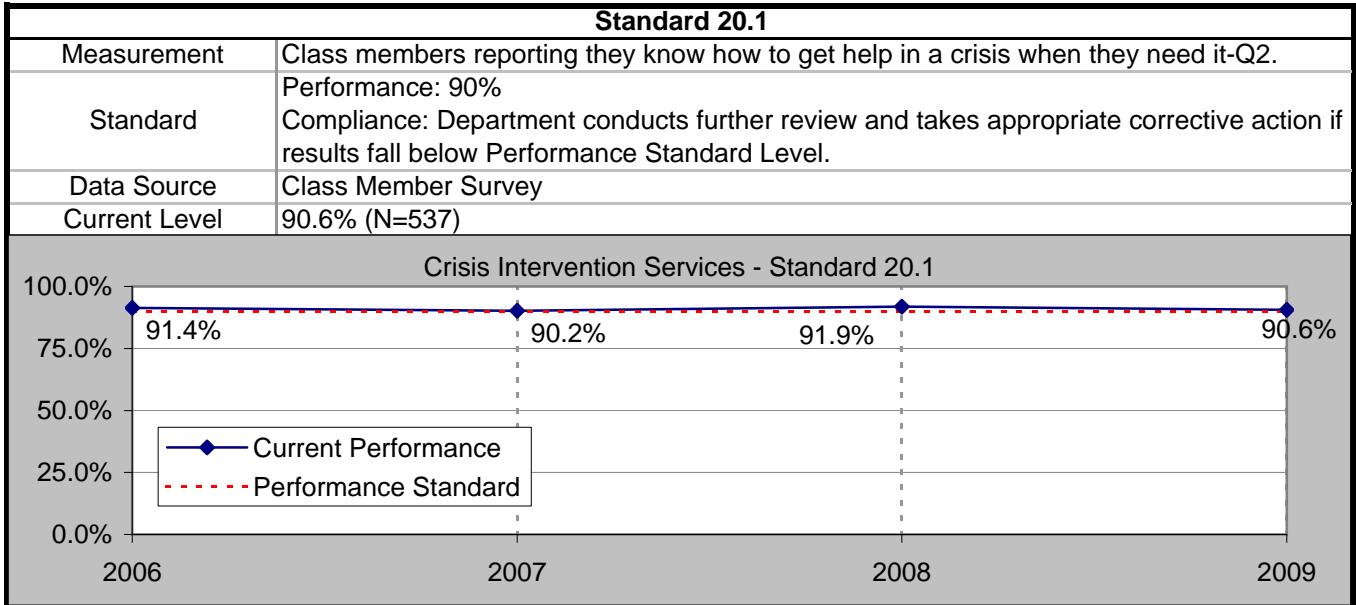


Discussion:

Standard 19.4: Met for FY' 09 and FY 10; Q1 FY11

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

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

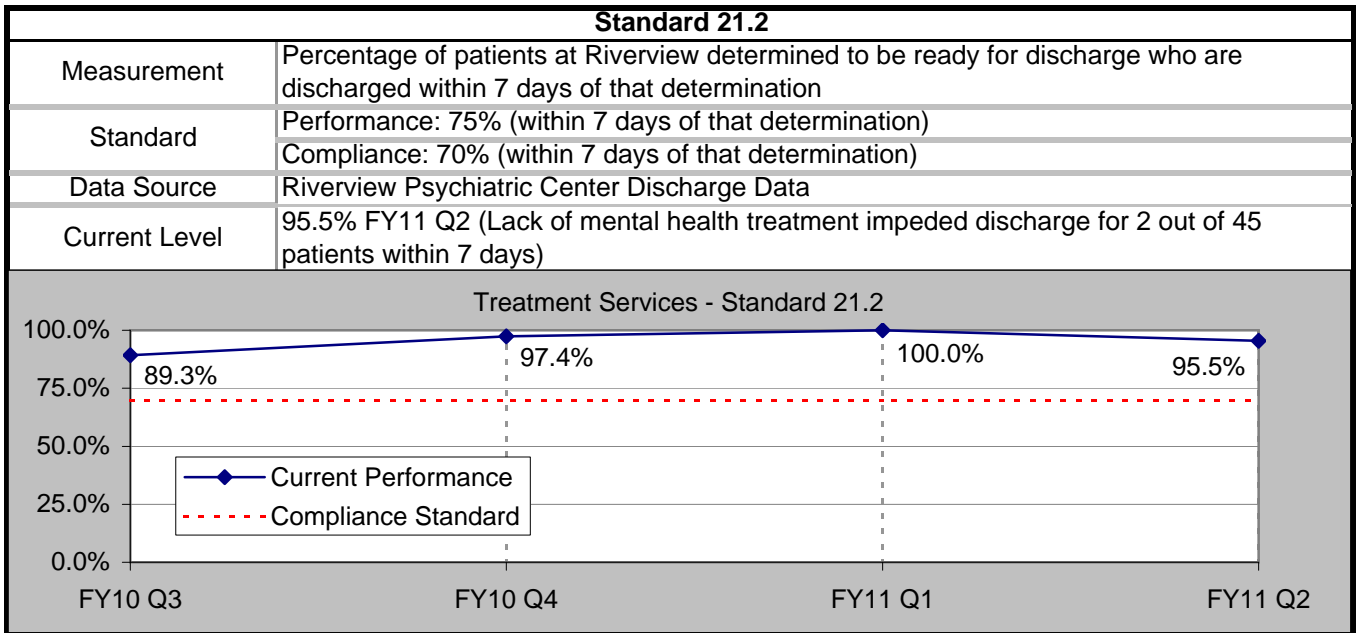
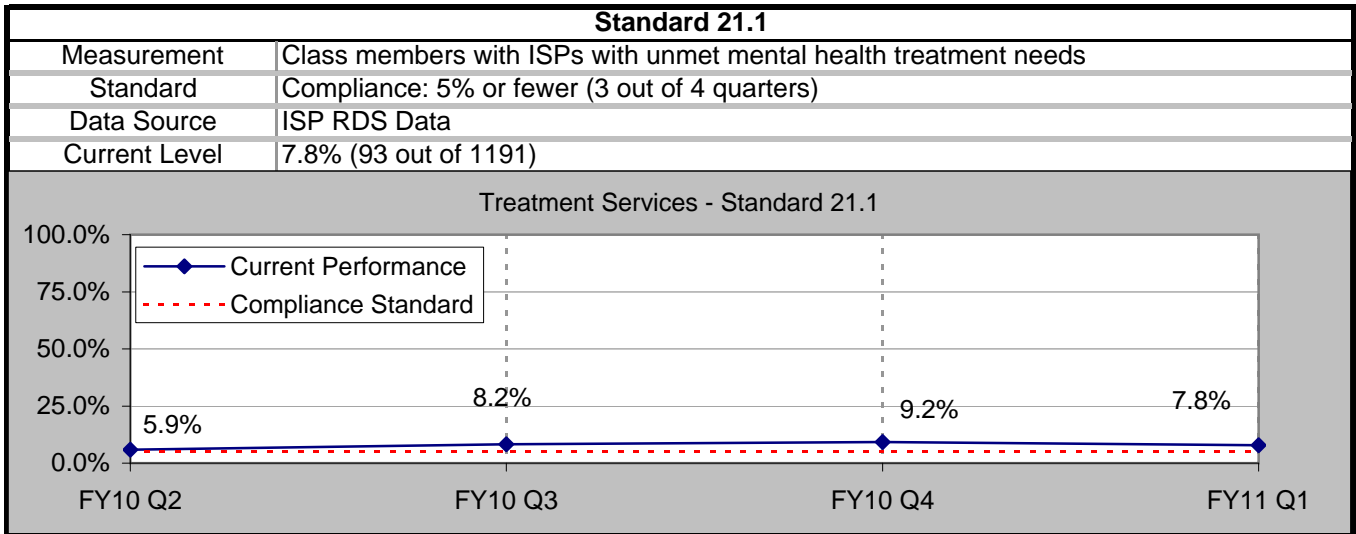


Discussion:

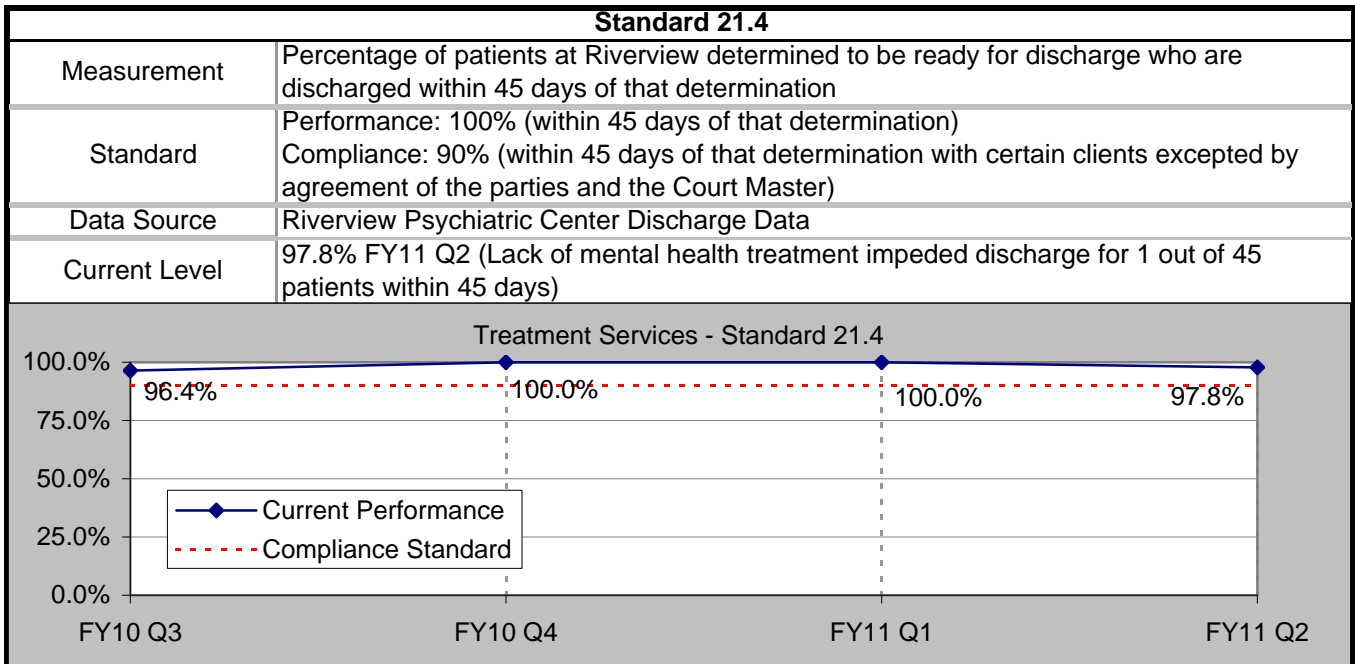
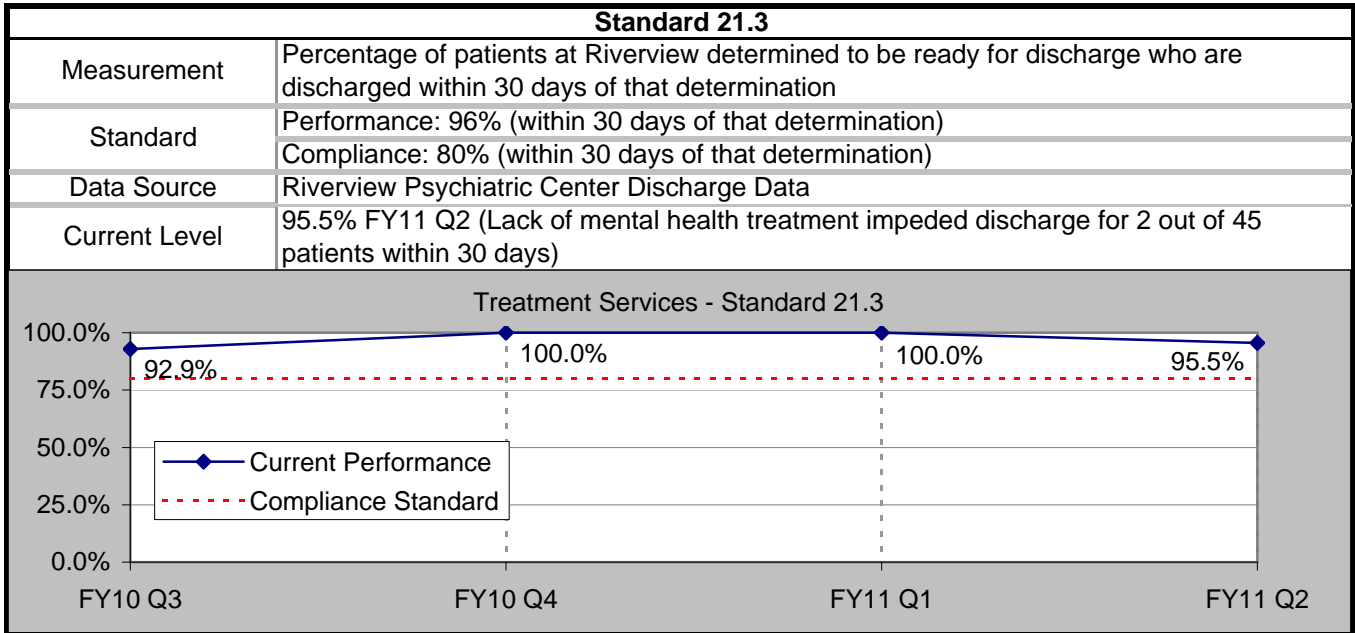
No Class Member Survey was administered in 2010. In February 2010, the Department submitted a consent decree plan amendment request to the Court Master seeking to allow the use of the DIG survey instead of both the DIG Survey and the class member survey to measure performance of the state mental health system and compliance with the Consent Decree Plan. That amendment request was approved 01/19/2011. This standard will reflect the approved changes in the next quarterly report, May 1, 2011.

**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**



Discussion:

Standard 21.1: Increasing reported unmet need since Q2 FY10. Percentage has increased from 3.8% to 9.2% in the 4th quarter, now down to 7.8%.

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

DHHS Office of Adult Mental Health 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

45 Civil Patients discharged in quarter

30 discharged at 7 days (66.7%)
6 discharged 8-30 days (13.3%)
2 discharged 31-45 days (4.4%)
7 discharged post 45 days (15.6%)

Treatment services impeded discharge for 2 patients

1 patient discharged 31-45 days post clinical readiness for discharge
1 patient discharged >45 days post clinical readiness for discharge

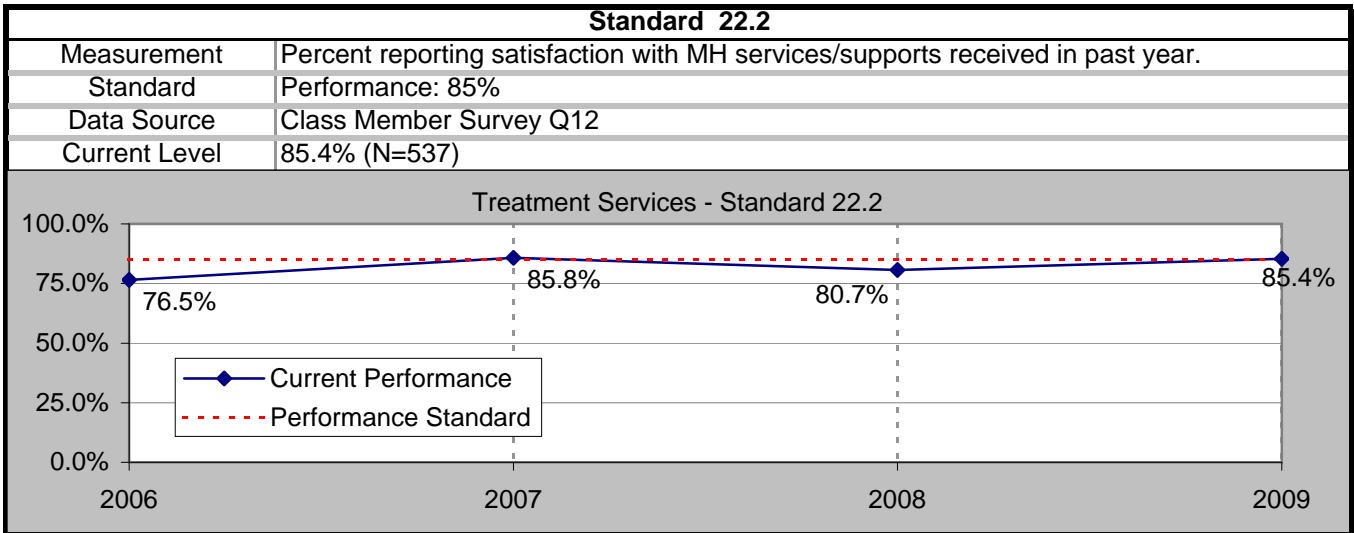
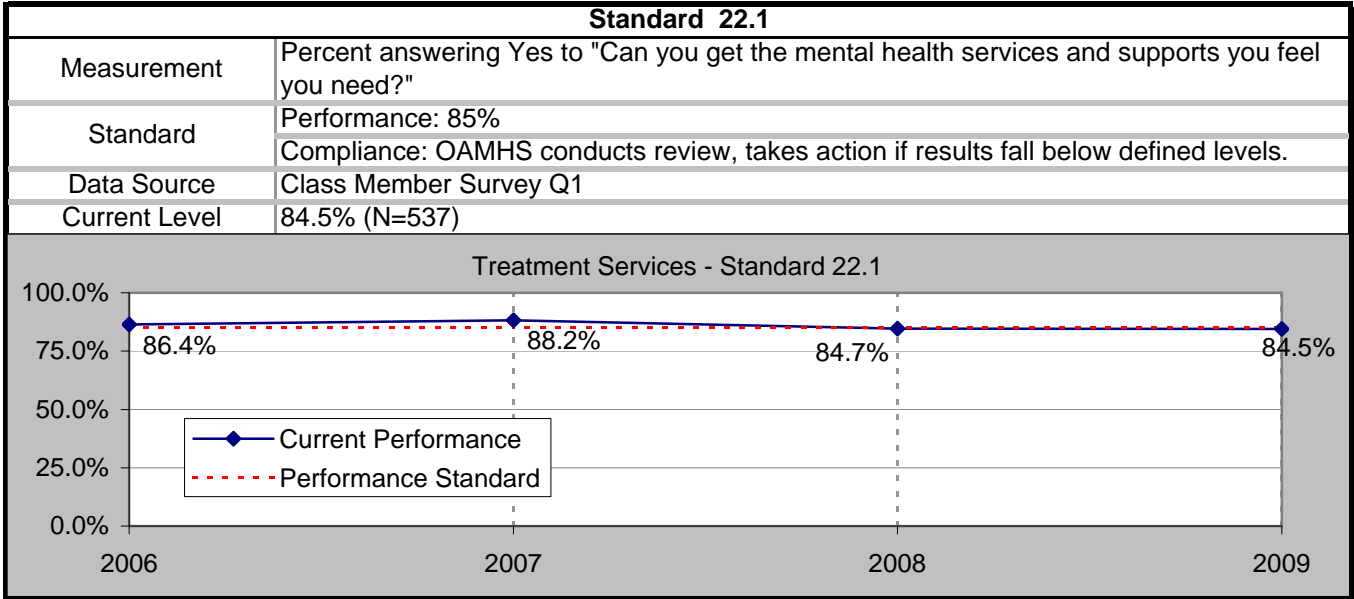
**Community Resources and Treatment Services
Treatment Services**

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

MaineCare Data FY 2010			
Mental Health Treatment Services Received	Total Number	Total Number of Class Members*	Percent of Class Members
Assertive Community Treatment (CBB10)	1,141	351	30.8%
Community Integration (H2015)	10,856	1,178	10.9%
Crisis Services (H2011)	5,411	523	9.7%
Crisis Residential (CSU)(H0018)	1,518	211	13.9%
Day Treatment (H2012)	773	111	14.4%
Medication Management (H2010)	13,173	989	7.5%
Outpatient (Comp Assess&Therapy)(H2000, H0004)	24,723	674	2.7%
Residential	774	355	45.9%
Skills Development (H2025, H2014)	105	15	14.3%
Daily Living Supports (H2017)	883	170	19.3%
Total Unduplicated Count	59,357	4,577	7.7%

**Community Resources and Treatment Services
Treatment Services**

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



Discussion:

No Class Member Survey was administered in 2010. In February 2010, the Department submitted a consent decree plan amendment request to the Court Master seeking to allow the use of the DIG survey instead of both the DIG Survey and the class member survey to measure performance of the state mental health system and compliance with the Consent Decree Plan. That amendment request was approved 01/19/2011. This standard will reflect the approved changes in the next quarterly report, May 1, 2011.

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

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

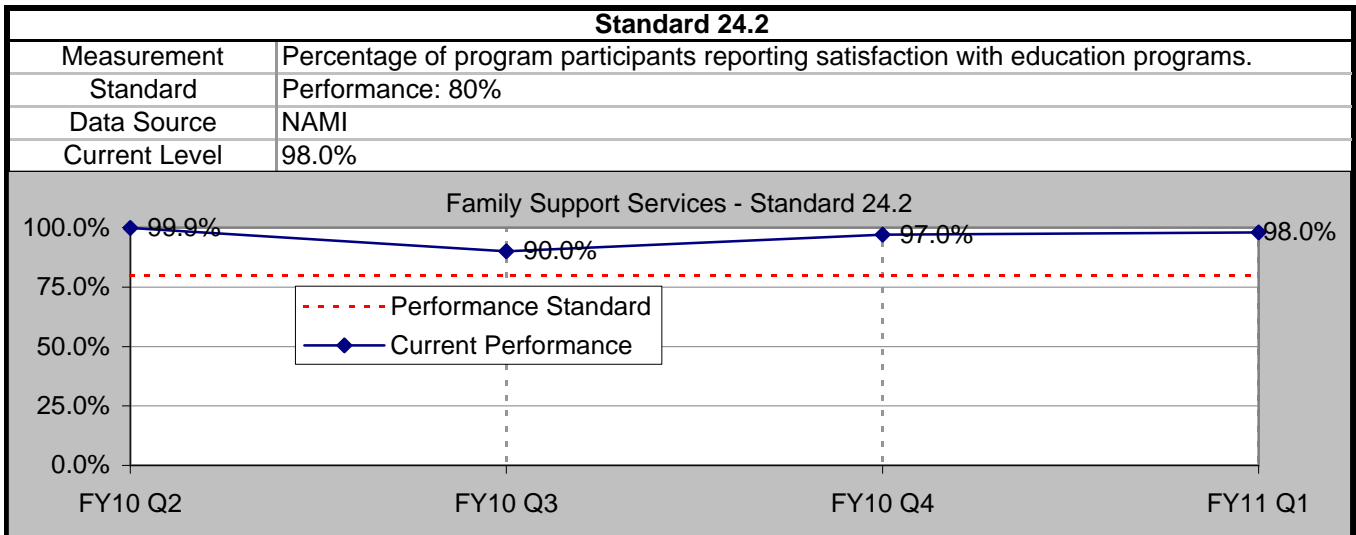
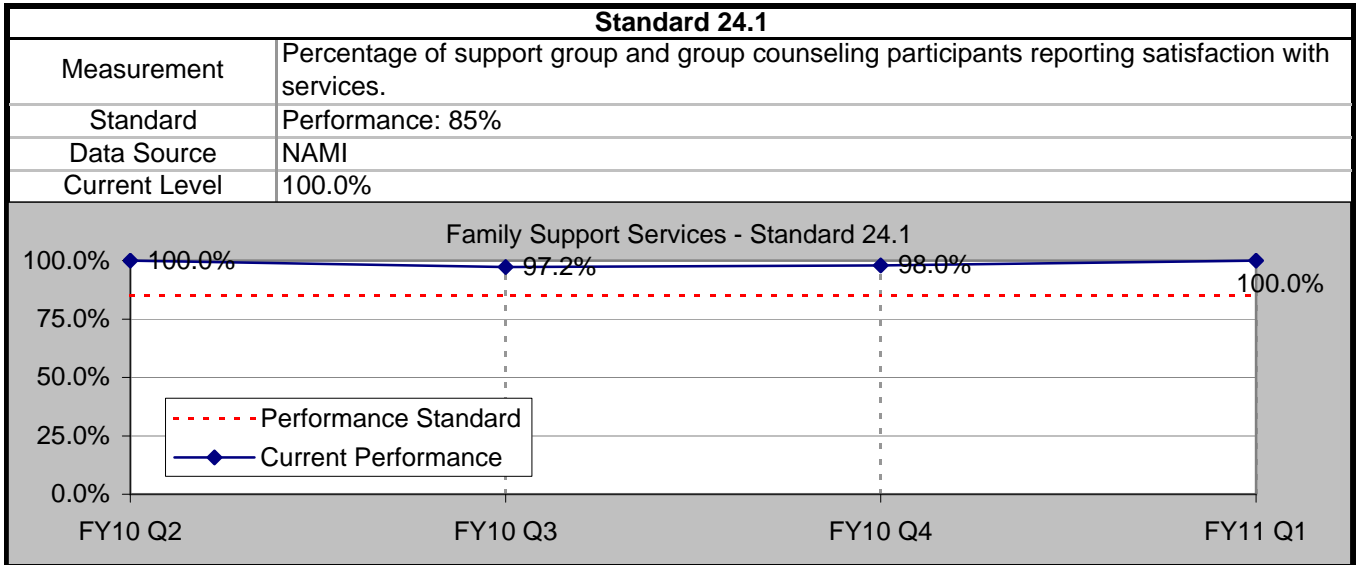
Standard 23.1	
Measurement	Number of education programs developed and delivered meeting Settlement Agreement requirements
Standard	No standard necessary
Data Source	NAMI
Current Level	2 family to family class: Q1 FY 11

Standard 23.2	
Measurement	Number and distribution of family support services provided
Standard	No standard necessary
Data Source	NAMI
Current Level	25 family support groups, 23 sites: Q1 FY 11

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

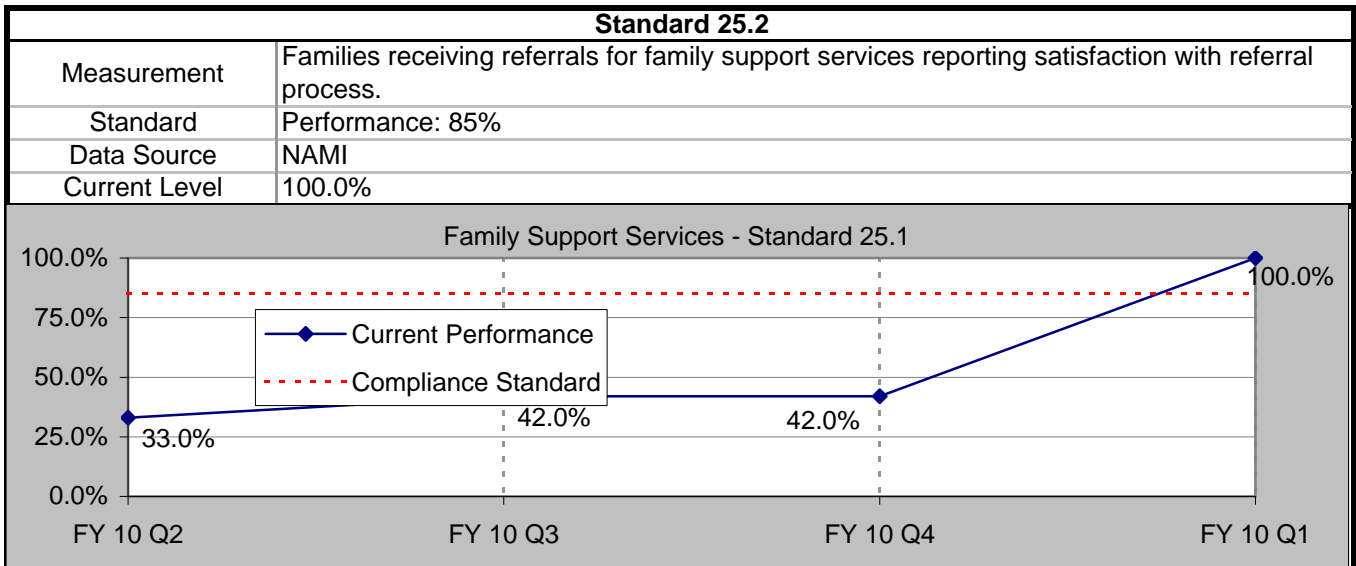
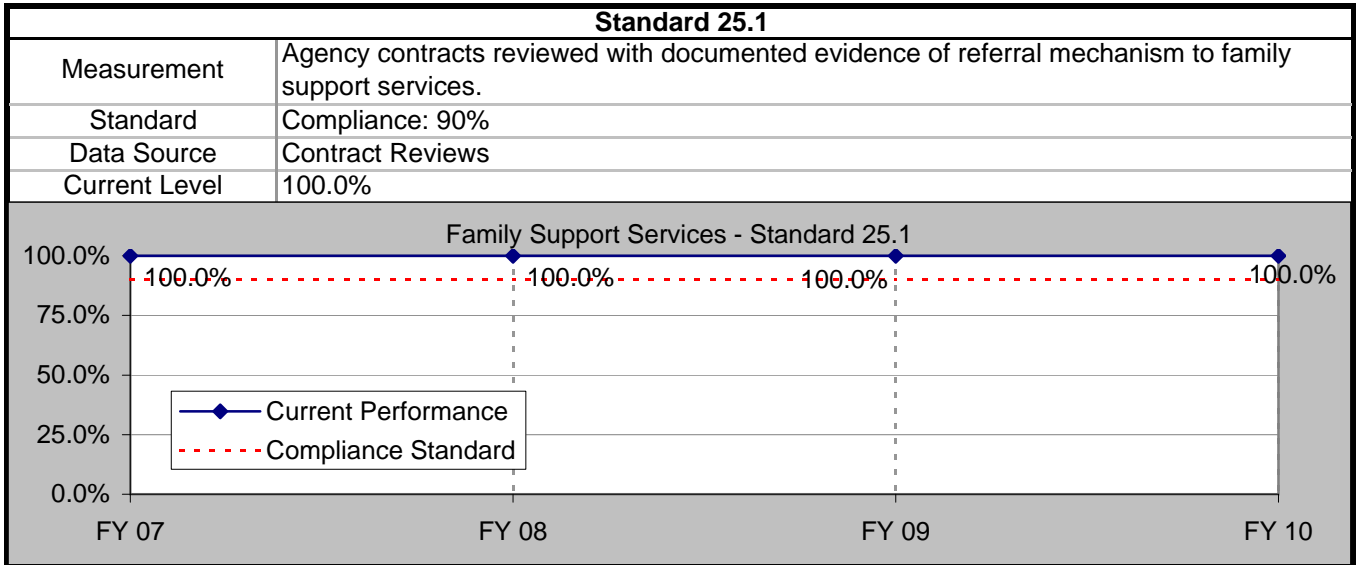


**Community Resources and Treatment Services
Family Support Services**

Standard 24.3	
Measurement	Percentage of family participants reporting satisfaction with respite services.
Standard	Performance: 80%
Data Source	NAMI
Current Level	NAMI closed it's respite program as of January 2010.

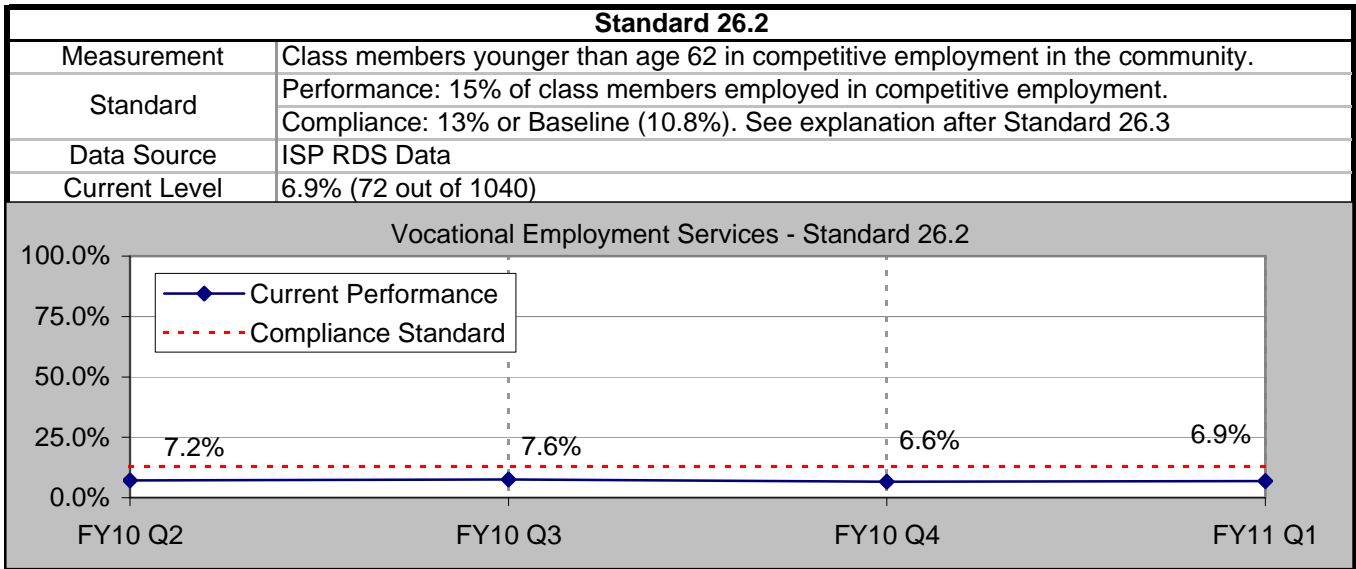
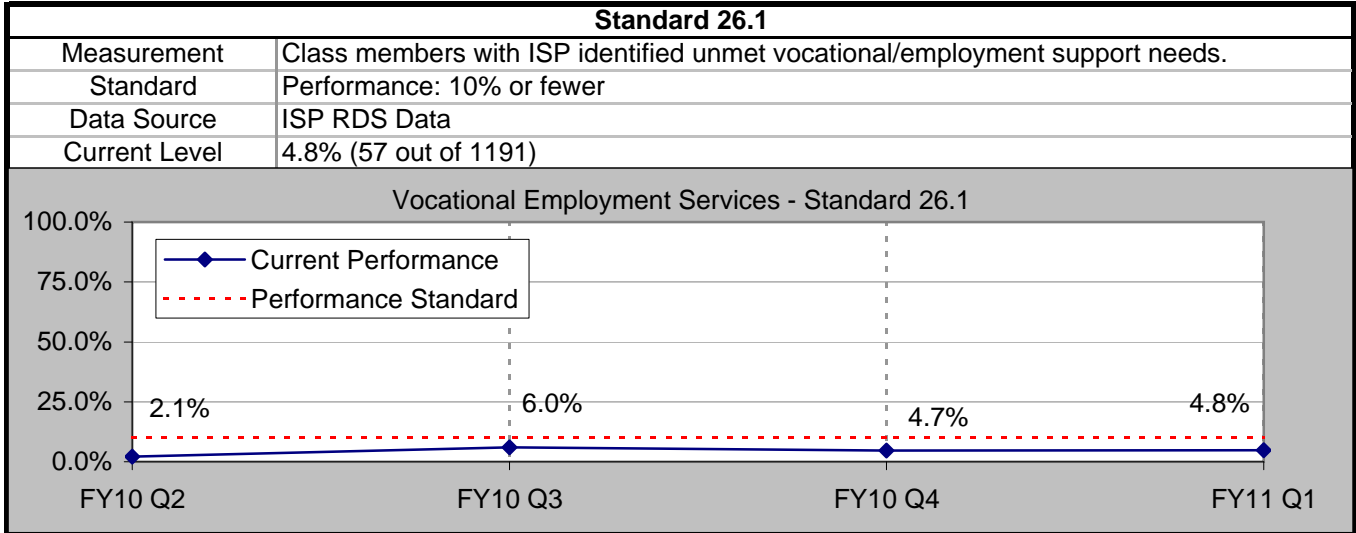
**Community Resources and Treatment Services
Family Support Services**

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.



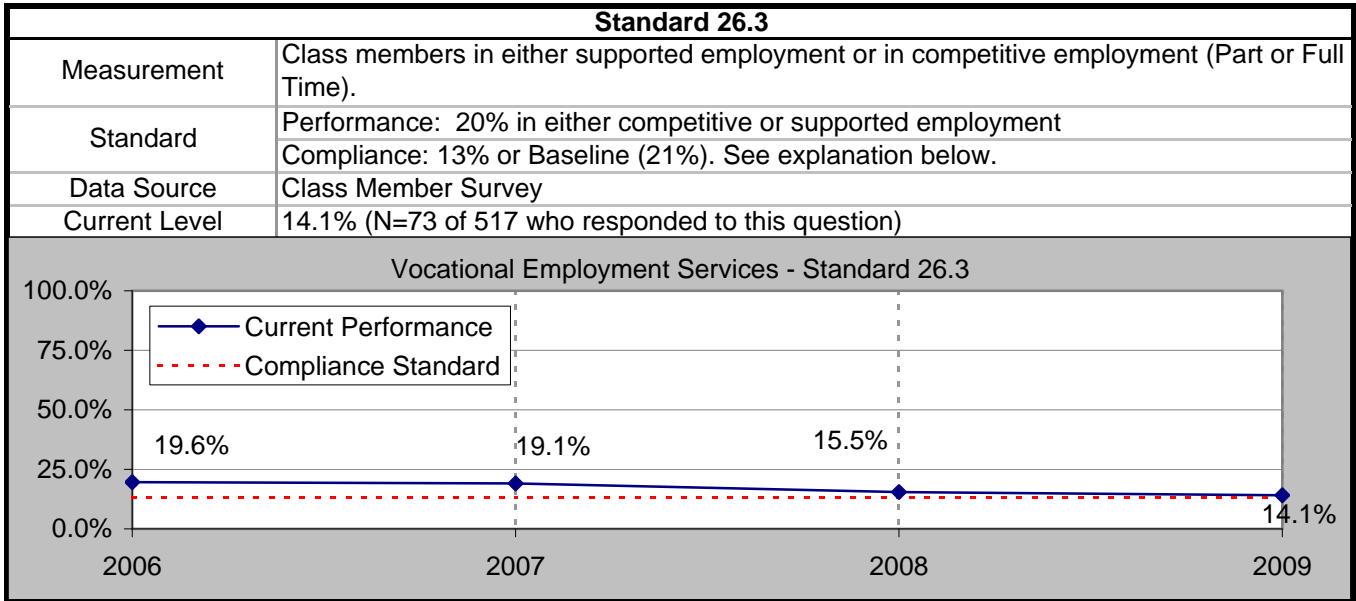
Discussion:

Standard 26.1: Standard continues to be met.

Recommendations:

Continue to monitor

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

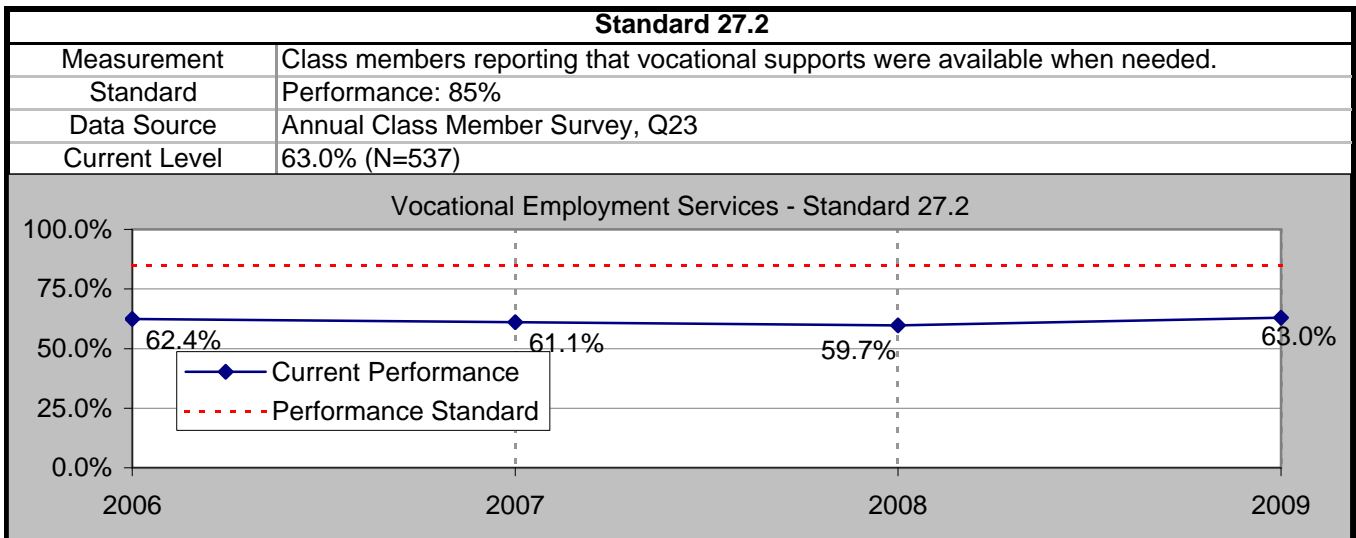
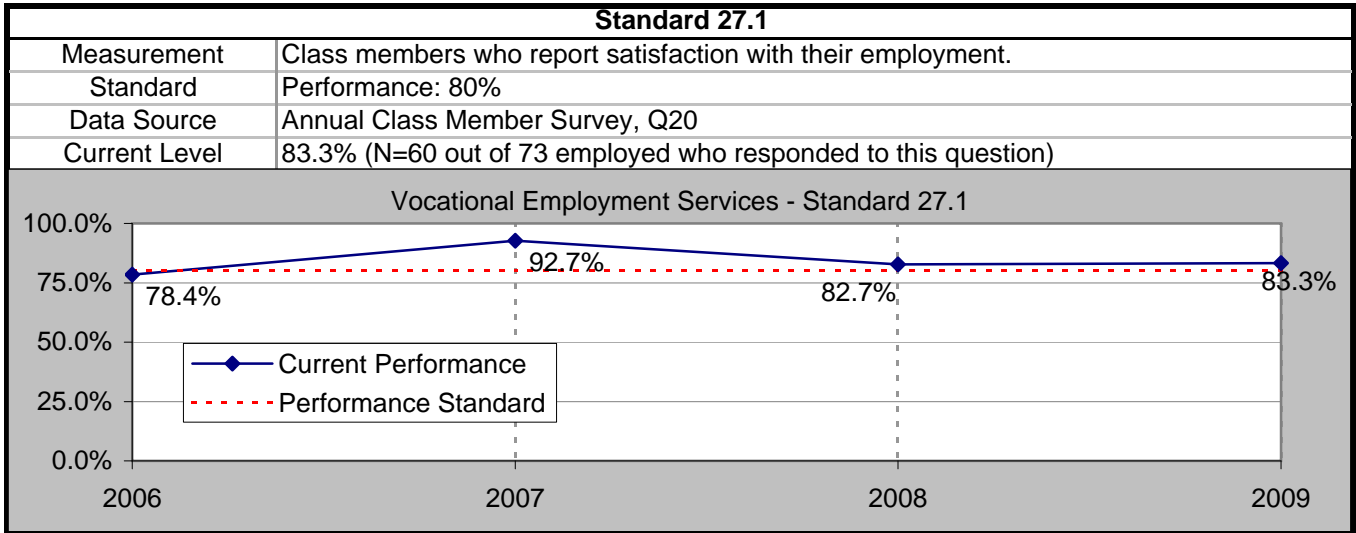


OAMHS takes action if the number of Class Members (younger than 62) employed falls below the Compliance Standard.

No Class Member Survey was administered in 2010. In February 2010, the Department submitted a consent decree plan amendment request to the Court Master seeking to allow the use of the DIG survey instead of both the DIG Survey and the class member survey to measure performance of the state mental health system and compliance with the Consent Decree Plan. That amendment request was approved 01/19/2011. This standard will reflect the approved changes in the next quarterly report, May 1, 2011.

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

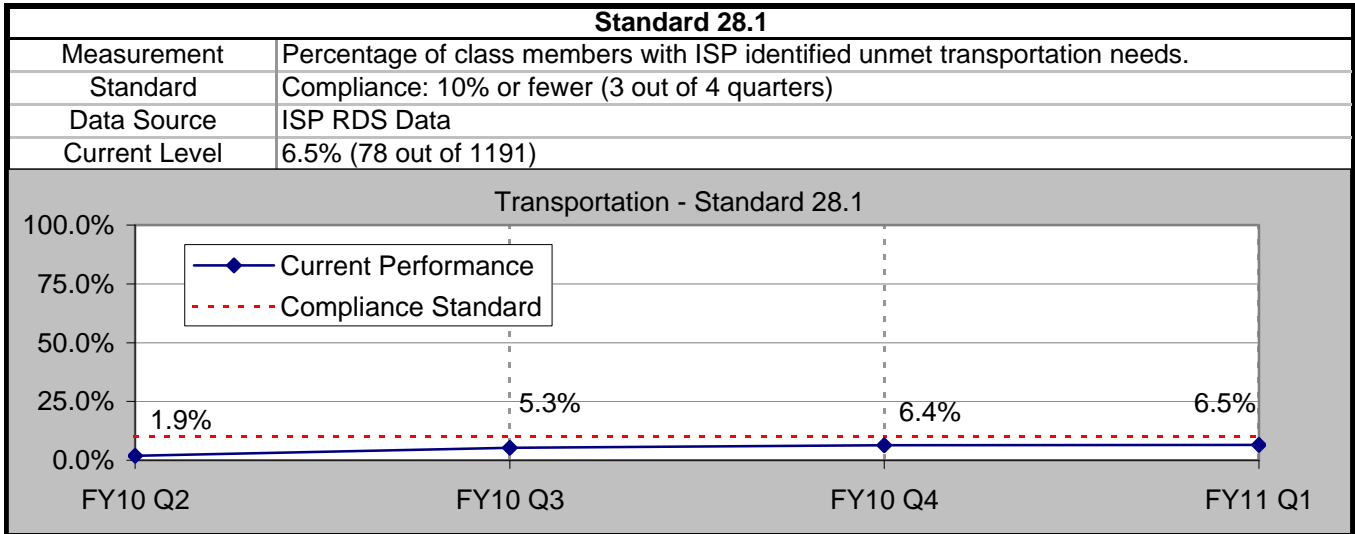
Standard 27 - Satisfaction with employment and with vocational support services



No Class Member Survey was administered in 2010. In February 2010, the Department submitted a consent decree plan amendment request to the Court Master seeking to allow the use of the DIG survey instead of both the DIG Survey and the class member survey to measure performance of the state mental health system and compliance with the Consent Decree Plan. That amendment request was approved 01/19/2011. This standard will reflect the approved changes in the next quarterly report, May 1, 2011.

**Community Resources and Treatment Services
Transportation**

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

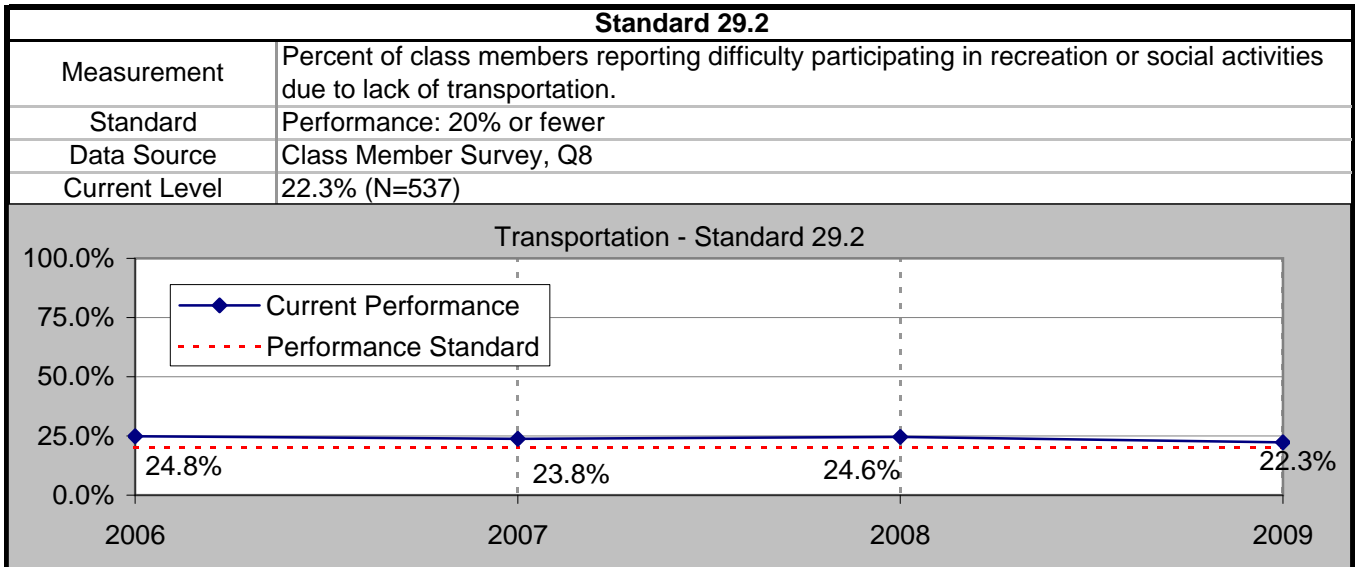
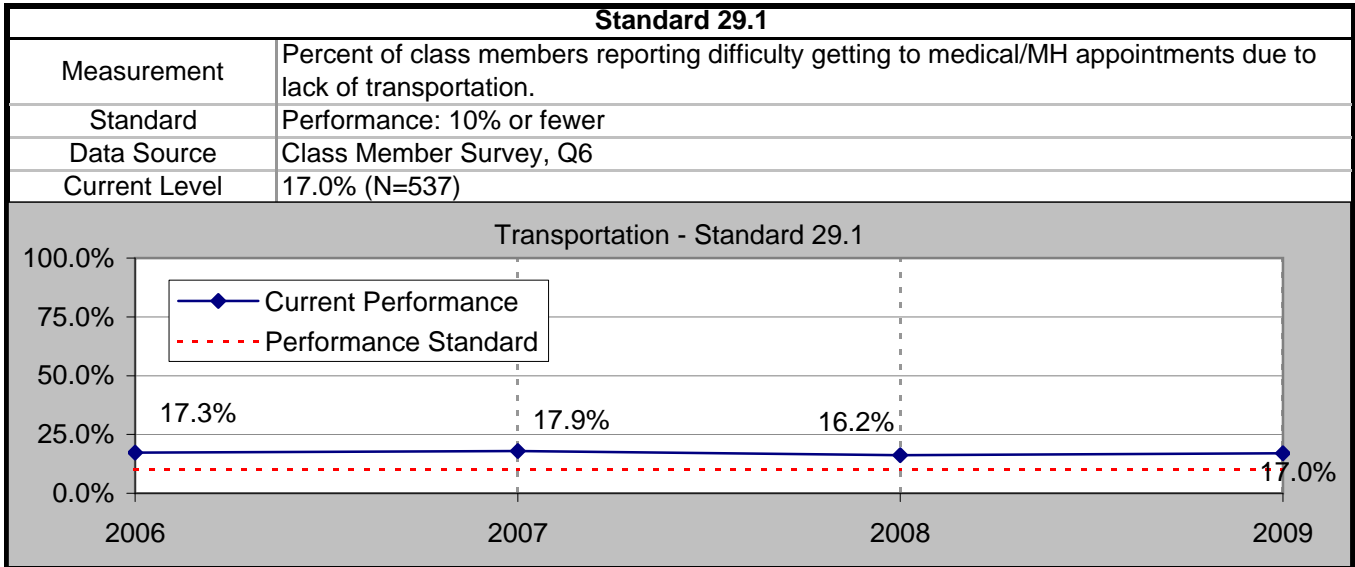


Discussion:

Standard continues to be met though at a higher rate than in the 1st quarter of FY 10 (2.0% to 6.5%).

**Community Resources and Treatment Services
Transportation**

Standard 29 - Satisfaction with availability of transportation services



No Class Member Survey was administered in 2010. In February 2010, the Department submitted a consent decree plan amendment request to the Court Master seeking to allow the use of the DIG survey instead of both the DIG Survey and the class member survey to measure performance of the state mental health system and compliance with the Consent Decree Plan. That amendment request was approved 01/19/2011. This standard will reflect the approved changes in the next quarterly report, May 1, 2011.

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

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

Standard 30.1	
Measurement	Number of social clubs/peer centers and participants by region.
Standard	Qualitative evaluation; no numerical standard required.
Data Source	Office of Consumer Affairs Data
Current Level	See below for current social clubs/peer centers. Incomplete FY11 Q1 data received

Standard 30.2	
Measurement	Number of other peer support programs and participation.
Standard	Qualitative evaluation; no numerical standard required.
Data Source	Office of Consumer Affairs Data
Current Level	29 Peer Support programs statewide during 2010. (includes social clubs/peer center): Participation data is not collected for the Statewide Initiatives noted below.

Peer Support Groups funded by DHHS 2010:

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

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

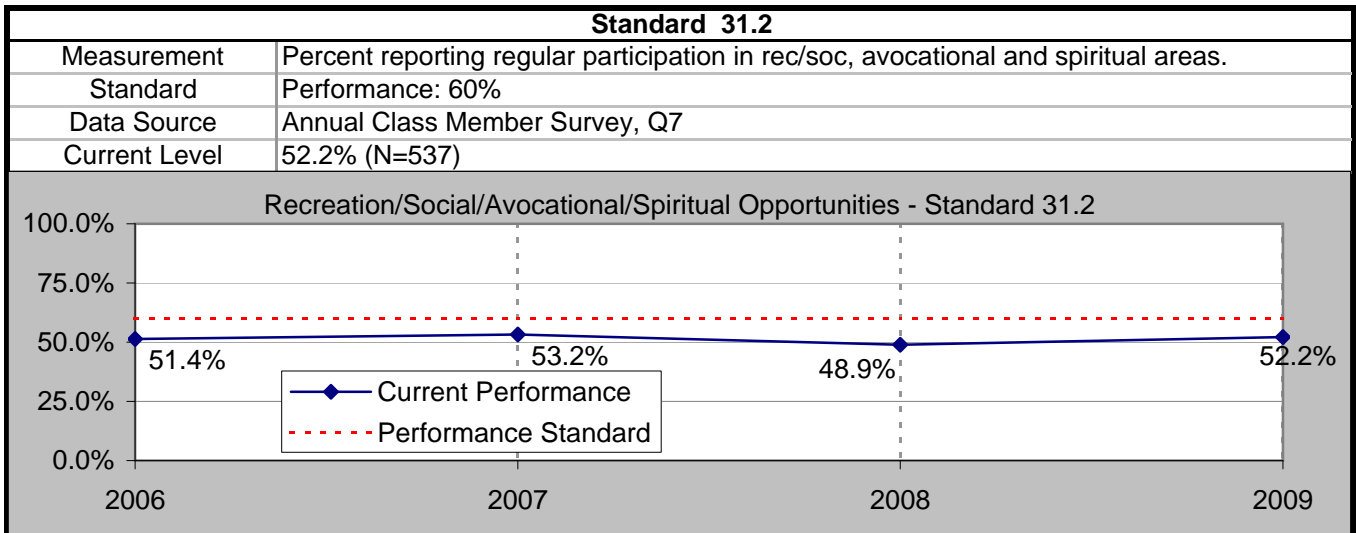
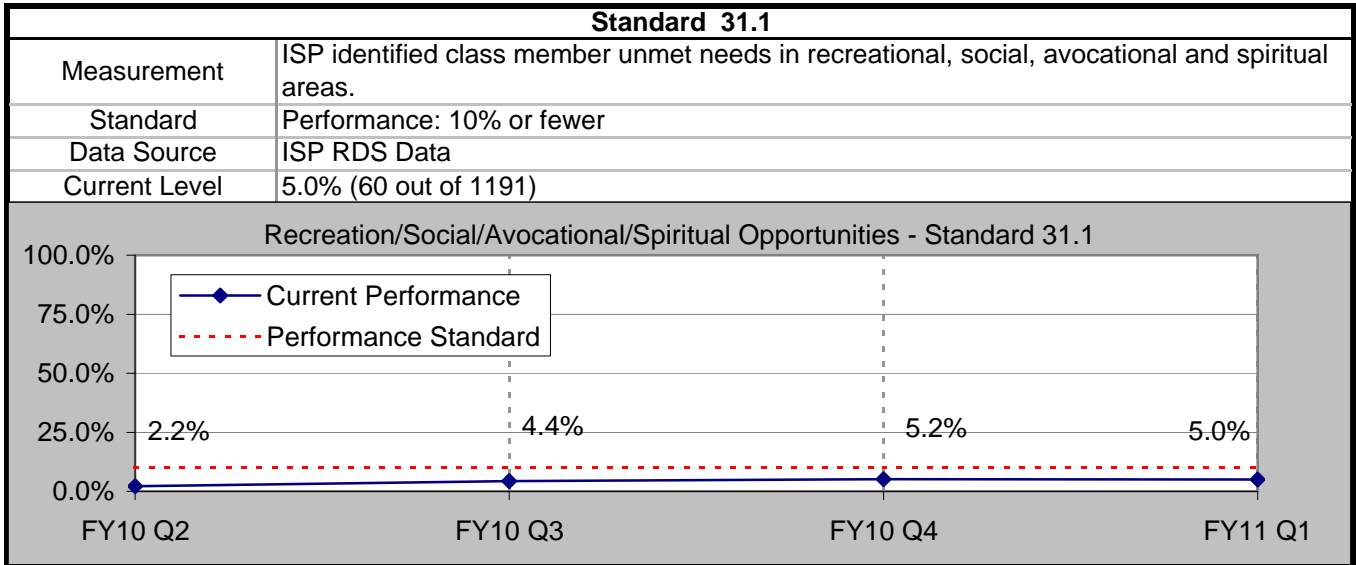
NAMI Support Groups primarily attended by consumers:
 Augusta, Bangor, Biddeford, Damariscotta, Lewiston, Livermore Falls, Machias, Sanford, Skowhegan, York

Discussion:

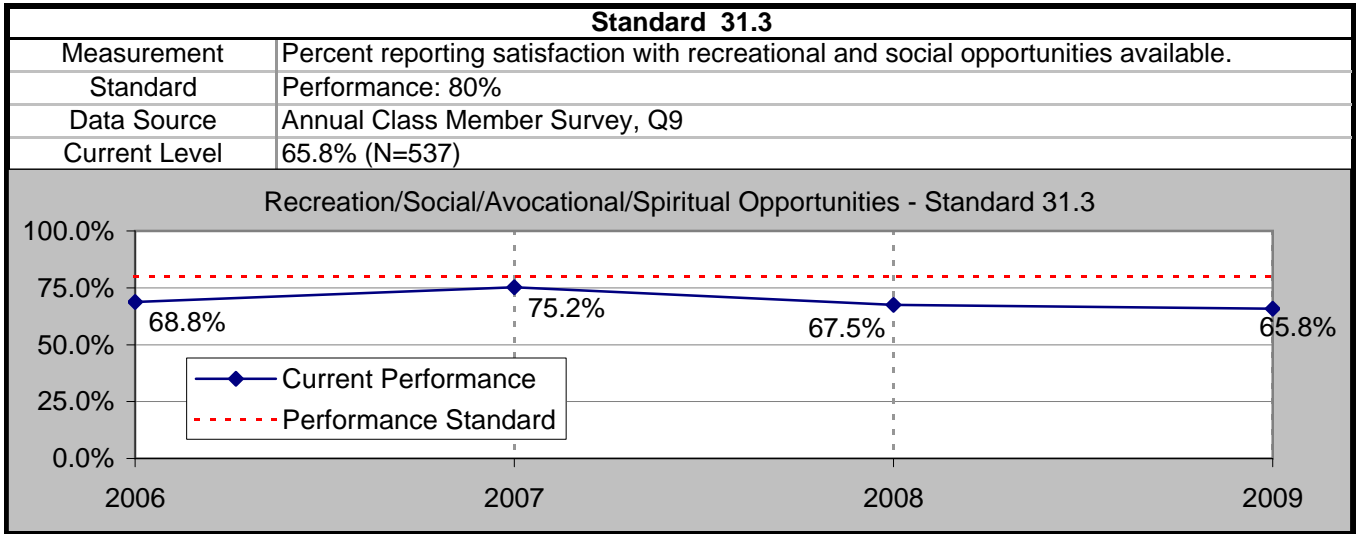
Standard 30.1: Programs continue to report using different methodology and OAMHS is working with individual programs to obtain more meaningful data.

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

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



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



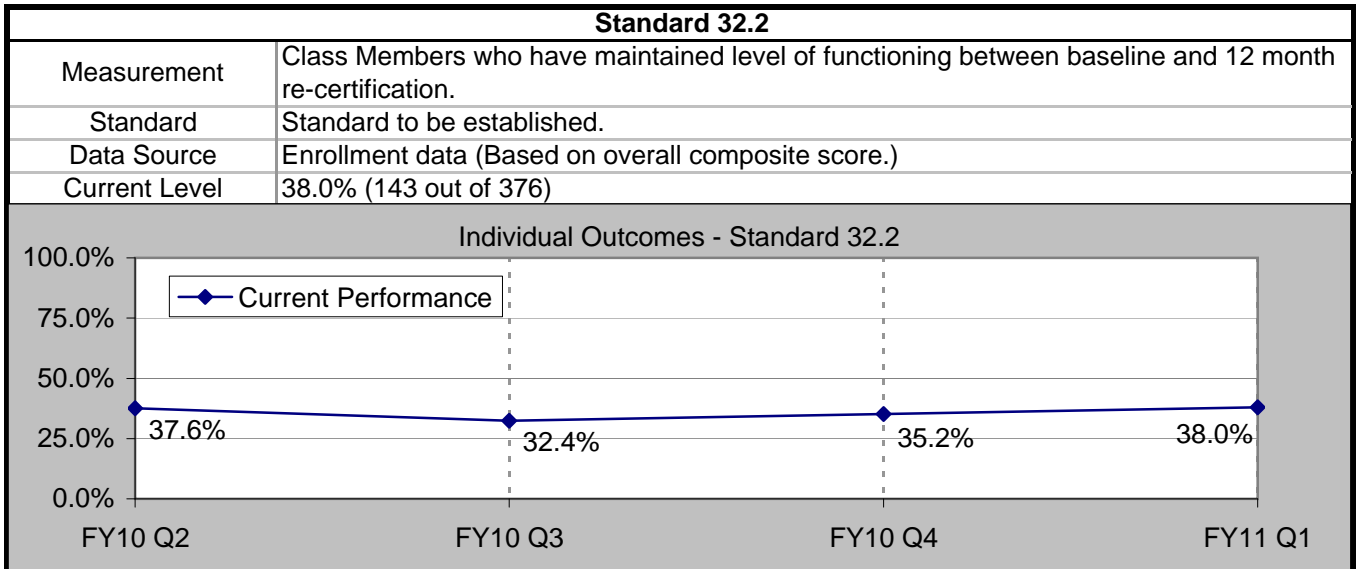
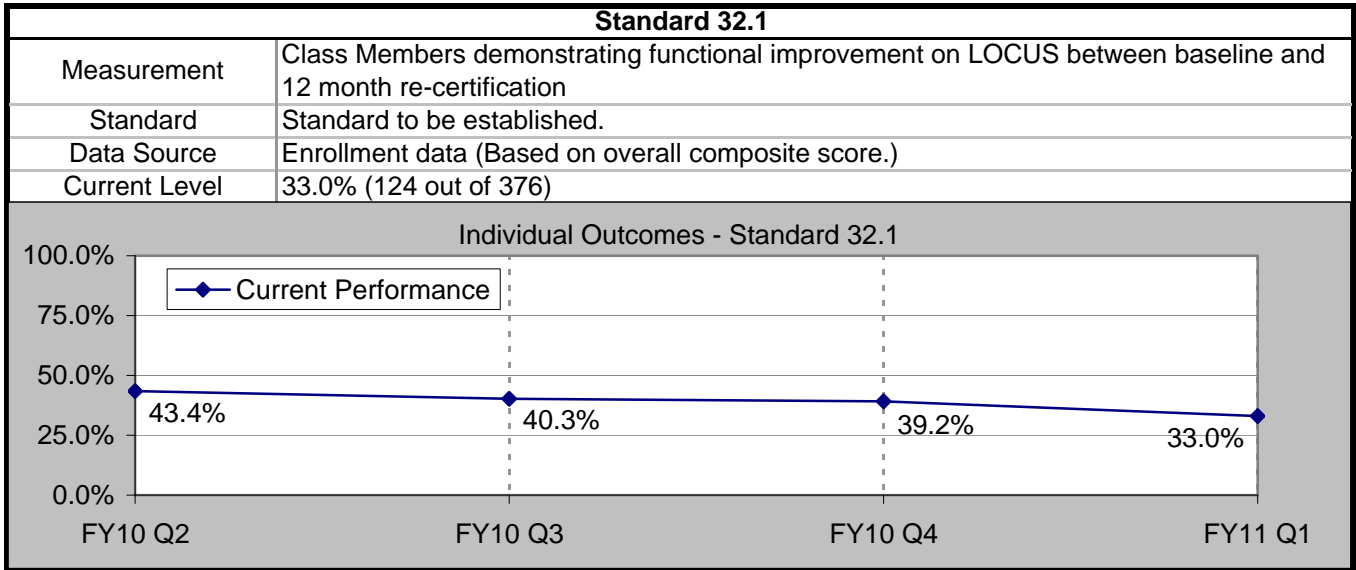
Discussion:

Standard 31.1: Continues to be met. However percentage has increased from 1.5% to 5.2% since the first quarter.

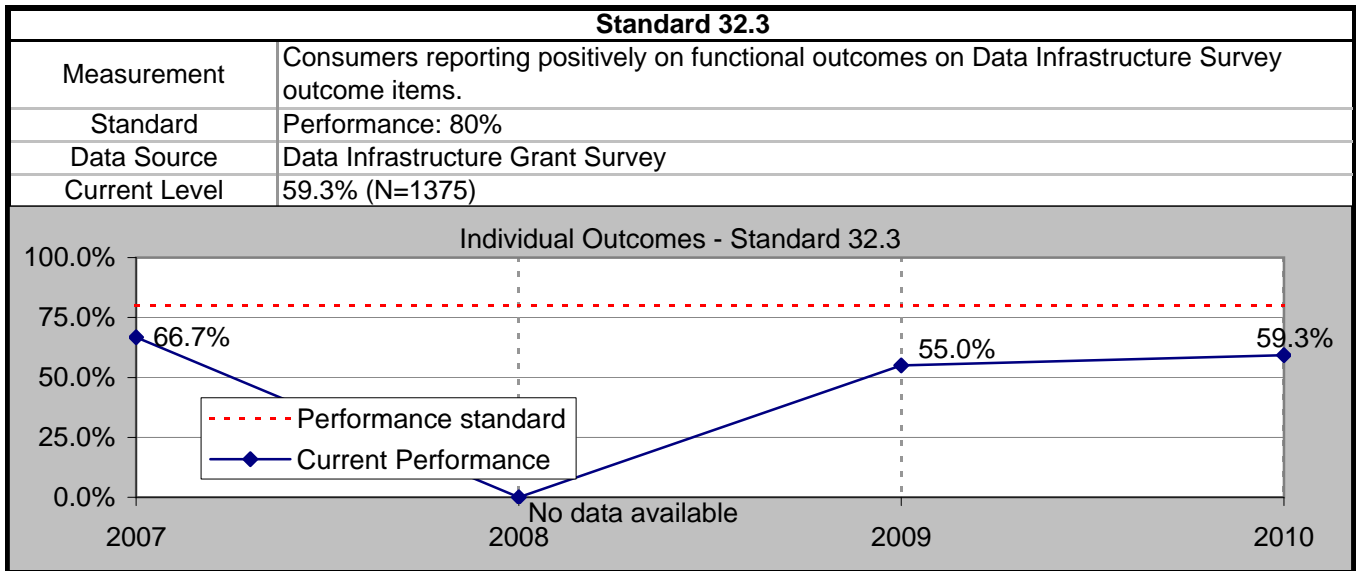
Standard 31.2 and 31.3: No Class Member Survey was administered in 2010. In February 2010, the Department submitted a consent decree plan amendment request to the Court Master seeking to allow the use of the DIG survey instead of both the DIG Survey and the class member survey to measure performance of the state mental health system and compliance with the Consent Decree Plan. That amendment request was approved 01/19/2011. This standard will reflect the approved changes in the next quarterly report, May 1, 2011.

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

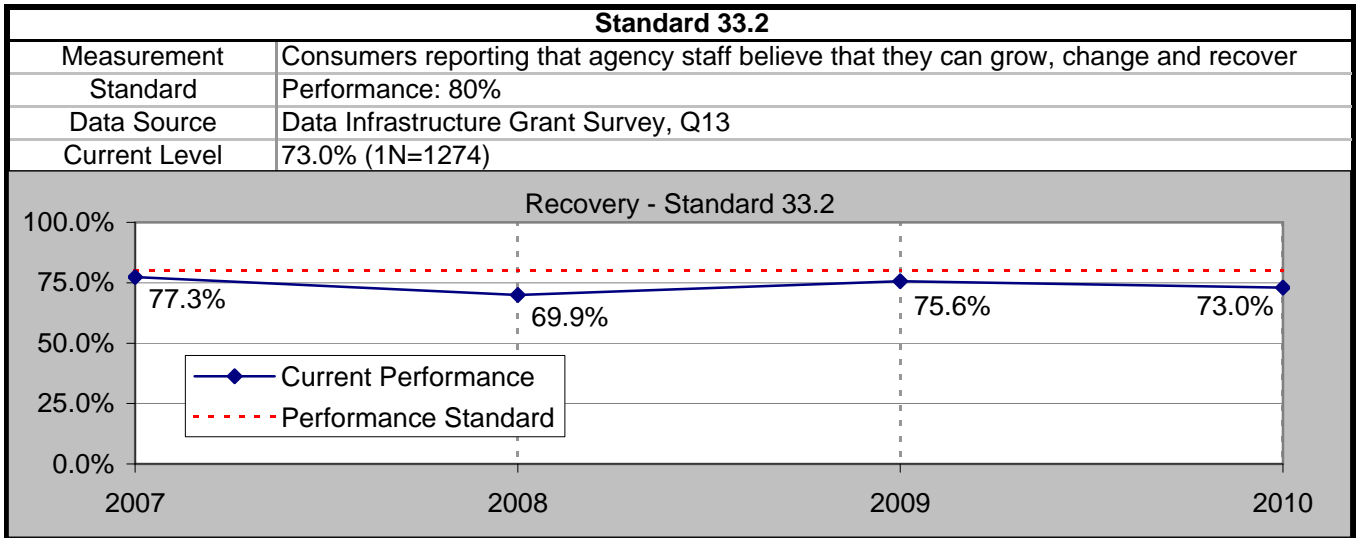
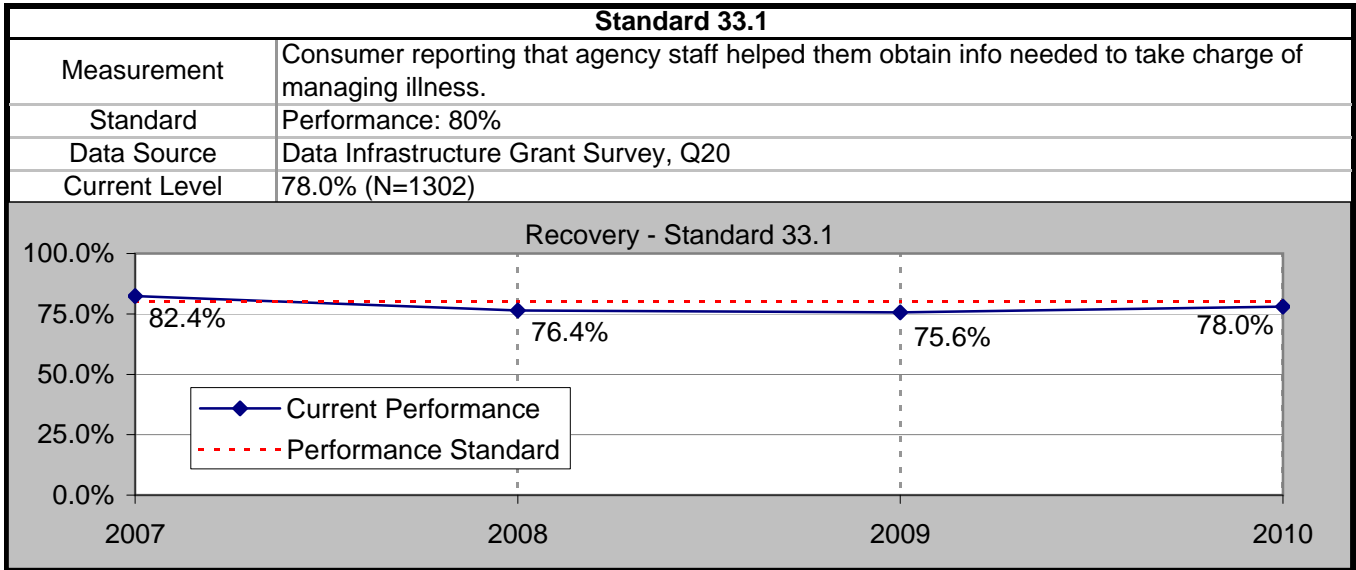


Discussion:

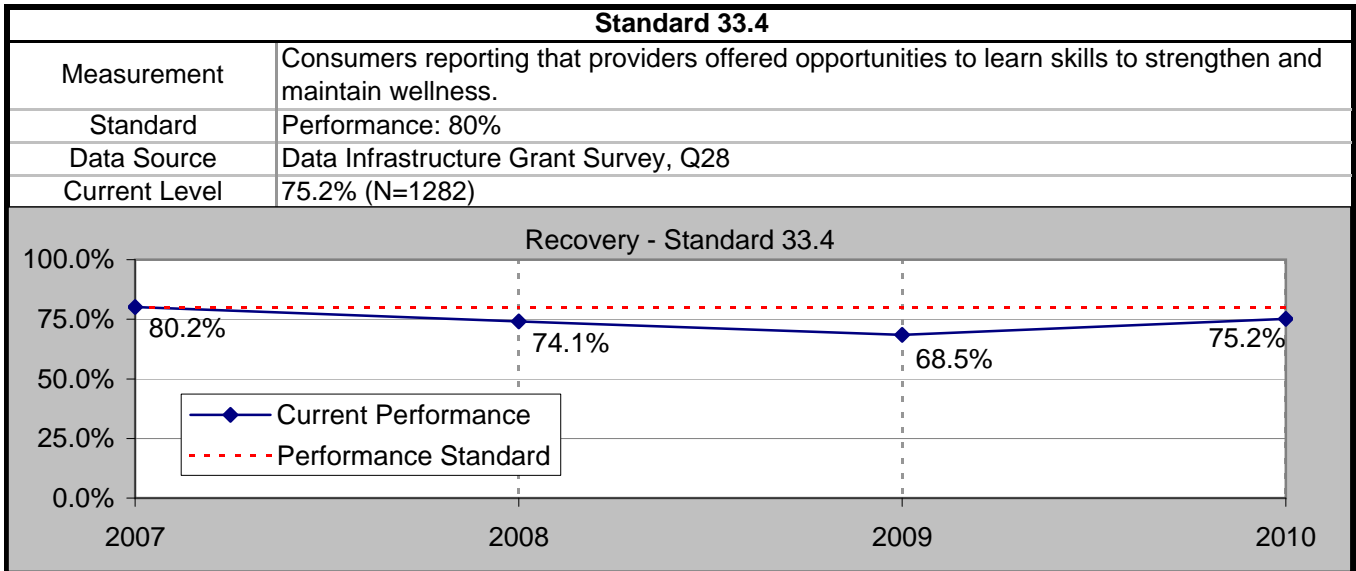
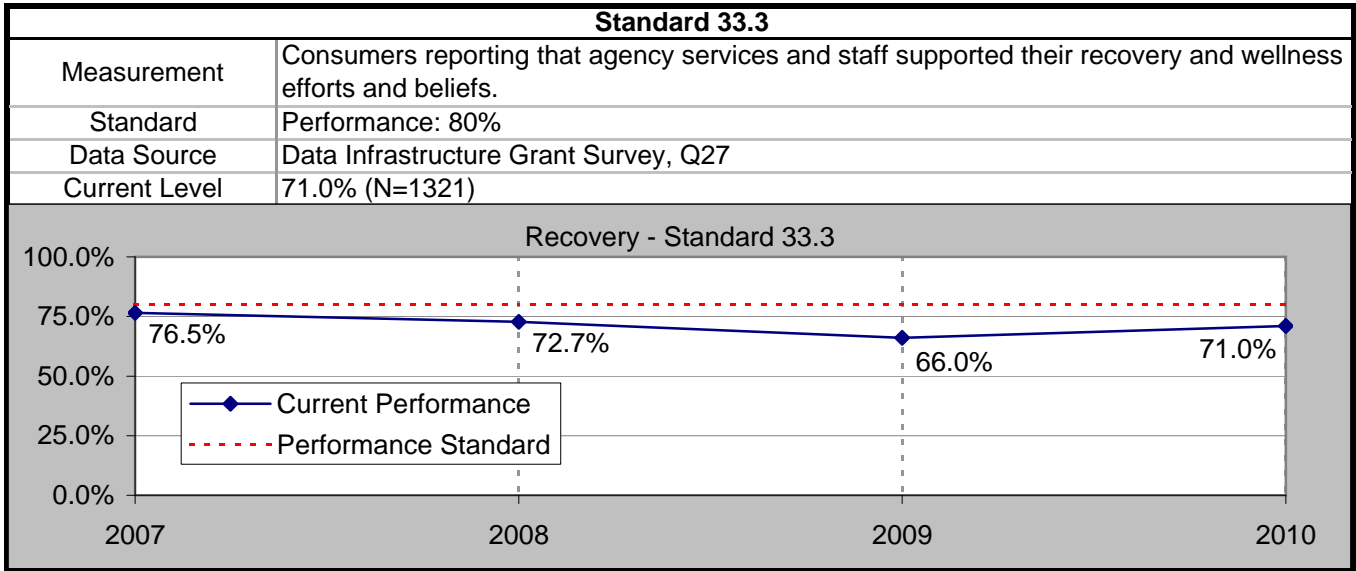
The result of the 2008 DIG Survey pertaining to functional outcomes can not be compared to the results obtained in 2007, and earlier, due to the language change in the header between the two administrations. In 2007, the header read: "As a direct result of your services...". In 2008, the header read: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

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

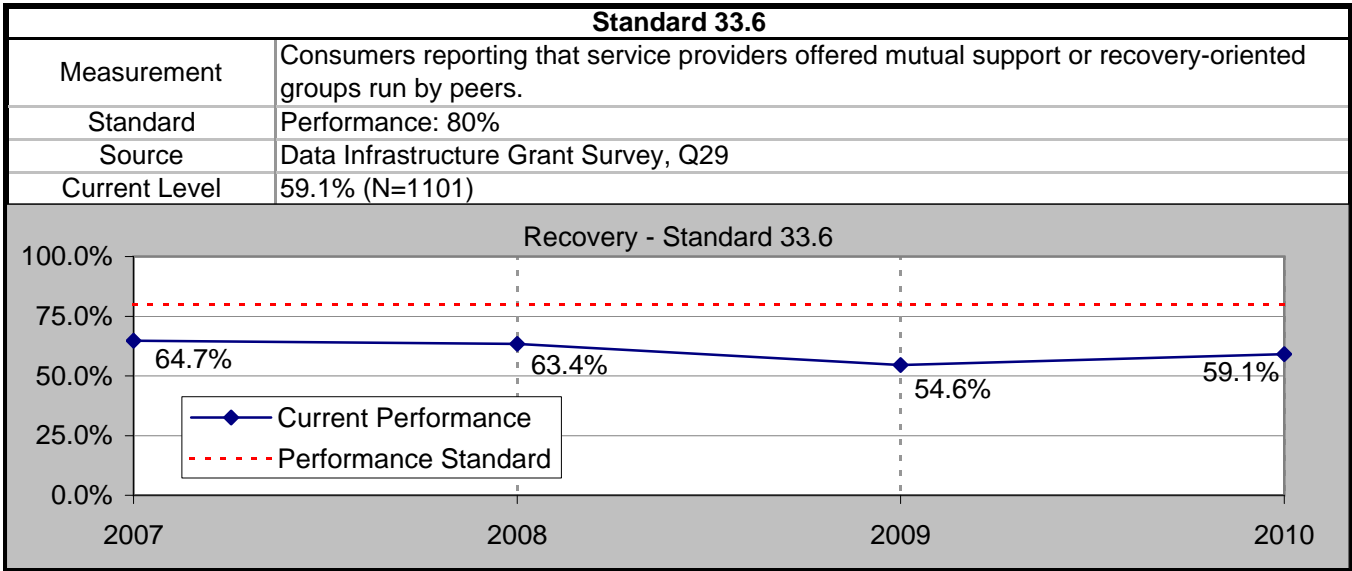
Standard 33 - Demonstrate that consumers are supported in their recovery process



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

Standard 34.1	
Measurement	# of mental health workshops, forums, and presentations geared toward general public and level of participation.
Standard	Qualitative evaluation required, no numerical standard necessary.
Data Source	
Current Level	27 FY 11 Q1

Standard 34.2	
Measurement	Number and type of infor packets, publications, press releases, etc. distributed to public audiences.
Standard	Qualitative evaluation required, no numerical standard necessary.
Data Source	
Current Level	216 FY 11 Q1

