

Consent Decree Performance and Quality Improvement Standards: November 2012

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 5.2, 5.3 and 5.4 will now be calculated by APS Healthcare. Standard 5.1 will be calculated by APS Healthcare and reported on the next quarterly report, FY 12 Q4.

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.

DHHS Office of Substance Abuse and Mental Health Services
Compliance and Performance Standards: Summary Sheet
July - September 2012

Standard 1. Rights Dignity and Respect

Average of positive responses in the DIG 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

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Compliance and Performance Standards: Summary Sheet
July - September 2012

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 DIG 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.

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Compliance and Performance Standards: Summary Sheet
July - September 2012

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 DIG Survey Perception of Access domain
2. Average of positive responses in the DIG 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

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Compliance and Performance Standards: Summary Sheet
July - September 2012

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
2. Average of positive responses in the DIG Survey 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
July - September 2012**

Standard 33. Recovery

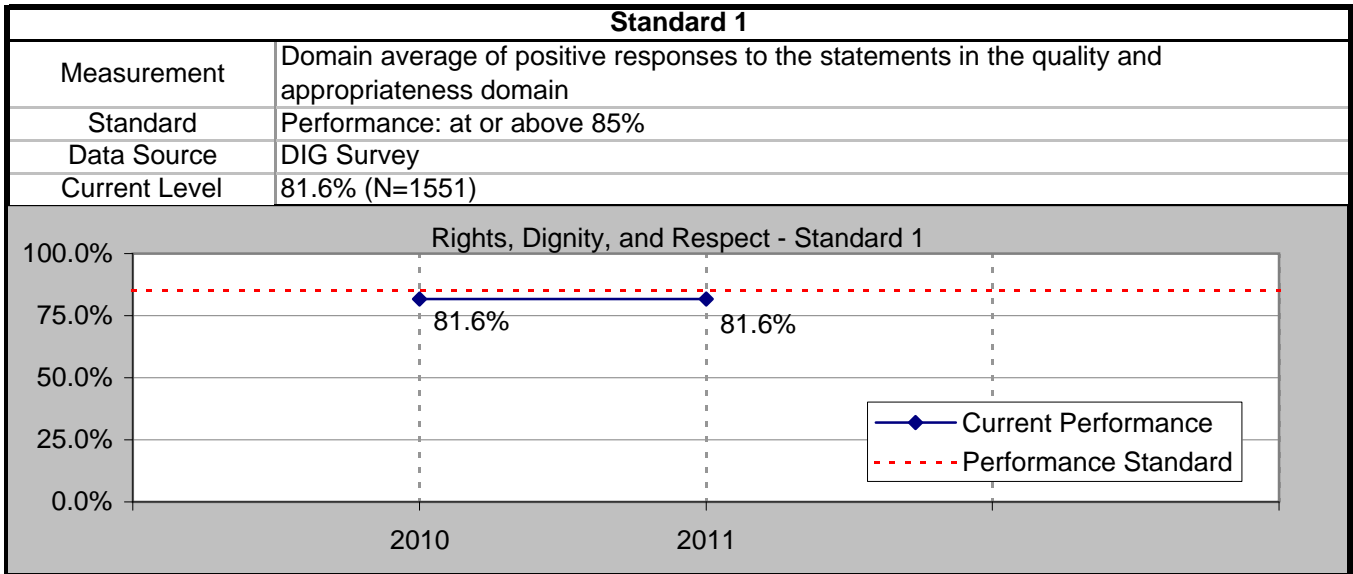
1. Consumers reporting staff helped them to take charge of managing illness.
2. Consumers reporting staff believed they could grow, change, recover
3. Consumers reporting staff supported their recovery efforts
4. Deleted: Consumers reporting that providers offered learning opportunities: questions eliminated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

Standard 34. Public Education

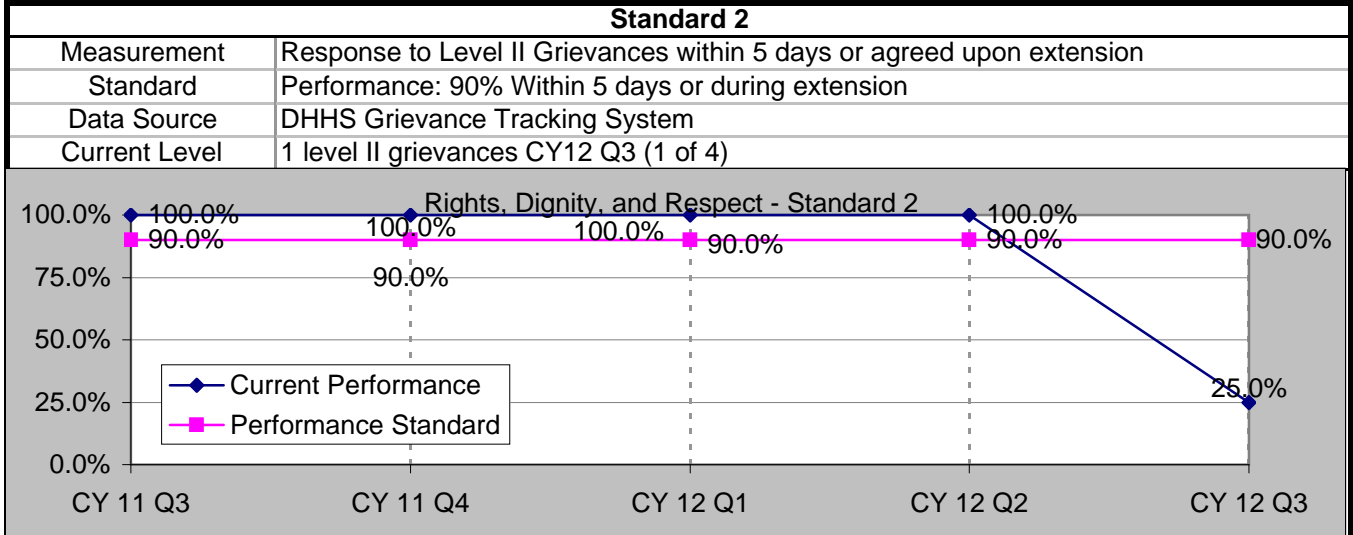
1. # MH workshops, forums and presentations geared to public participation.
2. #, type of information packets, publications, and press releases distributed to public.

Rights, Dignity, and Respect

Standard 1 - Treated with respect for their individuality



Standard 2 - Grievances are addressed in a timely manner



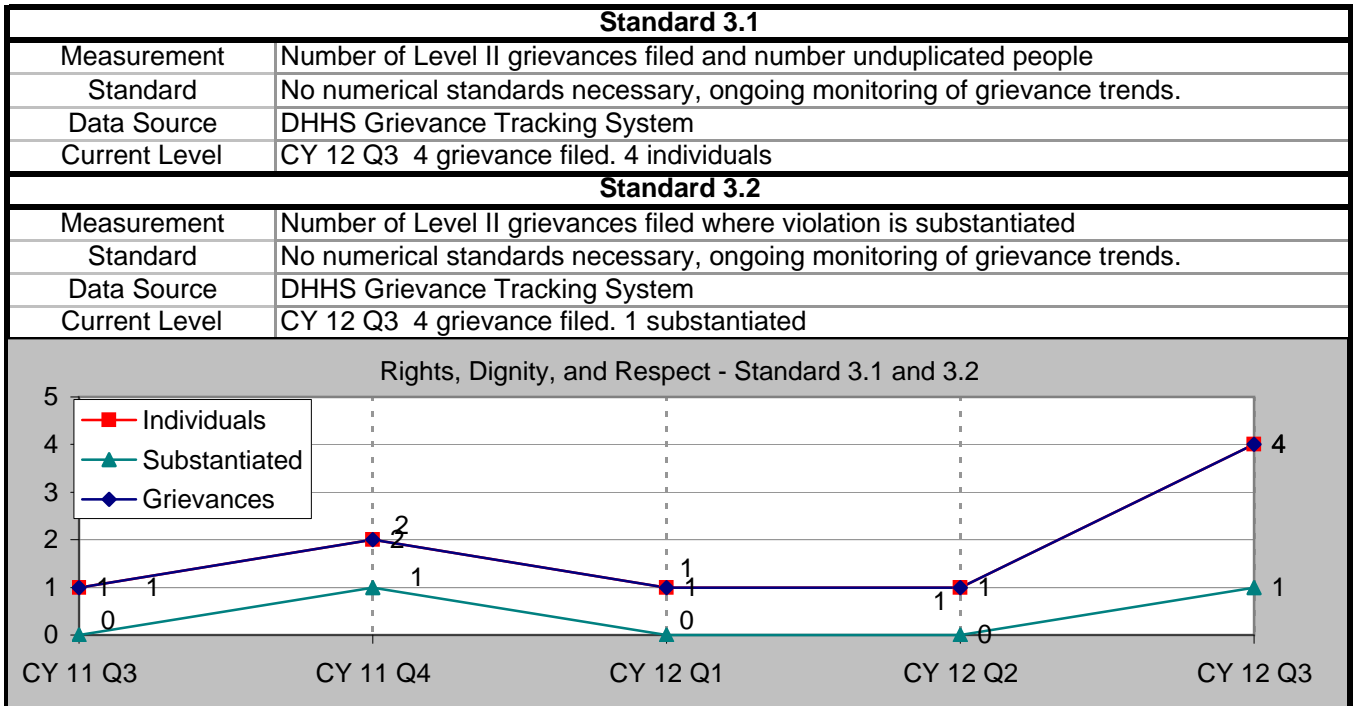
Discussion:

Standard 1: SAMHS has contacted the Executive Director of the Consumer Council of Maine for feedback and discussion on ways we can work with providers to improve services. 2012 DIG Survey will be included in the February 2013 report.

Standard 2: Met from calendar year 2006 thru the 2nd quarter of calendar year 2012, except for Q4 CY 10 - in that quarter, one of two grievances was not responded to within the prescribed timeframe.

Rights, Dignity, and Respect

Standard 3 - Demonstrate rights are respected and maintained

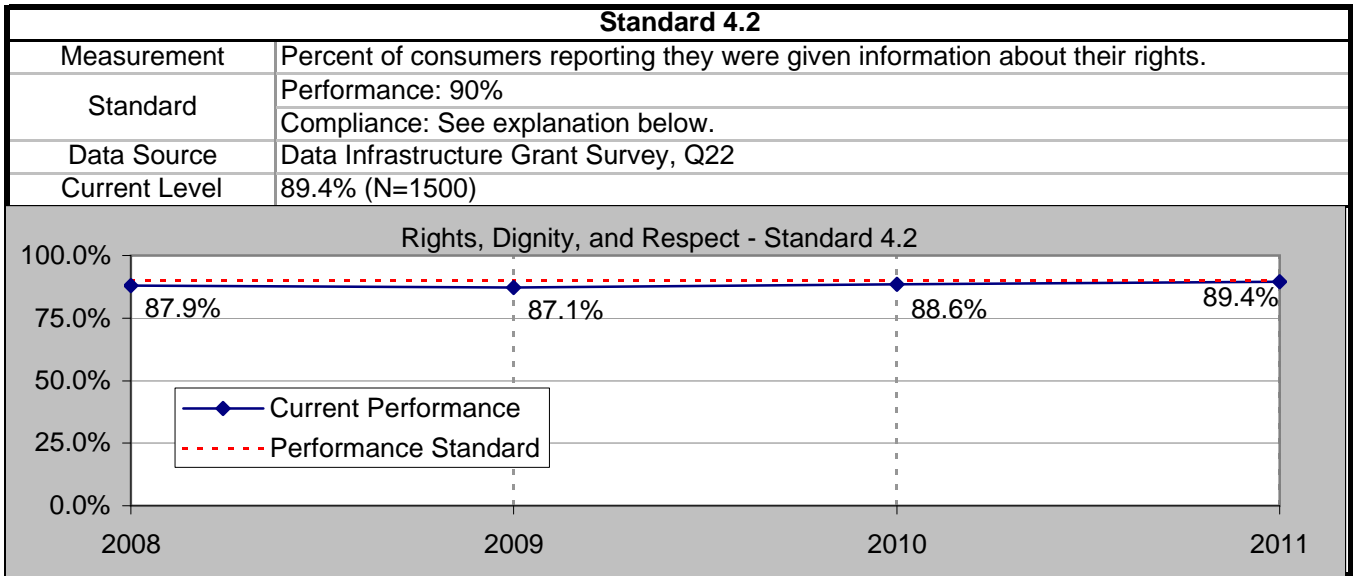


Comment:

Standard 3.1 and 3.2: SAMHS continues to monitor. The number of greivances are not statistically significant.

Rights, Dignity, and Respect

Standard 4 - Class Members are informed of their rights



* Compliance standard for 4.2

If results fall below the performance standard level, the Department:

- Consults with the Consumer Council of Maine (CCSM)
- Takes corrective action if deemed necessary by the CCSM and
- Develops that corrective action in collaboration with the CCSM

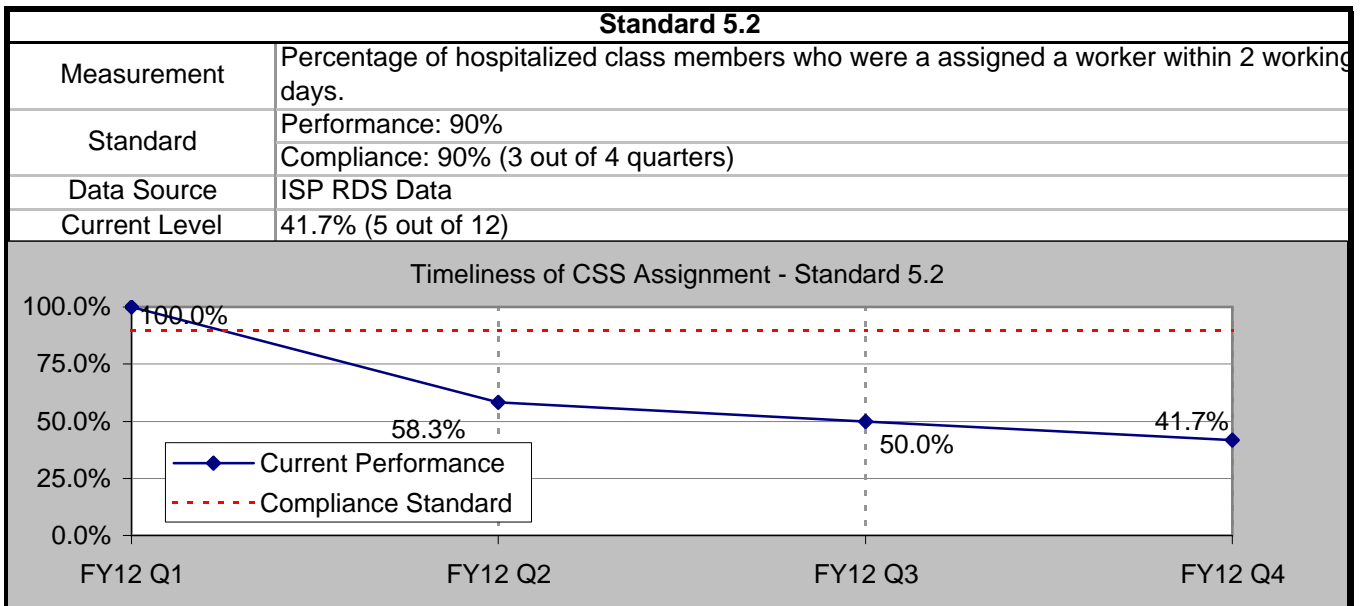
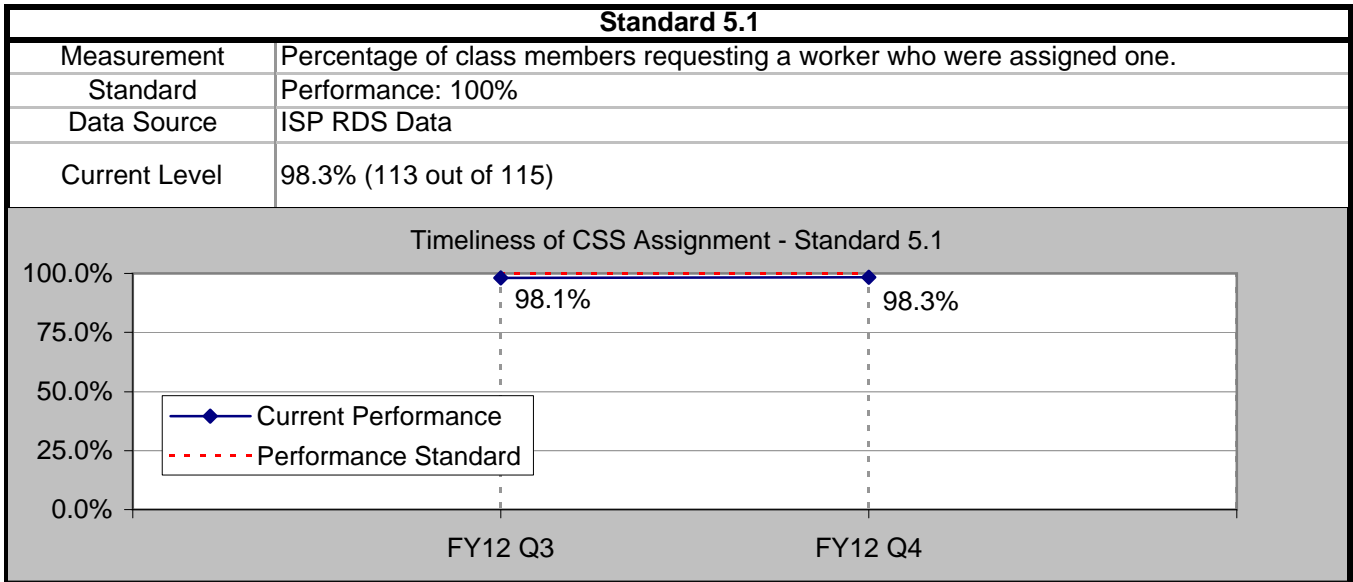
Discussion:

Percentage has increased from 87.9% to 89.4% over the past 4 calendar years. Data from the 2011 DIG survey were shared with the CCSM in November 2011.

SAMHS has contacted the Executive Director of the Consumer Council of Maine for feedback and discussion on ways we can work with providers to improve services. The 2012 DIG Survey will be included in the February 2013 report.

DHHS Office of Substance Abuse and Mental Health Services
**Community Integration / Community Support Services /
 Individualized Support Planning**

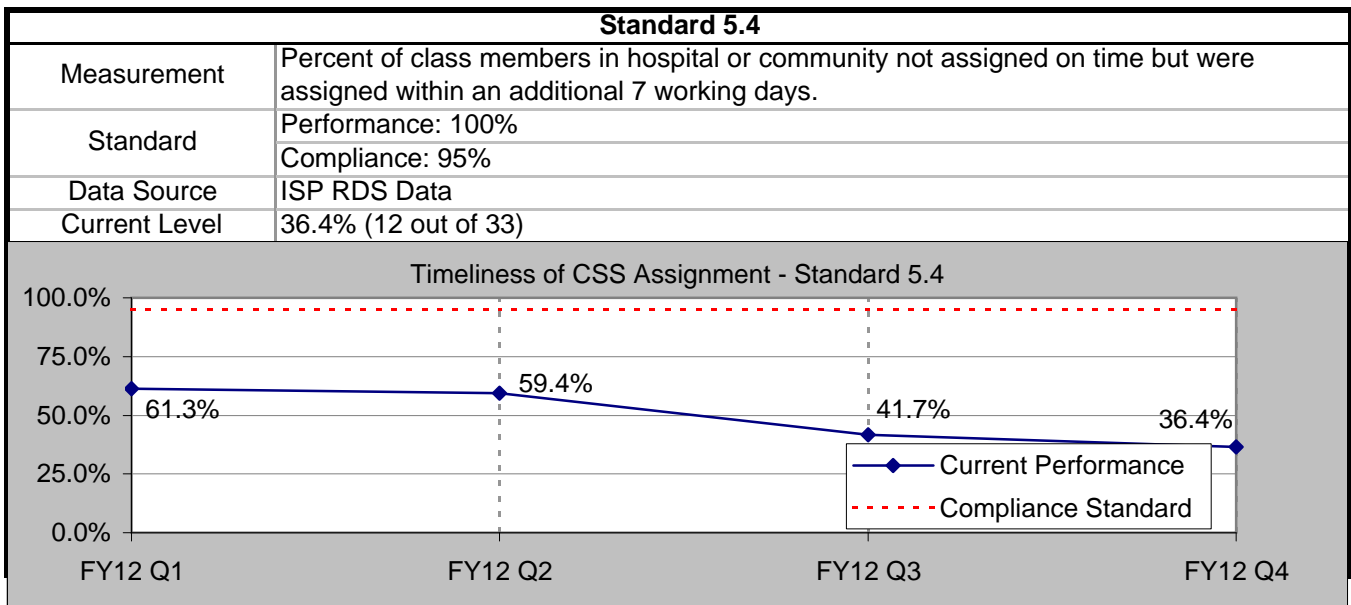
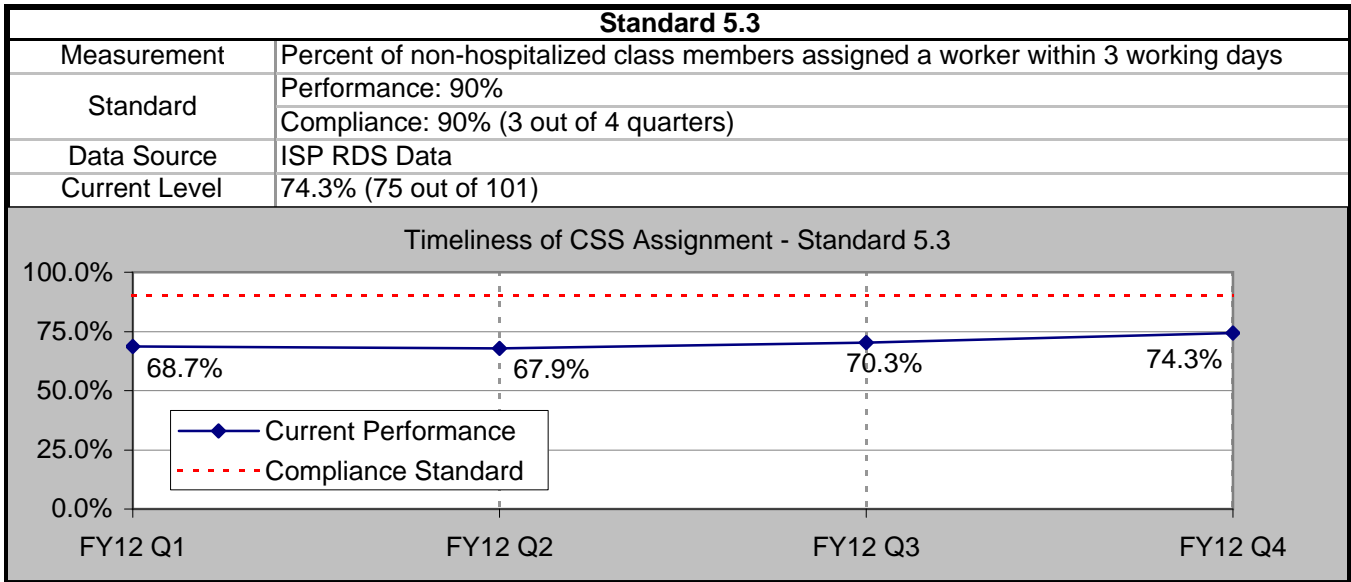
Standard 5 - Prompt Assignment of CI/ACT Workers, ISP Timeframes/Attendees at ISP Meetings



Discussion:

Standard 5.1 and 5.2: The department has begun to improve its process for monitoring agencies' performance and to increase assistance to agencies. This will not impact until the 3rd quarter FY 13 report.

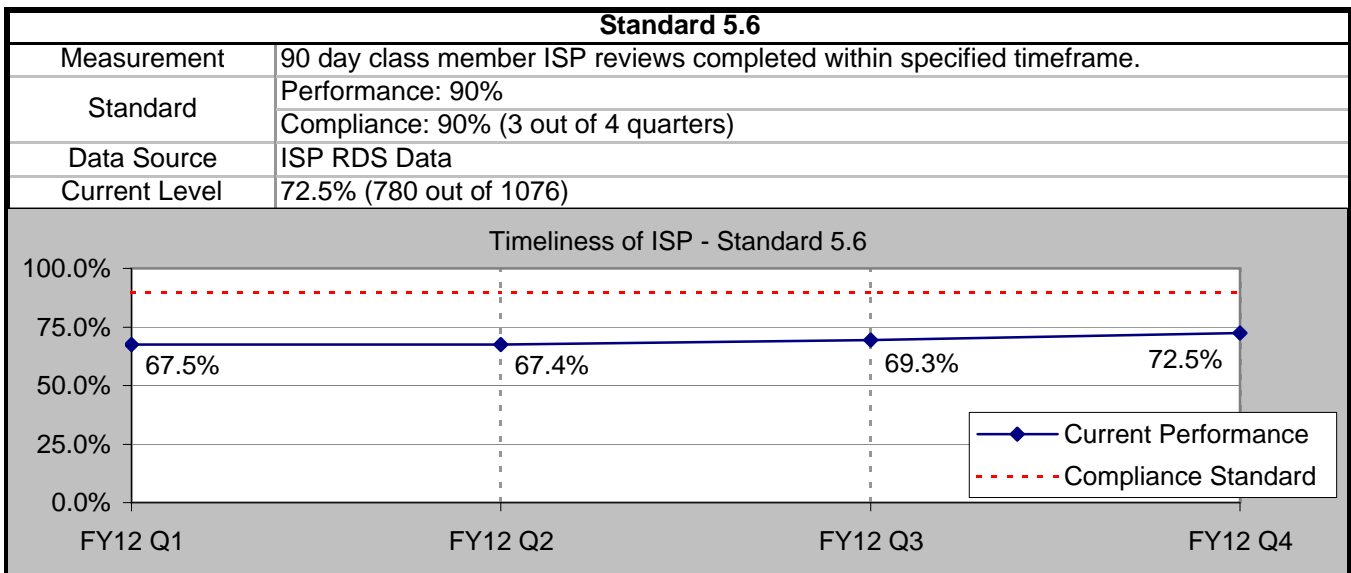
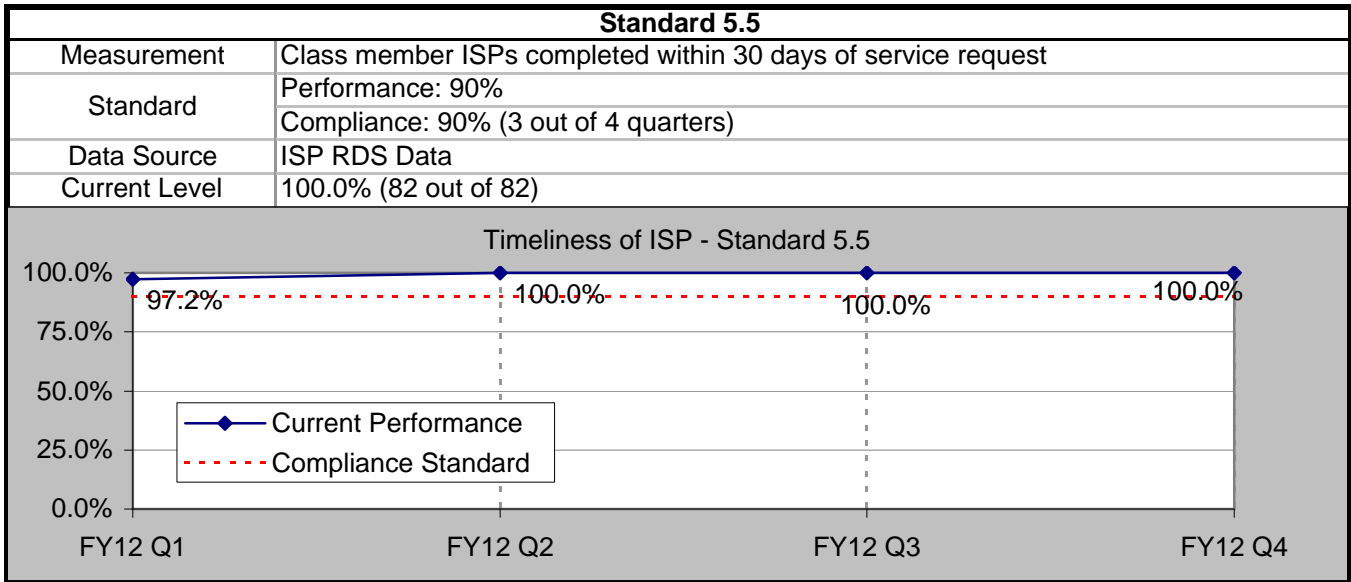
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Discussion:

Standard 5.3 and 5.4: See discussion for standard 5.1 and 5.2

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

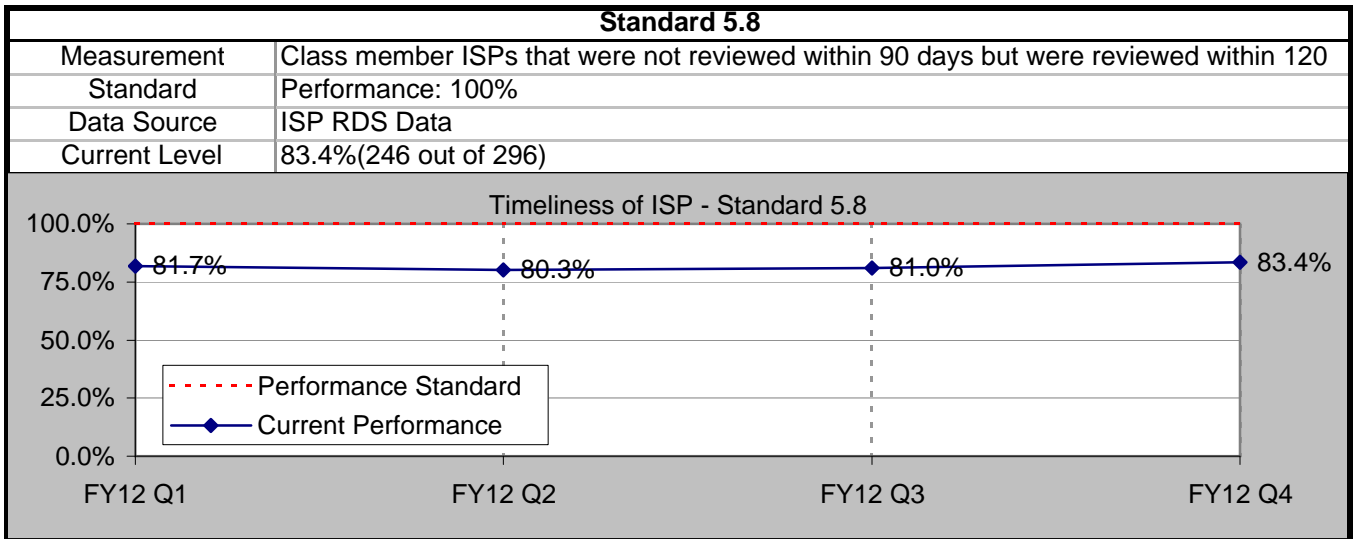
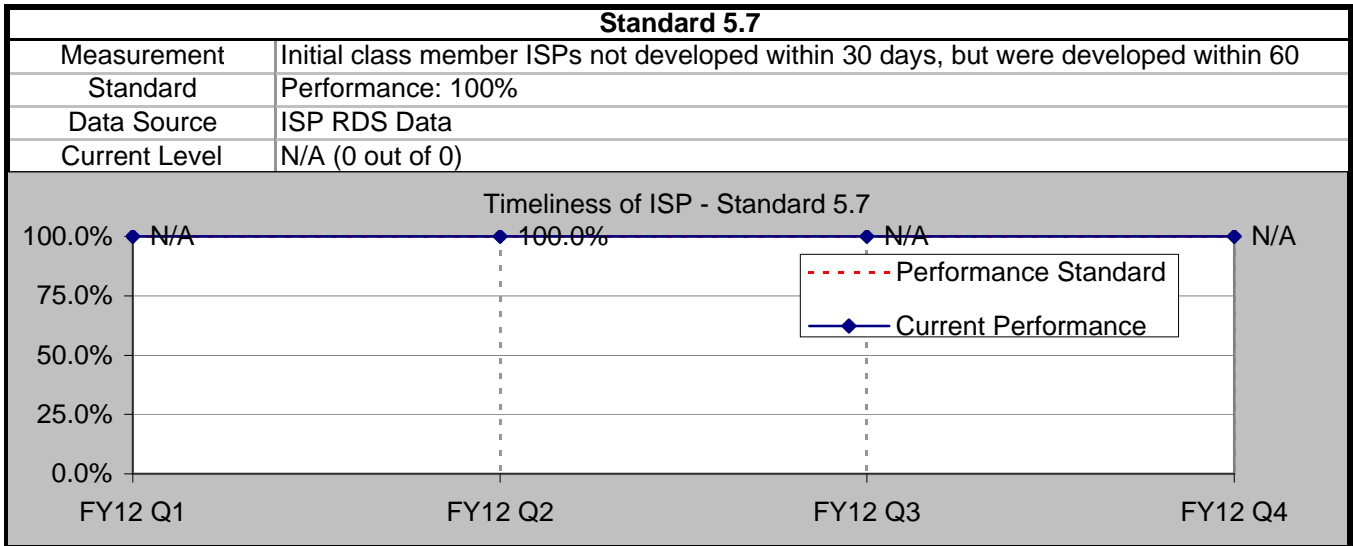


Comment:

Standard 5.5: this is a standard that is constantly met.

Standard 5.6: Field Quality Managers continue to train agency staff.

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



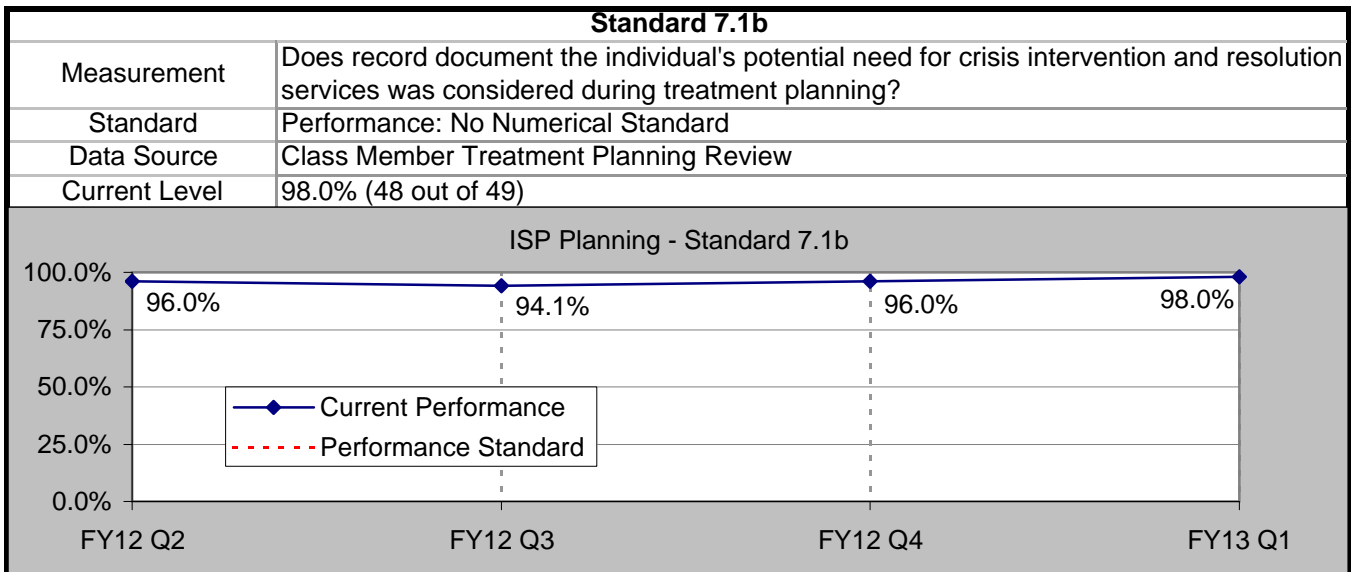
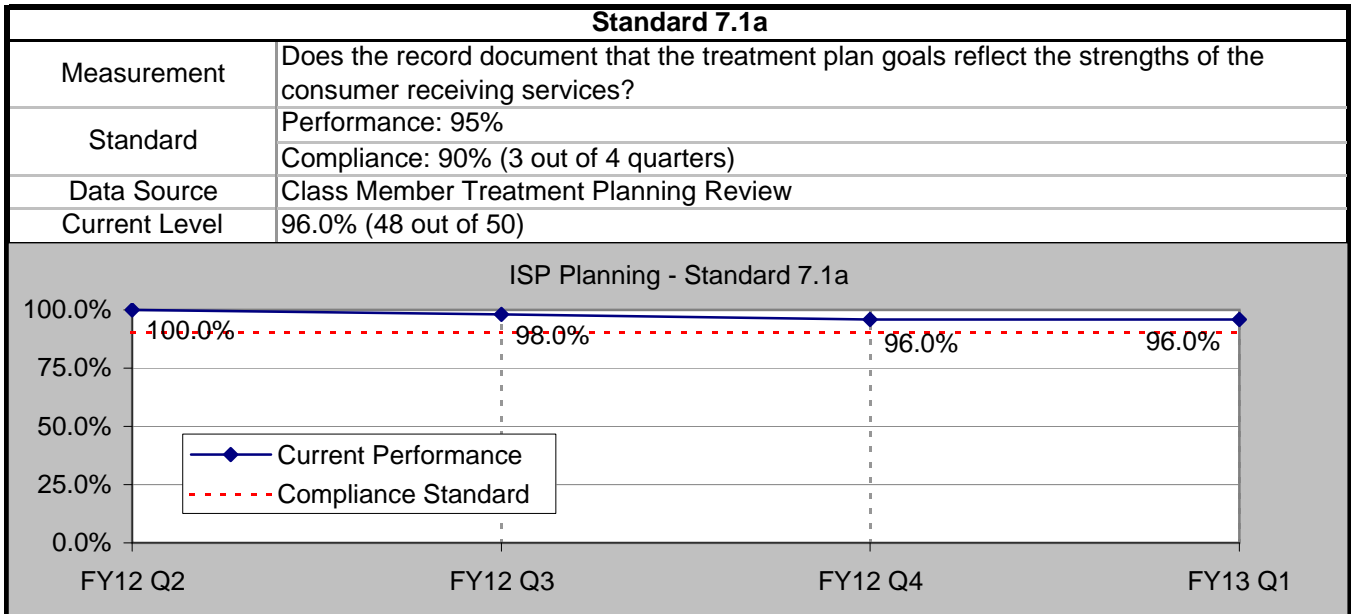
Comment:

Standard 5.7: N/A

Standard 5.8: This area is being addressed by Quality Management Specialists ongoing training to agencies.

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

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

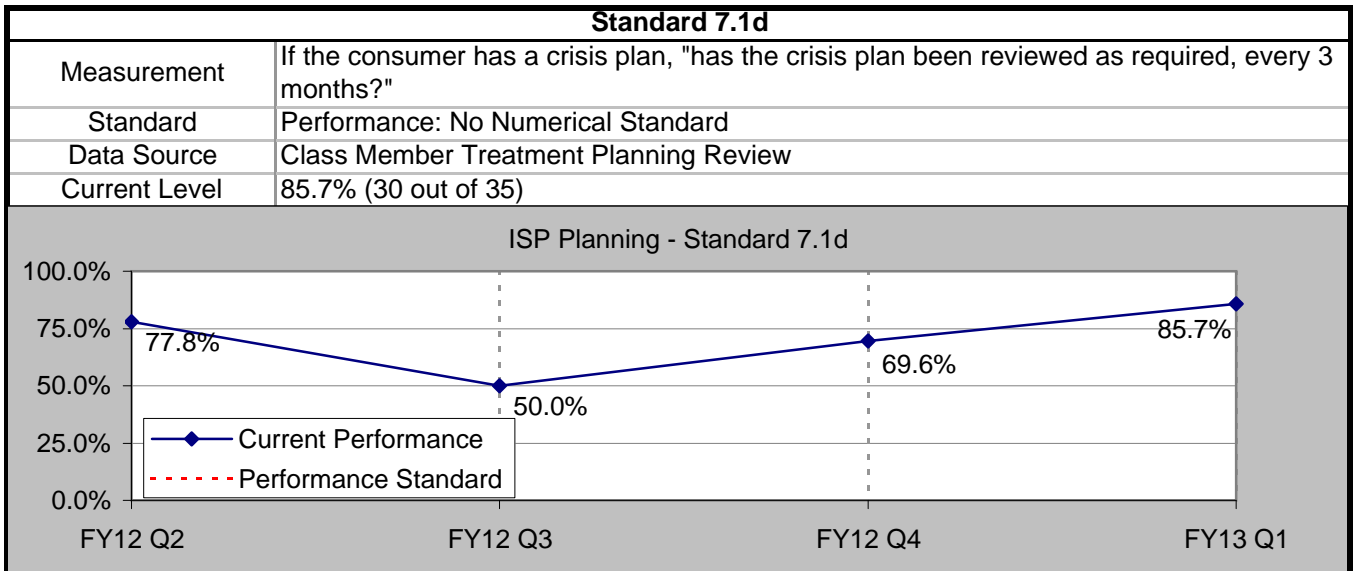
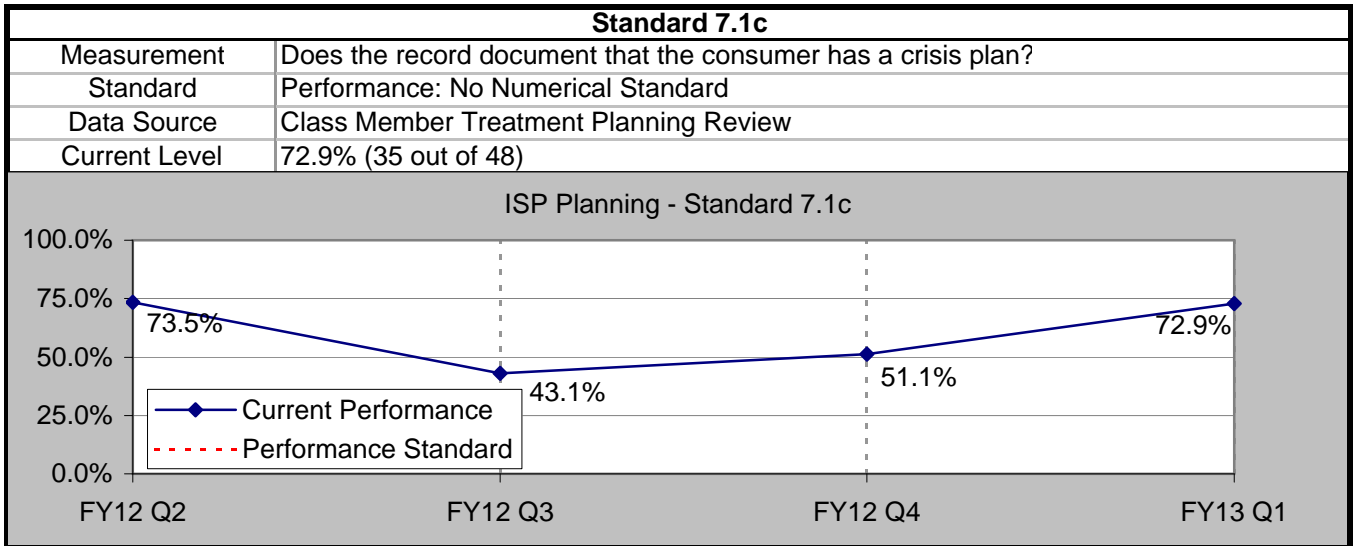


Discussion:

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

Standard 7.1b: Treatment plans document that crisis planning discussions are consistently occurring.

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

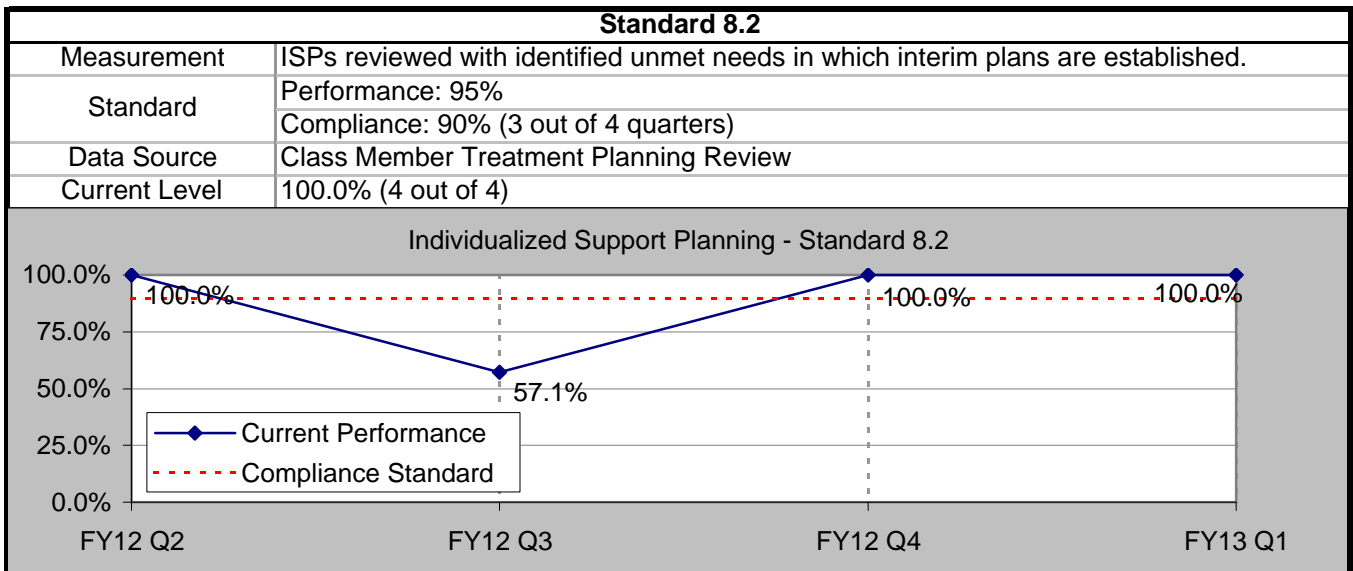
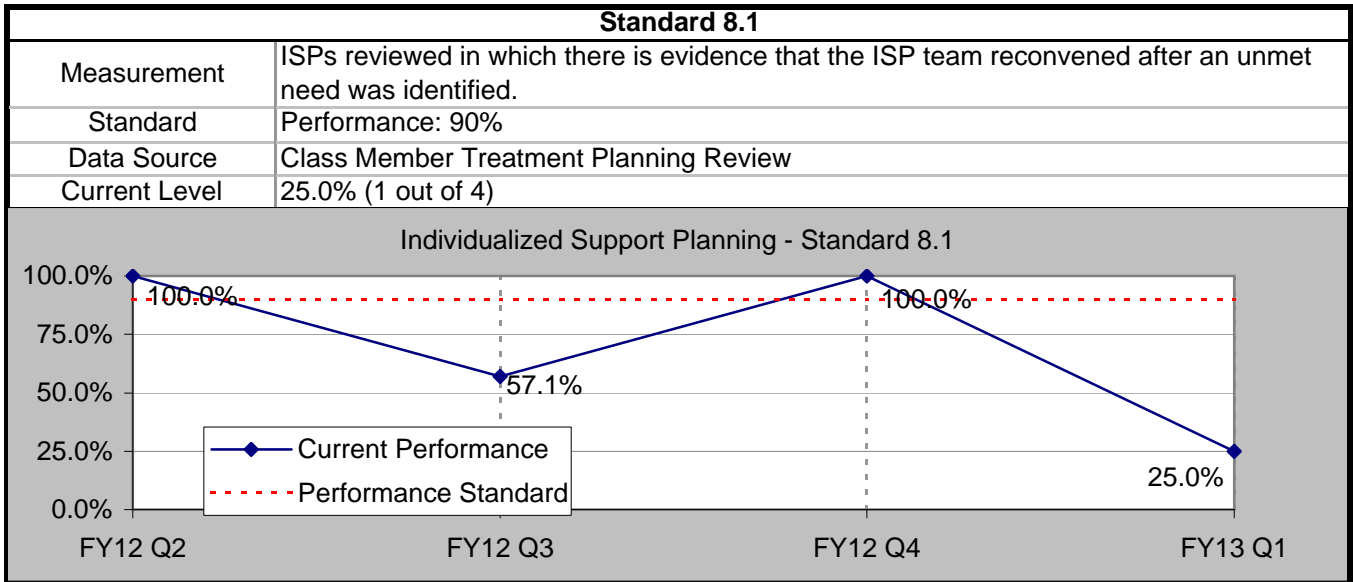


Comment:

Section 7.1c , and 7.1d:Field Service Specialists continue to train agency staff

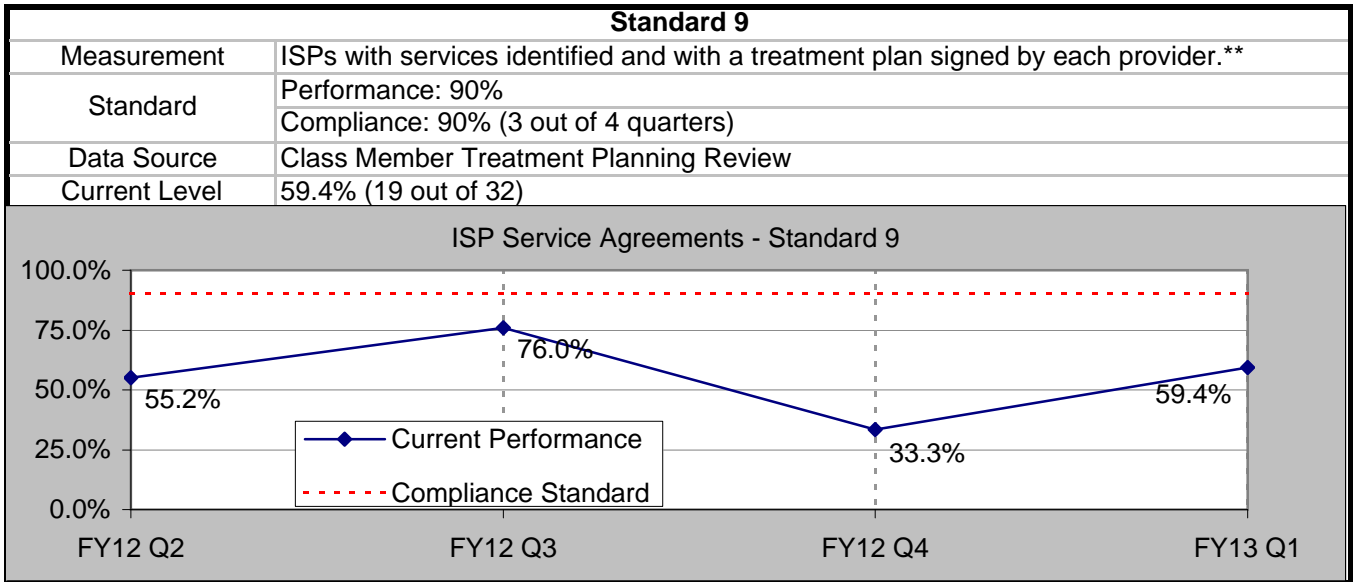
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**Community Integration / Community Support Services /
 Individualized Support Planning**

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



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

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

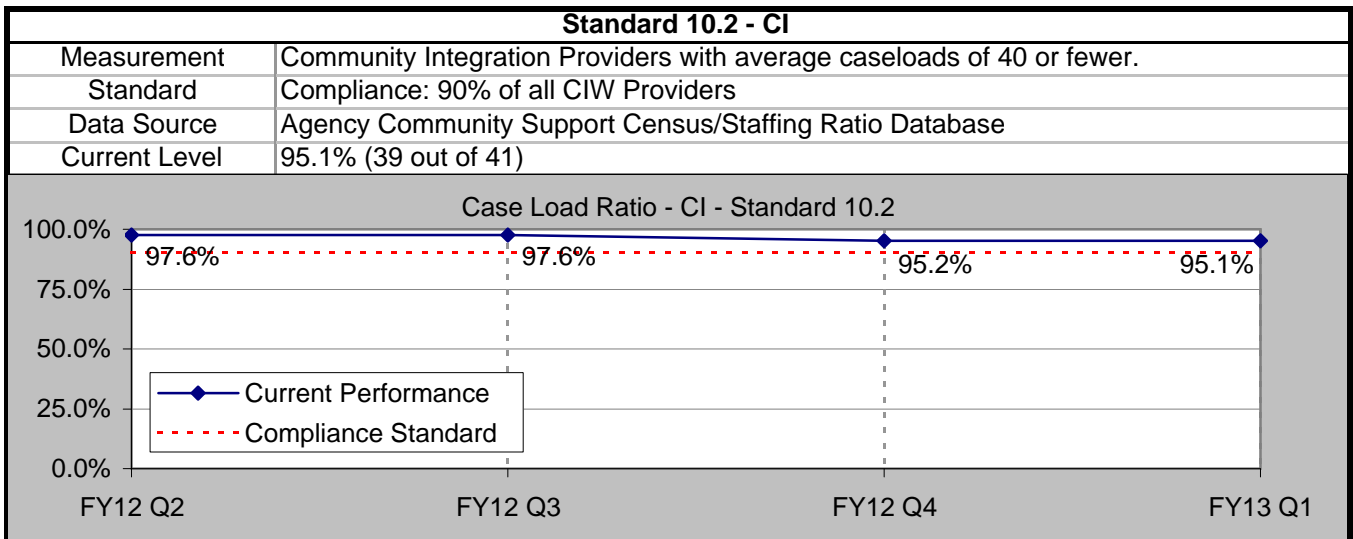
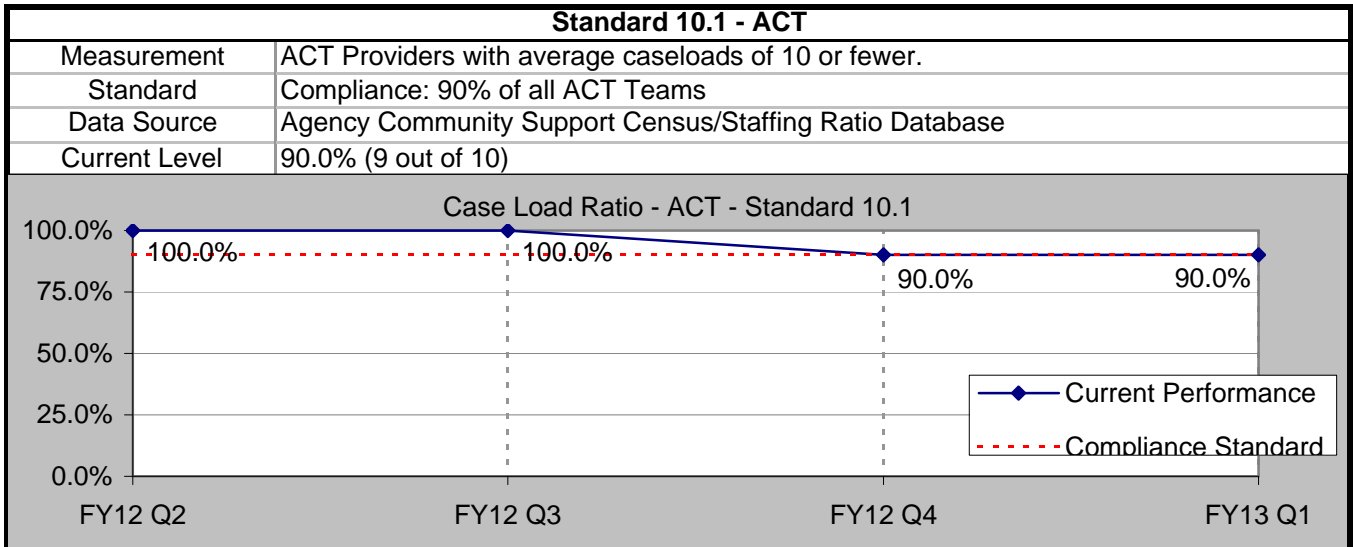


Comment:

Standard 9: Field Service Managers continue to train. Plans of corrections are required.

DHHS Office of Substance Abuse and Mental Health Services
**Community Integration / Community Support Services /
 Individualized Support Planning**

Standard 10 - Case Load Ratio



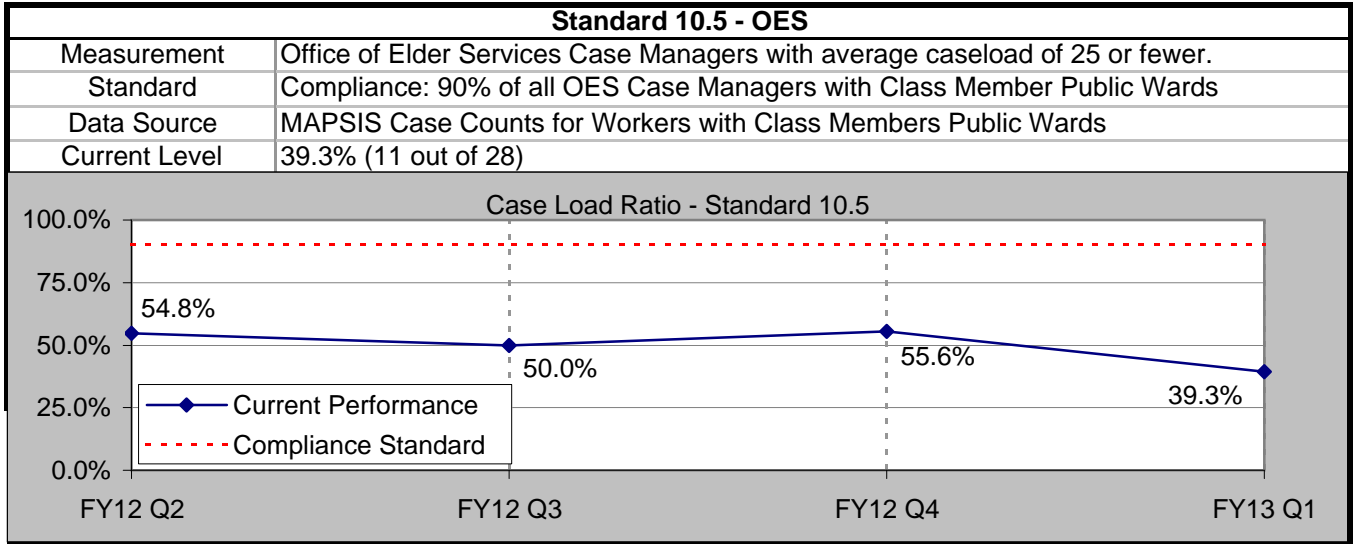
Discussion:

Standard 10.1: The 10/01/2009 revision of MaineCare Section 17 clearly specified staff to be included in calculating staffing ratios; ratio has been met since the 2nd quarter FY 10, except Q3 FY 11

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

DHHS Office of Substance Abuse and Mental Health Services
**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 or with individuals who are homeless. ICMs no longer carry traditional caseloads. In the future, if ICMs carry caseloads, OAMHS will resume reporting caseload ratios.



Discussion:

Standard 10.5: OES continues not to meet staff/client ratios.

This will be a topic for discussion with the court master at a monthly meeting.

DHHS Office of Substance Abuse and Mental Health Services
**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 Apr 1 - Jun 30, 2012				
	Region 1	Region 2	Region 3	Total
Unique Individuals:	2	0	0	2
Unmet Needs:	0	0	0	0

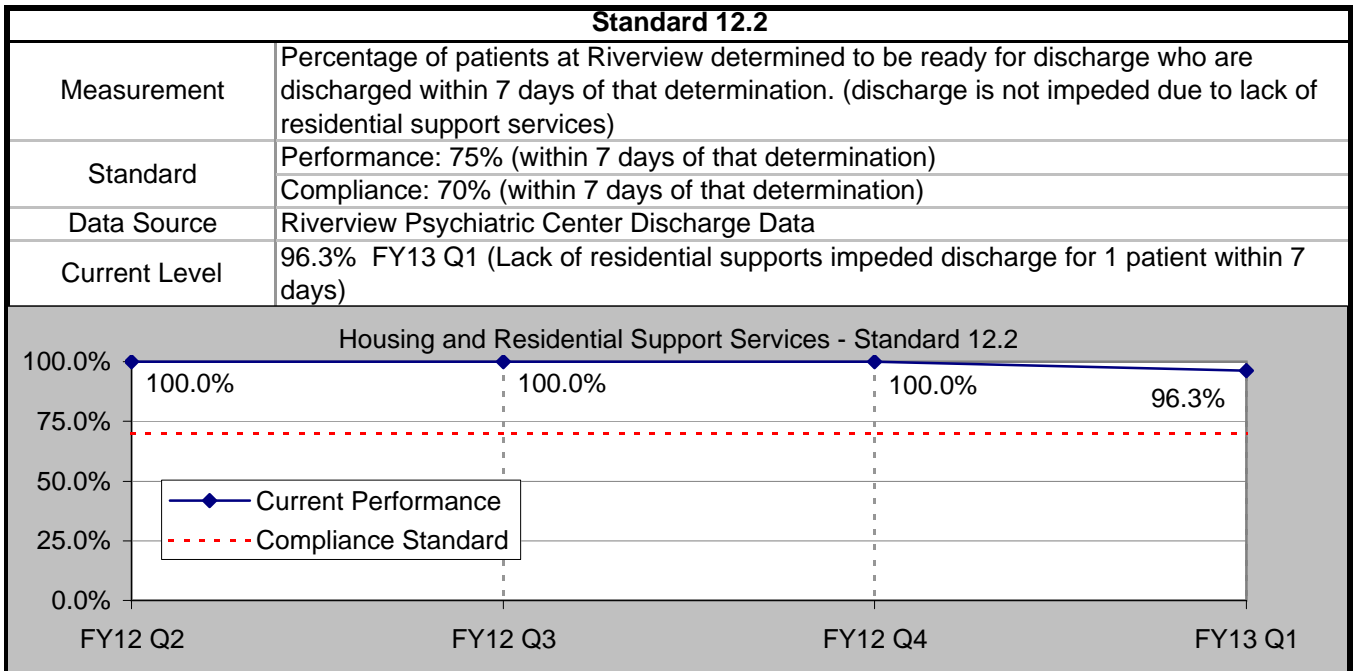
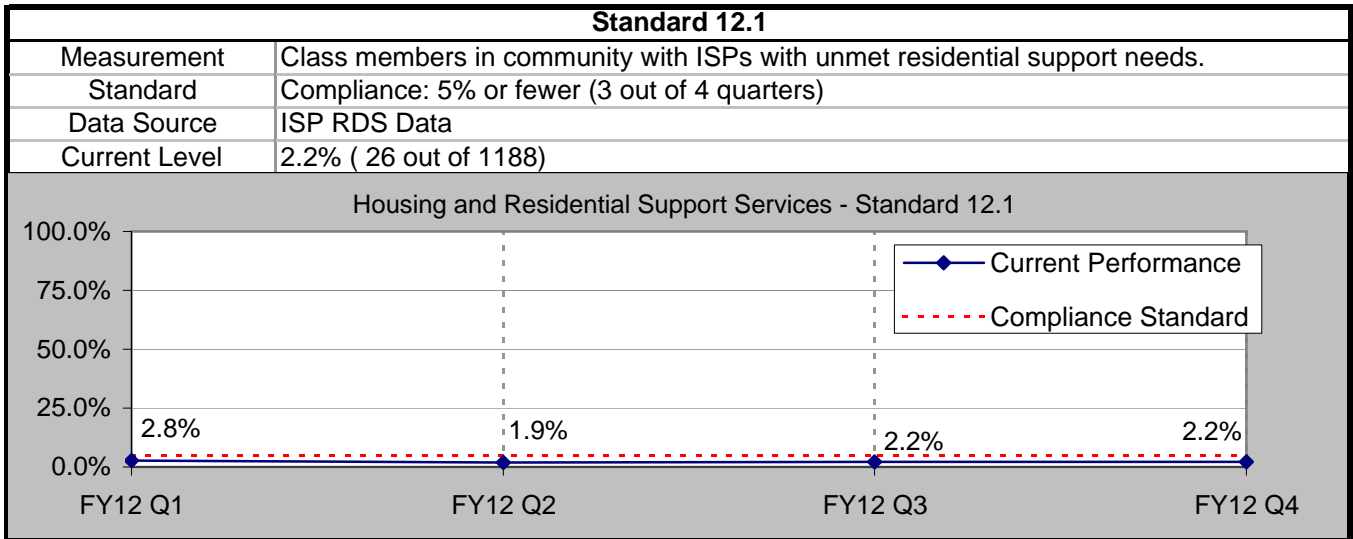
Unmet Needs by Domain Apr 1 ~ Jun 30, 2012	
ISP Domain Areas	State
Mental Health Services	0
MH Crisis Planning Resources	0
Peer, Recovery & Support Resources	0
Substance Abuse Services	0
Housing Resources	0
Health Care Resources	0
Legal Resources	0
Financial Security Resources	0
Education Resources	0
Vocation Employment Resources	0
Living Skills Resources	0
Transportation Resources	0
Personal Growth/Community Participation Resources	0
Total	0

Comment:

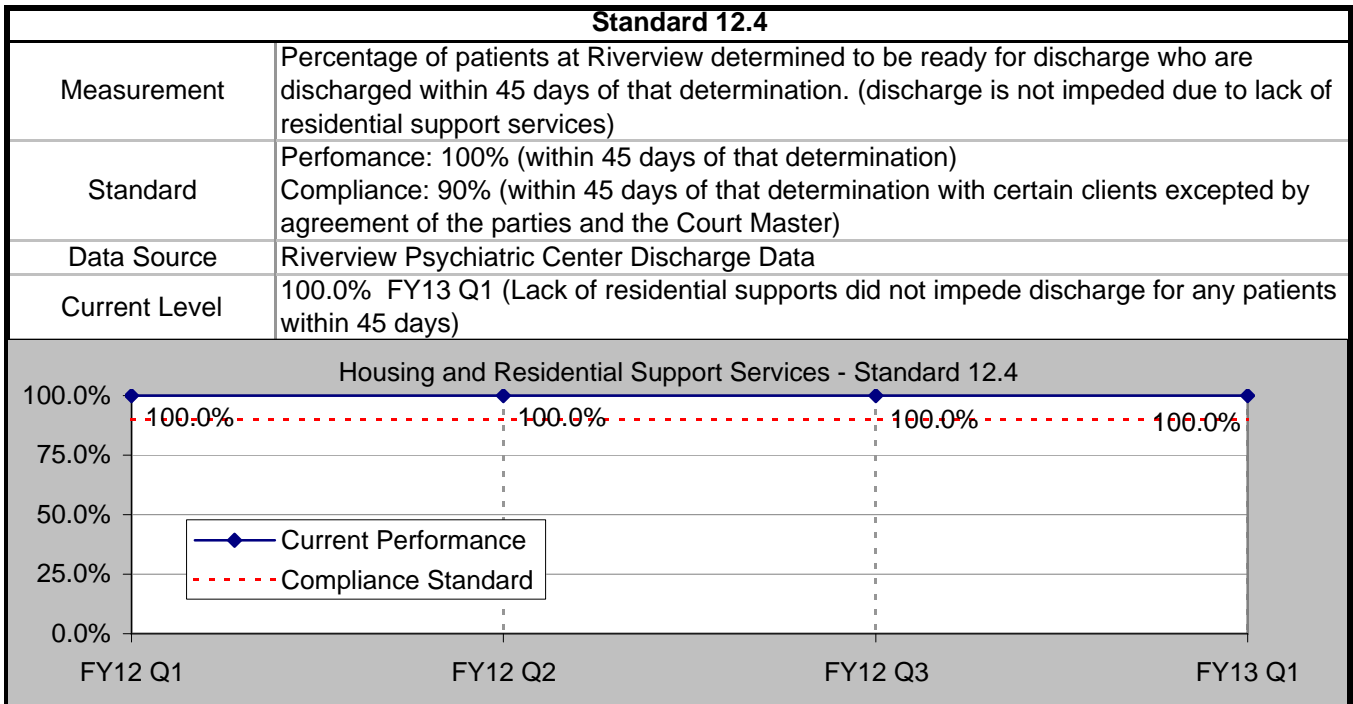
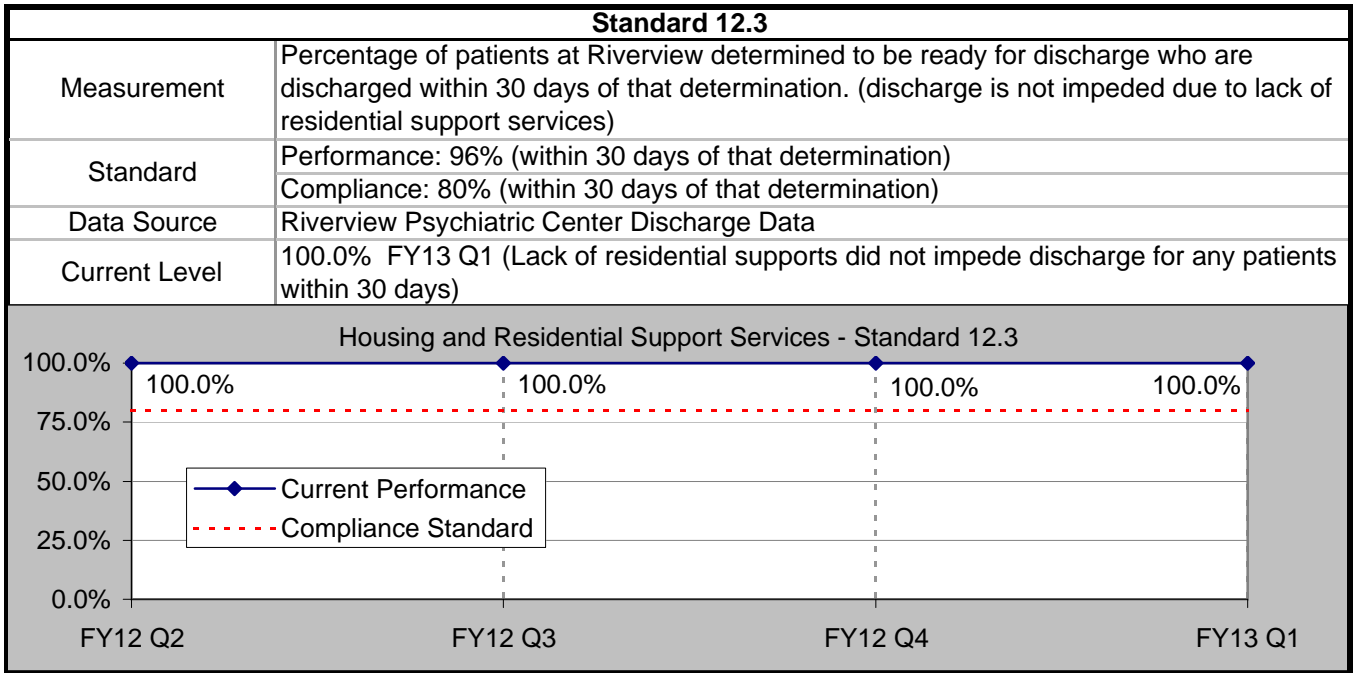
Standard 11.1 and 11.2: Low number of documented consumer calls has been reviewed with supervisors.

**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**



DHHS Office of Substance Abuse and 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

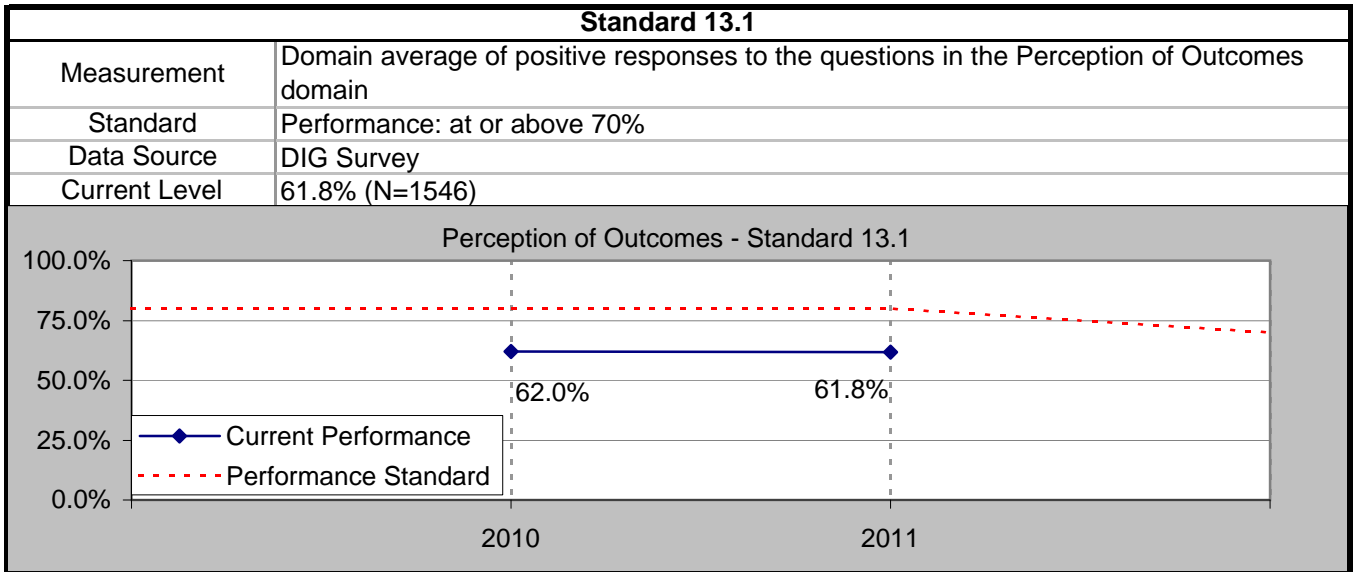
Riverview Psychiatric Center Discharge Detail to amplify data presented in Standards 12.2, 12.3, 12.4

27 Civil Patients discharged in quarter

18 discharged at 7 days (66.7%)
5 discharged 8-30 days (18.5%)
3 discharged 31-45 days (11.1%)
1 discharged post 45 days (3.7%)

Residential Support Services impeded discharge for 1 patient post clinical readiness for discharge (3.7%)

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



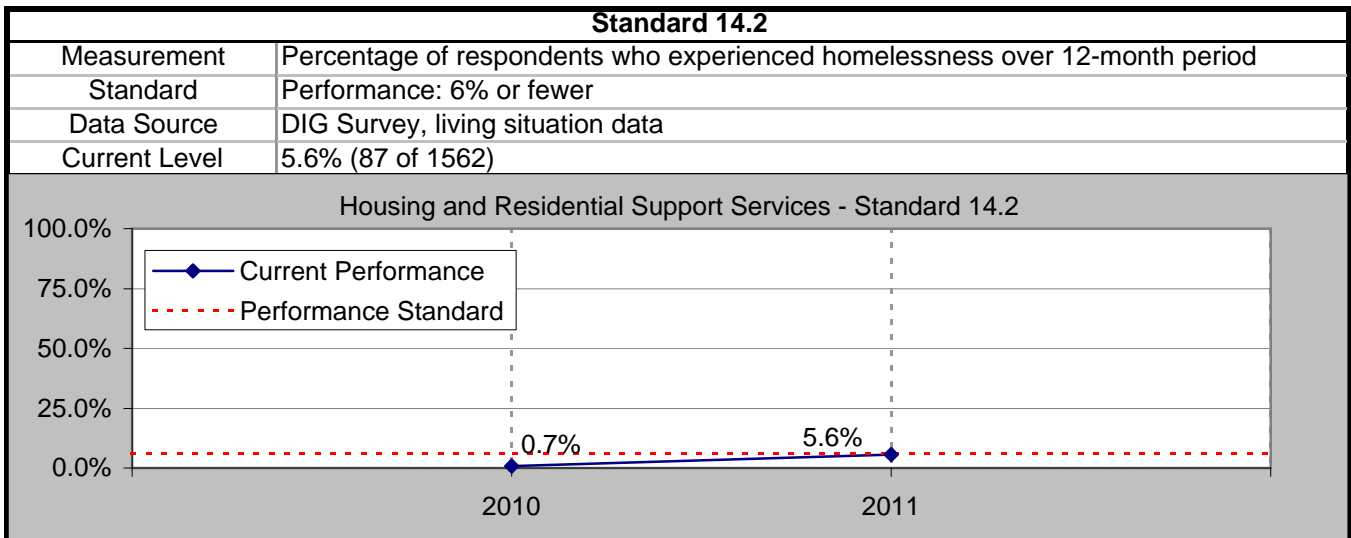
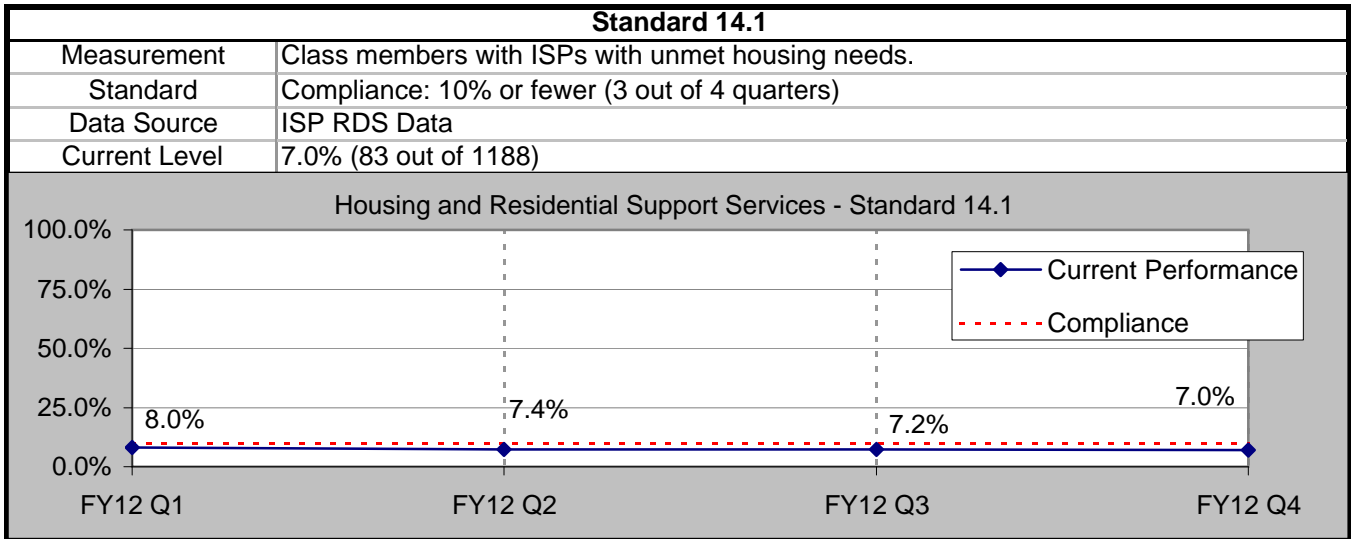
Discussion:

Standard 13.1: SAMHS has reached out to the Consumer Counsel of Maine for feedback and discussion on ways we can work with providers to improve.

SAMHS has contacted the Executive Director of the Consumer Council of Maine for feedback and discussion on ways we can work with providers to improve services. The 2012 DIG Survey will be included in the February 2013 report.

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

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



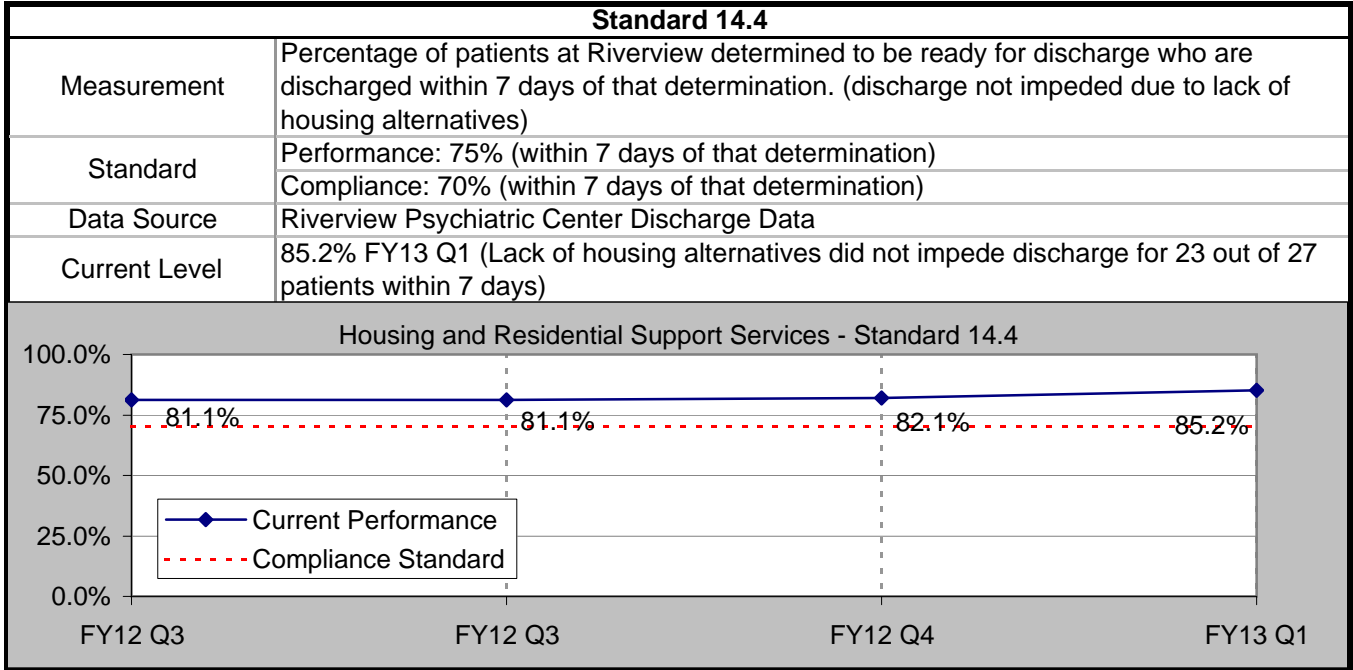
Discussion:

Standard 14.1: Met from quarter 3 FY 09 except for Q4 FY 10 (10.8%).

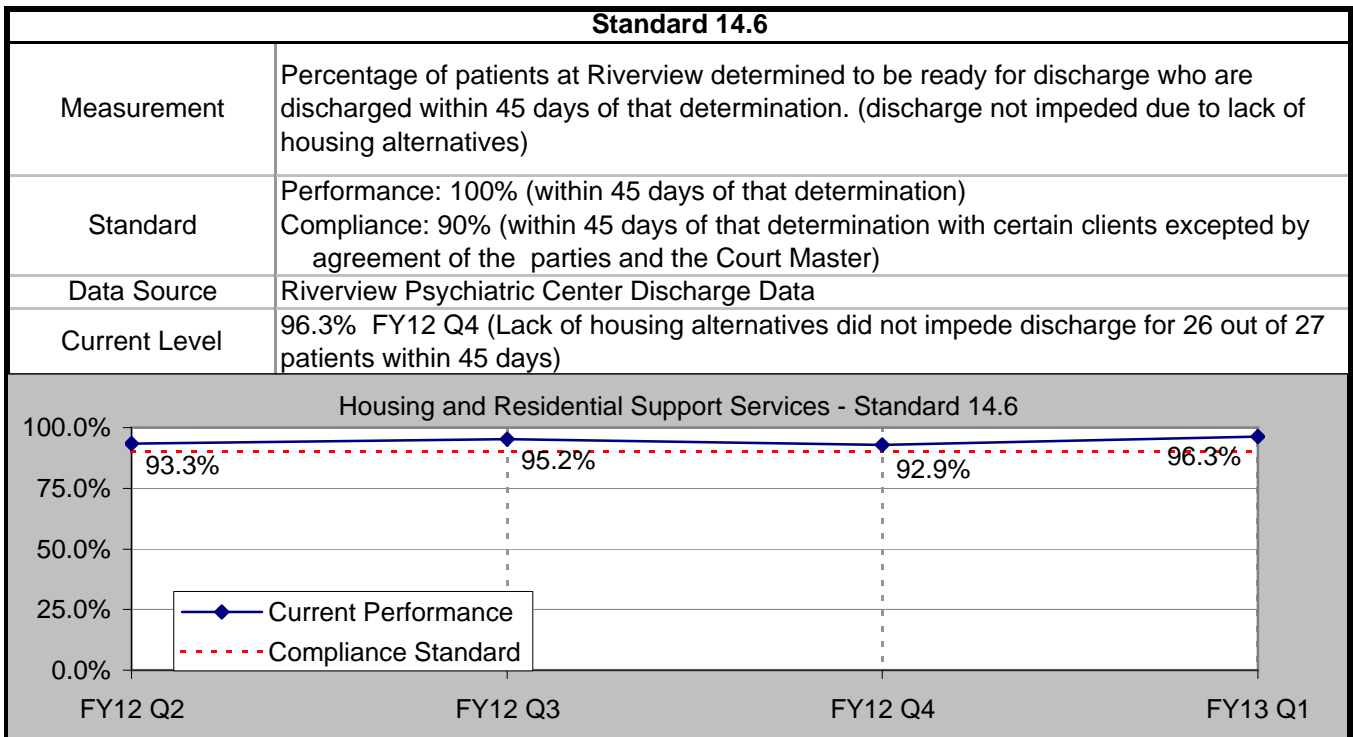
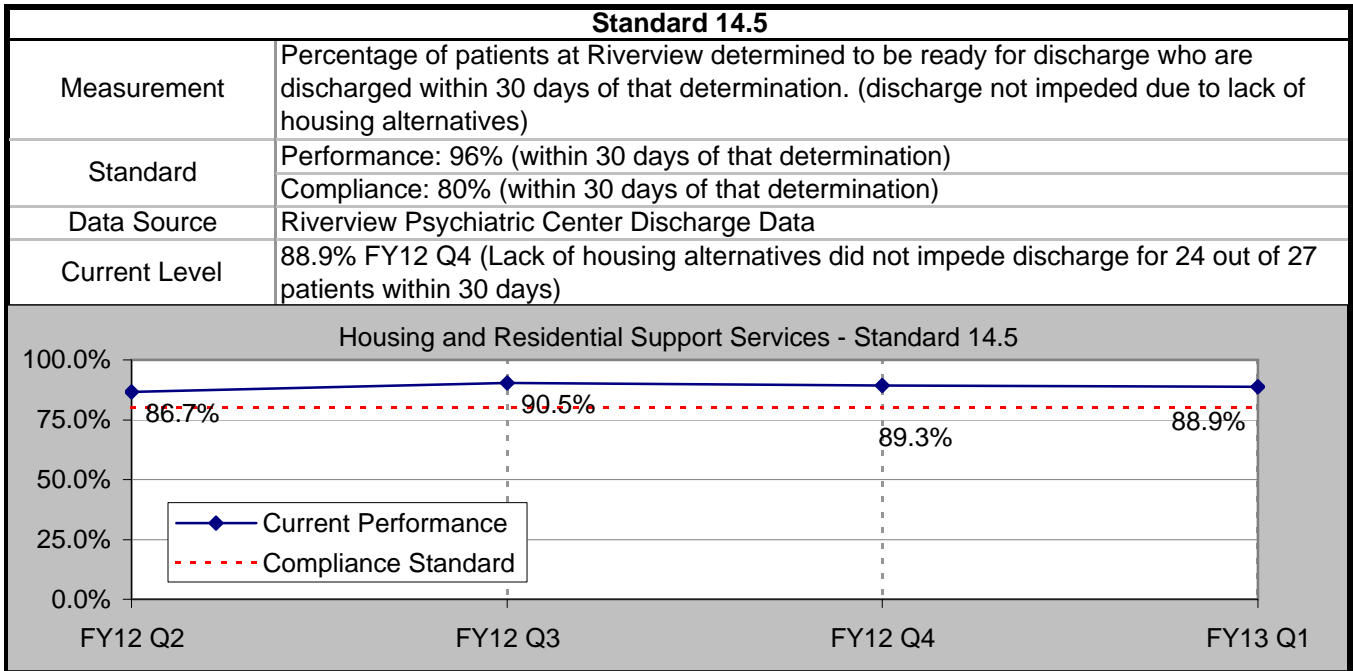
Standard 14.2: Starting in 2010, % of 'currently homeless' was reported instead of 'experienced homelessness over 12 month period'.

Standard 14.3: Request to delete approved 01/19/2011

**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 14.4: Met for all quarters FY 09; the 1st, 2nd, and 4th quarters of FY 10; all quarters FY11; all quarters of FY 12 and 1st quarter of FY 13

Standard 14.5: Met the 3rd and 4th quarters FY 09; the 2nd and 4th quarters FY 10; all quarters FY 11; all quarters of FY 12 and 1st quarter of FY 13

Standard 14.6: Met 2nd and 4th quarters FY 09; 2nd and 4th quarters FY 10; all quarters FY 11; all quarters of FY 12 and 1st quarter of FY 13

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

27 Civil Patients discharged in quarter

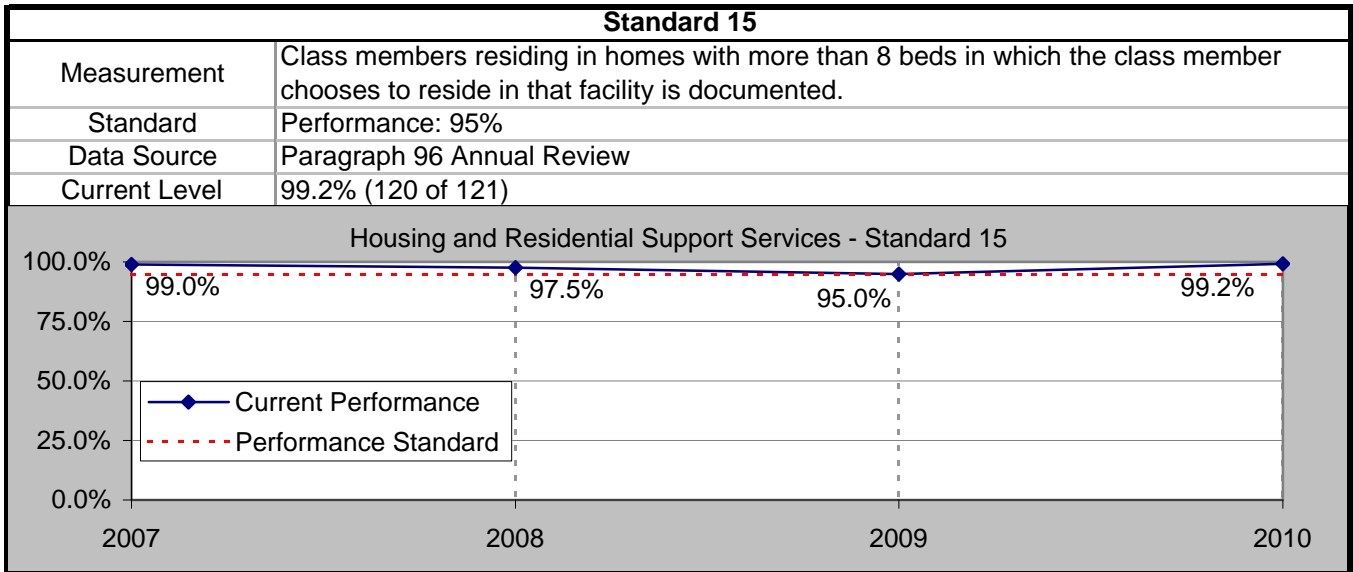
- 18 discharged at 7 days (66.7%)
- 5 discharged 8-30 days (18.5%)
- 3 discharged 31-45 days (11.1%)
- 1 discharged post 45 days (3.7%)

Housing Alternatives impeded discharge for 4 patients (14.8%)

- 1 patient discharged 8-30 days post clinical readiness for discharge
- 2 patients discharged 31-45 days post clinical readiness for discharge
- 1 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



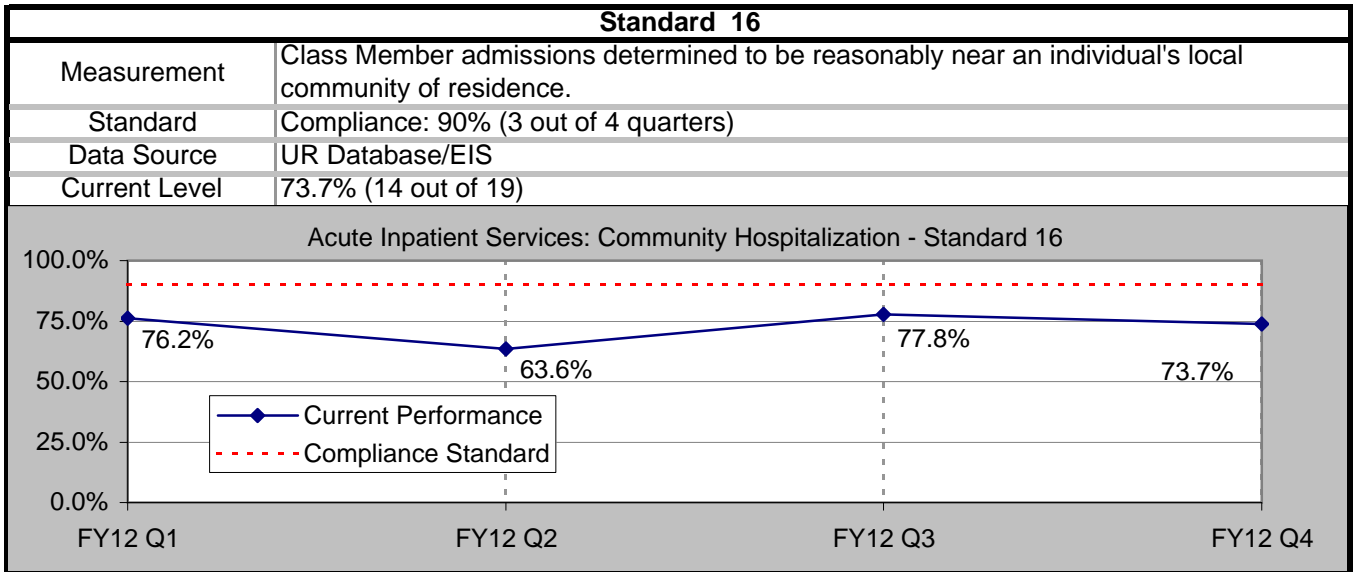
Discussion:

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. OAMHS submitted an amendment request to modify this requirement on November 23, 2011. While the request is being reviewed, OAMHS 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:

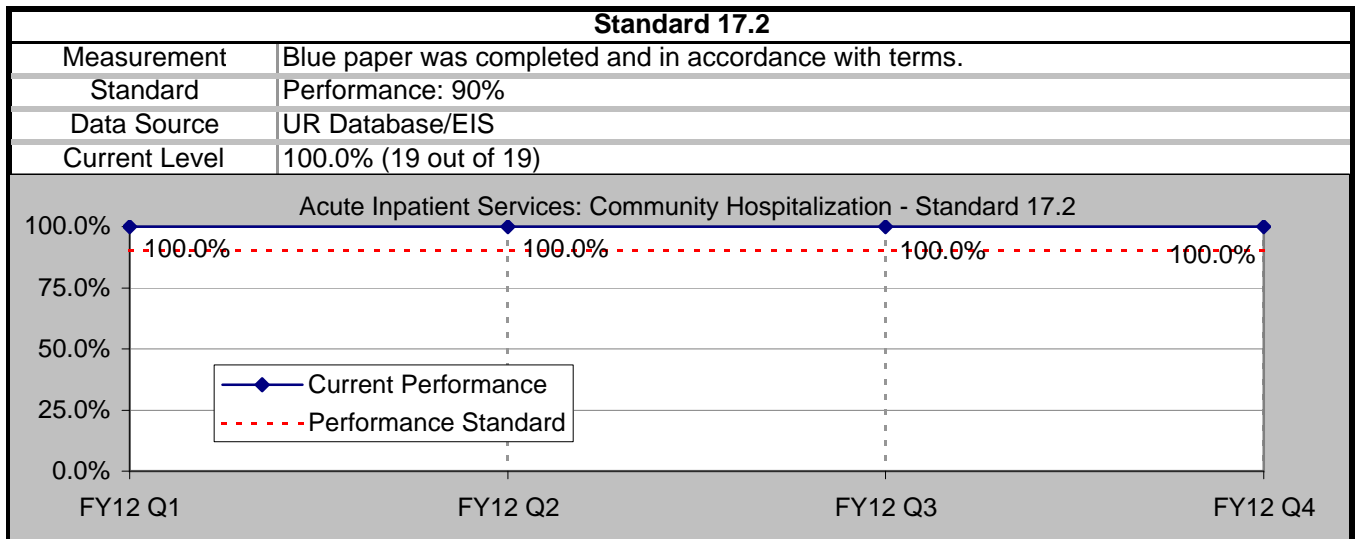
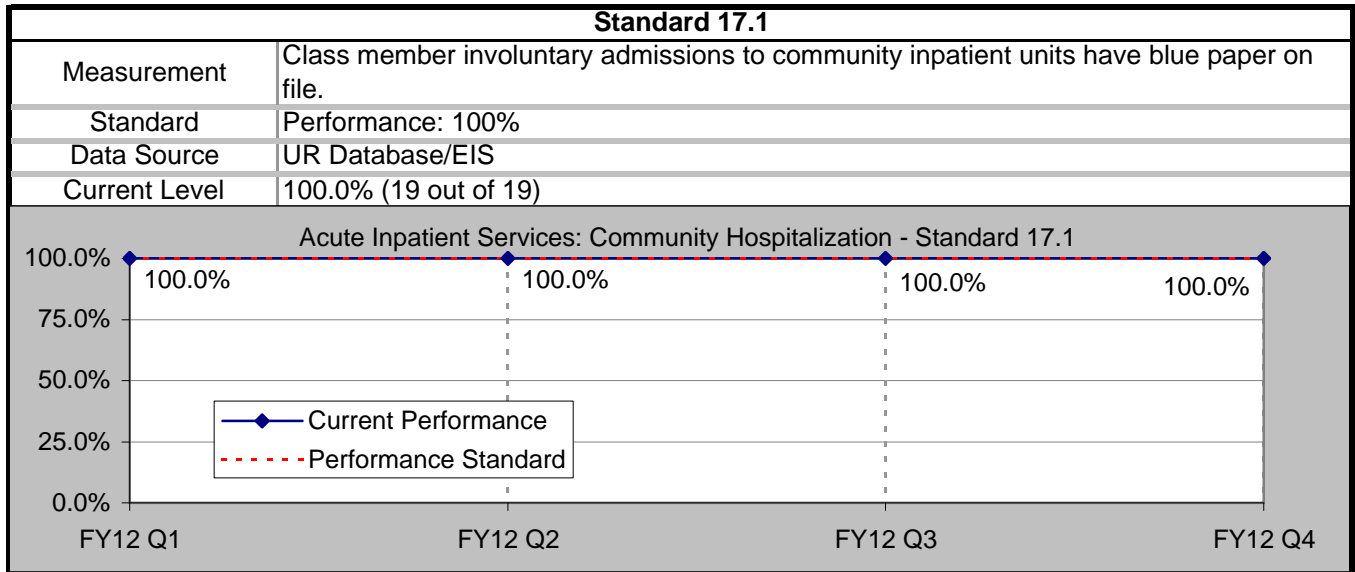
Standard not met since Q4 FY 10. The number of class member reviews is small making it difficult to draw conclusions systemically.

Recommendations:

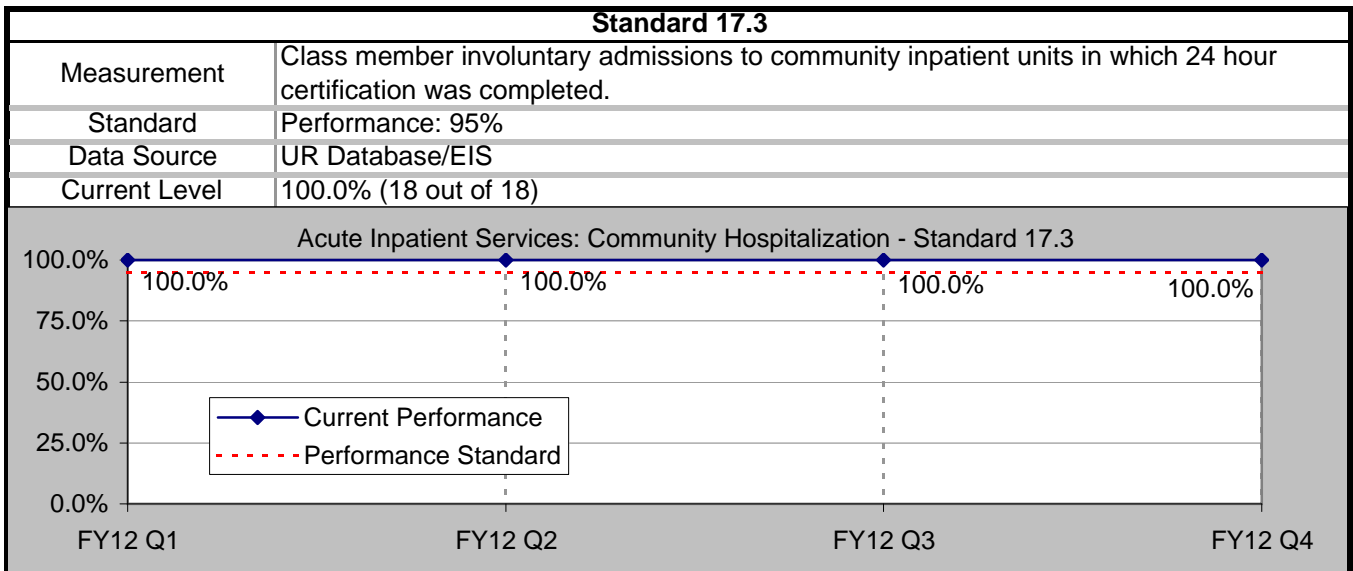
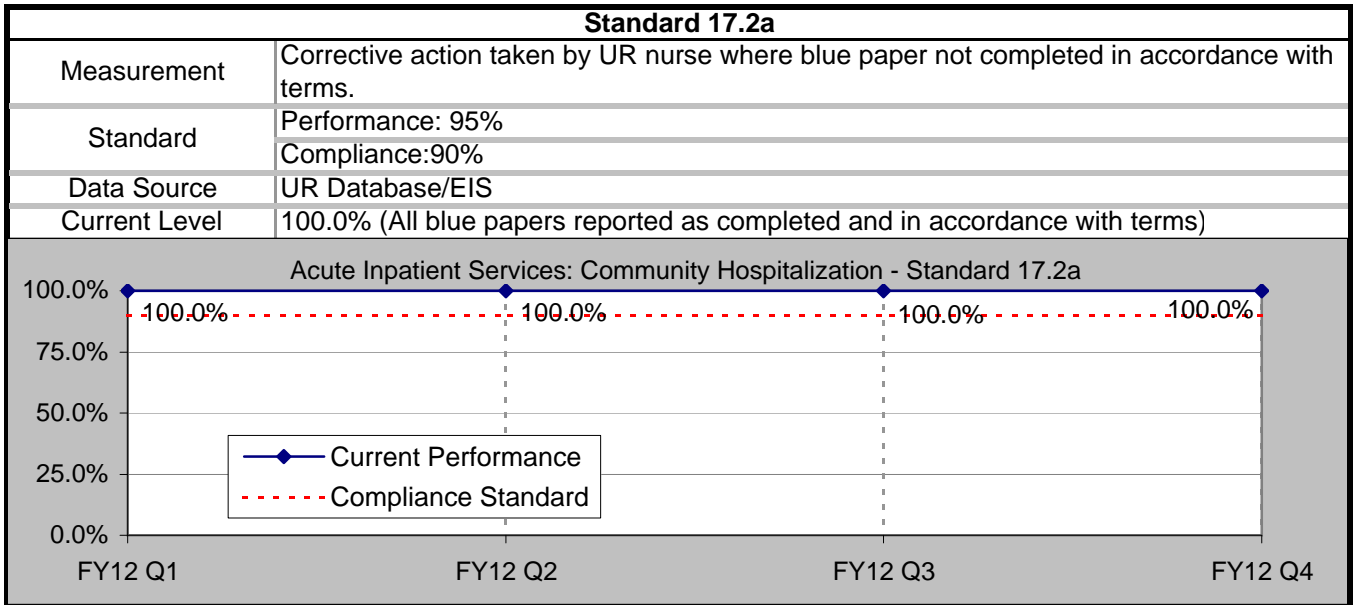
Continue to monitor.

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

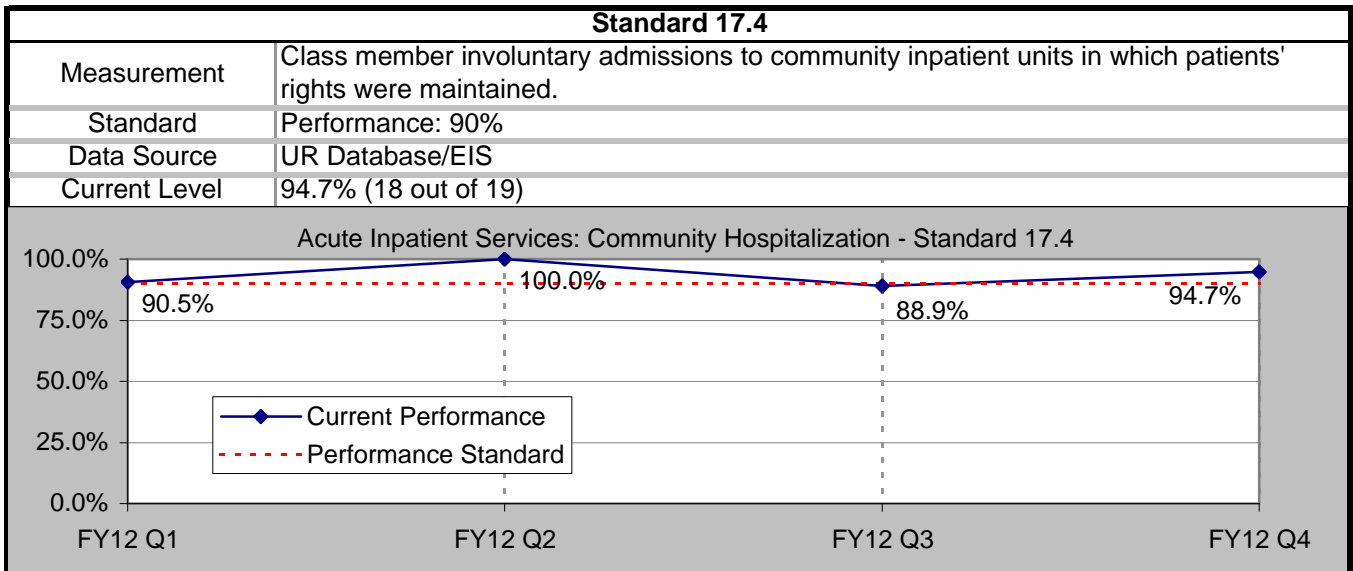
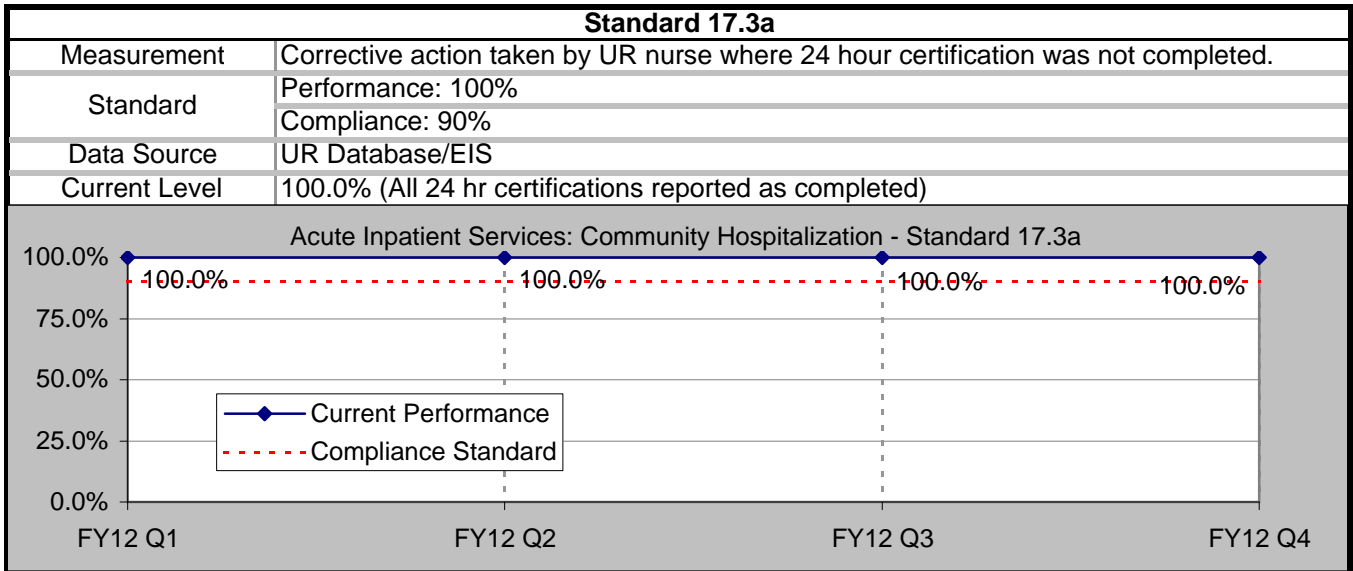
Standard 17 - Class member admissions to community involuntary inpatient units are in accordance with law and meet medical necessity criteria



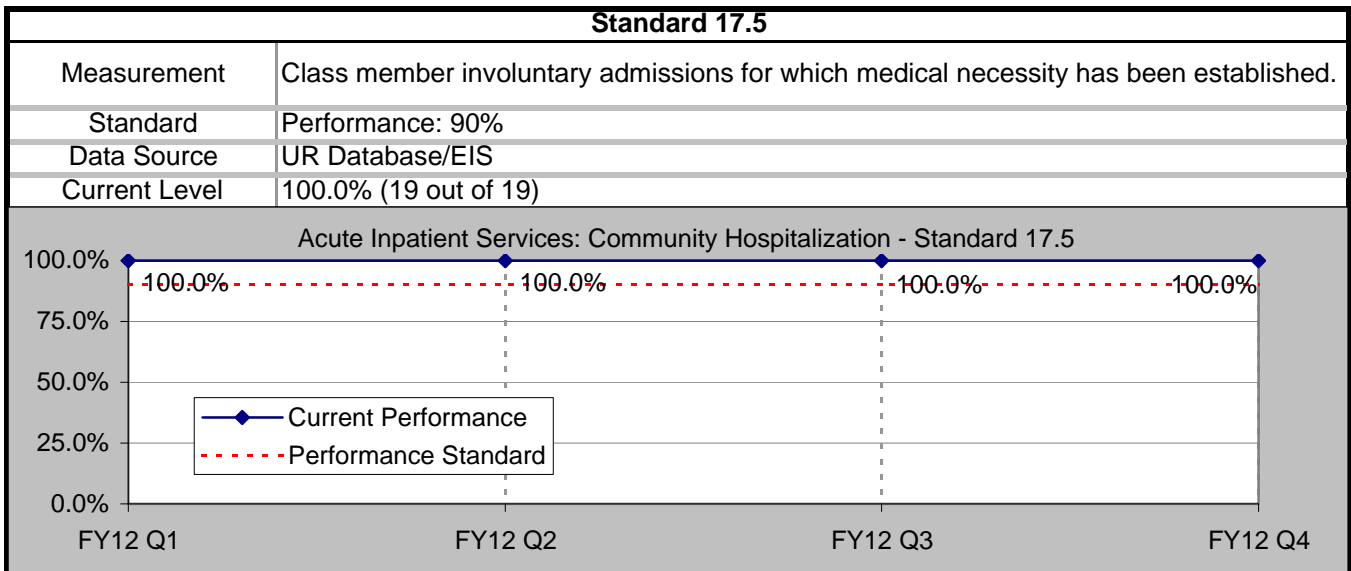
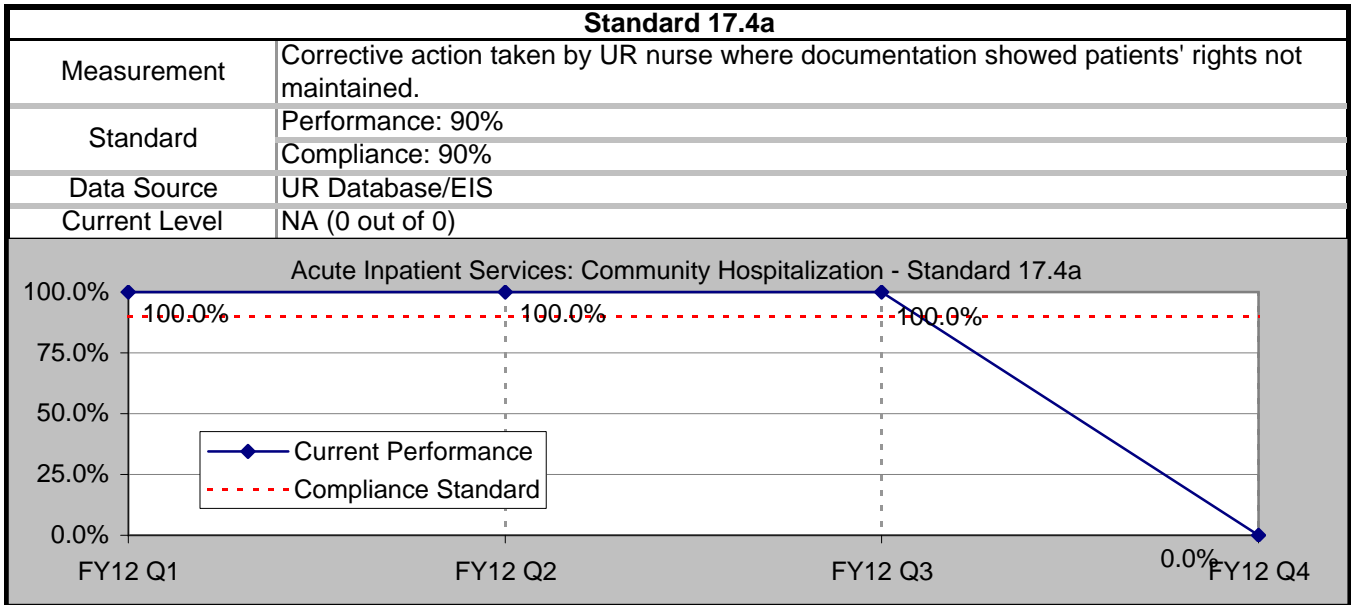
Community Resources and Treatment Services
Acute Inpatient Services: Involuntary Community Hospitalization



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



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

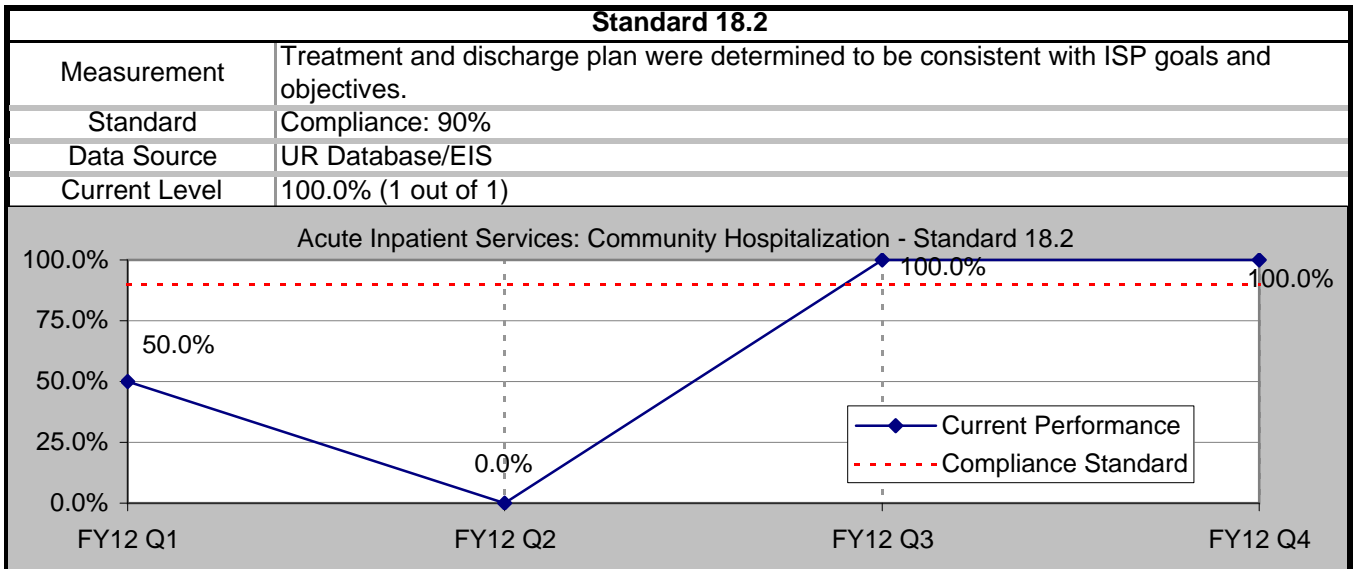
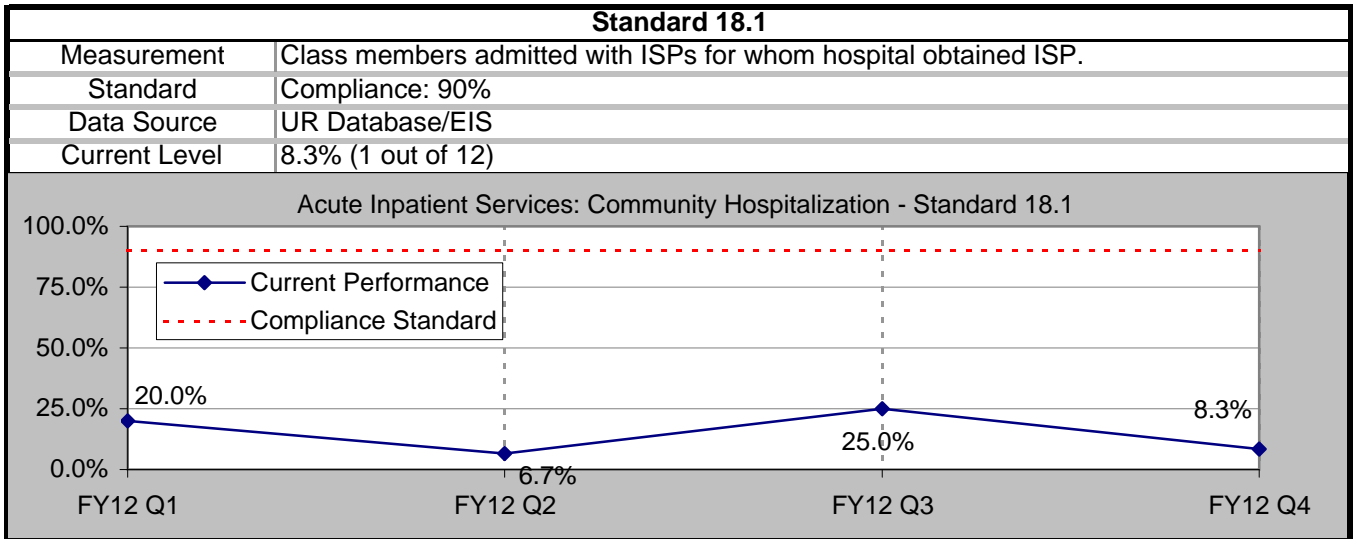


Discussion:

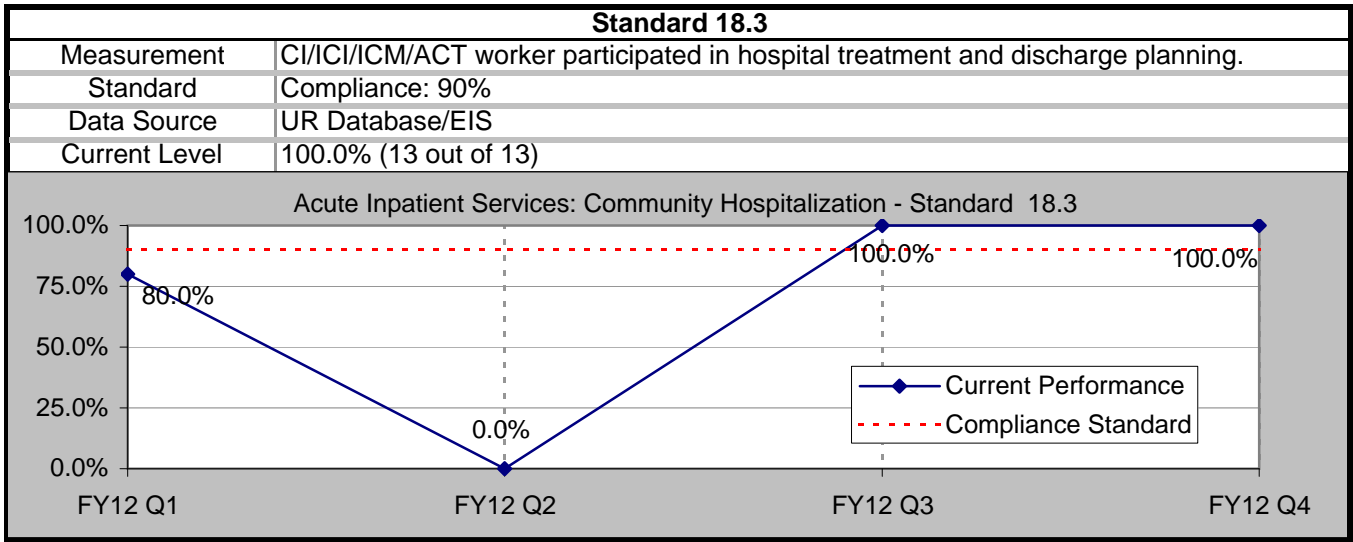
Standards 17.1, 17.2, 17.3, 17.4, 17.4a, and 17.5: Consistently met since the 1st quarter of FY 08

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

OAMHS staff have met with Quality Improvement Director Jay Yoe.

standards 17.1, 17.2, 17.2a, 17.3, 17.3a, 17.4, 17.4a, 17.5, 19.1, 18.2, and 18.3 do not have statistically significant data

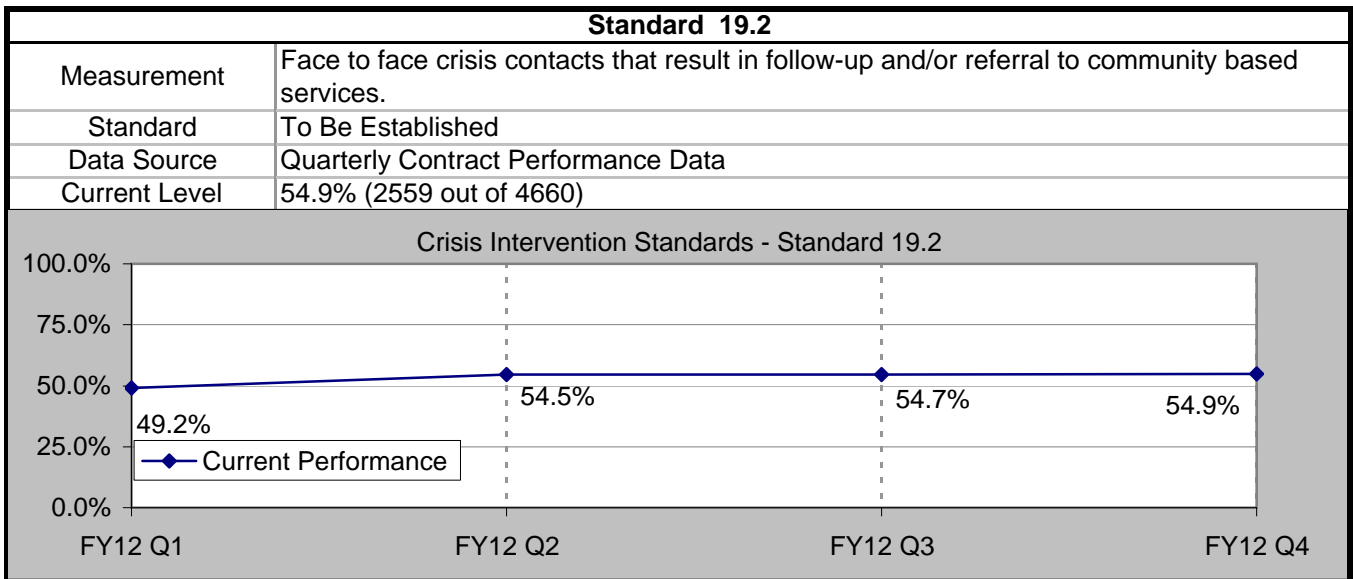
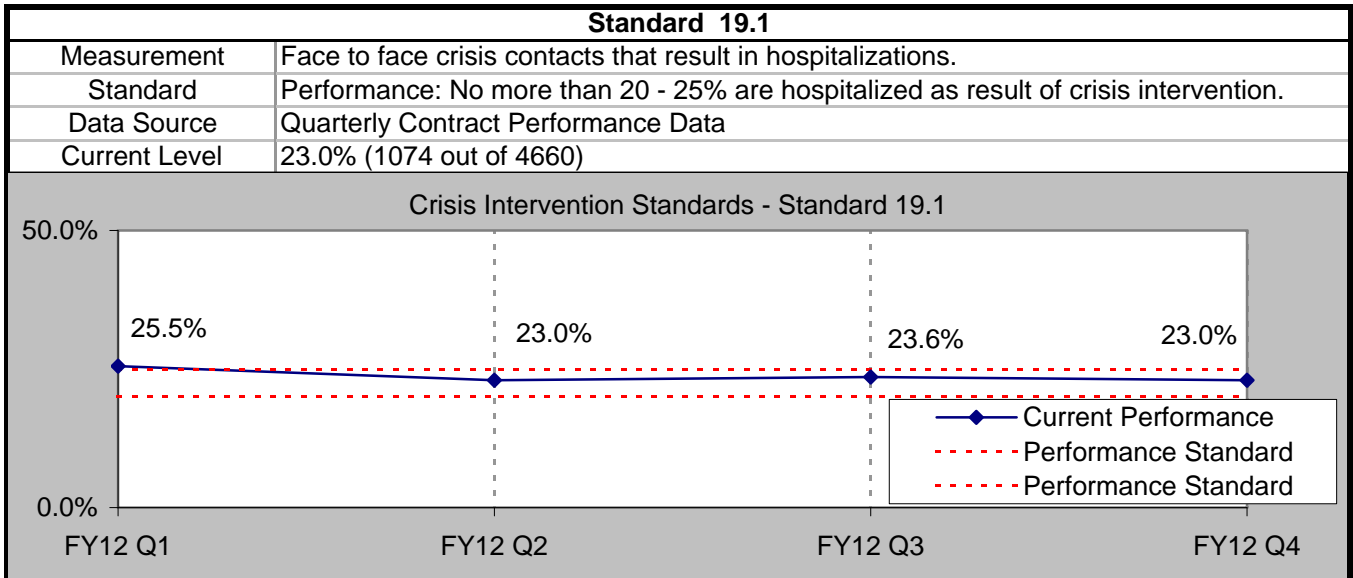
Standards 18.1, 18.2, and 18.3: Each quarter, hospital specific data regarding these standards is posted online and CSNs notified of their availability. Numbers for each standard are very small making it difficult to draw definitive conclusions. Worker participation has been higher than the hospital actually receiving the ISP.

Recommendations:

Continue to monitor and post data on the OAMHS website

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

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

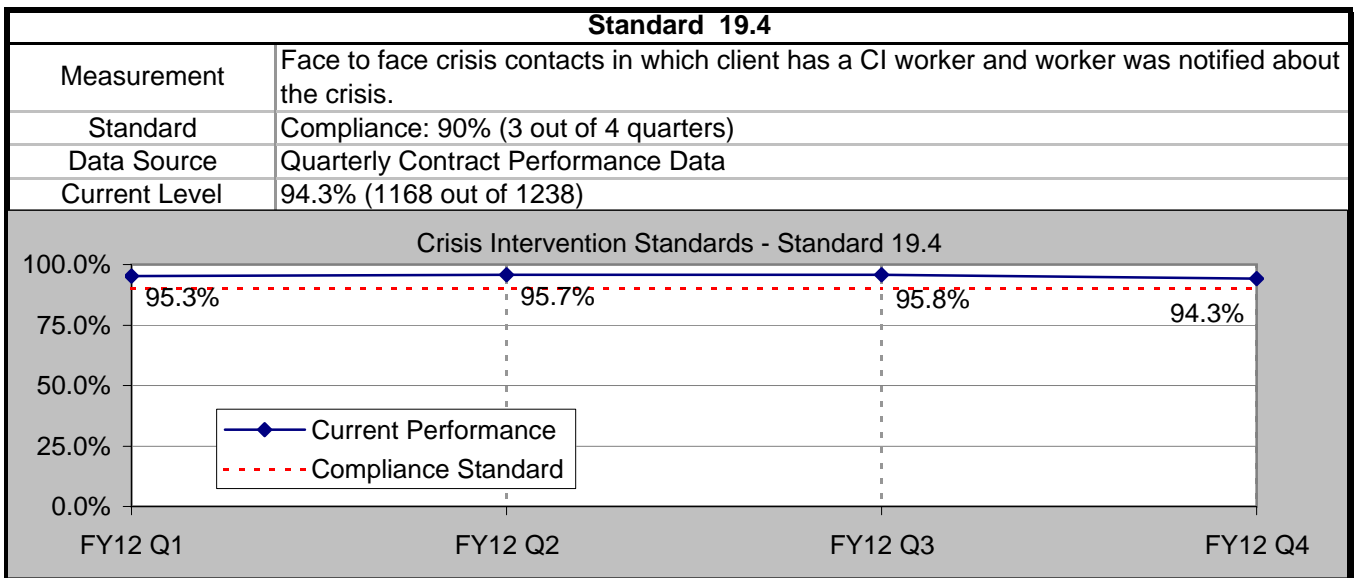
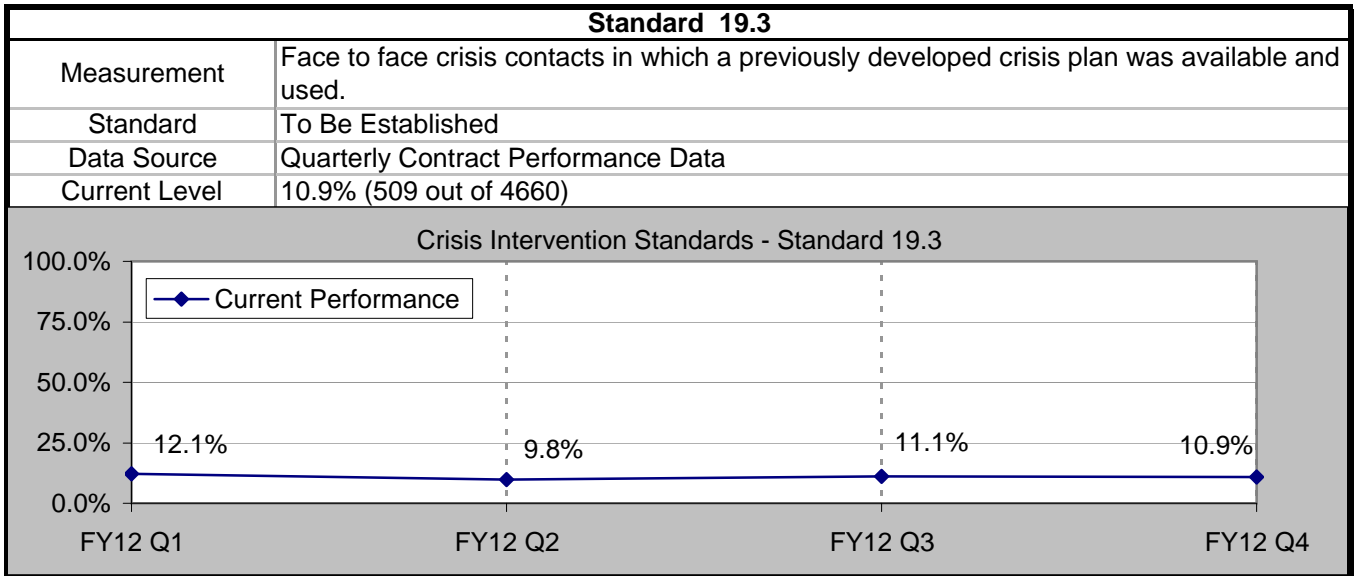


Comment:

Standard 19.1: This is a performance measure in the FY 13 contracts

Standard 19.2: Continue to monitor.

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



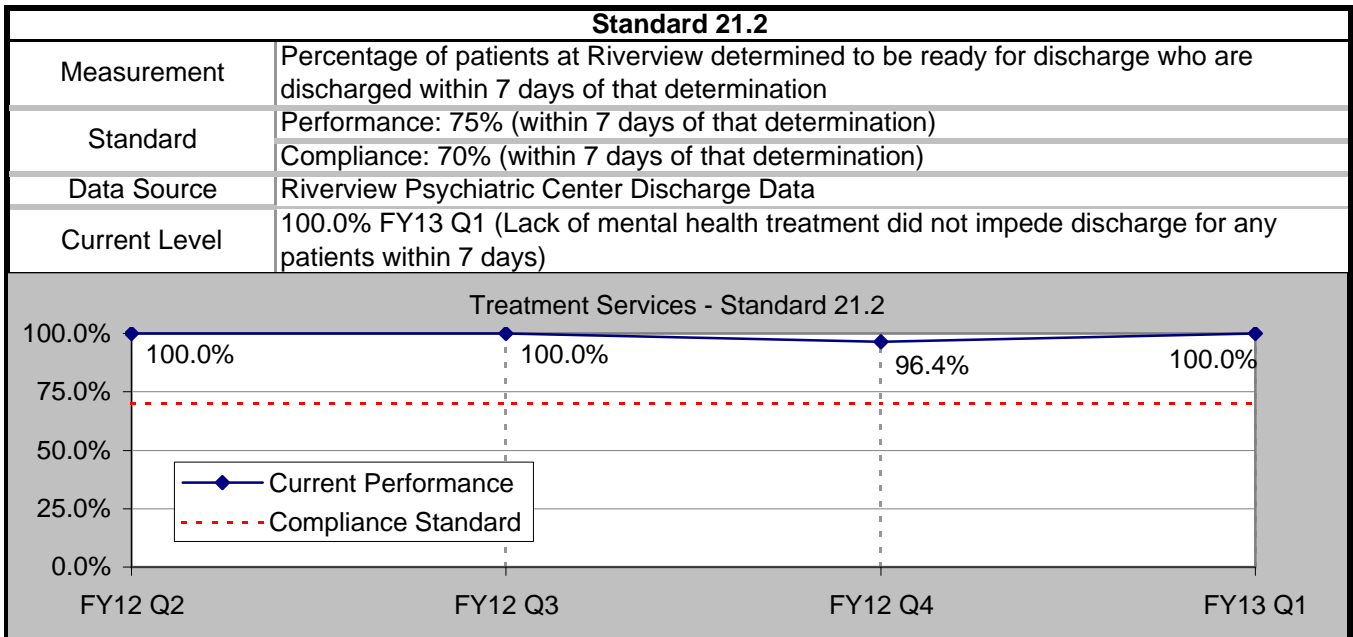
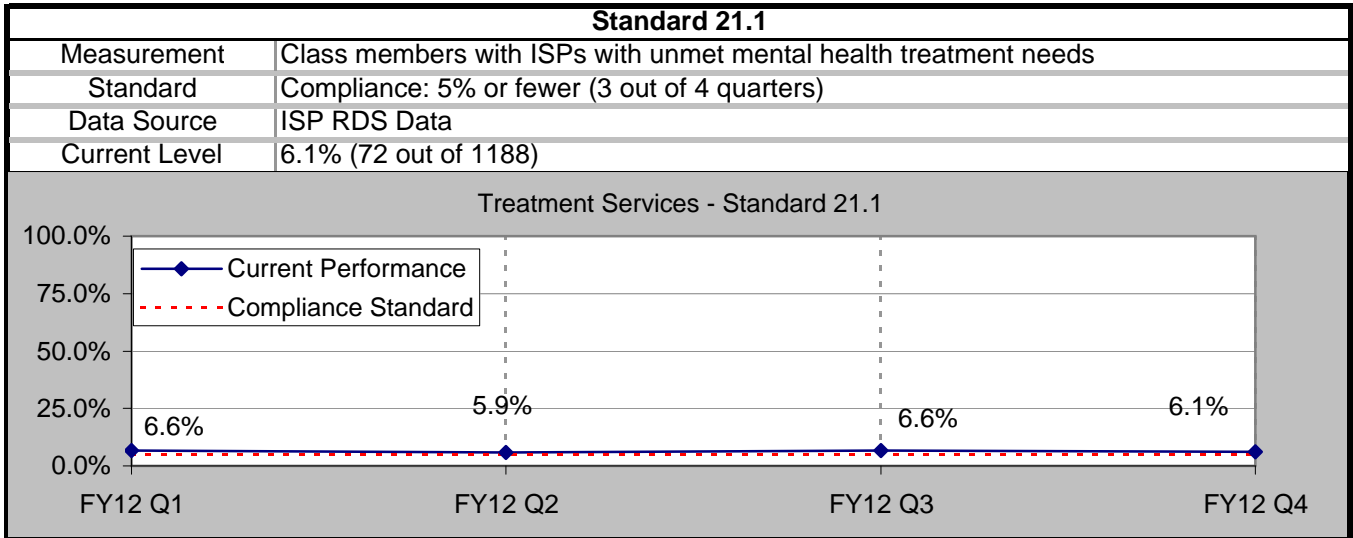
Discussion:

Standard 19.3: Continue to monitor.

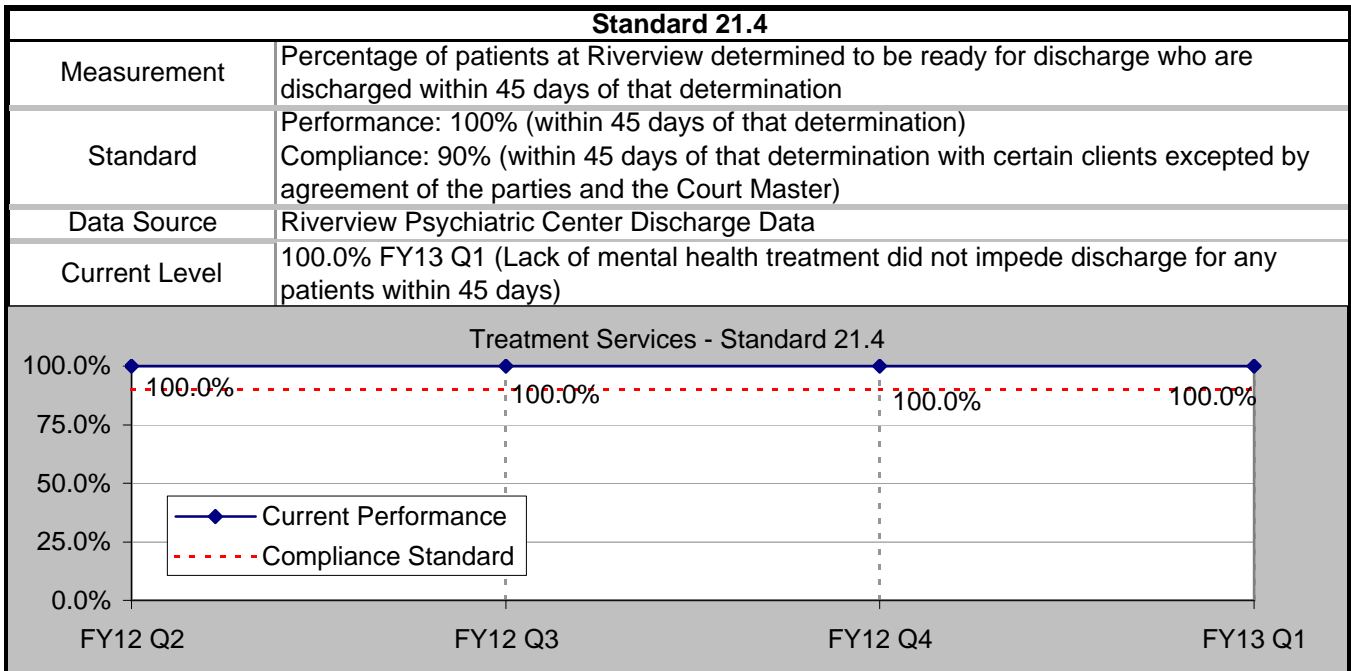
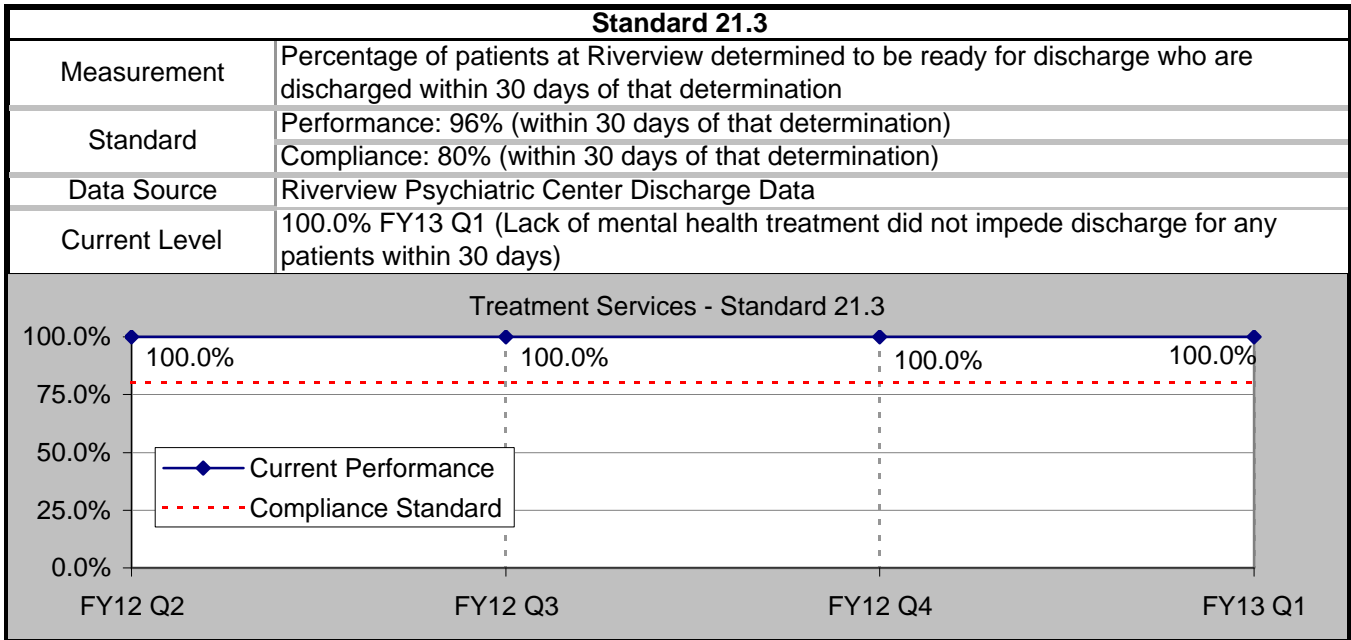
Standard 19.4: Met since for FY' 09.

**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: Standard is consistently close to being met. Continue to monitor.

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

Community Resources and Treatment Services
Treatment Services

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

27 Civil Patients discharged in quarter

18 discharged at 7 days (66.7%)
5 discharged 8-30 days (18.5%)
3 discharged 31-45 days (11.1%)
1 discharged post 45 days (3.7%)

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

**Community Resources and Treatment Services
Treatment Services**

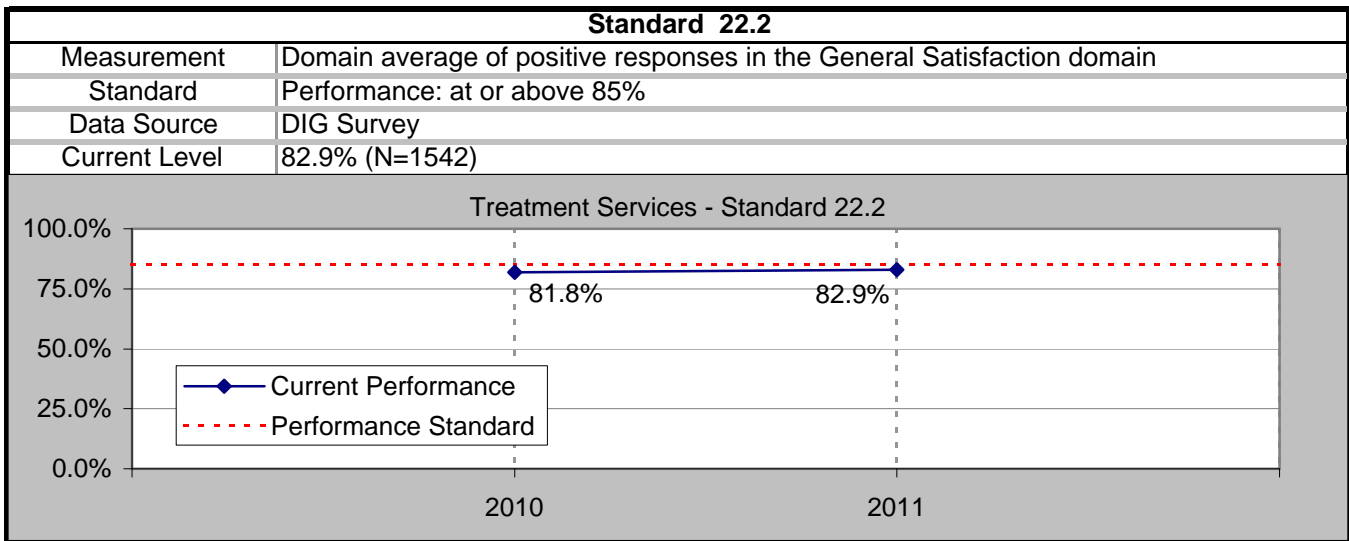
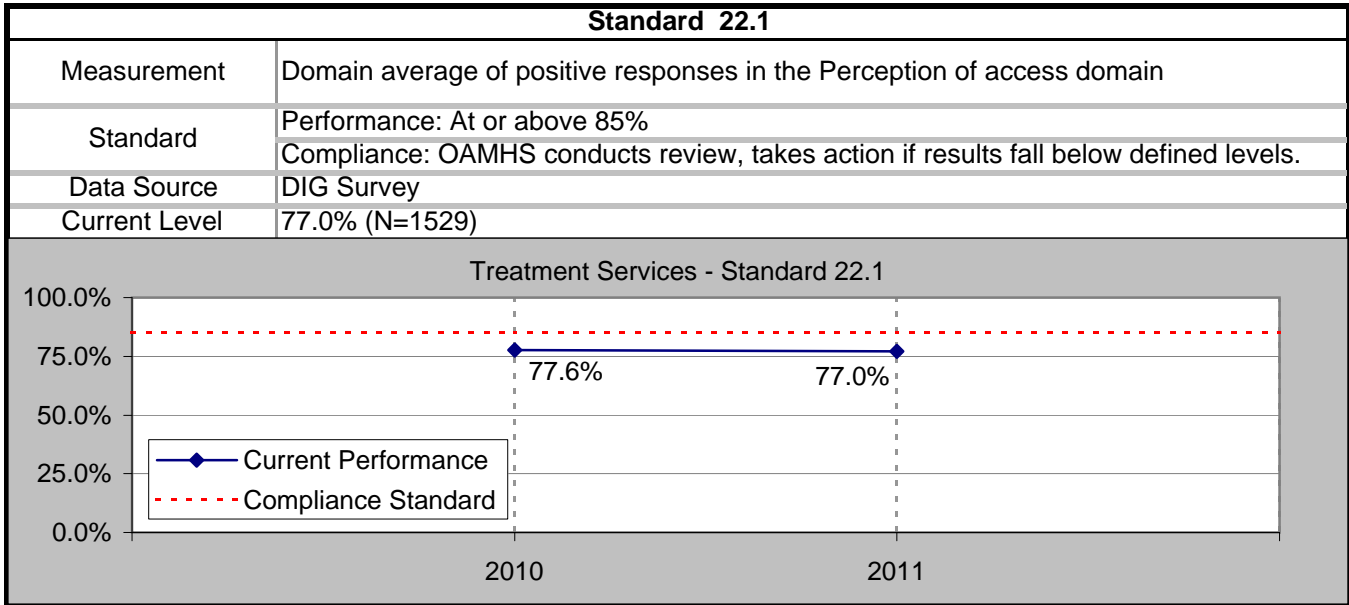
Standard 21.5	
Measurement	MaineCare data demonstrates by mental health service category that class members use an array of mental health treatment services.
Standard	No Numerical Standard Necessary
Data Source	Paid Claims data

<i>MaineCare Data FY 2011</i>			
Mental Health Treatment Services Received	Total Number	Total Number of Class Members	Percent of Class Members
Assertive Community Treatment	997	545	54.7%
Community Integration	12,130	1,218	10.0%
Community Rehabilitation	123	50	40.7%
Crisis Services	5,527	516	9.3%
Crisis Residential (CSU)	1,593	196	12.3%
Day Support/Day Treatment	772	101	13.1%
Medication Management	13,501	868	6.4%
Outpatient (Comp Assess&Therapy)	25,388	747	2.9%
Residential	828	678	81.9%
Skills Development	242	25	10.3%
Daily Living Supports	1,234	193	15.6%
*Total Unduplicated Count	37,237		0.0%

*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.



Comment:

Standard 22.1 and 22.2: OAMHS has reached out to the Consumer Counsel of Maine for feedback and discussion on ways we can work with providers to improve.

SAMHS has contacted the Executive Director of the Consumer Council of Maine for feedback and discussion on ways we can work with providers to improve services. The 2012 DIG Survey will be included in the February 2013 report.

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

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

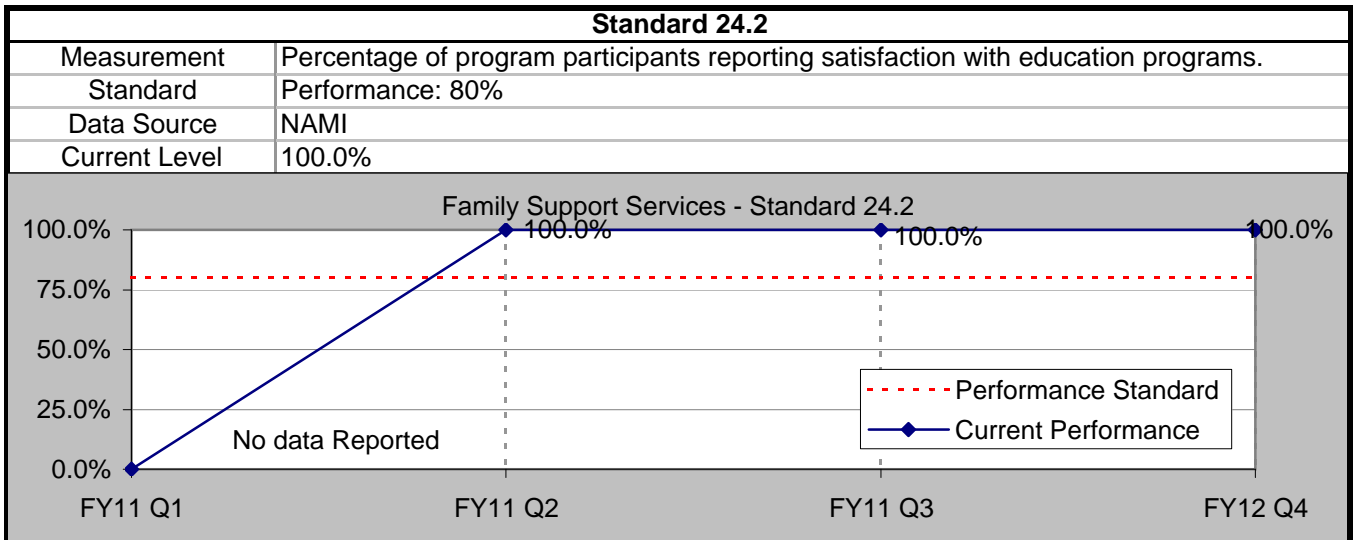
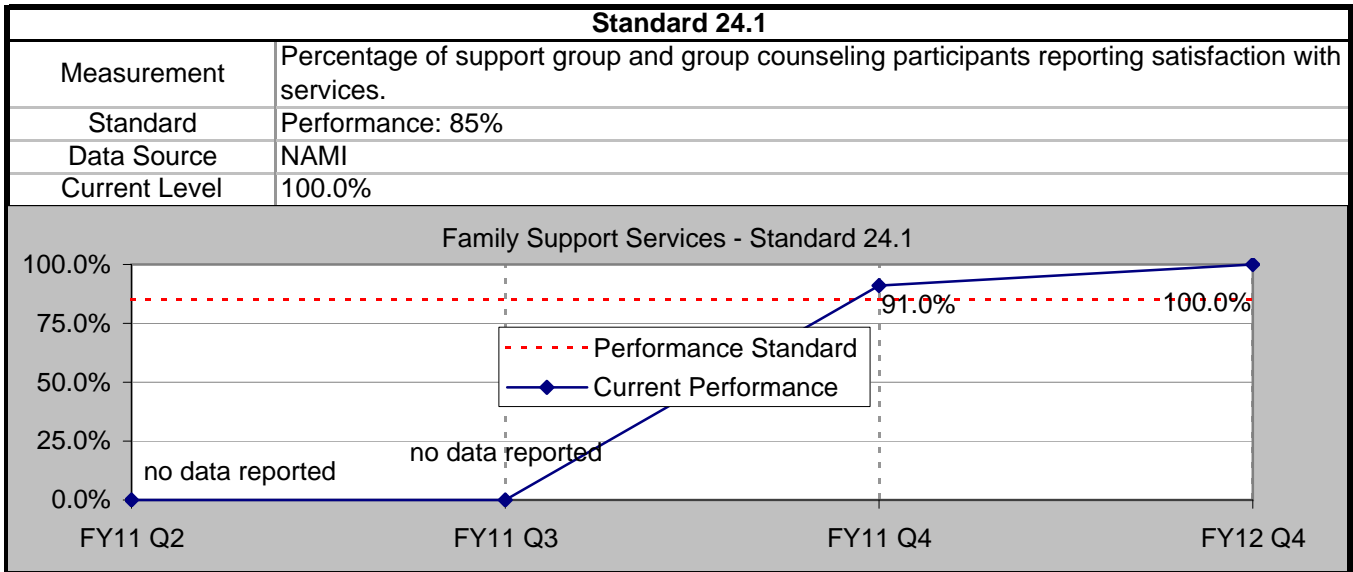
Standard 23.1	
Measurement	Number of education programs developed and delivered meeting Settlement Agreement requirements
Standard	No standard necessary
Data Source	NAMI
Current Level	3 family to family class: Q4 FY 12

Standard 23.2	
Measurement	Number and distribution of family support services provided
Standard	No standard necessary
Data Source	NAMI
Current Level	20 family support groups, 13 sites: Q4 FY 12

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

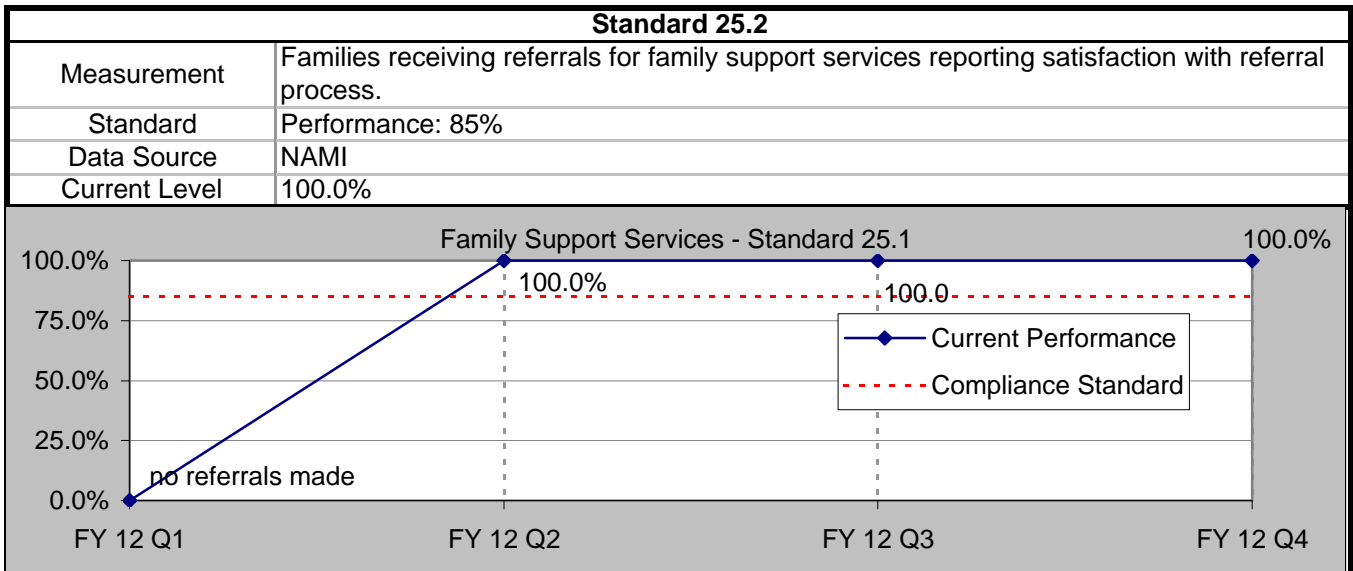
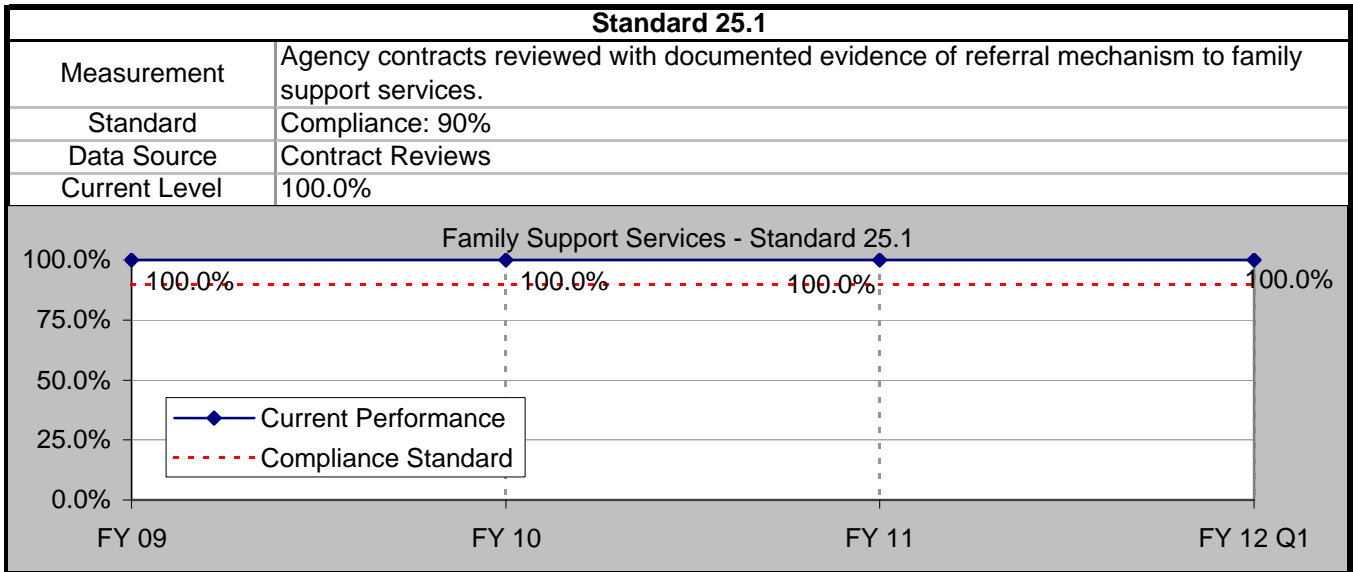


Discussion:

Standards 24.1 and 24.2: Data is now collected annually.

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

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



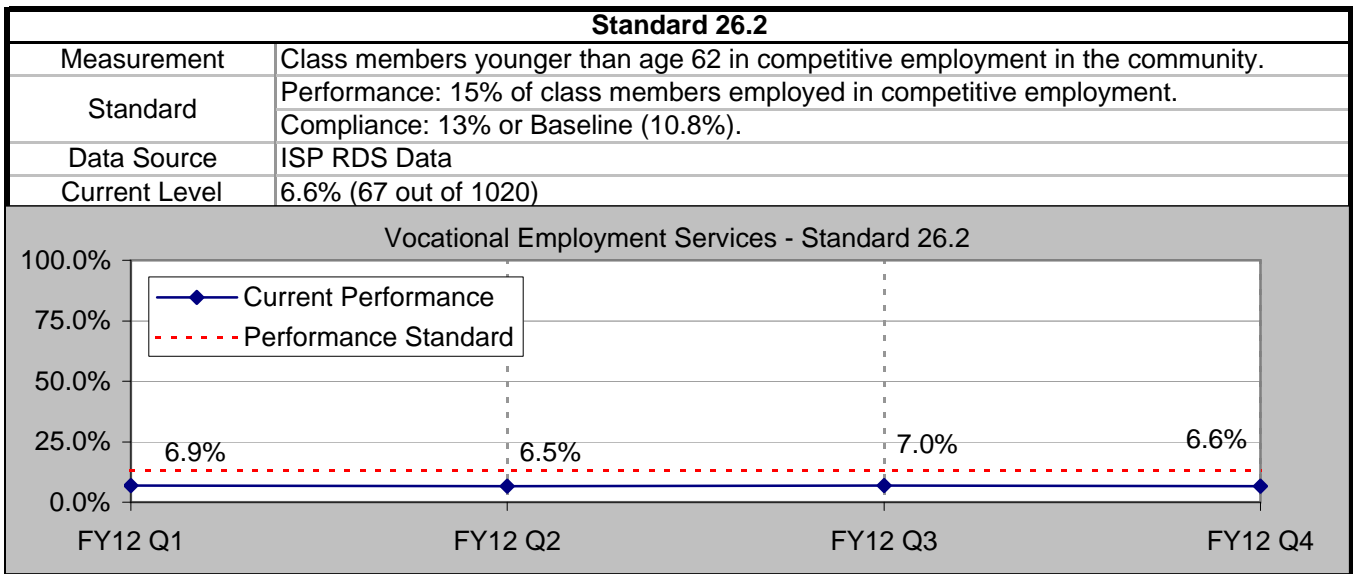
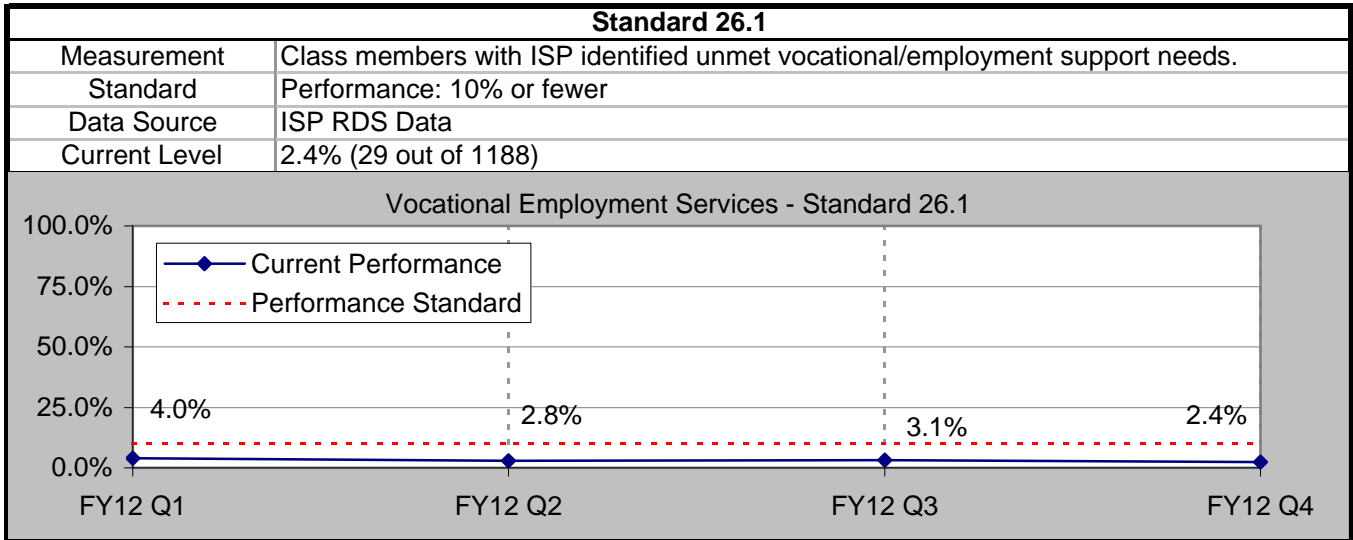
Comment:

Standard 25.1: Consistently met

Standard 5.2: Consistently met when referrals have been made.

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

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

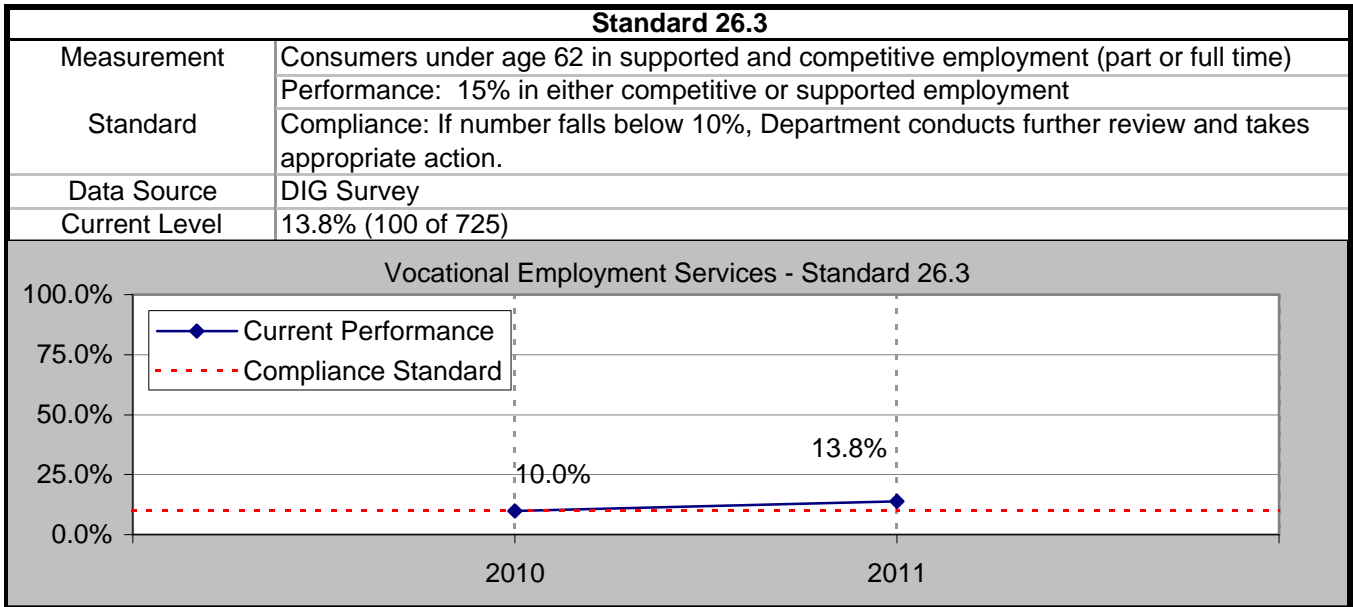


Discussion:

Standard 26.1: Standard continues to be met.

Standard 26.2: Standard continues to be met.

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



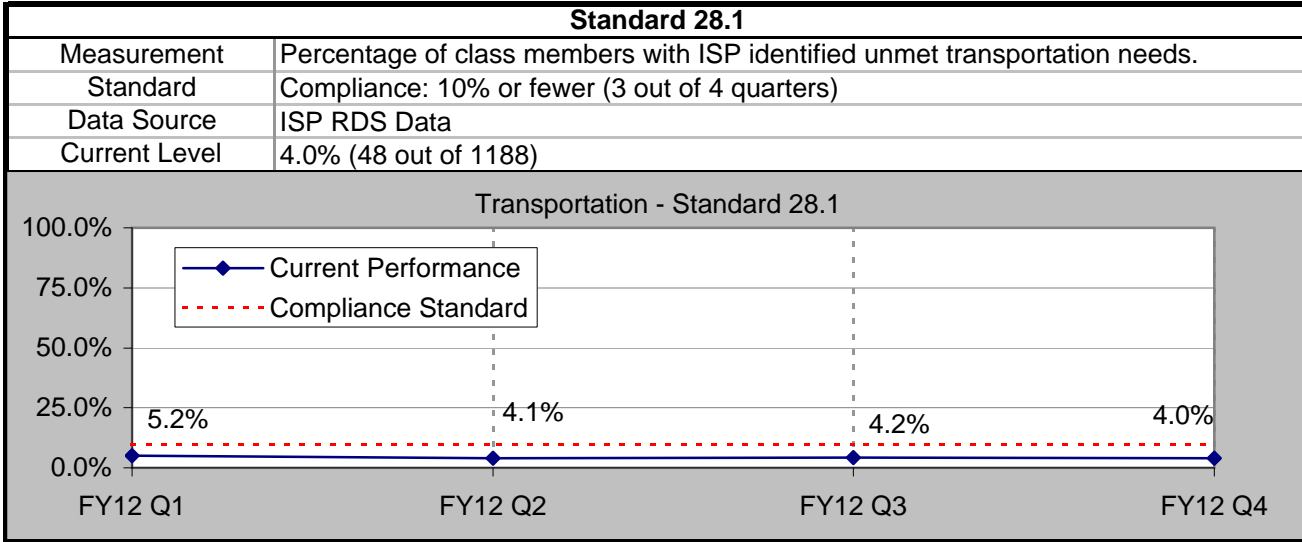
Discussion:

This standard factored out those persons responding to the DIG employment questions who are 62 and older, indicated they were retired or indicated they were not looking for work

SAMHS has contacted the Executive Director of the Consumer Council of Maine for feedback and discussion on ways we can work with providers to improve services. The 2012 DIG Survey will be included in the February 2013 report.

DHHS Office of Substance Abuse and Mental Health Services
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.

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	Division of Community Partnerships Data
Current Level	42,146 total visits, 1745 unduplicated clients (13 social clubs/peer centers reporting for FY 12 Q4.)

Standard 30.2	
Measurement	Number of other peer support programs and participation.
Standard	Qualitative evaluation; no numerical standard required.
Data Source	Division of Community Partnerships Data
Current Level	30 Peer Support programs statewide during FY 2012 Q4. (includes social clubs/peer centers): Participation data is not collected for the Statewide Initiatives noted below.

Peer Support Groups funded by DHHS 2012 Q2:

Peer Centers and Social Clubs: Amistad -- Portland, Beacon House -- Rumford
 Center for Life Enrichment -- Kittery, Sanford, Biddeford, 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

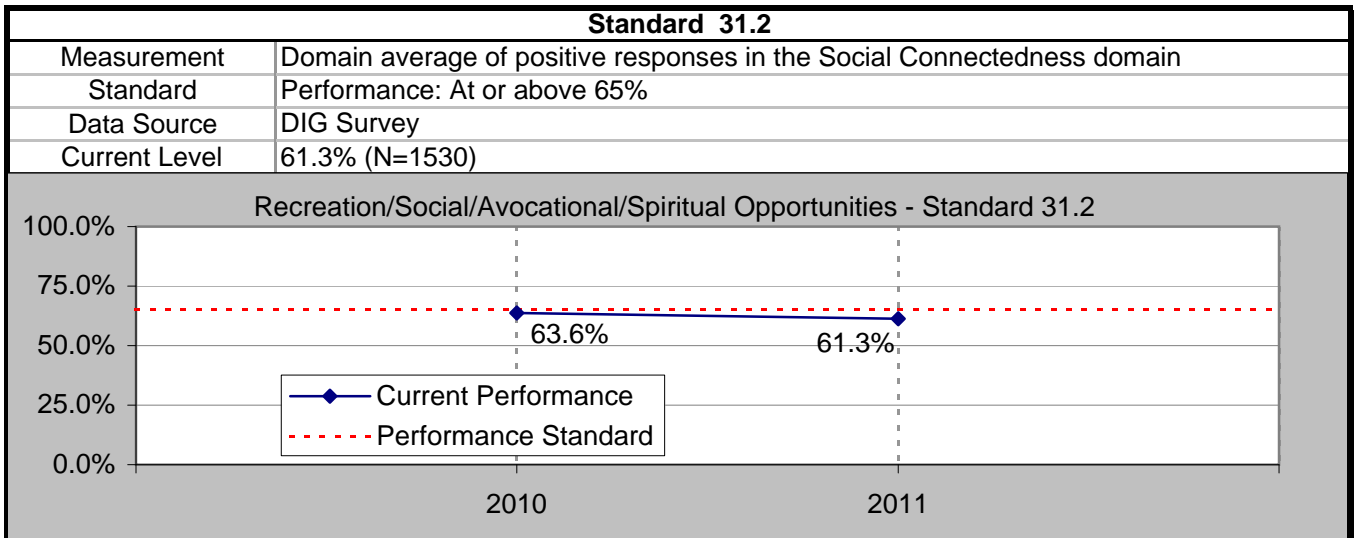
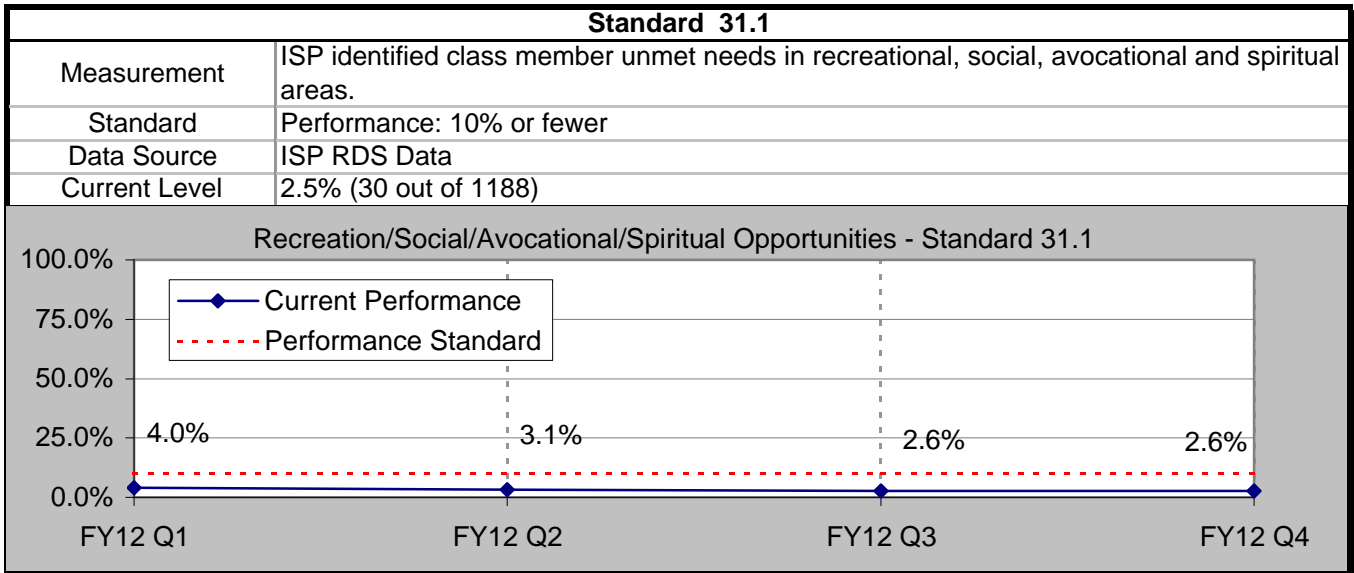
Statewide:

Community Connections: Community based recreational opportunities and leisure planning
 MAPSRC (Maine Association of Psychosocial Rehabilitation Centers)
 DBSA - Pathways for U Recovery groups

NAMI Support Groups primarily attended by consumers:

Augusta, Bangor, Biddeford, Brunswick, Damariscotta, Lewiston, Farmington, Portland, Rockland, Sanford, Waterville.

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



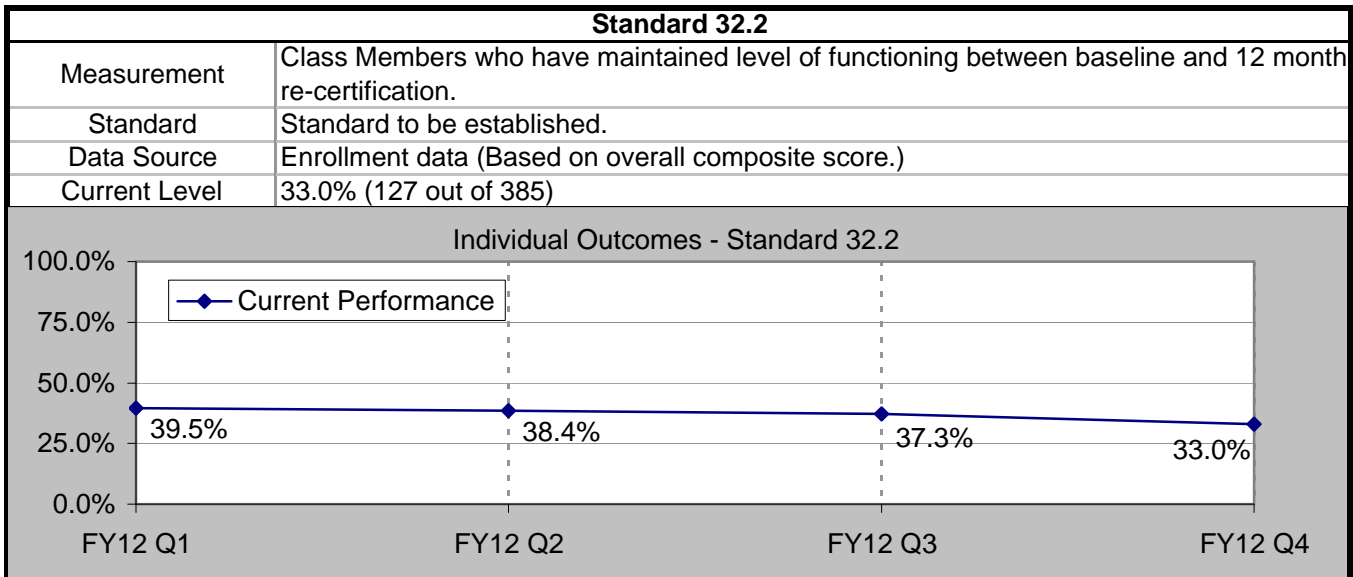
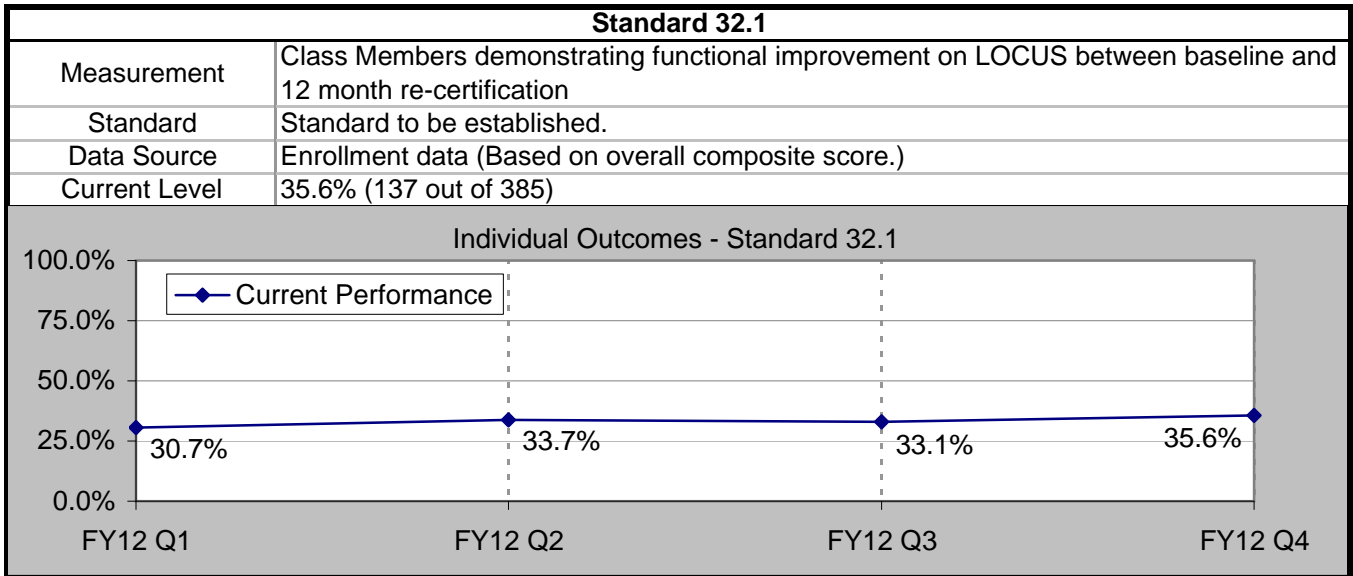
Comments:

Standard 31.1: Continues to be met.

SAMHS has contacted the Executive Director of the Consumer Council of Maine for feedback and discussion on ways we can work with providers to improve services. The 2012 DIG Survey will be included in the February 2013 report.

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

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

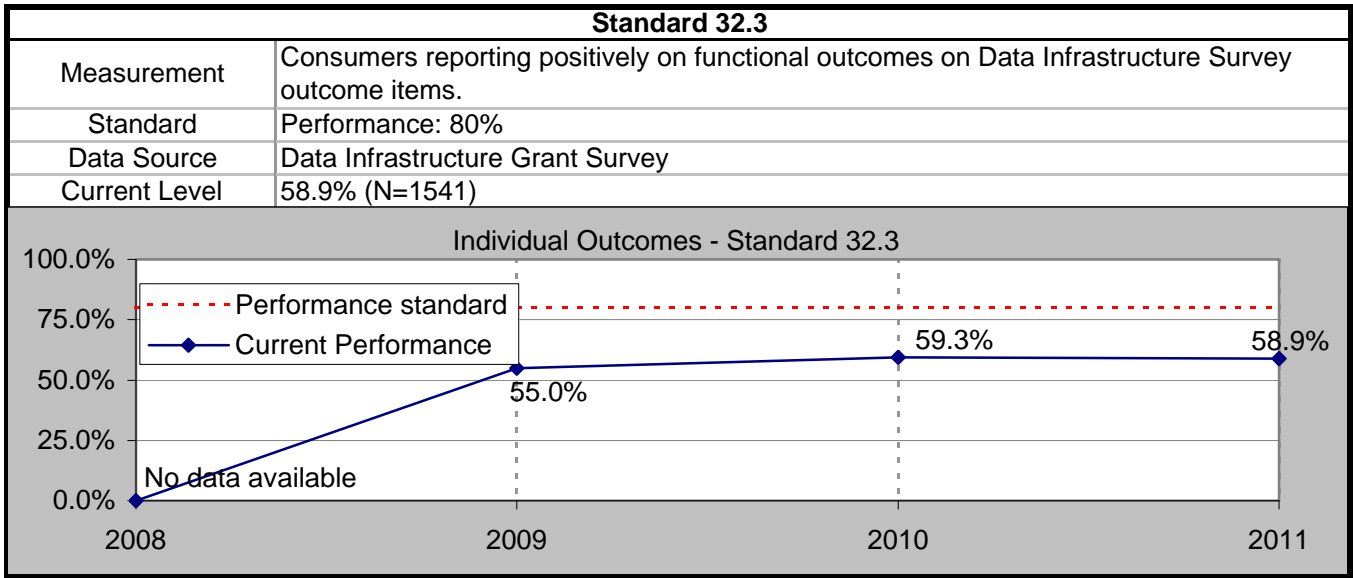


Comment

Standard 32.1: Functional improvement on LOCUS continues.

Standard 32.2: continue to monitor until standard is established.

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

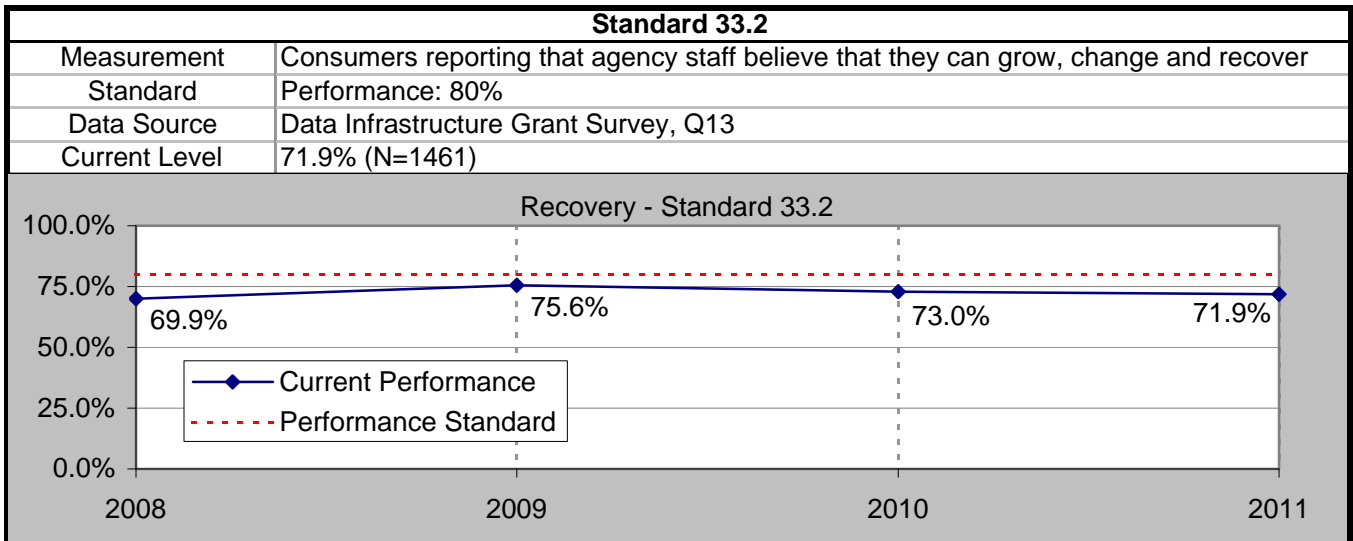
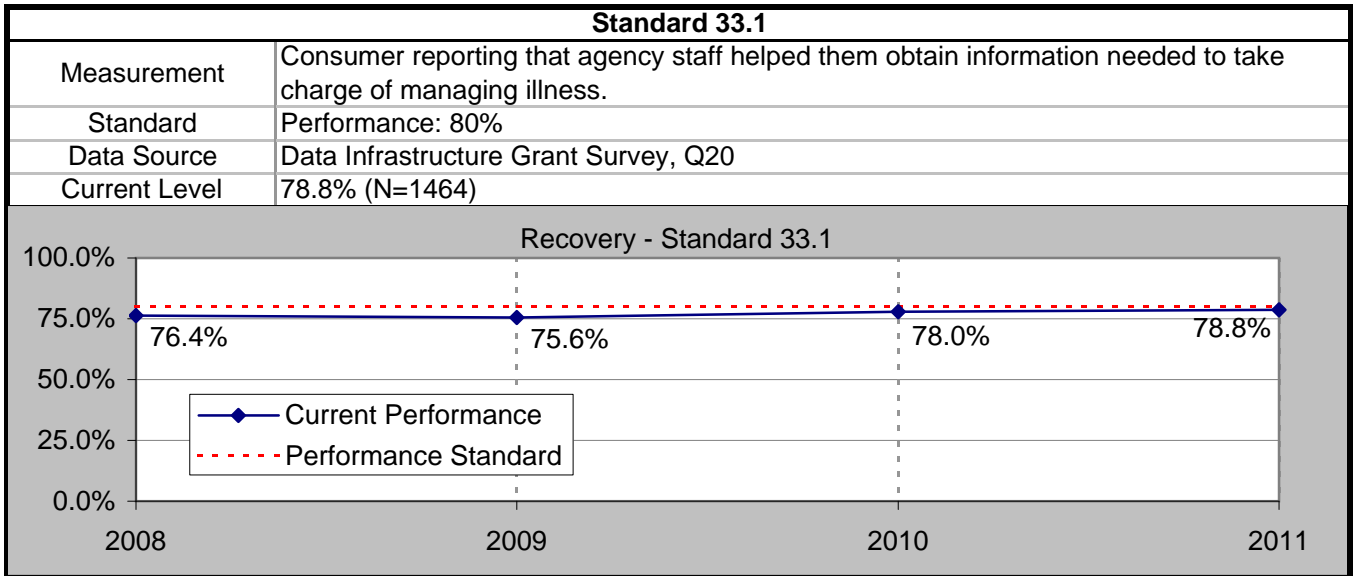


Discussion:

SAMHS has contacted the Executive Director of the Consumer Council of Maine for feedback and discussion on ways we can work with providers to improve services. The 2012 DIG Survey will be included in the February 2013 report.

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

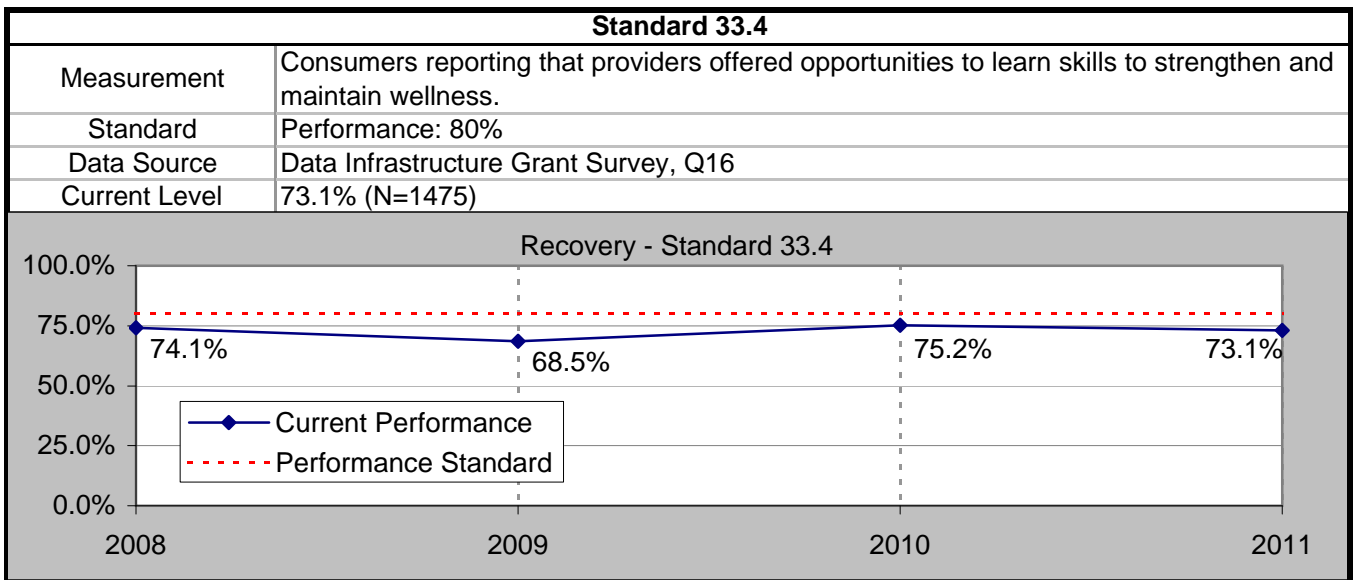
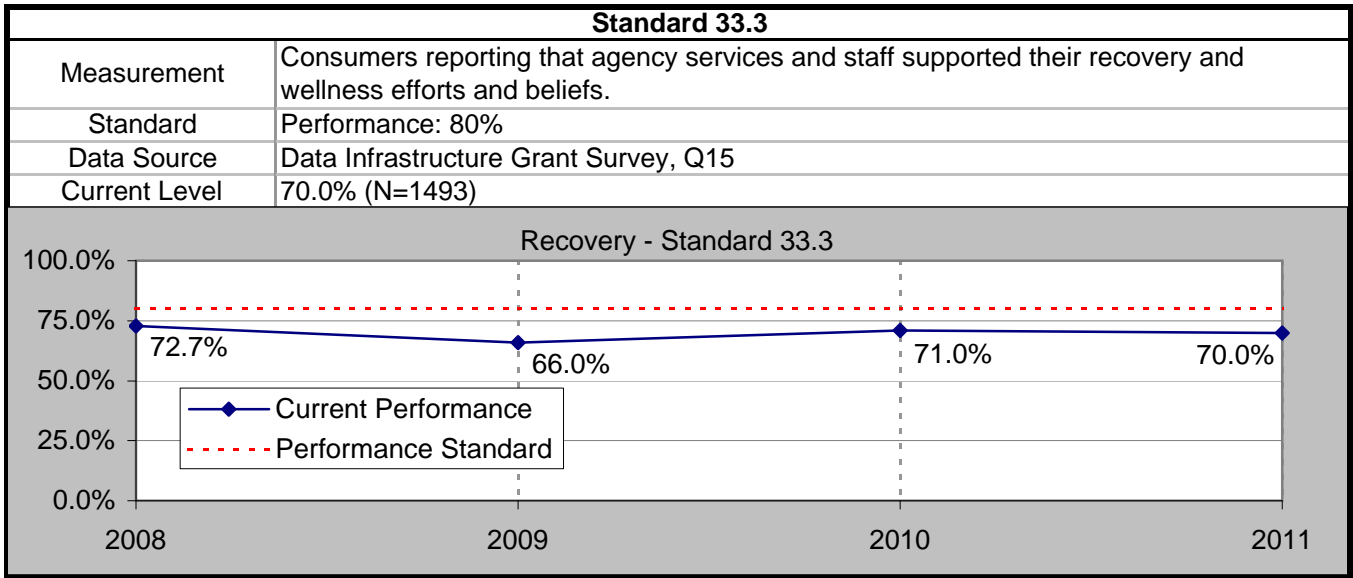
Standard 33 - Demonstrate that consumers are supported in their recovery process



Comment:

SAMHS has contacted the Executive Director of the Consumer Council of Maine for feedback and discussion on ways we can work with providers to improve services. The 2012 DIG Survey will be included in the February 2013 report.

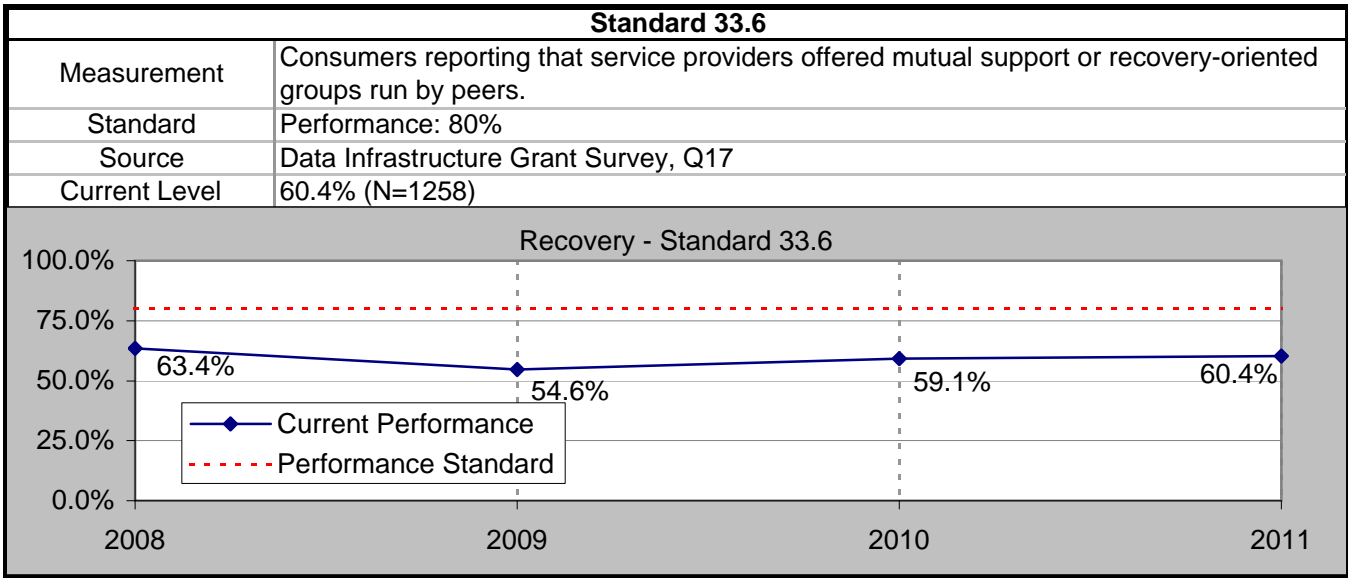
System Outcomes: Supporting the Recovery of Adults with Mental Illness Recovery



Comment:

Standard 33.3 and 33.4: SAMHS has contacted the Executive Director of the Consumer Council of Maine for feedback and discussion on ways we can work with providers to improve services. The 2012 DIG Survey will be included in the February 2013 report.

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



Comments:

SAMHS has contacted the Executive Director of the Consumer Council of Maine for feedback and discussion on ways we can work with providers to improve services. The 2012 DIG Survey will be included in the February 2013 report.

**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	18 FY 12 Q4

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	
Current Level	114 FY 12 Q4