

Consent Decree Performance and Quality Improvement Standards: May 2016

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.

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|----------------------------|---|
| <u>Definitions:</u> | What the standard is intending to measure. |
| Standard Title: | How the standard is being measured. |
| Measure Method: | 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
January - March 2016**

Standard 1. Rights Dignity and Respect

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

Standard 2. Rights Dignity and Respect

Consent Decree Performance and Quality Improvement Standards: November 2015

Standard 3. Rights Dignity and Respect

1. No longer reported per amendment dated May 8, 2014. Report available upon request.
2. No longer reported per amendment dated May 8, 2014. Report available upon request.

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.

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. No longer reported per amendment dated May 8, 2014. Report available upon request.
- 1b. No longer reported per amendment dated May 8, 2014. Report available upon request.
- 1c. No longer reported per amendment dated May 8, 2014. Report available upon request.
- 1d. No longer reported per amendment dated May 8, 2014. Report available upon request.

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
January - March 2016**

Standard 10. Case Load Ratios

1. No longer reported per amendment dated May 8, 2014. Report available upon request.
2. No longer reported per amendment dated May 8, 2014. Report available upon request.
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

No longer reported per amendment dated May 8, 2014. Report available upon request.

Standard 12. Housing & Residential Support Services

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

Standard 13. Housing & Residential Support Services

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

Standard 14. Housing & Residential Support Services

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

Standard 15. Housing & Residential Services

No longer reported per amendment dated May 8, 2014. Report available upon request.

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

Inpatient admissions reasonably near community residence.

**Compliance and Performance Standards: Summary Sheet
January - March 2016**

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

1. No longer reported per amendment dated May 8, 2014. Report available upon request.
2. No longer reported per amendment dated May 8, 2014. Report available upon request.
- 2a. No longer reported per amendment dated May 8, 2014. Report available upon request.
3. No longer reported per amendment dated May 8, 2014. Report available upon request.
- 3a. No longer reported per amendment dated May 8, 2014. Report available upon request.
4. No longer reported per amendment dated May 8, 2014. Report available upon request.
- 4a. No longer reported per amendment dated May 8, 2014. Report available upon request.
5. No longer reported per amendment dated May 8, 2014. Report available upon request.

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. No longer reported per amendment dated May 8, 2014. Report available upon request.

Standard 22. Treatment Services

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

Standard 23. Family Support Services

1. No longer reported per amendment dated May 8, 2014. Report available upon request.
2. No longer reported per amendment dated May 8, 2014. Report available upon request.

**Compliance and Performance Standards: Summary Sheet
January - March 2016**

Standard 24. Family Support Services

1. No longer reported per amendment dated May 8, 2014. Report available upon request.
2. No longer reported per amendment dated May 8, 2014. Report available upon request.
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. No longer reported per amendment dated May 8, 2014. Report available upon request.
2. No longer reported per amendment dated May 8, 2014. Report available upon request.

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. No longer reported per amendment dated May 8, 2014. Report available upon request.
2. No longer reported per amendment dated May 8, 2014. Report available upon request.

Standard 31. Rec/Soc/Avoc/Spiritual

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

Standard 32. Individual Outcomes

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

**Compliance and Performance Standards: Summary Sheet
January - March 2016**

Standard 33. Recovery

1. No longer reported per amendment dated May 8, 2014. Report available upon request.
2. Consumers reporting staff believed they could grow, change, recover
3. Consumers reporting staff supported their recovery efforts
4. Deleted: Consumers reporting that providers offered learning opportunities: questions eliminated with 2007 Adult Mental Health and Well Being Survey
5. Consumers reporting providers stressed natural supports/friendships
6. Consumers reporting providers offered peer recovery groups.

Standard 34. Public Education

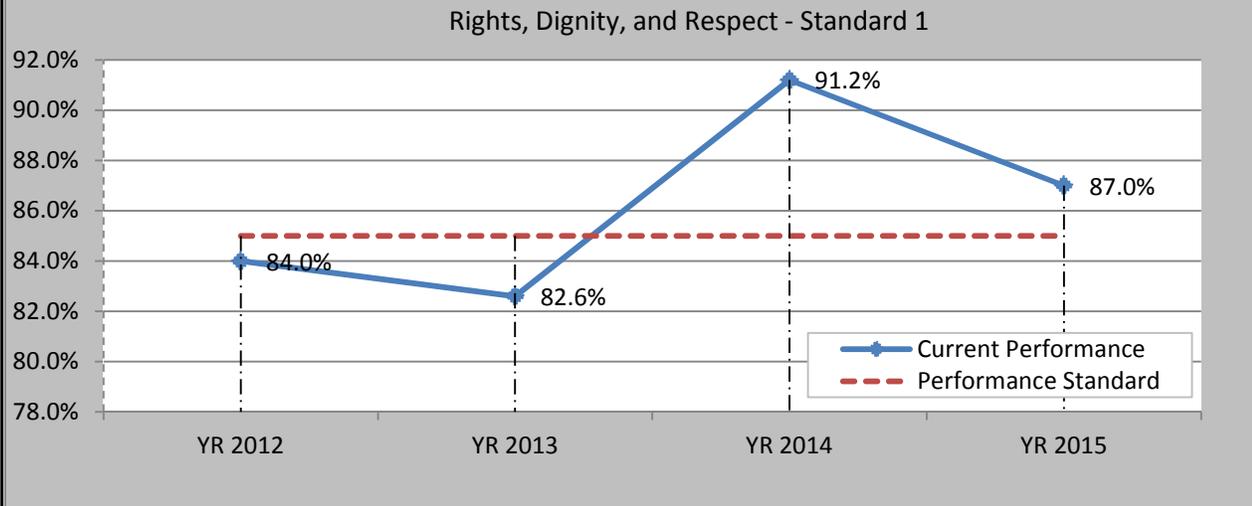
1. No longer reported per amendment dated May 8, 2014. Report available upon request.
2. No longer reported per amendment dated May 8, 2014. Report available upon request.

Rights, Dignity, and Respect

Standard 1 - Treated with respect for their individuality

Standard 1

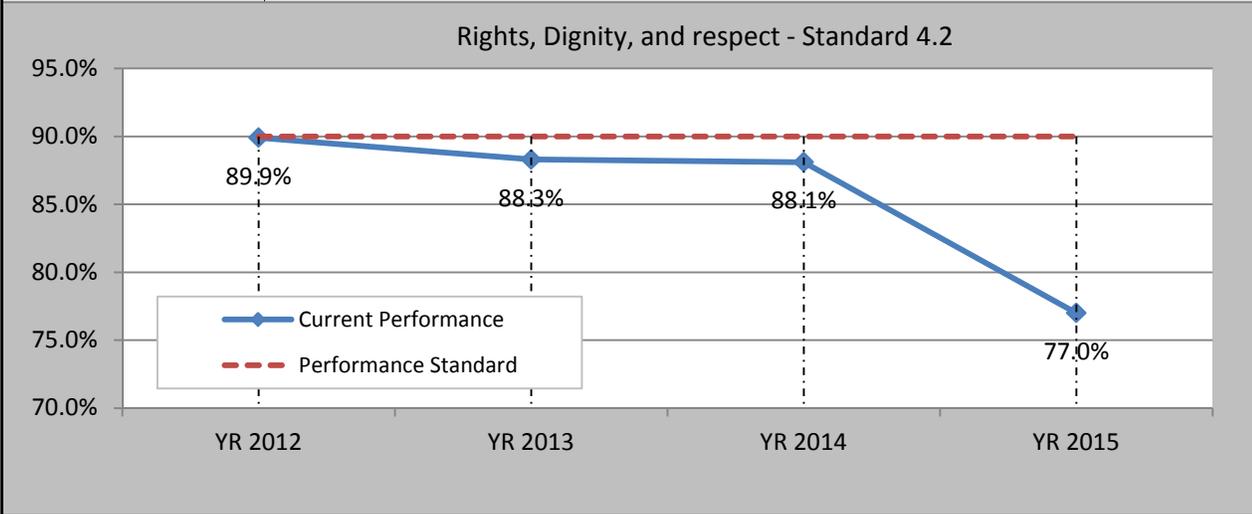
| | |
|---------------|---|
| Measurement | Domain average of positive responses to the statements in the quality and appropriateness domain. |
| Standard | Performance: at or above 85% |
| Data Source | Adult Mental Health and Well Being Survey |
| Current Level | 87% (1068 out of 1215) |



Standard 4 - Class Members are informed of their rights

Standard 4.2

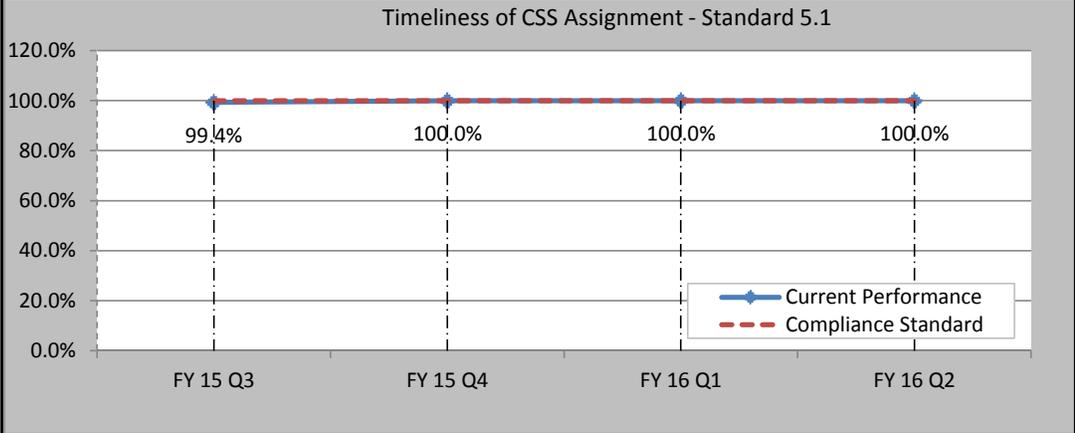
| | |
|---------------|--|
| Measurement | Percent of consumers reporting they were given information about their rights. |
| Standard | Performance: 90% |
| Data Source | Adult Mental Health and Well Being Survey Q22 |
| Current Level | 77% (935 out of 1215) |



DHHS Office of Substance Abuse and Mental Health Services
**Community Support Services: Community Integration, Community Rehabilitation Services, Assertive
 Community Treatment and Adult Behavioral Health Homes
 Individualized Support Planning**

Standard 5.1

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|---------------|--|
| Measurement | Percentage of Class Members requesting a worker who were assigned one. |
| Standard | Performance: 100% |
| Data Source | ISP RDS Data |
| Current Level | 100% (165 of 165) |



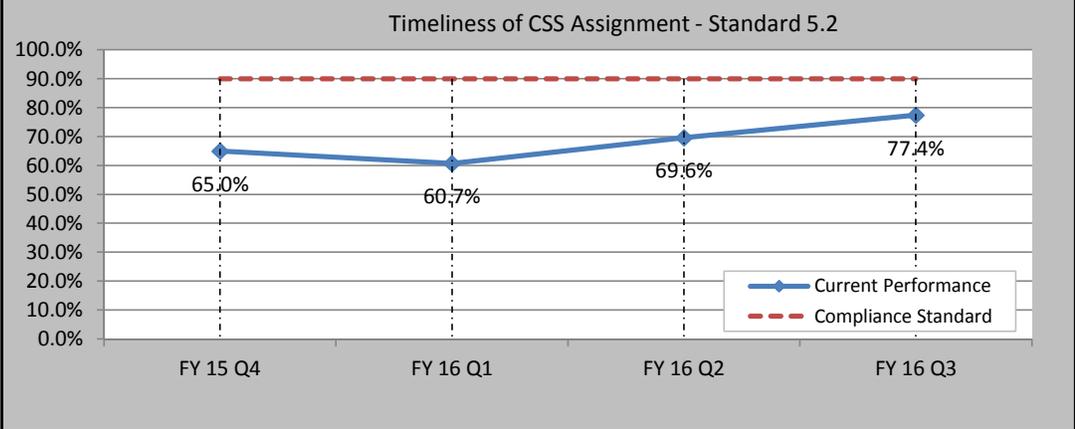
Discussion of Standard 5.1:

The denominator for this measure is all class members, hospitalized or not who received community support service and it also includes any contact for service notifications (CFSN) for community support services that are not filled or discharged by the 10th of the month of the subsequent quarter.

For SFY2016, quarter 2, there were 142 non-hospitalized class members and 23 hospitalized class members assigned workers. There were 0 class members who remained on the wait list and who were not served.

Standard 5.2

| | |
|---------------|--|
| Measurement | Percentage of all hospitalized Class Members assigned a worker within 2 working days of referral |
| Standard | Performance: 90% Compliance: 90% (3 out of 4 quarters) |
| Data Source | Adult Mental Health and Well Being Survey Q22 |
| Current Level | 77.4% (24 out of 31) |

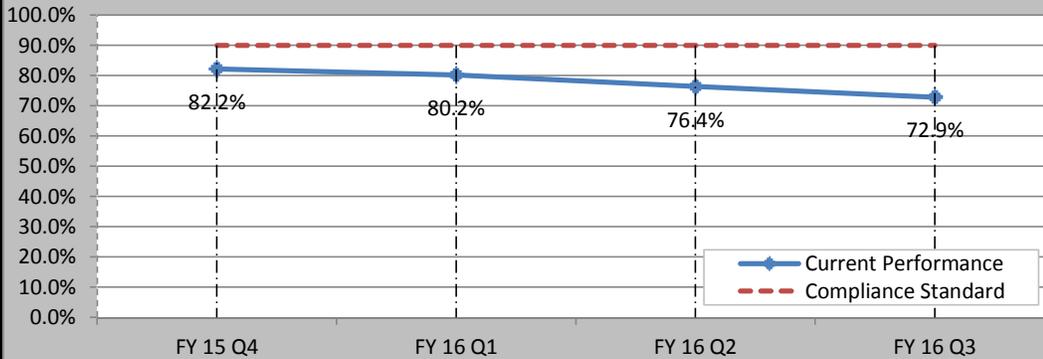


DHHS Office of Substance Abuse and Mental Health Services
**Community Support Services: Community Integration, Community Rehabilitation Services, Assertive
 Community Treatment and Adult Behavioral Health Homes
 Individualized Support Planning**

Standard 5.3

| | |
|---------------|---|
| Measurement | Percentage of all non-hospitalized Class Members assigned a worker within 3 working days of referral. |
| Standard | Performance: 100% Compliance: 90% (3 out of 4 quarters) |
| Data Source | ISP RDS Data |
| Current Level | 72.9% (148 of 203) |

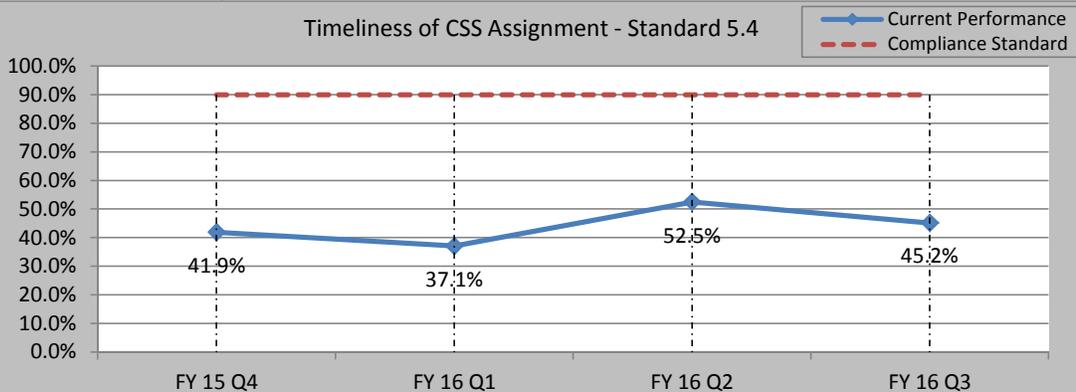
Timeliness of CSS Assignment - Standard 5.3



Standard 5.4

| | |
|---------------|---|
| Measurement | Of the Class Members who were not assigned on time, percentage of these clients who were assigned a community support worker within 7 working days. |
| Standard | Performance: 100% Compliance: 95% |
| Data Source | ISP RDS Data |
| Current Level | 45.2% (28 of 62) |

Timeliness of CSS Assignment - Standard 5.4



Discussion of Standard 5.4:

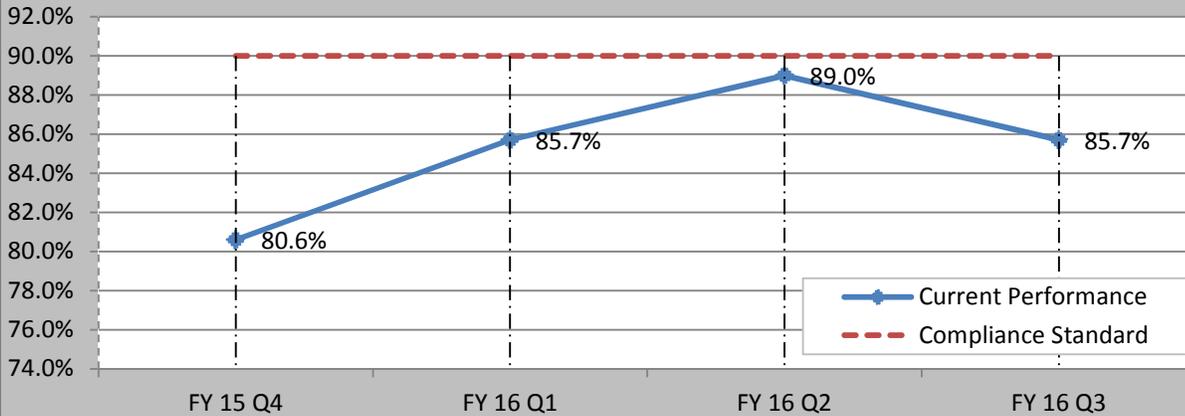
This standard looks at all Class Members (both hospitalized and not) who did not receive a community support worker on time, but did receive a worker within 7 working days. For example, for the current quarter, standard 5.2 shows 23 - 16 = 7 class members not receiving a worker within 2 days and standard 5.3 shows 142 - 100 = 42 class members not receiving a worker within 3 days. Standard 5.4 reports on the 7 + 42 = 49 class members not served on time. Of these 49, 13 received the service within 7 working days.

Community Integration / Community Support Services / Individualized Support Planning

Standard 5.5

| | |
|---------------|---|
| Measurement | 90 day class member Isp reviews completed within specified timeframe. |
| Standard | Performance: 90% Compliance: 90% (3 out of 4 quarters) |
| Data Source | ISP RDS Data |
| Current Level | 85.7% (42 out of 49) |

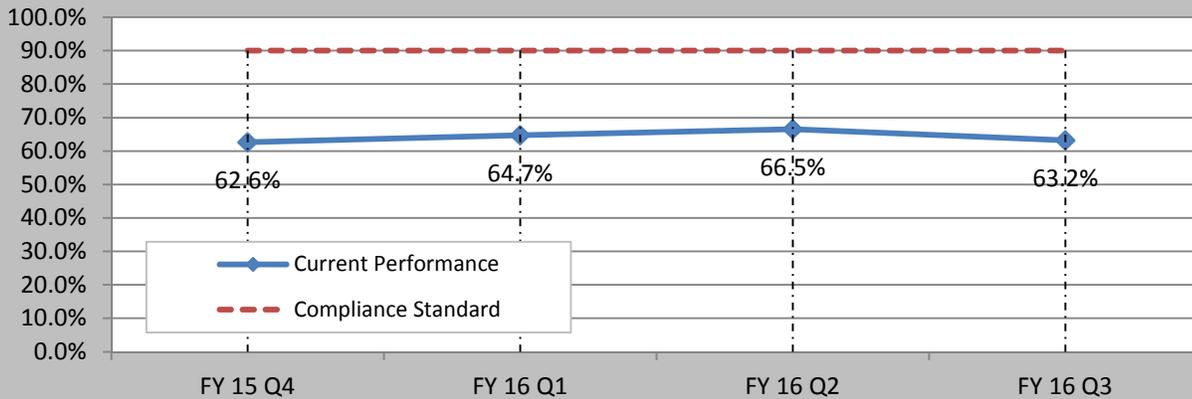
Timeliness of ISP - Standard 5.5



Standard 5.6

| | |
|---------------|---|
| Measurement | 90 day class member Isp reviews completed within specified timeframe. |
| Standard | Performance: 90% Compliance: 90% (3 out of 4 quarters) |
| Data Source | ISP RDS Data |
| Current Level | 63.2% (470 out of 744) |

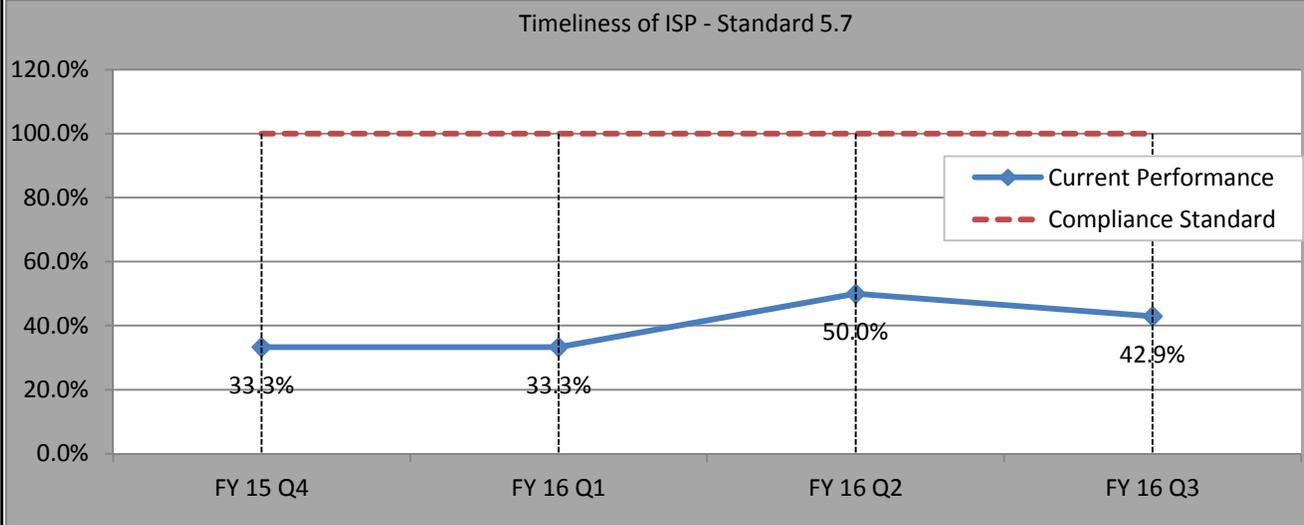
Timeliness of ISP - Standard 5.6



Community Integration / Community Support Services / Individualized Support Planning

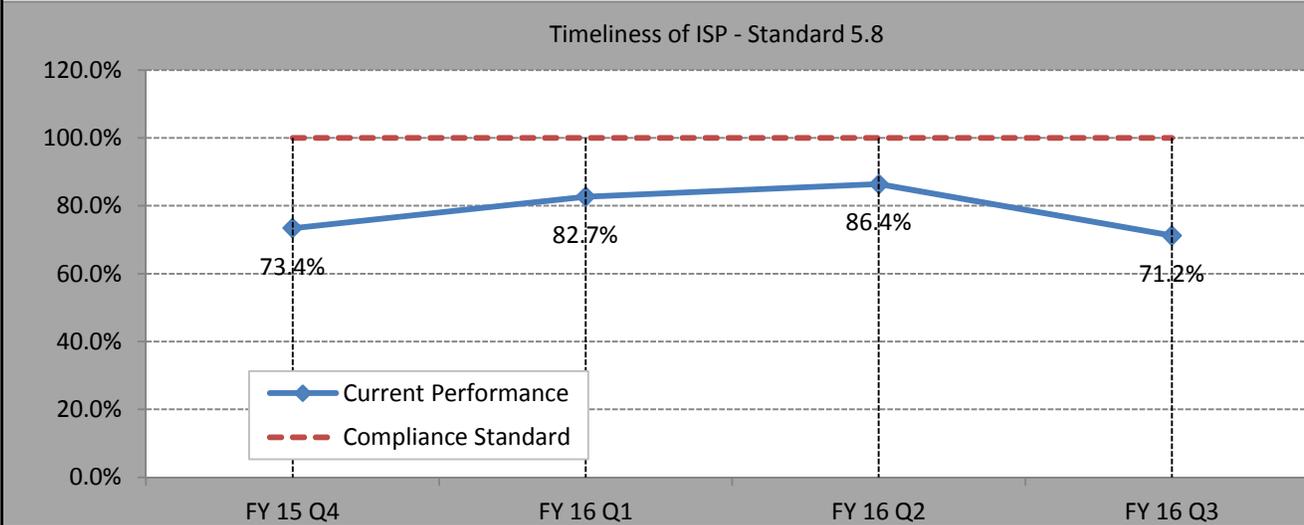
Standard 5.7

| | |
|---------------|--|
| Measurement | Initial class member ISPs not developed within 30 days, but were developed within 60 working days. |
| Standard | Performance: 100% |
| Data Source | ISP RDS Data |
| Current Level | 42.9% (3 out of 7) |



Standard 5.8

| | |
|---------------|---|
| Measurement | Initial class member ISPs not developed within 90 days, but were developed within 120 working days. |
| Standard | Performance: 100% |
| Data Source | ISP RDS Data |
| Current Level | 71.2% (195 out of 274) |



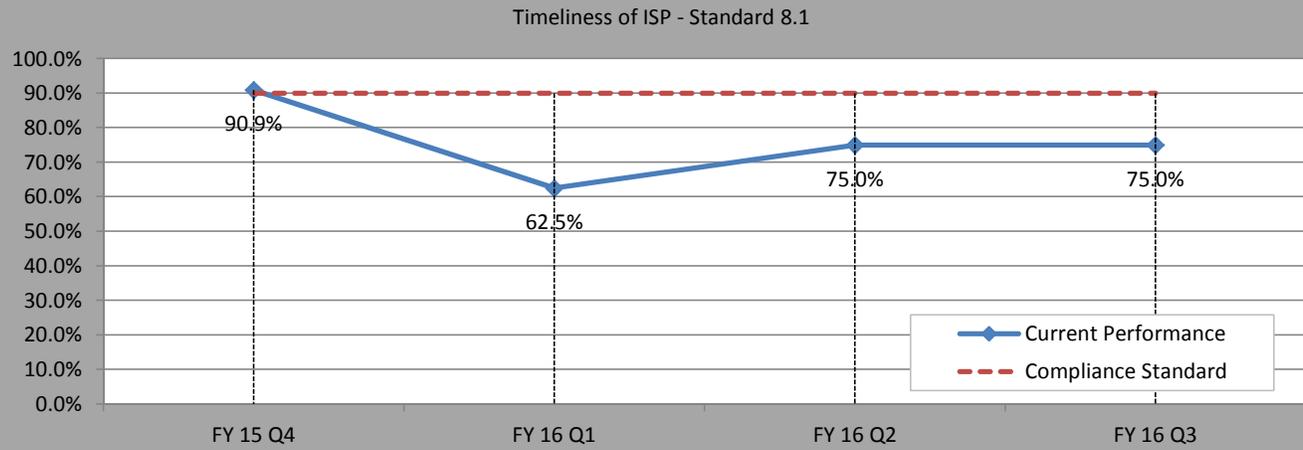
Discussion: Standards 5.1 - 5.8: Field Quality Managers have completed additional agency trainings around assignment times. Assignment time performance measures are now included in Rider E of agency contracts. Data Quality Management Team will identify outliers for follow up by the treatment team and provider agencies driving these numbers. Consent Decree Process Improvement has also been deployed within seven agencies to collaborate around resolution to these issues.

Community Integration / Community Support Services / Individualized Support Planning

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

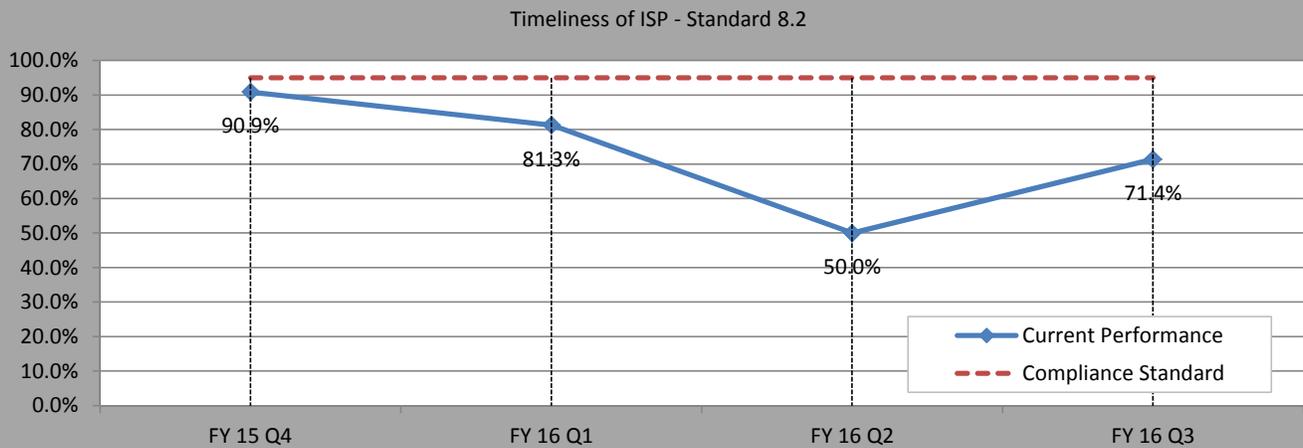
Standard 8.1

| | |
|---------------|--|
| Measurement | ISPs reviewed in which there is evidence that the ISP team reconvened after an unmet need was identified |
| Standard | Performance: 90% |
| Data Source | ISP RDS Data |
| Current Level | 75.0% (6 out of 8) |



Standard 8.2

| | |
|---------------|---|
| Measurement | ISPs reviewed with identified unmet needs in which interim plans are established. |
| Standard | Performance: 95% Compliance: 90% (3 out of 4 quarters) |
| Data Source | ISP RDS Data |
| Current Level | 71.4% (5 out of 7) |



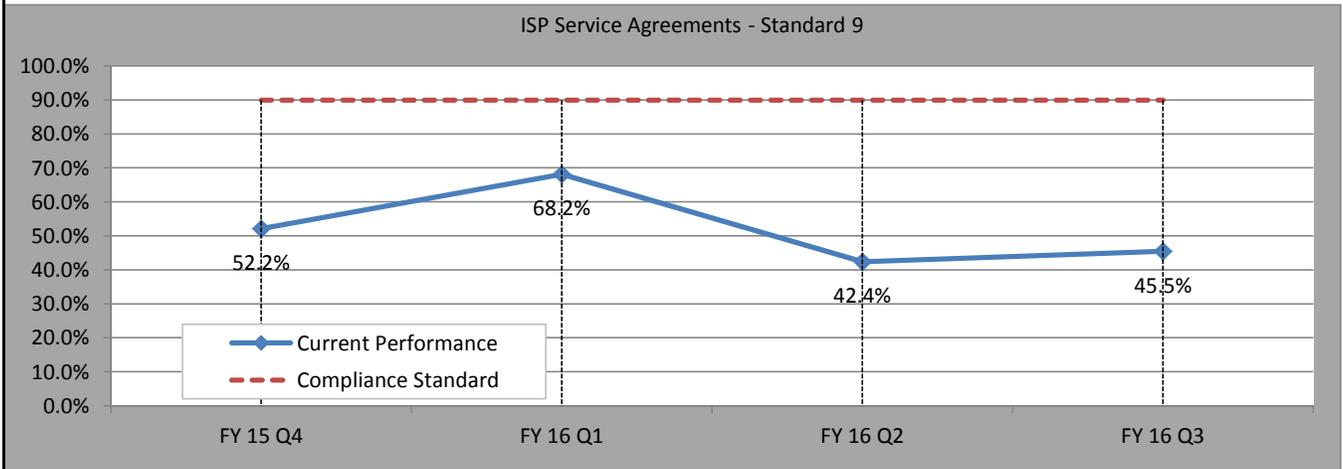
DHHS Office of Substance Abuse and Mental Health Services

Community Integration / Community Support Services / Individualized Support Planning

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

Standard 9

| | |
|---------------|--|
| Measurement | ISPs with services identified and with a treatment plan signed by each provider.** |
| Standard | Performance: 90% Compliance: 90% (3 out of 4 quarters) |
| Data Source | Class Member Treatment Planning review |
| Current Level | 45.5% (15 out of 33) |



Discussion:

Standards 8.1, 8.2, and 9 - Field Quality Managers continue to perform document reviews and work with the agencies around unmet needs and service agreements.

Community Integration / Community Support Services / Individualized Support Planning

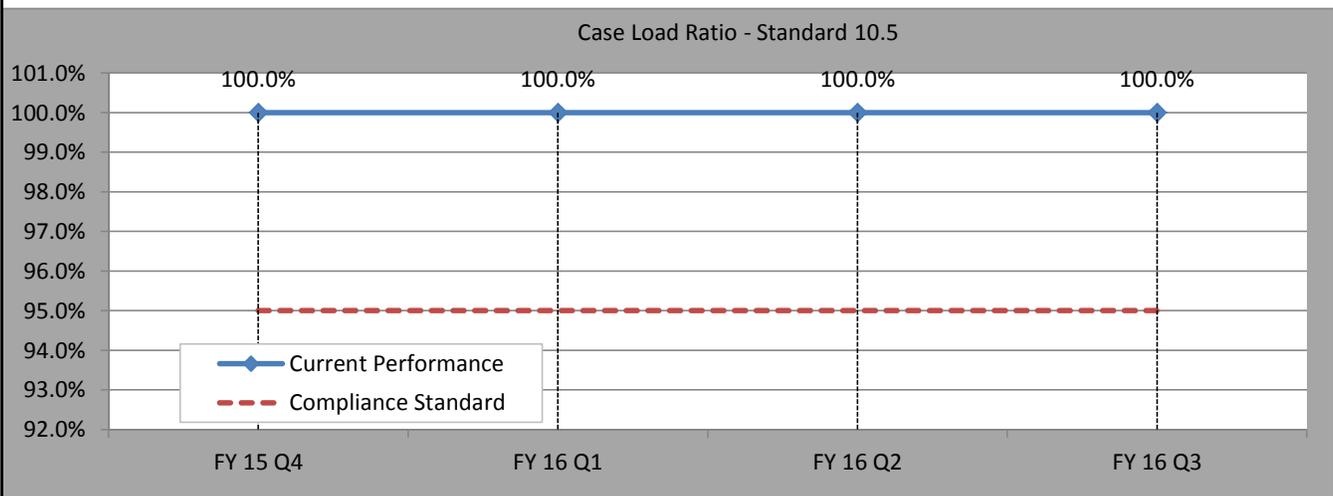
Standard 9 - Services to be delivered by an agency funded or licensed by the state

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 |
| | CMS focus on outreach with individuals in forensic facilities. ICMs no longer carry traditional caseloads. In the future, if ICMs carry caseloads, OAMHS will resume reporting caseload ratios. |

Standard 10.5 - OADS

| | |
|---------------|---|
| Measurement | Office of Aging and Disability Services Case Managers with average caseload of 40 or fewer. |
| Standard | Compliance: 90% of all OADS Case Managers with Class Member Public Wards |
| Data Source | MAPSIS Case Counts for Workers with Class Members Public Wards |
| Current Level | 100% (26 out of 26) |



Discussion:

Standard 10.5 - Per amendment dated December 10, 2014 average case load was changed from 25 to 40.

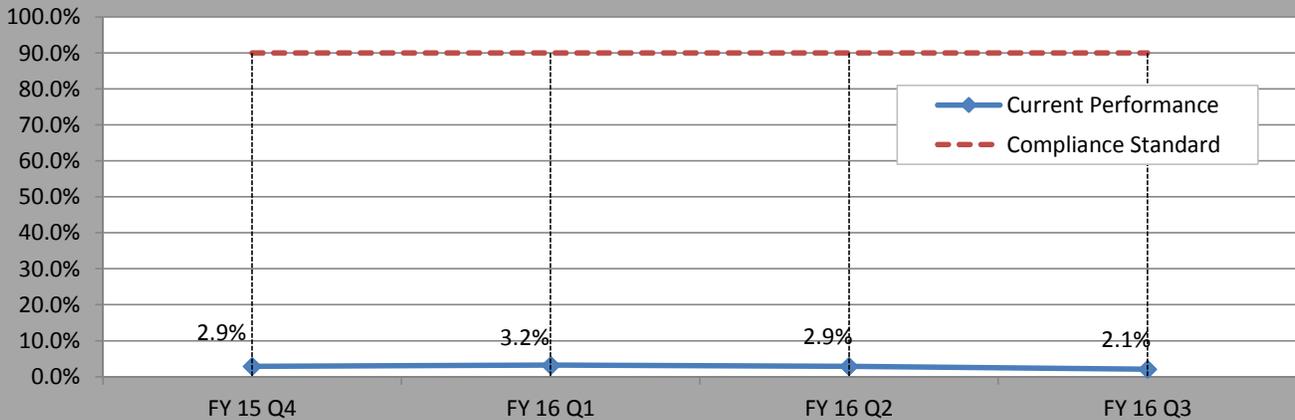
Community Resources and treatment Services Housing and Residential

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

Standard 12.1

| | |
|---------------|--|
| Measurement | Class members in community with ISPs with unmet residential support needs. |
| Standard | Compliance: 5% or fewer (3 out of 4 quarters) |
| Data Source | ISP RDS Data and Quality Improvement |
| Current Level | 2.1% (18 out of 825) |

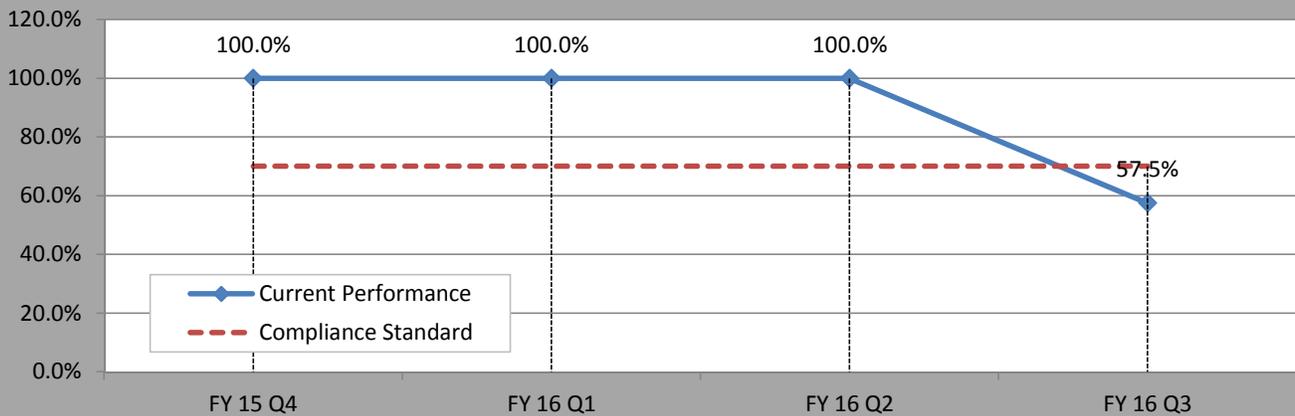
Housing and residential Support Services - Standard 12.1



Standard 12.2

| | |
|---------------|---|
| Measurement | Percentage of patients at Riverview determined to be ready for discharge who are discharged within 7 days of that determination. (discharge is not impeded due to lack of residential support services) |
| Standard | Performance: Performance: 75% (within 7 days of that determination) Compliance: 70% (within 7 days of that determination) |
| Data Source | Riverview Psychiatric Center Discharge Data |
| Current Level | 57.5% FY16 Q3 (Lack of residential supports did not impede discharge for 23out of 40 patients within 7 days) |

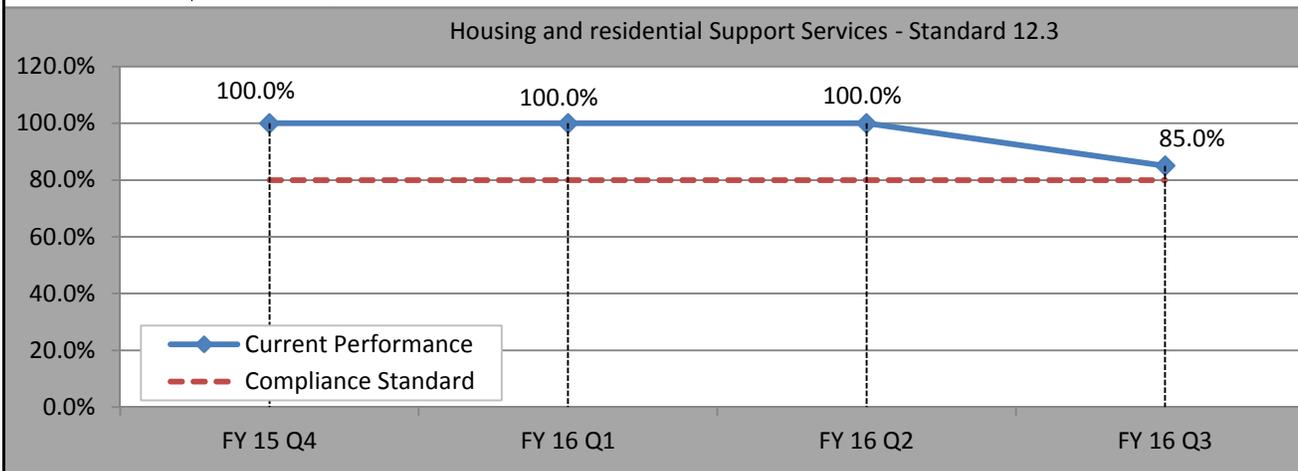
Housing and Residential Support Services - Standard 12.2



Community Resources and treatment Services Housing and Residential

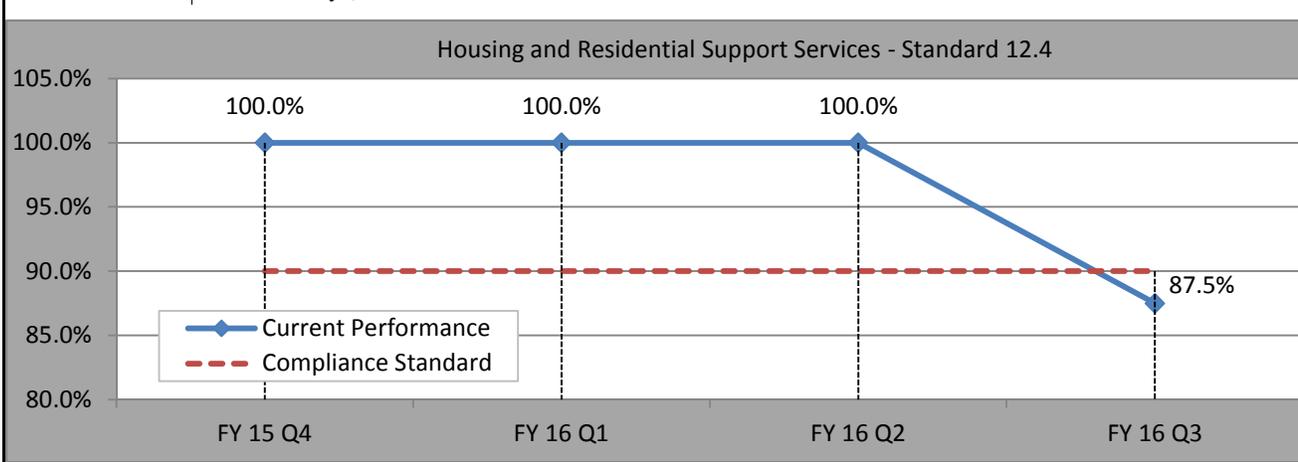
Standard 12.3

| | |
|---------------|--|
| Measurement | Percentage of patients at Riverview determined to be ready for discharge who are discharged within 30 |
| Standard | Performance: Performance: 96% (within 30 days of that determination5%) Compliance: 80% (within 30 days of that determination) |
| Data Source | Riverview Psychiatric Center Discharge Data |
| Current Level | 85.0% (34 out of 40) FY16 Q3 (Lack of residential supports did not impede discharge for any patients within 30 days) |



Standard 12.4

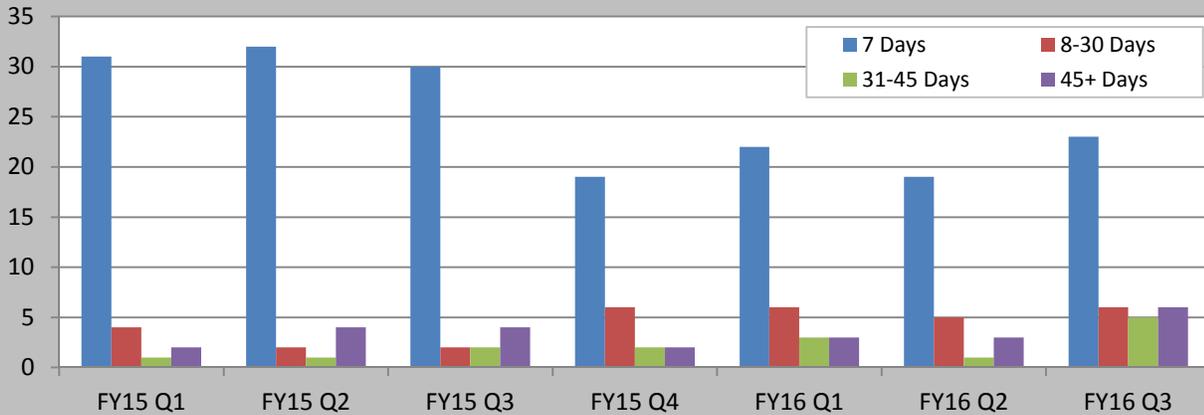
| | |
|---------------|--|
| Measurement | Percentage of patients at Riverview determined to be ready for discharge who are discharged within 45 days of that determination. (discharge is not impeded due to lack of residential support services) |
| Standard | Performance: Performance: 100% (within 45 days of that determination5%) Compliance: 90% (within 45 days of that determination) |
| Data Source | Riverview Psychiatric Center Discharge Data |
| Current Level | 87.5% (35 out of 40) FY16 Q3 (Lack of residential supports did not impede discharge for any patients within 45 days) |



Community Resources and Treatment Services

Housing and Residential

Riverview Psychiatric Center Discharge Detail



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

40 Civil Patients discharged in quarter

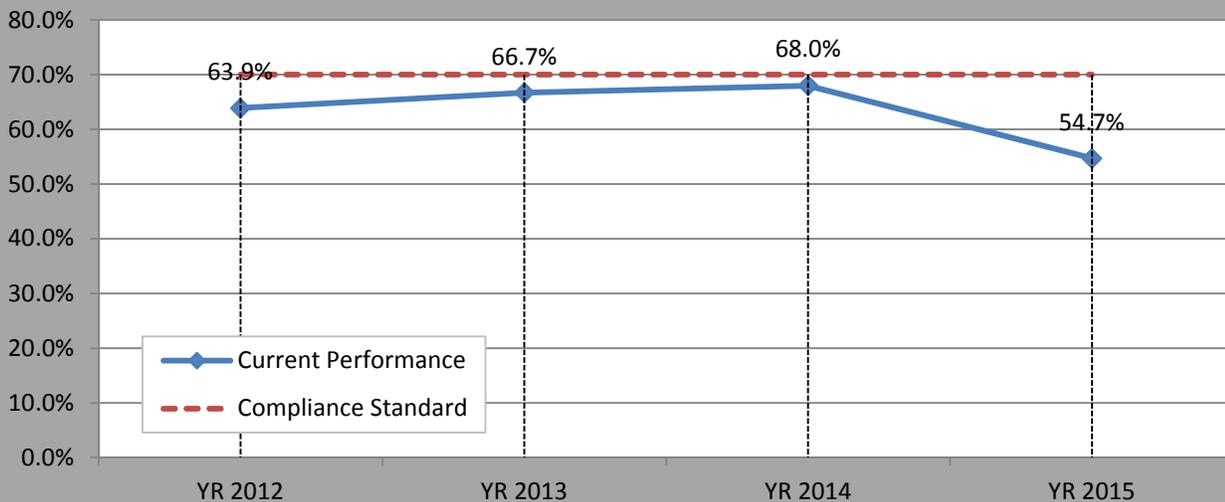
- 23 discharged at 7 days (57.5%)
- 6 discharged 8-30 days (15%)
- 5 discharged 31-45 days (12.5%)
- 6 discharged post 45 days (15%)

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

Standard 13.1

| | |
|---------------|--|
| Measurement | Domain average of positive responses to the questions in the Perception of Outcomes domain |
| Standard | Performance: at or above 70% |
| Data Source | Adult Mental health and Well Being Survey |
| Current Level | 54.7% (664 of 1215) |

Perception of Outcomes - Standard 13.1



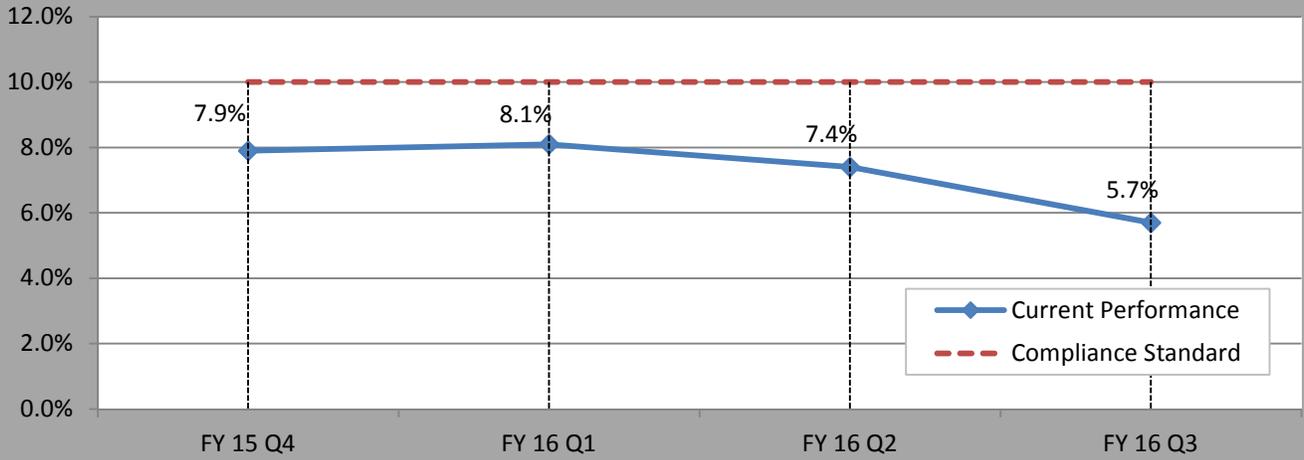
Community Resources and treatment Services Housing and Residential

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

Standard 14.1

| | |
|---------------|--|
| Measurement | Class members in community with ISPs with unmet housing needs. |
| Standard | Compliance: 10% or fewer (3 out of 4 quarters) |
| Data Source | ISP RDS Data |
| Current Level | 5.7% (47 out of 825) |

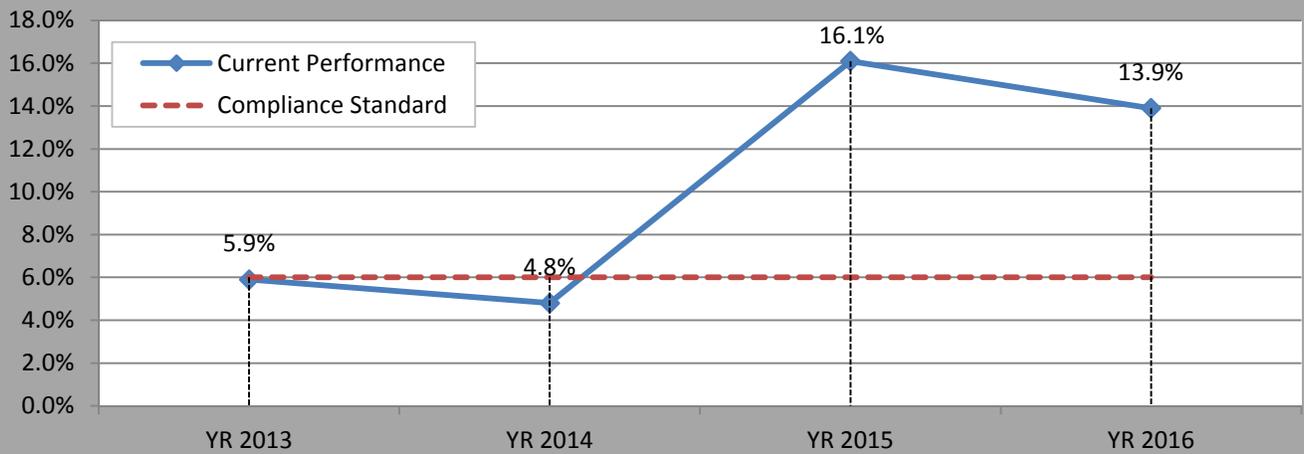
Housing and Residential Support Services - Standard 14.1



Standard 14.2

| | |
|---------------|--|
| Measurement | Percentage of respondents who experienced homelessness over 12-month period. |
| Standard | Performance: 6% or fewer |
| Data Source | Adult Mental Health and Well Being Survey, living situation data |
| Current Level | 13.9% (169 out of 1215) |

Housing and Residential Support Services - Standard 14.2

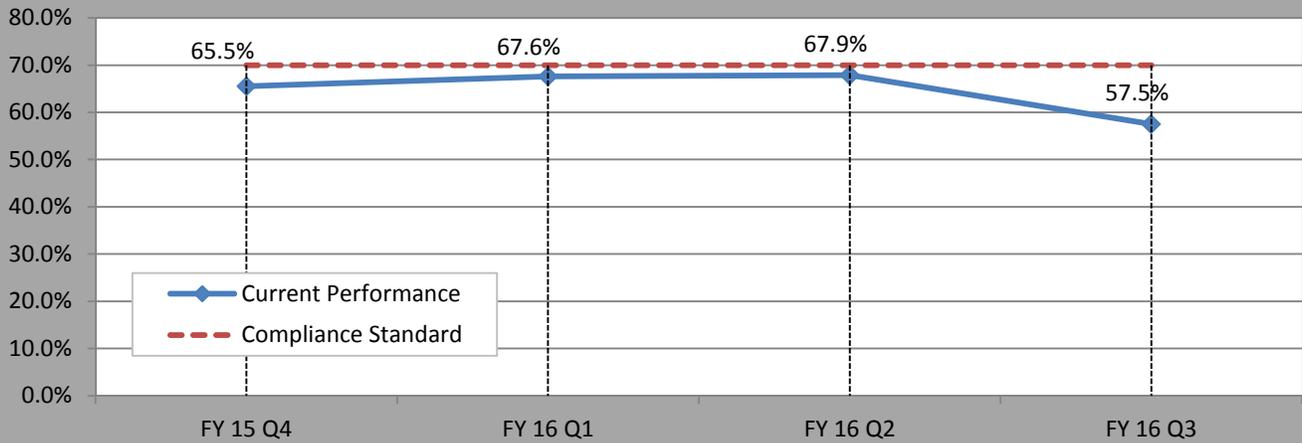


Community Resources and Treatment Services Housing and Residential

Standard 14.4

| | |
|---------------|--|
| Measurement | Percentage of patients at Riverview determined to be ready for discharge who are discharged within 7 days of that determination. (discharge not impeded due to lack of housing alternatives) |
| Standard | Performance: 75% (within 7 days of that determination) Compliance: 70% (within 7 days of that determination) |
| Data Source | Riverview Psychiatric Center Discharge Data |
| Current Level | 57.5% FY 16 Q3 (Lack of housing alternatives did not impede discharge for 23 out of 40 patients within 7 days) |

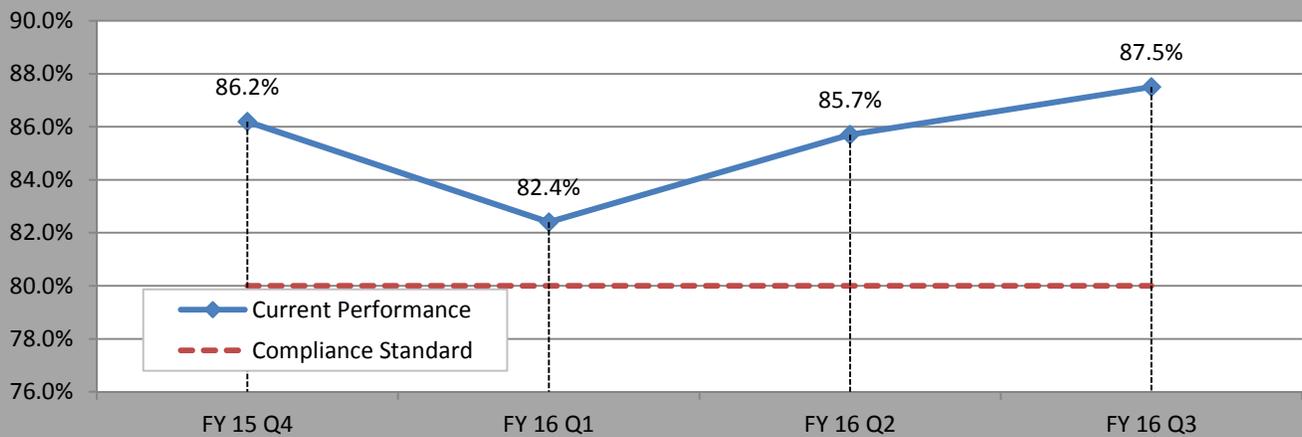
Housing and residential Support Services - Standard 12.1



Standard 14.5

| | |
|---------------|---|
| Measurement | Percentage of patients at Riverview determined to be ready for discharge who are discharged within 30 days of that determination. (discharge not impeded due to lack of housing alternatives) |
| Standard | Performance: 96% (within 30 days of that determination) Compliance: 80% (within 30 days of that determination) |
| Data Source | Riverview Psychiatric Center Discharge Data |
| Current Level | 87.5% FY16 Q3 (Lack of residential supports did not impede discharge for 35 out of 40 patients within 30 days) |

Housing and Residential Support Services - Standard 14.5



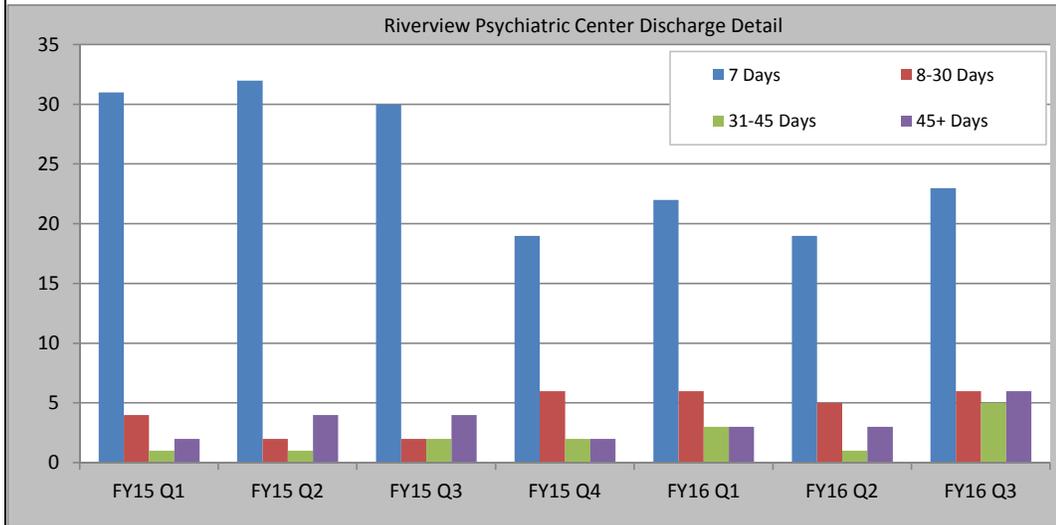
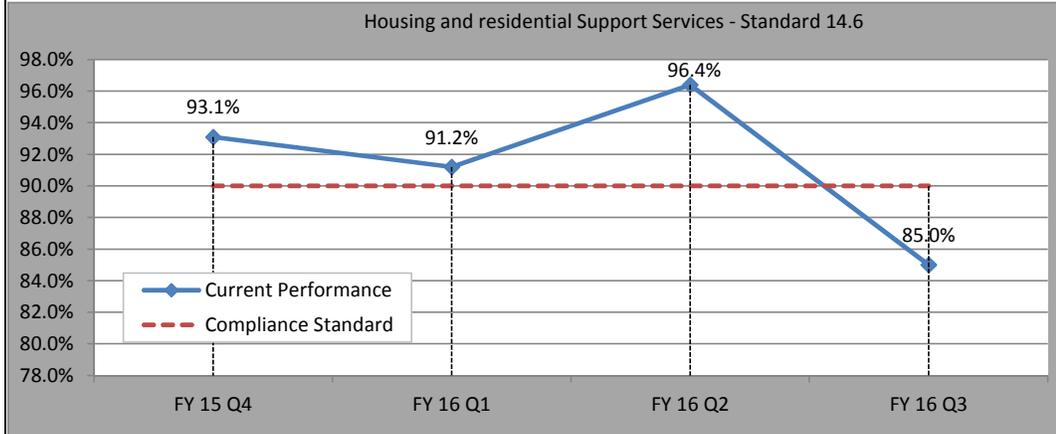
DHHS Office of Substance Abuse and Mental Health Services

Community Resources and Treatment Services

Housing and Residential

Standard 14.6

| | |
|---------------|---|
| Measurement | Percentage of patients at Riverview determined to be ready for discharge who are discharged within 45 days of that determination. (discharge not impeded due to lack of housing alternatives) |
| Standard | Performance: 100% (within 45 days of that determination) Compliance: 90% (within 45 days of that determination with certain clients excepted by agreement of the parties and the Court Master) |
| Data Source | Riverview Psychiatric Center Discharge Data |
| Current Level | 85.0% FY 16 Q3 (Lacck of housing alternatives did not impede discharge for 34 out of 40 patients within 45 days) |



40 Civil Patients discharged in quarter

- 23 discharged at 7 days (57.5%)
- 6 discharged 8-30 days (15%)
- 5 discharged 31-45 days (12.5%)
- 6 discharged post 45 days (15%)

Housing Alternatives impeded discharge for 13 patients (32%)

- 5 patients discharged within 8-30 days post clinical readiness for discharge
- 2 patient discharged 31- 45 days post clinical readiness for discharge
- 6 patient discharged greater than 45 days post clinical readiness for discharge

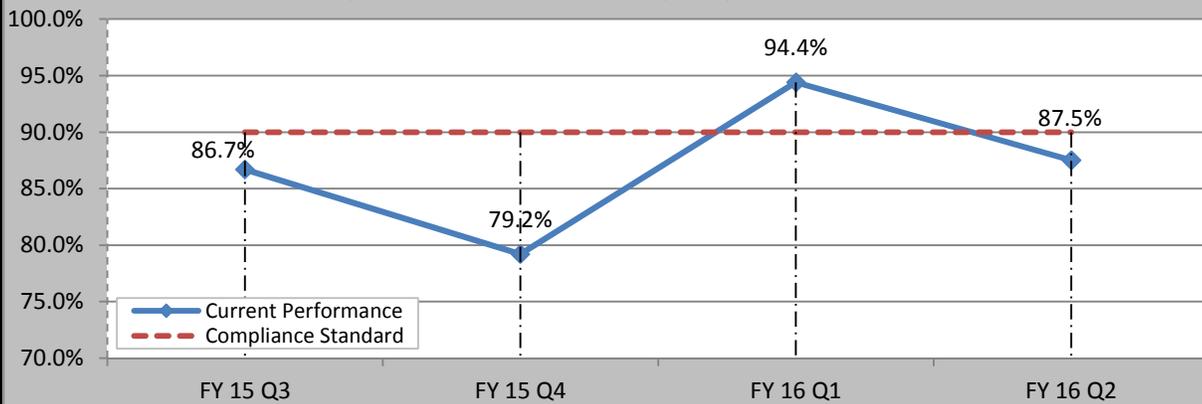
Community Resources and treatment Services Acute Inpatient Services: Involuntary Community Hospitalization

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

Standard 16

| | |
|---------------|--|
| Measurement | Class Member admissions determined to be reasonably near an individual's local community of residence. |
| Standard | Compliance: 90% |
| Data Source | UR Database/EIS |
| Current Level | 87.5% (7 out of 8) |

Acute Inpatient Services: Community Hospitalization - Standard 16



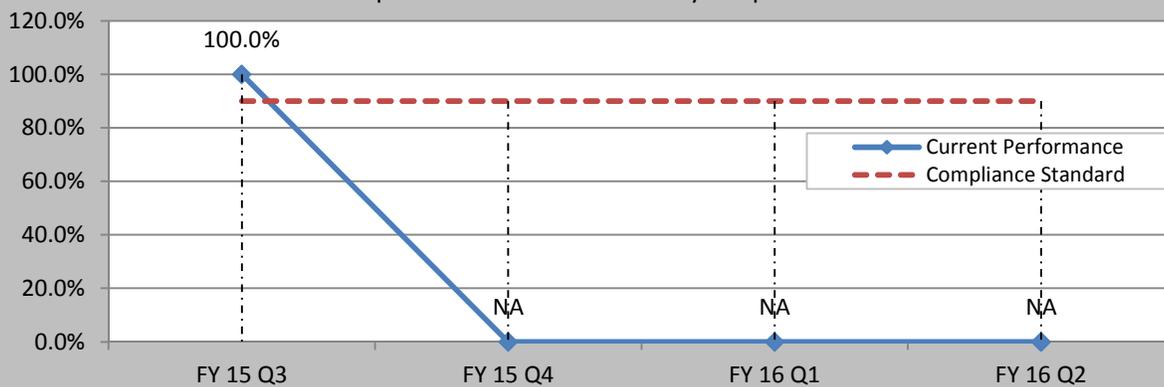
Reasonably Near is defined by Attachment C to the October 29, 2007 approved Compliance Standards.

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

Standard 18.1

| | |
|---------------|--|
| Measurement | Class members admitted with ISPs for whom hospital obtained ISP. |
| Standard | Compliance: 90% |
| Data Source | UR Database/EIS |
| Current Level | 0.0% (0 out of 6) |

Acute Inpatient Services: Community Hospitalization - Standard 18.1

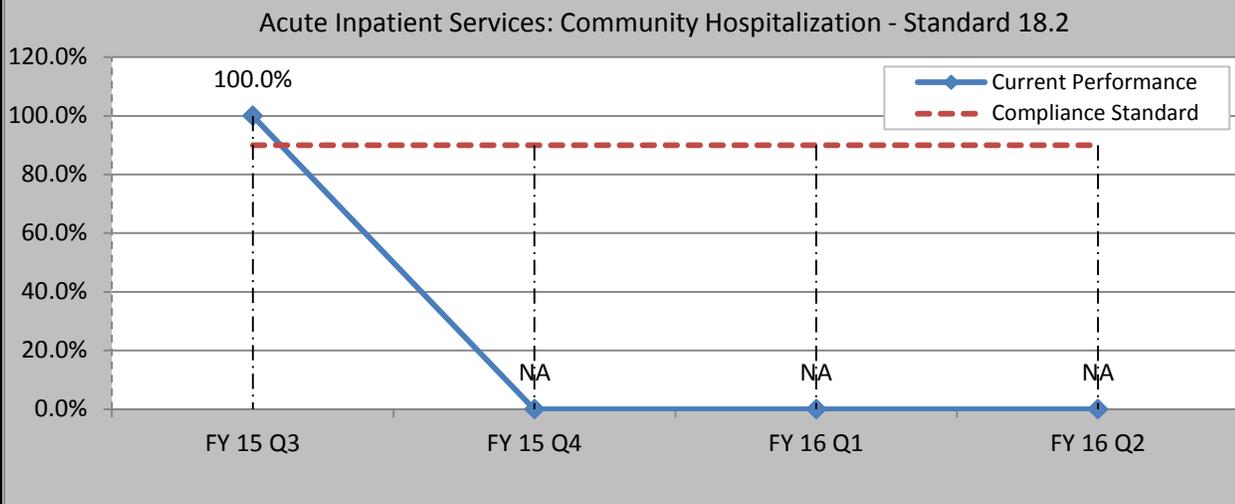


Community Resources and treatment Services Acute Inpatient Services: Involuntary Community Hospitalization

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

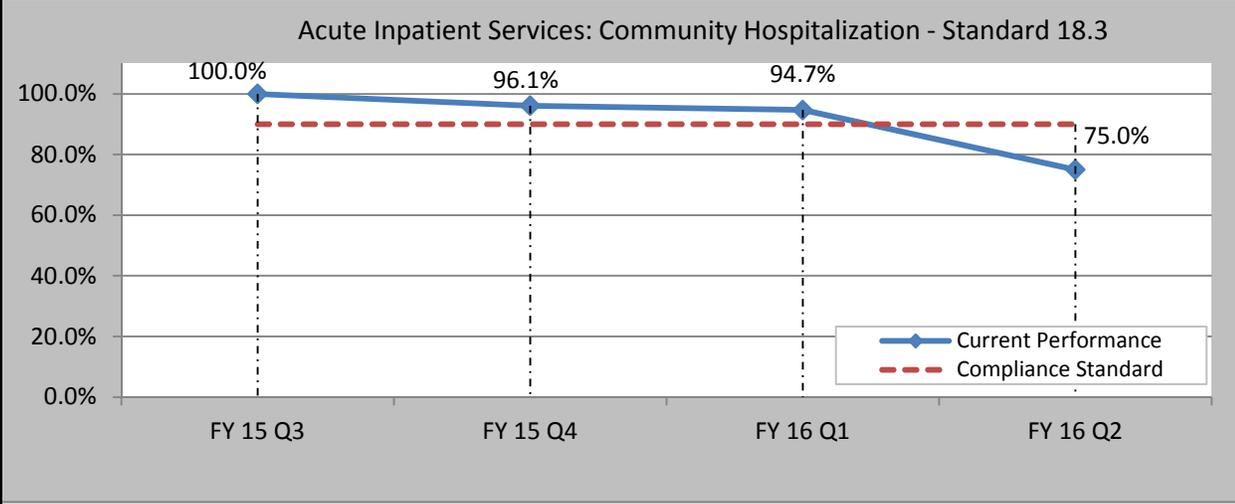
Standard 18.2

| | |
|---------------|--|
| Measurement | Treatment and discharge plan were determined to be consistent with ISP goals and objectives. |
| Standard | Compliance: 90% |
| Data Source | UR Database/EIS |
| Current Level | NA |



Standard 18.3

| | |
|---------------|--|
| Measurement | CI/ICI/ICM/ACT worker participated in hospital treatment and discharge planning. |
| Standard | Compliance: 90% |
| Data Source | UR Database/EIS |
| Current Level | 75.0% (2 out of 2) |



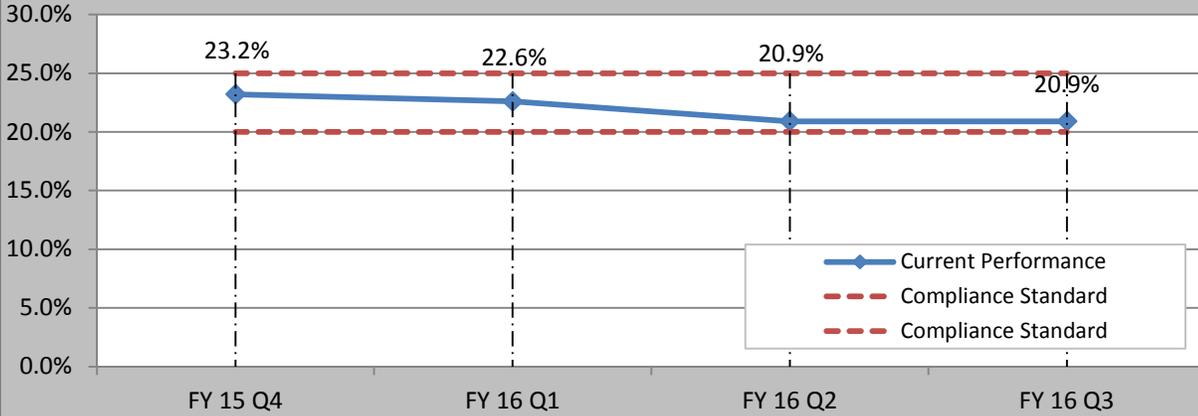
Community Resources and treatment Services Acute Crisis Intervention Services

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

Standard 19.1

| | |
|---------------|---|
| Measurement | Face to face crisis contacts that result in hospitalizations. |
| Standard | Performance: No more than 20-25% are hospitalized as result of crisis intervention. |
| Data Source | Quarterly Crisis Contract Performance Data and Quality Improvement |
| Current Level | 20.9% (834 out of 3974) |

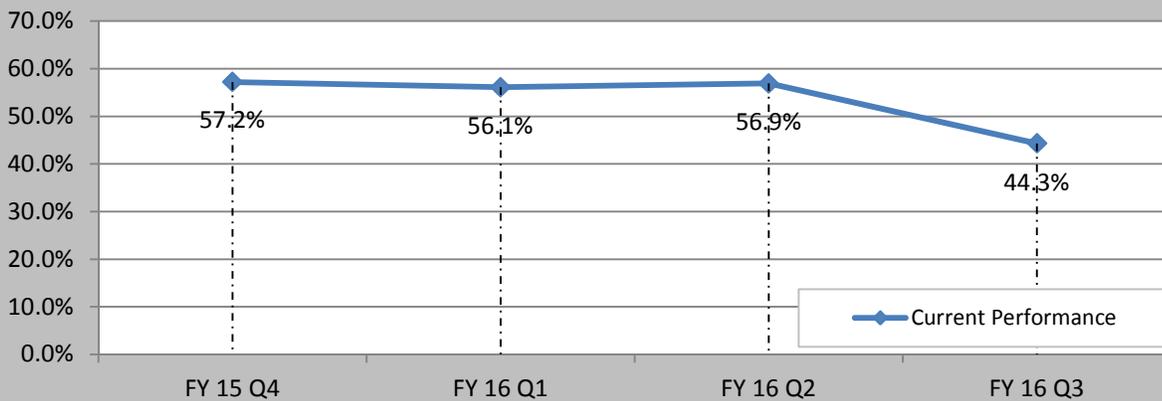
Crisis Intervention Standards - Standard 19.1



Standard 19.2

| | |
|---------------|--|
| Measurement | Face to face crisis contacts that result in follow-up and/or referral to community based services. |
| Standard | To Be Established |
| Data Source | Quarterly Crisis Contract Performance Data |
| Current Level | 44.3% (1759 out of 3974) |

Crisis Intervention Standards - Standard 19.2



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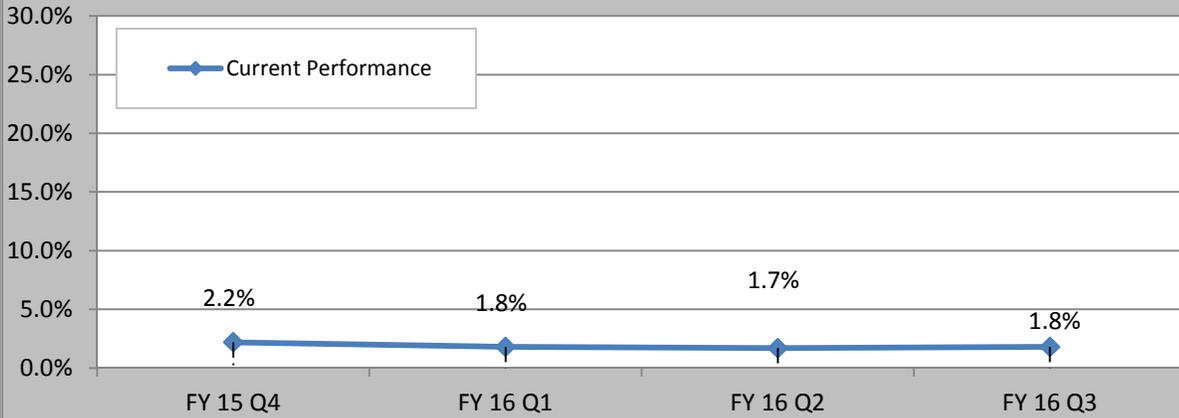
Community Resources and Treatment Services

Crisis Intervention Services

Standard 19.3

| | |
|---------------|--|
| Measurement | Face to face crisis contacts in which client has a CI worker and worker was notified about the crisis. |
| Standard | To Be Established |
| Data Source | Quarterly Crisis Contract Performance Data |
| Current Level | 1.8% (74 out of 3974) |

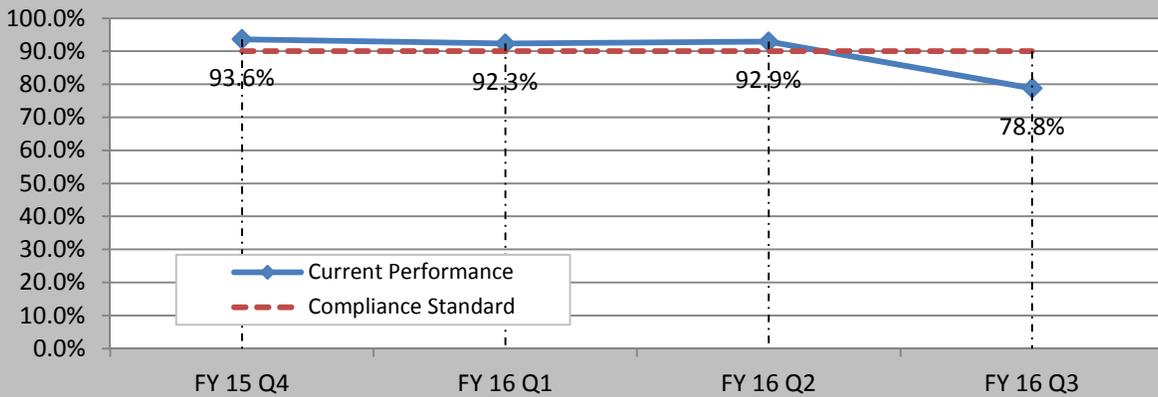
Crisis Intervention Standards - Standard 19.3



Standard 19.4

| | |
|---------------|--|
| Measurement | Face to face crisis contacts that result in follow-up and/or referral to community based services. |
| Standard | Compliance: 90% (3 out of 4 quarters) |
| Data Source | Quarterly Crisis Contract Performance Data |
| Current Level | 78.8% (790 out of 1003) |

Crisis Intervention Standards - Standard 19.4



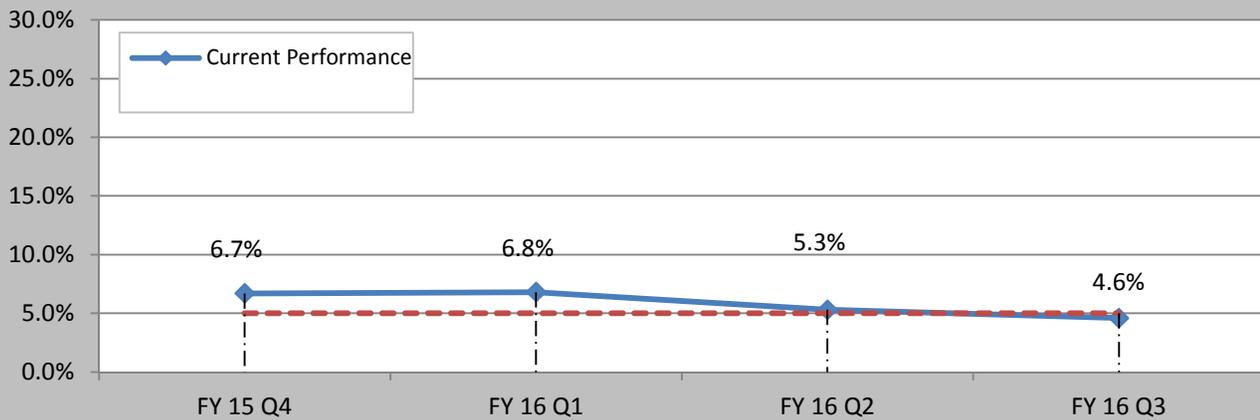
Community Resources and Treatment Services

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.

Standard 21.1

| | |
|---------------|---|
| Measurement | Class members with ISPs with unmet mental health treatment needs. |
| Standard | Compliance: 5% or fewer (3 out of 4 quarters) |
| Data Source | ISP RDS Data |
| Current Level | 4.6% (38 out of 825) |

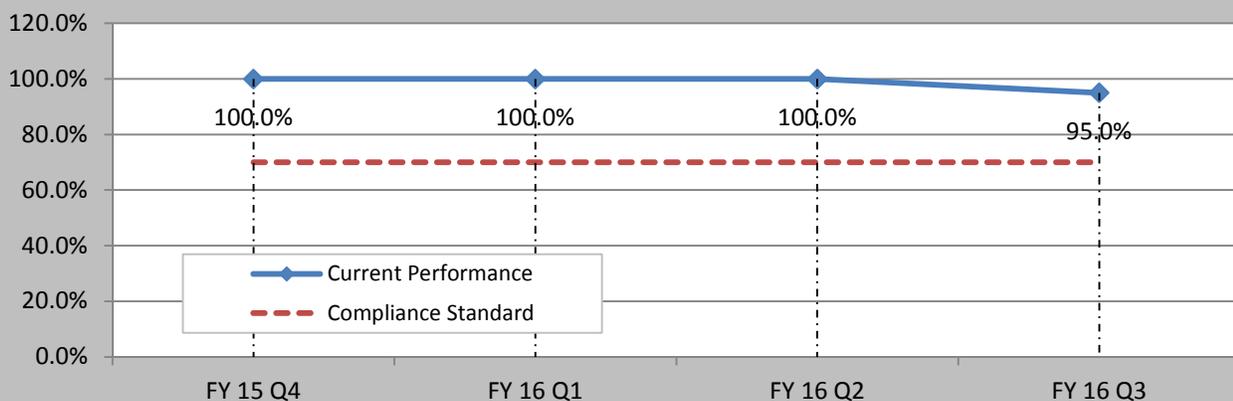
Treatment Services - Standard 21.1



Standard 21.2

| | |
|---------------|--|
| Measurement | Percentage of patients at Riverview determined to be ready for discharge who are discharged within 7 days of that determination. |
| Standard | Compliance: 70% (within 7 days of that determination) |
| Data Source | Riverview Psychiatric Center Discharge Data |
| Current Level | 95% FY16 Q3 (Lack of mental health treatment did not impede discharge for any patients within 7 days) |

Treatment Services - 21.2



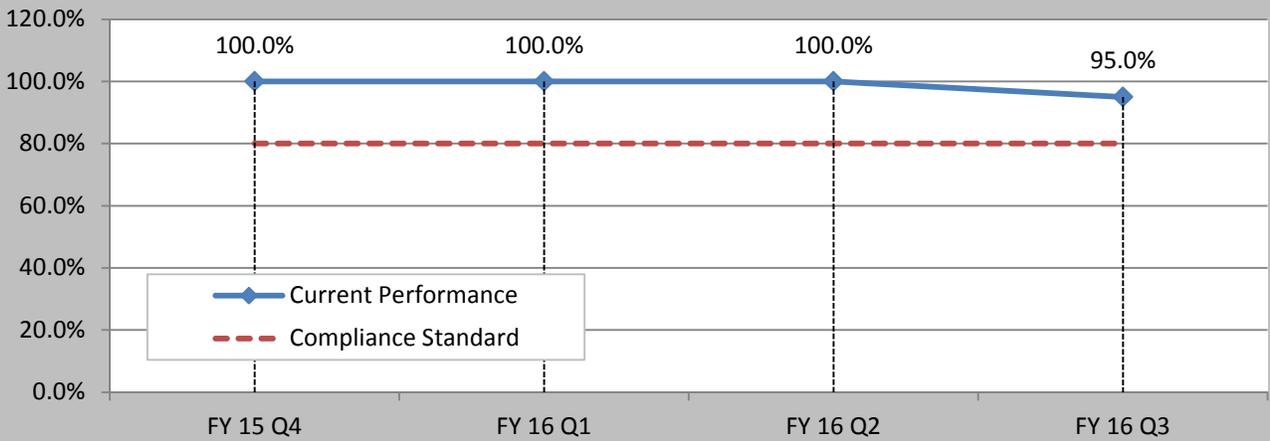
DHHS Office of Substance Abuse and Mental Health Services

Community Resources and Treatment Services

Standard 21.3

| | |
|---------------|---|
| Measurement | Percentage of patients at Riverview determined to be ready for discharge who are discharged within 30 days of that determination. |
| Standard | Performance: 96% (within 30 days of that determination) Compliance: 80% (within 30 days of that determination) |
| Data Source | Riverview Psychiatric Center Discharge Data |
| Current Level | 95% FY16 Q3 (Lack of mental health treatment did not impede discharge for any patients within 30 days) |

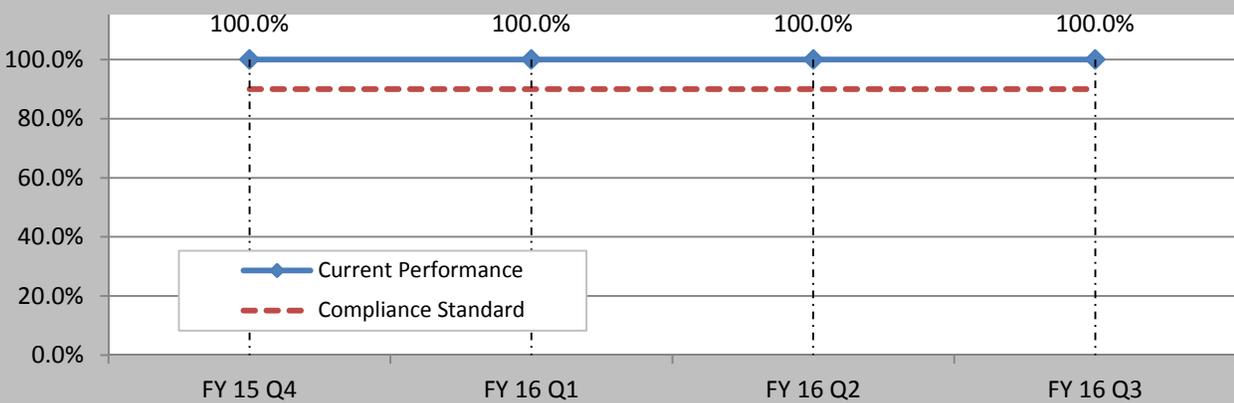
Treatment Services - Standard 21.3



Standard 21.4

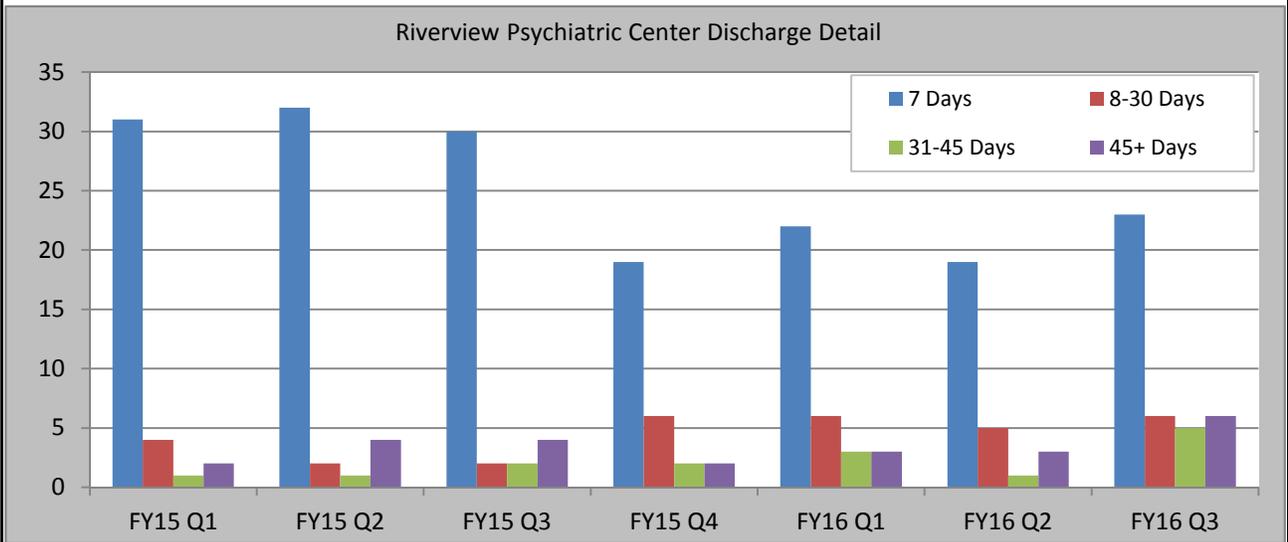
| | |
|---------------|--|
| Measurement | Percentage of patients at Riverview determined to be ready for discharge who are discharged within 7 days of that determination. |
| Standard | Performance: 100% (within 45 days of that determination) Compliance: 90% (within 45 days of that determination) |
| Data Source | Riverview Psychiatric Center Discharge Data |
| Current Level | 100% FY16 Q3 (Lack of mental health treatment did not impede discharge for any patients within 45 days) |

Treatment Services - 21.4



Community Resources and Treatment Services

Treatment Services



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

40 Civil Patients discharged in quarter

- 23 discharged at 7 days (57.5%)
- 6 discharged 8-30 days (15%)
- 5 discharged 31-45 days (12.5%)
- 6 discharged post 45 days (15%)

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

Community Resources and Treatment Services

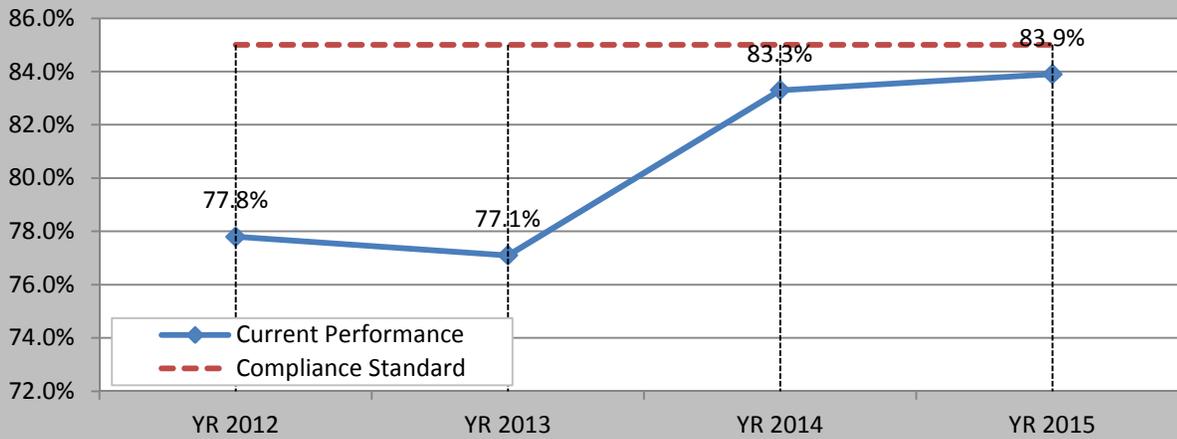
Treatment Services

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

Standard 22.1

| | |
|---------------|---|
| Measurement | Domain average of positive responses in the Perception of access domain. |
| Standard | Performance: At or above 85% Compliance: OAMHS conducts review, takes action if results fall below defined levels. |
| Data Source | Adult Mental Health and Well Being Survey |
| Current Level | 83.9% |

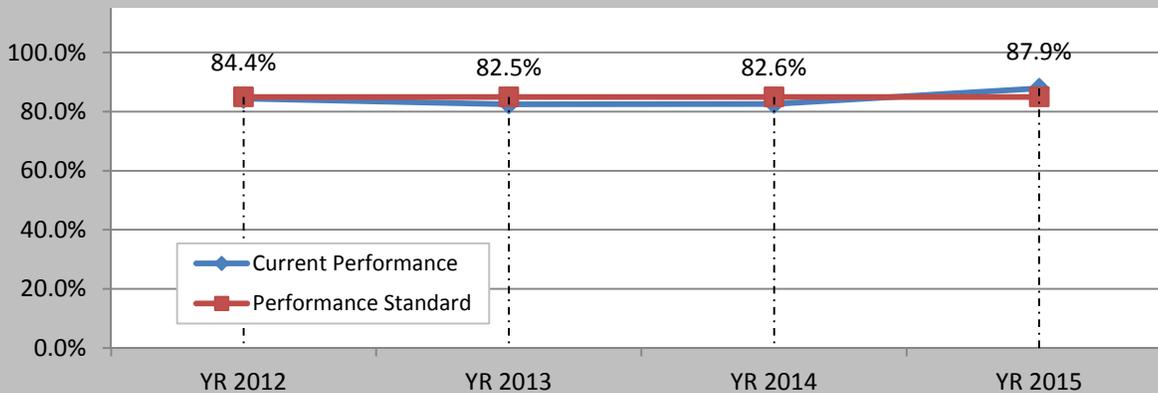
Treatment Services - Standard 22.1



Standard 22.2

| | |
|---------------|--|
| Measurement | Domain average of positive responses in the General Satisfaction domain. |
| Standard | Performance: at or above 85% |
| Data Source | Adult Mental Health and Well Being Survey |
| Current Level | 87.9% |

Treatment Services - 22.2



Community Resources and Treatment Services

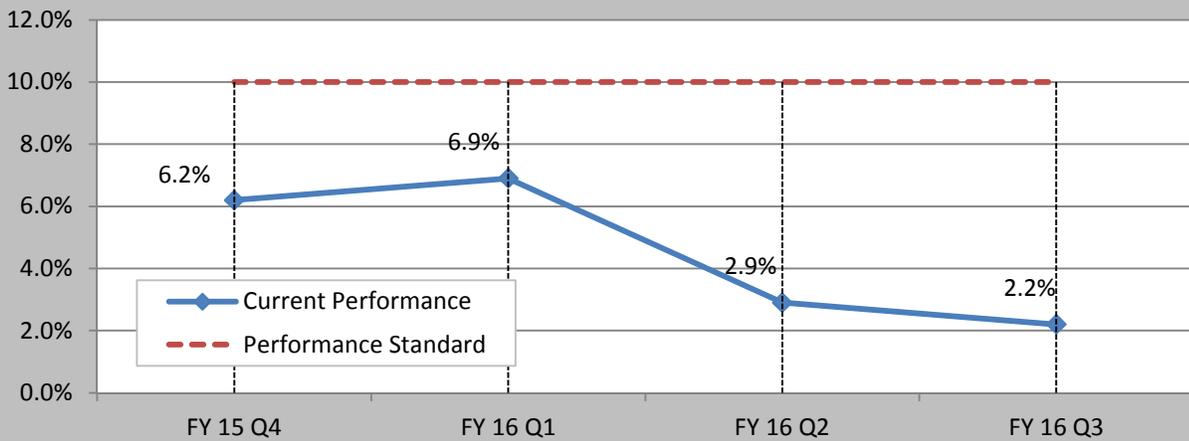
Vocational Employment Services

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

Standard 26.1

| | |
|---------------|--|
| Measurement | Class members with ISP identified unmet vocational/employment support needs. |
| Standard | Performance: 10% or fewer |
| Data Source | ISP RDS Data |
| Current Level | 2.2% (18 out of 825) |

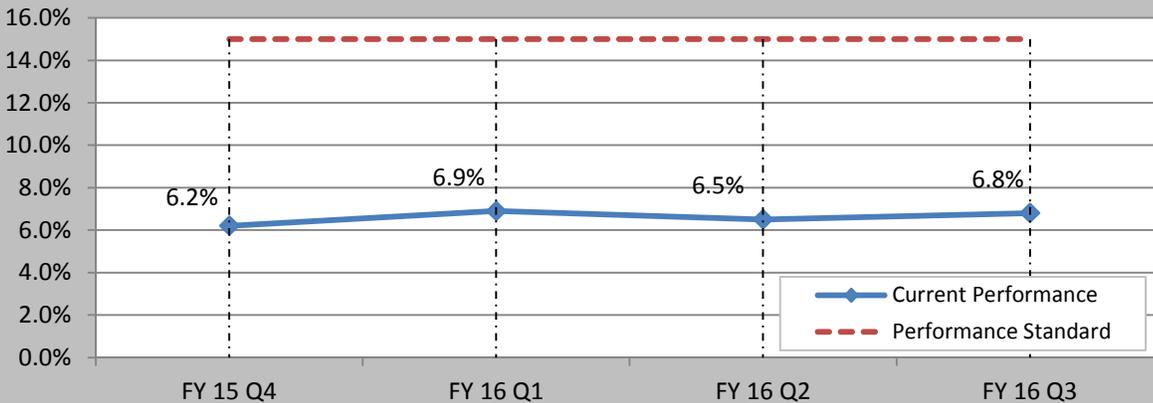
Vocational Employment Services - Standard 26.1



Standard 26.2

| | |
|---------------|--|
| Measurement | Domain average of positive responses in the General Satisfaction domain. |
| Standard | Performance: 15% of class members employed in competitive employment. |
| Data Source | ISP RDS Data |
| Current Level | 6.8% (83 out of 1229) |

Vocational Employment Services - Standard 26.2



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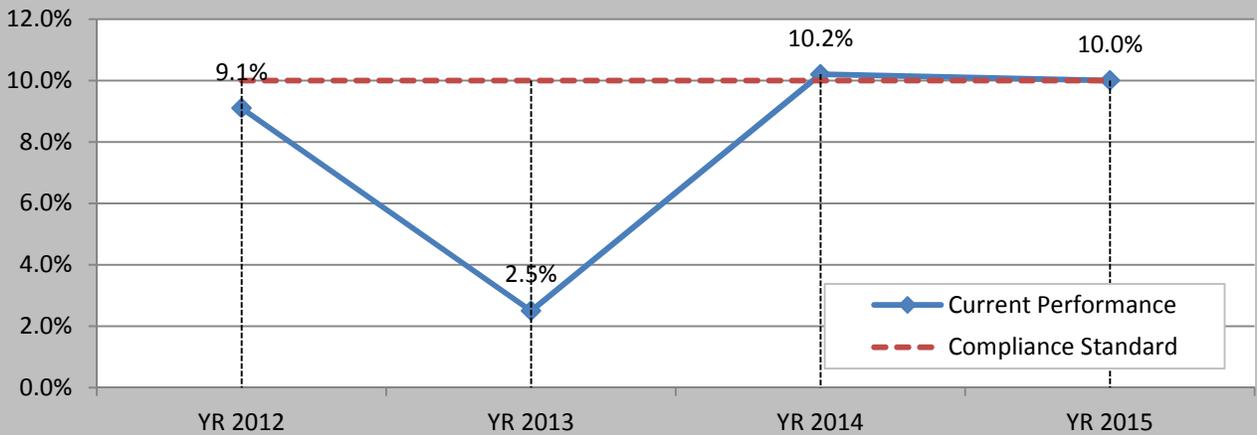
Community Resources and Treatment Services

Vocational Employment Services

Standard 26.3

| | |
|---------------|---|
| Measurement | Consumers under age 62 in supported and competitive employment (part or full time) |
| Standard | Performance: 15% in either competitive or supported employment Compliance: If number falls below 10%, Department conducts further review and takes appropriate action. |
| Data Source | Adult Mental Health and Well Being Survey |
| Current Level | 10% (98 out of 981) |

Vocational Employment Services - Standard 26.3



Discussion:

This standard factored out those persons responding to the Adult Mental Health and Well Being Survey employment questions who are 62 and older.

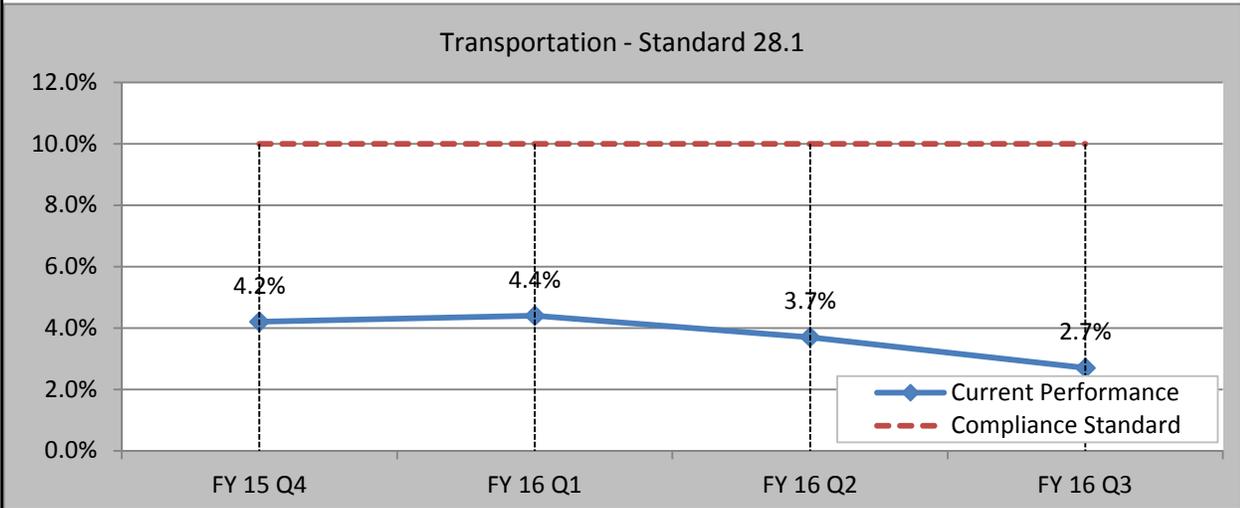
Community Resources and Treatment Services

Transportation

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

Standard 28.1

| | |
|---------------|---|
| Measurement | Percentage of class members with ISP identified unmet transportation needs. |
| Standard | Compliance: 10% or fewer (3 out of 4 quarters) |
| Data Source | ISP RDS Data |
| Current Level | 2.7% (22 out of 825) |



Discussion:

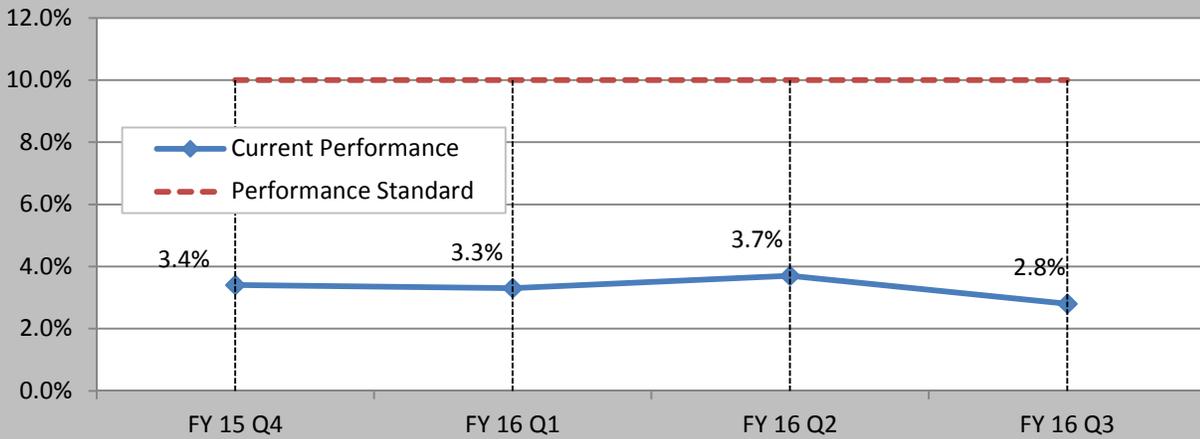
This standard factored out those persons responding to the Adult Mental Health and Well Being Survey employment questions who are 62 and older.

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

Standard 31.1

| | |
|---------------|--|
| Measurement | ISP identified class member unmet needs in recreational, social, avocational, and spiritual areas. |
| Standard | Performance: 10% or fewer |
| Data Source | ISP RDS Data |
| Current Level | 2.8% (23 out of 825) |

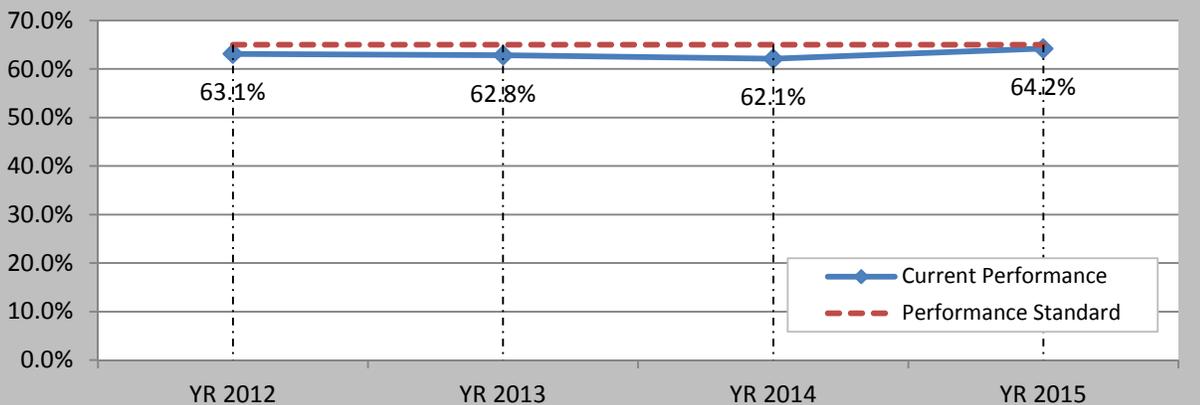
Recreation/Social/Avocational/Spiritual Opportunities - Standard 31.1



Standard 31.2

| | |
|---------------|--|
| Measurement | Domain average of positive responses in the Social Connectedness domain. |
| Standard | Performance: At or above 65% |
| Data Source | |
| Current Level | 64.2% (780 out of 1215) |

Recreation/Social/Avocational/Spiritual Opportunities - Standard 31.1



System Outcomes: Supporting the Recovery of Adults with Mental Illness

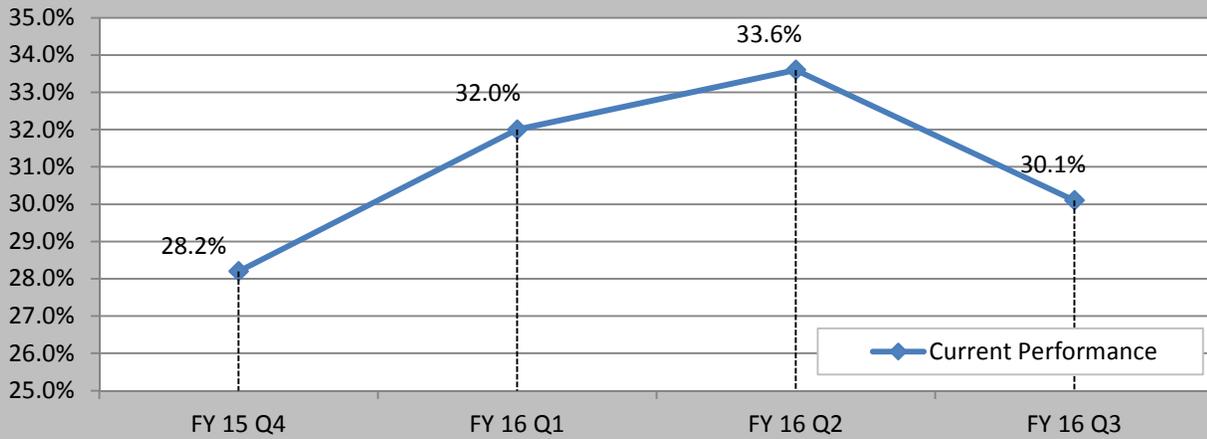
Recovery

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

Standard 32.1

| | |
|---------------|--|
| Measurement | Class members demonstrating functional improvement on LOCUS between baseline and 12 month re-certification |
| Standard | Standard to be established. |
| Data Source | Enrollment data (Based on overall composite score) |
| Current Level | 30.1% (370 out of 1228) |

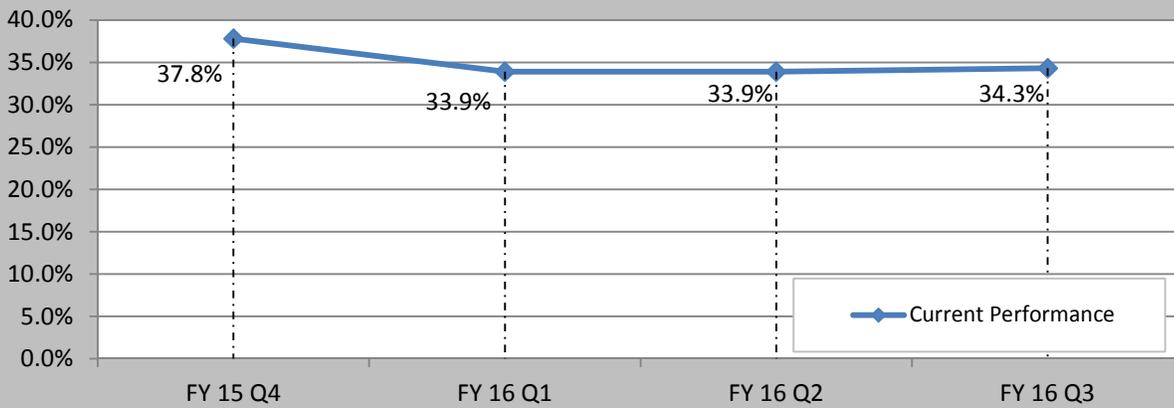
Individual Outcomes - Standard 32.1



Standard 32.2

| | |
|---------------|--|
| Measurement | How the standard is measured. |
| Standard | |
| Data Source | Enrollment data (Based on overall composite score) |
| Current Level | 34.3% (421 out of 1228) |

Individual Outcomes - Standard 32.2



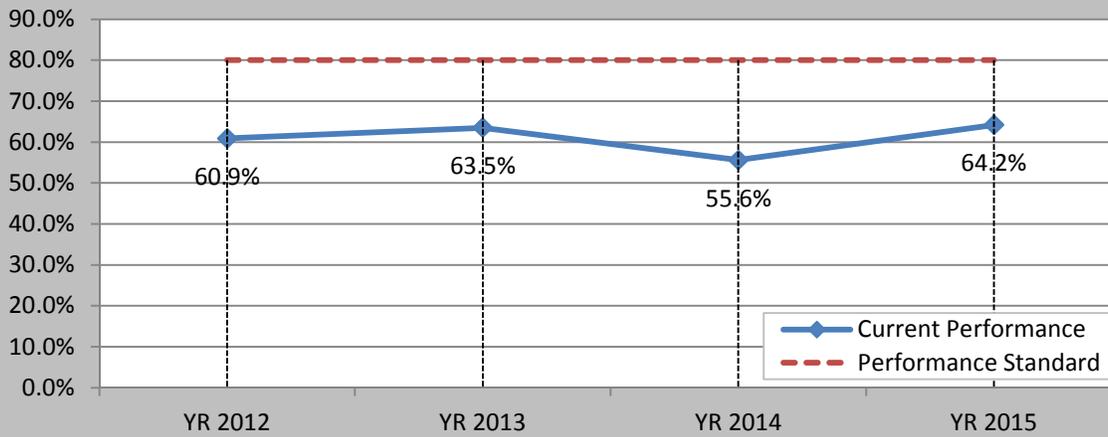
System Outcomes: Supporting the Recovery of Adults with Mental Illness

Recovery

Standard 32.3

| | |
|---------------|---|
| Measurement | Consumers reporting positively on functional outcomes on Adult Mental Health and Well Being Survey outcome items. |
| Standard | Performance: 80% |
| Data Source | Adult Mental Health and Well Being Survey |
| Current Level | 64.2% |

Individual Outcomes - Standard 32.3



System Outcomes: Supporting the Recovery of Adults with Mental Illness

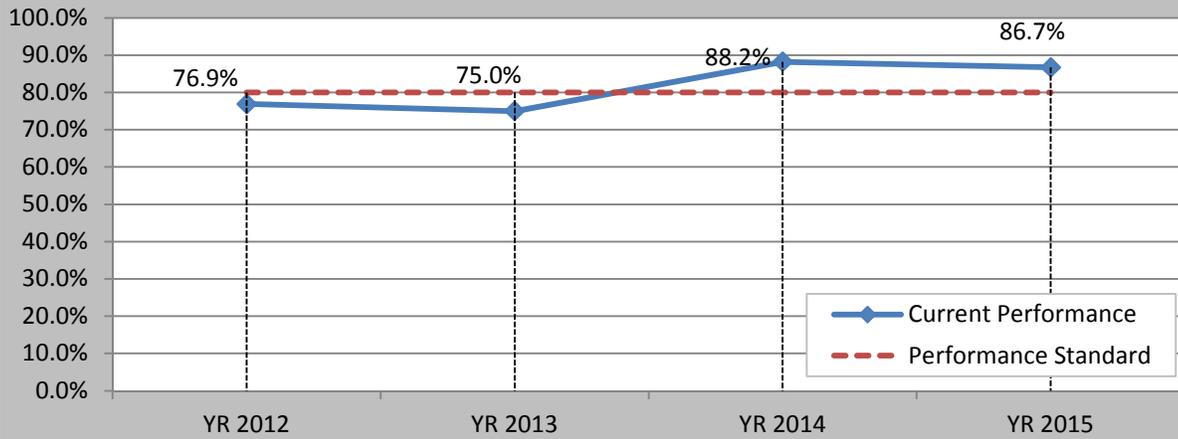
Recovery

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

Standard 33.2

| | |
|---------------|---|
| Measurement | Consumers reporting that agency staff believe that they can grow, change and recover. |
| Standard | Performance: 80% |
| Data Source | Adult Mental Health and Well Being Survey |
| Current Level | 86.7% |

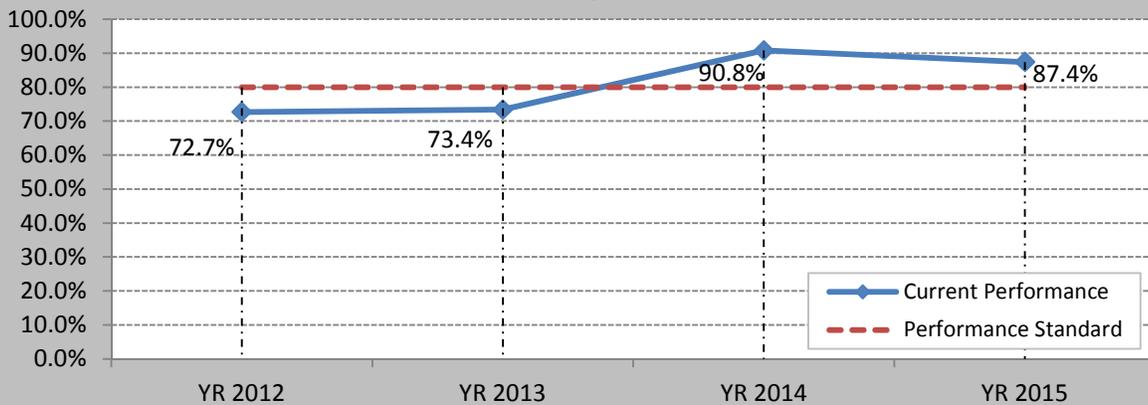
Recovery - Standard 33.3



Standard 33.3

| | |
|---------------|---|
| Measurement | Consumers reporting that agency services and staff supported their recovery and wellness efforts and beliefs. |
| Standard | Performance: 80% |
| Data Source | Adult Mental Health and Well Being Survey Q15 |
| Current Level | 87.4% (1062 out of 1215) |

Recovery - Standard 33.3



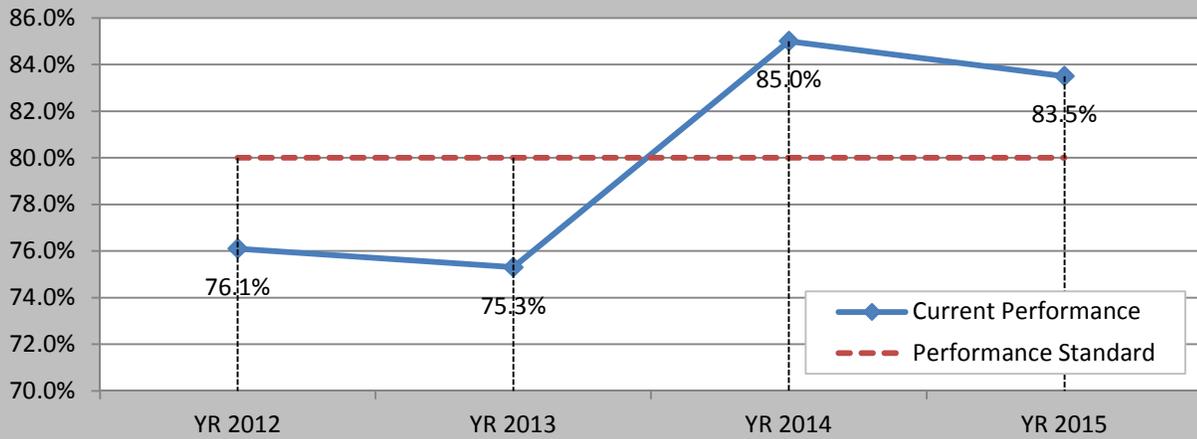
System Outcomes: Supporting the Recovery of Adults with Mental Illness

Recovery

Standard 33.4

| | |
|---------------|---|
| Measurement | Consumers reporting that providers offered opportunities to learn skills to strengthen and maintain wellness. |
| Standard | Performance: 80% |
| Data Source | Adult Mental Health and Well Being Survey |
| Current Level | 83.5% (1014 out of 1215) |

Recovery - Standard 33.4



Standard 33.6

| | |
|---------------|---|
| Measurement | Consumers reporting that service providers offered mutual support or recovery-oriented groups run by peers. |
| Standard | Performance: 80% |
| Data Source | Adult Mental Health and Well Being Survey Q16 |
| Current Level | 87.4% (536 out of 1215) |

Recovery - Standard 33.6

