

## **Consent Decree Performance and Quality Improvement Standards: February 2015**

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 3<sup>rd</sup> quarter data in the 4<sup>th</sup> quarter).

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

Standards no longer reported per amendment dated May 8, 2014, can be found at that following link. [http://www.maine.gov/dhhs/samhs/mentalhealth/consent\\_decree/amendments/Amendment%20to%20Plan%2016%20May%208,%202014.pdf](http://www.maine.gov/dhhs/samhs/mentalhealth/consent_decree/amendments/Amendment%20to%20Plan%2016%20May%208,%202014.pdf)

Reports containing these standards may be obtained at any time by contacting SAMHS.

### **Definitions:**

- Standard Title: What the standard is intending to measure.  
Measure Method: How the standard is being measured.  
Standard has been met: 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**  
**October - December 2014**

**Standard 1. Rights Dignity and Respect**

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

**Standard 2. Rights Dignity and Respect**

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

**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.
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. 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

DHHS Office of Substance Abuse and Mental Health Services  
**Compliance and Performance Standards: Summary Sheet**  
**October - December 2014**

**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  
October - December 2014**

**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  
October - December 2014**

**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  
October - December 2014**

**Standard 33. Recovery**

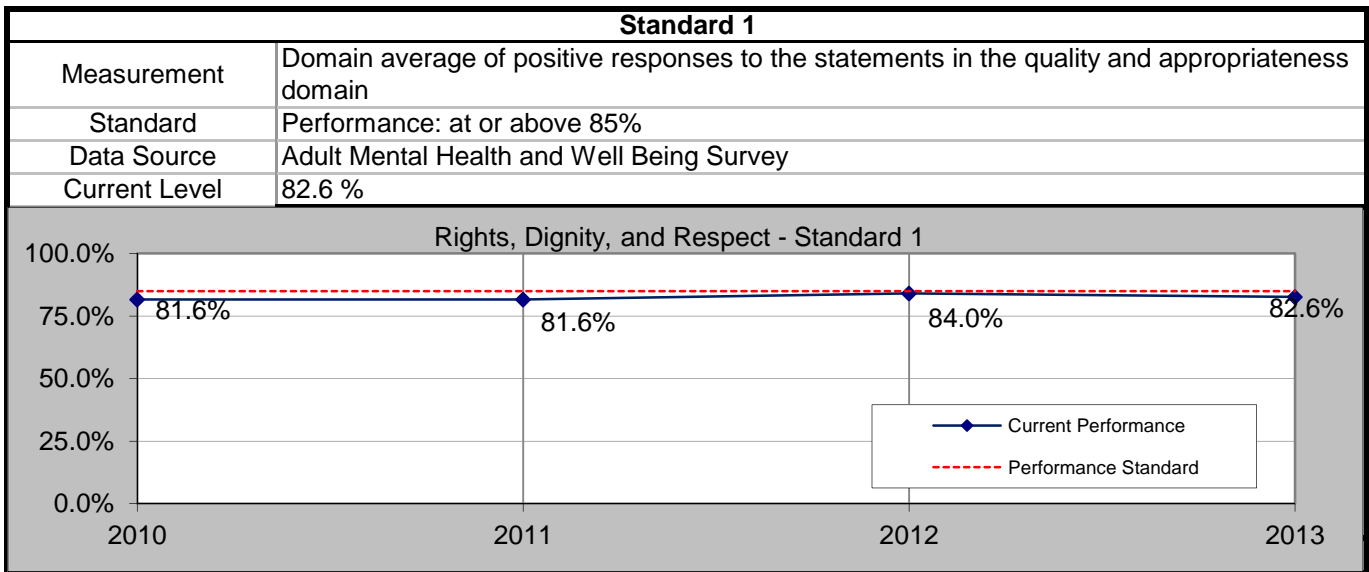
1. No longer reported per amendment dated May 8, 2014. Report available upon request.
2. Consumers reporting staff believed they could grow, change, recover
3. Consumers reporting staff supported their recovery efforts
4. Deleted: Consumers reporting that providers offered learning opportunities: questions 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**

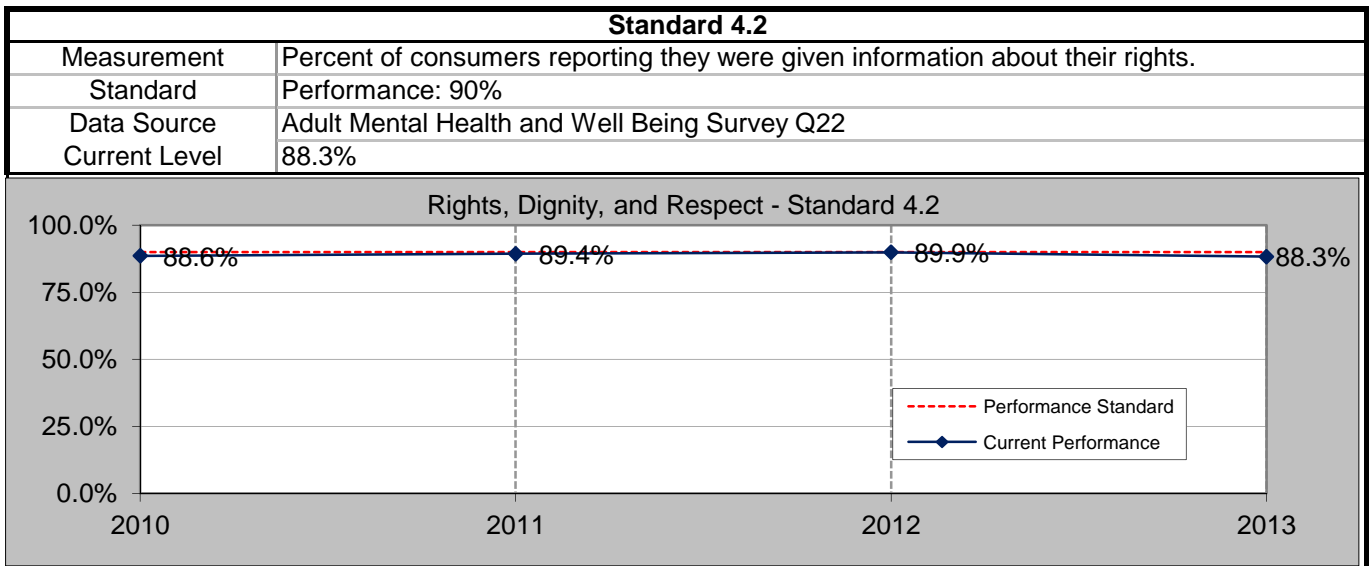
1. No longer reported per amendment dated May 8, 2014. Report available upon request.
2. No longer reported per amendment dated May 8, 2014. Report available upon request.

## Rights, Dignity, and Respect

### Standard 1 - Treated with respect for their individuality

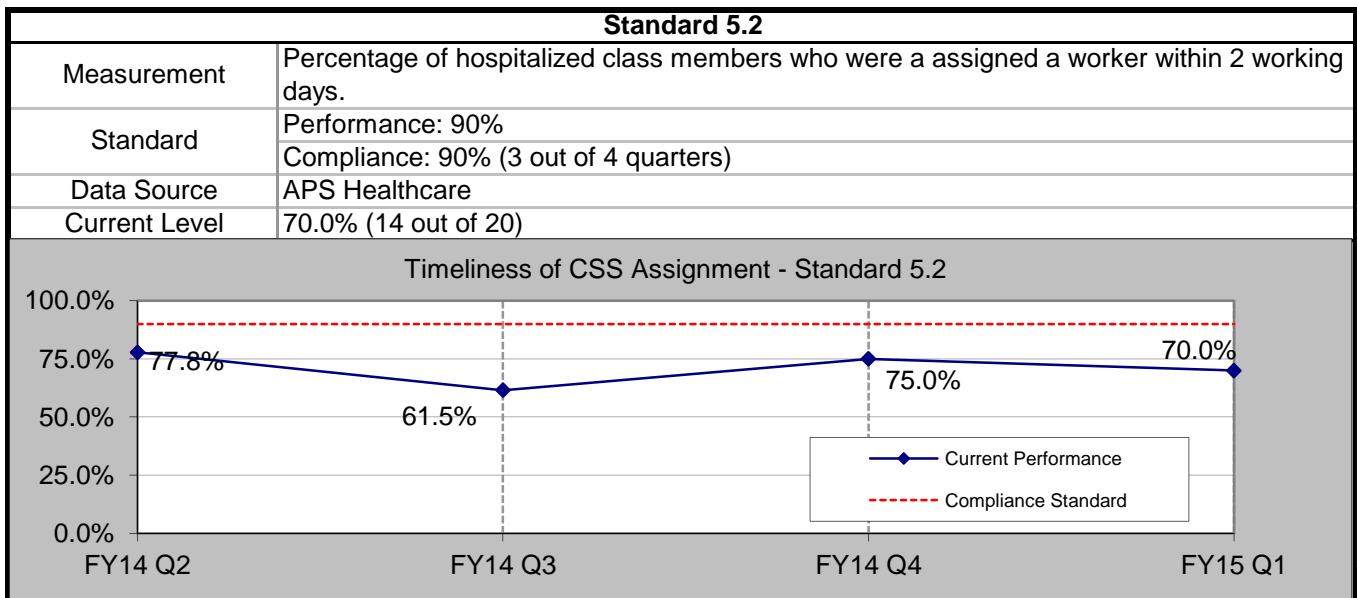
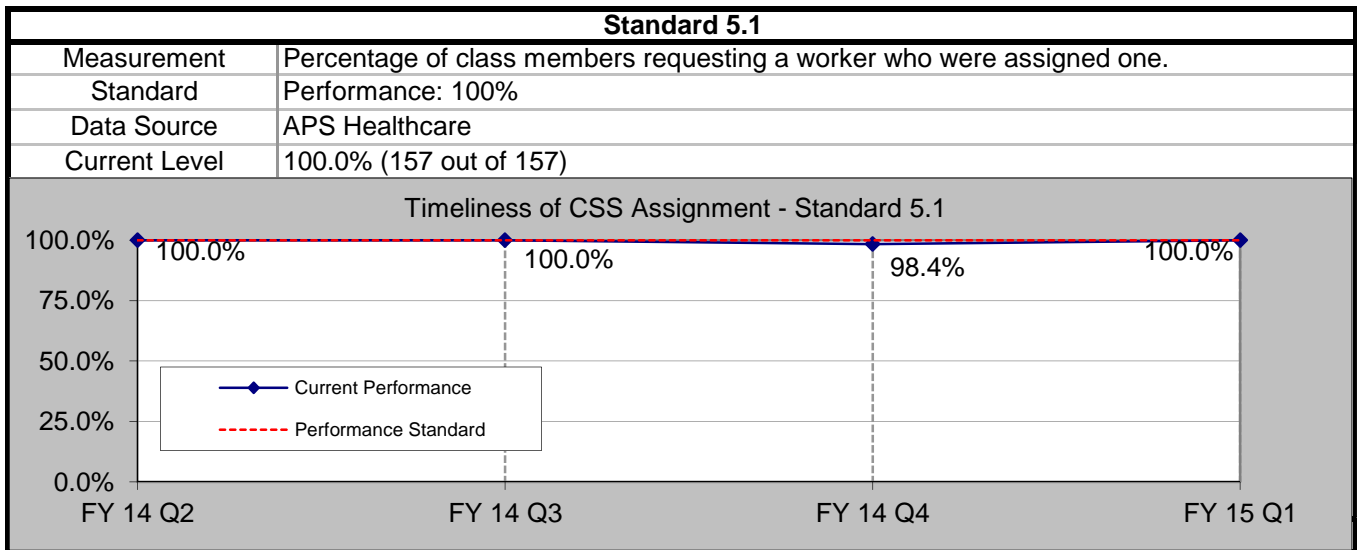


### Standard 4 - Class Members are informed of their rights



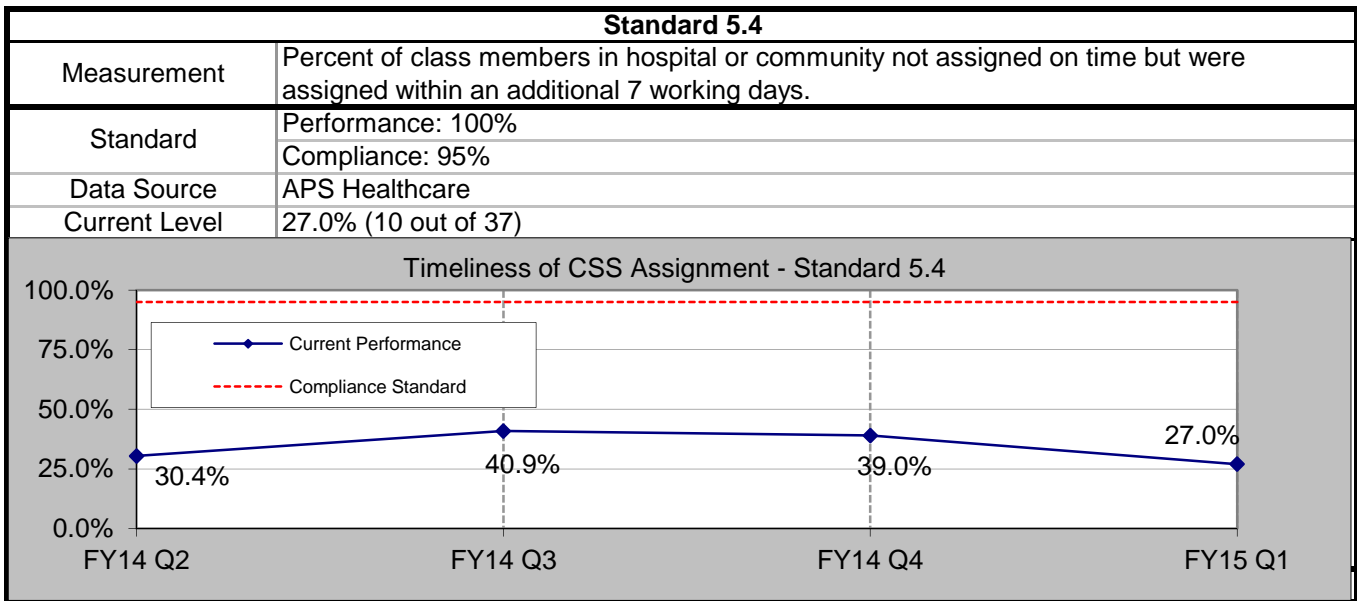
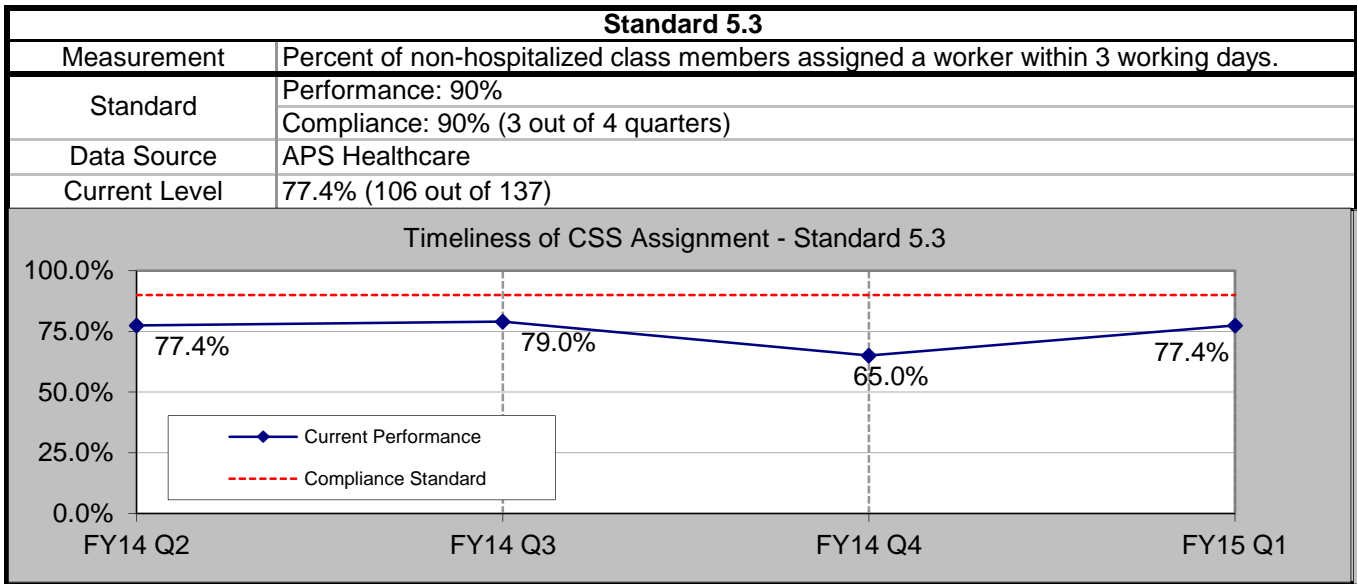
**Community Integration / Community Support Services / Individualized Support Planning**

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





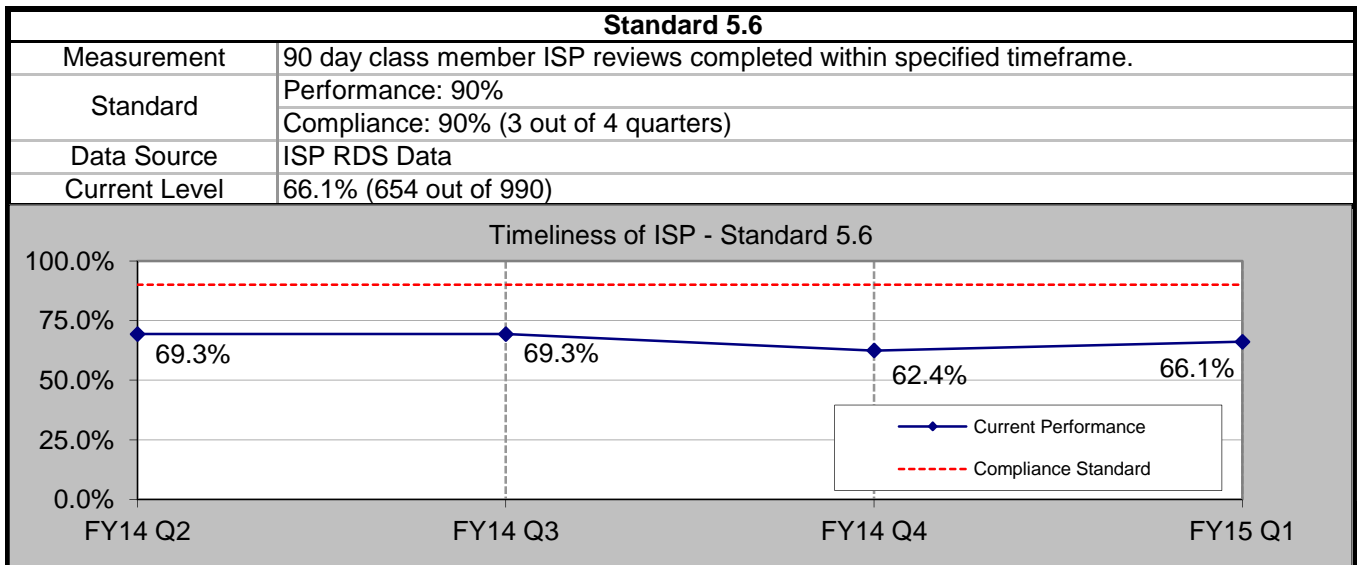
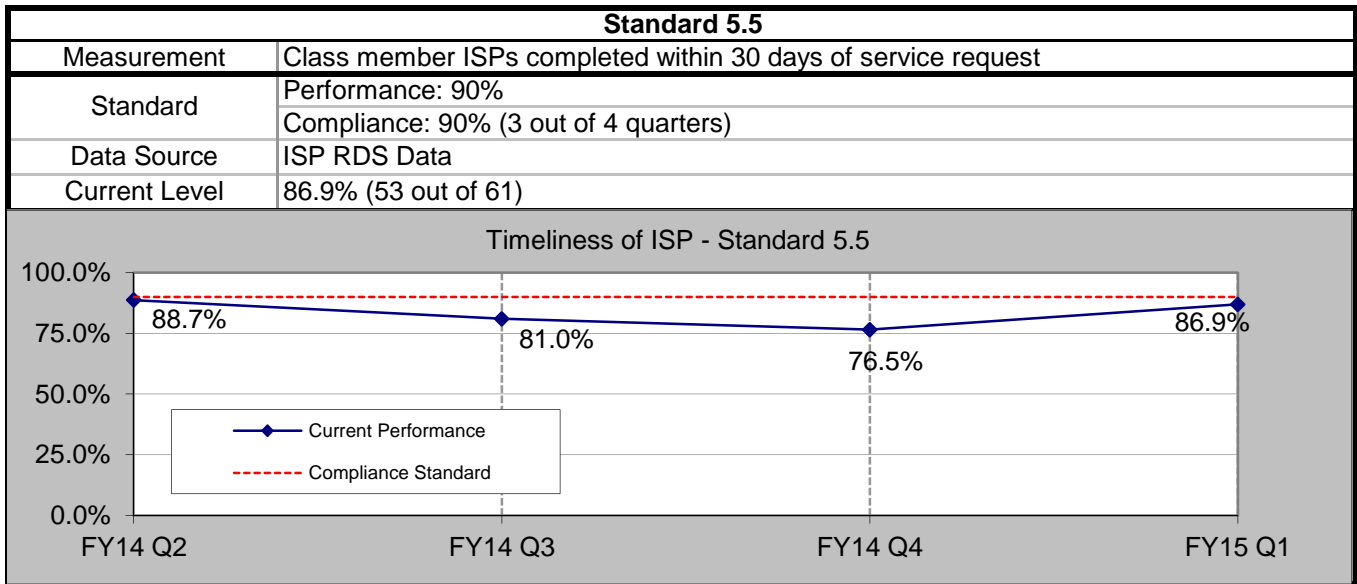
**Community Integration / Community Support Services / Individualized Support Planning**



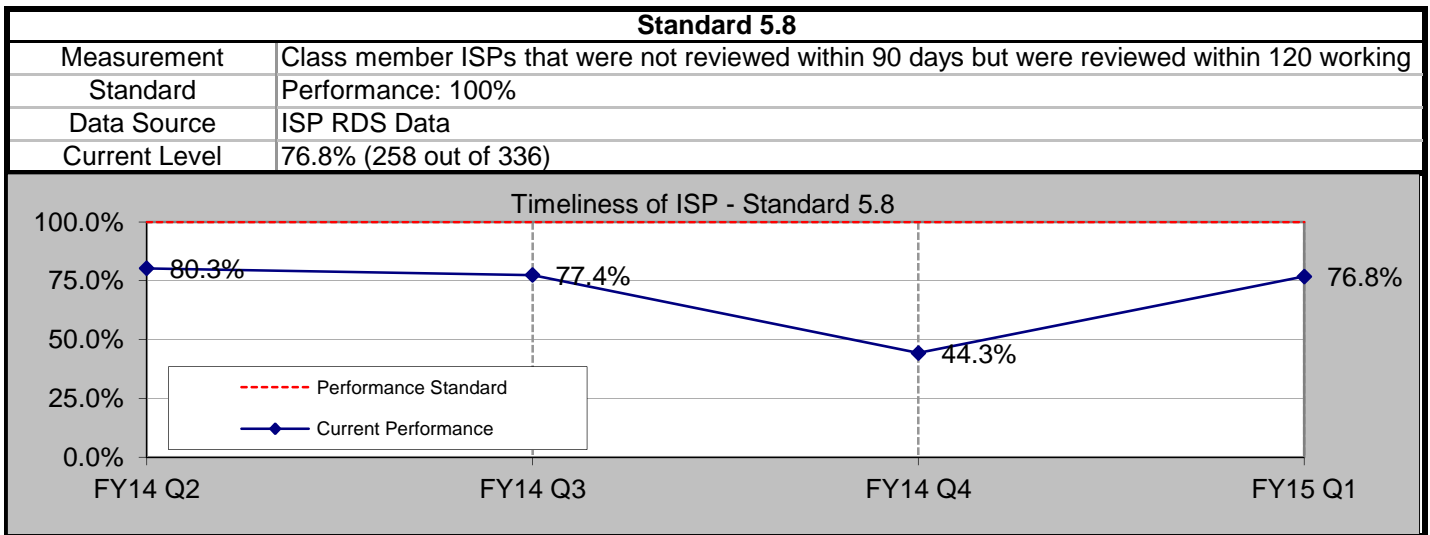
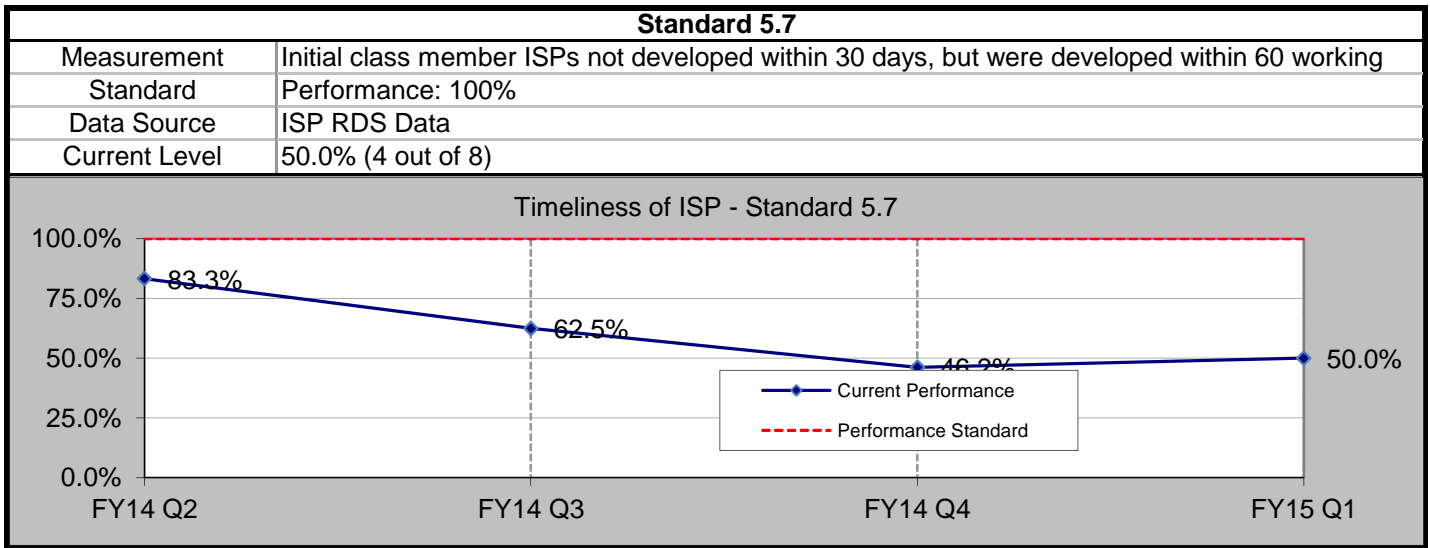
**Standards 5.1 -5.4 – Calculations are now based on days from Contact for Service Notification to date of assignment.**

Starting with Fiscal Year 2015 Quarter 1, Standard 5.1 – 5.4 will now be calculated using CI, ACT, CRS and BHH data. Prior to this quarter, only CI was used in calculations for these standards.

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



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

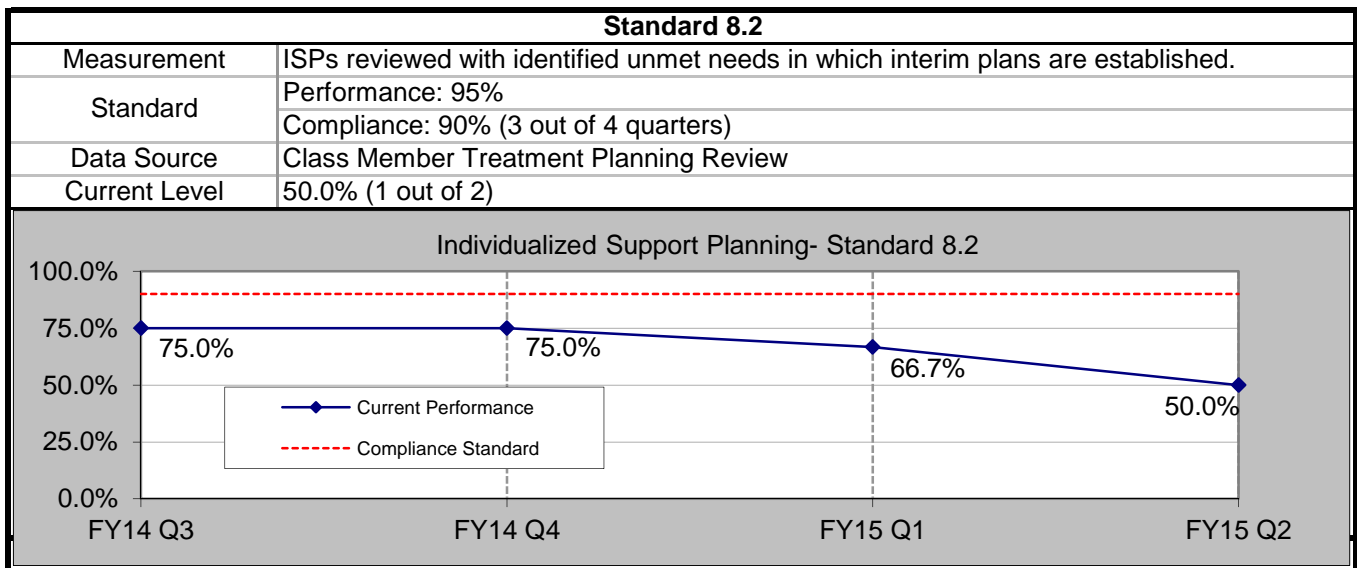
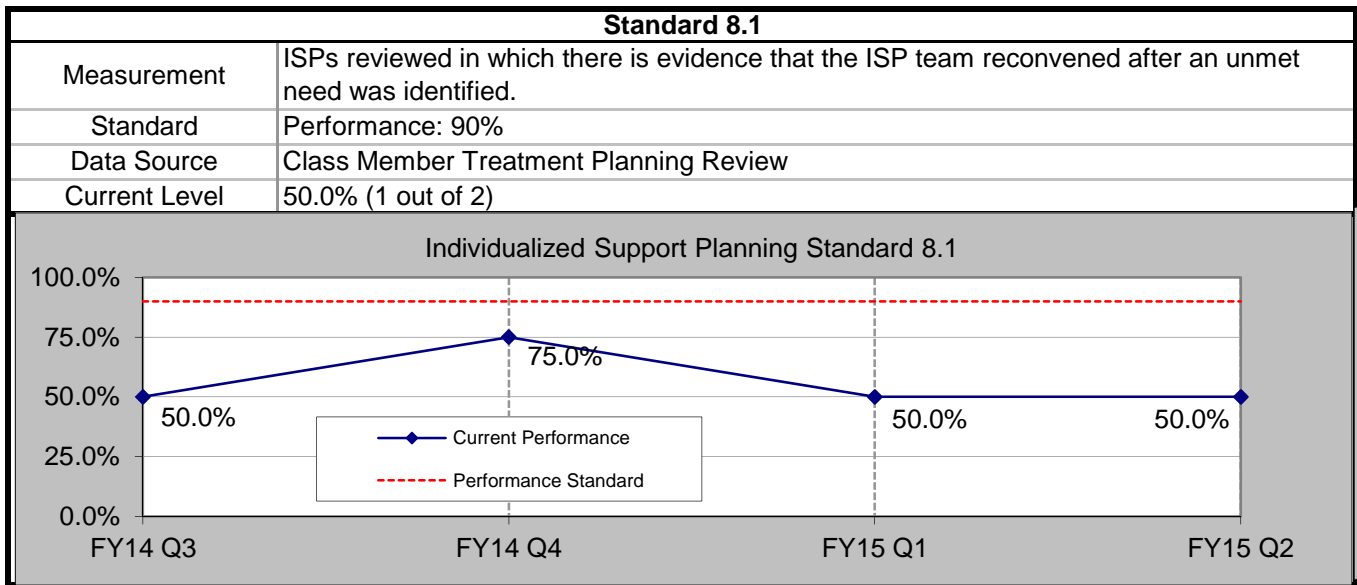


**Discussion:**

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

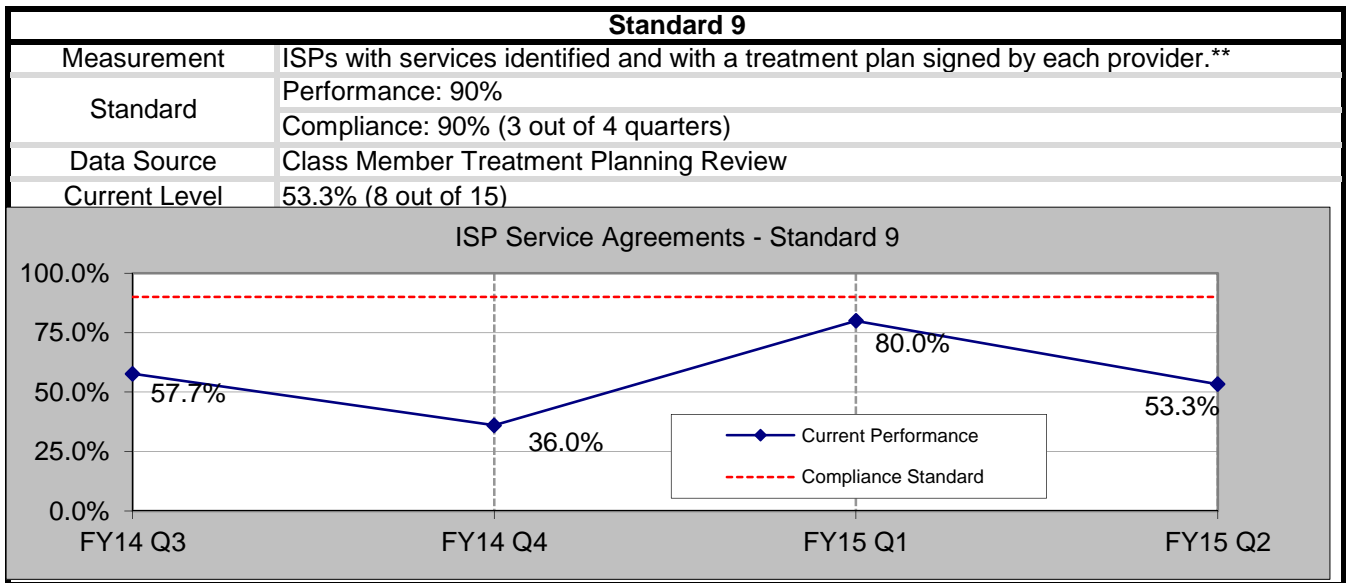
**Community Integration / Community Support Services /  
Individualized Support Planning**

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



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**

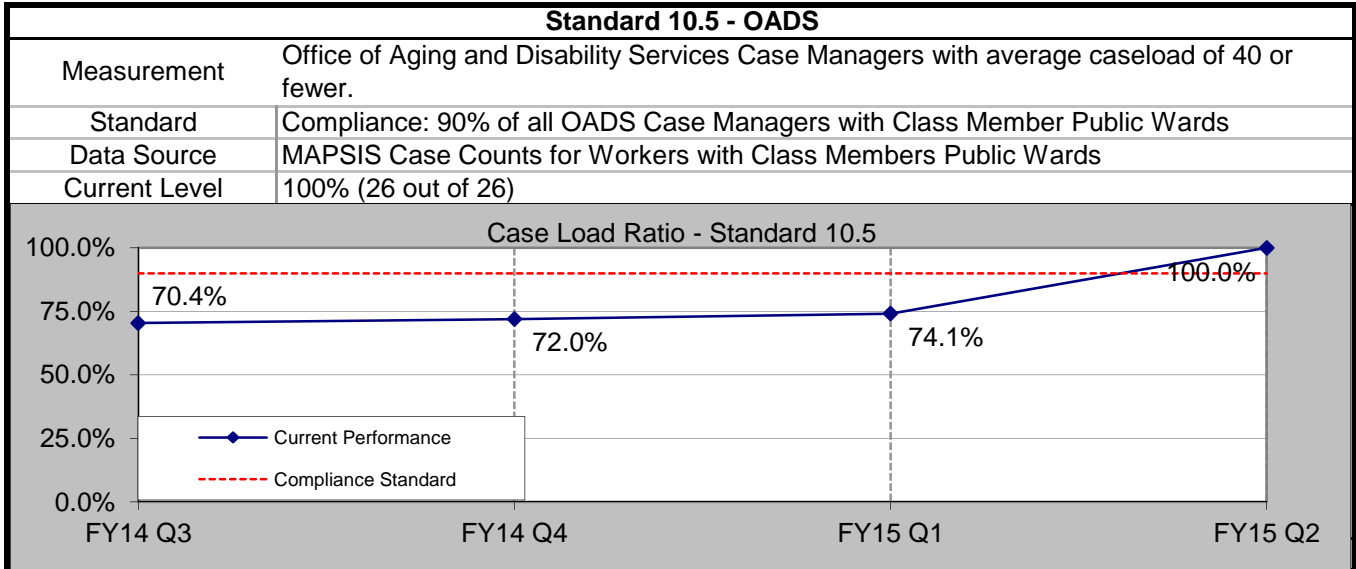


**Discussion:**

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



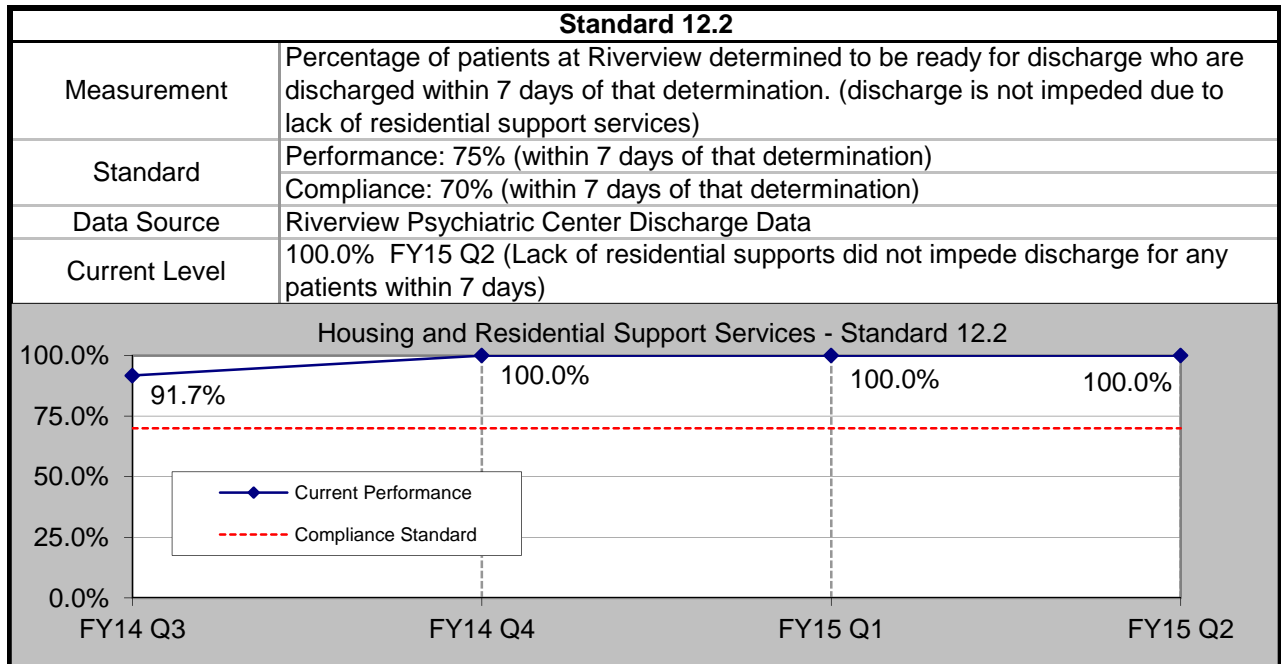
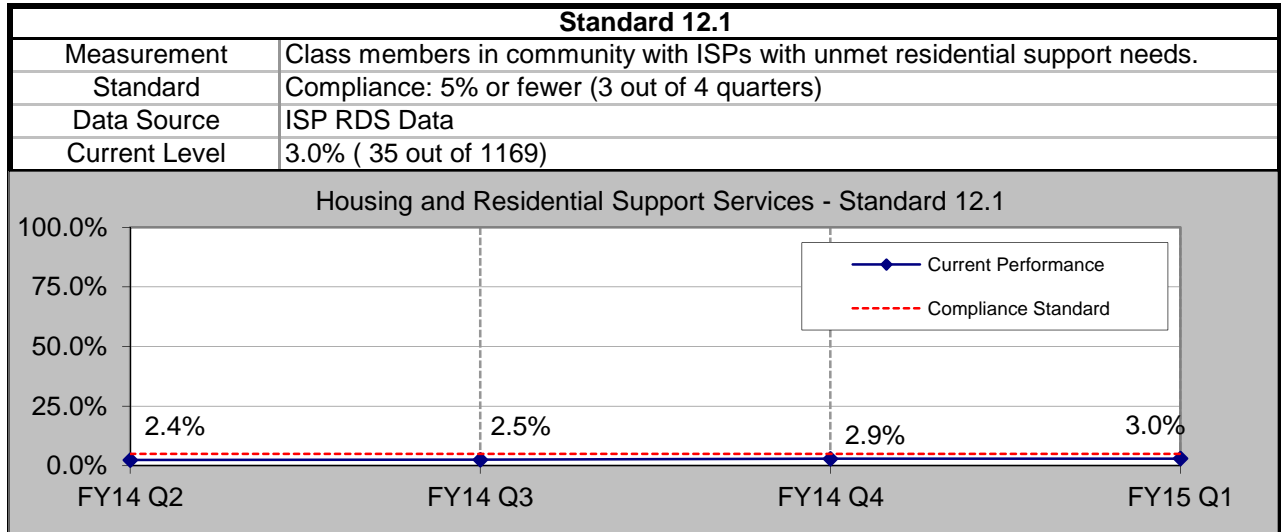
**Discussion:**

Standard 10.5 - Per amendment dated December 10, 2014 average case load was changed from 25 to 40. Amendment can be found here:

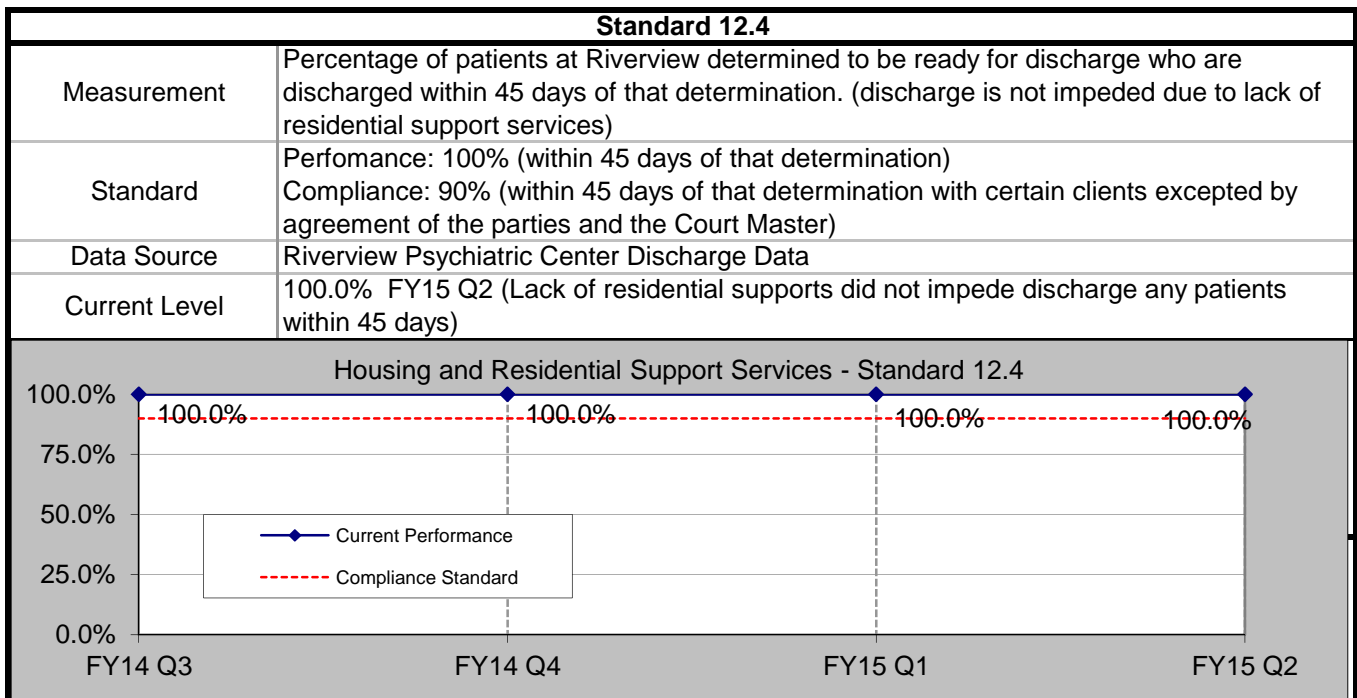
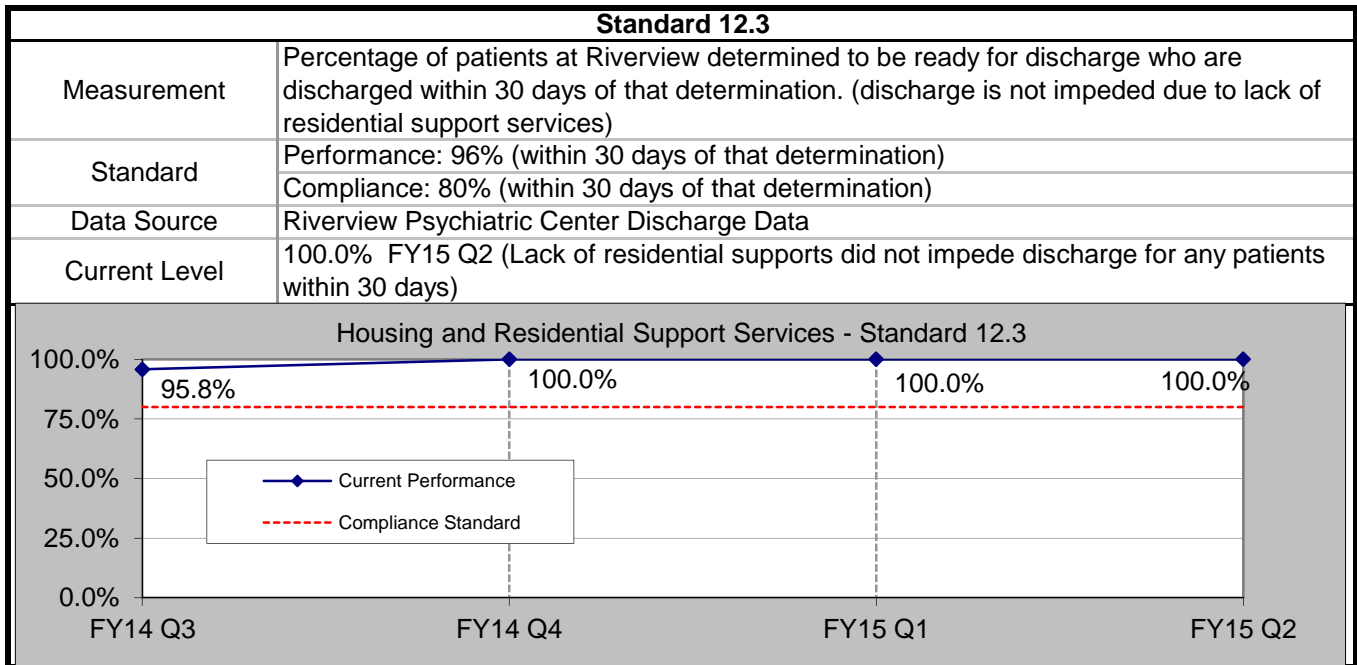
[http://www.maine.gov/dhhs/samhs/mentalhealth/consent\\_decree/amend\\_rule/Order%20amending%20para%2027%20and%20257%20%20Dec%2010%202014.pdf](http://www.maine.gov/dhhs/samhs/mentalhealth/consent_decree/amend_rule/Order%20amending%20para%2027%20and%20257%20%20Dec%2010%202014.pdf)

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

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

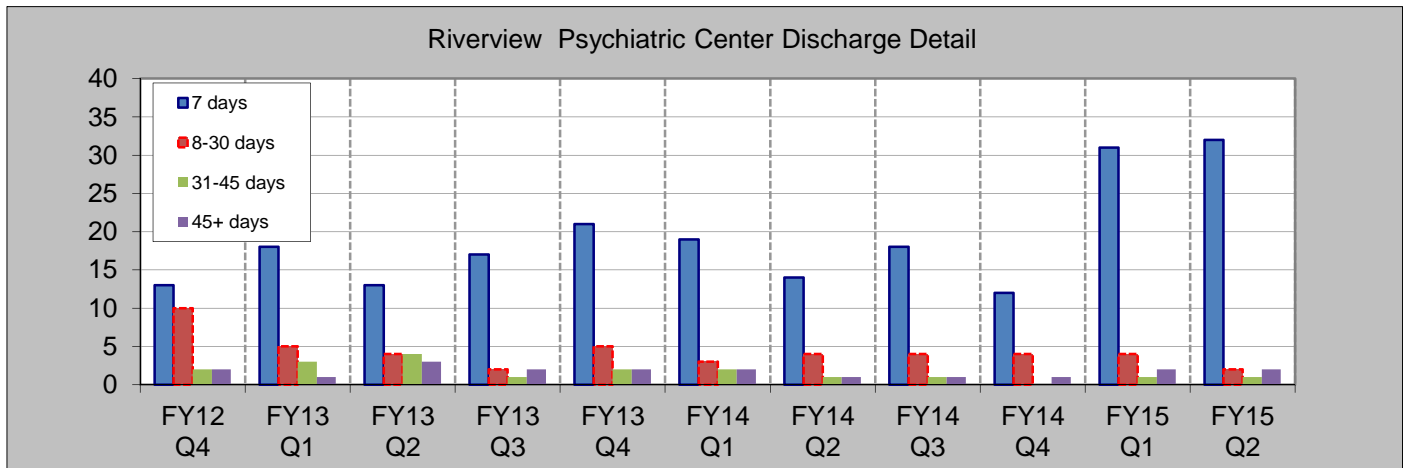


**Community Resources and Treatment Services  
Housing and Residential**





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

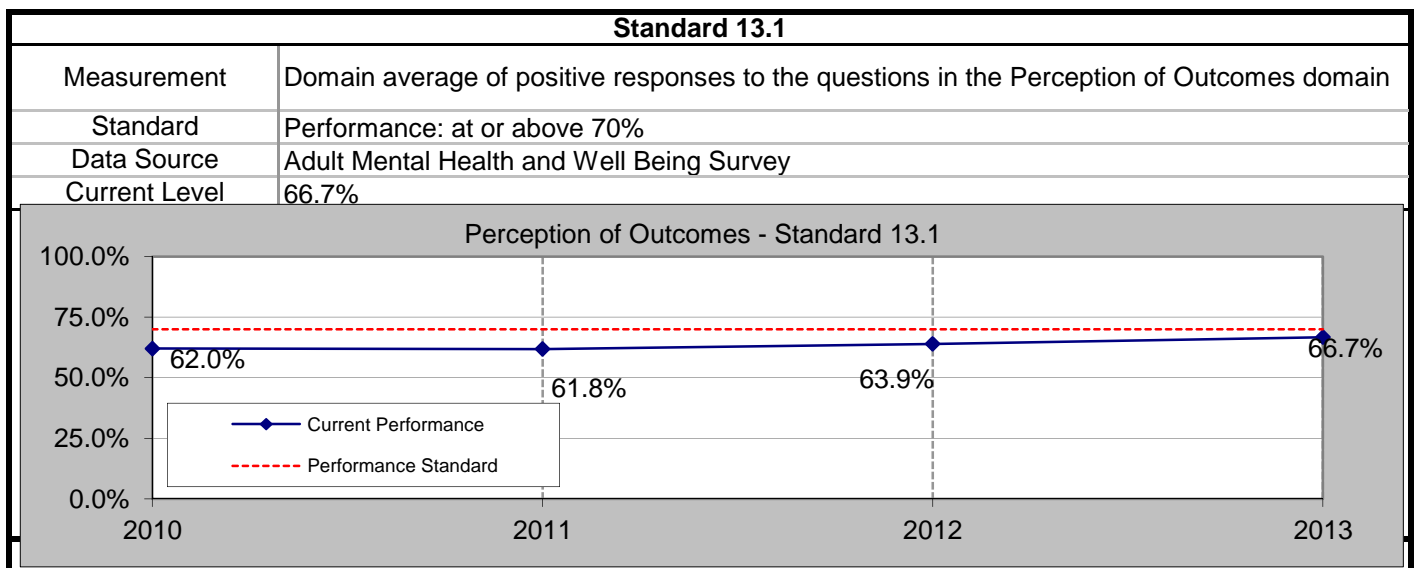


Riverview Psychiatric Center Discharge Detail to amplify data presented in Standards 12.2, 12.3, 12.4:

37 Civil Patients discharged in quarter

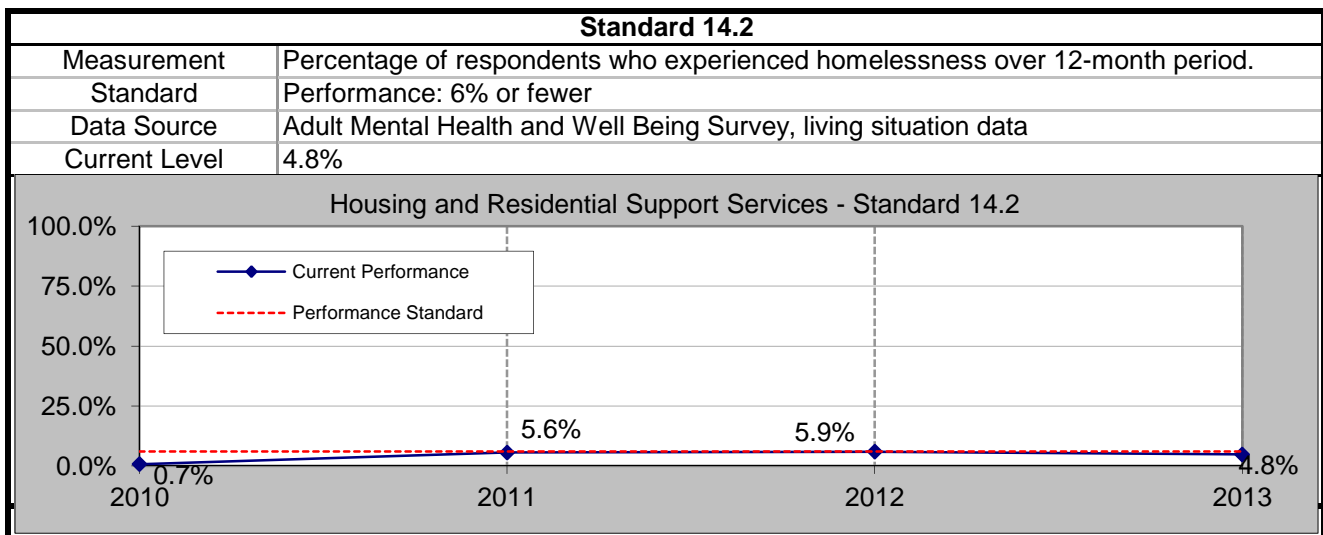
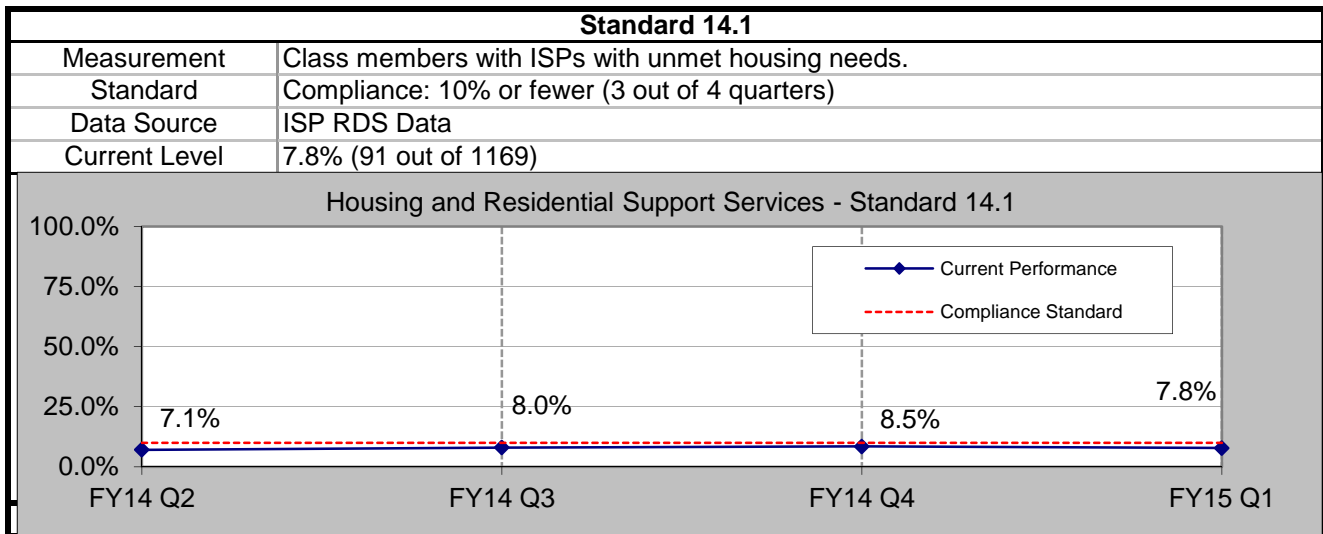
- 32 discharged at 7 days (86.5%)
- 2 discharged 8-30 days (5.4%)
- 1 discharged 31-45 days (2.7%)
- 4 discharged post 45 days (10.8%)

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

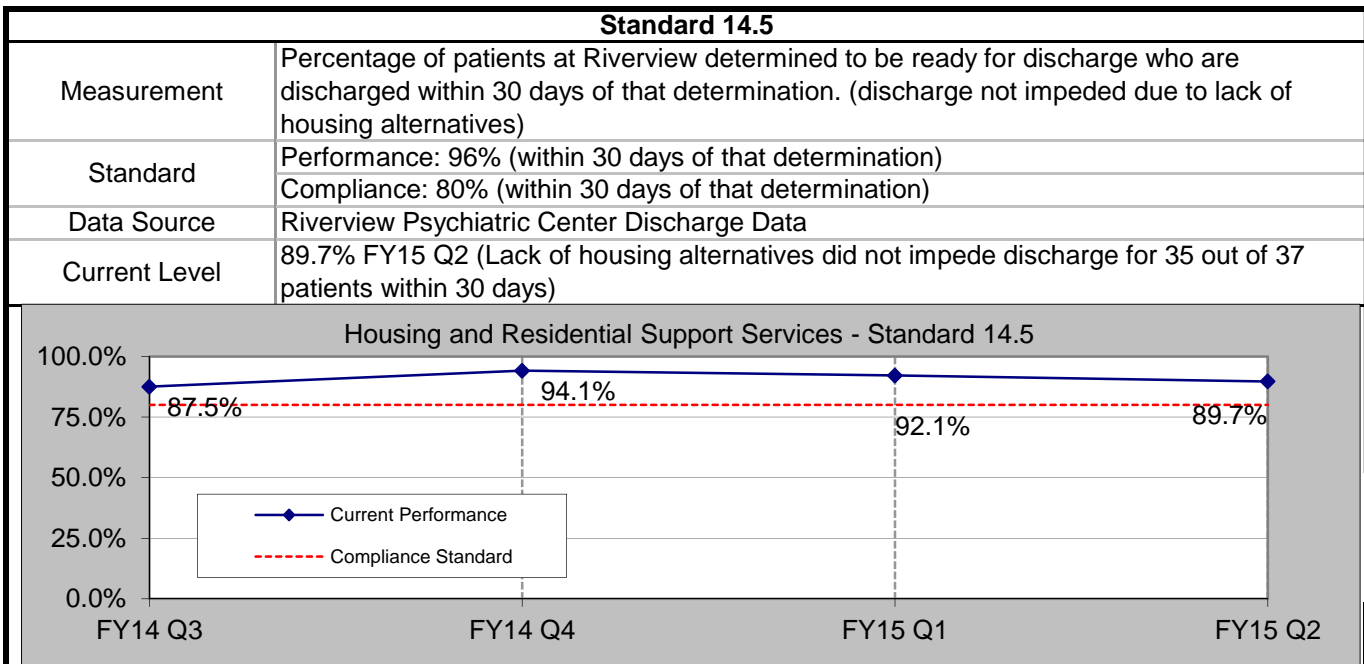
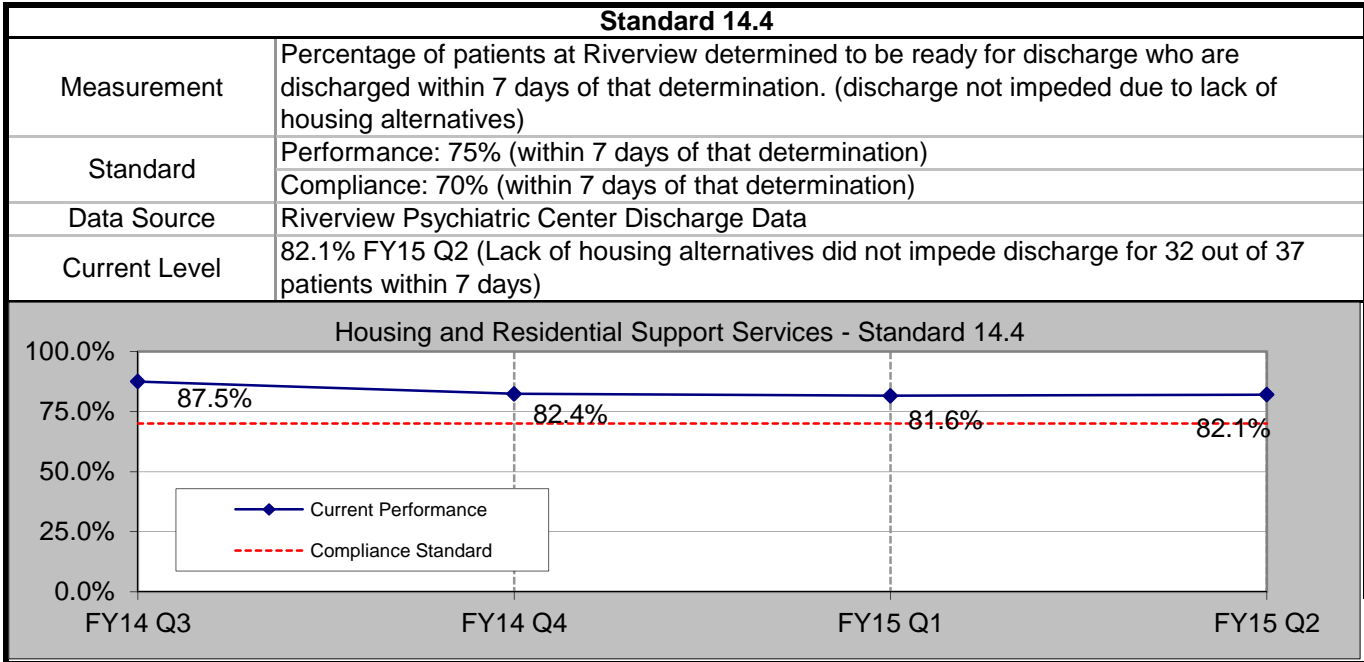


**Community Resources and Treatment Services  
Housing and Residential**

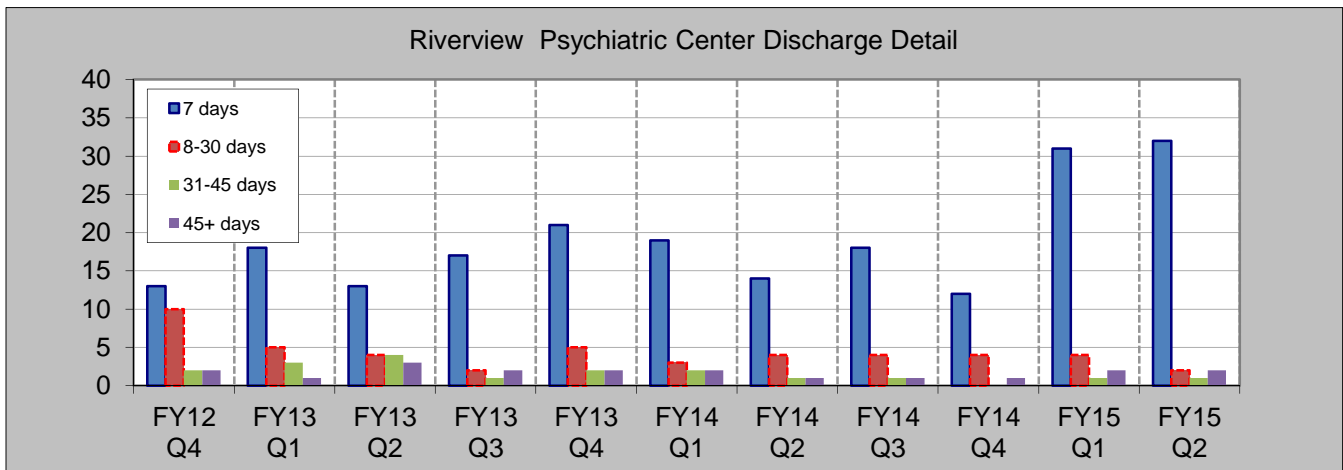
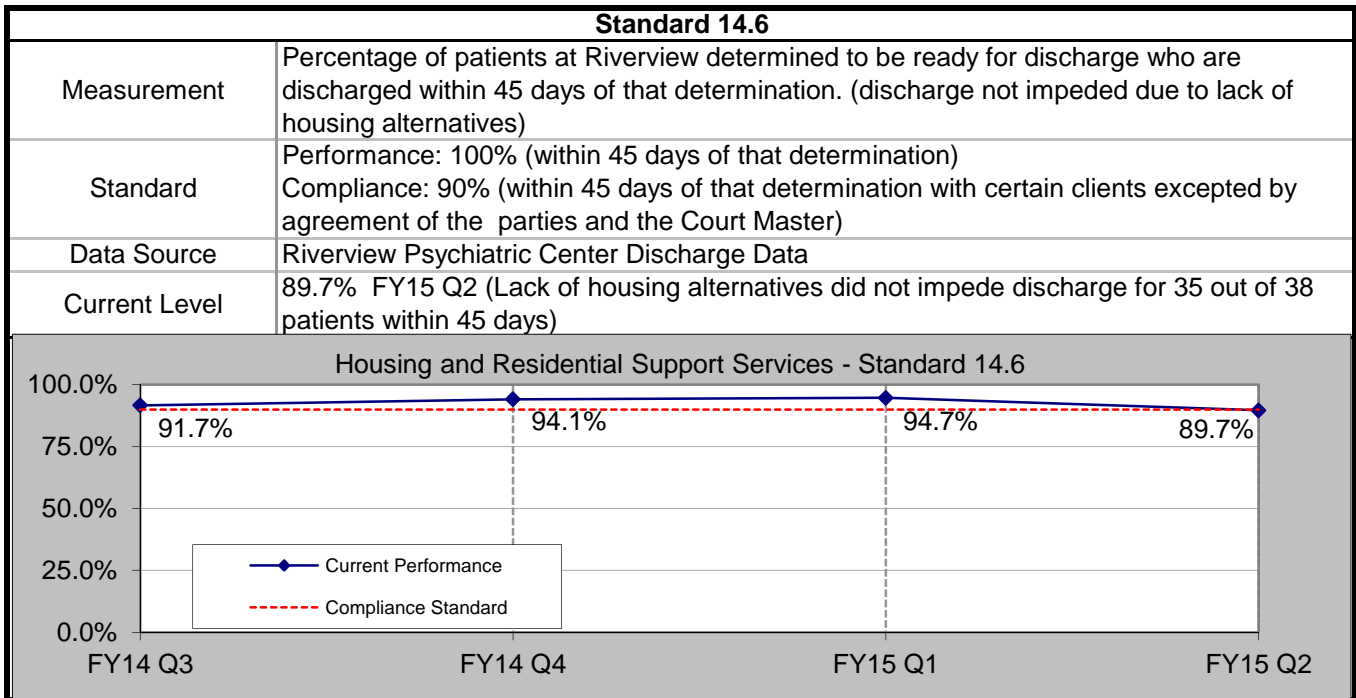
**Standard 14 - Demonstrate an array of housing alternatives available to meet class member needs.**



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



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



37 Civil Patients discharged in quarter

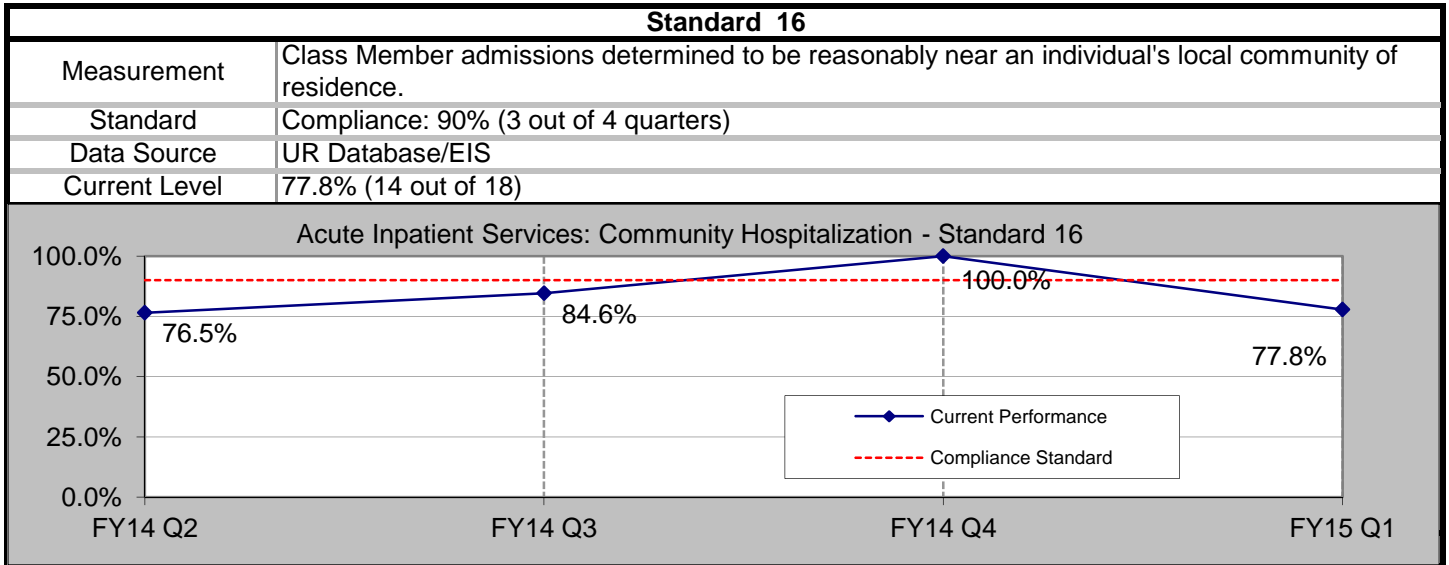
- 32 discharged at 7 days (86.5%)
- 2 discharged 8-30 days (5.4%)
- 1 discharged 31-45 days (2.7%)
- 4 discharged post 45 days (10.8%)

Housing Alternatives impeded discharge for 7 patients (44.7%)

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

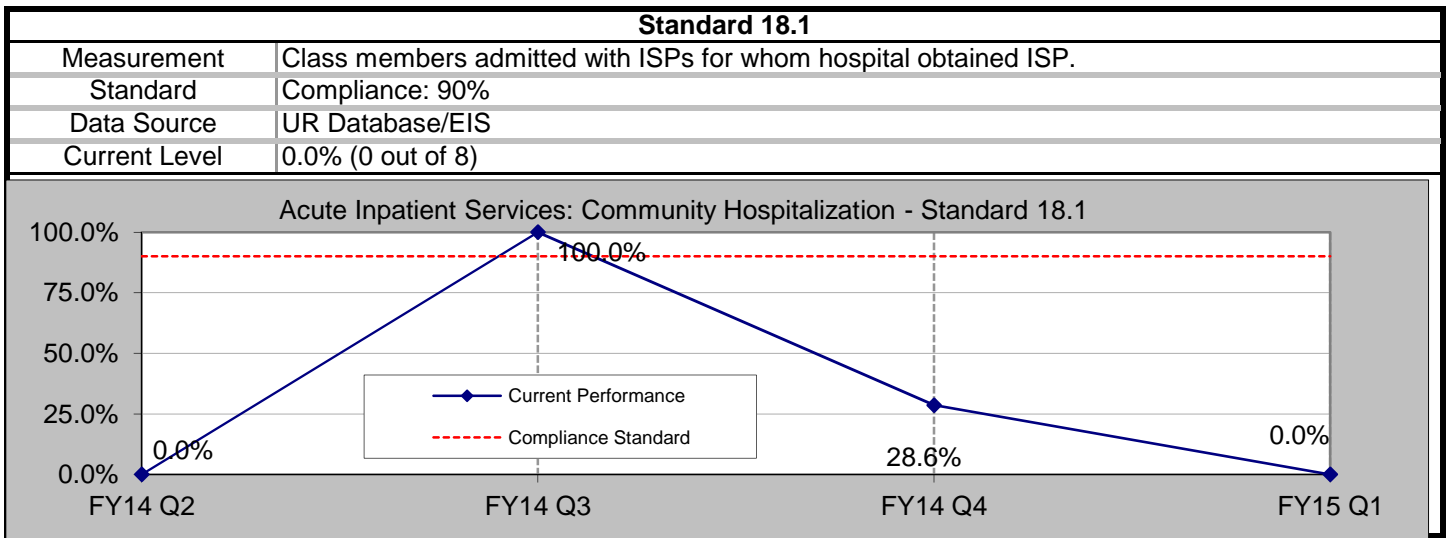
**Community Resources and Treatment Services**  
**Acute Inpatient Services: Involuntary Community Hospitalization**

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



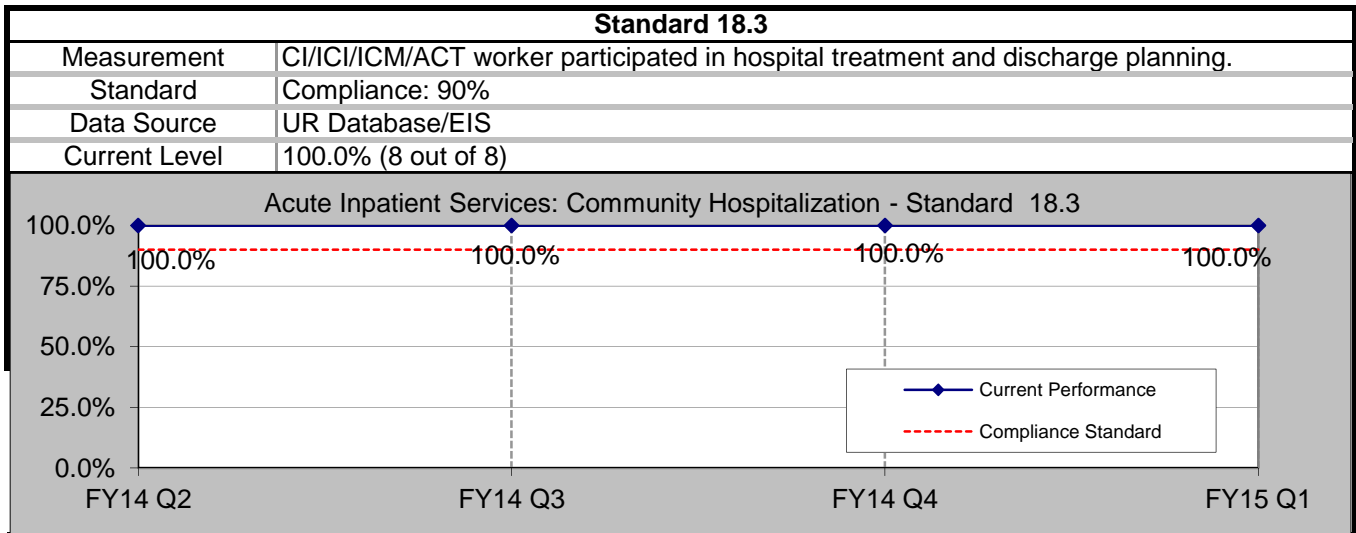
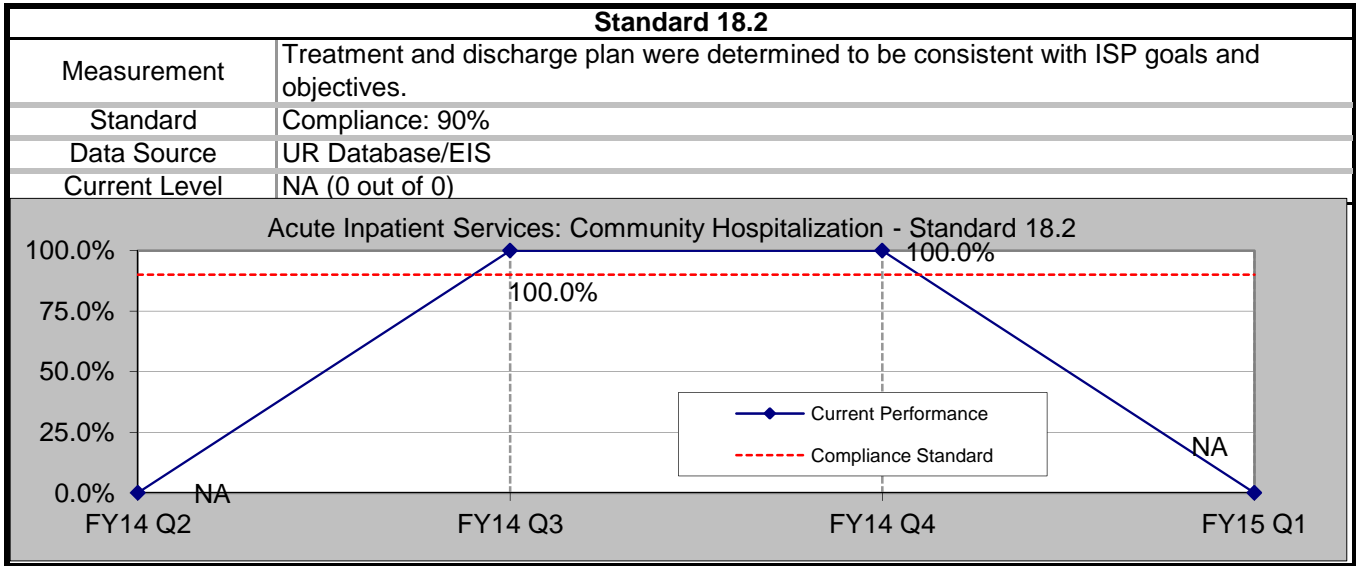
Reasonably Near is defined by Attachment C to the October 29, 2007 approved Compliance Standards.

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



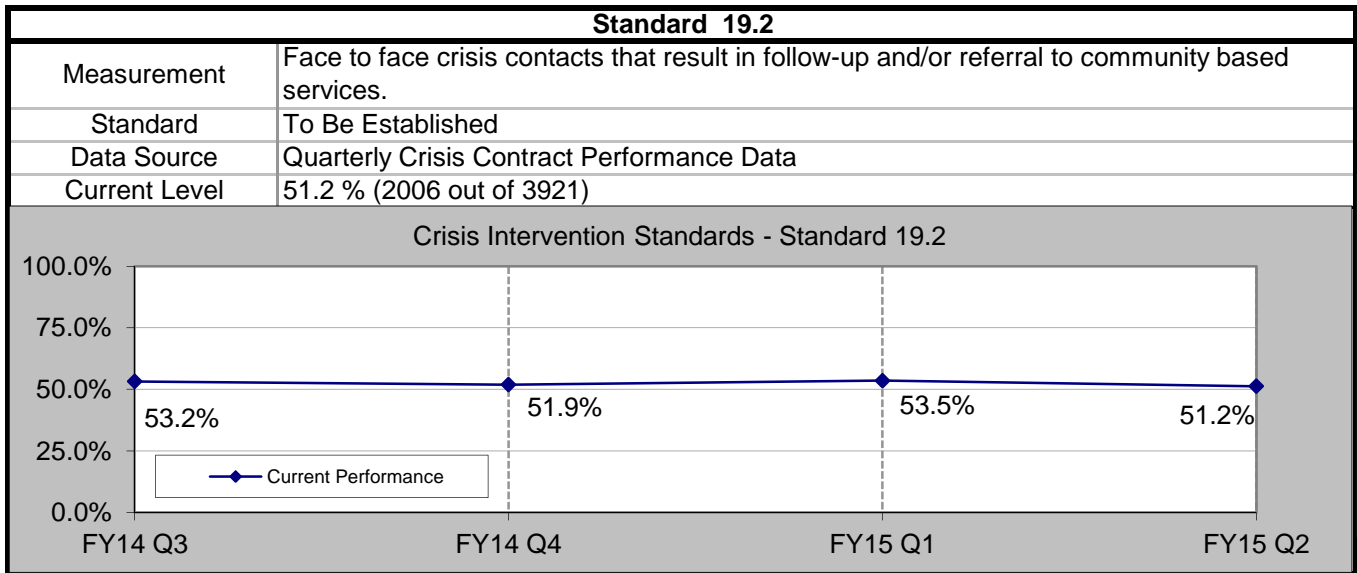
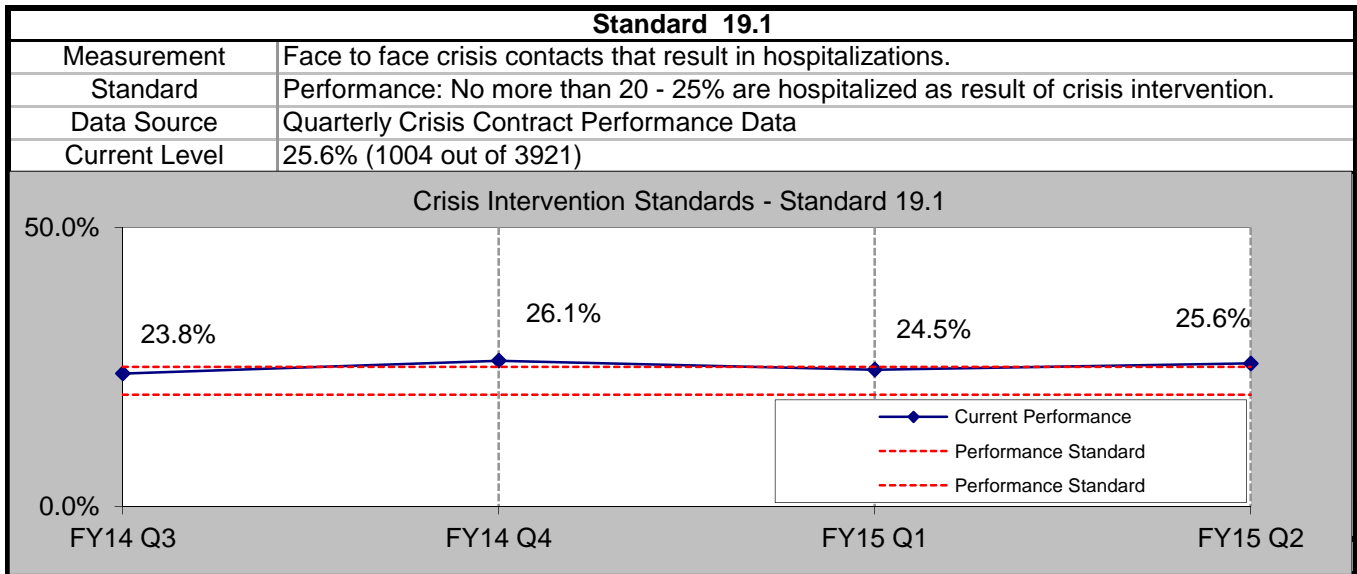
**Community Resources and Treatment Services**  
**Acute Inpatient Services: Involuntary Community Hospitalization**

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

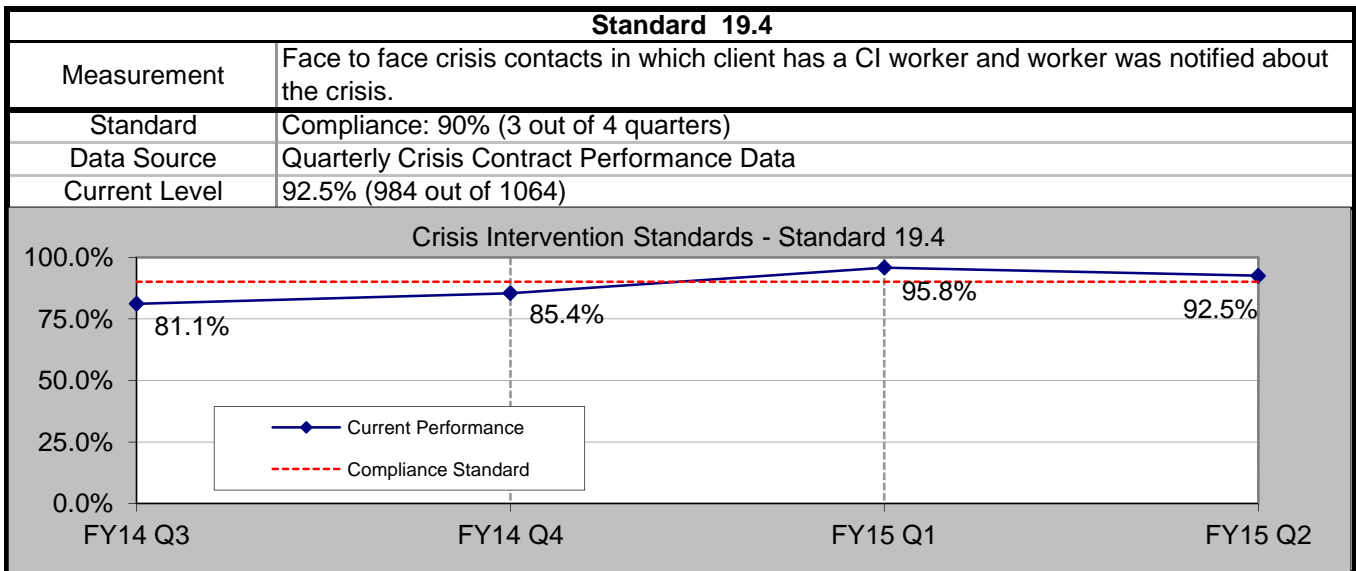
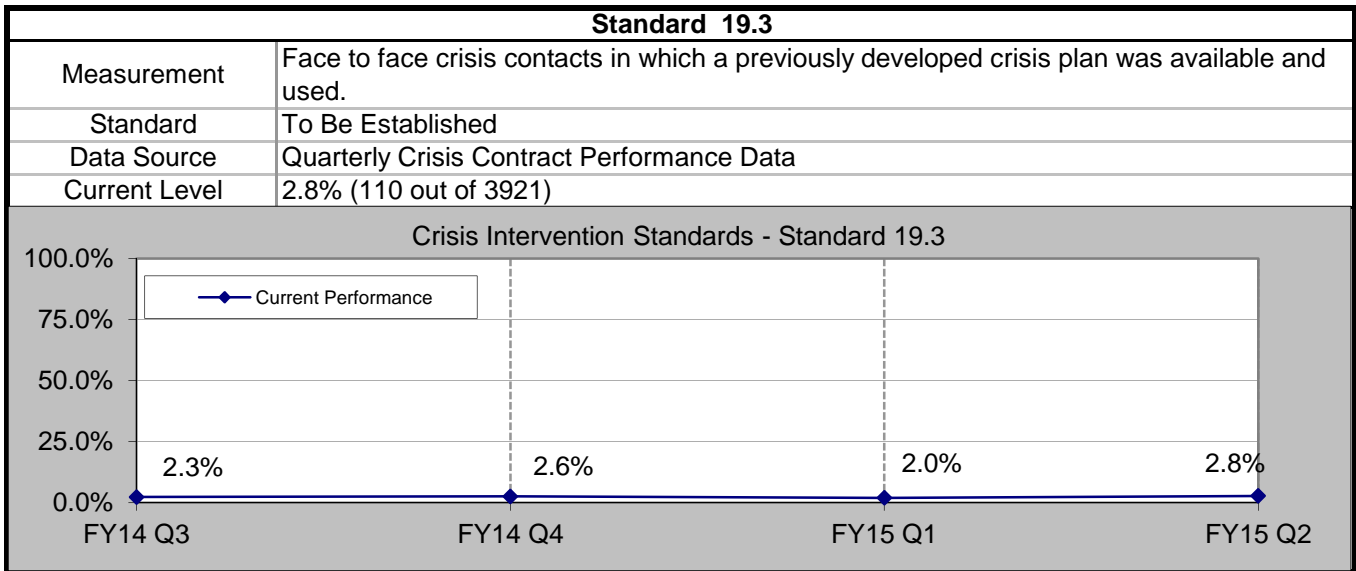


**Community Resources and Treatment Services  
Crisis Intervention Services**

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



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



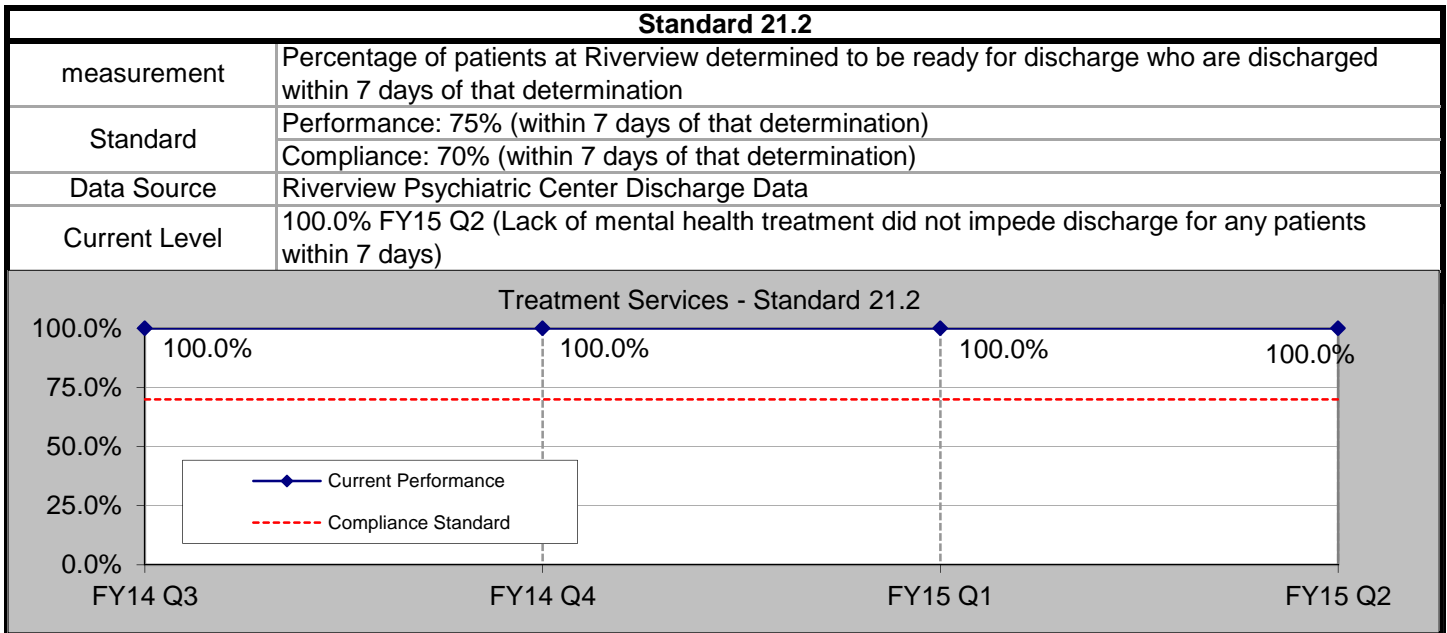
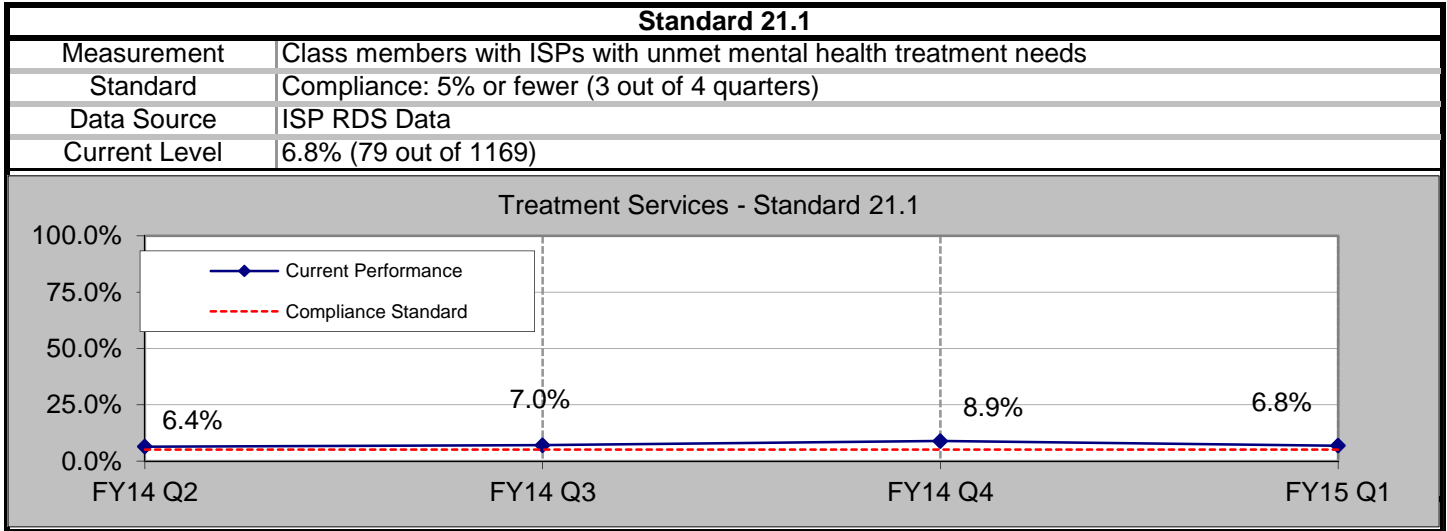
**Discussion:**

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

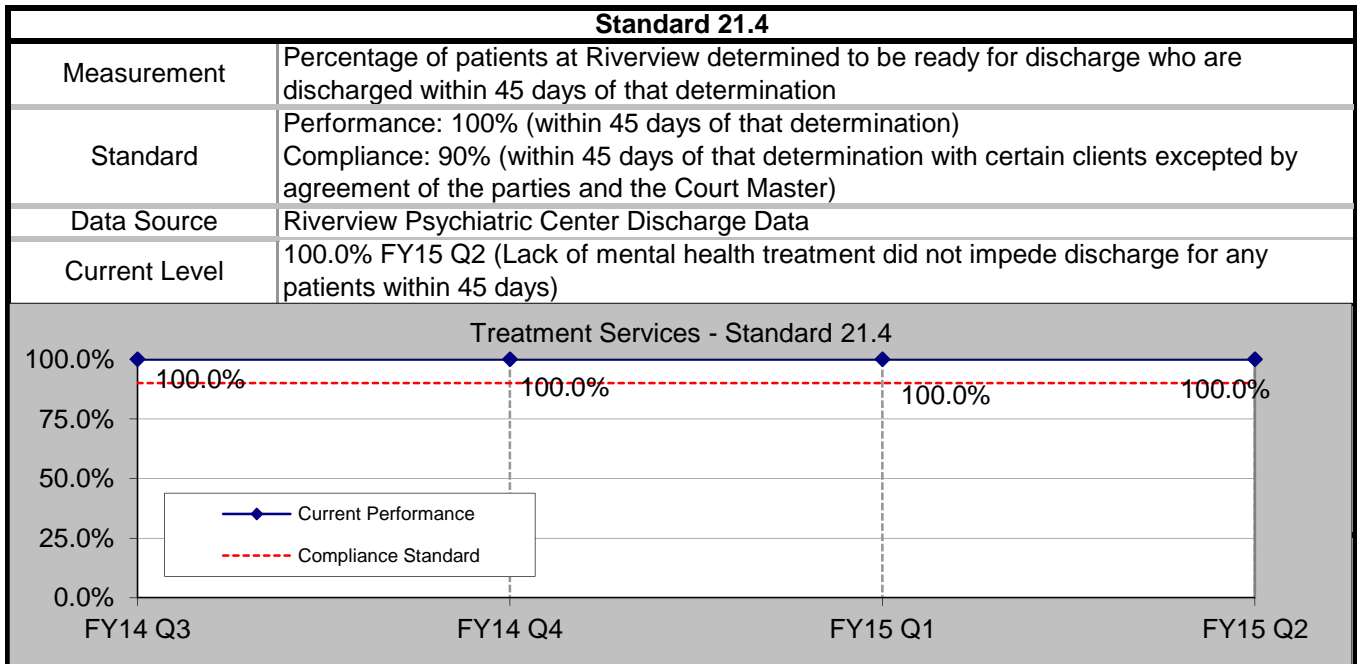
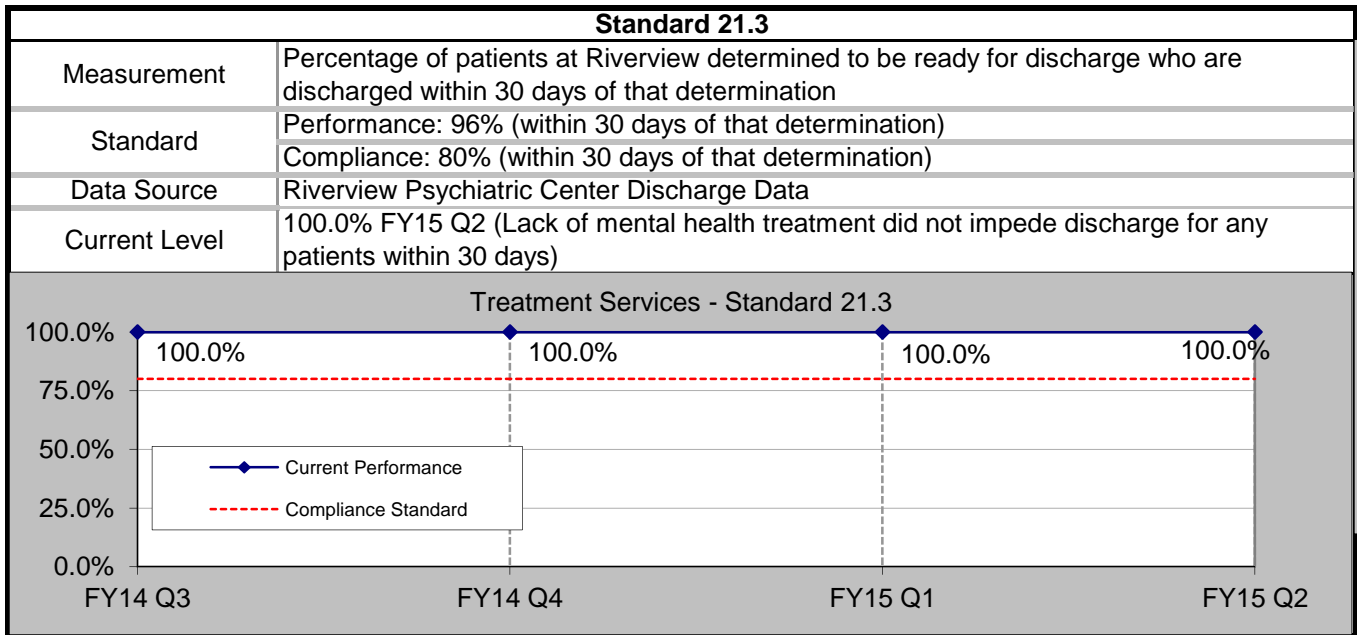


**Community Resources and Treatment Services  
Treatment Services**

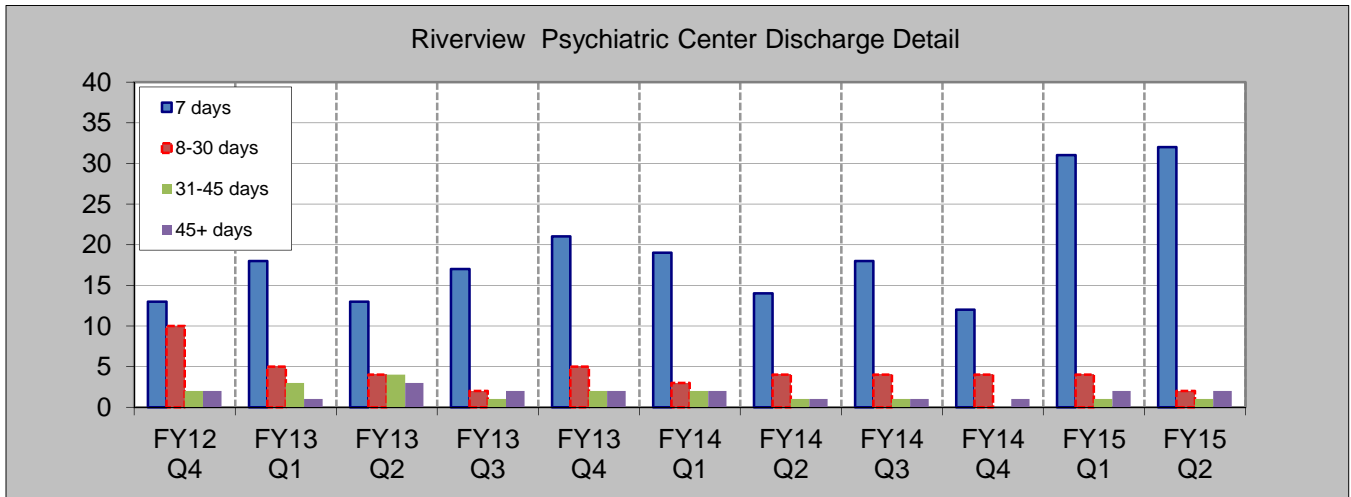
**Standard 21 - An array of mental health treatment services are available and sufficient to meet ISP needs of class members and the needs of hospitalized class members ready for discharge.**



**Community Resources and Treatment Services  
Treatment Services**



**Community Resources and Treatment Services  
Treatment Services**



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

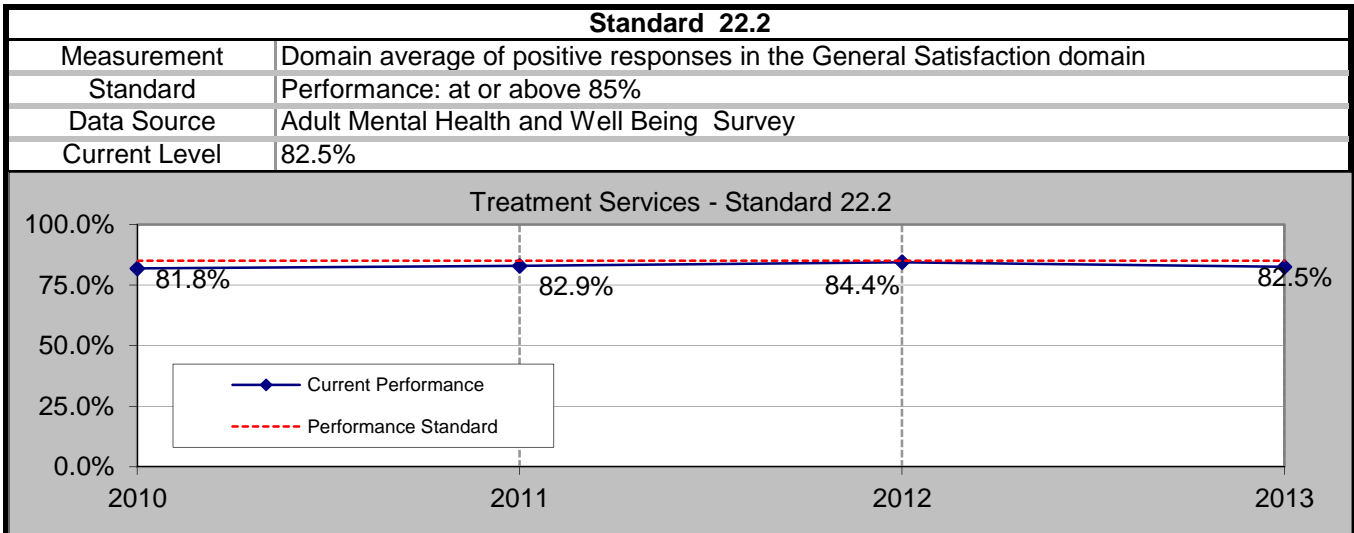
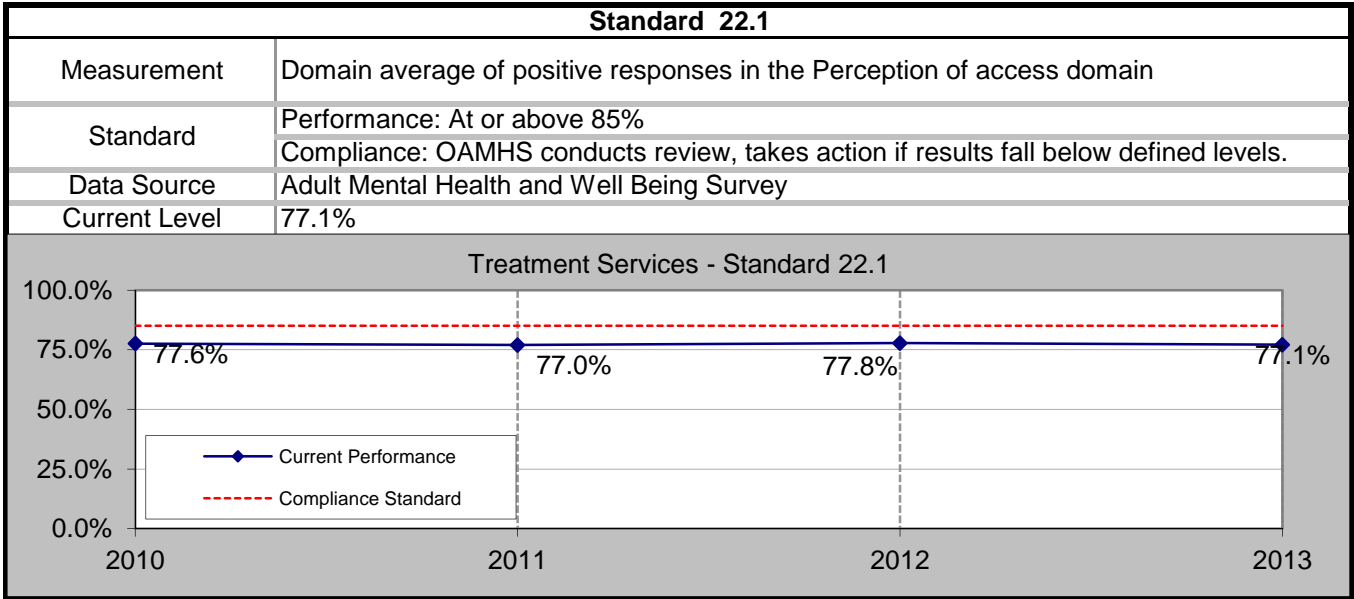
37 Civil Patients discharged in quarter

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

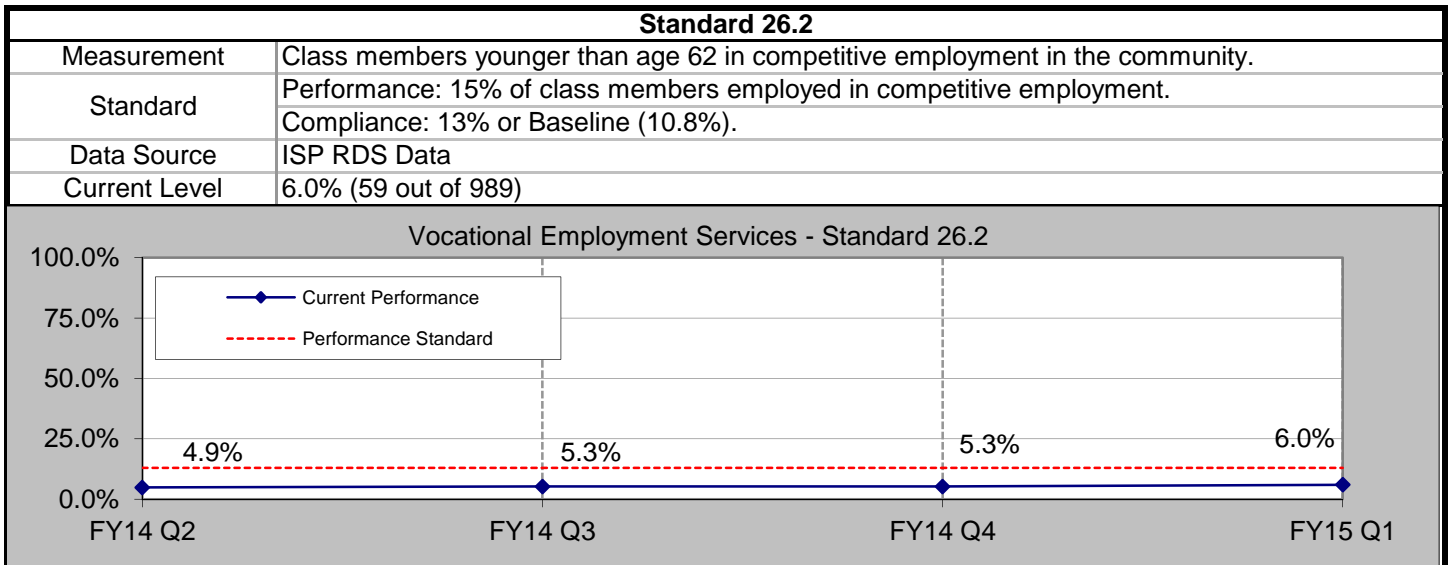
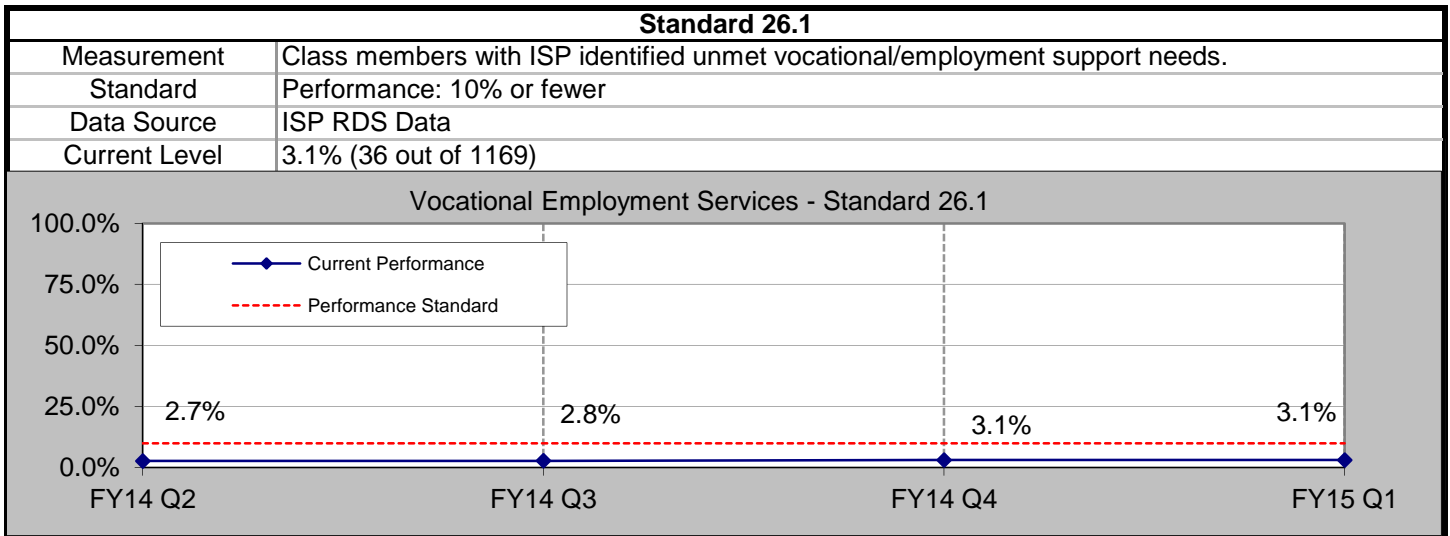
**Community Resources and Treatment Services  
Treatment Services**

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

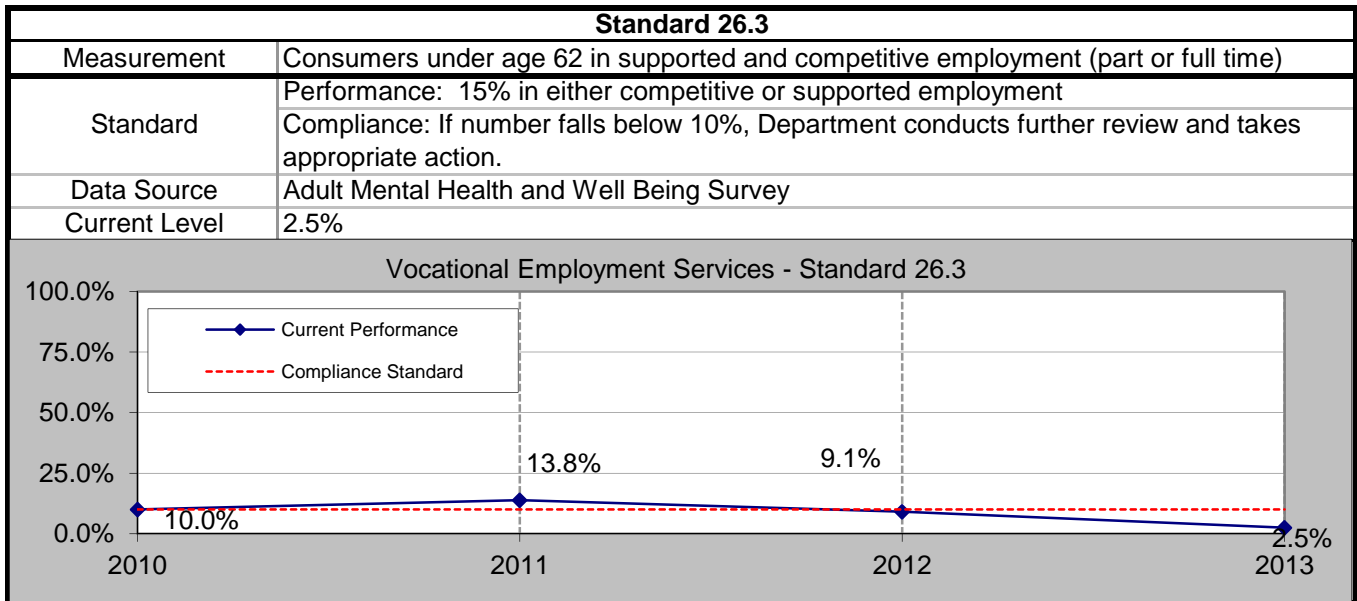


**Community Resources and Treatment Services  
Vocational Employment Services**

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



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



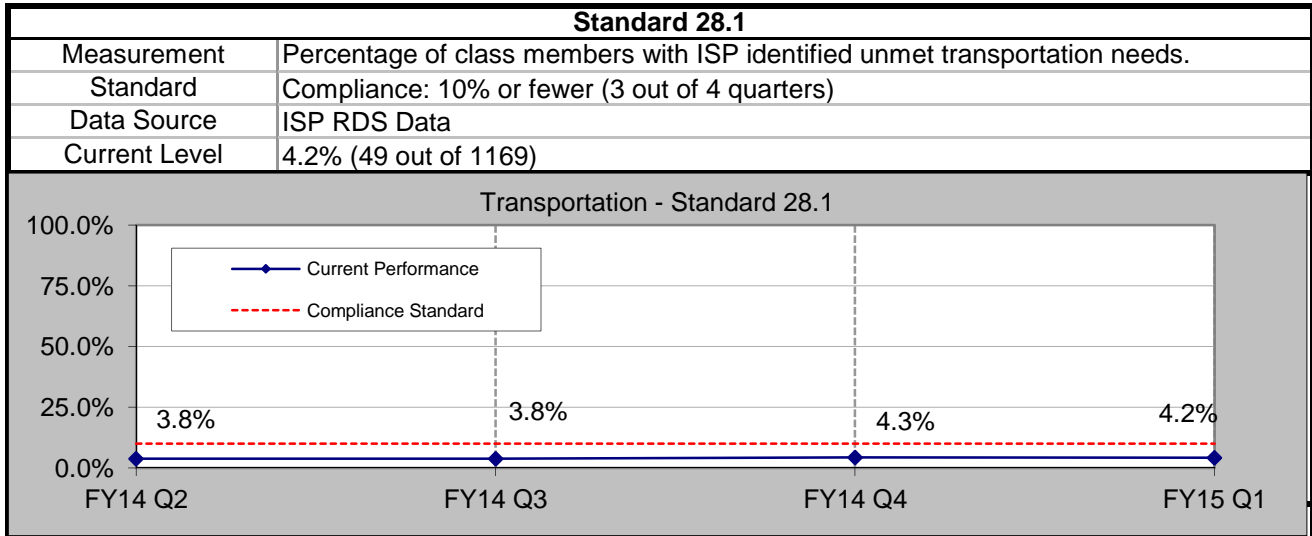
**Discussion:**

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

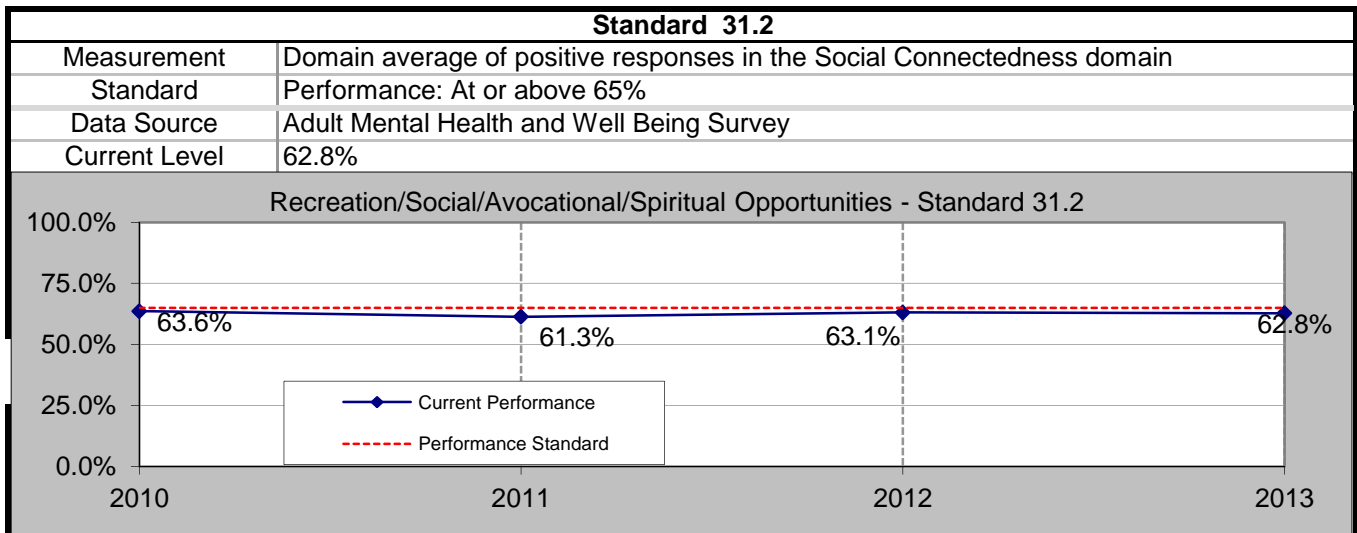
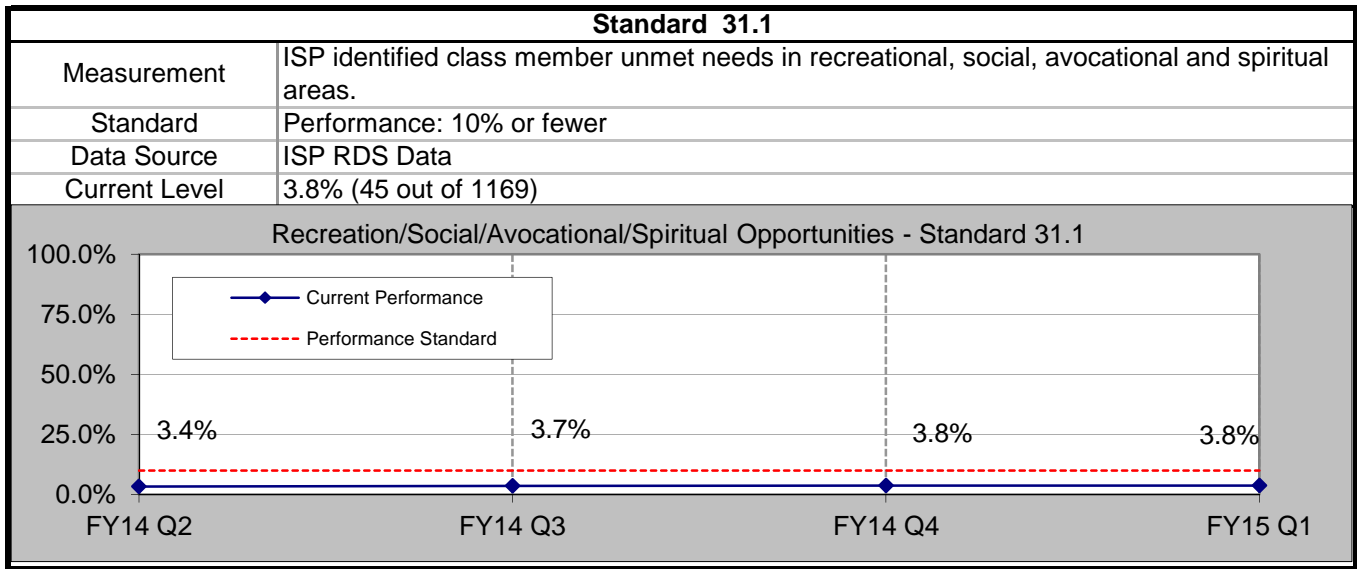
The response rate for the Adult Mental Health survey was very low in 2013. The Department is working on performance measures in contracts around employment.

**Community Resources and Treatment Services  
Transportation**

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



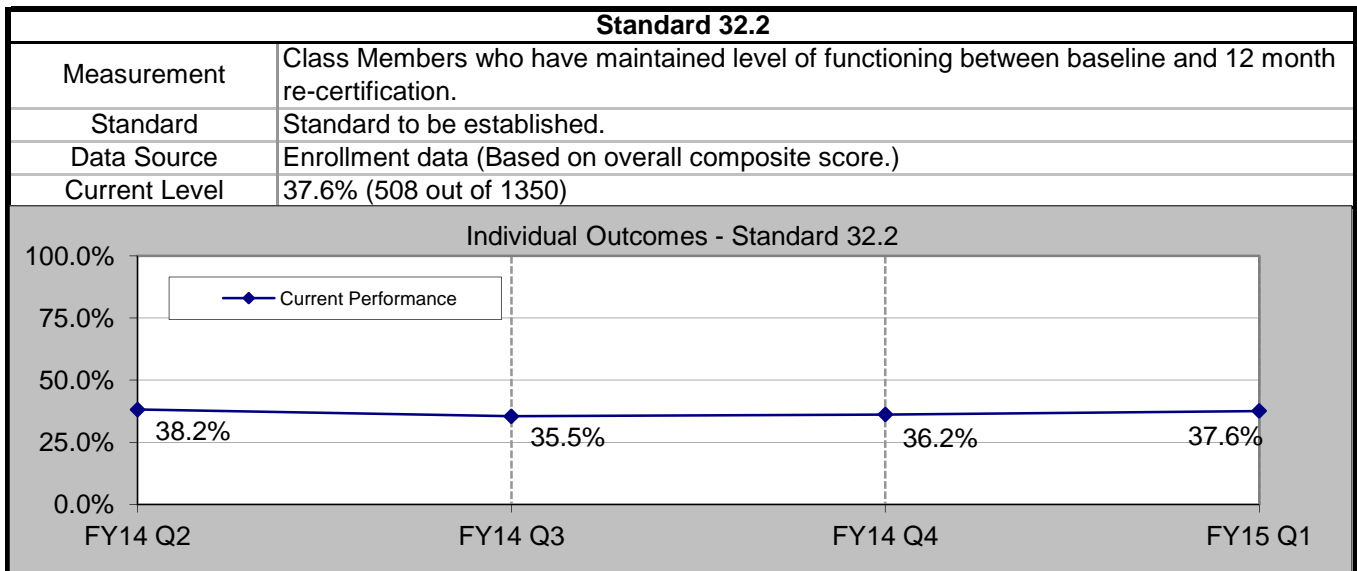
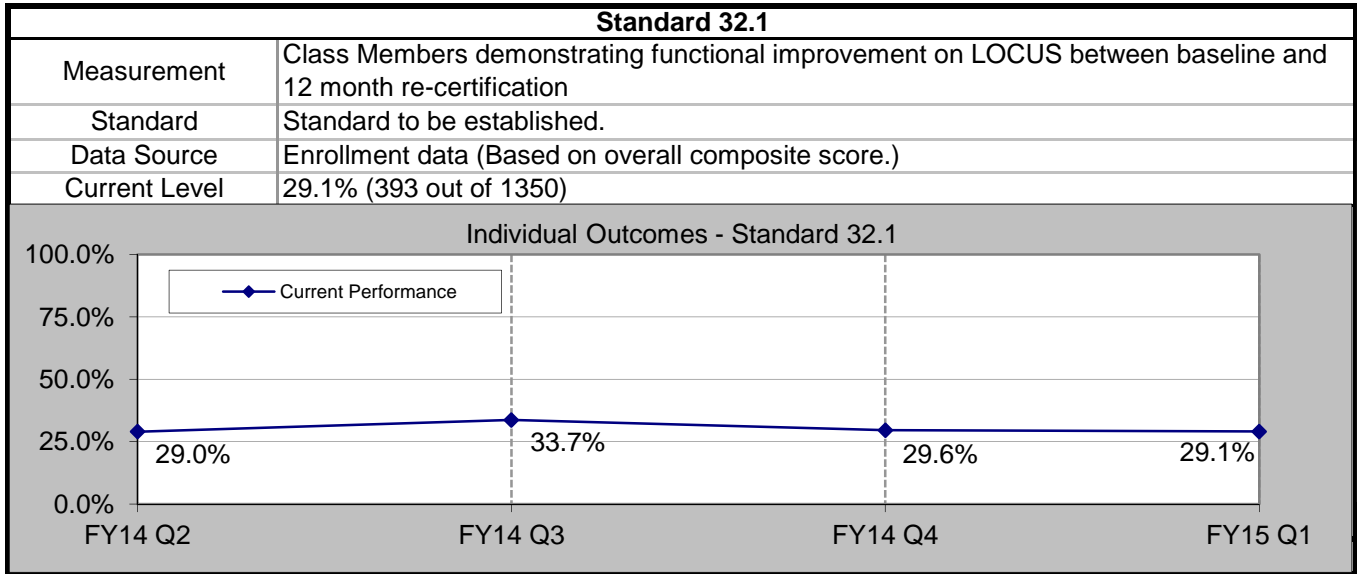
**Standard 31 - Class member involvement in personal growth activities and community life.**



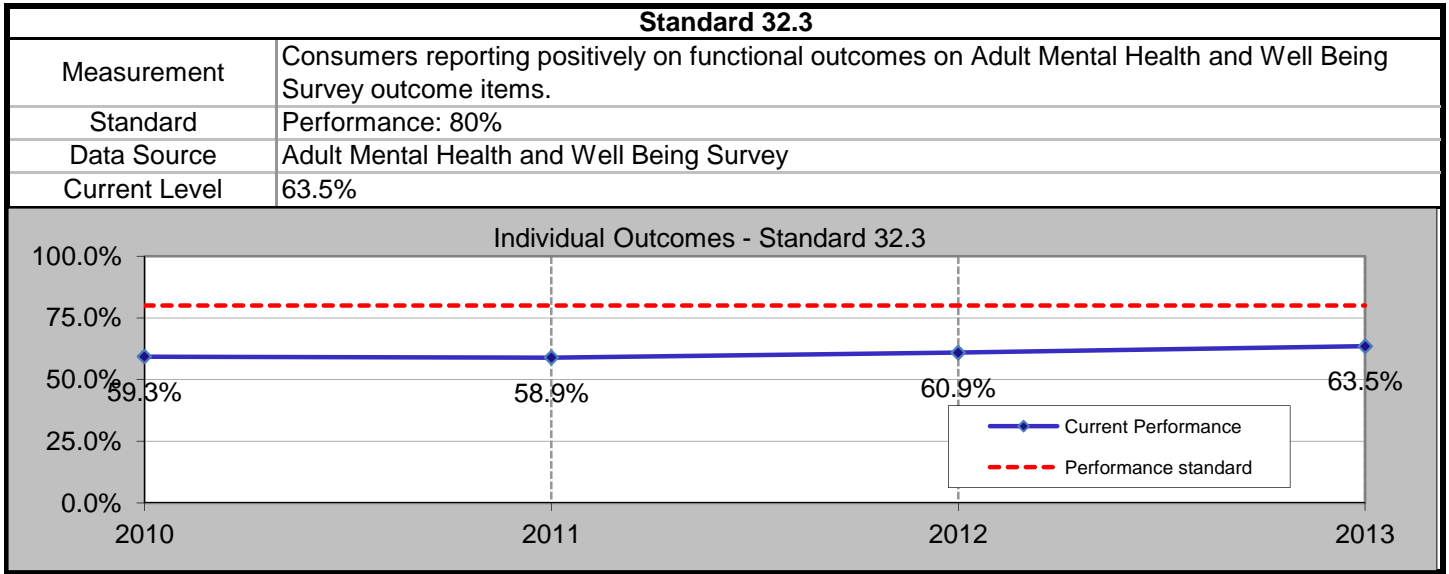


## System Outcomes: Supporting the Recovery of Adults with Mental Illness Recovery

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

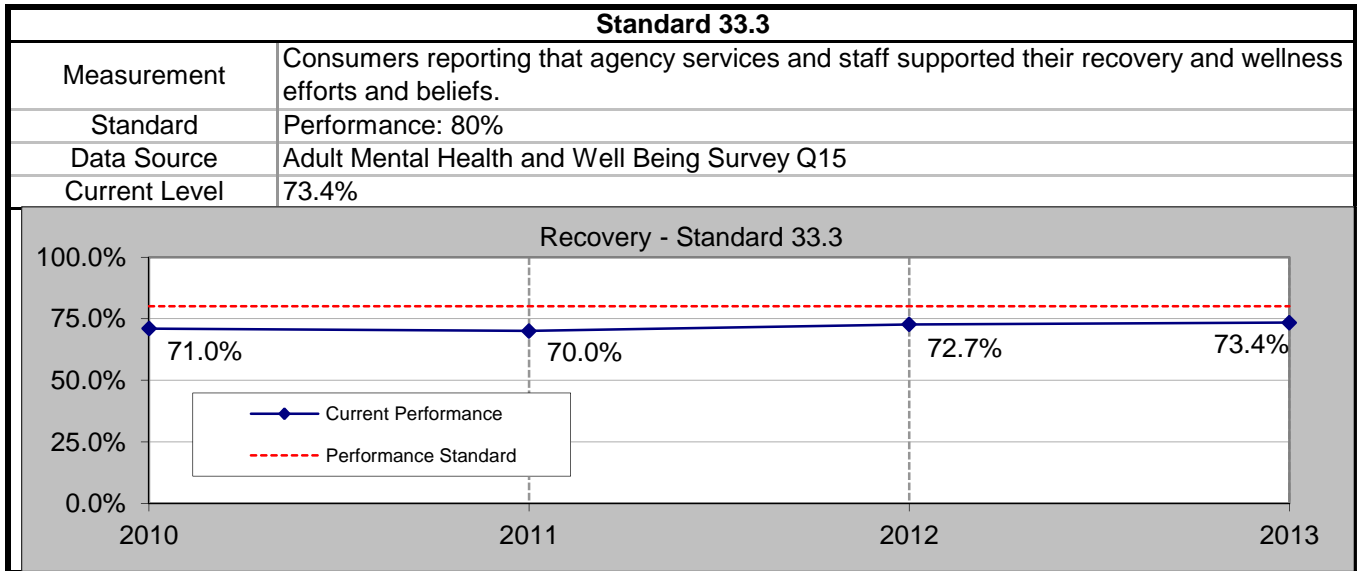
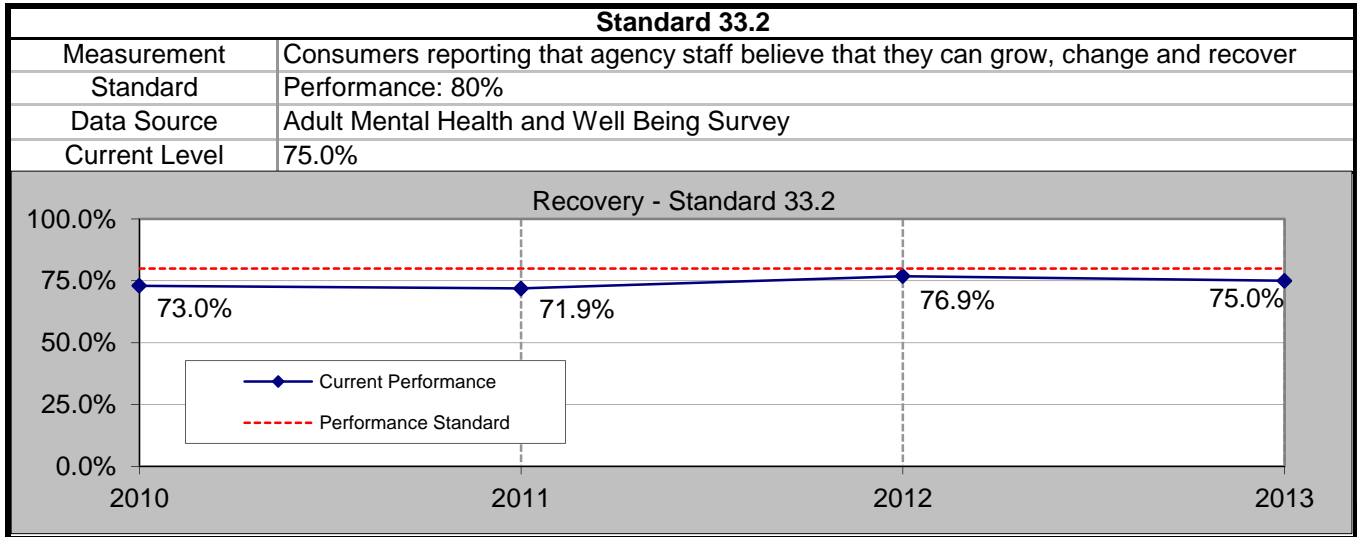


**System Outcomes: Supporting the Recovery of Adults with Mental Illness  
Recovery**



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

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



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

