DHHS Office of Substance Abuse and Mental Health Services



Consent Decree Performance and Quality Improvement Standards: May 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 3rd quarter data in the 4th quarter).

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

Definitions:

Standard Title:	What the standard is intending to measure.
Measure Method:	How the standard is being measured.
Standard has been me	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.

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

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.

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

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

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/Spirtual

- 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.

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

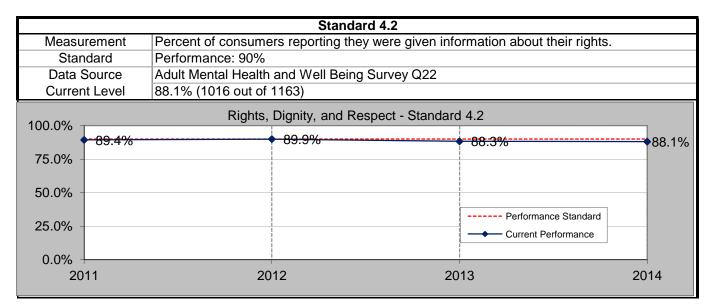
- 1. No longer reported per amendment dated May 8, 2014. Report available upon request.
- 2. No longer reported per amendment dated May 8, 2014. Report available upon request.

Rights, Dignity, and Respect

Standard 1 - Treated with respect for their individuality

	Standard 1					
Measurement	Domain average of domain	positive responses to the stater	ments in the quality and appropriateness			
Standard	Performance: at or a	above 85%				
Data Source	Adult Mental Health	and Well Being Survey				
Current Level	91.2% (1051 out of	1153)				
100.0%	Rights,	Dignity, and Respect - Standa				
75.0% 81.6%		84.0%	82.6%			
50.0%						
25.0%			Current Performance Performance Standard			
0.0% +	20)12	2013 2014			

Standard 4 - Class Members are informed of their rights



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

	Standard 5.1				
Measurement	Percentage of class	s members requesting a worker	who were assigned or	ne.	
Standard	Performance: 100%	6			
Data Source	APS Healthcare				
Current Level	100.0% (171 out of	171)			
100.0% + 100.0%	Timeliness of CSS Assignment - Standard 5.1				
100.0%		98.4%	100.0%	100.0%	
75.0%	I				
50.0%	Current Performance		l I I		
25.0% -					
23.0%	Performance Standard				
0.0%			1		
FY 14 Q3	FY 14	4 Q4 FY 1	5 Q1	FY 15 Q2	

	Standard 5.2				
Measurement	Percentage of hospitalized cl	ass members who were a assigned a worker with	in 2 working		
Measurement	days.				
Standard	Performance: 90%				
Standard	Compliance: 90% (3 out of 4	quarters)			
Data Source	APS Healthcare				
Current Level	46.7% (7 out of 15)				
	Timeliness of CSS	Assignment - Standard 5.2			
100.0%			_		
75.0%	75.0%				
50.0% 61.5%	75.0%	70.0% 46.	7%		
50.076			•		
25.0%		Current Performance	_		
		Compliance Standard			
0.0%					
FY14 Q3	FY14 Q4	FY15 Q1 F	Y15 Q2		

	Standard 5.3				
Measurement	Percent of non-hospitalized class	s members assigned a worker within	3 working days.		
Standard	Performance: 90%				
Otandard	Compliance: 90% (3 out of 4 qua	arters)			
Data Source	APS Healthcare				
Current Level	76.3% (119 out of 156)				
	Timeliness of CSS Assignment - Standard 5.3				
75.0% 79.0%		77.4%			
10.070	65.0%	11.470	77.4%		
50.0%	00.070				
	Current Performance				
25.0%	Compliance Standard				
0.0%					
FY14 Q3	FY14 Q4	FY15 Q1	FY15 Q2		
			1110 42		

	Standard 5.4				
Measurement	Percent of class members in hospit	al or community not assigned o	n time but were		
weasurement	assigned within an additional 7 work	king days.			
Standard	Performance: 100%				
Stanuaru	Compliance: 95%				
Data Source	APS Healthcare				
Current Level	35.6% (16 out of 45)				
	Timeliness of CSS Assig	nment - Standard 5.4			
100.0%					
75.0% -	Current Performance				
	Compliance Standard				
50.0%			35.6%		
25.0% 40.9%	39.0%				
		27.0%			
0.0%					
FY14 Q3	FY14 Q4	FY15 Q1	FY15 Q2		

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.

	Standard 5.5					
Measurement Class member ISF			s completed within 30 days	of service request		
Standa	ard	Performance: 90% Compliance: 90% ((3 out of 4 quarters)			
Data Sou	urce	ISP RDS Data	· · · ·			
Current L	_evel	82.1% (46 out of 56	6)			
100.0%	Timeliness of ISP - Standard 5.5					
	1.0%	Current Performance Compliance Standard	76.5%	86.9%	82.1%	
0.0% FY14 Q	13	FY14	4 Q4 F	FY15 Q1	FY15 Q2	

	Standard 5.6				
Measurement	Measurement 90 day class member ISP reviews completed within specified timeframe.				
Standard	Performance: 90%				
Stanuaru	Compliance: 90% ((3 out of 4 quarters)			
Data Source	ISP RDS Data				
Current Level	68.7% (724 out of 7	1054)			
Timeliness of ISP - Standard 5.6					
75.0%					
50.0%		62.4%	66.1%	68.7%	
25.0%			Current Performar		
0.0%		4.04			
FY14 Q3	FY14	4 Q4 F	FY15 Q1	FY15 Q2	

		Standa	ard 5.7		
Measurement Initial class member ISPs not developed within 30 days, but were developed within 60 working					within 60 working
Standard	Standard Performance: 100%				
Data Source	ISP RDS Data				
Current Level	30.0% (3 out of 10)				
Timeliness of ISP - Standard 5.7					
100.0%					
75.0%				· 	
<u> 62.5%</u>					
50.0%		46.2%		50.0%	
25.00/				Performance	30.0%
25.0%			Performa	nce Standard	
0.0%					
FY14 Q3	FY14	1 Q4	FY1	5 Q1	FY15 Q2

		Standard 5.8		
Measurement	Class member ISPs that we	re not reviewed within 90 c	lays but were reviewed with	in 120 working
Standard	Performance: 100%			
Data Source	ISP RDS Data			
Current Level	76.1% (251 out of 330)			
100.0%	Timeline	ess of ISP - Standard 5.8		
100.070				
75.0%			76.8%	76.1%
50.00/				
50.0%	44.39	%	 	
25.0%	Performance Standard		1 1 1	
	Current Performance			
0.0%				
FY14 Q3	FY14 Q4	FY1	5 Q1	FY15 Q2

Discussion:

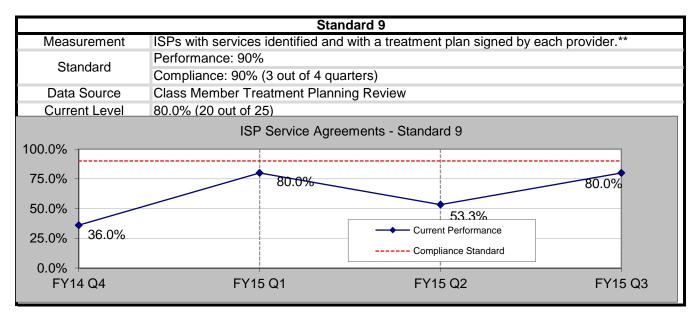
Standards 5.1 - 5.8: Field Quality Managers have completed additional agency trainings around assignment times. Assignment time performance measures are now included in Rider E of agency contracts. Data Quality Management Team will identify outliers for follow up by the treatment team and provider agencies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

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

	Standard 8	8.1	Standard 8.1					
Measurement	ISPs reviewed in which there is evidence that the ISP team reconvened after an unmet							
Measurement	need was identified.							
Standard	Performance: 90%							
Data Source	Class Member Treatment Planning Re	view						
Current Level	80.0% (4 out of 5)							
	Individualized Support Pla	nning Standard 8.1						
100.0%								
75.0%			80.0%					
50.0%								
50.070		50.0%						
25.0%	Current Performance							
	Performance Standard							
0.0%		l T						
FY14 Q4	FY15 Q1	FY15 Q2	FY15 Q3					

	Standard 8.2					
Measurement ISPs reviewed with identified unmet needs in which interim plans are establi			hed.			
Stan	dard	Performance: 95%				
Otani	uaru	Compliance: 90% (3 out of 4	4 quarters)			
Data S	ource	Class Member Treatment P	lanning Review			
Current	t Level	80.0% (1 out of 2)				
Individualized Support Planning- Standard 8.2					_	
75.0% 🔶	75.0%	66.7%		80	0.0%	
50.0% -		Current Performance		50.0%		
25.0% -		Compliance Standard		- 		
0.0% +				 		
. FY14	Q4	FY15 Q1	FY1	5 Q2	FY15 Q3	

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.

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.				

		Standard 10.5 - OADS				
Measuremer	t Office of Aging and I fewer.	Office of Aging and Disability Services Case Managers with average caseload of 40 or weer.				
Standard	Compliance: 90% of	all OADS Case Managers with	Class Member Public Wards			
Data Source	MAPSIS Case Coun	ts for Workers with Class Meml	bers Public Wards			
Current Leve	I 100% (26 out of 26)					
100.0%	Са	se Load Ratio - Standard 10.5				
75.0%	6		-100.0%100.0%-			
75.0%		74.1%				
50.0%						
25.0%	Current Performance]				
0.0%	Compliance Standard					
FY14 Q4	FY15	5 Q1 FY1	5 Q2 FY15 Q3			

Discussion:

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

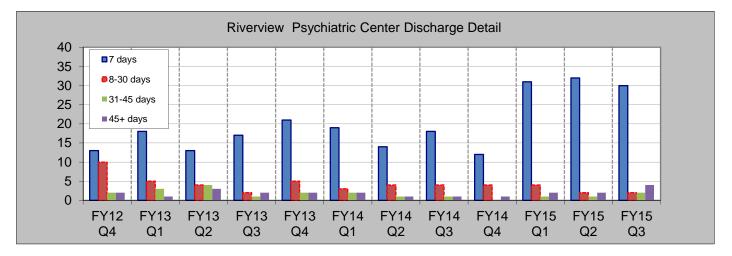
Standard 12 - Residential Support services adequate to meet ISP needs of those ready for discharge

Standard 12.1							
Measurement	Class members	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	· · · · ·					
Current Level	2.6% (31 out of	1177)					
Housing and Residential Support Services - Standard 12.1							
100.0%							
75.0%			Current Performance	_			
			Compliance Standard				
50.0%							
		1 1 1 1					
25.0%		0.00/		0.000			
2.5%		2.9%	3.0%	2.6%			
0.0%			•				
FY14 Q3	FY1	4 Q4 FY1	5 Q1	FY15 Q2			

Standard 12.2						
		U U U	Percentage of patients at Riverview determined to be ready for discharge who are			
Meas	urement	U U	n 7 days of that determination	. (discharge is not imp	peded due to	
		lack of residentia	I support services)			
Sta	andard	Performance: 75	% (within 7 days of that deter	mination)		
010	Indara	Compliance: 70%	6 (within 7 days of that detern	nination)		
Data	Source		iatric Center Discharge Data			
Curre	ent Level	100.0% FY15 Q	3 (Lack of residential support	s did not impede discl	narge for any	
		patients within 7	days)			
100.0%		Housing and F	Residential Support Services	- Standard 12.2		
100.070	100.0%		100.0%	100.0%	100.0%	
75.0% -			1 1 1 1			
50.00/						
50.0% -	-	- Current Performance				
25.0% -	25.0% Compliance Standard					
20.070		1				
0.0%						
FY1	4 Q4	FY15	5 Q1 FY1	5 Q2	FY15 Q3	

	Standard 12.3						
Moacu	Measurement Percentage of patients at Riverview determined to be ready for discharge who are discharged within 30 days of that determination. (discharge is not impeded due to la						
Measu	rement	residential support se	-	i. (discharge is not impede			
Stan	dard	· · · · · · · · · · · · · · · · · · ·	within 30 days of that dete	,			
			ithin 30 days of that deter	mination)			
Data S	Source		Center Discharge Data				
Curren	t Level	100.0% FY15 Q3 (La within 30 days)	100.0% FY15 Q3 (Lack of residential supports did not impede discharge for any patients within 30 days)				
100.0% <		Housing and Re	sidential Support Services	s - Standard 12.3			
100.070	100.0%	Ī	100.0%	100.0%	100.0%		
75.0% -							
50.0% -		Current Performance	Current Performance				
25.0% -		Compliance Standard					
0.0% -							
6.0% FY14	4 Q4	FY15	Q1	FY15 Q2	FY15 Q3		

	Standard 12.4					
Measurement	Percentage of patients at Riverview de discharged within 45 days of that deter		•			
residential support services)						
Standard	Perfomance: 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	e Data				
Current Level	100.0% FY15 Q3 (Lack of residential supports did not impede discharge any patients within 45 days)					
100.0%	Housing and Residential Support S	Services - Standard 12.4				
-100.0%			100.0%			
75.0%						
50.0%	Current Performance					
25.0%	Compliance Standard					
0.0%						
FY14 Q4	FY15 Q1	FY15 Q2	FY15 Q3			



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

38 Civil Patients discharged in quarter

- 30 discharged at 7 days (78.9%)
- 2 discharged 8-30 days (5.3%)
- 2 discharged 31-45 days (5.3%)
- 4 discharged post 45 days (10.5%)

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

		Standard 13.1				
Measurement	Domain average of po	omain average of positive responses to the questions in the Perception of Outcomes domain				
Standard	Performance: at or abo	ove 70%				
Data Source	Adult Mental Health ar	nd Well Being Survey				
Current Level	68.0% (784 out of 115	3)				
100.0% 75.0% 50.0% 25.0%	Percep Current Performance Performance Standard	63.9%	68.0%			
0.0%	20	 12 20	013 2014			

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

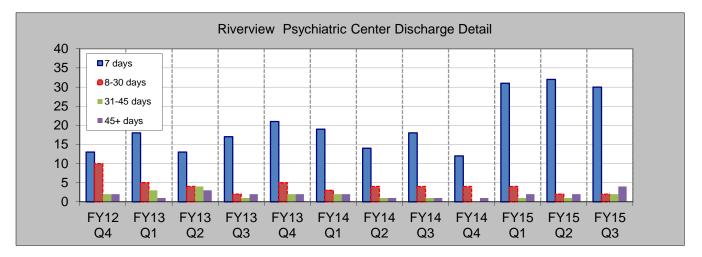
	Standard 14.1					
Measurement	Class members with ISPs with unmet hous	Class members with ISPs with unmet housing needs.				
Standard	Compliance: 10% or fewer (3 out of 4 quar	rters)				
Data Source	ISP RDS Data					
Current Level	7.7% (91 out of 1177)					
100.0% -	Housing and Residential Support Services - Standard 14.1					
75.0%		Current Performance				
50.0%						
25.0% 8.0%	8.5%	7.8%	7.7%			
0.0% FY14 Q3	FY14 Q4	FY15 Q1	FY15 Q2			
0.0%			FY15 Q2			

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	16.1% (186 out of 1153)					
100.0% -	Housing and Residential Support Services - Standard 14.2					
75.0%	Current Performance Performance Standard					
50.0%						
25.0%	5.9% 4.8% 16.1%					
0.0% 15.6% 2011	2012 2013 2014					

	Standard 14.4					
Measurer	ment	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)				
Standa	ard	Performance: 75% (within 7 day		/		
5		Compliance: 70% (within 7 days		on)		
Data Sou	urce	Riverview Psychiatric Center Di	•			
Current L	evel	78.9% FY15 Q3 (Lack of housing alternatives did not impede discharge for 30 out of 38 patients within 7 days)				
100.0%		Housing and Residential S	upport Services - Sta	andard 14.4		
75.0%	82.4%			-82.1%	78.9%	
50.0% -				1		
25.0% -						
23.07		Compliance Standard				
0.0%						
FY14 C	24	FY15 Q1	FY1	5 Q2	FY15 Q3	

	Standard	14.5				
	Percentage of patients at Riverview determined to be ready for discharge who are					
Measurement	discharged within 30 days of that dete	ermination. (discharge not impe	eded due to lack of			
	housing alternatives)	housing alternatives)				
Standard	Performance: 96% (within 30 days of	,				
Stanuaru	Compliance: 80% (within 30 days of t	hat determination)				
Data Source	Riverview Psychiatric Center Dischar	•				
Current Level	84.2% FY15 Q3 (Lack of housing alte	ernatives did not impede discha	rge for 32 out of 38			
	patients within 30 days)					
	Housing and Residential Suppo	rt Services - Standard 14.5				
100.0%						
94.1%						
75.0%		89.7%	84.2%			
50.0%						
00.070	Current Derfermence					
25.0%	Current Performance					
	Compliance Standard					
0.0%						
FY14 Q4	FY15 Q1	FY15 Q2	FY15 Q3			

	Standard 14.6				
	Percentage of patients at Riverview determined to be ready for discharge who are				
Measurement	discharged within 45 days of that determination. (discharge not impeded due to lack of				
	housing alternatives)	at datarmination)			
Standard	Performance: 100% (within 45 days of th Compliance: 90% (within 45 days of that		clients excepted by		
Otaridara	agreement of the parties and the Court N				
Data Source	Riverview Psychiatric Center Discharge	,			
Current Level	89.5% FY15 Q2 (Lack of housing alterna	atives did not impede disc	harge for 34 out of 38		
	patients within 45 days)				
100.0% -	Housing and Residential Support Se	rvices - Standard 14.6			
94.1%	94.7%		00.5%		
75.0%		89.7%	89.5%		
50.00/					
50.0%					
25.0%	Current Performance				
-	Compliance Standard				
0.0%					
FY14 Q4	FY15 Q1	FY15 Q2	FY15 Q3		



38 Civil Patients discharged in quarter

- 30 discharged at 7 days (78.9%)
- 2 discharged 8-30 days (5.3%)
- 2 discharged 31-45 days (5.3%)
- 4 discharged post 45 days (10.5%)

Housing Alternatives impeded discharge for 8 patients (21.1%)

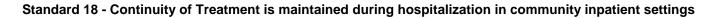
- 2 patients discharged within 8-30 days post clinical readiness for discharge
- 2 patient discharged 31- 45 days post clinical readiness for discharge
- 4 patient discharged greater than 45 days post clinical readiness for discharge

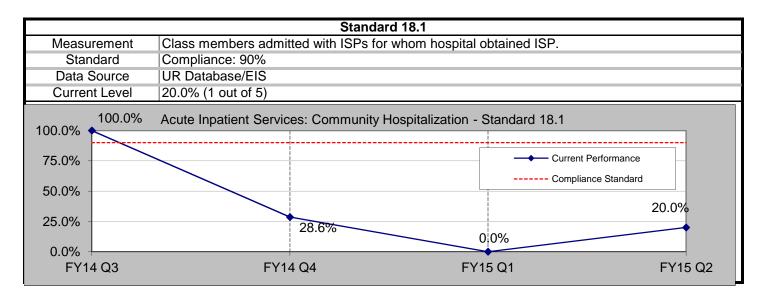
Community Resources and Treatment Services Acute Inpatient Services: Involuntary Community Hospitalization

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

		Standard 16				
Measurement	Class Member admiss residence.	class Member admissions determined to be reasonably near an individual's local community of esidence.				
Standard	Compliance: 90% (3 o	ut of 4 quarters)				
Data Source	UR Database/EIS					
Current Level	95.5% (21 out of 22)					
100.0% 75.0% 84.6%	Acute Inpatient Servi	ces: Community Hosp -100.0%	italization - Standard 16 77.8%	95.5%		
50.0%			Current Performance			
0.0%			Compliance Standard			
FY14 Q3	FY14	4 Q4	FY15 Q1	FY15 Q2		

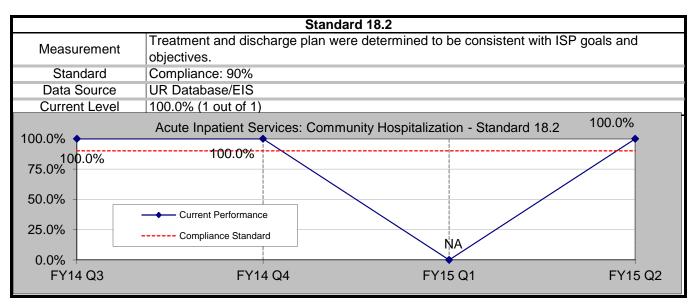
Reasonably Near is defined by Attachment C to the October 29, 2007 approved Compliance Standards.





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 18.3				
Measurement	CI/ICI/ICM/ACT worker participated in hospital treatment and discharge planning.				
Standard	Compliance: 90%				
Data Source	UR Database/EIS				
Current Level	100.0% (5 out of 5)				
100.0%	Acute Inpatient Services: Community Hospitalization - Standard 18.3				
100.0% 75.0%	100.0%100.0%100.0%				
50.0% -					
25.0%	Current Performance Compliance Standard				
0.0% + FY14 Q3	FY14 Q4 FY15 Q1 FY15 Q2				

Community Resources and Treatment Services Crisis Intervention Services

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

Standard 19.1							
Meas	surement	Face to face crisis	contacts that result in h	ospitaliz	ations.		
Sta	andard	Performance: No r	erformance: No more than 20 - 25% are hospitalized as result of crisis intervention.				า.
Data	Source	Quarterly Crisis Co	ontract Performance Dat	ta			
Curre	ent Level	22.9% (881 out of	3848)				
50.0% -	Crisis Intervention Standards - Standard 19.1						
50.0% -							
	26.1%		24.5% 25.6% 22.9%				
					Current Performance		
			Performance Standard				
0.00/			Performance Standard				
0.0% ⊣ FY14	4 Q4	FY1	5 Q1	FY1	5 Q2	FY15	Q3

	Standard 19.2					
Measurement	Face to face crisis cor	Face to face crisis contacts that result in follow-up and/or referral to community based				
Measurement	services.					
Standard	To Be Established					
Data Source	Quarterly Crisis Contra	act Performance Data				
Current Level	54.8 % (2107 out of 3	848)				
	Crisis Inter	vention Standards - Standard	192			
100.0%						
75.0%						
50.0%	5	53.5%	51.2%	54.8%		
51.9%			51.270			
25.0%	- Current Performance					
0.0%						
FY14 Q4	FY15 G	Q1 FY1	5 Q2	FY15 Q3		

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Community Resources and Treatment Services Crisis Intervention Services

		Standard 19.3				
Measuremer	t Face to face crisis used.	ace to face crisis contacts in which a previously developed crisis plan was available and sed.				
Standard	To Be Established					
Data Source	Quarterly Crisis Co	ntract Performance Data				
Current Leve	1.9% (75 out of 38	48)				
100.0% 75.0% 50.0%	Crisis Ir	ntervention Standards - Standard	19.3			
2.6%)	2.0%	2.8%	1.9%		
0.0% • FY14 Q4	FY1	5 Q1 FY1	5 Q2	FY15 Q3		

	Star	ndard 19.4			
Measuremer	The crisis contacts in the crisis.	Face to face crisis contacts in which client has a CI worker and worker was notified abo he crisis.			
Standard	Compliance: 90% (3 out of 4 q	uarters)			
Data Source	e Quarterly Crisis Contract Perfo	ormance Data			
Current Leve	el 92.4% (979 out of 1059)				
100.0%		Standards - Standard 19.4			
75.0% 85.49		92.5%	92.4%		
50.0%					
25.0%	Current Performance Compliance Standard				
0.0%					
FY14 Q4	FY15 Q1	FY15 Q2	FY15 Q3		

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.

Standard 21.1				
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 6.9% (81 out of 1177)				
400.00/	Treatment Services - Standard 21.1			
75.0%	Current Performance Compliance Standard			
50.0% 25.0% 7.0%	8.9%	6.8%	6.9%	
0.0% FY14 Q3	FY14 Q4	FY15 Q1	FY15 Q2	

		Standard 21.2				
measurement	ë .	at Riverview determined to be rea	ady for discharge who are discha	arged		
	within 7 days of that det					
Standard	Performance: 75% (with	hin 7 days of that determination)				
Stanuaru	Compliance: 70% (with	in 7 days of that determination)				
Data Source	Riverview Psychiatric C	enter Discharge Data				
Current Level	100.0% FY15 Q3 (Lack	c of mental health treatment did no	ot impede discharge for any patie	ents		
	within 7 days)					
	Trea	tment Services - Standard 21.2				
100.0%				•		
100.0%		100.0%	100.0% 100.0	0%		
75.0%						
		ī				
50.0%			1	-		
-	Current Performance	-	1			
25.0% -	Compliance Standard					
0.0%						
FY14 Q4	FY15	Q1 FY1	5 Q2 FY	15 Q3		

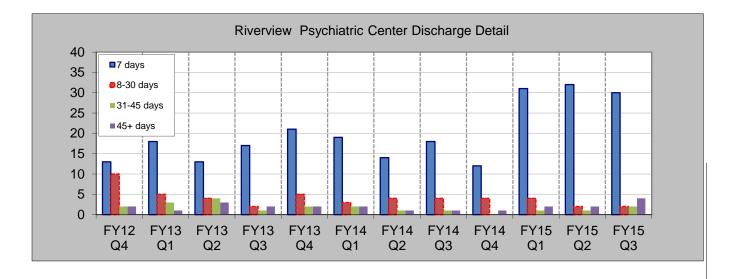
DHHS Office of Substance Abuse and Mental Health Services

Community Resources and Treatment Services Treatment Services

		Standard 21.3			
Measurement	U U U	Percentage of patients at Riverview determined to be ready for discharge who are			
Measurement		0 days of that determination			
Standard		(within 30 days of that det			
		within 30 days of that dete		ion)	
Data Source		ric Center Discharge Data			
Current Level		ack of mental health treat	tment d	lid not impede discharg	e for any
	patients within 30 d	ays)			
	Tre	atment Services - Standa	rd 21.3		
100.0%		100.0%	•	100.0%	100.0%
		100.070		100.0%	100.070
75.0%					
50.0%					
	 Current Performance 				
25.0% - Compliance Standard					
0.00/					
		5.04		00	
FY14 Q4	FY1	5 QT	FY15	Q2	FY15 Q3

			Standard 21.4			
Measu	irement	Percentage of patients at		e ready for discharge w	vho are	
	discharged within 45 days of that determination					
		Performance: 100% (withi		,		
Star	ndard	Compliance: 90% (within 4	45 days of that determinat	ion with certain clients e	excepted by	
		agreement of the parties a	and the Court Master)			
Data	Source	Riverview Psychiatric Cen	0			
Currer	nt Level	100.0% FY15 Q3 (Lack of	mental health treatment	did not impede discharg	ge for any	
Ounci		patients within 45 days)				
		Treatment	t Services - Standard 21.4	ļ.		
100.0%	-100.0%	•			•	
		100.0	%	100.0%	100.0%	
75.0% -						
50.0% -						
30.078		Current Performance				
25.0% -						
_0.070		- Compliance Standard				
0.0% -			i			
FY14	4 Q4	FY15 Q1	FY15	5 Q2	FY15 Q3	

Community Resources and Treatment Services Treatment Services



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

38 Civil Patients discharged in quarter

30 discharged at 7 days (78.9%)

2 discharged 8-30 days (5.3%)

2 discharged 31-45 days (5.3%)

4 discharged post 45 days (10.5%)

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			
Measu	irement	Domain average of	Domain average of positive responses in the Perception of access domain				
Star	ndard		Performance: At or above 85% Compliance: OAMHS conducts review, takes action if results fall below defined levels.				
Data S	Source	Adult Mental Health	and Well Being	Survey			
Currer	nt Level	83.3%					
100.0%		Trea	atment Services ·	Standard 22.1		83.3%	
75.0% 50.0% -	77.0%		77.8%	77.1%			
25.0% - 0.0% -	Compliance Standard						
20	11	20)12	20	13	2014	

		Standard	22.2			
Measurement	Domain average of p	omain average of positive responses in the General Satisfaction domain				
Standard	Performance: at or a	bove 85%				
Data Source	Adult Mental Health	and Well Being	Survey			
Current Level	82.6%					
100.0%	Trea	tment Services	- Standard 22.2			
100.0%						
75.0% 82.9%		84.4%	82.5%	82.69		
50.0%]				
25.0%	Current Performance Performance Standard					
0.0%						
2011	20	12	20	2014		

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		
Class members with IS		ployment support needs.	
Performance: 10% or f	ewer		
ISP RDS Data			
3.0% (365out of 1177)			
Vocational E	Employment Services - Standard	26.1	
Current Performance			
	3.1%	3.1%	3.0%
FY14	4 Q4 FY1	5 Q1	FY15 Q2
	Performance: 10% or f ISP RDS Data 3.0% (365out of 1177) Vocational B Current Performance Performance Standard	Class members with ISP identified unmet vocational/emp Performance: 10% or fewer ISP RDS Data 3.0% (365out of 1177) Vocational Employment Services - Standard 2 — Current Performance Performance Standard 3.1%	Class members with ISP identified unmet vocational/employment support needs. Performance: 10% or fewer ISP RDS Data 3.0% (365out of 1177) Vocational Employment Services - Standard 26.1 Current Performance Performance Standard 3.1% 3.1%

Standard 26.2					
Measurement	Class members younger that	Class members younger than age 62 in competitive employment in the community.			
Standard	Performance: 15% of class n	nembers employed in comp	etitive employment.		
Stanuaru	Compliance: 13% or Baselin	e (10.8%).			
Data Source	ISP RDS Data				
Current Level	6.1% (79 out of 1288)				
100.0% ¬	Vocational Employment Services - Standard 26.2				
75.0% -	Current Performance Performance Standard				
50.0%			1 1 1 1 1	_	
25.0% 5.3%	5.3%		6.0%	6.0%	
0.0%	•		•		
FY14 Q3	FY14 Q4	FY1	5 Q1	FY15 Q2	

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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)				
	Performance: 15% in either competitive or supported employment				
Standard	Compliance: If number falls below 10%, Department cond	ucts further review and takes			
	appropriate action.				
Data Source	Adult Mental Health and Well Being Survey				
Current Level	10.2% (110 out of 1080)				
	Vocational Employment Services - Standard 26.3				
100.0%					
75.0% +	- Current Performance				
75.07	Compliance Standard				
50.0%					
25.0%	9.1% 2.5%				
13.8%		10.2%			
0.0%	2012 2012				
2011	2012 2013	2014			

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		
		<u> </u>	
Measurement	Percentage of class members with ISP identified	d unmet transportation nee	ds.
Standard	Compliance: 10% or fewer (3 out of 4 quarters)		
Data Source	ISP RDS Data		
Current Level	4.3% (51 out of 1177)		
400.0%	Transportation - Standard 28.1		
100.0%			
75.0%	Compliance Standard	 	
50.0%			
50.0%			
25.0% 3.8%	4.3%	4.2%	4.3%
0.0%	•	+	
FY14 Q3	FY14 Q4 FY	15 Q1	FY15 Q2

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

			Standard 31.1			
Measu	rement		SP identified class member unmet needs in recreational, social, avocational and spiritual			
		areas.				
Stan		Performance: 10% or fe	ewer			
Data S	Source	ISP RDS Data				
Curren	t Level	3.7% (44 out of 1177)				
100.0% - 75.0% - 50.0% -		Current Performance	tional/Spiritual Opportunities	s - Standard 31.1		
25.0% -	3.7%	3.8	3%	3.8%		
0.0% FY14	I Q3	FY14 Q4	FY1	5 Q1	FY15 Q3	

	Stand	lard 31.2			
Measurement	Domain average of positive resp	Domain average of positive responses in the Social Connectedness domain			
Standard	Performance: At or above 65%				
Data Source	Adult Mental Health and Well Be	ing Survey			
Current Level	62.1% (716 out of 1153)				
100.0% 75.0% 50.0%	Recreation/Social/Avocational/Sp 63.1%	iritual Opportunities 62.8%		2.1%	
25.0%	Current Performance Performance Standard			-	
2011	2012	20	13 24	014	

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 ar	nd			
measurement	12 month re-certification				
Standard	Standard to be established.				
Data Source	Enrollment data (Based on overall composite score.)				
Current Level	28.9% (393 out of 1361)				
100.0% -	Individual Outcomes - Standard 32.1				
	- Current Performance				
50.0%					
25.0% 33.7%	29.6% 29.1% 28.9%				
0.0%	FY14 Q4 FY15 Q1 FY15 Q2	2			

	Standard 32.2				
Measurement	Class Members who have maintained level of functioning between baseline and 12 month				
Measurement	re-certification.				
Standard	Standard to be established.				
Data Source	Enrollment data (Based on overall composite s	score.)			
Current Level	37.8% (515 out of 1361)				
100.0%	100.0% - Individual Outcomes - Standard 32.2				
	- Current Performance				
50.0%					
25.0% 35.5%	36.2%	37.6% 37.8%			
0.0%					
FY14 Q3	FY14 Q4	FY15 Q1 FY15 Q2			

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	d Well Being Survey			
Current Level	55.6%				
100.0% 75.0%	ΙΠΟΙΥΙ	dual Outcomes - Standard 32.3			
50.0%58. <mark>9%</mark> 25.0%	60.	9% 63	5% 55.6%		
0.0%	20	12 20	D13 2014		

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							
Measu	rement	Consumers reporting	Consumers reporting that agency staff believe that they can grow, change and recover				
Stan	dard	Performance: 80%					
Data S	Source	Adult Mental Health a	and Well Being Survey				
Curren	t Level	75.0%					
100.0% –			Recovery - Standard 33.2				
100.070				00.001			
75.0%			76.9%				
	71.9%		70.9%	75.0%			
50.0% -							
		Current Performance					
25.0% -		Performance Standard					
0.0% -		-					
201	11	201	12 20	13 2014			

		Standard 33.3				
Measurement	Consumers reporting the efforts and beliefs.	Consumers reporting that agency services and staff supported their recovery and wellness fforts and beliefs.				
Standard	Performance: 80%					
Data Source	Adult Mental Health and	I Well Being Survey Q15				
Current Level	90.8% (1047 out of 1153	3)				
100.0%	Re	ecovery - Standard 33.3				
75.0%	7	2.7%	73.4%			
50.0%	Current Performance]				
25.0%	Performance Standard					
0.0%	2012	20	13 2014			

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

		Standard 33.4				
Measurement	Consumers reporting maintain wellness.	Consumers reporting that providers offered opportunities to learn skills to strengthen and naintain wellness.				
Standard	Performance: 80%					
Data Source	Adult Mental Health a	nd Well Being Survey Q16				
Current Level	85.0% (980 out of 115	53)				
100.0% -	100.0% Recovery - Standard 33.4					
75.0%			85.0%			
73.1%		76.1%	75.3%			
50.0%						
25.0%	Current Performance					
	Performance Standard					
0.0%	i		i			
2011	2012	2 20	2014			

Standard 33.6					
Measurement		Consumers reporting that service providers offered mutual support or recovery-oriented groups run by peers.			
Standard		Performance: 80%			
Source		Adult Mental Health and Well Being Survey			
Current Level		50.7% (584 out of 1153)			
Recovery - Standard 33.6					
100.0%					
75.0%					
50.0% 5	9.1%		60.4%	61.8% 61.9	%
25.0%		Current Performance			
0.0% 2010		2011	1 20	12 2	2013