

Department of Health and Human Services
Substance Abuse and Mental Health Services
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August 1, 2013

Daniel E. Wathen, Esq.
Pierce Atwood, LLP
77 Winthrop Street
Augusta, ME 04330

RE: *Bates v. DHHS* – Quarterly Progress Report

Dear Dan:

Enclosed, pursuant to paragraph 280 of the Settlement Agreement, please find the Substance Abuse and Adult Mental Health Services Quarterly Report for the quarter ending June 30, 2013.

If you have any comments or concerns about the contents of this report, we would be glad to meet to discuss them.

Sincerely,

Guy R. Cousins
Director of Substance Abuse and Mental Health Services

cc: Helen Bailey, Esq.
Phyllis Gardiner, Assistant Attorney General
Kathy Greason, Assistant Attorney General
Mary C. Mayhew, Commissioner DHHS

Department of Health & Human Services, Office of Adult Mental Health Services
 Bates v. DHHS Consent Decree
 April, May, June : 4th Quarter, SFY 2013
[CONSENT DECREE REPORT](#)

SUMMARY
 (Section 1A)

The DHHS Office of Substance Abuse and Mental Health Services is required to report to the Court quarterly regarding compliance and progress toward meeting specific standards as delineated in the Bates v. DHHS Consent Decree Settlement Agreement, the Consent Decree Plan of October 2006, and the Compliance Standards approved October 29, 2007. The following documents are submitted as the Quarterly Progress Report for the fourth quarter of state fiscal year 2013, covering the period from April through June 2013. A link to the PDF version of each document is provided on the SAMHS website.

DOCUMENT	DESCRIPTION
1 Cover Letter, Quarterly Report: August 1, 2013 <i>Section 1</i> Microsoft Word or Adobe PDF	Letter to Dan Wathen, Court Master, submitting the Quarterly Report pursuant to paragraph 280 of the Settlement Agreement for the quarter ending June 30, 2013.
2 Fourth Quarter Fiscal Year 2013 Report on Compliance Plan Standards: Community <i>Section 2</i> Microsoft Word or Adobe PDF	Lists and updates the information pertaining to standards approved in October 2007 for evaluating and measuring DHHS compliance with the terms and principles of the Settlement Agreement.
3 Performance and Quality Improvement Standards <i>Section 3</i> Adobe PDF	Details the status of the Department's compliance with 34 specific performance and quality improvement standards (many are multi-part) required by the Consent Decree October 2006 Plan for this reporting quarter. Reporting includes the baseline, current level, performance standard, and compliance standard for each, including graphs.
4 Public Education – Standard 34.1 <i>Section 4</i> Excel Version or Adobe PDF	Amplifies Standard 34.1 of the Performance and Quality Improvement Standards above, detailing the mental health workshops, forums, and presentations made, including levels of participation
5 Performance Quality and Improvement Standards, Appendix: Adult Mental Health Data Sources <i>Section 5</i> Microsoft Word or Adobe PDF	Lists and describes all of the data sources used for measuring and reporting the Department's compliance on the Performance and Quality Improvement Standards.
6 Cover: Unmet Needs and Quality Improvement Initiative <i>Section 6</i> Microsoft Word or Adobe PDF	Provides a brief introduction to the unmet needs report as well as some definitions of the data, initial findings and next steps. Also includes information on the quality improvement initiatives undertaken by SAMHS.

DOCUMENT	DESCRIPTION
<p>7 Unmet Needs by CSN for FY13 Q4 <i>Section 7</i></p> <p>Adobe PDF</p> <p><i>Section 7A</i></p> <p>Adobe PDF</p>	<p>Quarterly report drawn from the Enterprise Information System (EIS) by CSN (based on client zip code), from resource need data entered by community support case managers (CI, ACT, CRS and ICM) concerning consumers (class members and non-class members) who indicate a need for a resource that is not immediately available. Providers are required to enter the information electronically upon enrollment of a client in Community Support Services and update the information from their clients' Individual Service Plans (ISPs) every 90 days via an RDS (Resource Data Summary) entered as a component of prior authorization and continuing stay requests made to APS Healthcare via their online system, CareConnections.</p>
<p>8 BRAP Waitlist Monitoring Report, <i>Section 8</i></p> <p>Microsoft Word or Adobe PDF</p>	<p>Describes status of the DHHS Bridging Rental Assistance Program's (BRAP) waitlist, focusing on the numbers served over time by priority status.</p>
<p>9 Class Member Treatment Planning Review for the 4th Quarter of Fiscal Year 2013 <i>Section 9</i></p> <p>Adobe PDF</p>	<p>Aggregate report of document reviews completed on a random sample of class member ISPs by Consent Decree Coordinators following a standardized protocol.</p>
<p>10 Community Hospital Utilization Review for the 4th Quarter of Fiscal Year 2013: Class Members <i>Section 10</i></p> <p>Adobe PDF</p>	<p>Aggregate report of Utilization Review (UR) of all persons with MaineCare or without insurance coverage admitted into emergency involuntary, community hospital based beds. UR data is reported one quarter behind to allow sufficient time for reviews and data entry to be completed.</p>
<p>11 Community Hospital Utilization Review Performance Standard 18-1, 2, 3 by Hospital: Class Members for the 4th Quarter Fiscal Year 2013 <i>Section 11</i></p> <p>Adobe PDF</p>	<p>Report drawn from UR data that details, by hospital, the percentage of ISPs obtained, ISPs consistent with the hospital treatment and discharge plan, and case manager involvement in hospital treatment and discharge planning. UR data is reported one quarter behind to allow sufficient time for reviews and data entry to be completed.</p>
<p>12 DHHS Integrated Child/Adult Quarterly Crisis Report: 4th Quarter, Fiscal Year 2013 <i>Section 12</i></p> <p>Adobe PDF</p>	<p>Aggregate quarterly report of crisis data submitted by crisis providers to the Office of Quality Improvement on a monthly basis.</p>
<p>13 Riverview Psychiatric Center Performance Improvement Report <i>Section 13</i></p>	<p>Reports on Riverview's compliance with specific indicators re: performance and quality; recording findings, problem, status, and actions for the specified quarter.</p>

DOCUMENT		DESCRIPTION
	Microsoft Word or Adobe PDF	
14	<p>APS Healthcare Reports <i>Section 14</i></p> <p>Adobe PDF</p>	<p>For members on the Community Integration waitlist who were authorized for this service, how long they waited. These reports count the number of days from the date the CFSN was opened to the date the service was authorized. The reports are run 2 quarters behind, therefore, those who were entered on the waitlist will have started the service.</p>

**Department of Health and Human Service
Office of Substance Abuse and Mental Health Services
Fourth Quarter State Fiscal Year 2013
Report on Compliance Plan Standards: Community
August 1, 2013**

	Compliance Standard	Report/Update
I.1	Implementation of all the system development steps in October 2006 Plan	As of March 2010, all 119 original components of the system development portion of the Consent Decree Plan of October 2006 have been accomplished or deleted per amendment.
I.2	Certify that a system is in place for identifying unmet needs	See attached <i>Cover: Unmet Needs August 2013</i> and <i>Unmet Needs by CSN for FY13 Q4. Found in Section 7.</i>
I.3	Certify that a system is in place for Community Service Networks (CSNs) and related mechanisms to improve continuity of care	The Department's certification of August 19, 2009 was approved on October 7, 2009.
I.4	Certify that a system is in place for Consumer councils	The Department's certification of December 2, 2009 was approved on December 22, 2009.
I.5	Certify that a system is in place for new vocational services	The Department certification of September 17, 2011 was approved November 21, 2011.
I.6	Certify that a system is in place for realignment of housing and support services	All components of the Consent Decree Plan of October 2006 related to the Realignment of Housing and Support Services were completed as of July 2009. Certification was submitted March 10, 2010. The Certification Request was withdrawn May 14, 2010.
I.7	Certify that a system is in place for a Quality Management system that includes specific components as listed on pages 5 and 6 of the plan	Department of Health and Human Services Office of Adult Mental Health Services Quality Management Plan/Community Based Services (April 2008) has been implemented; a copy of plan was submitted with the May 1, 2008 Quarterly Report. A new quality improvement plan for 2013-2018 is being developed with anticipated release in the fall of 2013.
II.1	Provide documentation that unmet needs data and information (data source list page 4 of compliance plan) is used in planning for resource development and preparing budget requests	Unmet needs reports are posted on the SAMHS website on a quarterly basis in order to inform discussions and recommendations to the Department for meeting unmet needs. Budget submissions to the Governor and the Legislature are in part built on data regarding unmet needs. This is reflected in the financial documents submitted to DAFS.
II.2	Demonstrate reliability of unmet needs data based on evaluation	See <i>Cover: Unmet Needs and Quality Improvement Initiatives August 2013</i> and the <i>Performance and Quality Improvement Standards: FY13 Quarter 4</i> for

		<p>quality improvement efforts taken to improve the reliability of the 'other' and CI unmet resource data.</p> <p>SAMHS will undertake a review of the reliability of the unmet needs data in the fall of 2013. From this review, a plan will be developed to provider training and technical assistance on identifying, recording and implementing services for unmet needs.</p>
II.3	Submission of budget proposals for adult mental health services given to Governor, with pertinent supporting documentation showing requests for funding to address unmet needs (<i>Amended language 9/29/09</i>)	The Director of SAMHS provides the Court Master with an updated projection of needs and associated costs as part of his ongoing updates regarding Consent Decree Obligations.
II.4	Submission of the written presentation given to the legislative committees with jurisdiction over DHHS ... which must include the budget requests that were made by the Department to satisfy its obligations under the Consent Decree Plan and that were not included in the Governor's proposed budget, an explanation of support and importance of the requests and expression of support ... (<i>Amended language 9/29/09</i>)	See above.
II.5	Annual report of MaineCare Expenditures and grant funds expended broken down by service area	MaineCare and Grant Expenditure Report for FY11 and FY12 was provided in the May 2013 report.
III.1	Demonstrate utilizing QM System	See attached <i>Cover: Unmet Needs August 2013</i> and the <i>Performance and Quality Improvement Standards: August 2013</i> for examples of the Department Utilizing the QM system.
III.1a	Document through quarterly or annual reports the data collected and activities to assure reliability (including ability of EIS to produce accurate data)	This quarterly report documents significant data collection and review activities of the SAMHS quality management system.
III.1b	Document how QM data used to develop policy and system improvements	See compliance standards II.3 and II.4 above for examples of how quality management data was used to support budget requests for systems improvement.
IV.1	100% of agencies, based on contract and licensing reviews, have protocol/procedures in place for client notification of rights	Contract and licensing reviews are conducted as licenses expire. A report from DLRS is included; during the last quarter 6 of 6 agencies had protocol/procedures in place for client notification of rights.
IV.2	If results from the DIG Survey fall below levels established for Performance and Quality Improvement Standard 4.2, 90% of consumers report they were given information about their rights, the Department: (i) consults with the Consumer	<p>The percentage for standard 4.2 from the 2012 DIG Survey was 89.9% (up from 88.6% in 2010). These data are posted on the SAMHS website and provided to the Consumer Council of Maine.</p> <p>SAMHS staff have been meeting to address the</p>

	Council System of Maine (CCSM); (ii) takes corrective action a determined necessary by CCSM; and (iii) develops that corrective action in consultation with CCSM. (<i>Amended language 1/19/11</i>)	methodology used for the survey and to boost consumer participation in the survey to be distributed in the fall of 2013.
IV.3	Grievance Tracking data shows response to 90% of Level II grievances within 5 days or extension.	Grievances have been responded to consistently over time. During the third quarter there were 2 Level II grievances filed; they were responded to within the 5 day period (100% compliance).
IV.4	Grievance Tracking data shows that for 90% of Level III grievances written reply within 5 days or within 5 days extension if hearing is to be held or if parties concur.	Reporting began in the 1 st quarter of calendar year 2008. Standard has been consistently addressed. There have been no Level III grievances filed in FY13.
IV.5	90% hospitalized class members assigned worker within 2 days of request - <u>must be met for 3 out of 4 quarters</u>	See attached <i>Performance and Quality Improvement Standards: August 2013</i> , Standard 5-2. This standard was not met in FY3Q4.
IV.6	90% non-hospitalized class members assigned worker within 3 days of request - <u>must be met for 3 out of 4 quarters</u>	See attached <i>Performance and Quality Improvement Standards: August 2013</i> , Standard 5-3. This standard has not met for the prior 4 quarters.
IV.7	95% of class members in hospital or community not assigned within 2 or 3 days, assigned within an additional 7 days - <u>must be met for 3 out of 4 quarters</u>	See attached <i>Performance and Quality Improvement Standards: August 2013</i> , Standard 5-4. This standard has not been met for the prior 4 quarters.
IV.8	90% of class members enrolled in CSS with initial ISP completed within 30 days of enrollment - <u>must be met for 3 out of 4 quarters</u>	See attached <i>Performance and Quality Improvement Standards: August 2013</i> , Standard 5-5. The standard consistently met since FY08.
IV.9	90% of class members had their 90 day ISP review(s) completed within that time period - <u>must be met for 3 out of 4 quarters</u>	See attached <i>Performance and Quality Improvement Standards: August 2013</i> , Standard 5-6. This standard has not been met for the past 4 quarters.
IV.10	QM system includes documentation that there is follow-up to require corrective actions when ISPs are more than 30 days overdue	Monitoring of overdue ISPs continues on a quarterly basis. As the data has been consistent over time and the feedback and interaction with providers had lessened greatly, reports are now created quarterly and available to providers upon request. Providers were notified of this change on May 18, 2011. Providers are notified when reports are run. Some do request copies. Feedback has been minimal.
IV.11	Data collected once a year shows that no > 5% of class members enrolled in CS did not have their ISP reviewed before the next annual review	The 2012 data analysis indicates that out of 1,398 records for review, that 84 (6%) did not have an ISP review within the prescribed time frame.
IV.12	Certify in quarterly reports that DHHS is meeting its obligation re: quarterly mailings	On May 14, 2010, the court approved a Stipulated Order that requires mailings to be done only semi-annually in

		<p>2010, moving to annually in 2011 and thereafter, as long as the number of unverified addresses remains at or below 15%.</p> <p>The most recent mailing was sent in early December 2012. Percentage of unverified addresses remains below 15%.</p>
IV.13	In 90% of ISPs reviewed, all domains were assessed in treatment planning - <u>must be met for 3 out of 4 quarters</u>	<p>See Section 9 <i>Class Member Treatment Planning Review</i>, Question 2A.</p> <p>This standard has been met in 3 of the past 4 quarters. The current percentage is 95.9%.</p>
IV.14	In 90% of ISPs reviewed, treatment goals reflect strengths of the consumer - <u>must be met for 3 out of 4 quarters</u>	<p>See attached <i>Performance and Quality Improvement Standards: August 2013</i>, Standard 7-1a and <i>Class Member Treatment Planning Review</i>, Question 2B</p> <p>Standard has been met continuously since the first quarter of FY08.</p>
IV.15	90% of ISPs reviewed have a crisis plan or documentation as to why one wasn't developed - <u>must be met for 3 out of 4 quarters</u>	<p>See attached <i>Performance and Quality Improvement Standards: August 2013</i>, Standard 7-1c (does the consumer have a crisis plan) and <i>Class Member Treatment Planning Review</i>, Question 2F</p> <p>Standard met since the beginning of FY09</p>
IV.16	QM system documents that SAMHS requires corrective action by the provider agency when document review reveals not all domains assessed	<p>See Section 9 <i>Class Member Treatment Planning Review</i>, Question 6.a.1 that addresses plans of correction.</p> <p>In 53.1% of cases, SAMHS required a correction action plan from providers.</p>
IV.17	In 90% of ISPs reviewed, interim plans developed when resource needs not available within expected response times - <u>must be met for 3 out of 4 quarters</u>	<p>See attached <i>Performance and Quality Improvement Standards: August 2013</i>, Standard 8-2 and <i>Class Member Treatment Plan Review</i>, Question 3F.</p> <p>This standard has been met in 4 out of the 4 quarters.</p>
IV.18	90% of ISPs review included service agreement/treatment plan - <u>must be met for 3 out of 4 quarters</u>	<p>See attached <i>Performance and Quality Improvement Standards: August 2013</i>, Standard 9-1 and <i>Class Member Treatment Plan Review</i>, Questions 4B & C.</p> <p>This standard has not met in 3 of the past 4 quarters.</p>
IV.19	<p>90% of ACT/ICI/CI providers statewide meet prescribed case load ratios - <u>must be met for 3 out of 4 quarters</u></p> <p>Note: As of 7/1/08, ICI is no longer a service provided by DHHS.</p>	<p>See attached <i>Performance and Quality Improvement Standards: August 2013</i>, Standard 10.1 and 10-2</p> <p>Community Integration -- standard met since the 2nd quarter FY08.</p> <p>ACT – standard met for the 2nd, 3rd and 4th quarters FY10; the 1st, 2nd and 4th quarters FY11; all 4 quarters of FY12, and all 4 quarters of FY13.</p>

IV.19	90% of ICMs with class member caseloads meet prescribed case load ratios - <u>must be met for 3 out of 4 quarters</u>	ICMs' work is focused on community forensic and outreach services. Individual ICMs no longer carry caseloads. Should this change in the future, SAMHS will resume reporting on caseload ratios.
IV.20	90% of OES workers with class member public wards - meet prescribed caseloads <u>must be met for 3 out of 4 quarters</u>	See attached <i>Performance and Quality Improvement Standards: August 2013</i> , Standard 10-5. This standard has not been met in the last 4 quarters.
IV.21	Independent review of the ISP process finds that ISPs met a reasonable level of compliance as defined in Attachment B of the Compliance Plan	
IV.22	5% or fewer class members have ISP-identified unmet residential support - <u>must be met for 3 out of 4 quarters</u> and	See attached <i>Performance and Quality Improvement Standards: August 2013</i> , Standard 12-1 Standard met for the 4 th quarter FY08; the 1 st , 3 rd and 4 th quarters of FY09; all quarters of FY10 and FY11; all 4 quarters of FY12 and all 4 in FY13.
IV.23	EITHER quarterly unmet residential support needs for one year for qualified (qualified for state financial support) non-class members do not exceed by 15 percentage points those of class members OR if exceeded for one or more quarters, SAMHS produces documentation sufficient to explain cause and to show that cause is not related to class status and	Unmet residential supports do not exceed 15 percentage points of Class Members. Data are normally reported in July. This report was produced in October this year but, in order to ensure data continuity, it uses only data that would have been reported in July. Reporting for this standard will be done again in July 2013. See attached report Consent Decree Compliance Standards IV.23 and IV.43
IV.24	Meet RPC discharge standards (below); or if not met document reasons and demonstrate that failure not due to lack of residential support services <ul style="list-style-type: none"> • 70% RPC clients who remained ready for discharge were transitioned out within 7 days of determination • 80% within 30 days • 90% within 45 days (with certain exceptions by agreement of parties and court master) 	See attached <i>Performance and Quality Improvement Standards: August 2013</i> , Standards 12-2, 12-3 and 12-4 Standard met since the beginning of FY08.
IV.25	10% or fewer class members have ISP-identified unmet needs for housing resources - <u>must be met for 3 out of 4 quarters</u> and	See attached <i>Performance and Quality Improvement Standards: August 2013</i> , Standard 14-1 Standard met in FY13 and 21 out of the last 26 quarters.
IV.26	Meet RPC discharge standards (below); if not met, document that failure to meet is not due to lack of housing resources. <ul style="list-style-type: none"> • 70% RPC clients who remained ready for discharge were transitioned out within 7 days of determination 	See attached <i>Performance and Quality Improvement Standards: August 2013</i> , Standard 14-4, 14-5 & 14-6 Standard 14-4 met since the beginning of FY09, except for Q3 FY10. Standard 14-5 met for the 2 nd , 3 rd and 4 th quarters FY09;

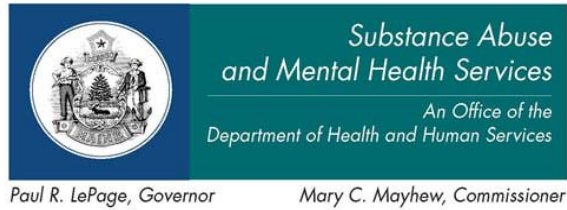
	<ul style="list-style-type: none"> • 80% within 30 days • 90% within 45 days (with certain exceptions by agreement of parties and court master) 	<p>the 2nd and 4th quarters of FY10; all quarters of FY11; all 4 quarters of FY12; and 4 quarters of FY13.</p> <p>Standard 14-6 met for the 2nd and 4th quarters FY09; the 2nd and 4th quarters FY10; all of FY11; 4 quarters of FY12, and 4 quarters of FY13.</p>
IV.27	<p>Certify that class members residing in homes > 8 beds have given informed consent in accordance with approved protocol</p>	<p>Results reported in <i>Performance and Quality Improvement Standards: July 2010 Report</i>, Standard 15-1</p> <p>This standard has been met since 2007.</p> <p>SAMHS submitted an amendment request to the court master to modify this requirement on November 23, 2011. The court master approved SAMHS' request to hold the 2011 annual review in abeyance pending a decision on the amendment request.</p>
IV.28	<p>90% of class member admissions to community involuntary inpatient units are within the CSN or county listed in attachment C to the Compliance Plan</p>	<p>See attached <i>Performance and Quality Improvement Standards: August 2013</i>, Standard 16-1 and <i>Community Hospital Utilization Review – Class Members 1th Quarter of Fiscal Year 2013</i>.</p> <p>In FY10: 1st quarter 88.2% (15 of 17); 2nd quarter 81.8% (9 of 11); 3rd quarter 82.4% (14 of 17); and 4th quarter 90.9% (20 of 22).</p> <p>In FY11: 88% (22 of 25) in the 1st quarter; 75% (9 of 12) in the 2nd quarter; 78.9% (15 of 19) in the 3rd quarter and 80% (12 of 15) in the 4th quarter.</p> <p>In FY12: 76.2% (16 of 21) in the 1st quarter 63.6% (14 of 22) in the 2nd quarter 77.8% (7 of 9) in the 3rd quarter 73.7% (14 of 19) in the 4th quarter</p> <p>IN FY13: 100% (19 of 19) in the 1st quarter 92.9% (13 of 14) in the 2nd quarter 86.7% (13 of 15) in the 3rd quarter</p>
IV.29	<p>Contracts with hospitals require compliance with all legal requirements for involuntary clients and with obligations to obtain ISPs and involve CSWs in treatment and discharge planning</p>	<p>See IV.30 below</p>
IV.30	<p>Evaluates compliance with all legal requirements for involuntary clients and with obligations to obtain ISPs and involve</p>	<p>All involuntary hospital contracts are in place.</p>

	CSWs in treatment and discharge planning during contract reviews and imposes sanctions for non-compliance through contract reviews and licensing	
IV.31	UR Nurses review all involuntary admissions funded by DHHS, take corrective action when they identify deficiencies and send notices of any violations to the licensing division and to the hospital	SAMHS reviews emergency involuntary admissions at the following hospitals: Maine General Medical Center, Spring Harbor, St. Mary's, Mid-Coast Hospital, Southern Maine Medical Center, PenBay Medical Center, Maine Medical Center/P6 and Acadia. See Standard IV.33 below regarding corrective actions.
IV.32	Licensing reviews of hospitals include an evaluation of compliance with patient rights and require a plan of correction to address any deficiencies.	13 Complaints Received 11 Complaints investigated 1 Substantiated 1 Plan of correction sought 0 Rights of Recipients Violations
IV.33	<ul style="list-style-type: none"> • 90% of the time corrective action was taken when blue papers were not completed in accordance with terms • 90% of the time corrective action was taken when 24 hour certifications were not completed in accordance with terms • 90% of the time corrective action was taken when patient rights were not maintained 	See attached <i>Performance and Quality Improvement Standards: August 2013</i> , Standards 17-2a, 17-3a and 17-4a and <i>Community Hospital Utilization Review – Class Members 3rd Quarter of Fiscal Year 2013</i> . Standards met for FY08, FY09, FY10 and FY11; FY12 Standards met for FY13
IV.34	<p>QM system documents that if hospitals have fallen below the performance standard for any of the following, SAMHS made the information public through CSNs, addressed in contract reviews with hospitals and CSS providers, and took appropriate corrective action to enforce responsibilities</p> <ul style="list-style-type: none"> • obtaining ISPs (90%) • creating treatment and discharge plan consistent with ISPs (90%) • involving CIWs in treatment and discharge planning (90%) 	See attached report <i>Community Hospital Utilization Review Performance Standard 18-1, 2, 3 by Hospital: Class Members 1st Quarter of Fiscal Year 2013</i> . The report displaying data by hospital for community hospitals accepting emergency involuntary clients is shared quarterly by posting reports on the CSN section of the Office's website. Standard 18.2 met for the past 4 quarters. Standard met for obtaining ISPs and creating treatment and discharge plans consistent with ISP; involving CWs in treatment and discharge planning was at 100% in FY13.
IV.35	No more than 20-25% of face-to-face crisis contacts result in hospitalization – <u>must be met for 3 out of 4 quarters</u>	See attached <i>Performance and Quality Improvement Standards: August 2013</i> , Standard 19-1 and <i>Adult Mental Health Quarterly Crisis Report Second Quarter, State Fiscal Year 2013 Summary Report</i> . In FY10, standard met for the 1 st quarter: slightly above for the 2 nd (25.7%), 3 rd (25.7%) and 4 th (26.1%) quarters. In FY11, standard met for the 1 st quarter, with the 2 nd (25.6%), 3 rd (26.2%) and 4 th (26.4%) quarters' results being slightly above the standard. In FY12, standard met all 4 quarters.

		In FY 13, standard met all 4 quarters.
IV.36	90% of crisis phone calls requiring face-to-face assessments are responded to within an average of 30 minutes from the end of the phone call – <u>must be met for 3 out of 4 quarters</u>	<p>See attached <i>Adult Mental Health Quarterly Crisis Report Second Quarter, State Fiscal Year 2013 Summary Report</i>.</p> <p>Starting with July 2008 reporting from providers, SAMHS collects data on the total number of minutes for the response time (calculated from the determination of need for face to face contact or when the individual is ready and able to be seen to when the individual is actually seen) and figures an average.</p> <p>Average statewide calls requiring face to face assessments are responded to within an average of 30 minutes from the end of the phone call was met for all 4 Quarters in FY12 and 4 quarters in FY13.</p>
IV.37	90% of all face-to-face assessments result in resolution for the consumer within 8 hours of initiation of the face-to-face assessment – <u>must be met for 3 out of 4 quarters</u>	<p>See attached <i>Adult Mental Health Quarterly Crisis Report Second Quarter, State Fiscal Year 2013 Summary Report</i>.</p> <p>Standard has been met since the 2nd quarter of FY08.</p>
IV.38	90% of all face-to-face contacts in which the client has a CI worker, the worker is notified of the crisis – <u>must be met for 3 out of 4 quarters</u>	<p>See attached <i>Performance and Quality Improvement Standards: August 2013</i>, Standard 19-4 and <i>Adult Mental Health Quarterly Crisis Report Second Quarter, State Fiscal Year 2013 Summary Report</i>.</p> <p>Standard has been met since the 1st quarter of FY08.</p>
IV.39	Compliance Standard deleted 1/19/2011.	
IV.40	Department has implemented the components of the CD plan related to vocational services	As of quarter 3 FY10, the Department has implemented all components of the CD Plan related to Vocational Services.
IV.41	QM system shows that the Department conducts further review and takes appropriate corrective action if PS 26.3 data shows that the number of consumers under age 62 and employed in supportive or competitive employment falls below 10%. (Amended language 1/19/11)	<p>2011 Adult Health and Well-Being Survey: 13.8% of consumers in supported and competitive employment (full or part time).</p> <p>The Director of the Office of Quality Improvement and staff from Office of Adult Mental Health quality management presented the findings at a Health Forum on July 18, 2013.</p> <p>The Department has requested feedback on recommendations from the Consumer Council on how they would like to see the data utilized.</p>

IV.42	5% or fewer class members have unmet needs for mental health treatment services – <u>must be met for 3 out of 4 quarters</u> and	See attached <i>Performance and Quality Improvement Standards: August 2013</i> , Standard 21-1 This standard has not been met for the prior 4 quarters.
IV.43	EITHER quarterly unmet mental health treatment needs for one year for qualified non-class members do not exceed by 15 percentage points those of class members OR if exceeded for one or more quarters, SAMHS produces documentation sufficient to explain cause and to show that cause is not related to class status	Unmet mental health treatment needs do not exceed 15 percentage points of Class Members. Reporting for this standard will be included in the October report. See attached report Consent Decree Compliance Standards IV.23 and IV.43
IV.44	QM documentation shows that the Department conducts further review and takes appropriate corrective action if results from the DIG survey fall below the levels identified in Standard # 22-1 (the domain average of positive responses to the statements in the Perception of Access Domain is at or above 85%) (<i>Amended language 1/19/11</i>) and	2011 Adult Health and Well-Being Survey: 77% domain average of positive responses. The Director of the Office of Quality Improvement and staff from Office of Adult Mental Health quality management will present the results of the 2012 survey will be presented at an APS Forum in the fall of 2013. The Department has requested feedback on recommendations from the Consumer Counsel on how they would like to see the data utilized.
IV.45	Meet RPC discharge standards (below); if not met, document that failure to meet is not due to lack of mental health treatment services in the community <ul style="list-style-type: none"> • 70% RPC clients who remained ready for discharge were transitioned out within 7 days of determination • 80% within 30 days • 90% within 45 days (with certain exceptions by agreement of parties and court master) 	See attached <i>Performance and Quality Improvement Standards: August 2013</i> , Standards 21-2, 21-3 and 21-4 Standard met since the beginning of FY08
IV.46	SAMHS lists in quarterly reports the programs sponsored that are designed to improve quality of life and community inclusion, including support of peer centers, social clubs, community connections training, wellness programs and leadership and advocacy training programs – list must cover prescribed topics and audiences that fit parameters of ¶105.	See attached <i>Performance and Quality Improvement Standards: August 2013</i> , Standard 30
IV.47	10% or fewer class members have ISP-identified unmet needs for transportation to access mental health services – <u>must be met for 3 out of 4 quarters</u>	See attached <i>Performance and Quality Improvement Standards: August 2013</i> , Standard 28 This standard has been consistently met since FY08.
IV.48	Provide documentation in quarterly reports of funding, developing, recruiting, and supporting an array of family support	See attached <i>Performance and Quality Improvement Standards: August 2013</i> , Standard 23-1 and 23-2. NAMI Maine is the provider of the family support

	services that include specific services listed on page 16 of the Compliance Plan	services.
IV.49	Certify that all contracts with providers include a requirement to refer family members to family support services, and produce documentation that contract reviews include evaluation of compliance with this requirement.	100% of contracts include this requirement. Documentation is maintained by the regional offices.
IV.50	Lists in quarterly reports the number and types of mental health informational workshops, forums and presentations geared to general public that are designed to reduce myths/stigma and foster community integration (cover prescribed list and fit audience parameters)	See attached <i>Performance and Quality Improvement Standards: August 2013</i> , Standard 34.1 and attached <i>Public Education Report for the past quarter</i> .



Consent Decree Performance and Quality Improvement Standards: August 2013

The attached compliance and performance standards are primarily for use in monitoring, evaluation and quality assurance of the areas covered by the Consent Decree pertaining to the community mental health system. The standards are intended to offer the parties and the court master a means of measuring system function and improvement over time and the Department's work towards compliance. If the percentage is within .5% of standard, the standard is considered met.

Starting fiscal year 2012, quarter 3, standard 5.2, 5.3 and 5.4 will now be calculated by APS Healthcare. Standard 5.1 will be calculated by APS Healthcare and reported on the next quarterly report, FY 12 Q4.

All standards utilizing RDS/enrollment data, inclusive of unmet need data, are reported one quarter behind (for example, reporting 3rd quarter data in the 4th quarter).

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

Definitions:

- Standard Title: What the standard is intending to measure.
Measure Method: How the standard is being measured.
Standard has been measured: 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
April - June 2013

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

Response to Level II Grievances within 5 days

Standard 3. Rights Dignity and Respect

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

Standard 4. Rights Dignity and Respect

1. Deleted: Amendment request to delete approved 01/19/2011
- 1a. Deleted: Amendment request to delete approved 01/19/2011
- 1b. Deleted: Amendment request to delete approved 01/19/2011
2. Consumers given information about their rights

Standard 5. Timeliness of ISP and CI/CSS Assignment

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

Standard 7. CI/CSS/ Individualized Support Planning

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

Standard 8. CI/CSS Individualized Support Planning

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

Standard 9. ISP Service Agreements

ISPs that require Service Agreements that have current Service Agreements

DHHS Office of Substance Abuse and Mental Health Services
Compliance and Performance Standards: Summary Sheet
April - June 2013

Standard 10. Case Load Ratios

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

Standard 11. CI/CSS Individualized Support Planning

Paragraph 74. Needs of Class Members not in Service

Standard 12. Housing & Residential Support Services

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

Standard 13. Housing & Residential Support Services

1. Average of positive responses in the 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

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

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

Inpatient admissions reasonably near community residence.

**Compliance and Performance Standards: Summary Sheet
April - June 2013**

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

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

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

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

Standard 19. Crisis intervention Services

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

Standard 20. Crisis Intervention Services

1. Deleted: Amendment request to delete approved 01/19/2011
2. Deleted: Amendment request to delete approved 01/19/2011

Standard 21. Treatment Services

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

Standard 22. Treatment Services

1. Average of positive responses in the 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. An array of family support services as per settlement agreement
2. Number and distribution of family support services provided

DHHS Office of Substance Abuse and Mental Health Services
Compliance and Performance Standards: Summary Sheet
April - June 2013

Standard 24. Family Support Services

1. Counseling group participants reporting satisfaction with services
2. Program participants reporting satisfaction with education programs
3. Deleted: Family participants reporting satisfaction with respite services in the community - NAMI closed its respite programs as of January 2010

Standard 25. Family Support Services

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

Standard 26. Vocational Employment Services

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

Standard 27. Vocational Employment Services

1. Deleted: Amendment request to delete approved 01/19/2011
2. Deleted: Amendment request to delete approved 01/19/2011

Standard 28. Transportation

Class Members with ISPs - Unmet transportation needs.

Standard 29. Transportation

1. Deleted: Amendment request to delete approved 01/19/2011
2. Deleted: Amendment request to delete approved 01/19/2011

Standard 30. Rec/Soc/Avocational/Spiritual Opportunities

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

Standard 31. Rec/Soc/Avoc/Spiritual

1. ISP identified class member unmet needs in recreational/social/avocational/spiritual areas
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
April - June 2013

Standard 33. Recovery

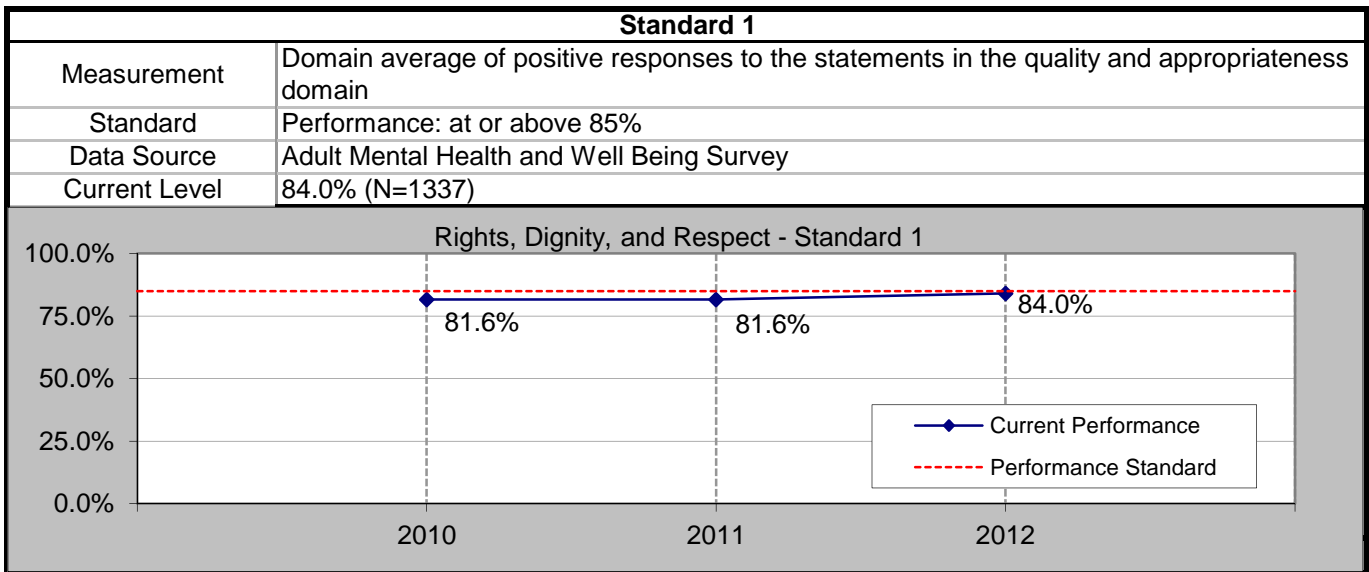
1. Consumers reporting staff helped them to take charge of managing illness.
2. Consumers reporting staff believed they could grow, change, recover
3. Consumers reporting staff supported their recovery efforts
4. Deleted: Consumers reporting that providers offered learning opportunities: questions eliminated with 2007 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

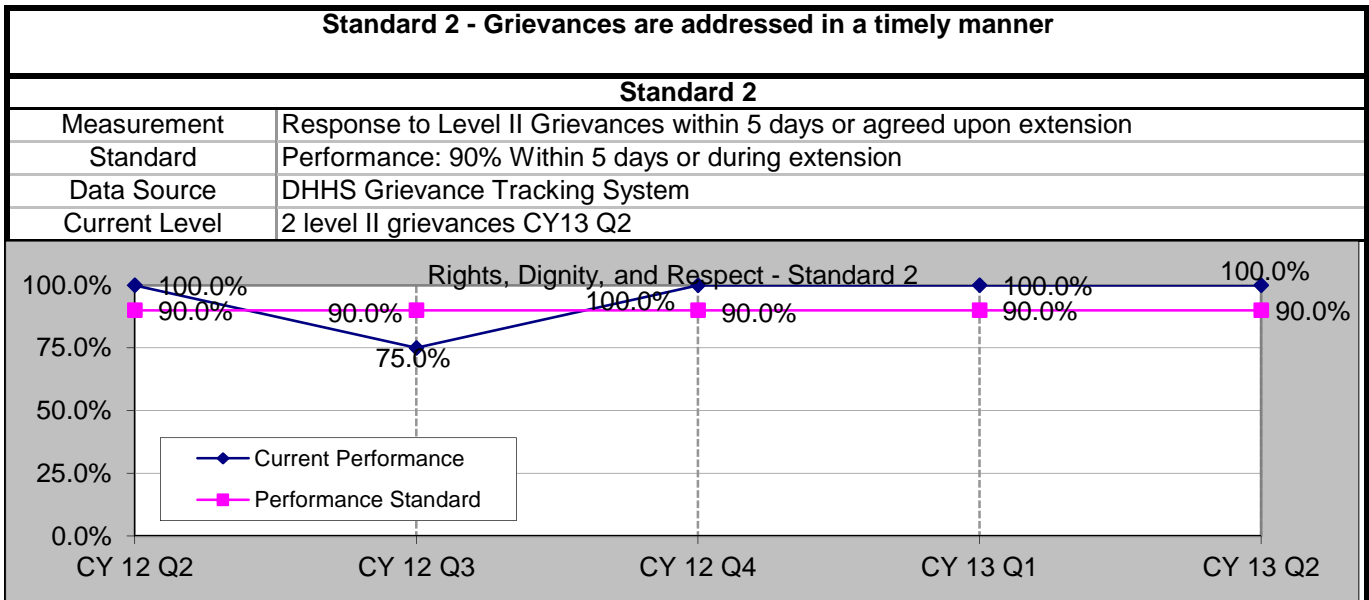
1. # MH workshops, forums and presentations geared to public participation.
2. #, type of information packets, publications, and press releases distributed to public.

Rights, Dignity, and Respect

Standard 1 - Treated with respect for their individuality

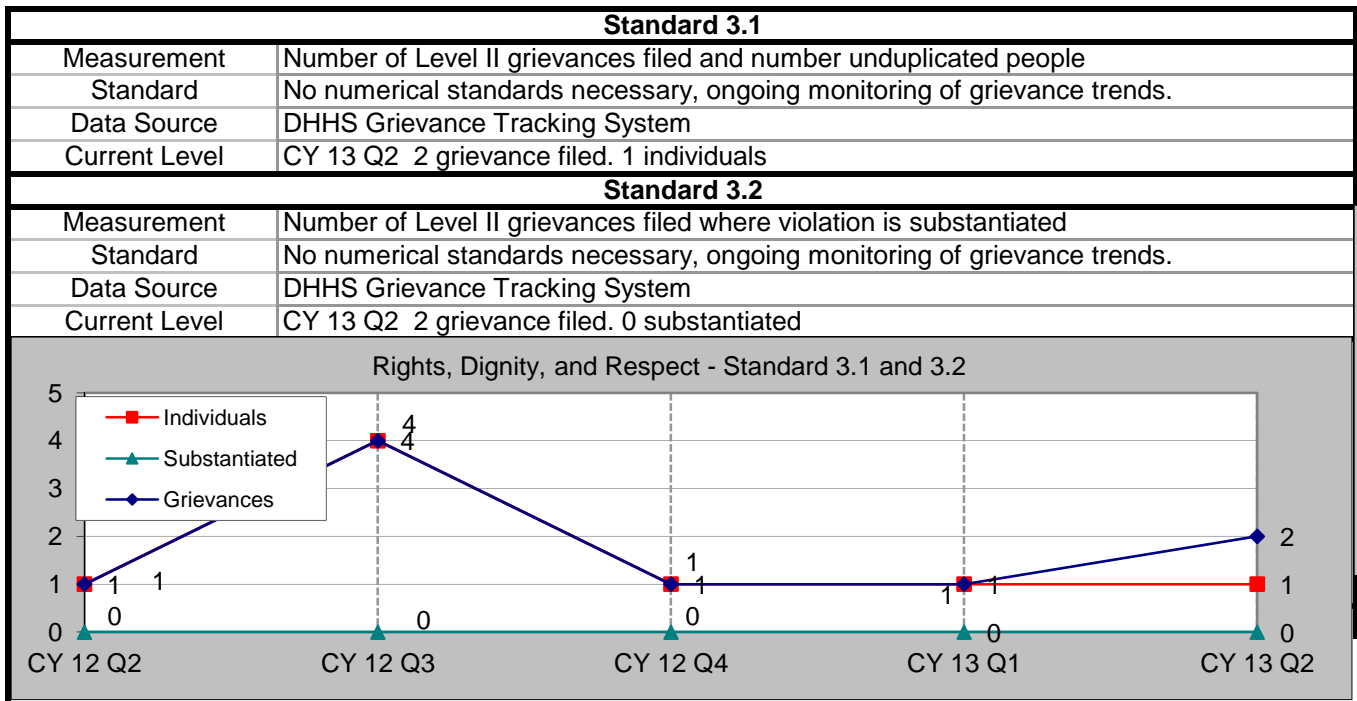


Standard 2 - Grievances are addressed in a timely manner



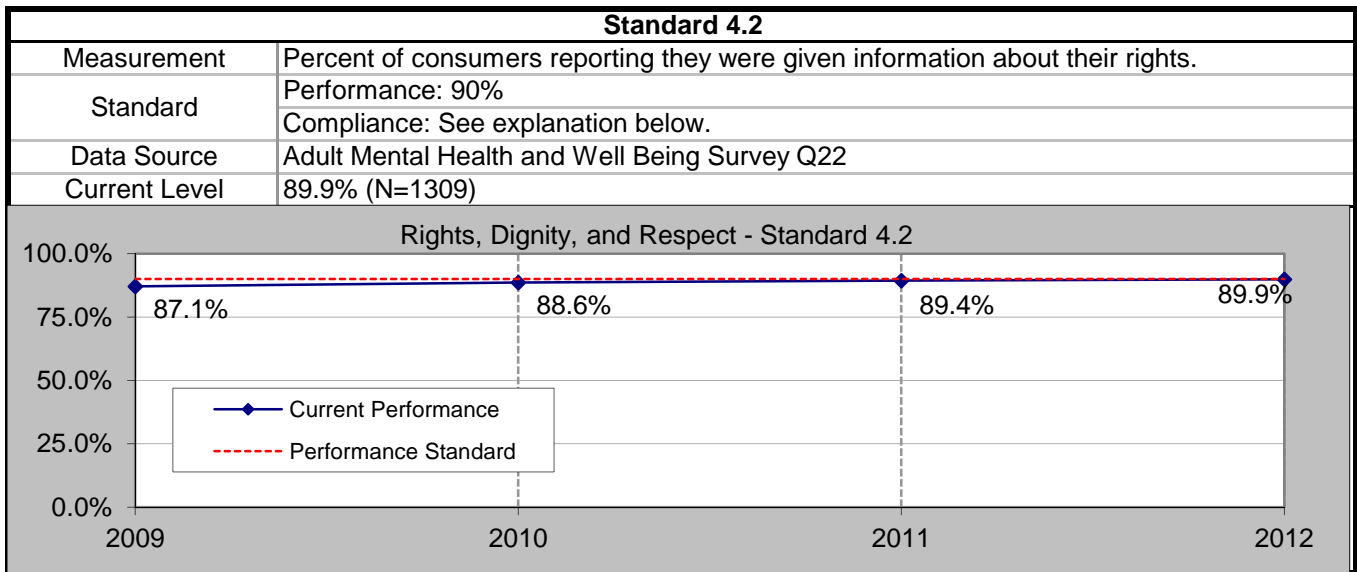
Rights, Dignity, and Respect

Standard 3 - Demonstrate rights are respected and maintained



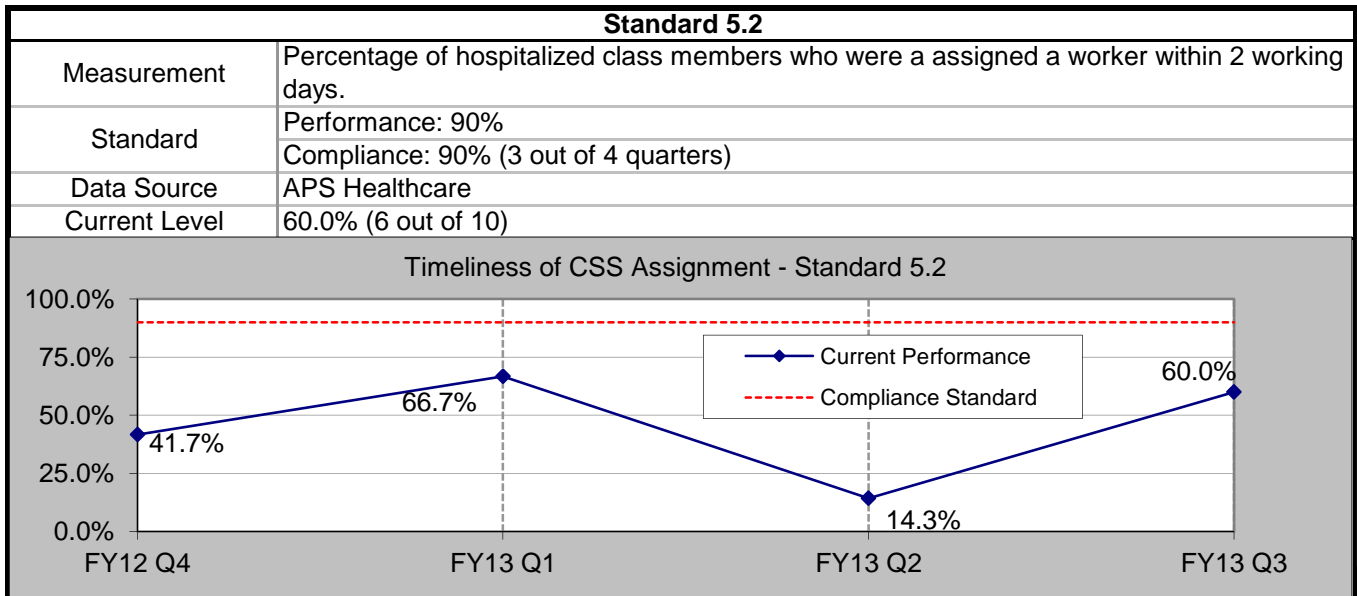
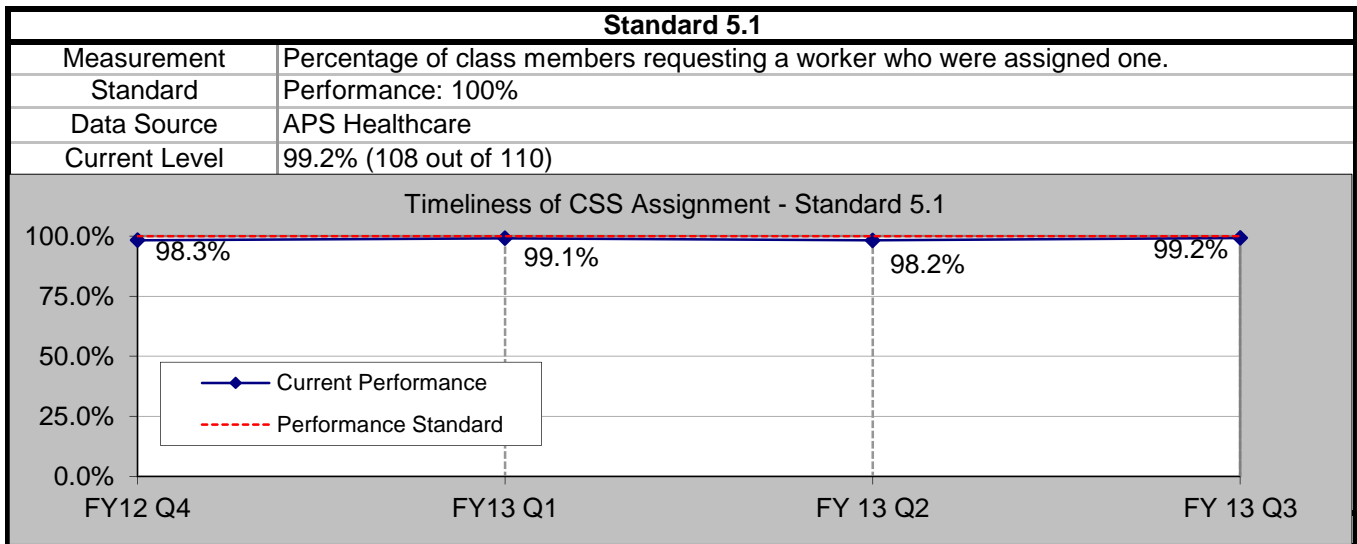
Rights, Dignity, and Respect

Standard 4 - Class Members are informed of their rights

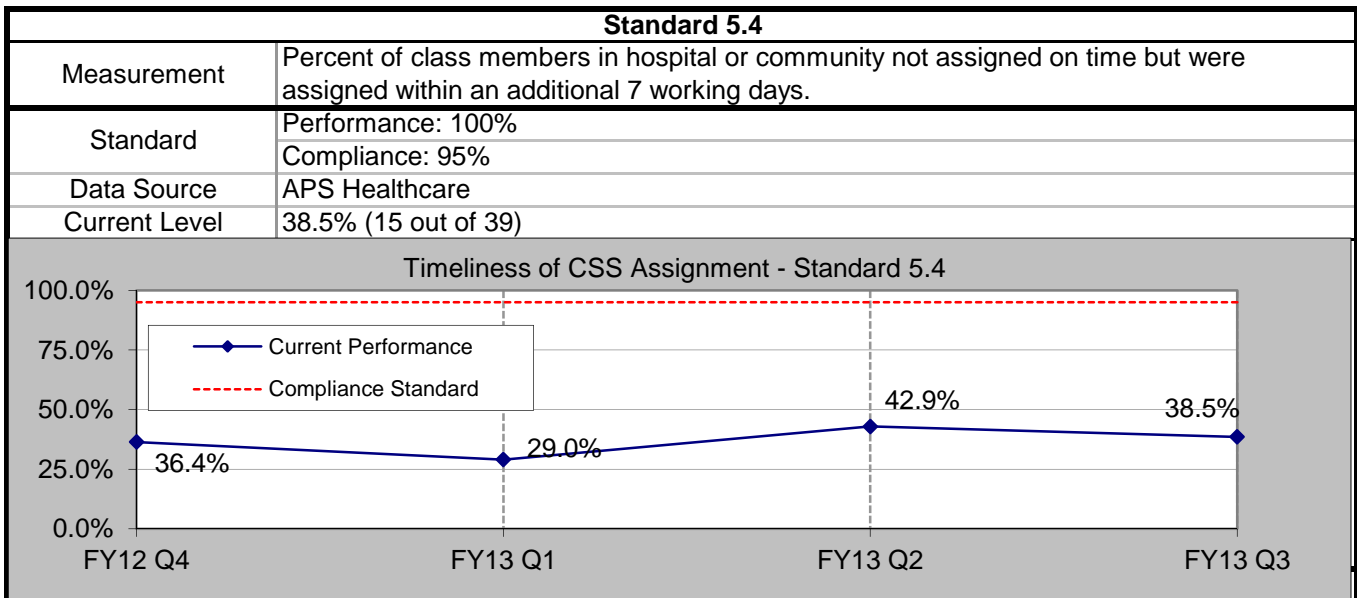
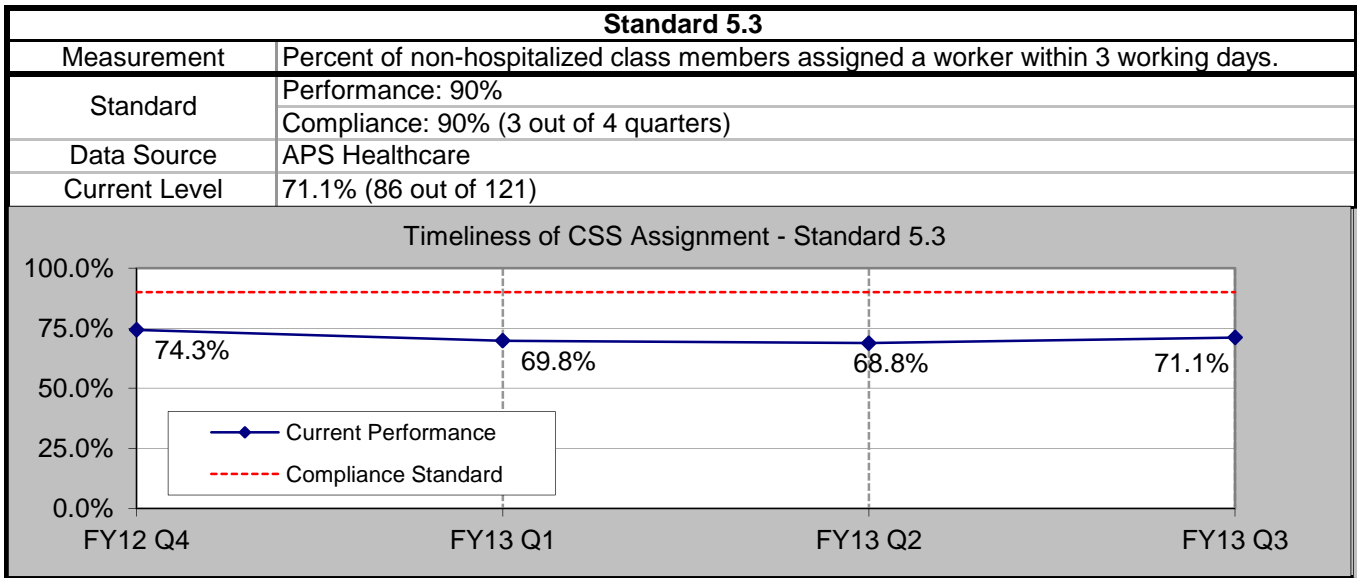


Community Integration / Community Support Services / Individualized Support Planning

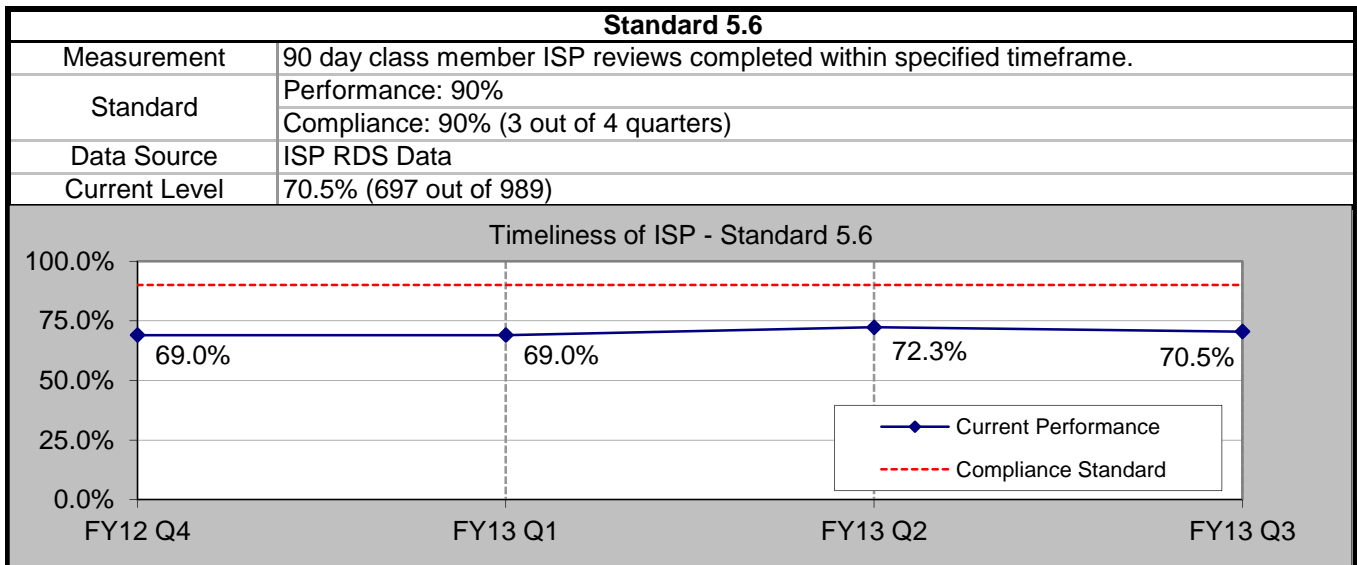
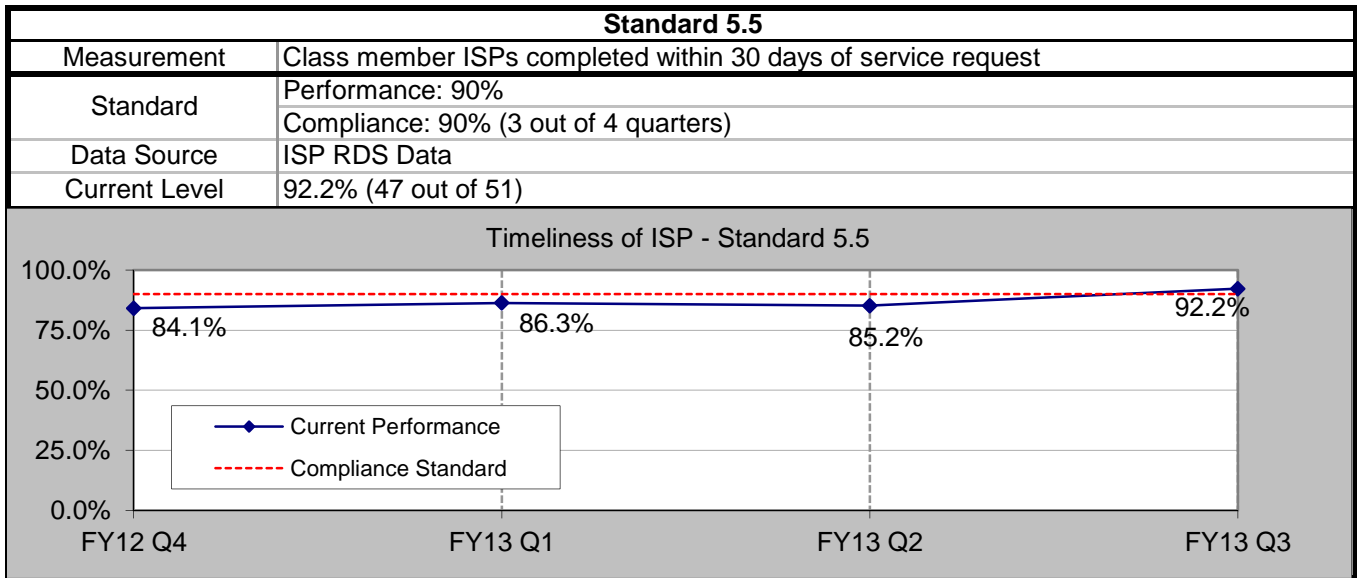
Standard 5 - Prompt Assignment of CI/ACT Workers, ISP Timeframes/Attendees at ISP Meetings



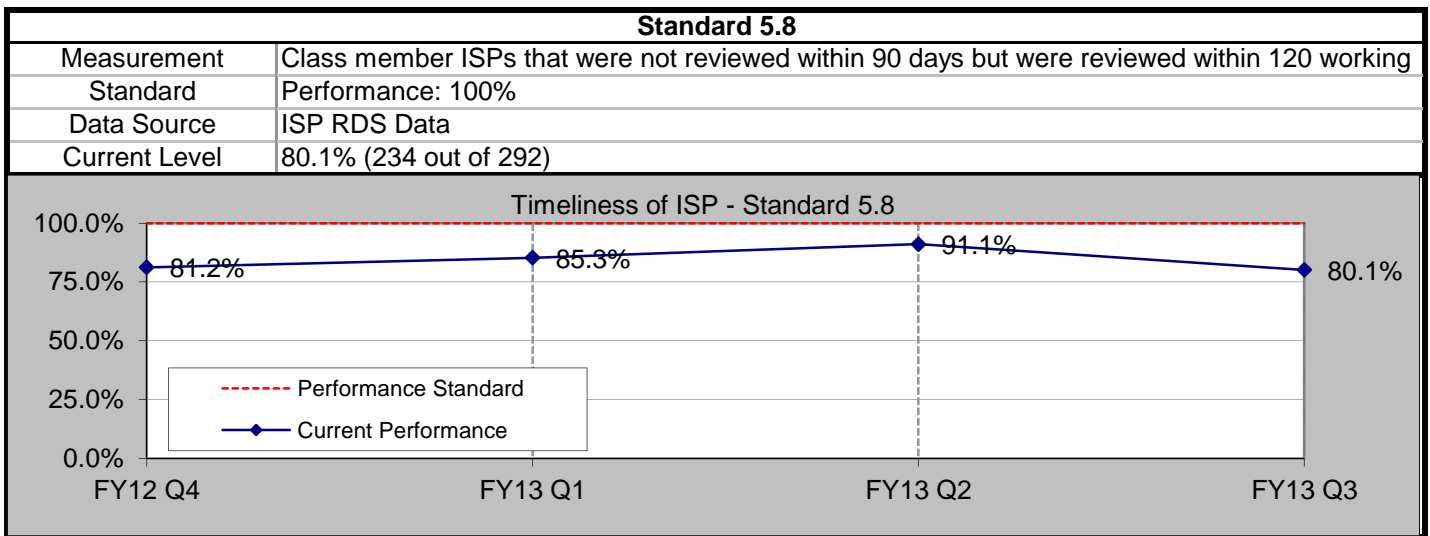
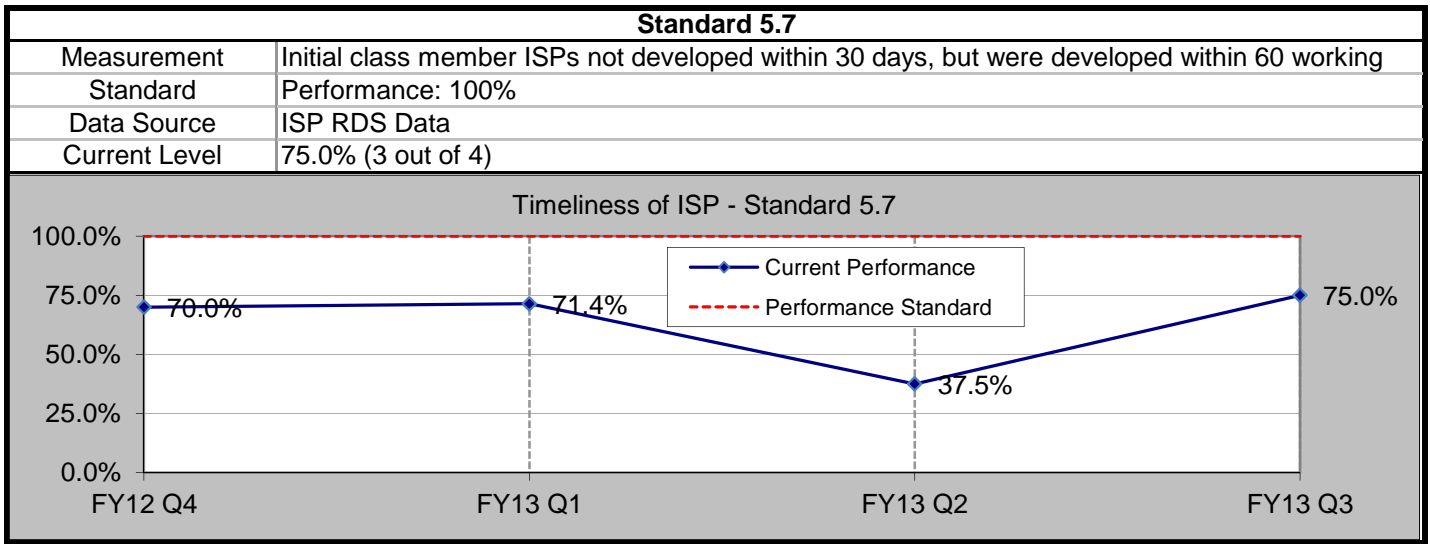
Community Integration / Community Support Services / Individualized Support Planning



Community Integration / Community Support Services / Individualized Support Planning

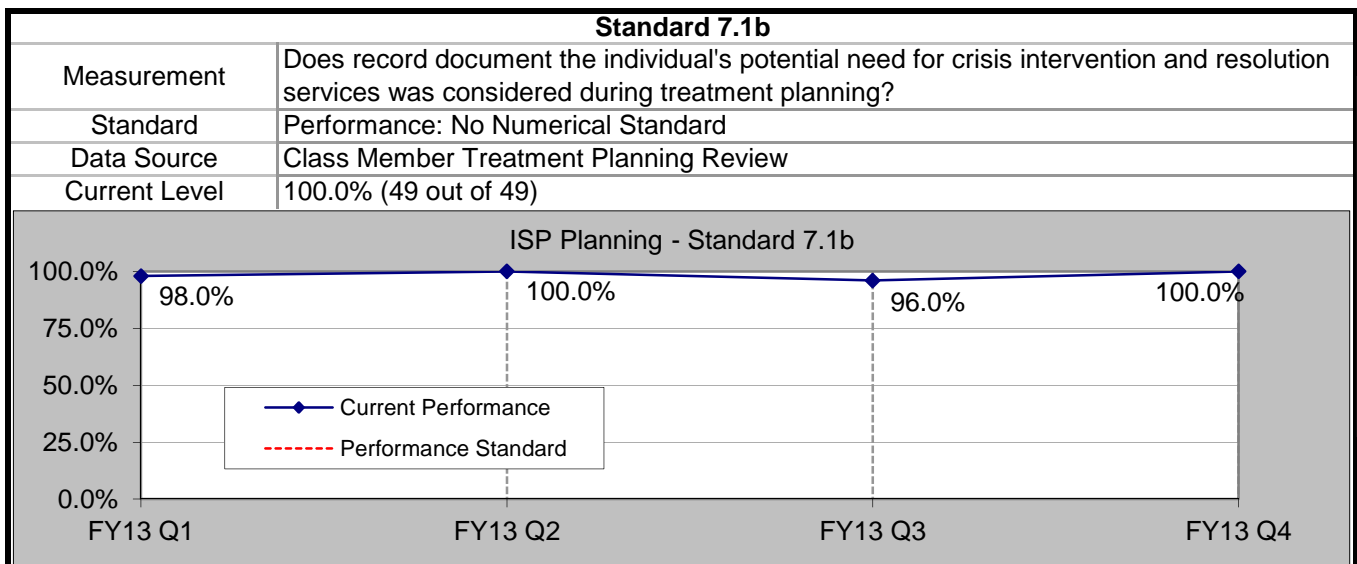
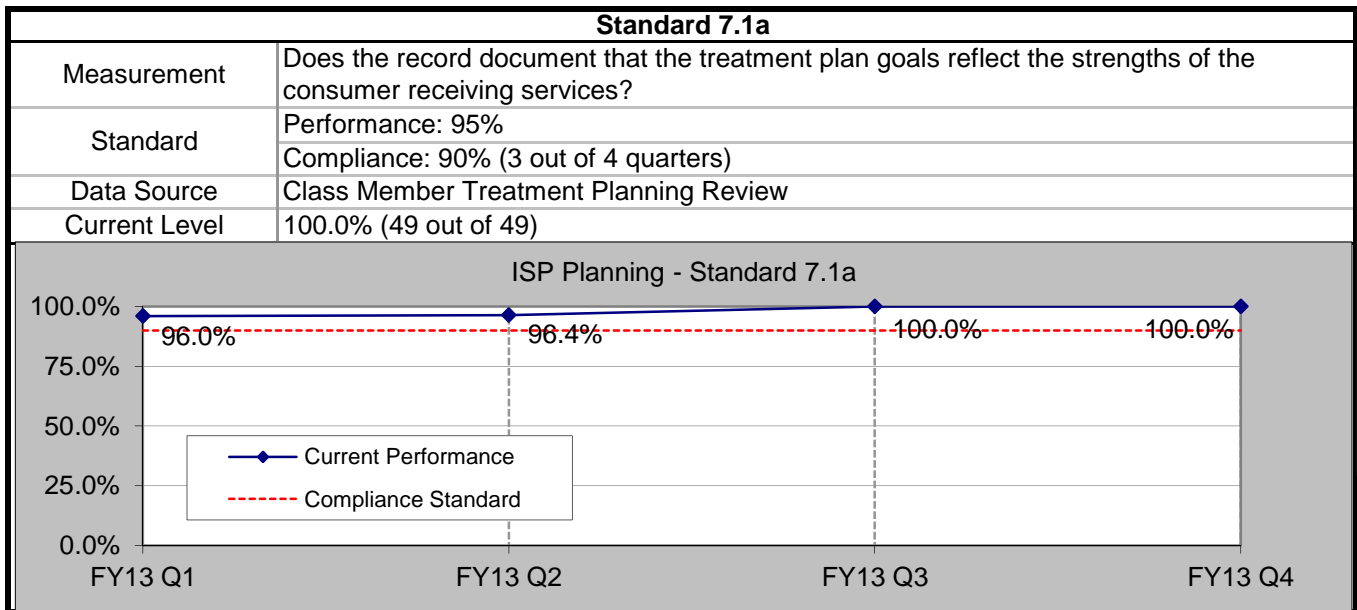


**Community Integration / Community Support Services /
Individualized Support Planning**

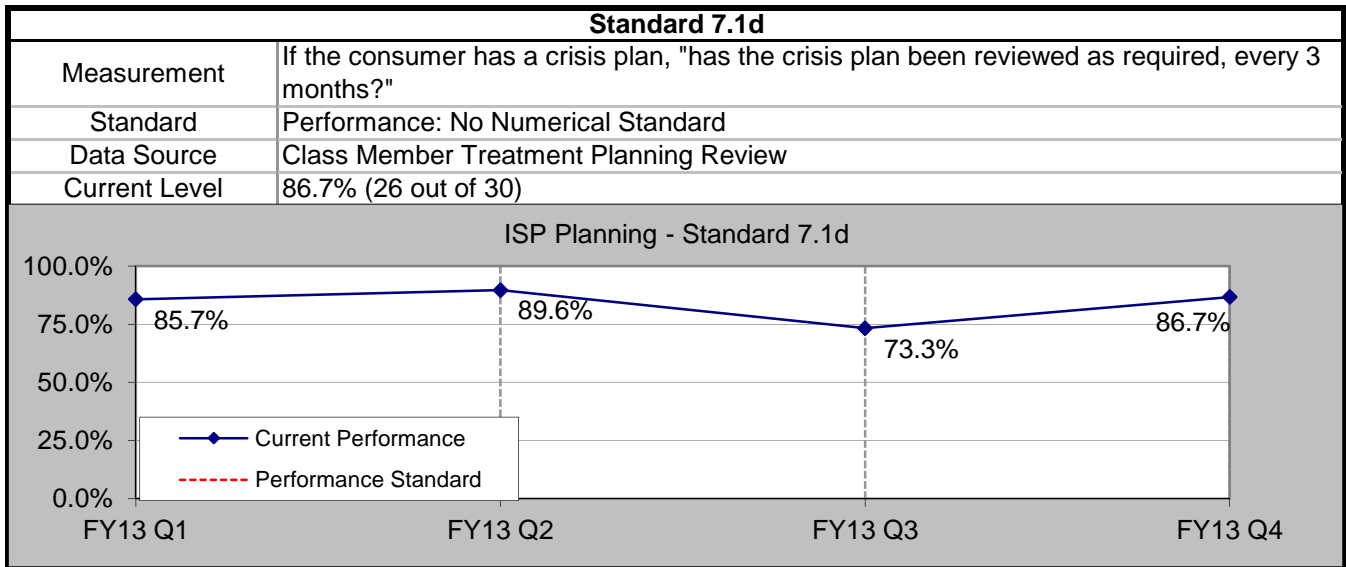
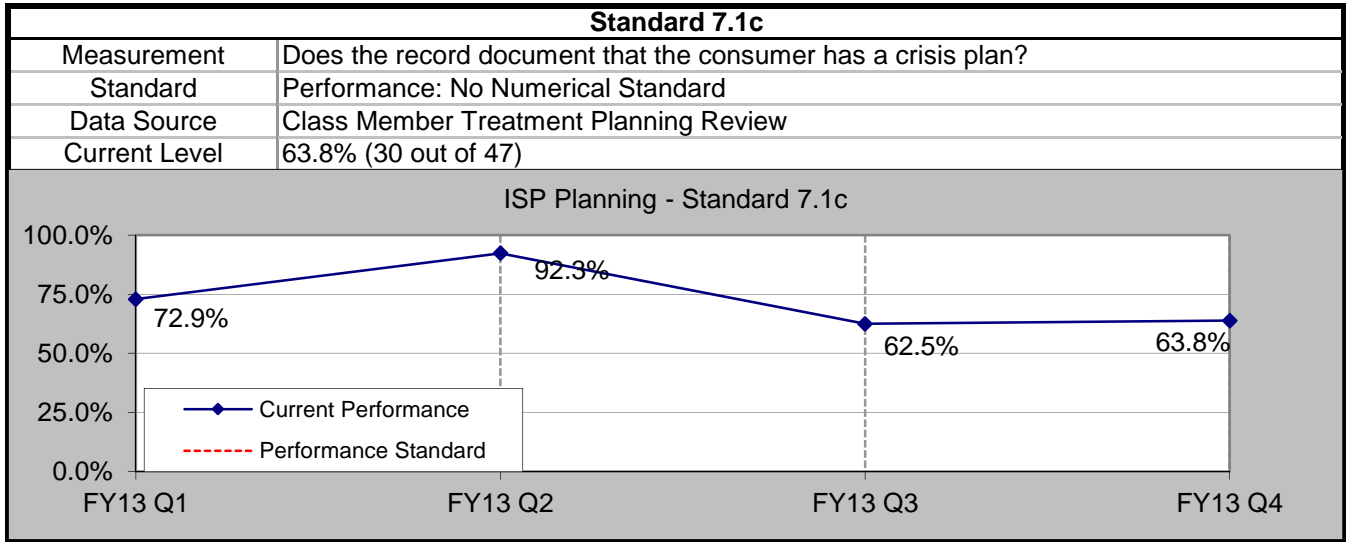


Community Integration / Community Support Services / Individualized Support Planning

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

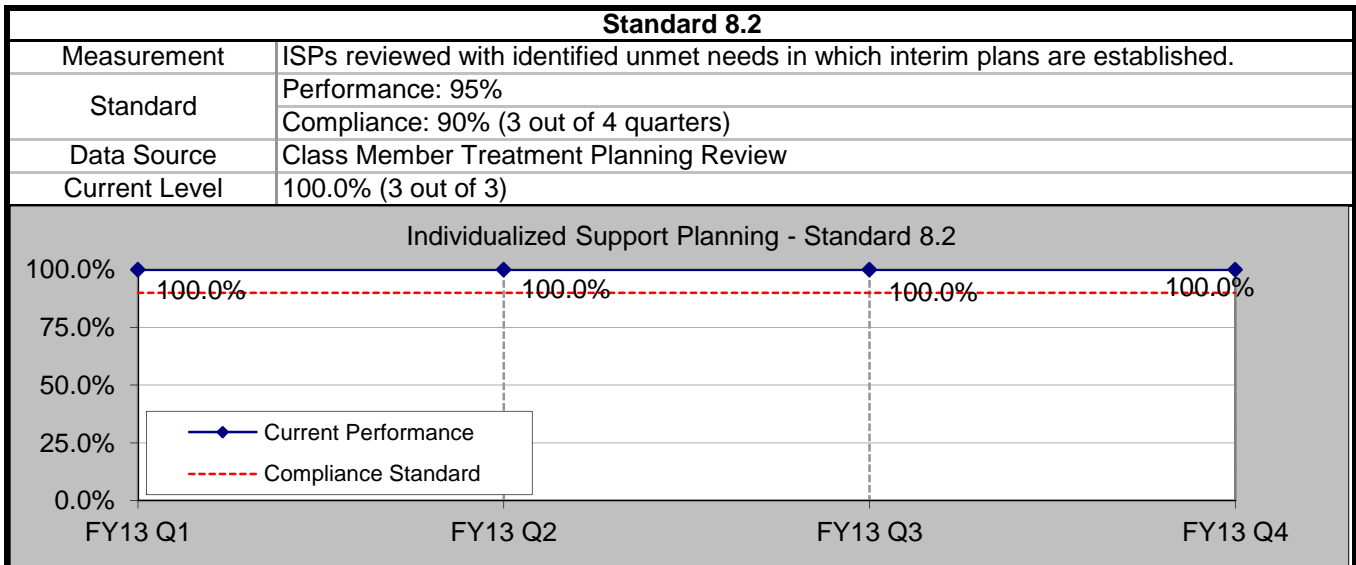
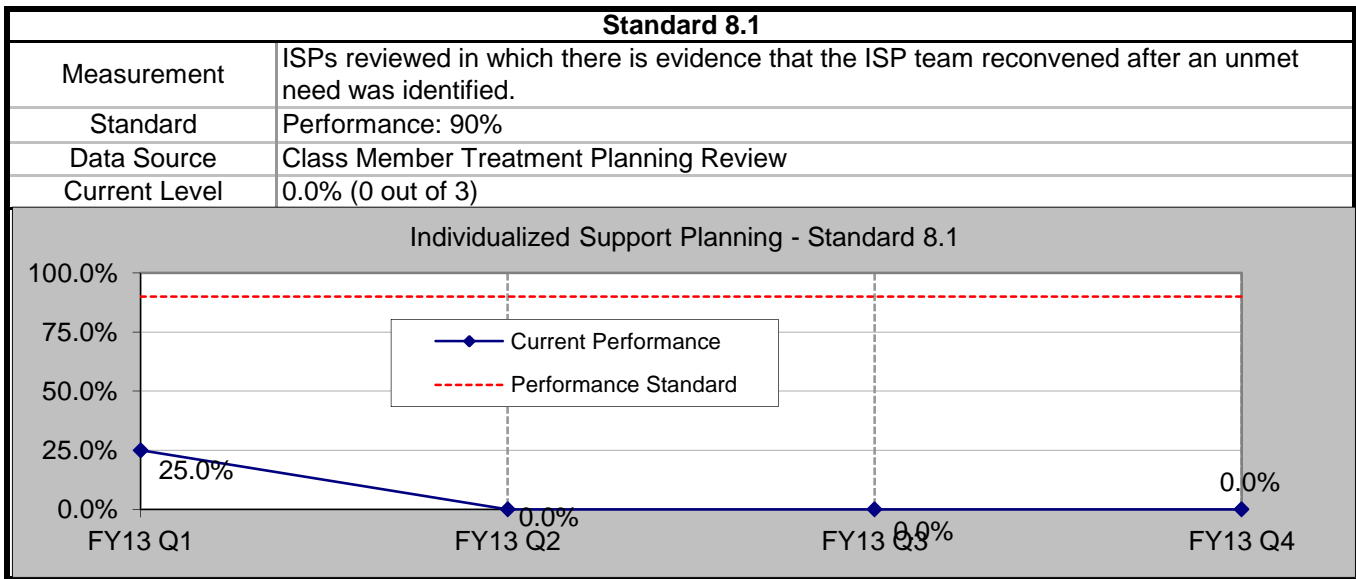


**Community Integration / Community Support Services /
Individualized Support Planning**



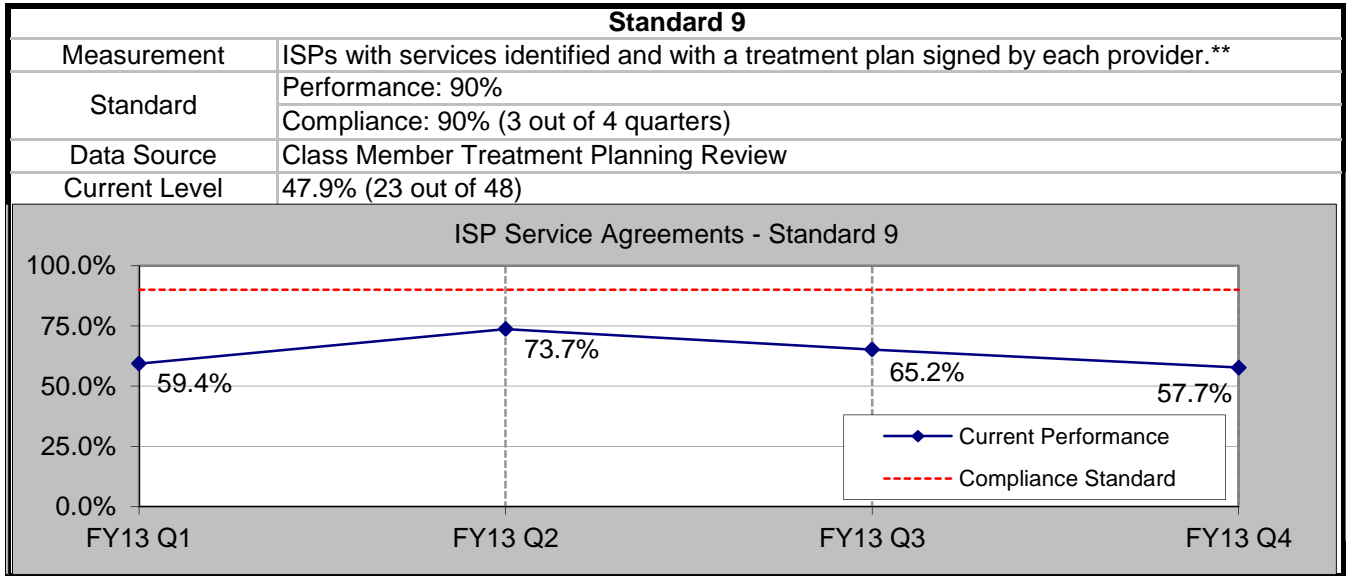
**Community Integration / Community Support Services /
Individualized Support Planning**

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



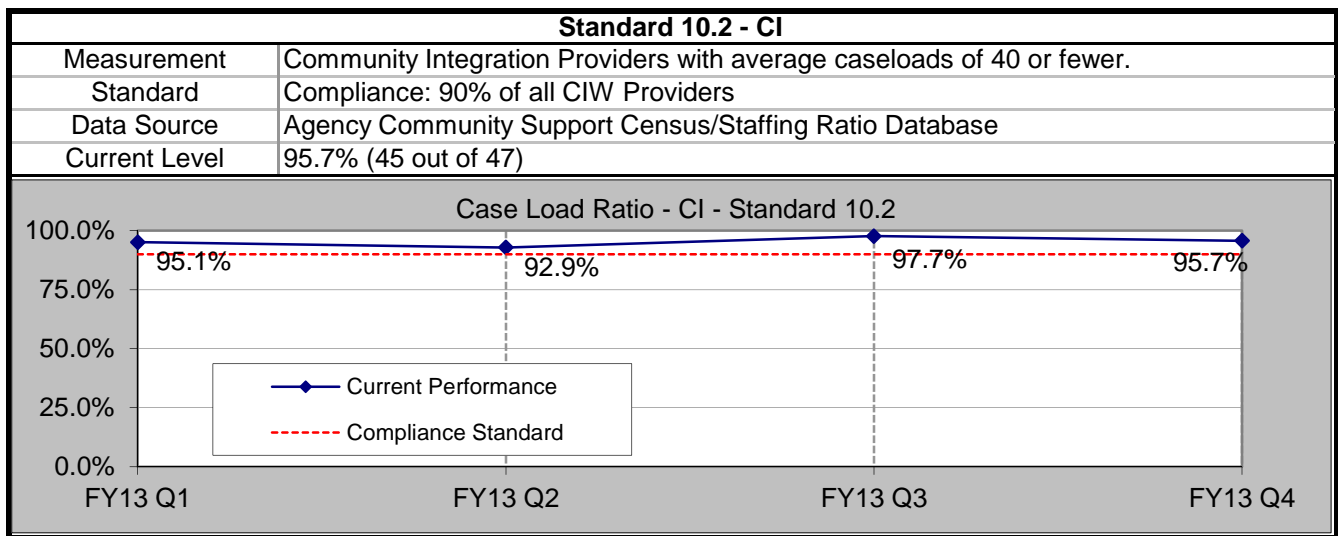
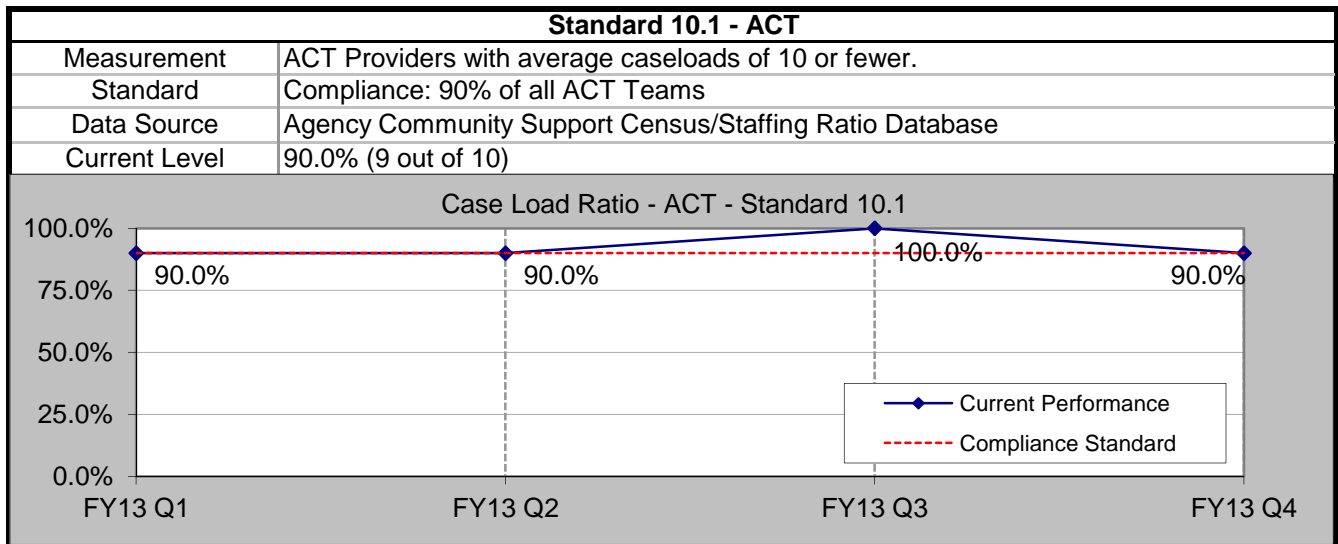
**Community Integration / Community Support Services /
Individualized Support Planning**

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



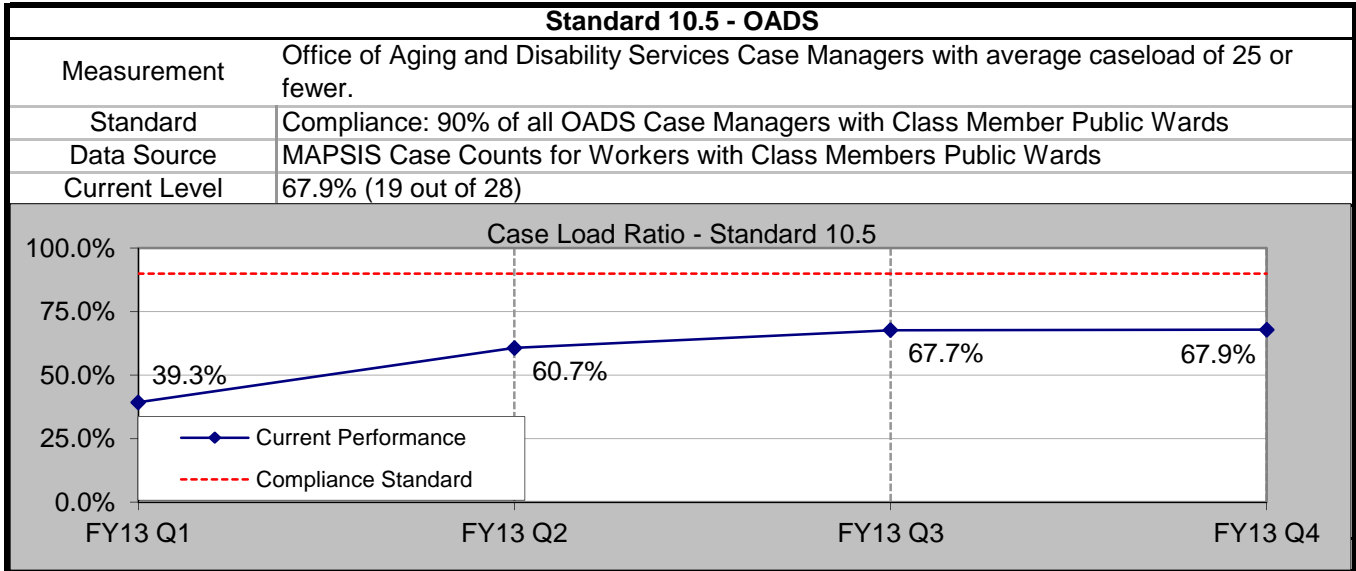
**Community Integration / Community Support Services /
Individualized Support Planning**

Standard 10 - Case Load Ratio



**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.



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

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

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

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

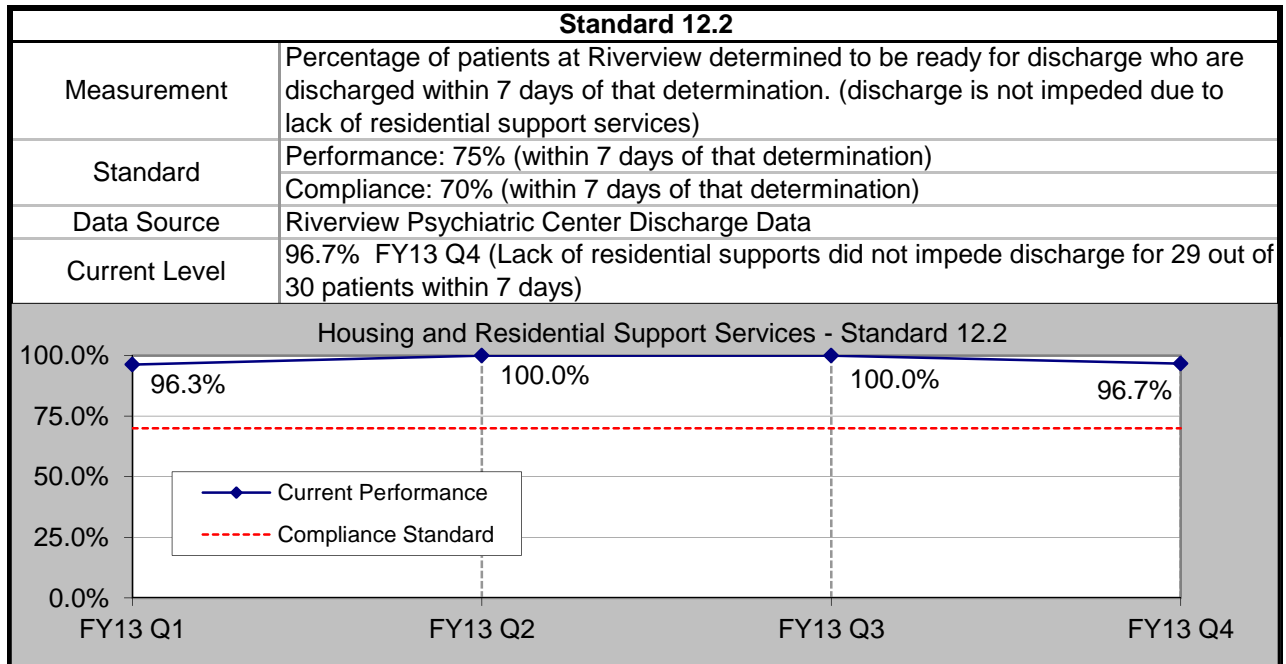
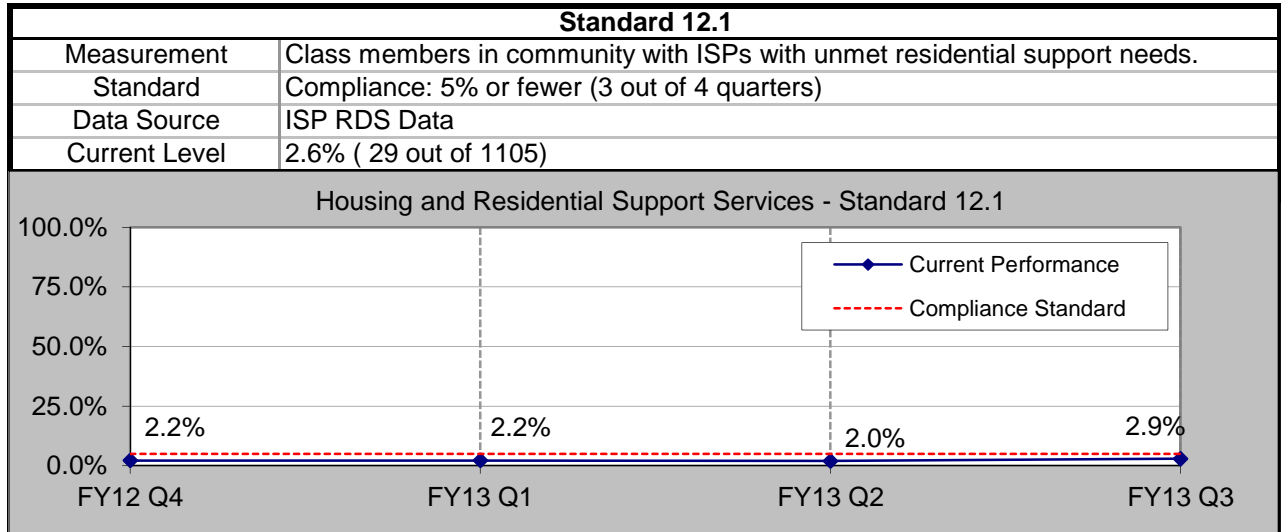
The total of unique individuals for all regions may not equal the total unique individuals for the State as an individual may make a request of a CDC in more than one region.

Number of Callers with resource needs Jan 1 - Mar 31, 2013				
	Region 1	Region 2	Region 3	Total
Unique Individuals:	0	0	0	0
Unmet Needs:	0	0	0	0

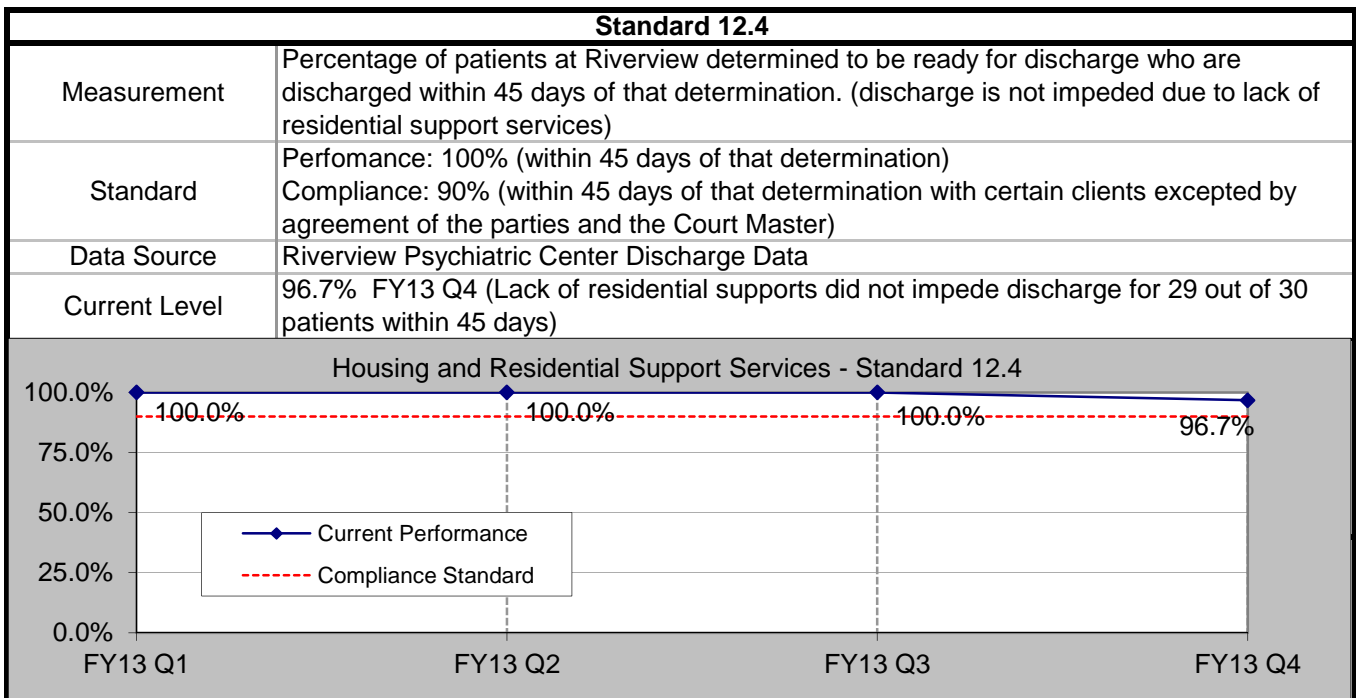
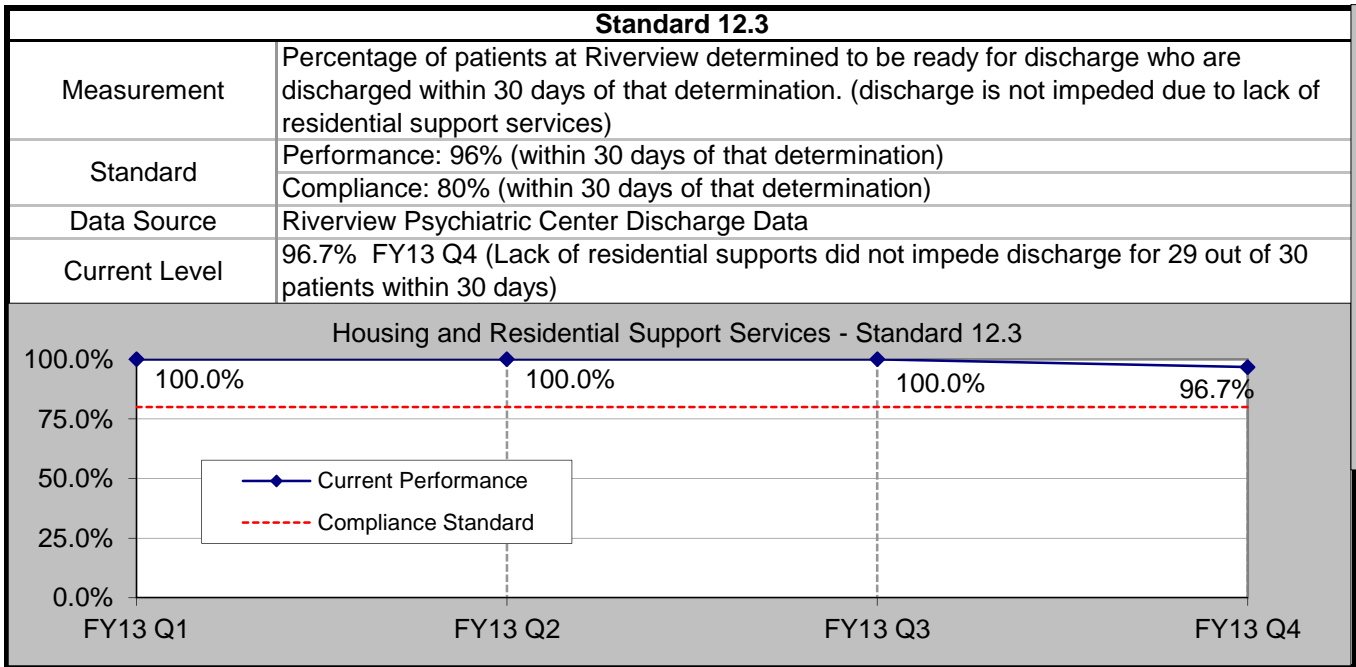
Unmet Needs by Domain Jan 1 ~ Mar 31, 2013	
ISP Domain Areas	State
Mental Health Services	0
MH Crisis Planning Resources	0
Peer, Recovery & Support Resources	0
Substance Abuse Services	0
Housing Resources	0
Health Care Resources	0
Legal Resources	0
Financial Security Resources	0
Education Resources	0
Vocation Employment Resources	0
Living Skills Resources	0
Transportation Resources	0
Personal Growth/Community Participation Resources	0
Total	0

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

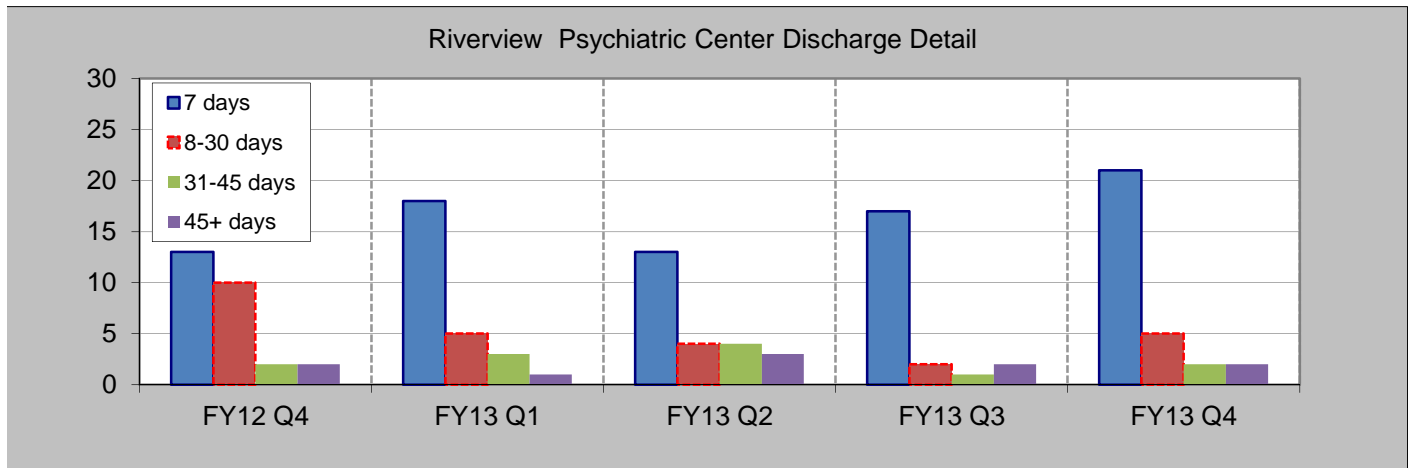
Standard 12 - Residential Support services adequate to meet ISP needs of those ready for discharge



**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 14.4, 14.5, 14.6:

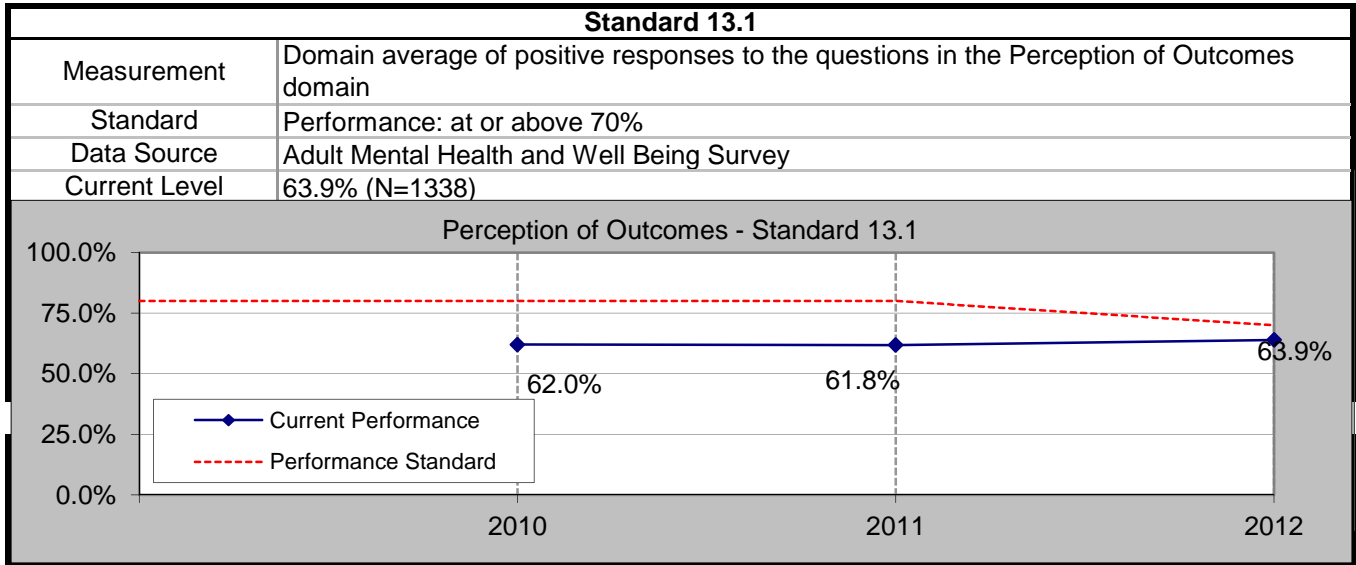
30 Civil Patients discharged in quarter

- 21 discharged at 7 days (70.0%)
- 5 discharged 8-30 days (16.7%)
- 2 discharged 31-45 days (6.7%)
- 2 discharged post 45 days (6.7%)

Lack of Residential Supports impeded discharge for 1 patient (3.3%)

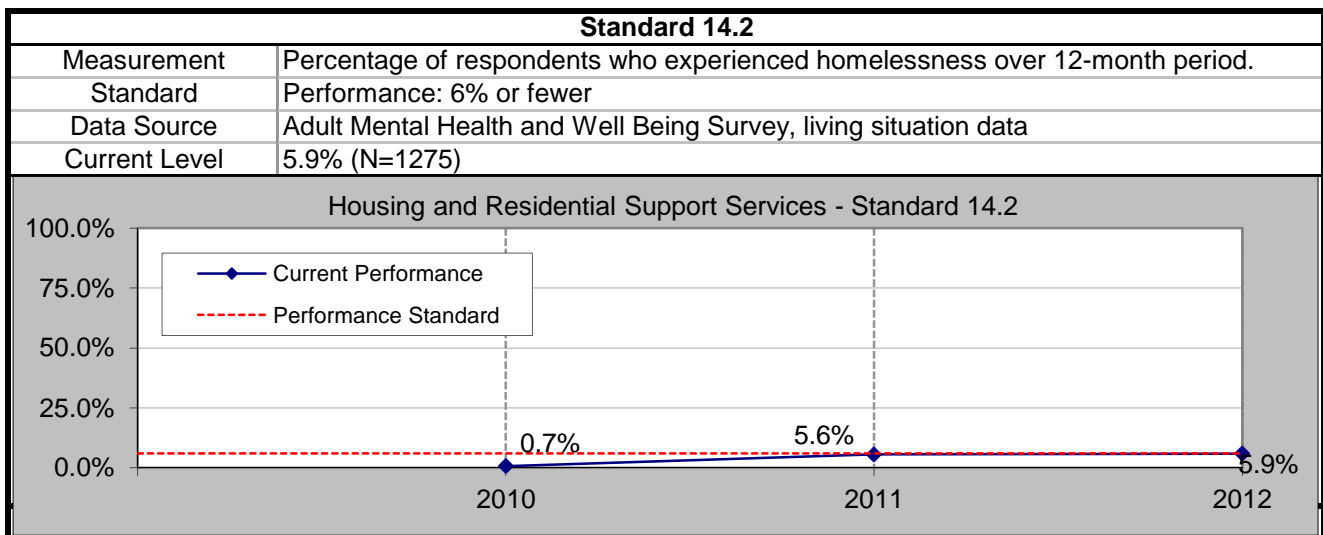
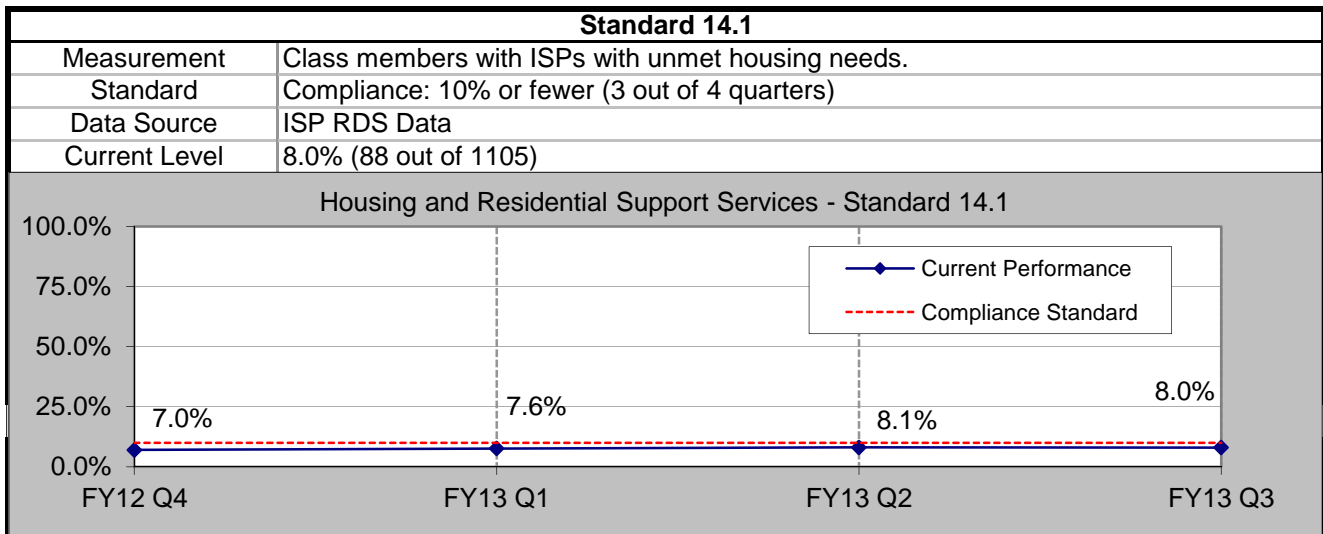
1 patients discharged greater than 45 days post clinical readiness for discharge

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

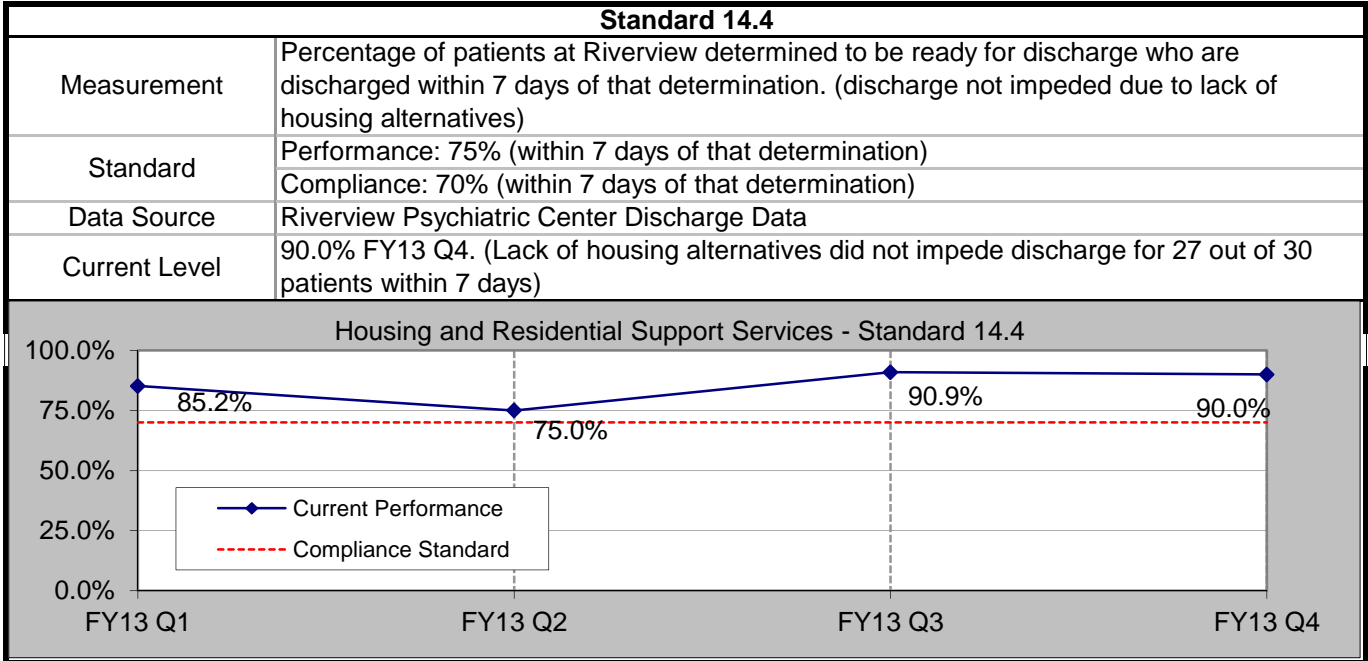


**Community Resources and Treatment Services
Housing and Residential**

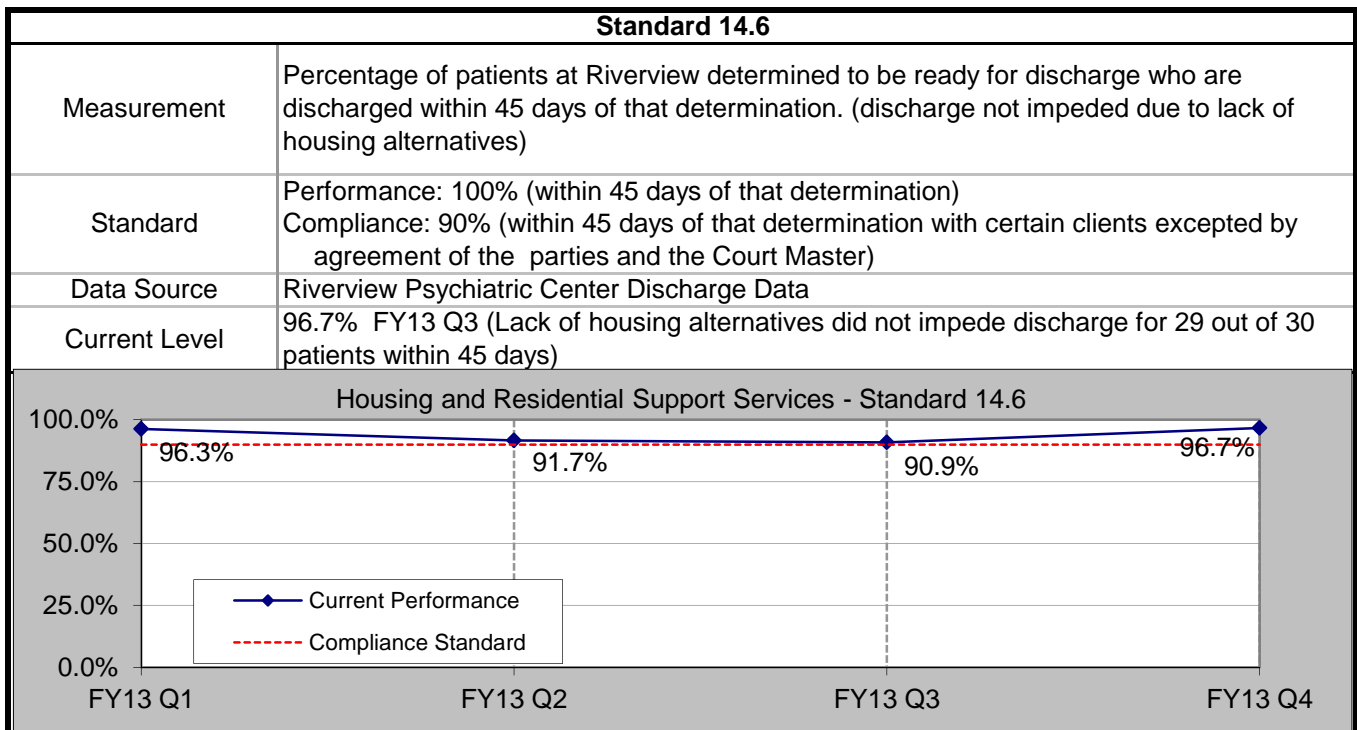
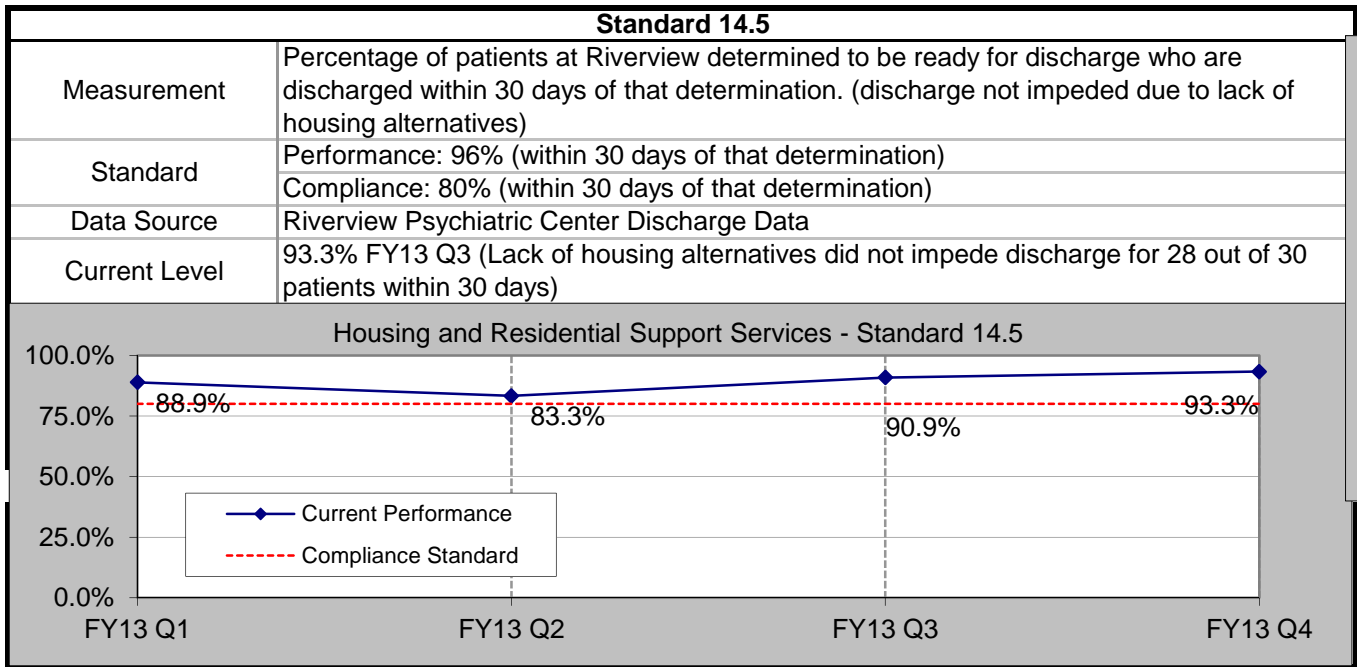
Standard 14 - Demonstrate an array of housing alternatives available to meet class member needs.



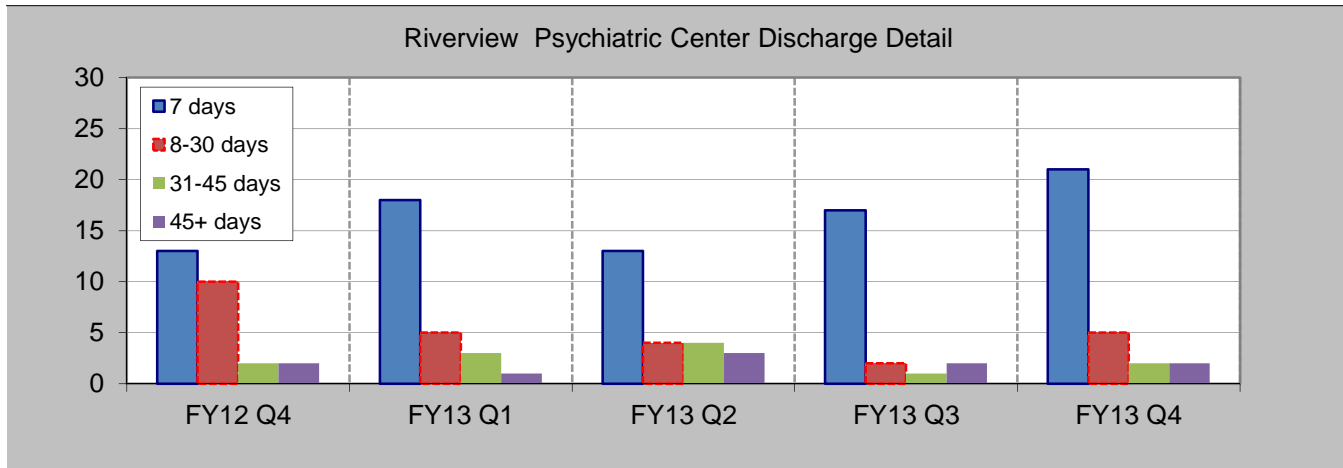
**Community Resources and Treatment Services
Housing and Residential**



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



Community Resources and Treatment Services Housing and Residential



30 Civil Patients discharged in quarter

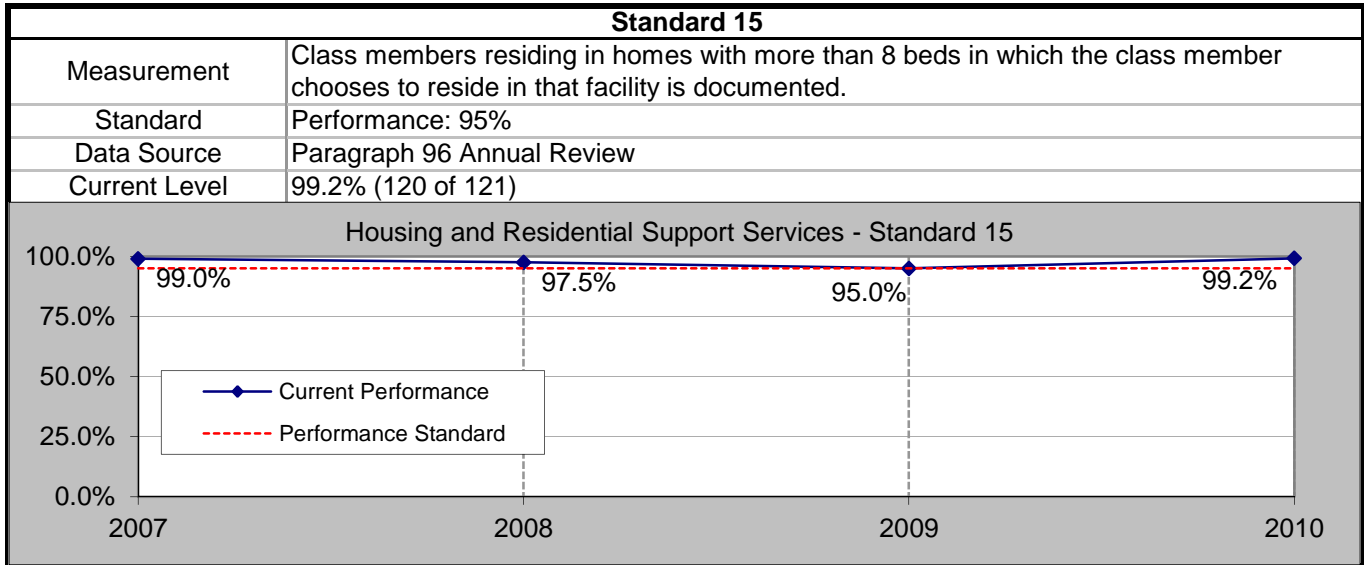
- 21 discharged at 7 days (70.0%)
- 5 discharged 8-30 days (16.7%)
- 2 discharged 31-45 days (6.7%)
- 2 discharged post 45 days (6.7%)

Housing Alternatives impeded discharge for 3 patients (10.0%)

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

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

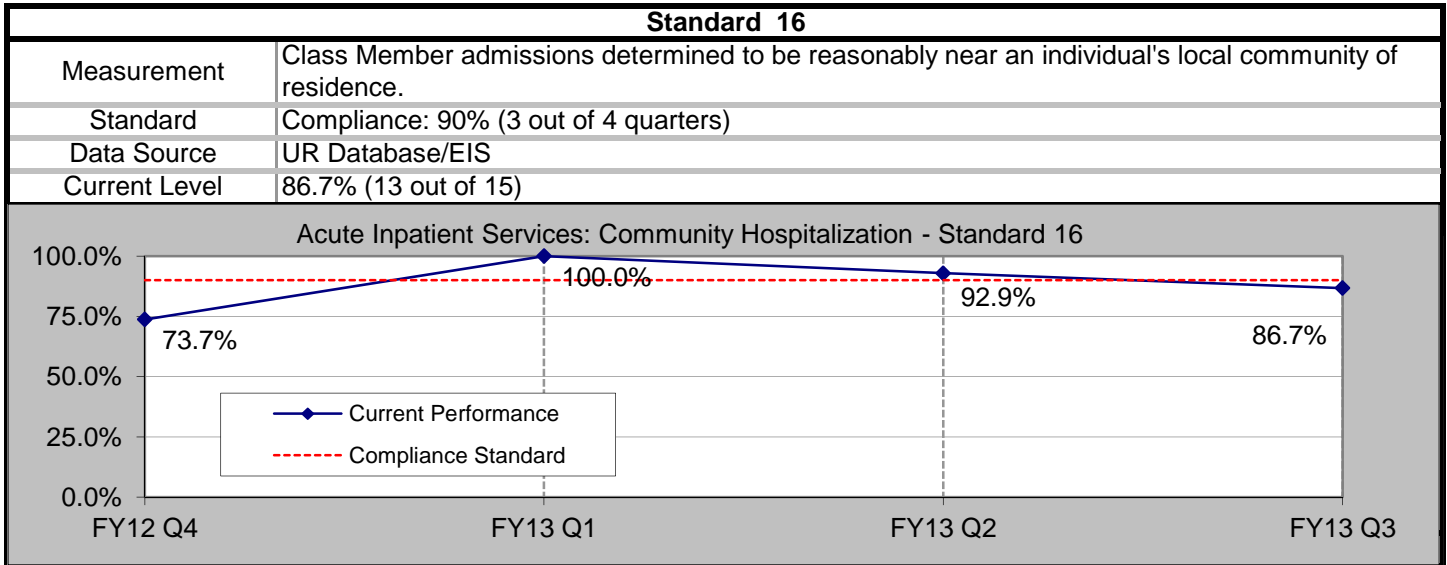
Standard 15 - Housing where community services are located / Homes with more than 8 beds



The protocol for obtaining the informed consent of Class Members to live in homes with greater than 8 beds (Settlement Agreement Paragraph 96) is followed annually to track data for this standard. SAMHS submitted an amendment request to modify this requirement on November 23, 2011. While the request is being reviewed, SAMHS was granted permission to hold the 2011 review in abeyance until a decision is made.

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

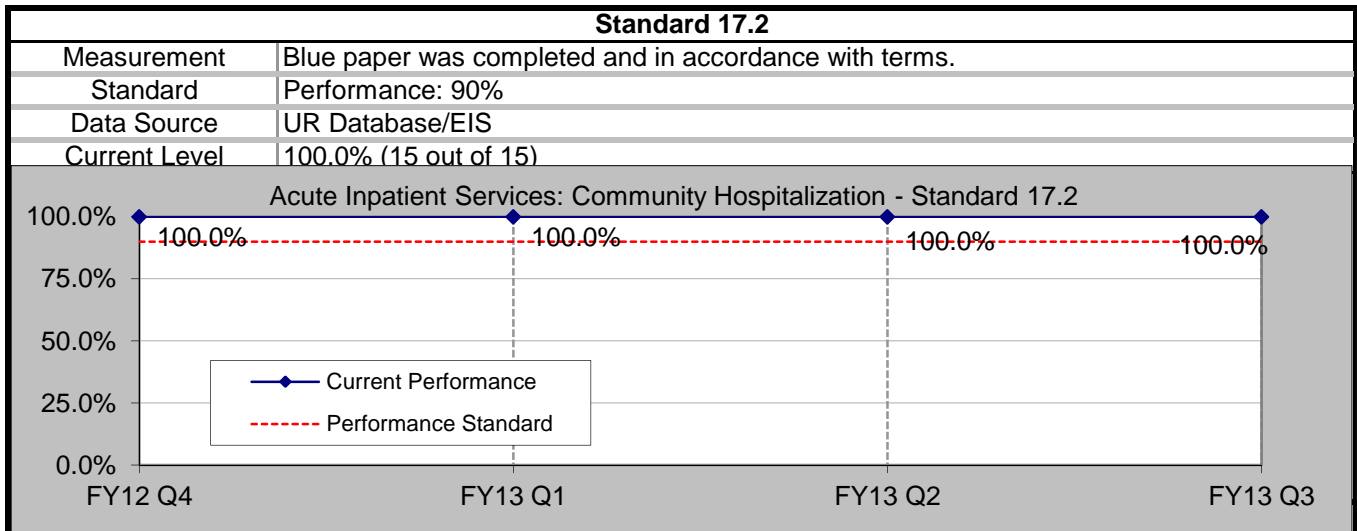
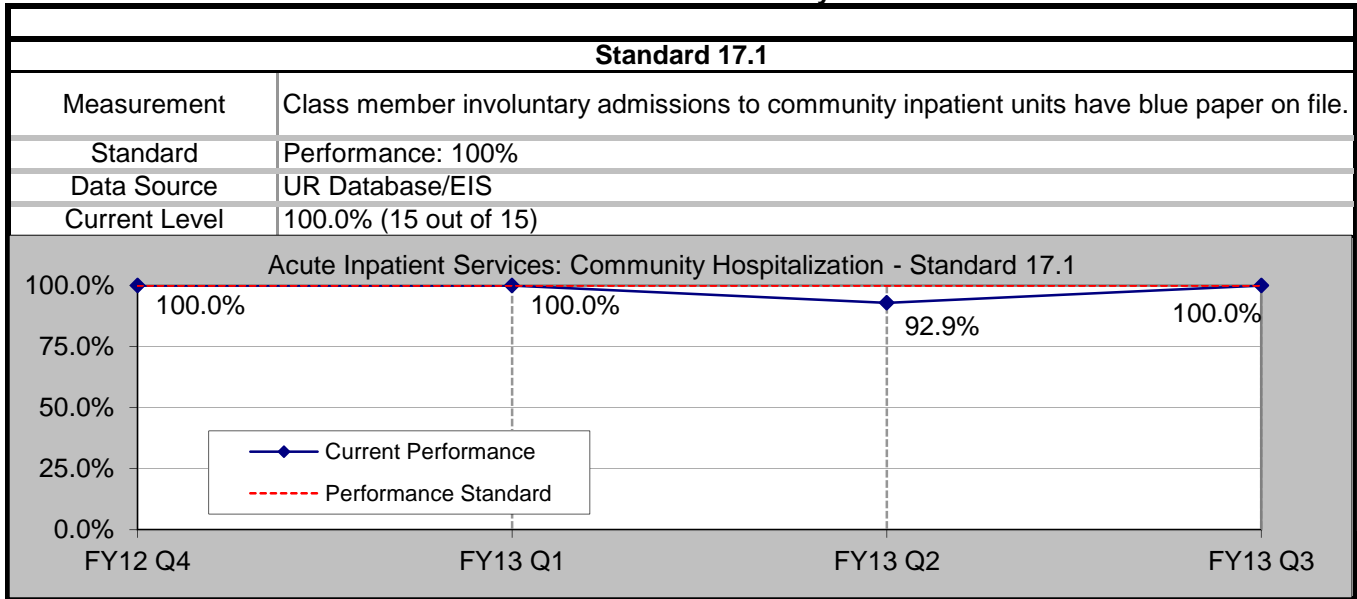
Standard 16 - Psychiatric Hospitalization reasonably near an individual's local community



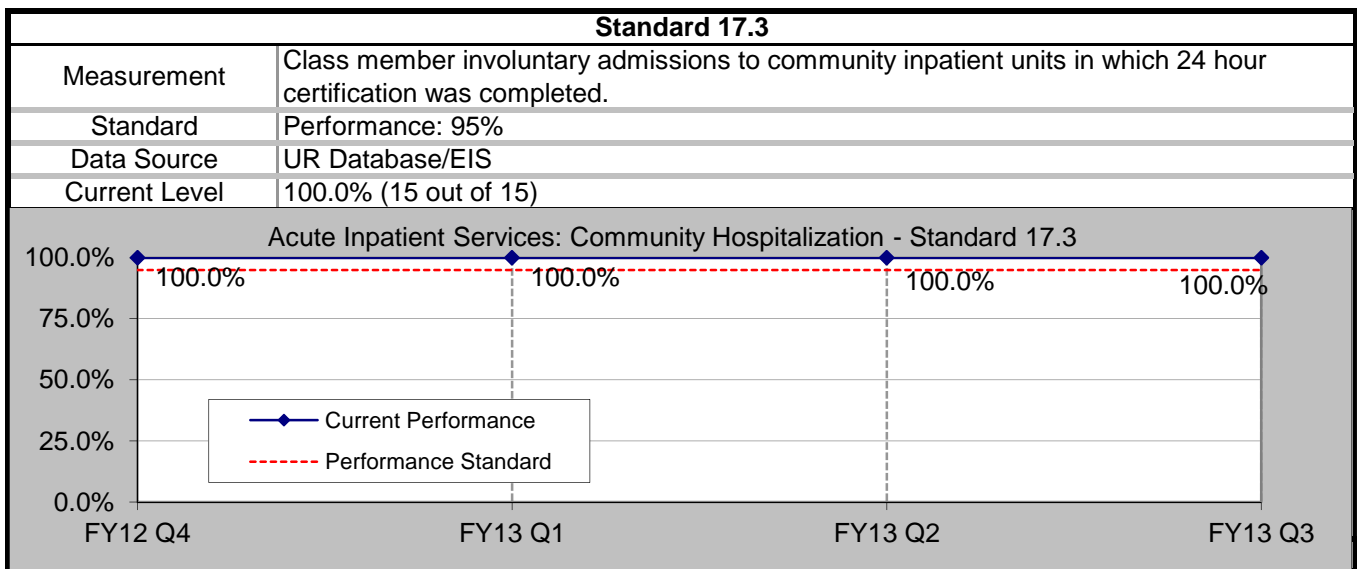
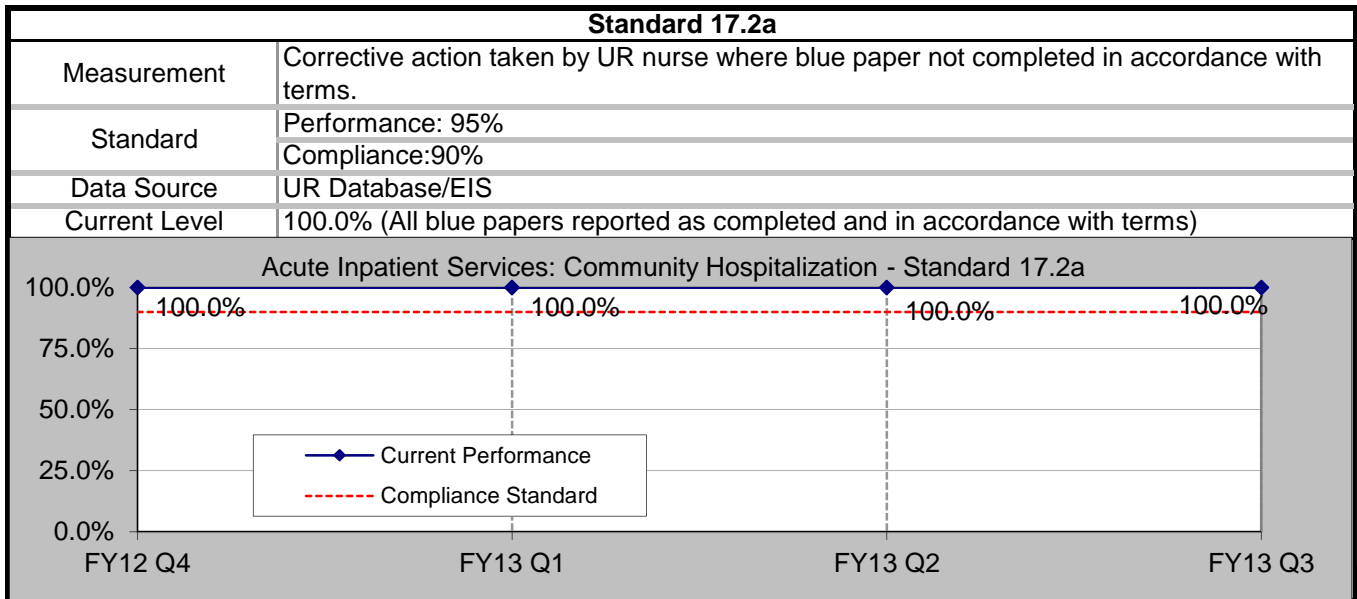
Reasonably Near is defined by Attachment C to the October 29, 2007 approved Compliance Standards.

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

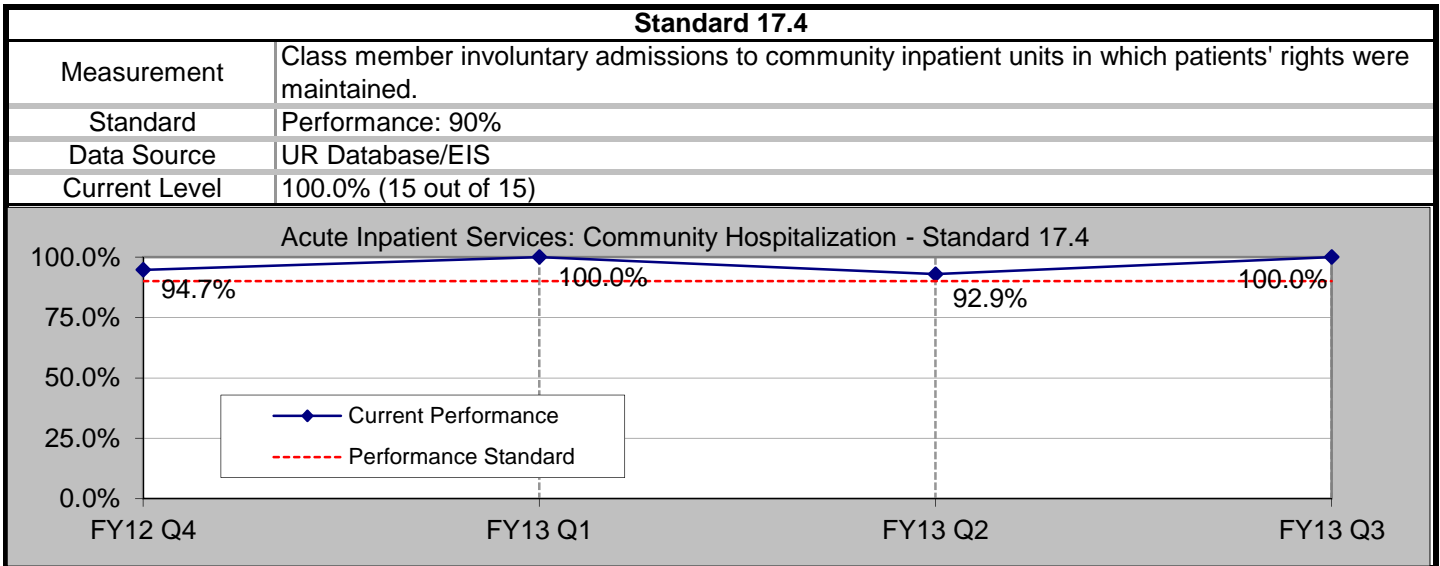
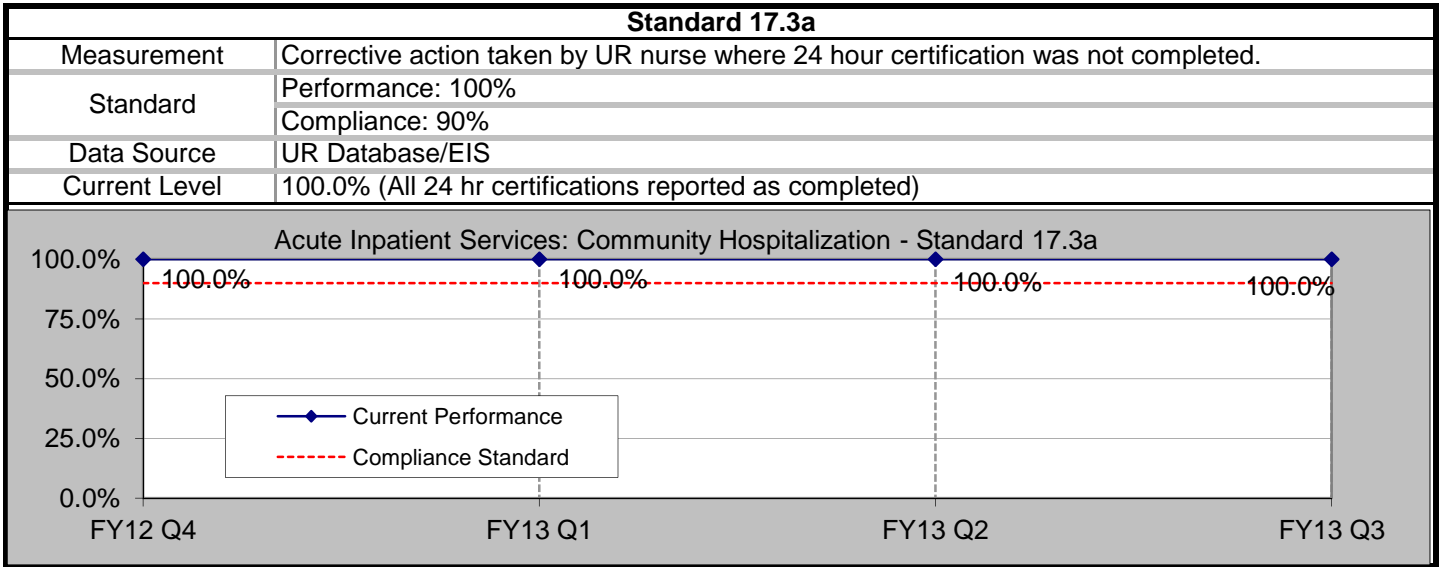
Standard 17 - Class member admissions to community involuntary inpatient units are in accordance with law and meet medical necessity criteria



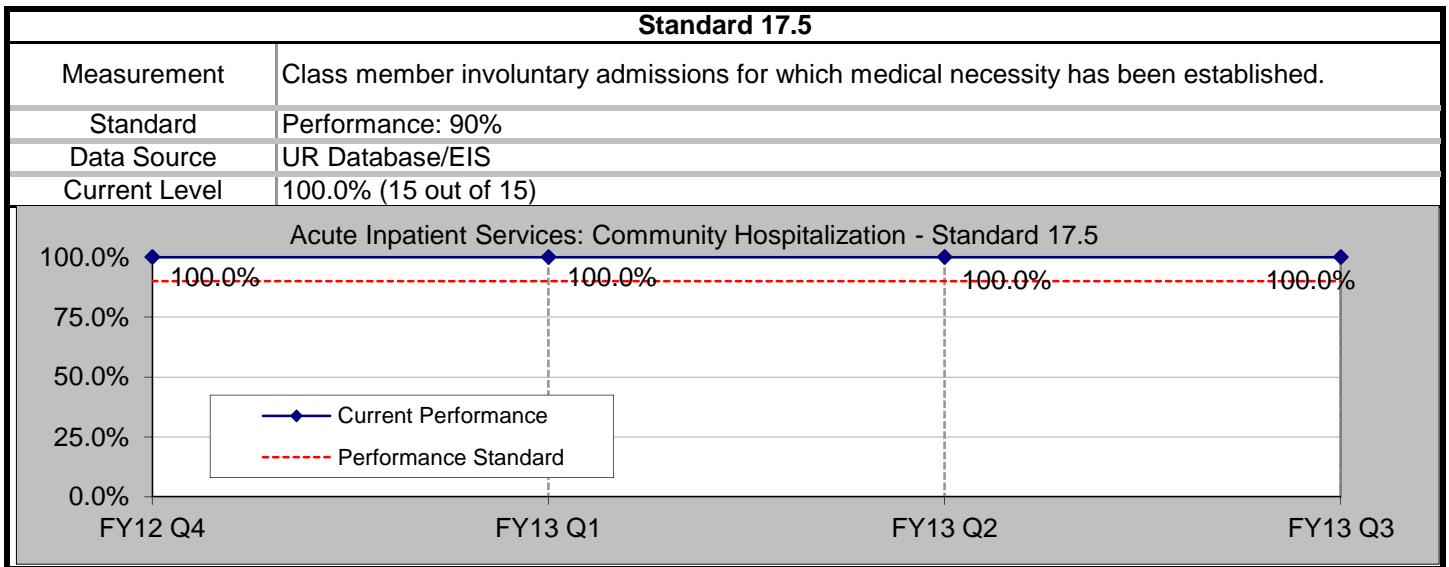
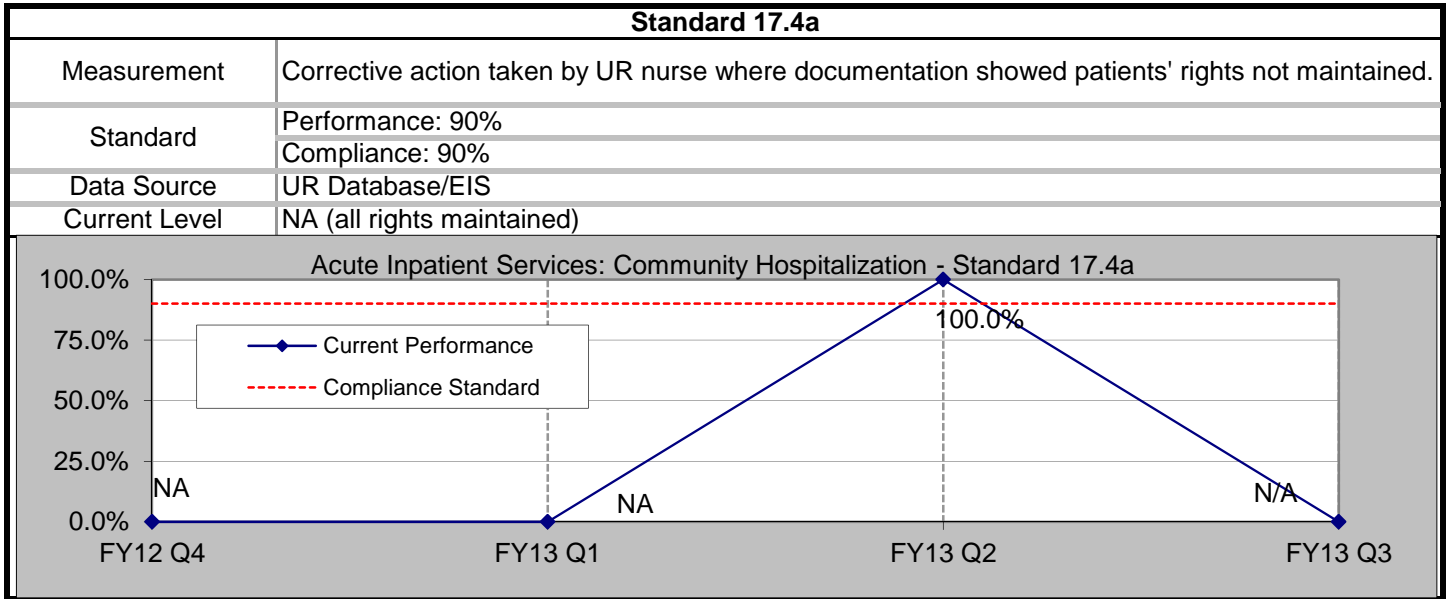
Community Resources and Treatment Services
Acute Inpatient Services: Involuntary Community Hospitalization



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

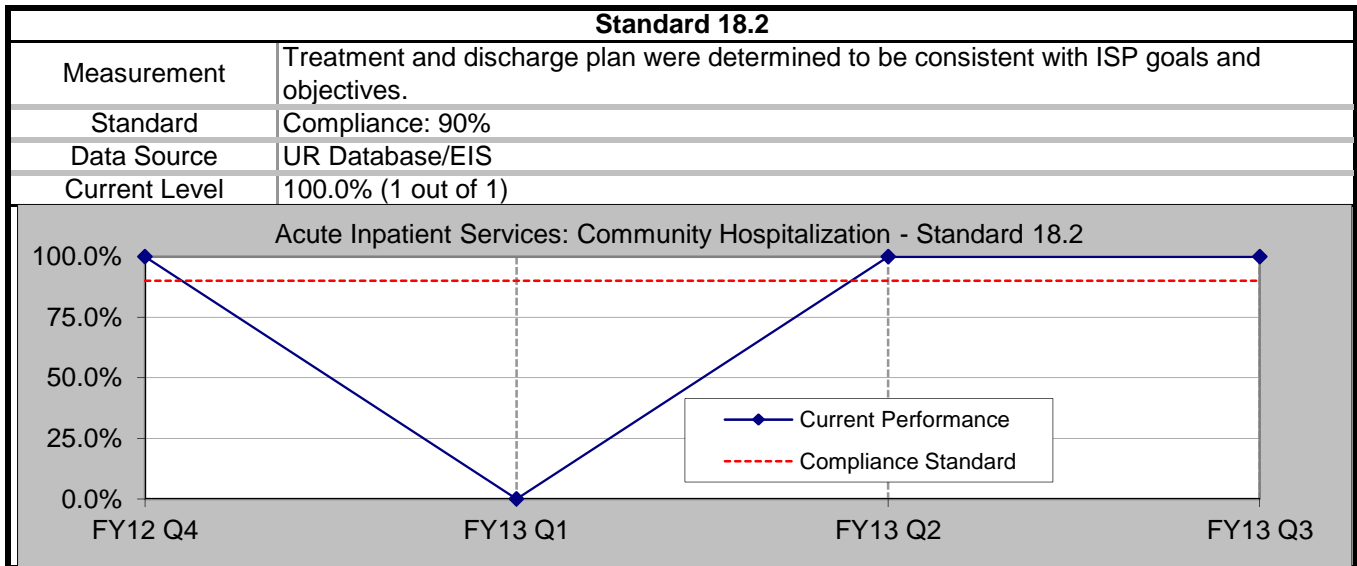
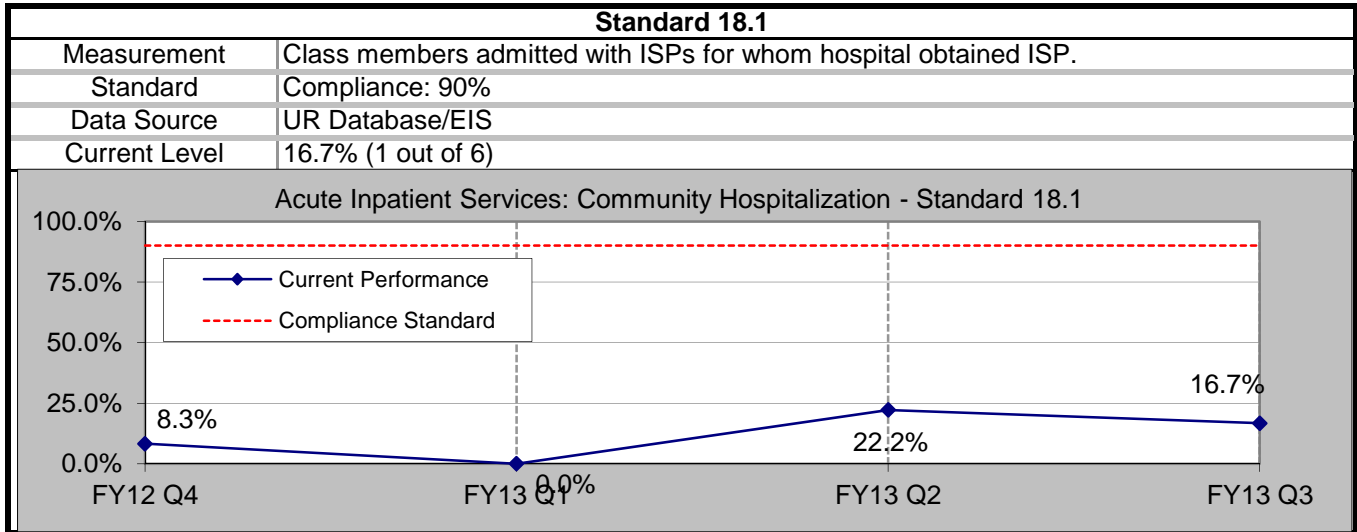


Community Resources and Treatment Services
Acute Inpatient Services: Involuntary Community Hospitalization

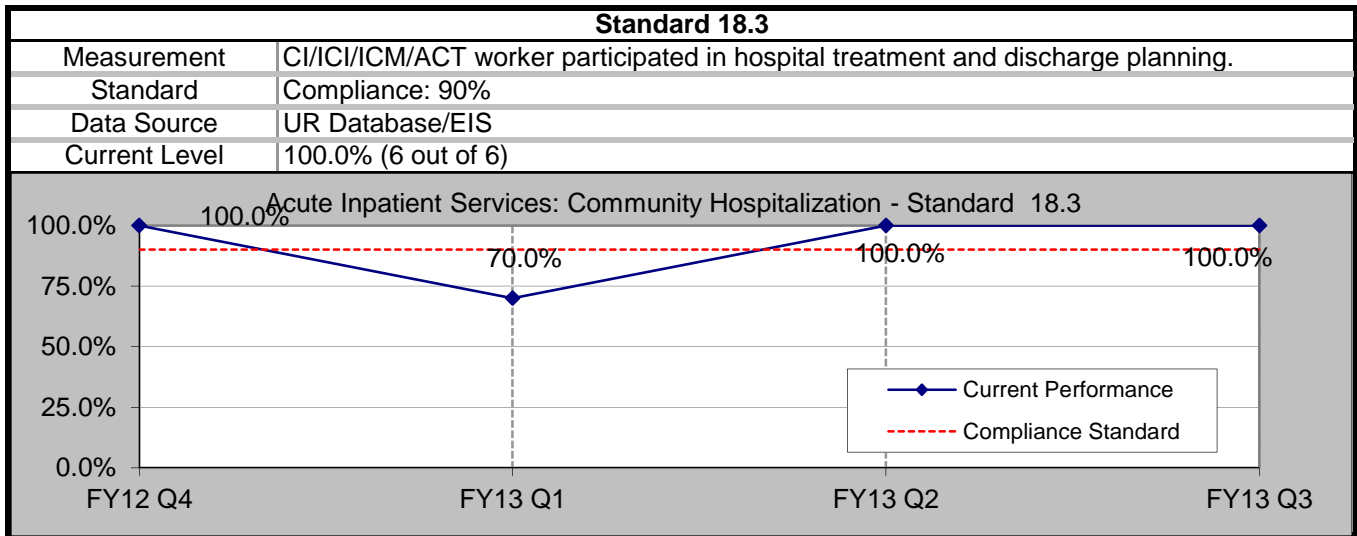


Community Resources and Treatment Services
Acute Inpatient Services: Involuntary Community Hospitalization

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

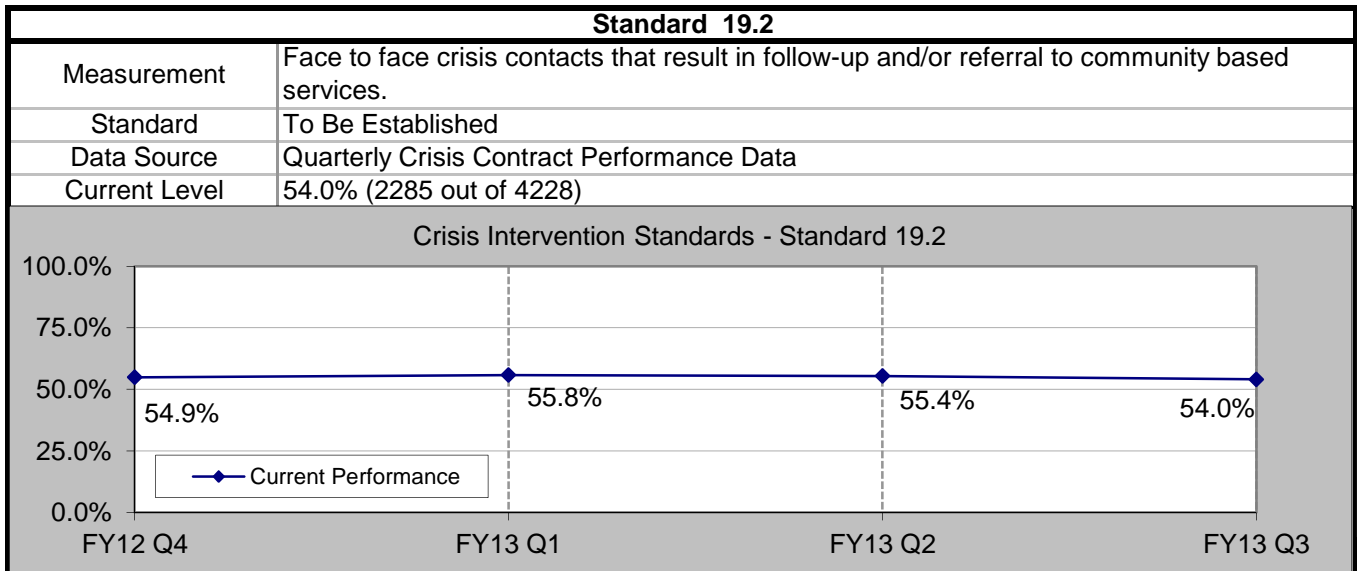
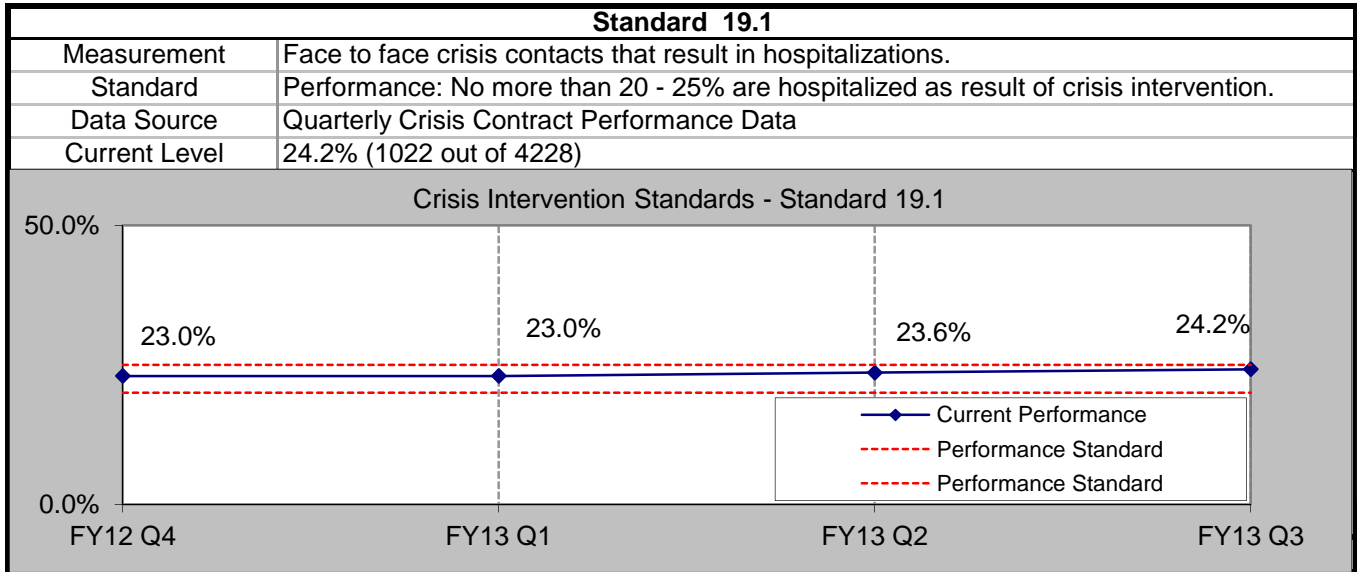


Community Resources and Treatment Services
Acute Inpatient Services: Involuntary Community Hospitalization

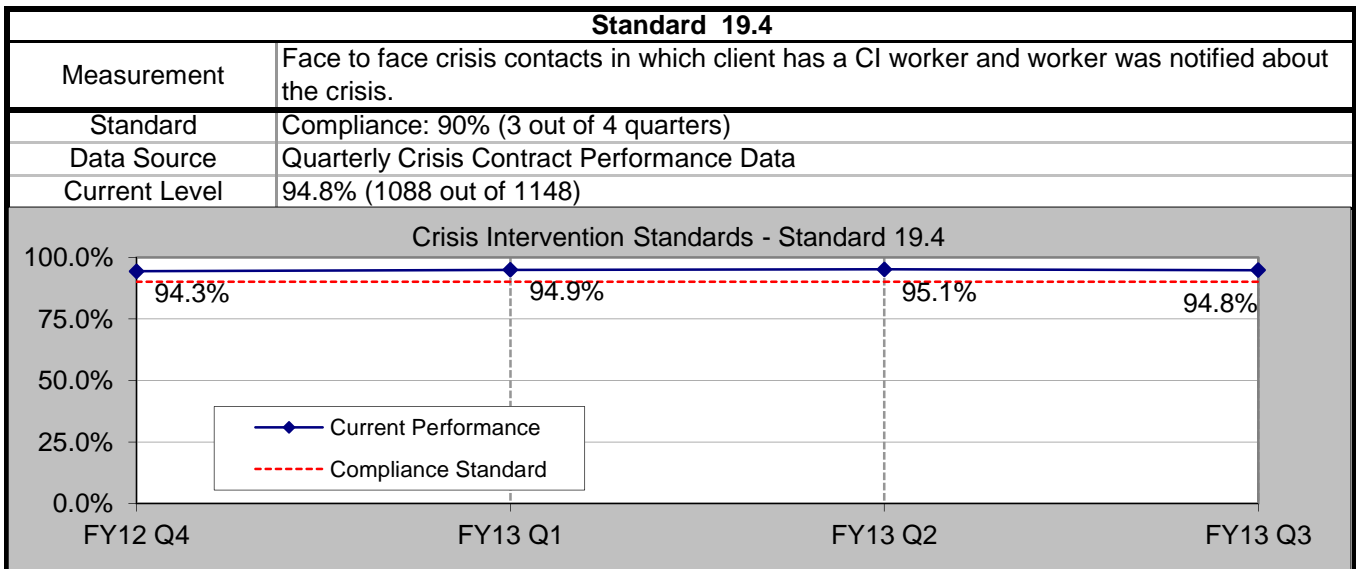
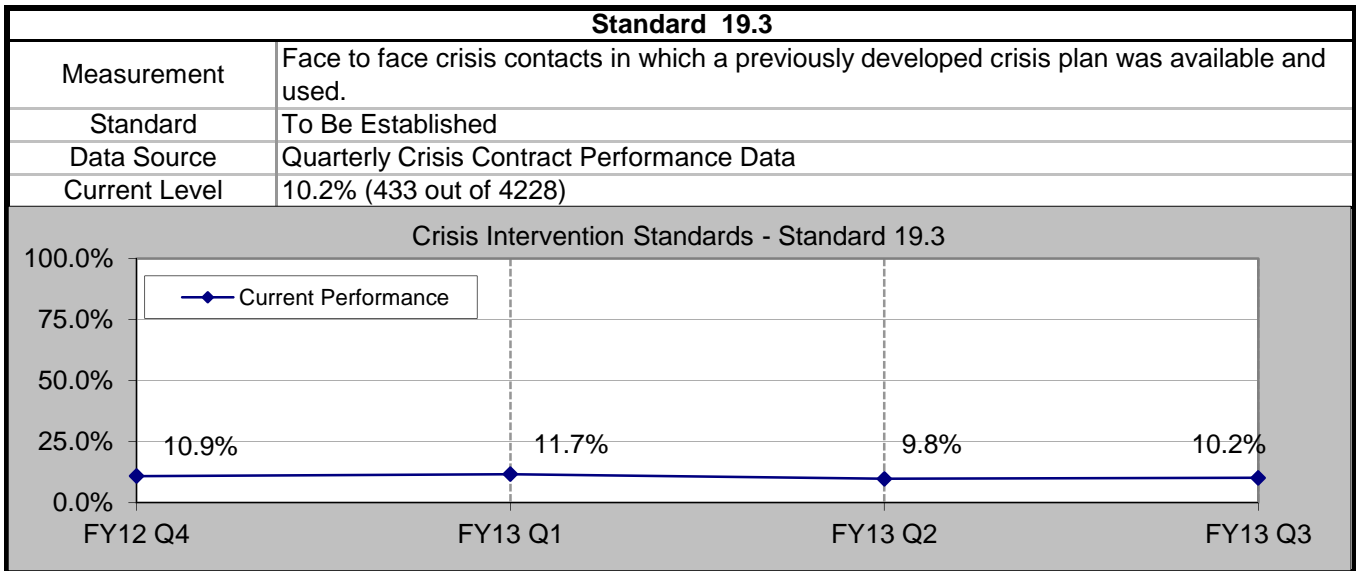


**Community Resources and Treatment Services
Crisis Intervention Services**

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

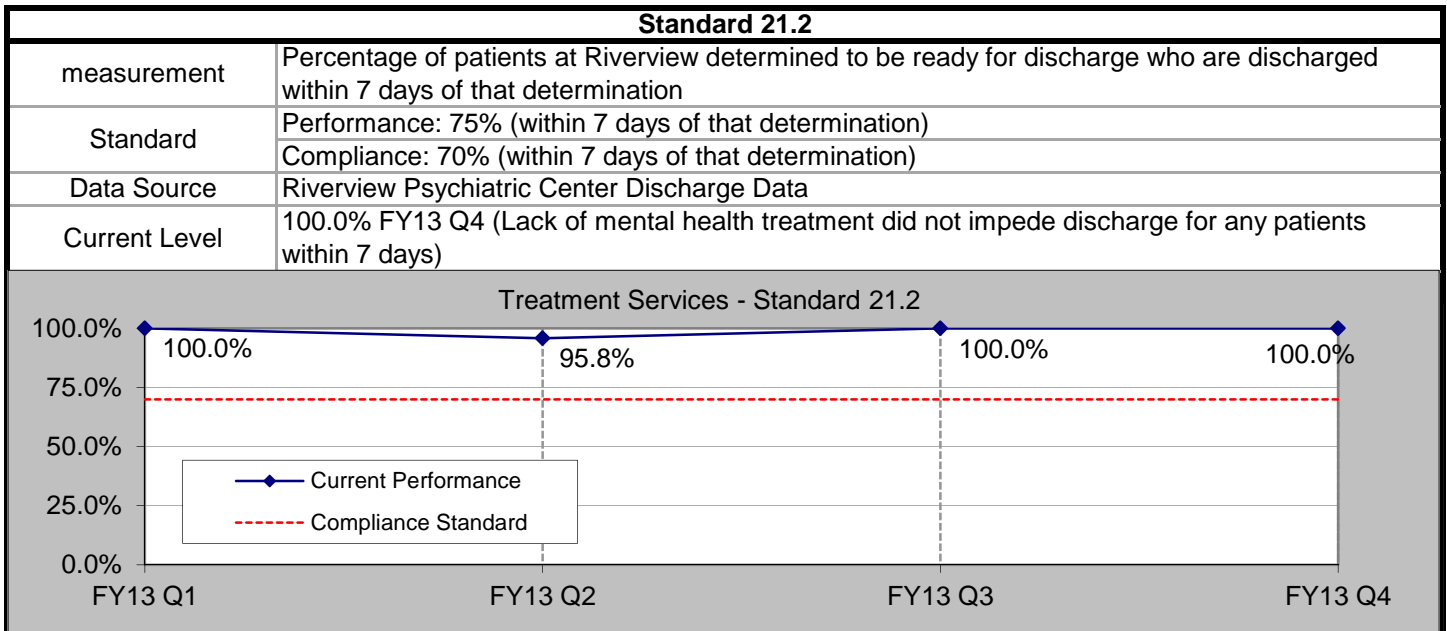
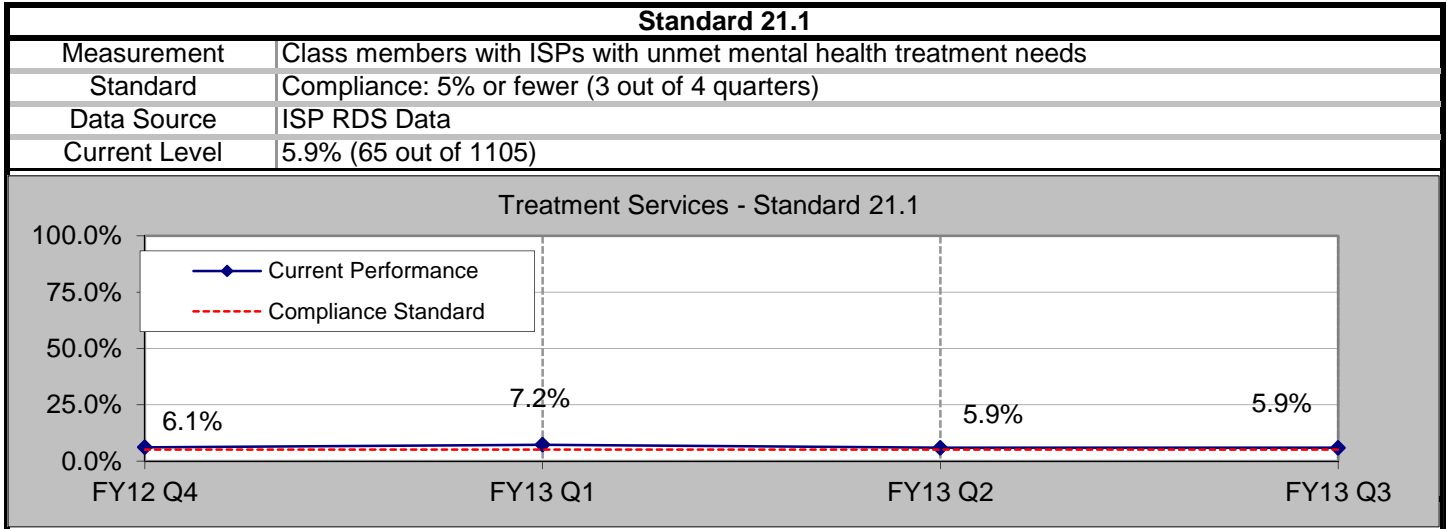


**Community Resources and Treatment Services
Crisis Intervention Services**

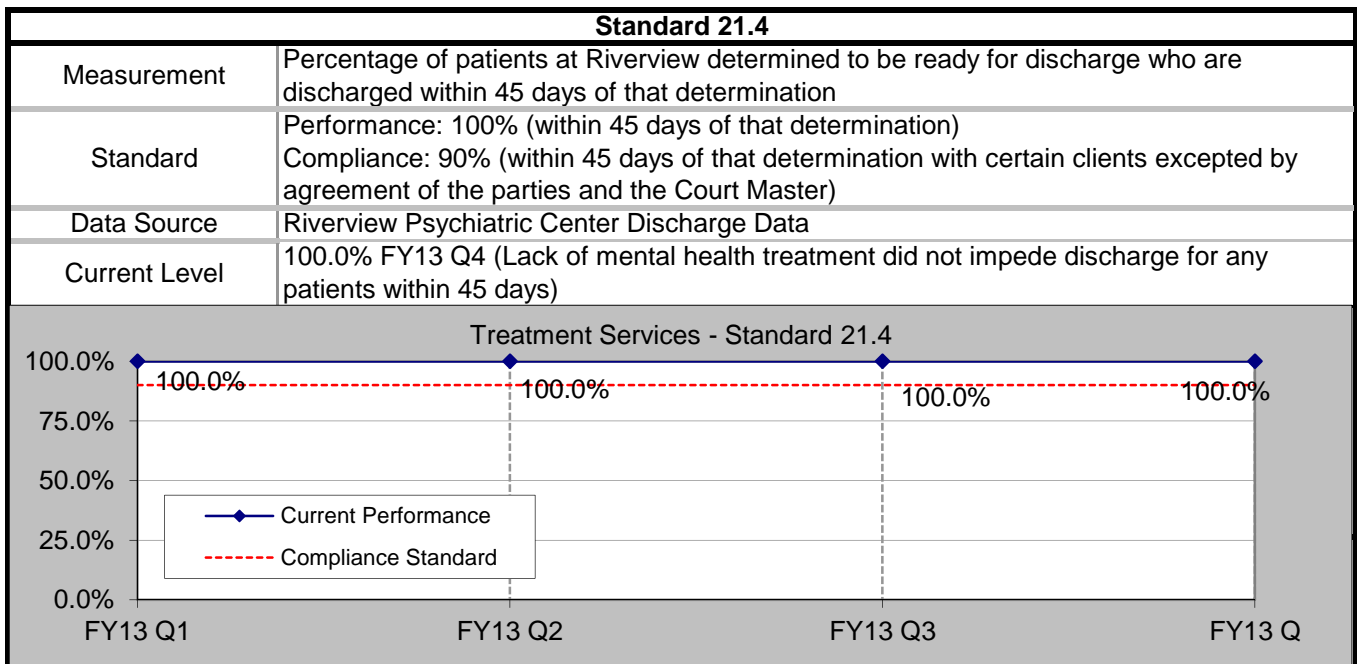
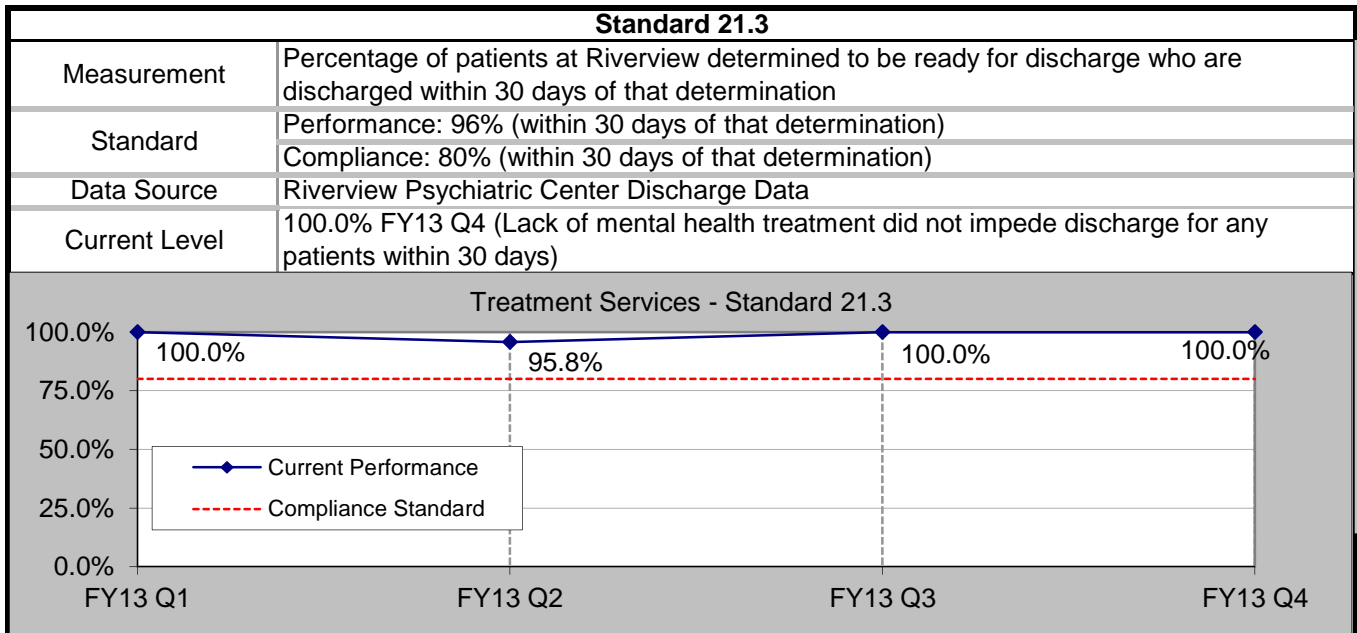


**Community Resources and Treatment Services
Treatment Services**

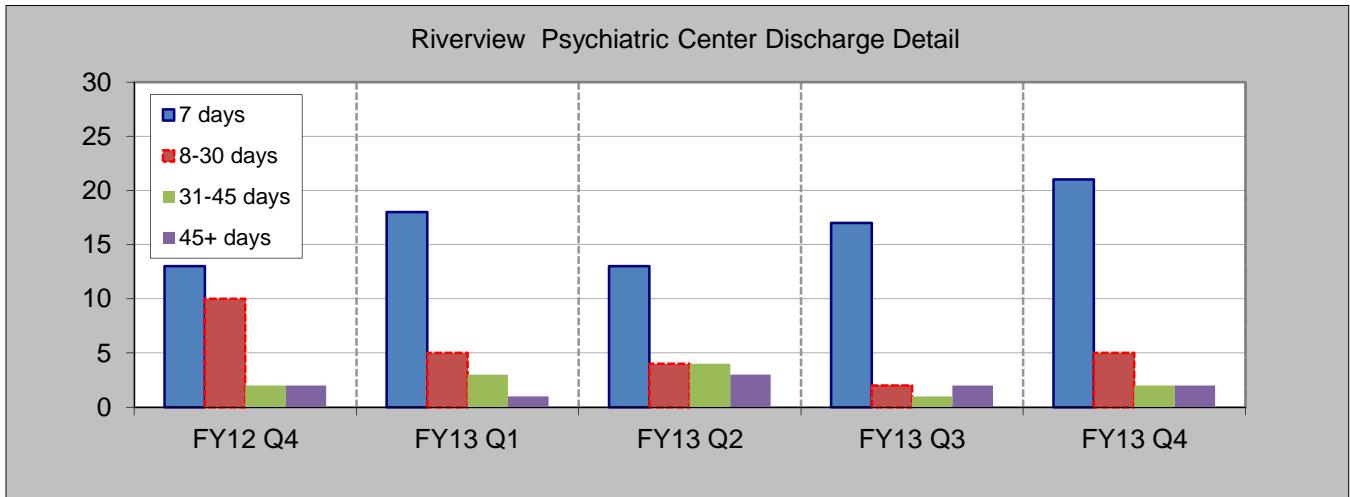
Standard 21 - An array of mental health treatment services are available and sufficient to meet ISP needs of class members and the needs of hospitalized class members ready for discharge.



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

30 Civil Patients discharged in quarter

- 21 discharged at 7 days (70.0%)
- 5 discharged 8-30 days (16.7%)
- 2 discharged 31-45 days (6.7%)
- 2 discharged post 45 days (6.7%)

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

**Community Resources and Treatment Services
Treatment Services**

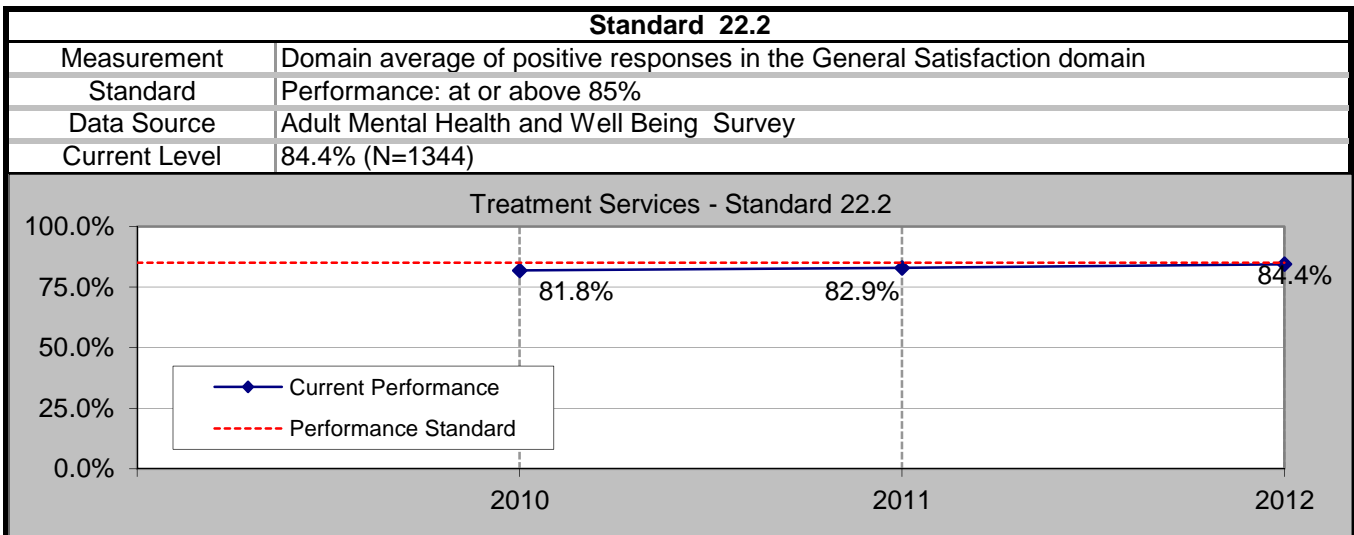
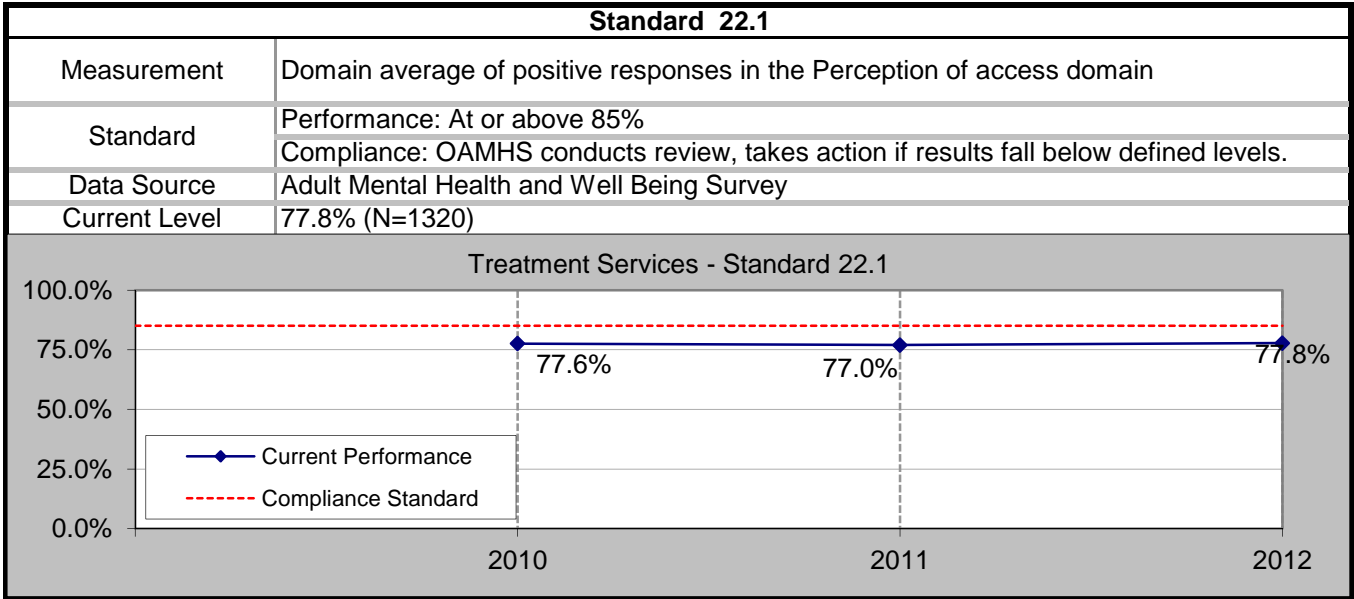
Standard 21.5	
Measurement	MaineCare data demonstrates by mental health service category that class members use an array of mental health treatment services.
Standard	No Numerical Standard Necessary
Data Source	Paid Claims data

MaineCare Data FY 2012			
Mental Health Treatment Services Received	Total Number	Total Number of Class Members	Percent of Class Members
Assertive Community Treatment	891	306	34.3%
Community Integration	13,647	1,219	8.9%
Community Rehabilitation	164	64	39.0%
Crisis Services	5,612	567	10.1%
Crisis Residential (CSU)	1,425	194	13.6%
Day Support/Day Treatment	957	117	12.2%
Medication Management	13,337	622	4.7%
Outpatient (Comp Assess&Therapy)	25,067	575	2.3%
Residential	821	366	44.6%
Skills Development	350	39	11.1%
Daily Living Supports	1,596	207	13.0%
*Total Unduplicated Count	37,933	1,826	4.8%

*Total unduplicated counts will not be the sum of the total numbers. Members often receive more than one type of service.

**Community Resources and Treatment Services
Treatment Services**

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



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

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

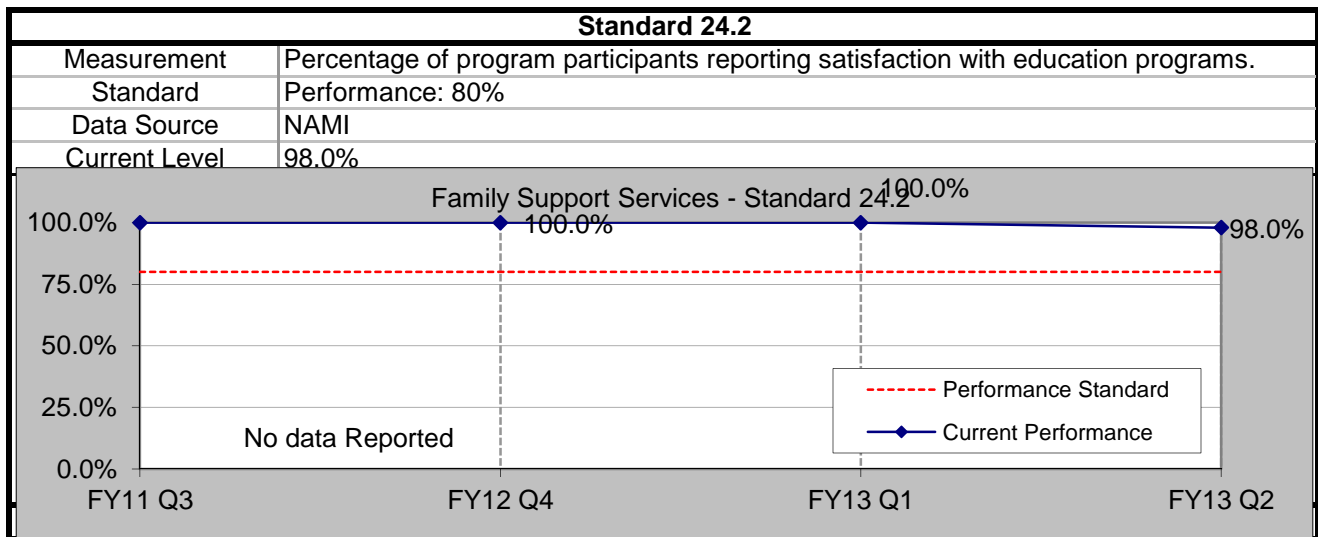
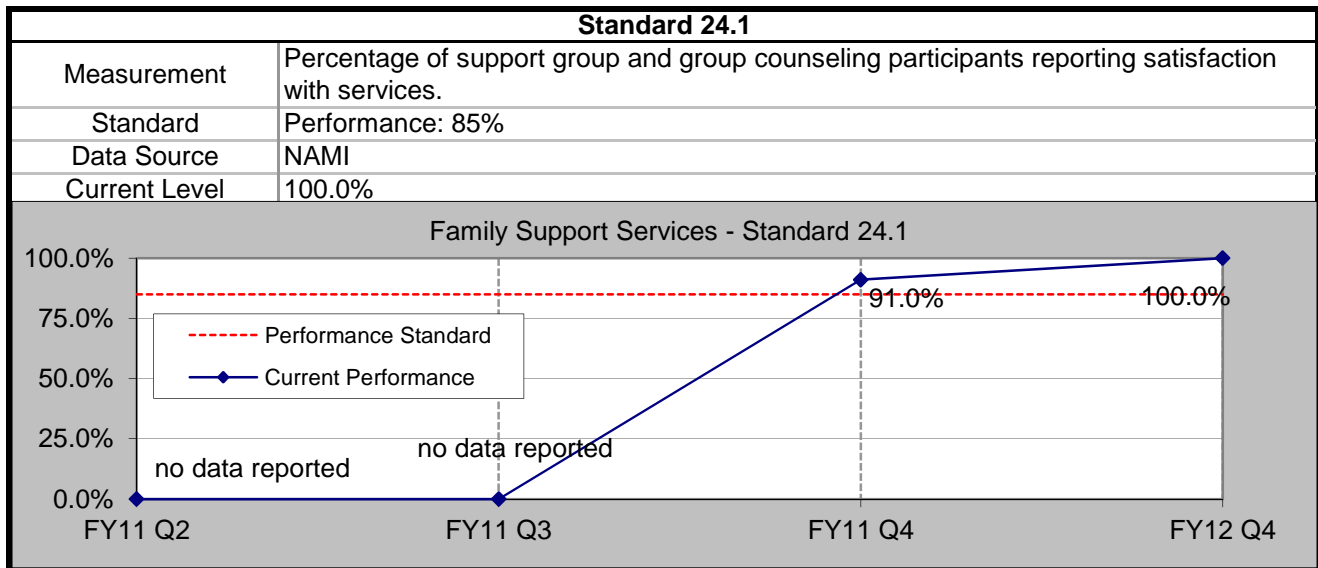
Standard 23.1	
Measurement	Number of education programs developed and delivered meeting Settlement Agreement requirements
Standard	No standard necessary
Data Source	NAMI
Current Level	3 family to family classes: Q3 FY 13

Standard 23.2	
Measurement	Number and distribution of family support services provided
Standard	No standard necessary
Data Source	NAMI
Current Level	15 family support groups, 16 sites: Q3 FY 13

Note: Contracted agencies are allowed one month after the end of the quarter to submit performance indicator data.

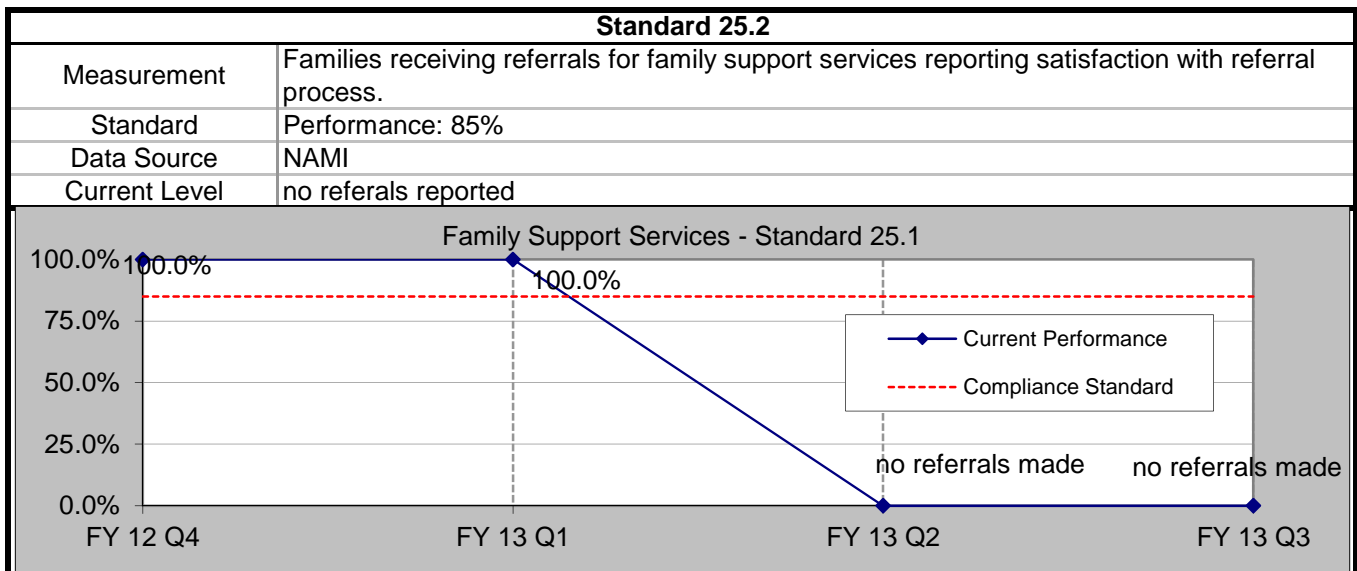
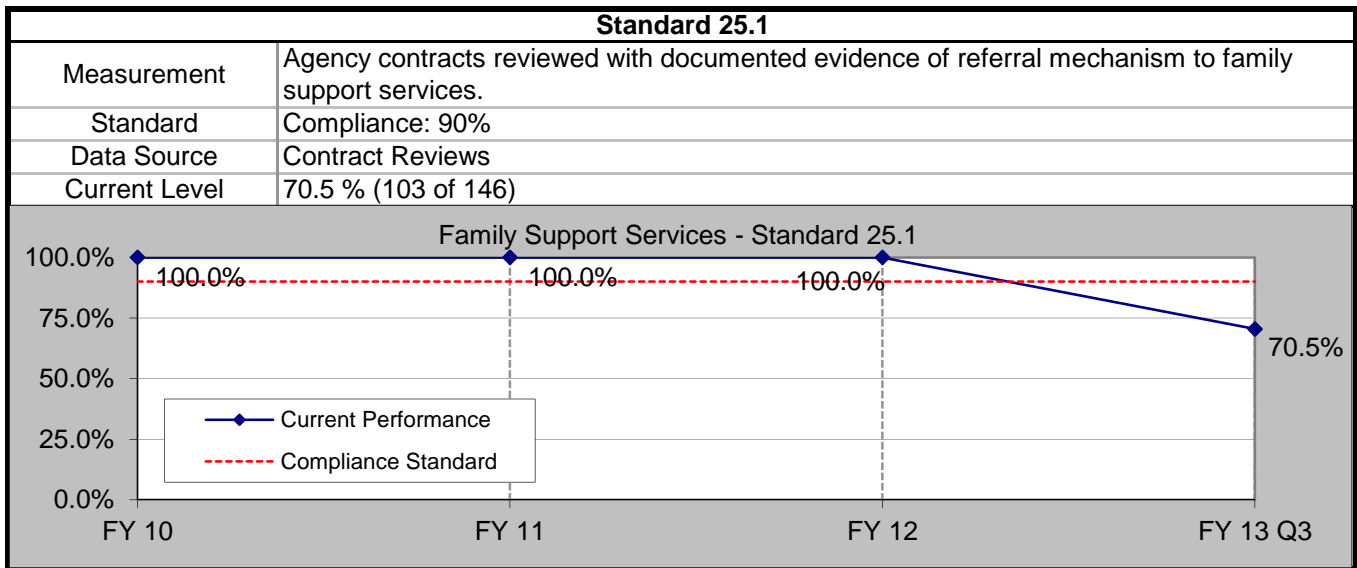
**Community Resources and Treatment Services
Family Support Services**

Standard 24 - Consumer/family satisfaction with family support, information and referral services



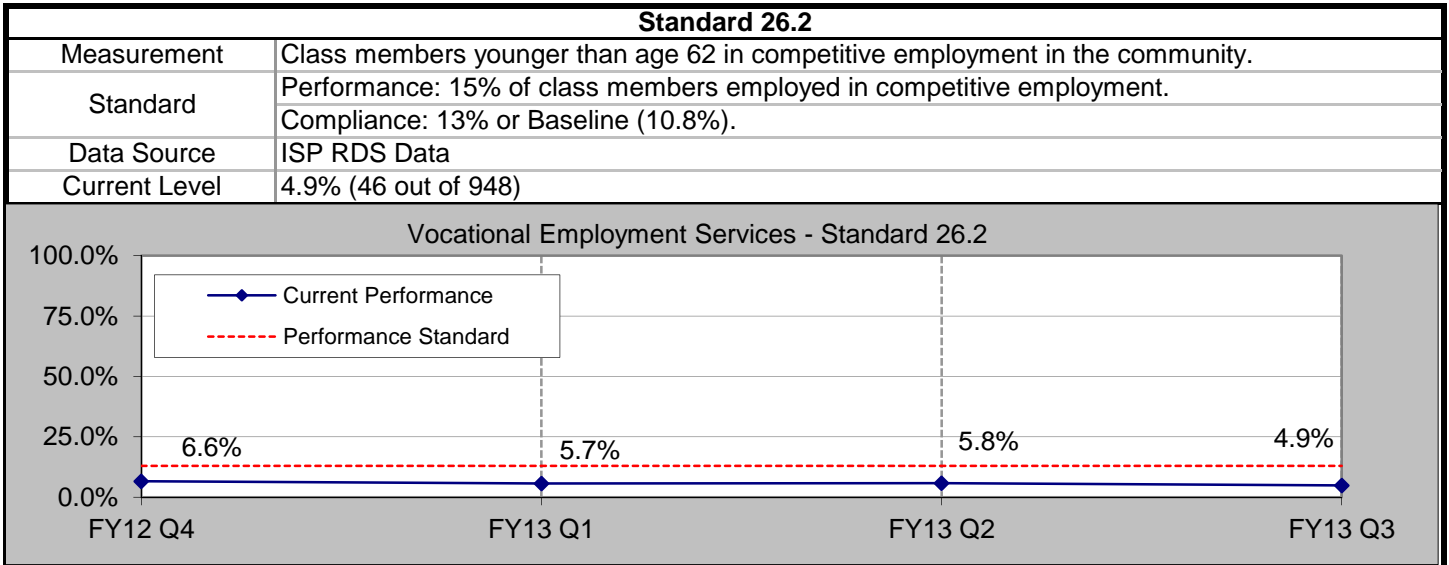
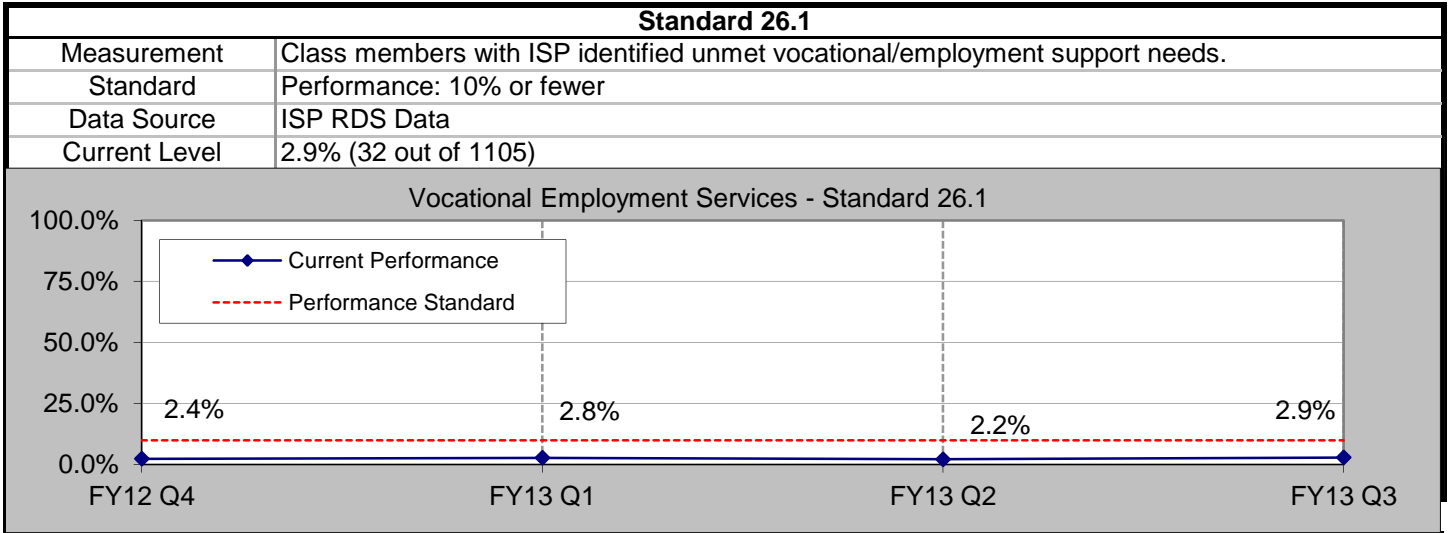
**Community Resources and Treatment Services
Family Support Services**

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

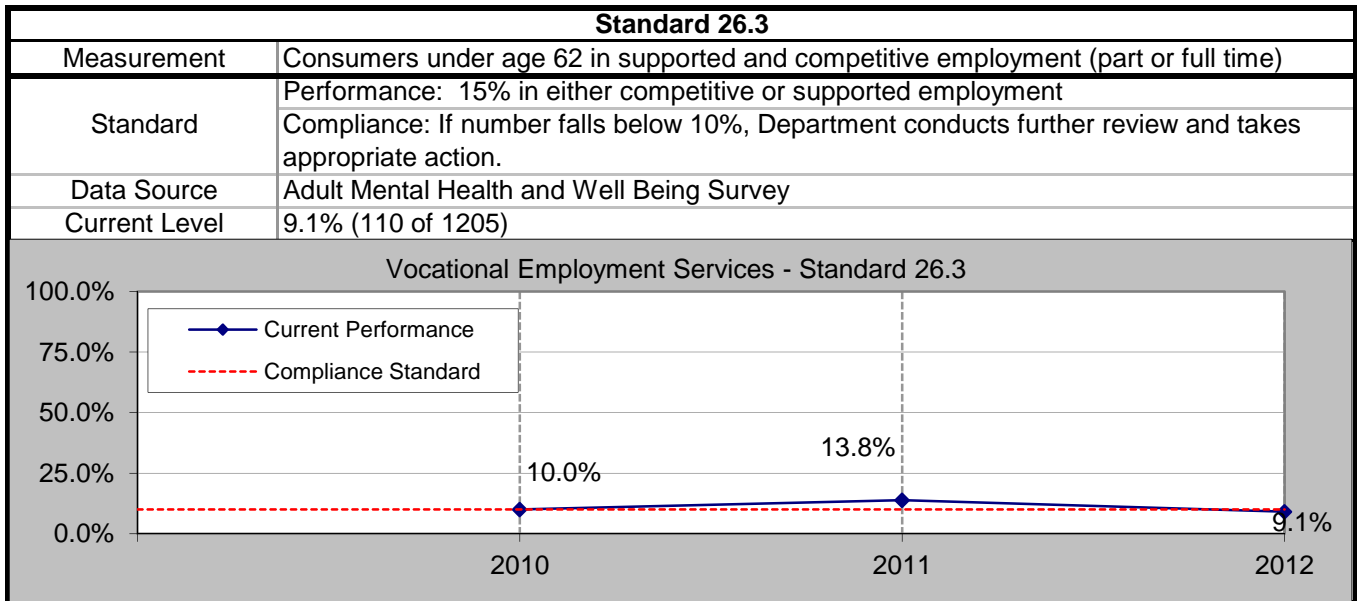


**Community Resources and Treatment Services
Vocational Employment Services**

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



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

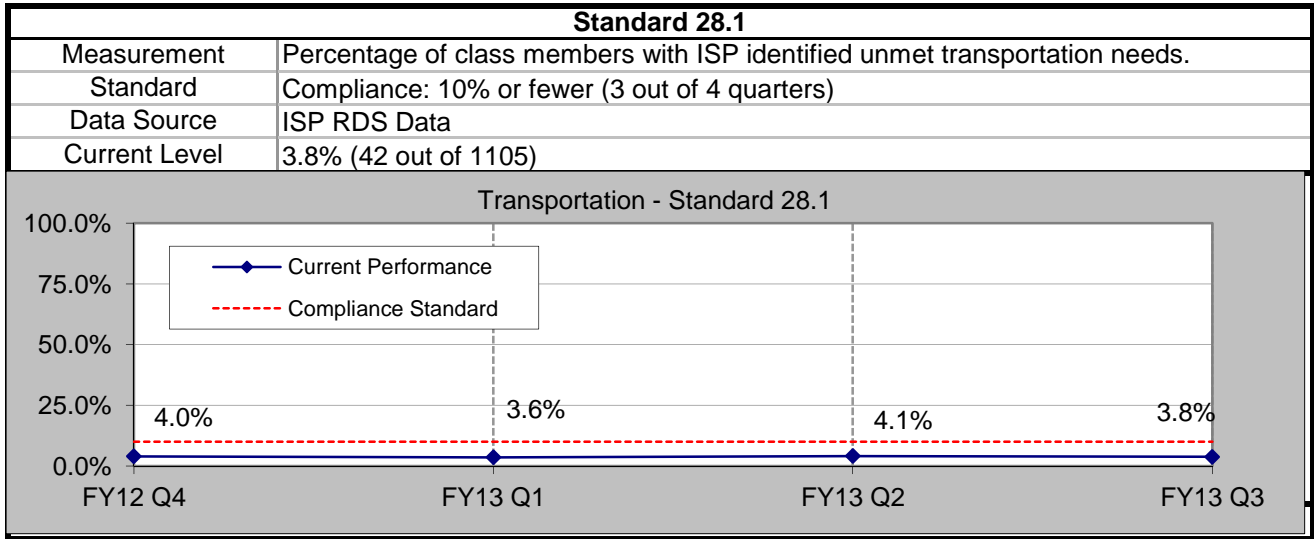


Discussion:

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

**Community Resources and Treatment Services
Transportation**

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



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

Standard 30.1	
Measurement	Number of social clubs/peer centers and participants by region.
Standard	Qualitative evaluation; no numerical standard required.
Data Source	Treatment and Recovery
Current Level	17545 total visits, 2874 unduplicated clients (12 of 13 social clubs/peer centers reporting for FY 13 Q3.)

Standard 30.2	
Measurement	Number of other peer support programs and participation.
Standard	Qualitative evaluation; no numerical standard required.
Data Source	Treatment and Recovery
Current Level	28 Peer Support programs statewide during FY 2013 Q3. (includes social clubs/peer centers): Participation data is not collected for the Statewide Initiatives noted below.

Peer Support Groups funded by DHHS 2013 Q3:

Peer Centers and Social Clubs:

Beacon House -- Rumford, Center for Life Enrichment -- Kittery, Common Connections -- Saco,
 Friends Together -- Jay, Harmony Support Center -- Sanford, Harvest Social Club -- Caribou,
 LINC -- Augusta, 100 Pine Street -- Lewiston, Sweetser Peer Center -- Brunswick
 Together Place -- Bangor, Valley Social Club -- Madawaska, Waterville Social Club -- Waterville

Club Houses: Capitol Club House -- Augusta, High Hopes -- Waterville, LA Clubhouse -- Lewiston
 Unlimited Solutions Clubhouse -- Bangor

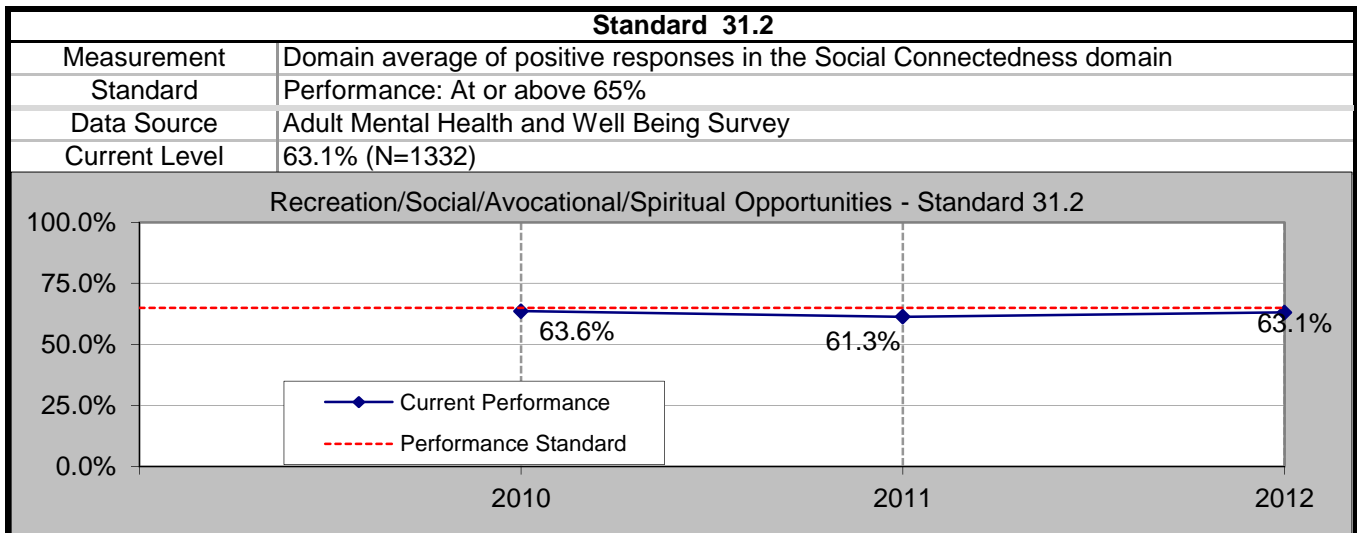
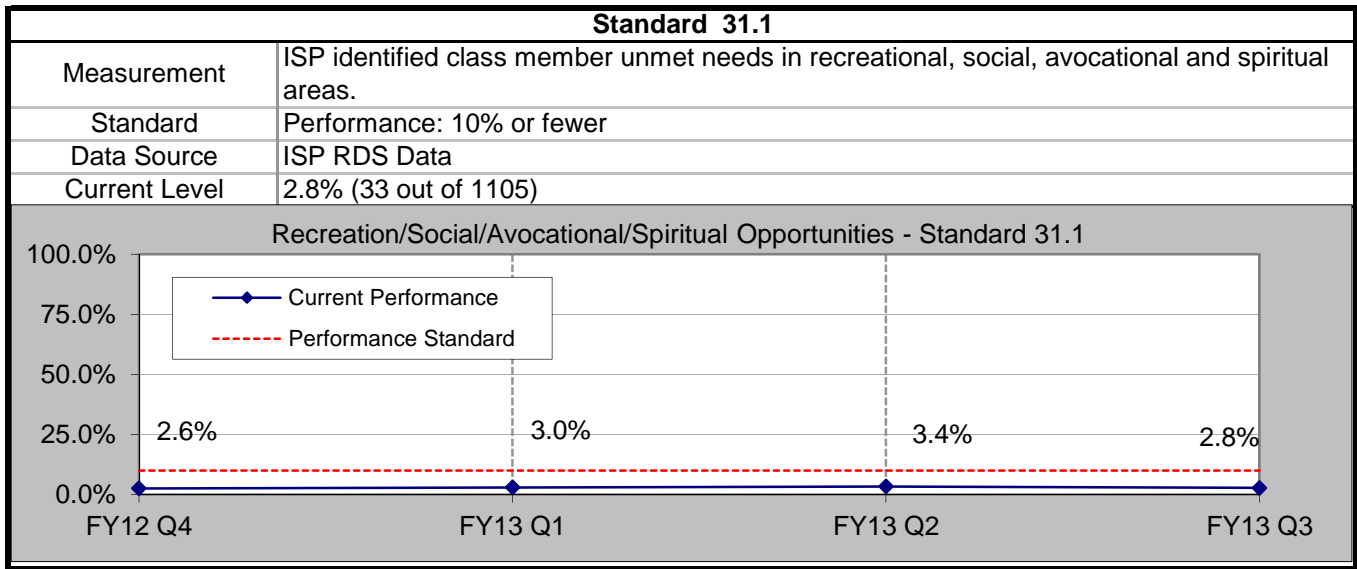
Statewide:

Community Connections: Community based recreational opportunities and leisure planning
 MAPSRC (Maine Association of Psychosocial Rehabilitation Centers)

NAMI Support Groups primarily attended by consumers:

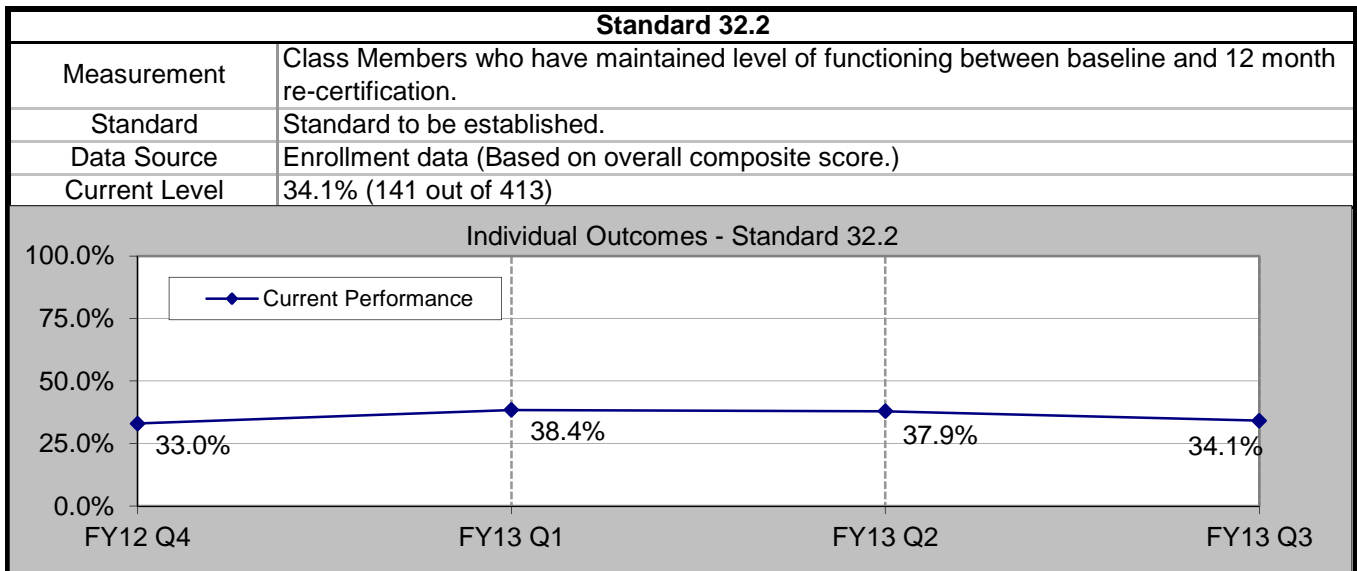
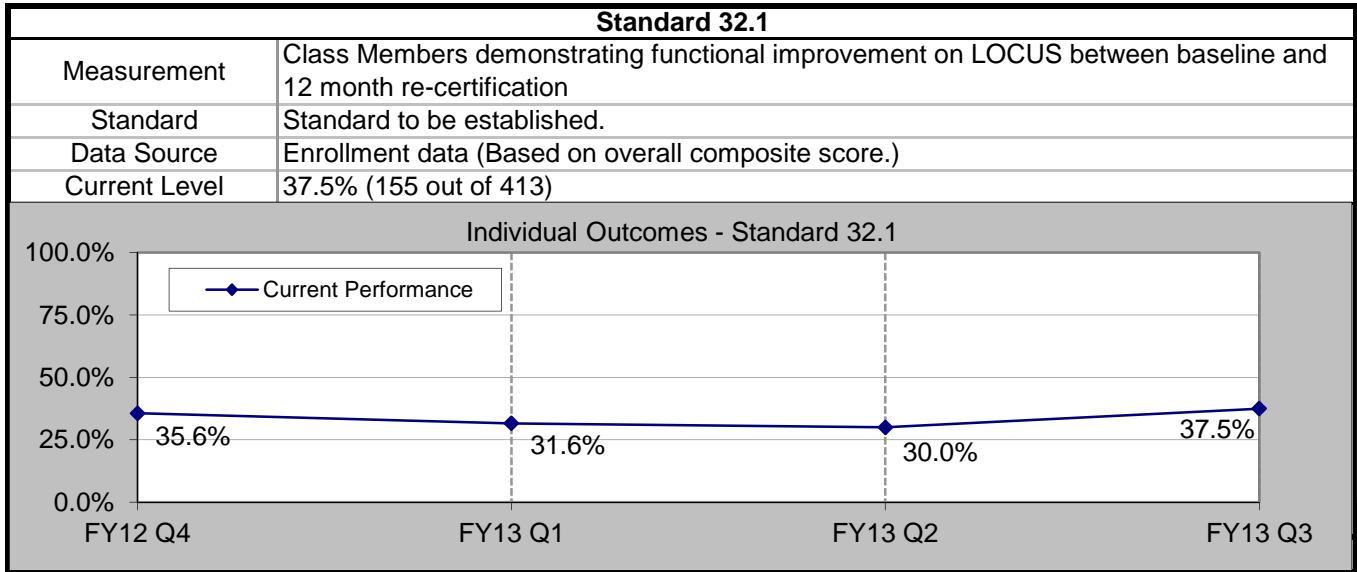
Augusta, Bangor, Biddeford, Brunswick, Damariscotta, Lewiston, Farmington, Rockland, Sanford, Waterville.

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

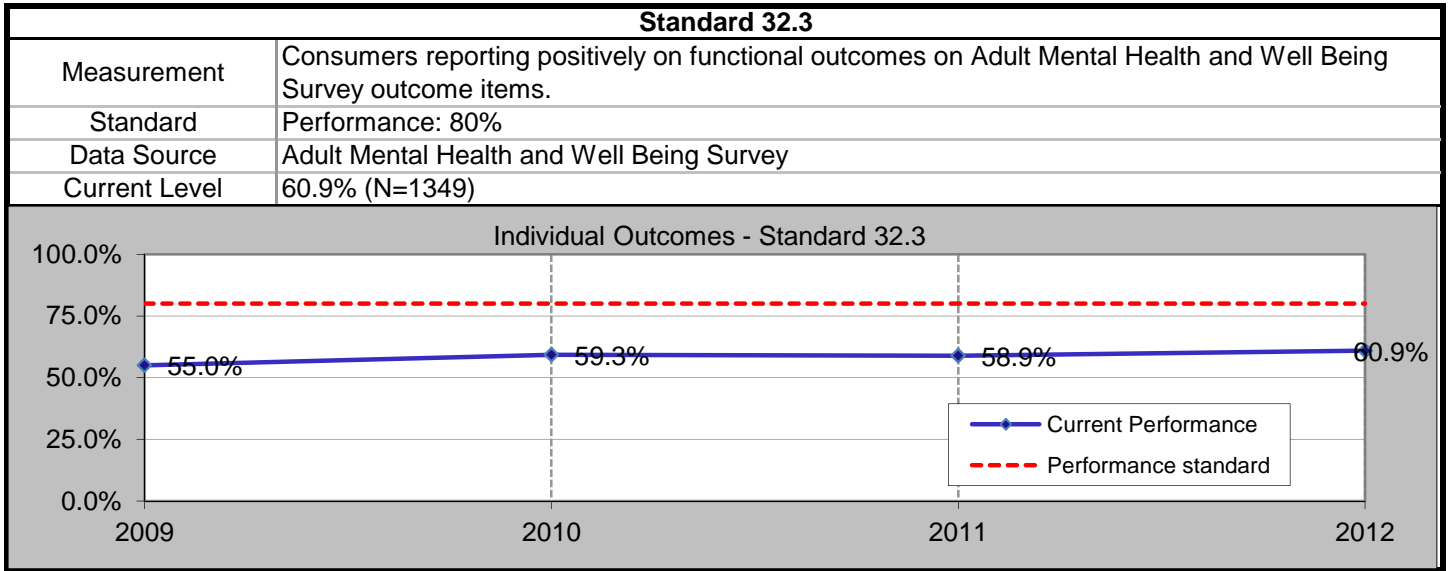


System Outcomes: Supporting the Recovery of Adults with Mental Illness Recovery

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

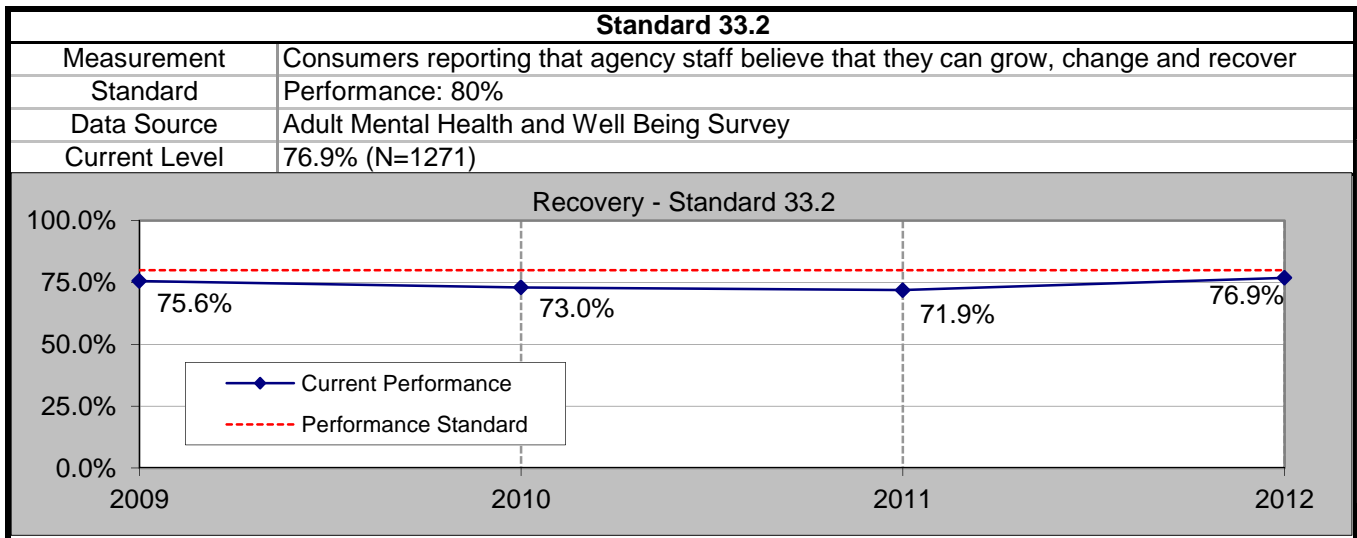
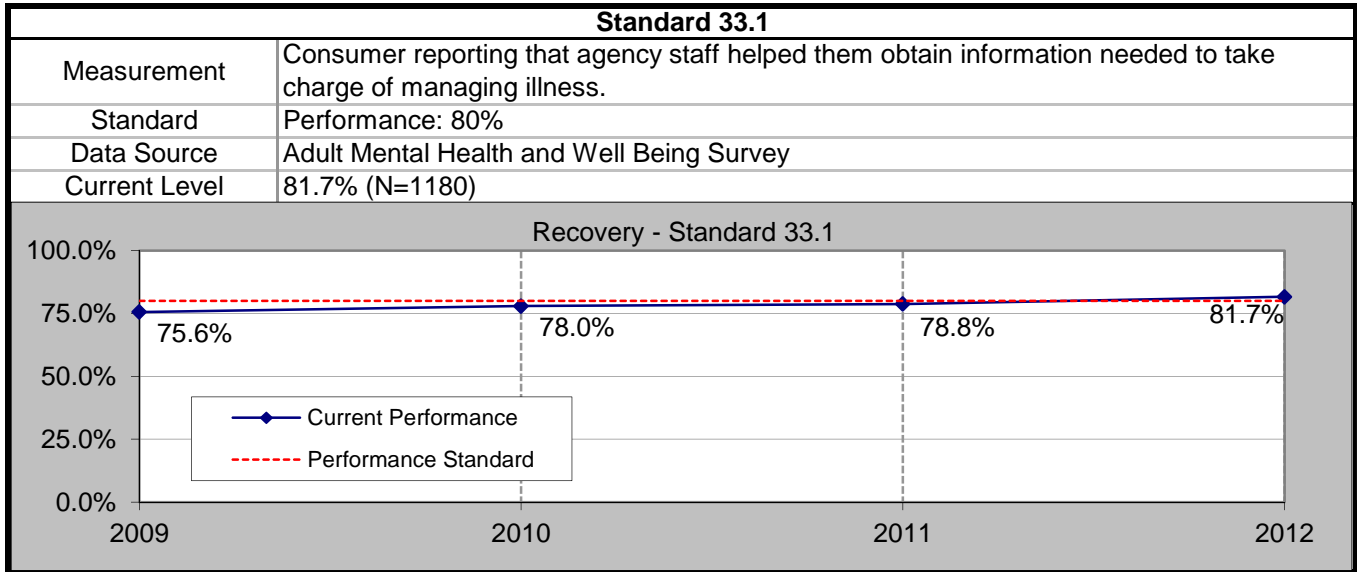


**System Outcomes: Supporting the Recovery of Adults with Mental Illness
Recovery**

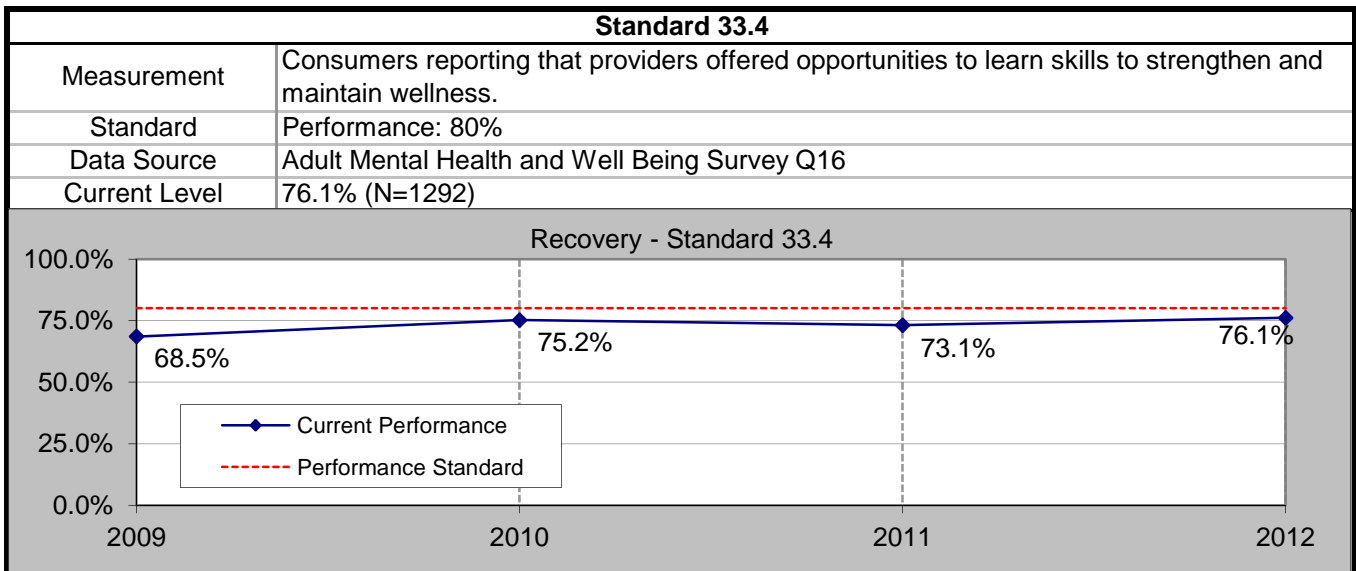
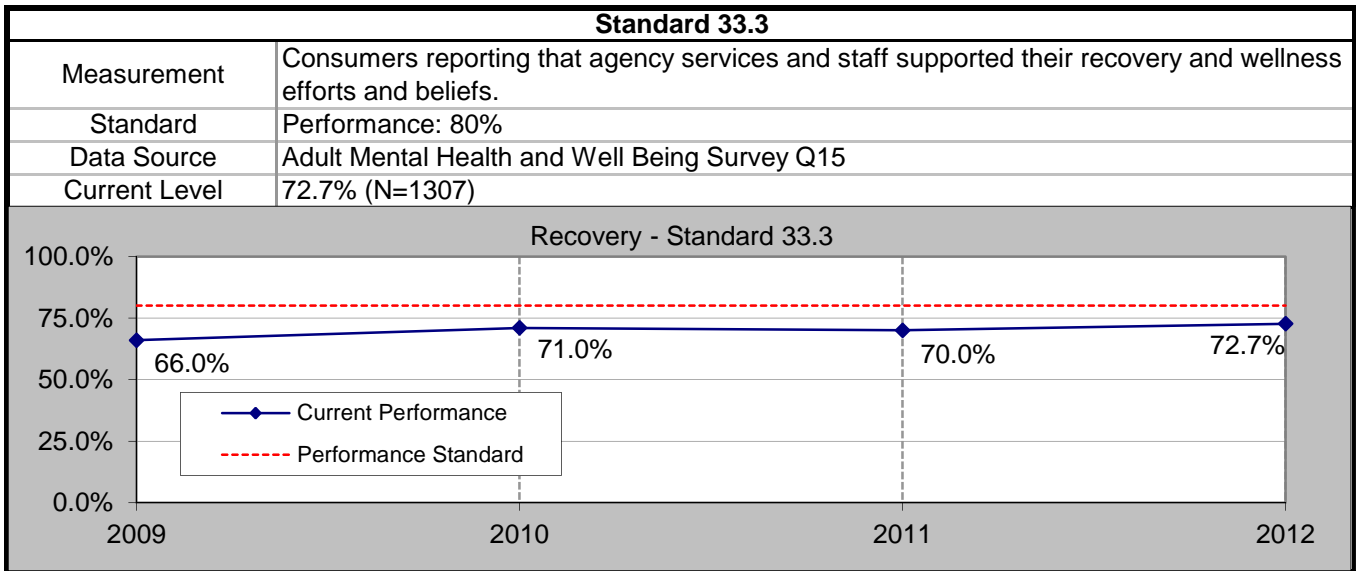


System Outcomes: Supporting the Recovery of Adults with Mental Illness Recovery

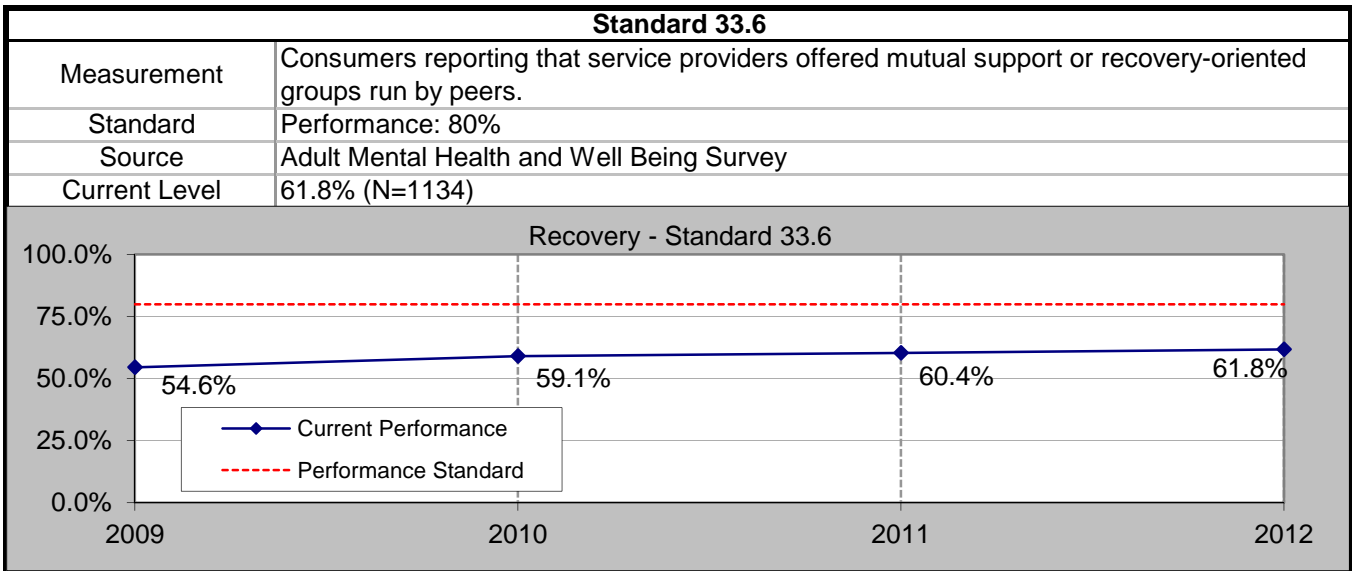
Standard 33 - Demonstrate that consumers are supported in their recovery process



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



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



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

Standard 34 - Variety of public education programs on mental health and illness topics.

Standard 34.1	
Measurement	# of mental health workshops, forums, and presentations geared toward general public and level of participation.
Standard	Qualitative evaluation required, no numerical standard necessary.
Data Source	NAMI
Current Level	43 FY 13 Q3

Standard 34.2	
Measurement	Number and type of info packets, publications, press releases, etc. distributed to public audiences.
Standard	Qualitative evaluation required, no numerical standard necessary.
Data Source	NAMI
Current Level	3141 FY 13 Q3

Public Education- Standard 34
April - June 2013 (See Note Below)

Note: Contracted agencies are allowed one month after the quarter to submit performance indicator data.

As a result, NAMI Maine is submitting performance indicator data for Jan - March 2013

**Psychiatric & Forensic Grand Rounds, and Lunch and Learn: open to the public, advertised by stakeholder email distribution lists.

Measure Method One:

<i>Date & Location of Public Education Program</i>	<i>Audience: Public Service Agency</i>	<i>Audience: RPC and/or DDPC staff</i>	<i>Audience: Community Members</i>	<i>Audience: Other (Please Specify)</i>	<i>Total # of Participants</i>	<i>Topic: Addressing Myths & Stigma</i>	<i>Topic: Promoting Community Integration</i>	<i>Topic: Rights of MH Consumers and/or their Families</i>	<i>Topic: Other (Please Specify)</i>	<i>Total # Presentations/ # Participants This Quarter</i>
5/21/13 Augusta, HOPE 2013 Conference, Having Opportunities for Personal Empowerment, a Statewide Recovery Wellness Conference	x		x	Target audience was people in mental health and/or substance abuse recovery	260+	x	x	x	Conference goals were for participants to gain understanding of recovery/wellness from many different perspectives through opportunities for participants to learn from each other.	43/1,272
Two Crisis Intervention Team Trainings: Androscoggin 1/14-18/2013) and Somerset 3/18-22/2013)	x			Law Enforcement	37	x	x	x	40 hour CIT training	

<i>Date & Location of Public Education Program</i>	<i>Audience: Public Service Agency</i>	<i>Audience: RPC and/or DDPC staff</i>	<i>Audience: Community Members</i>	<i>Audience: Other (Please Specify)</i>	<i>Total # of Participants</i>	<i>Topic: Addressing Myths & Stigma</i>	<i>Topic: Promoting Community Integration</i>	<i>Topic: Rights of MH Consumers and/or their Families</i>	<i>Topic: Other (Please Specify)</i>	<i>Total # Presentations/ # Participants This Quarter</i>
Three Gatekeeper Trainings (Rockland 1/16/13, So. Paris 3/7/13, Biddeford 3/27/13)	x		x		68	x	x			
Suicide Assessment for Clinicians, Portland 1/26/13	x				35	x	x	x		
Family Respite Provider Orientation			x		35	x	x	x		
Beyond the Basics (Suicide Prevention) Portland 3/21/13	x		x		167	x	x	x		
Three CIT Overview Trainings, 2/11/13; 2/13/13; 3/26/13	x				52		x		8 hour CIT training	
Seven Suicide Awareness Sessions; Jan and Feb 2013	x		x	Schools, College, and Private Companies	344	x				

<i>Date & Location of Public Education Program</i>	<i>Audience: Public Service Agency</i>	<i>Audience: RPC and/or DDPC staff</i>	<i>Audience: Community Members</i>	<i>Audience: Other (Please Specify)</i>	<i>Total # of Participants</i>	<i>Topic: Addressing Myths & Stigma</i>	<i>Topic: Promoting Community Integration</i>	<i>Topic: Rights of MH Consumers and/or their Families</i>	<i>Topic: Other (Please Specify)</i>	<i>Total # Presentations/ # Participants This Quarter</i>
Five Recovery Skills Workgroup, Lewiston, Jan-March 2013			x	Consumers	16		x	x		
04/12/13-Acadia Bangor	x	x	x		22	x	x	x	Addictive Disorders & Impaired Practice in Nursing	
04/26/13-Acadia Bangor	x	x	x		28	x	x	x	Clinical Mental Health Counseling: Professional Identity, Trends, & Service	
05/10/13-Acadia Bangor	x	x	x		30	x	x	x	Comprehensive Treatment of Depression in Adolescents	
4/4, 11, 18, 25 & 5/2, 9, 16, 23 Augusta			x	Consumers	15	x	x	x	CIPSS Training	
4/24, 5/1/8/15/29, 6/5/11/12/19 Bangor			x	Consumers	11	x	x	x	CIPSS Training	
4/30 Augusta			x	Consumers	17	x	x	x	Conflict Training	
5/3, 5/24, 5/31, 6/7, 6/14, 6/21, 6/28 webinars	x			Consumers	9				Pathways to Recovery	
5/17/13 Springvale	x		x	Consumers	10	x	x	x	Peer Support 101	
5/28/2013 Augusta				Consumers	15	x	x	x	Boundaries	

<i>Date & Location of Public Education Program</i>	<i>Audience: Public Service Agency</i>	<i>Audience: RPC and/or DDPC staff</i>	<i>Audience: Community Members</i>	<i>Audience: Other (Please Specify)</i>	<i>Total # of Participants</i>	<i>Topic: Addressing Myths & Stigma</i>	<i>Topic: Promoting Community Integration</i>	<i>Topic: Rights of MH Consumers and/or their Families</i>	<i>Topic: Other (Please Specify)</i>	<i>Total # Presentations/ # Participants This Quarter</i>
6/13/13 Augusta				Consumers	13	x	x	x	Peer Support in the Community	
6/17/2013 Rumford			x	Consumers	8	x	x	x	Peer Support 101	
6/20/2013 Portland	x		x	Consumers	23	x	x	x	Peer Support 101	
6/20/2013 Bangor				Consumers	4	x	x	x	Peer Support 101	
6/24/13 Augusta	x	x	x	Consumers	14	x	x	x	Peer Support 101	
6/31/13 Augusta				Consumers	2	x	x	x	Peer Support 101	
4/2/13-Augusta		x			11				Improving Adherence Among Adolescents with Poorly Controlled Type 1 Diabetes	
4/23/13-Augusta		x	x		9				Individual Differences in Smoking Cue-Reactivity: A Guide for Personalizing Treatment	
4/30/13 - Augusta		x			9				The Critical Role of Behavioral Health in the Evolving Healthcare Marketplace	
6/18/13-Augusta		x	x		8				New Treatment Approaches to Depression: Where Are We?	

Performance Indicators and Quality Improvement Standards

APPENDIX: ADULT MENTAL HEALTH DATA SOURCES

Adult Health and Well- Survey (Data Infrastructure Grant):

Data Type/Method: Mail Survey

Target Population: All people who receive a publicly-funded mental health service where eligibility includes having a serious mental illness (SMI).

Approximate Sample Size (responses): 1300-1500

The Maine DHHS/SAMHS consumer survey is an adapted version of the National Mental Health Statistics Improvement (MHSIP) Consumer Survey that was specifically designed for use by adult recipients of mental health services. The survey is administered by mail in the summer. It is currently used by all State Mental Health Authorities across the country and will allow for state-to-state comparisons of satisfaction trends. The survey was designed to assess consumer experiences and satisfaction with their services and support in four primary domains, including: 1) Access to Services; 2) Quality and Appropriateness; 3) General Satisfaction; and 4) Outcomes.

Community Hospital Utilization Review Summary:

Data Type/Method: Service Review/Document Review

Target Population: Individuals admitted to community inpatient psychiatric hospitals on an emergency involuntary basis.

Approximate Sample Size: 150 per quarter.

The Regional Utilization Review Nurses perform clinical reviews of all individuals who were involuntarily admitted who have MaineCare or do not have a payer source. Utilization Review Nurses review all community discharges for appropriateness of the admission, including: compliance with active treatment guidelines; whether medical necessity was established; Blue Paper process completed; and patients rights were maintained, etc. The data collected as part of the clinical review is entered into EIS.

Community Support Enrollment Data:

Data Type/Method: Demographic, clinical and diagnostic data for all consumers in Adult Mental Health Community Support Services (community integration, ACT, Community Rehabilitation Services and Intensive Case Management) maintained and reported from the Department's EIS (Enterprise Information System). Data is collected by APS Healthcare as part of its prior authorization process and fed into EIS twice a month.

Target Population: Adult Mental Health Consumers receiving Community Support.

Approximate Sample Size: 1500 class members of the total consumers enrolled in Community Support.

Community Support Services Census/Staffing Data:

Data Type/Method: Provider Completed Survey; Completed by supervisors of Assertive Community Treatment (ACT) and Community Integration (CI).

Target Population: Consumers receiving CI/ACT from DHHS/SAMHS contracted agencies.

Approximate Sample Size: Collected from all providers of these services on a quarterly basis.

SAMHS data specialists collect census/staffing data quarterly from contracted agencies that provide ACT and CI services. This data source provides a snapshot of case management staff vacancies as well as consumer to worker ratios.

Grievance Tracking Data:

Data Type/Method: Information pertaining to Level II and Level III Grievances.

Target Population: Consumers receiving any community based mental health service licensed, contracted or funded by DHHS and consumers who are patients at Riverview Psychiatric Center or Dorothea Dix Psychiatric Center.

The Data Tracking System contains grievances and rights violations for consumers in Adult Mental Health Services. The data system tracks the type of grievance, remedies, resolution and timeliness.

Class Member Treatment Planning Review:

Data Type/Method: Service Review/Document Review

Target Population: Class Members receiving Community Support Services (ACT, CI)

Approximate Sample Size: As of the 3rd quarter FY11, sample size has been decreased to 50 per quarter, utilizing the random sampling methodology as previously developed. This allows the new SAMHS Division of Quality Management the time to assess and develop a new system of document reviews, not solely focused on treatment planning, that can be implemented across program areas and provide data for a wider group of individuals utilizing mental health services.

Quality Management Specialists, one in each region, now carry responsibility for this review of class members receiving Community Support Services. Data collected as part of the review is captured regionally and entered into a database within EIS. The Treatment Planning Review focuses on: education on and use of authorizations, assessment of domains, incorporation of strengths and barriers, crisis planning, needed resources including the identification of unmet needs and service agreements.

Individualized Support Plan (ISP) Resource Data Summary (ISP RDS) tracking System:

Data Type/Method: ISP RDS submitted by Community Support providers and collected by APS

Healthcare as a component of their authorization process. Data is then fed into EIS twice a month.

Target Population: Adult Mental Health Consumers who receive Community Support Services (ACT, CI, and CRS).

The data is maintained and reported on through the DHHS Enterprise Information System (EIS). The ISP RDS captures ISP completion dates and consumer demographic data. The ISP RDS also captures data on the current housing/living situation of the person receiving services as well as the current vocational and employment statuses. Needed resources are tracked and include the following categories; Mental Health Services, Peer, Recovery and Support Services, Substance Abuse Services, Housing Resources, Health Care Resources, Legal Resources, Financial Resources, Educational Resources, Vocational Resources, Living Skills Resources, Transportation Resources, Personal Growth Resources and Other. The ISP RDS calculates unmet needs data by comparing current 90 day reviews to previous 90 days reviews.

Quarterly Contract Performance Indicator Data:

Data Type/Method: Performance Indicators

Target Population: All consumers receiving DHHS/SAMHS contracted services.

Approximate Sample Size: All consumers receiving DHHS/SAMHS contracted services.

The Quarterly Contract Performance Indicator System was implemented in July of 1998 at which time common performance indicators and reporting requirements were included in all contracts with provider agencies. Specific indicators were developed for each of the Adult Mental Health services areas. As of July 2008, most QA/QI contract performance indicators were deleted as much of the data is now being collected by APS Healthcare. Some specific service areas, for example crisis services and peer services, continue to have specific indicators within their contracts that they must report on quarterly.

Department of Health and Human Services (DHHS)
Office of Substance Abuse and Mental Health Services (SAMHS)
Report on Unmet Needs and Quality Improvement Initiatives
August 2013

Attached Report:

Statewide Report of Unmet Resource Needs for Fiscal Year 2013 Quarter 3

Population Covered:

- Persons receiving Community Integration (CI), Community Rehabilitation (CRS) and Assertive Community Treatment (ACT) services
- Class and non-class members

Data Sources:

Enrollment data and RDS (resource data summary) data collected by APS Healthcare, with data fed into and reported from the DHHS EIS data system

Unmet Resource Need Definition

Unmet resource needs are defined by 'Table 1. Response Times and Unmet Resource Needs' found on page 17 of the approved DHHS/OAMHS Adult Mental Health Services Plan of October 13, 2006. Unmet resource needs noted in the tables were found to be 'unmet' at some point within the quarter and may have been met at the time of the report.

Quality Improvement Measures

The Office of Substance Abuse and Mental Health Services is undertaking a series of quality improvement measures to address unmet needs among the covered population for the Consent Decree.

The improvement measures are designed to address both specific and generic unmet needs of consumers using the established array of needs:

- | | |
|----------------------------------|------------------------------|
| A. Mental Health Services | H. Financial Security |
| B. Mental Health Crisis Planning | I. Education |
| C. Peer, Recovery and Support | J. Vocational/Employment |
| D. Substance Abuse Services | K. Living Skills |
| E. Housing | L. Transportation |
| F. Health Care | M. Personal Growth/Community |
| G. Legal | |

New Quality Improvement Initiatives This Quarter

Crisis Reports. At the directive of the Commissioner, SAMHS revised its Crisis Reports and required individual encounter reporting as of July 1, 2013. All of the prior crisis data variables continued to be reported but now on an individual level. Providers will still report the aggregate number of telephone calls they receive. SAMHS staff worked with the Maine Crisis Network providers to create variables for the crisis screening/assessment reasons for face to face encounters. Meetings were held with providers and technical assistance has been provided by the Data and Quality Management staff.

Identified Need: A,B,D

Critical Incident Reporting. SAMHS has three systems and portals for providers to report on critical incidents involving consumers. These systems and portals are a legacy from the merger of Adult Mental Health Services and the Office of Substance Abuse. A taskforce of quality management, treatment, and intervention staff have met and are developing a new streamlined system for reporting of critical incidents. By September 1st, providers will use a single form and have a single portal for submitting information. Procedures to review and provide feedback to agencies are being developed to ensure consistent messaging.

Identified Need: A,B,D,E,F,G,

SAMHS Website - Reports. During the first week of July, SAMHS started posting APS, Crisis Management, and Waitlist reports on its website. Providers had been notified of this change at the monthly stakeholder calls. In addition, providers were notified by email when the initial reports were posted. The schedule for posting reports is being fine-tuned, but generally reports are posted each Thursday.

Identified Need: A,B,C,D,E,F,I,J,K

SAMHS Website – Redesign. A taskforce has been formed to design and implement a new SAMHS website. SAMHS currently has the legacy websites for Adult Mental Health Services and Office of Substance Abuse. Changes to the website will be incremental based on a schedule that is being developed. Early estimates are that given the resources available it will take 9-12 months for all aspects of the new site to be rolled-out with the first significant changes to be made in September.

Identified Need: A, B, C, D, E, F,G, H, I, J, K, L,M

Ongoing Quality Improvement Initiatives

Agency Score Card. Within 30 days after the submission of the quarterly report to the Court Master, the Data/Quality Manager will meet with the prevention, intervention, treatment and recovery managers to review standards deficiencies noted in the report. The managers will review issues to determine corrective actions. Once the managers meet, an agency score card listing all measures will be sent to field service teams to develop corrective action steps for meeting the standards. The agency score card and corrective actions steps will be sent to SAMHS management, field service teams and will be posted in the Data/Quality Management area of the SAMHS office.

Identified Need: A, B, C, D, E, F, G, H, I, J, K, L, M

Commissioner's Unmet Needs Workgroup. Commissioner Mayhew has appointed a workgroup to examine the performance and compliance standards under the approved Consent Decree Plan and SAMHS's ability to meet the compliance standards. The workgroup has reviewed data from CY2006 to the present to determine patterns of compliance with the standards. The data have been analyzed and recommendations are being developed to present to Commissioner Mayhew and Director Cousins on levels of compliance and strategies to address unmet needs.
Identified Need: A,B,C,D,E,F,G,H,I,J,K,L,M

Contract Performance Measures. SAMHS has instituted contract performance measures for five services areas for FY13 contracts and fourteen services areas for FY14 contracts. Where appropriate, the measures are in alignment with standards under the Consent Decree Plan. In a meeting with the DHHS Office of Quality Management, we agreed on a three year schedule for full implementation of measures; year one will be to validate the measures, year two to establish baselines, year 3 to test full implementation. At that point the measures will be put into Maine Care rule as well as being standardized for all SAMHS provider contracts.
Identified Need: A, B, C, D

Housing Quality Survey. Quality Management staff have undertaken inspections of housing for mental health residents in the state where there are three or fewer beds. The certified reviewers are using a standardized HUD housing form (Housing Quality Survey). In FY14, a questionnaire about consumer satisfaction with housing and services will be included.
Identified Need: A,E,K,M

Community Rehabilitation Services Survey. A face to face survey of clients who receive CRS services was conducted in February 2013. Interviews with 126 consumers were conducted and chart reviews were performed for an additional 10 consumers who were not available to be interviewed. The purpose of the survey was to determine whether residents understood the service delivery parameters of the CRS services as related to linkages to housing services. Seventy-five percent of leases indicated there were no linkages between housing and services however 59% of treatment plans mandated that a linkage be in place. The consumers perceived a seamless/no barriers transition from PNMI funded beds to CRS services. Hence there was no disruption in consumer services and care but did not allow consumers to control the choice over where to reside. All providers and consumers were educated about the separation of services from housing as part of the survey process. A report of the findings was presented to the monthly meeting with the Court Master in March 2013. Plans are in place for this survey to be conducted annually.
Identified Need: E, H, K

Contract Review Initiative. The Data/Quality Management staff are working with field service teams to ensure they have up-to-date, accurate service encounter data when they review progress toward meeting contract goals and establishing benchmarks for new contracts. A set of encounter data variables has been identified and are being tested in FY13. A review of the process will occur in early FY14 to determine which data to include for expansion of this initiative to all SAMHS contractors.
Identified Need: A, B, D, E, I, J, L

Mental Health Rehabilitation/Crisis Service Provider Review. The Mental Health Rehabilitation/ Crisis Service Provider (MHRT/CSP) certification was developed by the crisis providers (Maine Crisis Network) over the past several years in collaboration with DHHS—adult mental health and children's behavioral health and the Muskie School. The MHRT/CSP is now

ready to be implemented with providers. A review team consisting of two representatives from the Maine Crisis Network, two representatives from Children's Behavioral Health and two representatives from SAMHS will work together to conduct reviews at contracted agencies. Muskie staff are overseeing and organizing the review process and will collect the data to generate a summary report. This review has been pushed back to FY14.
Identified Need: B

NIATx Quality Improvement Initiative. NIATx has been deployed in six provider agencies to address wait list and time to assignment issues in provider agencies. SAMHS has contracted with a NIATx trainer who is providing on-site training and technical assistance. The model involves targeted changes using a rapid improvement methodology. A SAMHS central office NIATx team has been formed and has been trained in using the model with employees. The Data/Quality Management Office is addressing the data needs for providers and central office staff to ensure they have the necessary data/quality management tools to measure their successes. It is anticipated that in FY14, the number of agencies using NIATx will be expanded.
Identified Need: A,B

SAMHS Quality Management Plan 2013-2018. A team in the Data and Quality Management division is undertaking the development of a new SAMHS comprehensive quality management plan for 2013-2018. The team members are engaging with division leaders in the four pillars of SAMHS services (prevention, intervention, treatment and recovery) to develop profiles of programs, specific initiatives, evidence based or promising practice services being offered and standardized performance measures. The team is meeting weekly to review information, receive feedback from team members and refine the work with staff within each of the four pillars of SAMHS services. The scope of the final plan will be inclusive of all SAMHS services and the required Consent Decree services will be imbedded within the larger document. Anticipated completion date for the draft is September 2013.
Identified Need: A,B,C,D,E,F,G,H,I,J,K,L,M

Wait List Graphs. On a weekly basis, the Data/Management staff update graphs of number of people on wait lists for CI, ACT and DLSS. Also, graphs for time to assignment are produced that provide further information on these three services. Two new reports were developed and distributed as of 7/1/13. The first report is by service, by provider which lists number on waitlist by agency, and the length of time on the waitlist. The second report is a YTD comparison with the prior year for Community Integration services. These reports are sent to management and field service staff to monitor trends in services over the past six months.
Identified Need: A

Substance Abuse and Mental Health Services

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Statewide Report of Unmet Resource Needs for Fiscal Year 2013 Quarter 3

(Jan, Feb, March 2013)

Purpose of Report:

This report examines:

- a.) level of unmet resource needs for 14 categories
- b.) geographical variations in the reports of unmet resource needs
- c.) trends across quarters

Data for this report is compiled from individuals who indicate a need on their ISP (individualized support plan) for a resource that is not available within prescribed timeframes. Some needs classified as unmet may have subsequently been met before the end of the quarter. Compiled data is based on:

- the client's address
- completed RDS (Resource Data Summary) reports by case managers (CI, ACT, and CRS)
- both class members and non-class members

Data collection and reporting:

Enrollment and RDS data is entered by providers into APS Healthcare's CareConnection at the time of the Initial Prior Authorization (PA) request and at all Continuing Stay Reviews. Data is then fed to the EIS Database on a monthly basis.

Unmet resource need data is reported and reviewed one quarter after the quarter ends as this method gives a more accurate picture of unmet resource needs.

Statewide data is reported first, followed by individual CSN reports.

As of Sept 19, 2011 all "other" categories within each major resource need category were no longer an available option for reporting within APS CareConnections. There remains one stand alone "other resource need" category for those resources that are not available within any other category. As a result of this change, OAMHS will no longer be reporting on those "other" categories within each resource need category.

Report Run: Jul 15, 2013

Statewide Report of Unmet Resource Needs for Fiscal Year 2013 Q3

Table 1: Distinct People with a Resource Data Summary (RDS) by CSN

CSN	Counties	Distinct People
CSN 1	Aroostook	359
CSN 2	Hancock, Penobscot, Piscataquis & Washington	1,617
CSN 3	Kennebec & Somerset	1,868
CSN 4	Knox, Lincoln, Sagadahoc & Waldo	761
CSN 5	Androscoggin, Franklin & Oxford	1,748
CSN 6	Cumberland	1,902
CSN 7	York	453
Not Assigned	No legal address	329
Statewide		9,037

Table 2: Distinct People and Unmet Resource Needs across four Quarters

	2012 Q4			2013 Q1			2013 Q2			2013 Q3		
	People with Unmet Needs	Distinct People	% With Unmet Needs	People with Unmet Needs	Distinct People	% With Unmet Needs	People with Unmet Needs	Distinct People	% With Unmet Needs	People with Unmet Needs	Distinct People	% With Unmet Needs
CSN 1	93	334	27.8%	101	343	29.4%	113	369	30.6%	129	359	35.9%
CSN 2	488	1,790	27.3%	477	1,758	27.1%	455	1,679	27.1%	402	1,617	24.9%
CSN 3	324	1,968	16.5%	323	1,957	16.5%	358	1,968	18.2%	333	1,868	17.8%
CSN 4	218	776	28.1%	228	811	28.1%	237	808	29.3%	220	761	28.9%
CSN 5	601	1,818	33.1%	654	1,874	34.9%	616	1,898	32.5%	570	1,748	32.6%
CSN 6	558	1,892	29.5%	554	1,939	28.6%	587	1,935	30.3%	577	1,902	30.3%
CSN 7	166	485	34.2%	155	459	33.8%	174	531	32.8%	137	453	30.2%
N/A	118	404	29.2%	103	396	26.0%	102	371	27.5%	95	329	28.9%
Total	2,566	9,467	27.1%	2,595	9,537	27.2%	2,642	9,559	27.6%	2,463	9,037	27.3%

Report Run: Jul 15, 2013

Statewide Report of Unmet Resource Needs for Fiscal Year 2013 Q3

Graph 1: Number of Unmet Resource Needs by Category over four Quarters

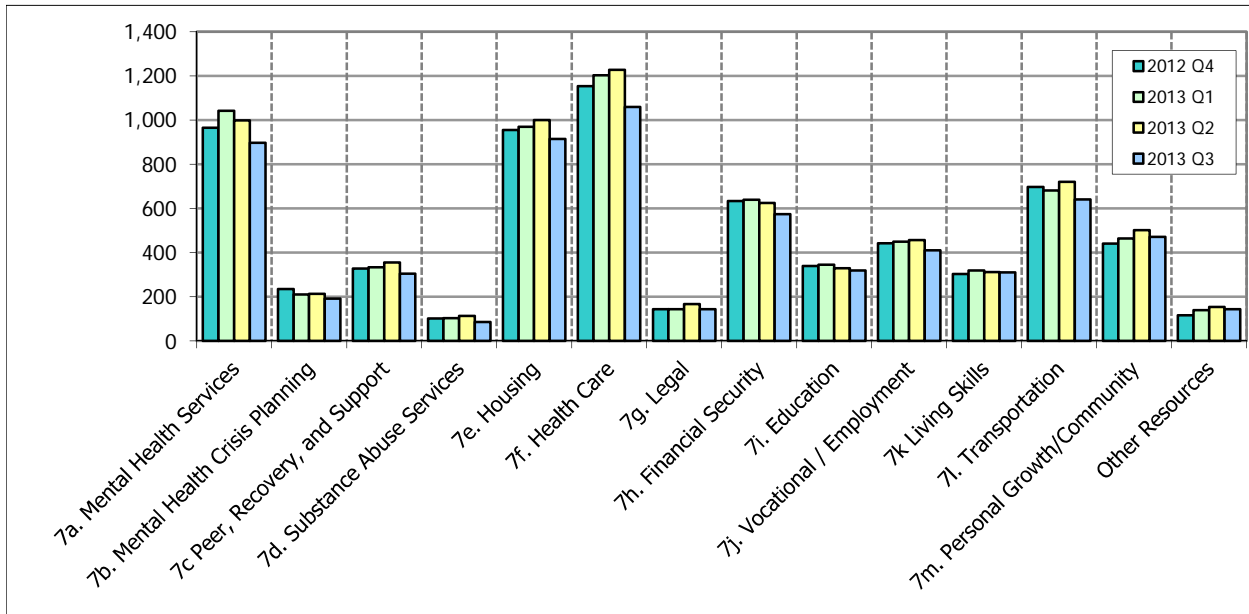


Table 3: Total Number of Unmet Resource Needs Reported

Reported Unmet Resource Needs	2012 Q4	2013 Q1	2013 Q2	2013 Q3
7a. Mental Health Services	966	1,042	998	897
7b. Mental Health Crisis Planning	235	210	214	192
7c. Peer, Recovery, and Support	328	334	355	305
7d. Substance Abuse Services	102	103	113	86
7e. Housing	955	970	1,000	914
7f. Health Care	1,154	1,203	1,227	1,059
7g. Legal	144	144	167	144
7h. Financial Security	633	640	625	574
7i. Education	340	346	330	319
7j. Vocational / Employment	442	450	457	410
7k. Living Skills	304	319	312	310
7l. Transportation	697	681	721	641
7m. Personal Growth/Community	441	464	502	471
Other Resources	117	140	154	144
Total Statewide Unmet Needs	2,566	2,595	2,642	2,463

Report Run: Jul 15, 2013



**Substance Abuse
and Mental Health Services**
An Office of the
Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Report of Unmet Resource Needs

Statewide
(All CSNs)

Fiscal Year 2013 Quarter 3
(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	9,467	9,537	9,559	9,037
7a. Mental Health Services				
7a-i Assertive Community Treatment (ACT)	26	36	33	44
7a-iii Dialectical Behavioral Therapy	33	34	32	28
7a-iv Family Psycho-Educational Treatment	14	8	8	10
7a-v Group Counseling	37	36	32	34
7a-vi Individual Counseling	397	453	427	372
7a-vii Inpatient Psychiatric Facility	2	5	2	4
7a-viii Intensive Case Management	11	20	19	25
7a-x Psychiatric Medication Management	472	486	478	424
Total Unmet Resource Needs	966	1,042	998	897
Distinct Clients with Unmet Resource Needs	777	831	792	732
7b. Mental Health Crisis Planning				
7b-i Development of Mental Health Crisis Plan	174	159	160	138
7b-ii Mental Health Advance Directives	61	51	54	54
Total Unmet Resource Needs	235	210	214	192
Distinct Clients with Unmet Resource Needs	214	192	192	174
7c Peer, Recovery, and Support				
7c-i Peer Recovery Center	46	51	44	40
7c-ii Recovery Workbook Group	2	1	3	3
7c-iii Social Club	115	116	125	100
7c-iv Peer-Run Trauma Recovery Group	39	36	37	33
7c-v Wellness Recovery and Action Planning	16	18	21	19
7c-vi Family Support	110	112	125	110
Total Unmet Resource Needs	328	334	355	305
Distinct Clients with Unmet Resource Needs	280	279	297	246
7d Substance Abuse Services				
7d-i Outpatient Substance Abuse Services	85	86	96	67
7d-ii Residential Treatment Substance Abuse Services	17	17	17	19
Total Unmet Resource Needs	102	103	113	86
Distinct Clients with Unmet Resource Needs	97	97	109	81
7e. Housing				

Report Run: Jul 15, 2013



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Report of Unmet Resource Needs

Statewide

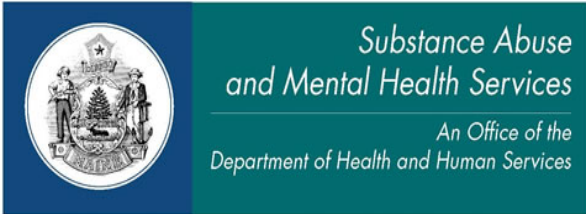
(All CSNs)

Fiscal Year 2013 Quarter 3

(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	9,467	9,537	9,559	9,037
7e-i Supported Apartment	100	117	110	105
7e-ii Community Residential Facility	40	37	31	33
7e-iii Residential Treatment Facility (group home)	16	17	15	13
7e-iv Assisted Living Facility	42	39	45	41
7e-v Nursing Home	6	4	5	4
7e-vi Residential Crisis Unit	2	1	2	2
7e-vii Rent Subsidy (Section 8, BRAP, Shelter Plus)	749	755	792	716
Total Unmet Resource Needs	955	970	1,000	914
Distinct Clients with Unmet Resource Needs	885	896	927	840
7f. Health Care				
7f-i Dental Services	604	619	635	558
7f-ii Eye Care Services	244	253	252	207
7f-iii Hearing Services	63	64	57	54
7f-iv Physical Therapy	31	35	39	35
7f-v Physician/Medical Services	212	232	244	205
Total Unmet Resource Needs	1,154	1,203	1,227	1,059
Distinct Clients with Unmet Resource Needs	856	874	908	816
7g. Legal				
7g-i Advocate	85	83	100	86
7g-ii Guardian (private)	45	47	51	41
7g-iii Guardian (public)	14	14	16	17
Total Unmet Resource Needs	144	144	167	144
Distinct Clients with Unmet Resource Needs	134	132	154	136
7h. Financial Security				
7h-i Assistance with Managing Money	373	381	365	325
7h-ii Assistance with Securing Public Benefits	227	221	219	211
7h-iii Representative Payee	33	38	41	38
Total Unmet Resource Needs	633	640	625	574
Distinct Clients with Unmet Resource Needs	555	571	565	513
7i. Education				

Report Run: Jul 15, 2013



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Report of Unmet Resource Needs

Statewide

(All CSNs)

Fiscal Year 2013 Quarter 3

(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	9,467	9,537	9,559	9,037
7i-i Adult Education (other than GED)	76	64	74	74
7i-ii GED	79	82	86	91
7i-iii Literacy Assistance	28	30	34	29
7i-iv Post High School Education	134	141	110	101
7i-v Tuition Reimbursement	23	29	26	24
Total Unmet Resource Needs	340	346	330	319
Distinct Clients with Unmet Resource Needs	313	319	304	296
7j. Vocational / Employment				
7j-i Benefits Counseling Related to Employment	32	49	45	40
7j-ii Club House and/or Peer Vocational Support	21	27	25	21
7j-iii Competitive Employment (no supports)	70	65	69	58
7j-iv Supported Employment	42	42	38	46
7j-v Vocational Rehabilitation	277	267	280	245
Total Unmet Resource Needs	442	450	457	410
Distinct Clients with Unmet Resource Needs	391	399	405	365
7k. Living Skills				
7k-i Daily Living Support Services	206	207	217	211
7k-ii Day Support Services	21	32	26	27
7k-iii Occupational Therapy	11	10	13	7
7k-iv Skills Development Services	66	70	56	65
Total Unmet Resource Needs	304	319	312	310
Distinct Clients with Unmet Resource Needs	282	291	289	287
7l. Transportation				
7l-i Transportation to ISP-Identified Services	336	340	363	324
7l-ii Transportation to Other ISP Activities	187	183	196	173
7l-iii After Hours Transportation	174	158	162	144
Total Unmet Resource Needs	697	681	721	641
Distinct Clients with Unmet Resource Needs	502	493	507	466
7m. Personal Growth/Community				
7m-i Avocational Activities	23	25	20	22
7m. Personal Growth/Community				

Report Run: Jul 15, 2013



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Report of Unmet Resource Needs

Statewide

(All CSNs)

Fiscal Year 2013 Quarter 3

(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	9,467	9,537	9,559	9,037
7m-ii Recreation Activities	128	129	135	132
7m-iii Social Activities	249	257	287	268
7m-iv Spiritual Activities	41	53	60	49
Total Unmet Resource Needs	441	464	502	471
Distinct Clients with Unmet Resource Needs	328	344	365	341
Other Resources				
Other Resources	117	140	154	144
Total Unmet Resource Needs	117	140	154	144
Distinct Clients with Unmet Resource Needs	117	140	154	144
Statewide Totals				
Total Unmet Resource Needs	6,858	7,046	7,175	6,466
Distinct Clients With any Unmet Resource Need	2,566	2,595	2,642	2,463
Distinct Clients with a RDS	9,467	9,537	9,559	9,037

Report Run: Jul 15, 2013

Statewide Report of Unmet Resource Needs for Fiscal Year 2013 Q2

CSN 1 - Aroostook

Table 1: Distinct People and Unmet Resource Needs across four Quarters

2012 Q4			2013 Q1			2013 Q2			2013 Q3		
People with Unmet Needs	Distinct People	% With Unmet Needs	People with Unmet Needs	Distinct People	% With Unmet Needs	People with Unmet Needs	Distinct People	% With Unmet Needs	People with Unmet Needs	Distinct People	% With Unmet Needs
93	334	27.8%	101	343	29.4%	113	369	30.6%	129	359	35.9%

Graph 1: Number of Unmet Resource Needs by Category over four Quarters

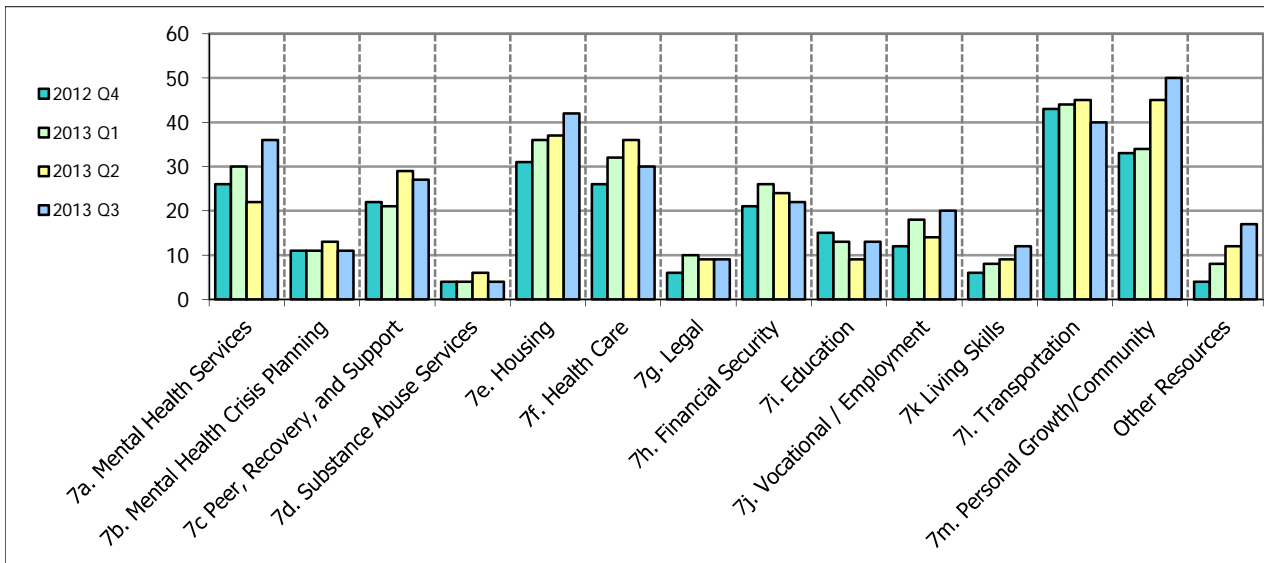


Table 2: Total Number of Unmet Resource Needs Reported

Reported Unmet Resource Needs	2012 Q4	2013 Q1	2013 Q2	2013 Q3
7a. Mental Health Services	26	30	22	36
7b. Mental Health Crisis Planning	11	11	13	11
7c. Peer, Recovery, and Support	22	21	29	27
7d. Substance Abuse Services	4	4	6	4
7e. Housing	31	36	37	42
7f. Health Care	26	32	36	30
7g. Legal	6	10	9	9
7h. Financial Security	21	26	24	22
7i. Education	15	13	9	13
7j. Vocational / Employment	12	18	14	20
7k. Living Skills	6	8	9	12
7l. Transportation	43	44	45	40
7m. Personal Growth/Community	33	34	45	50
Other Resources	4	8	12	17
Total CSN 1 Unmet Needs	260	295	310	333

Report Run: Jul 15, 2013



Report of Unmet Resource Needs

CSN 1
(Aroostook)

Fiscal Year 2013 Quarter 3
(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	334	343	369	359
7a. Mental Health Services				
7a-i Assertive Community Treatment (ACT)	0	0	0	0
7a-iii Dialectical Behavioral Therapy	3	3	3	5
7a-iv Family Psycho-Educational Treatment	1	0	0	1
7a-v Group Counseling	2	1	0	3
7a-vi Individual Counseling	8	9	4	6
7a-vii Inpatient Psychiatric Facility	0	1	1	0
7a-viii Intensive Case Management	0	0	0	1
7a-x Psychiatric Medication Management	12	16	14	20
Total Unmet Resource Needs	26	30	22	36
Distinct Clients with Unmet Resource Needs	22	25	18	31
7b. Mental Health Crisis Planning				
7b-i Development of Mental Health Crisis Plan	8	7	10	7
7b-ii Mental Health Advance Directives	3	4	3	4
Total Unmet Resource Needs	11	11	13	11
Distinct Clients with Unmet Resource Needs	10	9	12	10
7c Peer, Recovery, and Support				
7c-i Peer Recovery Center	1	1	1	2
7c-ii Recovery Workbook Group	0	0	0	0
7c-iii Social Club	17	13	19	16
7c-iv Peer-Run Trauma Recovery Group	0	0	2	2
7c-v Wellness Recovery and Action Planning	1	2	1	1
7c-vi Family Support	3	5	6	6
Total Unmet Resource Needs	22	21	29	27
Distinct Clients with Unmet Resource Needs	21	19	25	22
7d Substance Abuse Services				
7d-i Outpatient Substance Abuse Services	3	3	5	4
7d-ii Residential Treatment Substance Abuse Services	1	1	1	0
Total Unmet Resource Needs	4	4	6	4
Distinct Clients with Unmet Resource Needs	4	4	6	4
7e. Housing				

Report Run: Jul 15, 2013



Report of Unmet Resource Needs

CSN 1
(Aroostook)

Fiscal Year 2013 Quarter 3
(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	334	343	369	359
7e-i Supported Apartment	7	8	7	9
7e-ii Community Residential Facility	1	0	0	0
7e-iii Residential Treatment Facility (group home)	2	4	3	2
7e-iv Assisted Living Facility	1	2	2	1
7e-v Nursing Home	0	0	0	0
7e-vi Residential Crisis Unit	0	0	0	0
7e-vii Rent Subsidy (Section 8, BRAP, Shelter Plus)	20	22	25	30
Total Unmet Resource Needs	31	36	37	42
Distinct Clients with Unmet Resource Needs	25	30	34	37
7f. Health Care				
7f-i Dental Services	12	9	10	12
7f-ii Eye Care Services	1	4	7	2
7f-iii Hearing Services	0	3	2	1
7f-iv Physical Therapy	2	2	1	2
7f-v Physician/Medical Services	11	14	16	13
Total Unmet Resource Needs	26	32	36	30
Distinct Clients with Unmet Resource Needs	23	27	32	29
7g. Legal				
7g-i Advocate	6	8	8	7
7g-ii Guardian (private)	0	1	0	2
7g-iii Guardian (public)	0	1	1	0
Total Unmet Resource Needs	6	10	9	9
Distinct Clients with Unmet Resource Needs	6	10	8	9
7h. Financial Security				
7h-i Assistance with Managing Money	10	15	13	12
7h-ii Assistance with Securing Public Benefits	11	11	11	10
7h-iii Representative Payee	0	0	0	0
Total Unmet Resource Needs	21	26	24	22
Distinct Clients with Unmet Resource Needs	18	23	23	22
7i. Education				

Report Run: Jul 15, 2013



Report of Unmet Resource Needs

CSN 1
(Aroostook)

Fiscal Year 2013 Quarter 3
(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	334	343	369	359
7i-i Adult Education (other than GED)	5	2	1	3
7i-ii GED	4	5	5	5
7i-iii Literacy Assistance	1	2	2	1
7i-iv Post High School Education	4	3	1	3
7i-v Tuition Reimbursement	1	1	0	1
Total Unmet Resource Needs	15	13	9	13
Distinct Clients with Unmet Resource Needs	14	13	9	13
7j. Vocational / Employment				
7j-i Benefits Counseling Related to Employment	0	4	1	2
7j-ii Club House and/or Peer Vocational Support	0	1	1	1
7j-iii Competitive Employment (no supports)	1	0	1	2
7j-iv Supported Employment	4	5	3	7
7j-v Vocational Rehabilitation	7	8	8	8
Total Unmet Resource Needs	12	18	14	20
Distinct Clients with Unmet Resource Needs	11	15	12	16
7k. Living Skills				
7k-i Daily Living Support Services	1	4	5	5
7k-ii Day Support Services	1	2	1	1
7k-iii Occupational Therapy	0	0	0	0
7k-iv Skills Development Services	4	2	3	6
Total Unmet Resource Needs	6	8	9	12
Distinct Clients with Unmet Resource Needs	5	8	8	12
7l. Transportation				
7l-i Transportation to ISP-Identified Services	21	22	21	23
7l-ii Transportation to Other ISP Activities	7	7	8	7
7l-iii After Hours Transportation	15	15	16	10
Total Unmet Resource Needs	43	44	45	40
Distinct Clients with Unmet Resource Needs	32	35	32	32
7m. Personal Growth/Community				
7m-i Avocational Activities	1	2	0	1
7m. Personal Growth/Community				

Report Run: Jul 15, 2013



Report of Unmet Resource Needs

CSN 1
(Aroostook)

Fiscal Year 2013 Quarter 3
(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	334	343	369	359
7m-ii Recreation Activities	10	8	13	14
7m-iii Social Activities	21	21	28	32
7m-iv Spiritual Activities	1	3	4	3
Total Unmet Resource Needs	33	34	45	50
Distinct Clients with Unmet Resource Needs	26	26	34	39
Other Resources				
Other Resources	4	8	12	17
Total Unmet Resource Needs	4	8	12	17
Distinct Clients with Unmet Resource Needs	4	8	12	17
CSN 1 Totals				
Total Unmet Resource Needs	260	295	310	333
Distinct Clients With any Unmet Resource Need	93	101	113	129
Distinct Clients with a RDS	334	343	369	359

Report Run: Jul 15, 2013

Statewide Report of Unmet Resource Needs for Fiscal Year 2013 Q3

CSN 2 - Hancock, Washington, Penobscot, Piscataquis

Table 1: Distinct People and Unmet Resource Needs across four Quarters

2012 Q4			2013 Q1			2013 Q2			2013 Q3		
People with Unmet Needs	Distinct People	% With Unmet Needs	People with Unmet Needs	Distinct People	% With Unmet Needs	People with Unmet Needs	Distinct People	% With Unmet Needs	People with Unmet Needs	Distinct People	% With Unmet Needs
488	1,790	27.3%	477	1,758	27.1%	455	1,679	27.1%	402	1,617	24.9%

Graph 1: Number of Unmet Resource Needs by Category over four Quarters

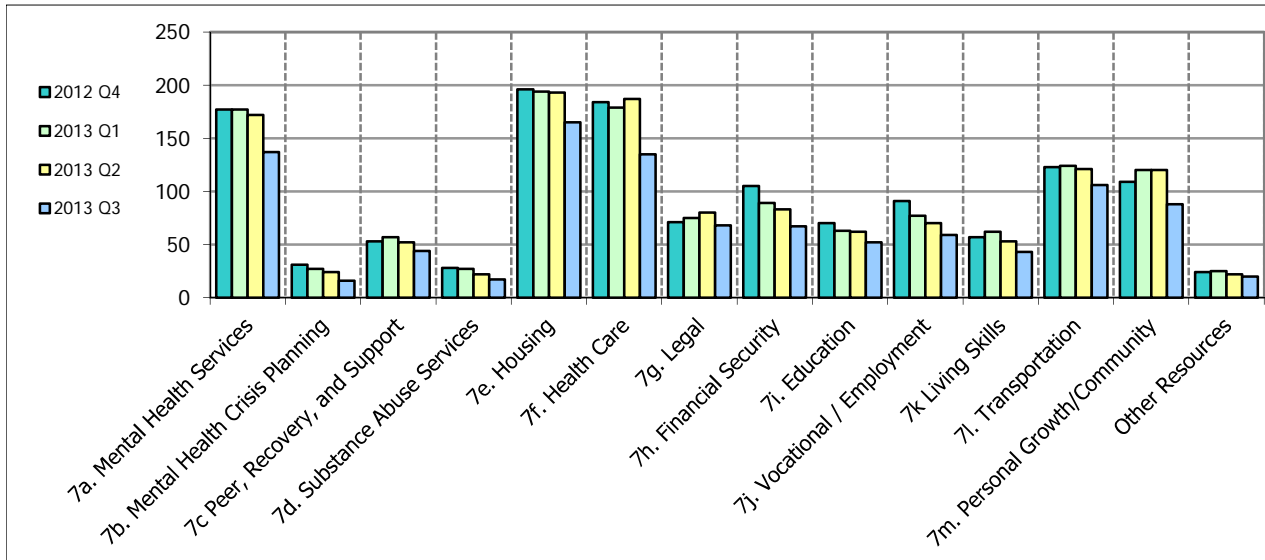


Table 2: Total Number of Unmet Resource Needs Reported

Reported Unmet Resource Needs	2012 Q4	2013 Q1	2013 Q2	2013 Q3
7a. Mental Health Services	177	177	172	137
7b. Mental Health Crisis Planning	31	27	24	16
7c Peer, Recovery, and Support	53	57	52	44
7d. Substance Abuse Services	28	27	22	17
7e. Housing	196	194	193	165
7f. Health Care	184	179	187	135
7g. Legal	71	75	80	68
7h. Financial Security	105	89	83	67
7i. Education	70	63	62	52
7j. Vocational / Employment	91	77	70	59
7k Living Skills	57	62	53	43
7l. Transportation	123	124	121	106
7m. Personal Growth/Community	109	120	120	88
Other Resources	24	25	22	20
Total CSN 2 Unmet Needs	1,319	1,296	1,261	1,017

Report Run: Jul 15, 2013



Report of Unmet Resource Needs

CSN 2

(Hancock, Washington, Penobscot, Piscataquis)

Fiscal Year 2013 Quarter 3

(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	1,790	1,758	1,679	1,617
7a. Mental Health Services				
7a-i Assertive Community Treatment (ACT)	2	2	2	1
7a-iii Dialectical Behavioral Therapy	2	2	1	1
7a-iv Family Psycho-Educational Treatment	3	2	4	3
7a-v Group Counseling	7	8	9	8
7a-vi Individual Counseling	81	88	84	66
7a-vii Inpatient Psychiatric Facility	0	0	0	0
7a-viii Intensive Case Management	2	1	1	1
7a-x Psychiatric Medication Management	80	74	71	57
Total Unmet Resource Needs	177	177	172	137
Distinct Clients with Unmet Resource Needs	135	135	131	109
7b. Mental Health Crisis Planning				
7b-i Development of Mental Health Crisis Plan	27	25	22	15
7b-ii Mental Health Advance Directives	4	2	2	1
Total Unmet Resource Needs	31	27	24	16
Distinct Clients with Unmet Resource Needs	29	27	23	16
7c Peer, Recovery, and Support				
7c-i Peer Recovery Center	9	6	6	5
7c-ii Recovery Workbook Group	0	0	1	0
7c-iii Social Club	18	21	14	14
7c-iv Peer-Run Trauma Recovery Group	9	8	10	9
7c-v Wellness Recovery and Action Planning	7	8	7	4
7c-vi Family Support	10	14	14	12
Total Unmet Resource Needs	53	57	52	44
Distinct Clients with Unmet Resource Needs	41	43	37	32
7d Substance Abuse Services				
7d-i Outpatient Substance Abuse Services	25	25	19	13
7d-ii Residential Treatment Substance Abuse Services	3	2	3	4
Total Unmet Resource Needs	28	27	22	17
Distinct Clients with Unmet Resource Needs	27	26	20	15

7e. Housing

Report Run: Jul 15, 2013



Report of Unmet Resource Needs

CSN 2

(Hancock, Washington, Penobscot, Piscataquis)

Fiscal Year 2013 Quarter 3

(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	1,790	1,758	1,679	1,617
7e-i Supported Apartment	16	21	22	11
7e-ii Community Residential Facility	8	6	4	6
7e-iii Residential Treatment Facility (group home)	1	1	1	0
7e-iv Assisted Living Facility	6	6	9	9
7e-v Nursing Home	1	1	0	0
7e-vi Residential Crisis Unit	0	0	0	0
7e-vii Rent Subsidy (Section 8, BRAP, Shelter Plus)	164	159	157	139
Total Unmet Resource Needs	196	194	193	165
Distinct Clients with Unmet Resource Needs	184	178	180	155
7f. Health Care				
7f-i Dental Services	79	77	90	58
7f-ii Eye Care Services	53	53	44	32
7f-iii Hearing Services	8	5	4	7
7f-iv Physical Therapy	5	7	7	7
7f-v Physician/Medical Services	39	37	42	31
Total Unmet Resource Needs	184	179	187	135
Distinct Clients with Unmet Resource Needs	136	123	134	108
7g. Legal				
7g-i Advocate	29	32	31	31
7g-ii Guardian (private)	38	39	44	33
7g-iii Guardian (public)	4	4	5	4
Total Unmet Resource Needs	71	75	80	68
Distinct Clients with Unmet Resource Needs	62	64	70	62
7h. Financial Security				
7h-i Assistance with Managing Money	60	54	47	35
7h-ii Assistance with Securing Public Benefits	40	32	35	31
7h-iii Representative Payee	5	3	1	1
Total Unmet Resource Needs	105	89	83	67
Distinct Clients with Unmet Resource Needs	90	84	76	61
7i. Education				

Report Run: Jul 15, 2013



Report of Unmet Resource Needs

CSN 2

(Hancock, Washington, Penobscot, Piscataquis)

Fiscal Year 2013 Quarter 3

(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	1,790	1,758	1,679	1,617
7i-i Adult Education (other than GED)	9	9	8	10
7i-ii GED	13	10	7	5
7i-iii Literacy Assistance	3	4	5	5
7i-iv Post High School Education	36	33	30	24
7i-v Tuition Reimbursement	9	7	12	8
Total Unmet Resource Needs	70	63	62	52
Distinct Clients with Unmet Resource Needs	61	59	54	48
7j. Vocational / Employment				
7j-i Benefits Counseling Related to Employment	10	10	8	7
7j-ii Club House and/or Peer Vocational Support	2	3	2	1
7j-iii Competitive Employment (no supports)	20	17	17	17
7j-iv Supported Employment	10	7	7	7
7j-v Vocational Rehabilitation	49	40	36	27
Total Unmet Resource Needs	91	77	70	59
Distinct Clients with Unmet Resource Needs	72	67	60	50
7k. Living Skills				
7k-i Daily Living Support Services	44	42	35	33
7k-ii Day Support Services	2	5	2	2
7k-iii Occupational Therapy	1	2	2	1
7k-iv Skills Development Services	10	13	14	7
Total Unmet Resource Needs	57	62	53	43
Distinct Clients with Unmet Resource Needs	51	52	45	36
7l. Transportation				
7l-i Transportation to ISP-Identified Services	58	66	59	49
7l-ii Transportation to Other ISP Activities	24	21	22	21
7l-iii After Hours Transportation	41	37	40	36
Total Unmet Resource Needs	123	124	121	106
Distinct Clients with Unmet Resource Needs	97	97	92	81
7m. Personal Growth/Community				
7m-i Avocational Activities	4	7	7	7
7m. Personal Growth/Community				

Report Run: Jul 15, 2013



Report of Unmet Resource Needs

CSN 2

(Cock, Washington, Penobscot, Piscataquis)

Fiscal Year 2013 Quarter 3

(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	1,790	1,758	1,679	1,617
7m-ii Recreation Activities	35	38	40	30
7m-iii Social Activities	64	68	66	47
7m-iv Spiritual Activities	6	7	7	4
Total Unmet Resource Needs	109	120	120	88
Distinct Clients with Unmet Resource Needs	78	84	80	59
Other Resources				
Other Resources	24	25	22	20
Total Unmet Resource Needs	24	25	22	20
Distinct Clients with Unmet Resource Needs	24	25	22	20
CSN 2 Totals				
Total Unmet Resource Needs	1,319	1,296	1,261	1,017
Distinct Clients With any Unmet Resource Need	488	477	455	402
Distinct Clients with a RDS	1,790	1,758	1,679	1,617

Report Run: Jul 15, 2013

Statewide Report of Unmet Resource Needs for Fiscal Year 2013 Q3

CSN 3 - Kennebec and Somerset

Table 1: Distinct People and Unmet Resource Needs across four Quarters

2012 Q4			2013 Q1			2013 Q2			2013 Q3		
People with Unmet Needs	Distinct People	% With Unmet Needs	People with Unmet Needs	Distinct People	% With Unmet Needs	People with Unmet Needs	Distinct People	% With Unmet Needs	People with Unmet Needs	Distinct People	% With Unmet Needs
324	1,968	16.5%	323	1,957	16.5%	358	1,968	18.2%	333	1,868	17.8%

Graph 1: Number of Unmet Resource Needs by Category over four Quarters

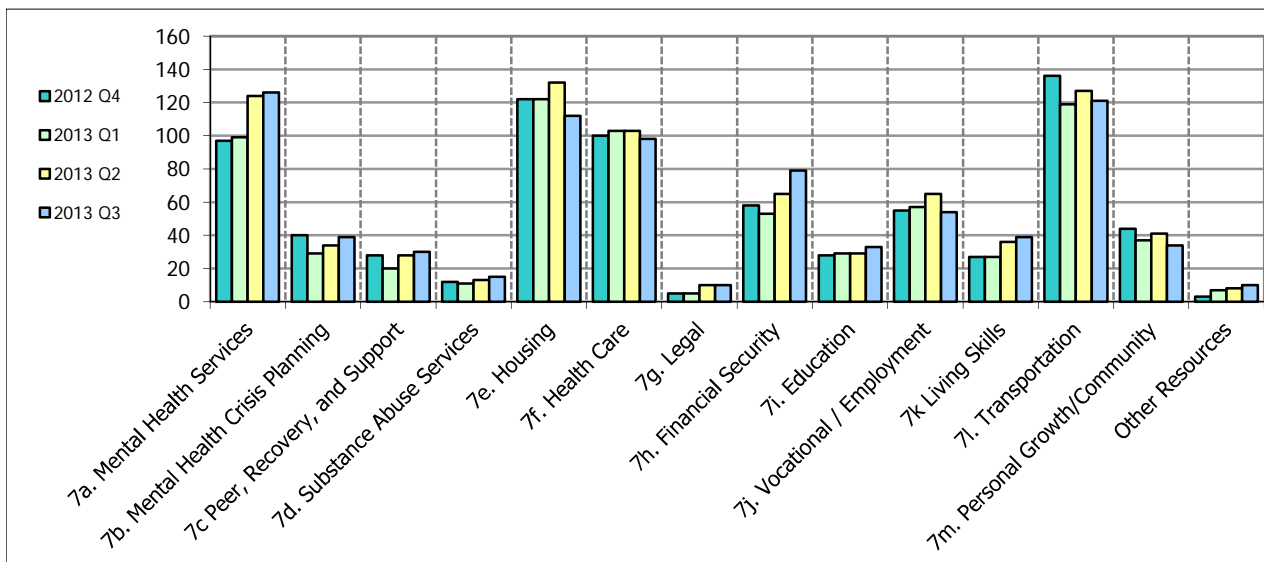


Table 2: Total Number of Unmet Resource Needs Reported

Reported Unmet Resource Needs	2012 Q4	2013 Q1	2013 Q2	2013 Q3
7a. Mental Health Services	97	99	124	126
7b. Mental Health Crisis Planning	40	29	34	39
7c Peer, Recovery, and Support	28	20	28	30
7d. Substance Abuse Services	12	11	13	15
7e. Housing	122	122	132	112
7f. Health Care	100	103	103	98
7g. Legal	5	5	10	10
7h. Financial Security	58	53	65	79
7i. Education	28	29	29	33
7j. Vocational / Employment	55	57	65	54
7k Living Skills	27	27	36	39
7l. Transportation	136	119	127	121
7m. Personal Growth/Community	44	37	41	34
Other Resources	3	7	8	10
Total CSN 3 Unmet Needs	755	718	815	800

Report Run: Jul 15, 2013



Report of Unmet Resource Needs

CSN 3
(Kennebec, Somerset)

Fiscal Year 2013 Quarter 3
(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	1,968	1,957	1,968	1,868
7a. Mental Health Services				
7a-i Assertive Community Treatment (ACT)	4	3	5	4
7a-iii Dialectical Behavioral Therapy	0	0	0	0
7a-iv Family Psycho-Educational Treatment	2	2	1	1
7a-v Group Counseling	2	2	2	3
7a-vi Individual Counseling	39	39	51	51
7a-vii Inpatient Psychiatric Facility	0	1	1	1
7a-viii Intensive Case Management	1	1	0	2
7a-x Psychiatric Medication Management	49	51	64	64
Total Unmet Resource Needs	97	99	124	126
Distinct Clients with Unmet Resource Needs	77	74	95	99
7b. Mental Health Crisis Planning				
7b-i Development of Mental Health Crisis Plan	27	22	24	26
7b-ii Mental Health Advance Directives	13	7	10	13
Total Unmet Resource Needs	40	29	34	39
Distinct Clients with Unmet Resource Needs	32	25	27	31
7c Peer, Recovery, and Support				
7c-i Peer Recovery Center	2	1	3	4
7c-ii Recovery Workbook Group	0	0	1	1
7c-iii Social Club	10	6	11	9
7c-iv Peer-Run Trauma Recovery Group	4	3	0	1
7c-v Wellness Recovery and Action Planning	0	0	1	1
7c-vi Family Support	12	10	12	14
Total Unmet Resource Needs	28	20	28	30
Distinct Clients with Unmet Resource Needs	27	19	26	27
7d Substance Abuse Services				
7d-i Outpatient Substance Abuse Services	8	7	9	9
7d-ii Residential Treatment Substance Abuse Services	4	4	4	6
Total Unmet Resource Needs	12	11	13	15
Distinct Clients with Unmet Resource Needs	12	11	13	14
7e. Housing				

Report Run: Jul 15, 2013



Report of Unmet Resource Needs

CSN 3
(Kennebec, Somerset)

Fiscal Year 2013 Quarter 3
(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	1,968	1,957	1,968	1,868
7e-i Supported Apartment	5	8	10	8
7e-ii Community Residential Facility	6	5	4	4
7e-iii Residential Treatment Facility (group home)	0	1	2	3
7e-iv Assisted Living Facility	4	3	2	2
7e-v Nursing Home	0	0	0	0
7e-vi Residential Crisis Unit	0	0	0	0
7e-vii Rent Subsidy (Section 8, BRAP, Shelter Plus)	107	105	114	95
Total Unmet Resource Needs	122	122	132	112
Distinct Clients with Unmet Resource Needs	118	114	124	104
7f. Health Care				
7f-i Dental Services	50	53	52	53
7f-ii Eye Care Services	12	14	18	17
7f-iii Hearing Services	10	10	7	8
7f-iv Physical Therapy	2	1	1	1
7f-v Physician/Medical Services	26	25	25	19
Total Unmet Resource Needs	100	103	103	98
Distinct Clients with Unmet Resource Needs	83	87	86	82
7g. Legal				
7g-i Advocate	3	2	5	5
7g-ii Guardian (private)	0	1	2	1
7g-iii Guardian (public)	2	2	3	4
Total Unmet Resource Needs	5	5	10	10
Distinct Clients with Unmet Resource Needs	5	5	8	8
7h. Financial Security				
7h-i Assistance with Managing Money	32	32	37	33
7h-ii Assistance with Securing Public Benefits	22	18	25	39
7h-iii Representative Payee	4	3	3	7
Total Unmet Resource Needs	58	53	65	79
Distinct Clients with Unmet Resource Needs	50	47	60	67
7i. Education				

Report Run: Jul 15, 2013



Report of Unmet Resource Needs

CSN 3
(Kennebec, Somerset)

Fiscal Year 2013 Quarter 3
(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	1,968	1,957	1,968	1,868
7i-i Adult Education (other than GED)	4	4	3	4
7i-ii GED	11	10	12	15
7i-iii Literacy Assistance	6	6	5	4
7i-iv Post High School Education	5	7	7	8
7i-v Tuition Reimbursement	2	2	2	2
Total Unmet Resource Needs	28	29	29	33
Distinct Clients with Unmet Resource Needs	26	27	26	31
7j. Vocational / Employment				
7j-i Benefits Counseling Related to Employment	3	4	7	4
7j-ii Club House and/or Peer Vocational Support	9	9	7	6
7j-iii Competitive Employment (no supports)	7	6	4	3
7j-iv Supported Employment	2	1	4	2
7j-v Vocational Rehabilitation	34	37	43	39
Total Unmet Resource Needs	55	57	65	54
Distinct Clients with Unmet Resource Needs	46	49	55	49
7k. Living Skills				
7k-i Daily Living Support Services	19	22	29	37
7k-ii Day Support Services	0	0	1	0
7k-iii Occupational Therapy	0	0	0	0
7k-iv Skills Development Services	8	5	6	2
Total Unmet Resource Needs	27	27	36	39
Distinct Clients with Unmet Resource Needs	27	27	36	39
7l. Transportation				
7l-i Transportation to ISP-Identified Services	76	69	85	76
7l-ii Transportation to Other ISP Activities	35	31	27	26
7l-iii After Hours Transportation	25	19	15	19
Total Unmet Resource Needs	136	119	127	121
Distinct Clients with Unmet Resource Needs	97	85	98	92
7m. Personal Growth/Community				
7m-i Avocational Activities	1	0	1	1
7m. Personal Growth/Community				

Report Run: Jul 15, 2013



Report of Unmet Resource Needs

CSN 3
(Kennebec, Somerset)

Fiscal Year 2013 Quarter 3
(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	1,968	1,957	1,968	1,868
7m-ii Recreation Activities	11	9	7	6
7m-iii Social Activities	29	25	31	26
7m-iv Spiritual Activities	3	3	2	1
Total Unmet Resource Needs	44	37	41	34
Distinct Clients with Unmet Resource Needs	35	29	35	29
Other Resources				
Other Resources	3	7	8	10
Total Unmet Resource Needs	3	7	8	10
Distinct Clients with Unmet Resource Needs	3	7	8	10
CSN 3 Totals				
Total Unmet Resource Needs	755	718	815	800
Distinct Clients With any Unmet Resource Need	324	323	358	333
Distinct Clients with a RDS	1,968	1,957	1,968	1,868

Report Run: Jul 15, 2013

Statewide Report of Unmet Resource Needs for Fiscal Year 2013 Q3

CSN 4 - Knox, Lincoln, Sagadahoc, Waldo

Table 1: Distinct People and Unmet Resource Needs across four Quarters

2012 Q4			2013 Q1			2013 Q2			2013 Q3		
People with Unmet Needs	Distinct People	% With Unmet Needs	People with Unmet Needs	Distinct People	% With Unmet Needs	People with Unmet Needs	Distinct People	% With Unmet Needs	People with Unmet Needs	Distinct People	% With Unmet Needs
218	776	28.1%	228	811	28.1%	237	808	29.3%	220	761	28.9%

Graph 1: Number of Unmet Resource Needs by Category over four Quarters

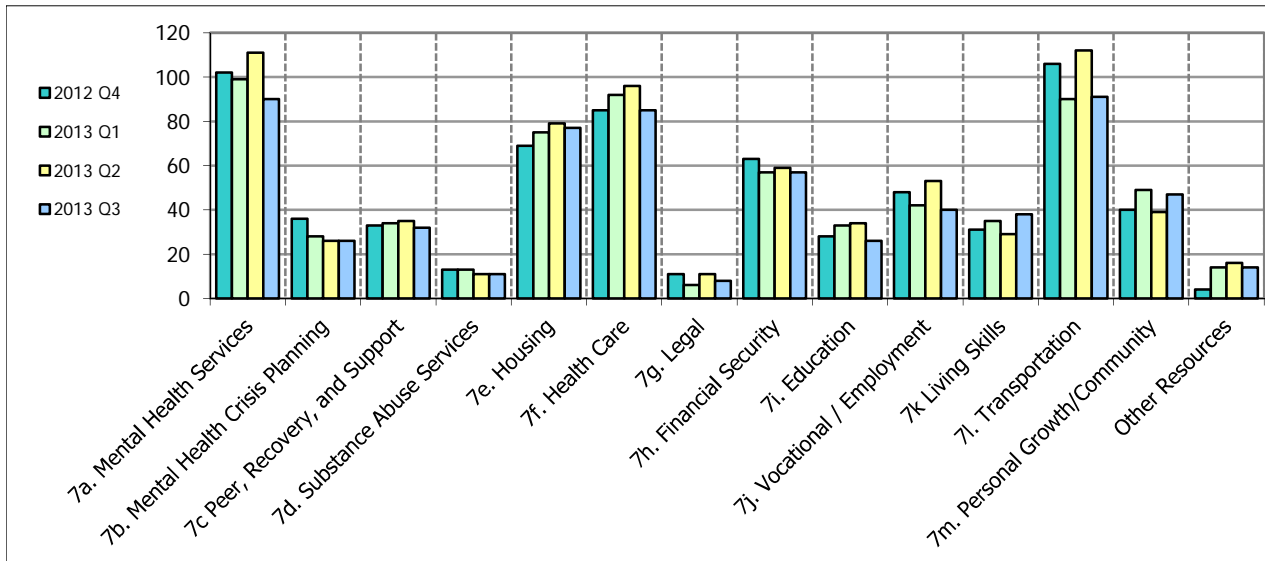


Table 2: Total Number of Unmet Resource Needs Reported

Reported Unmet Resource Needs	2012 Q4	2013 Q1	2013 Q2	2013 Q3
7a. Mental Health Services	102	99	111	90
7b. Mental Health Crisis Planning	36	28	26	26
7c Peer, Recovery, and Support	33	34	35	32
7d. Substance Abuse Services	13	13	11	11
7e. Housing	69	75	79	77
7f. Health Care	85	92	96	85
7g. Legal	11	6	11	8
7h. Financial Security	63	57	59	57
7i. Education	28	33	34	26
7j. Vocational / Employment	48	42	53	40
7k Living Skills	31	35	29	38
7l. Transportation	106	90	112	91
7m. Personal Growth/Community	40	49	39	47
Other Resources	4	14	16	14
Total CSN 4 Unmet Needs	669	667	711	642

Report Run: Jul 15, 2013



Report of Unmet Resource Needs

CSN 4

(Knox, Lincoln, Sagadahoc, Waldo)

Fiscal Year 2013 Quarter 3

(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	776	811	808	761
7a. Mental Health Services				
7a-i Assertive Community Treatment (ACT)	2	4	5	3
7a-iii Dialectical Behavioral Therapy	2	1	1	1
7a-iv Family Psycho-Educational Treatment	1	0	0	0
7a-v Group Counseling	3	4	3	1
7a-vi Individual Counseling	41	43	51	44
7a-vii Inpatient Psychiatric Facility	0	0	0	0
7a-viii Intensive Case Management	0	1	0	1
7a-x Psychiatric Medication Management	53	46	51	40
Total Unmet Resource Needs	102	99	111	90
Distinct Clients with Unmet Resource Needs	77	76	81	68
7b. Mental Health Crisis Planning				
7b-i Development of Mental Health Crisis Plan	31	23	22	21
7b-ii Mental Health Advance Directives	5	5	4	5
Total Unmet Resource Needs	36	28	26	26
Distinct Clients with Unmet Resource Needs	33	25	24	24
7c Peer, Recovery, and Support				
7c-i Peer Recovery Center	7	10	6	3
7c-ii Recovery Workbook Group	0	0	0	0
7c-iii Social Club	7	8	8	10
7c-iv Peer-Run Trauma Recovery Group	4	5	4	5
7c-v Wellness Recovery and Action Planning	0	0	0	0
7c-vi Family Support	15	11	17	14
Total Unmet Resource Needs	33	34	35	32
Distinct Clients with Unmet Resource Needs	30	31	32	27
7d Substance Abuse Services				
7d-i Outpatient Substance Abuse Services	11	11	9	8
7d-ii Residential Treatment Substance Abuse Services	2	2	2	3
Total Unmet Resource Needs	13	13	11	11
Distinct Clients with Unmet Resource Needs	12	12	10	9
7e. Housing				

Report Run: Jul 15, 2013



Report of Unmet Resource Needs

CSN 4

(Knox, Lincoln, Sagadahoc, Waldo)

Fiscal Year 2013 Quarter 3

(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	776	811	808	761
7e-i Supported Apartment	11	13	8	11
7e-ii Community Residential Facility	1	1	1	1
7e-iii Residential Treatment Facility (group home)	4	4	4	3
7e-iv Assisted Living Facility	4	4	5	5
7e-v Nursing Home	0	0	0	2
7e-vi Residential Crisis Unit	0	0	0	1
7e-vii Rent Subsidy (Section 8, BRAP, Shelter Plus)	49	53	61	54
Total Unmet Resource Needs	69	75	79	77
Distinct Clients with Unmet Resource Needs	64	70	76	68
7f. Health Care				
7f-i Dental Services	49	56	52	49
7f-ii Eye Care Services	15	14	15	21
7f-iii Hearing Services	3	4	6	3
7f-iv Physical Therapy	3	4	4	1
7f-v Physician/Medical Services	15	14	19	11
Total Unmet Resource Needs	85	92	96	85
Distinct Clients with Unmet Resource Needs	69	75	75	66
7g. Legal				
7g-i Advocate	9	4	8	5
7g-ii Guardian (private)	2	2	3	3
7g-iii Guardian (public)	0	0	0	0
Total Unmet Resource Needs	11	6	11	8
Distinct Clients with Unmet Resource Needs	11	6	11	8
7h. Financial Security				
7h-i Assistance with Managing Money	41	35	37	38
7h-ii Assistance with Securing Public Benefits	19	16	15	13
7h-iii Representative Payee	3	6	7	6
Total Unmet Resource Needs	63	57	59	57
Distinct Clients with Unmet Resource Needs	53	50	52	50
7i. Education				

Report Run: Jul 15, 2013



Report of Unmet Resource Needs

CSN 4

(Knox, Lincoln, Sagadahoc, Waldo)

Fiscal Year 2013 Quarter 3

(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	776	811	808	761
7i-i Adult Education (other than GED)	4	3	7	5
7i-ii GED	6	10	10	8
7i-iii Literacy Assistance	0	0	0	0
7i-iv Post High School Education	14	15	11	10
7i-v Tuition Reimbursement	4	5	6	3
Total Unmet Resource Needs	28	33	34	26
Distinct Clients with Unmet Resource Needs	27	32	32	24
7j. Vocational / Employment				
7j-i Benefits Counseling Related to Employment	4	4	6	4
7j-ii Club House and/or Peer Vocational Support	1	0	1	0
7j-iii Competitive Employment (no supports)	14	8	9	10
7j-iv Supported Employment	2	3	3	4
7j-v Vocational Rehabilitation	27	27	34	22
Total Unmet Resource Needs	48	42	53	40
Distinct Clients with Unmet Resource Needs	45	40	49	37
7k. Living Skills				
7k-i Daily Living Support Services	27	28	23	31
7k-ii Day Support Services	0	2	3	2
7k-iii Occupational Therapy	0	0	0	1
7k-iv Skills Development Services	4	5	3	4
Total Unmet Resource Needs	31	35	29	38
Distinct Clients with Unmet Resource Needs	31	33	29	36
7l. Transportation				
7l-i Transportation to ISP-Identified Services	52	49	59	46
7l-ii Transportation to Other ISP Activities	40	32	40	32
7l-iii After Hours Transportation	14	9	13	13
Total Unmet Resource Needs	106	90	112	91
Distinct Clients with Unmet Resource Needs	58	56	66	53
7m. Personal Growth/Community				
7m-i Avocational Activities	3	2	1	2
7m. Personal Growth/Community				

Report Run: Jul 15, 2013



Report of Unmet Resource Needs

CSN 4

(Knox, Lincoln, Sagadahoc, Waldo)

Fiscal Year 2013 Quarter 3

(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	776	811	808	761
7m-ii Recreation Activities	10	12	8	8
7m-iii Social Activities	22	28	25	32
7m-iv Spiritual Activities	5	7	5	5
Total Unmet Resource Needs	40	49	39	47
Distinct Clients with Unmet Resource Needs	30	36	31	37
Other Resources				
Other Resources	4	14	16	14
Total Unmet Resource Needs	4	14	16	14
Distinct Clients with Unmet Resource Needs	4	14	16	14
CSN 4 Totals				
Total Unmet Resource Needs	669	667	711	642
Distinct Clients With any Unmet Resource Need	218	228	237	220
Distinct Clients with a RDS	776	811	808	761

Report Run: Jul 15, 2013

Statewide Report of Unmet Resource Needs for Fiscal Year 2013 Q3

CSN 5 - Androscoggin, Franklin, Oxford (Includes: Bridgton, Harrison, Naples, Casco)

Table 1: Distinct People and Unmet Resource Needs across four Quarters

2012 Q4			2013 Q1			2013 Q2			2013 Q3		
People with Unmet Needs	Distinct People	% With Unmet Needs	People with Unmet Needs	Distinct People	% With Unmet Needs	People with Unmet Needs	Distinct People	% With Unmet Needs	People with Unmet Needs	Distinct People	% With Unmet Needs
601	1,818	33.1%	654	1,874	34.9%	616	1,898	32.5%	570	1,748	32.6%

Graph 1: Number of Unmet Resource Needs by Category over four Quarters

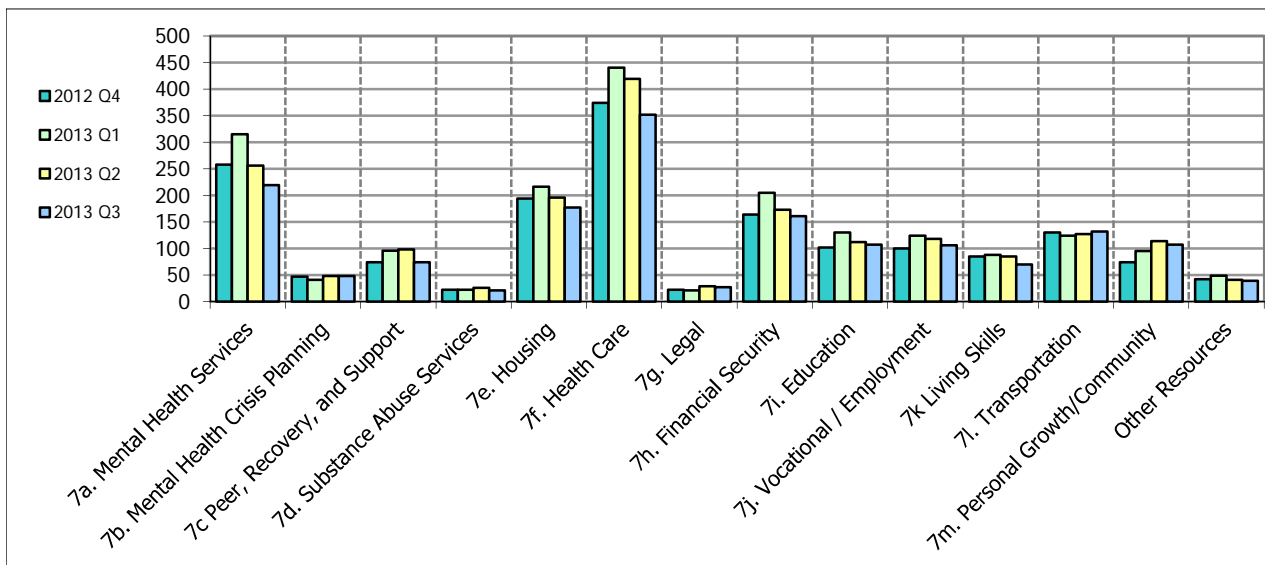


Table 2: Total Number of Unmet Resource Needs Reported

Reported Unmet Resource Needs	2012 Q4	2013 Q1	2013 Q2	2013 Q3
7a. Mental Health Services	258	315	256	219
7b. Mental Health Crisis Planning	47	41	48	48
7c. Peer, Recovery, and Support	74	96	98	74
7d. Substance Abuse Services	22	22	26	21
7e. Housing	194	216	196	177
7f. Health Care	374	440	419	352
7g. Legal	22	21	29	27
7h. Financial Security	164	205	173	161
7i. Education	102	130	112	107
7j. Vocational / Employment	100	124	118	106
7k. Living Skills	85	88	85	70
7l. Transportation	130	124	127	132
7m. Personal Growth/Community	74	95	114	107
Other Resources	42	49	41	39
Total CSN 5 Unmet Needs	1,688	1,966	1,842	1,640

Report Run: Jul 15, 2013



Report of Unmet Resource Needs

CSN 5

(Androscoggin, Franklin, Oxford)
(Includes: Bridgton, Harrison, Naples, Casco)

Fiscal Year 2013 Quarter 3

(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	1,818	1,874	1,898	1,748
7a. Mental Health Services				
7a-i Assertive Community Treatment (ACT)	7	11	3	5
7a-iii Dialectical Behavioral Therapy	10	18	11	9
7a-iv Family Psycho-Educational Treatment	2	2	1	2
7a-v Group Counseling	11	9	2	8
7a-vi Individual Counseling	88	121	108	86
7a-vii Inpatient Psychiatric Facility	0	2	0	2
7a-viii Intensive Case Management	1	3	0	0
7a-x Psychiatric Medication Management	139	149	131	107
Total Unmet Resource Needs	258	315	256	219
Distinct Clients with Unmet Resource Needs	220	253	208	180
7b. Mental Health Crisis Planning				
7b-i Development of Mental Health Crisis Plan	22	20	26	22
7b-ii Mental Health Advance Directives	25	21	22	26
Total Unmet Resource Needs	47	41	48	48
Distinct Clients with Unmet Resource Needs	43	37	43	45
7c Peer, Recovery, and Support				
7c-i Peer Recovery Center	5	12	10	10
7c-ii Recovery Workbook Group	1	0	0	1
7c-iii Social Club	17	23	27	16
7c-iv Peer-Run Trauma Recovery Group	15	14	8	4
7c-v Wellness Recovery and Action Planning	2	1	2	3
7c-vi Family Support	34	46	51	40
Total Unmet Resource Needs	74	96	98	74
Distinct Clients with Unmet Resource Needs	64	83	88	64
7d Substance Abuse Services				
7d-i Outpatient Substance Abuse Services	19	19	25	19
7d-ii Residential Treatment Substance Abuse Services	3	3	1	2
Total Unmet Resource Needs	22	22	26	21
Distinct Clients with Unmet Resource Needs	21	21	26	21

7e. Housing

Report Run: Jul 15, 2013



Report of Unmet Resource Needs

CSN 5

(Androscoffin, Franklin, Oxford)
(Includes: Bridgton, Harrison, Naples, Casco)

Fiscal Year 2013 Quarter 3

(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	1,818	1,874	1,898	1,748
7e-i Supported Apartment	13	12	12	12
7e-ii Community Residential Facility	7	7	5	4
7e-iii Residential Treatment Facility (group home)	2	2	1	1
7e-iv Assisted Living Facility	7	6	7	4
7e-v Nursing Home	0	0	0	0
7e-vi Residential Crisis Unit	1	1	1	1
7e-vii Rent Subsidy (Section 8, BRAP, Shelter Plus)	164	188	170	155
Total Unmet Resource Needs	194	216	196	177
Distinct Clients with Unmet Resource Needs	187	208	186	167
7f. Health Care				
7f-i Dental Services	201	238	228	189
7f-ii Eye Care Services	92	95	87	73
7f-iii Hearing Services	21	28	24	20
7f-iv Physical Therapy	7	10	12	14
7f-v Physician/Medical Services	53	69	68	56
Total Unmet Resource Needs	374	440	419	352
Distinct Clients with Unmet Resource Needs	252	294	289	254
7g. Legal				
7g-i Advocate	18	18	28	23
7g-ii Guardian (private)	2	1	0	0
7g-iii Guardian (public)	2	2	1	4
Total Unmet Resource Needs	22	21	29	27
Distinct Clients with Unmet Resource Needs	21	20	29	27
7h. Financial Security				
7h-i Assistance with Managing Money	92	118	110	104
7h-ii Assistance with Securing Public Benefits	63	77	53	49
7h-iii Representative Payee	9	10	10	8
Total Unmet Resource Needs	164	205	173	161
Distinct Clients with Unmet Resource Needs	148	184	160	150
7i. Education				

Report Run: Jul 15, 2013



Report of Unmet Resource Needs

CSN 5

(Androscoggin, Franklin, Oxford)
(Includes: Bridgton, Harrison, Naples, Casco)

Fiscal Year 2013 Quarter 3

(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	1,818	1,874	1,898	1,748
7i-i Adult Education (other than GED)	20	25	28	26
7i-ii GED	23	27	30	37
7i-iii Literacy Assistance	10	10	11	11
7i-iv Post High School Education	45	57	38	26
7i-v Tuition Reimbursement	4	11	5	7
Total Unmet Resource Needs	102	130	112	107
Distinct Clients with Unmet Resource Needs	96	116	105	99
7j. Vocational / Employment				
7j-i Benefits Counseling Related to Employment	3	9	6	9
7j-ii Club House and/or Peer Vocational Support	4	11	10	8
7j-iii Competitive Employment (no supports)	9	13	11	8
7j-iv Supported Employment	8	12	11	12
7j-v Vocational Rehabilitation	76	79	80	69
Total Unmet Resource Needs	100	124	118	106
Distinct Clients with Unmet Resource Needs	95	112	108	95
7k. Living Skills				
7k-i Daily Living Support Services	62	61	62	47
7k-ii Day Support Services	7	10	9	9
7k-iii Occupational Therapy	6	5	8	2
7k-iv Skills Development Services	10	12	6	12
Total Unmet Resource Needs	85	88	85	70
Distinct Clients with Unmet Resource Needs	78	81	78	67
7l. Transportation				
7l-i Transportation to ISP-Identified Services	50	47	46	48
7l-ii Transportation to Other ISP Activities	38	38	42	45
7l-iii After Hours Transportation	42	39	39	39
Total Unmet Resource Needs	130	124	127	132
Distinct Clients with Unmet Resource Needs	96	94	87	95
7m. Personal Growth/Community				
7m-i Avocational Activities	4	4	3	3
7m. Personal Growth/Community				

Report Run: Jul 15, 2013



Report of Unmet Resource Needs

CSN 5

(Androscoggin, Franklin, Oxford)

(includes: Bridgton, Harrison, Naples, Casco)

Fiscal Year 2013 Quarter 3

(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	1,818	1,874	1,898	1,748
7m-ii Recreation Activities	27	27	28	33
7m-iii Social Activities	31	44	57	53
7m-iv Spiritual Activities	12	20	26	18
Total Unmet Resource Needs	74	95	114	107
Distinct Clients with Unmet Resource Needs	50	68	74	70
Other Resources				
Other Resources	42	49	41	39
Total Unmet Resource Needs	42	49	41	39
Distinct Clients with Unmet Resource Needs	42	49	41	39
CSN 5 Totals				
Total Unmet Resource Needs	1,688	1,966	1,842	1,640
Distinct Clients With any Unmet Resource Need	601	654	616	570
Distinct Clients with a RDS	1,818	1,874	1,898	1,748

Report Run: Jul 15, 2013

Statewide Report of Unmet Resource Needs for Fiscal Year 2013 Q3

CSN 6 - Cumberland

Table 1: Distinct People and Unmet Resource Needs across four Quarters

2012 Q4			2013 Q1			2013 Q2			2013 Q3		
People with Unmet Needs	Distinct People	% With Unmet Needs	People with Unmet Needs	Distinct People	% With Unmet Needs	People with Unmet Needs	Distinct People	% With Unmet Needs	People with Unmet Needs	Distinct People	% With Unmet Needs
558	1,892	29.5%	554	1,939	28.6%	587	1,935	30.3%	577	1,902	30.3%

Graph 1: Number of Unmet Resource Needs by Category over four Quarters

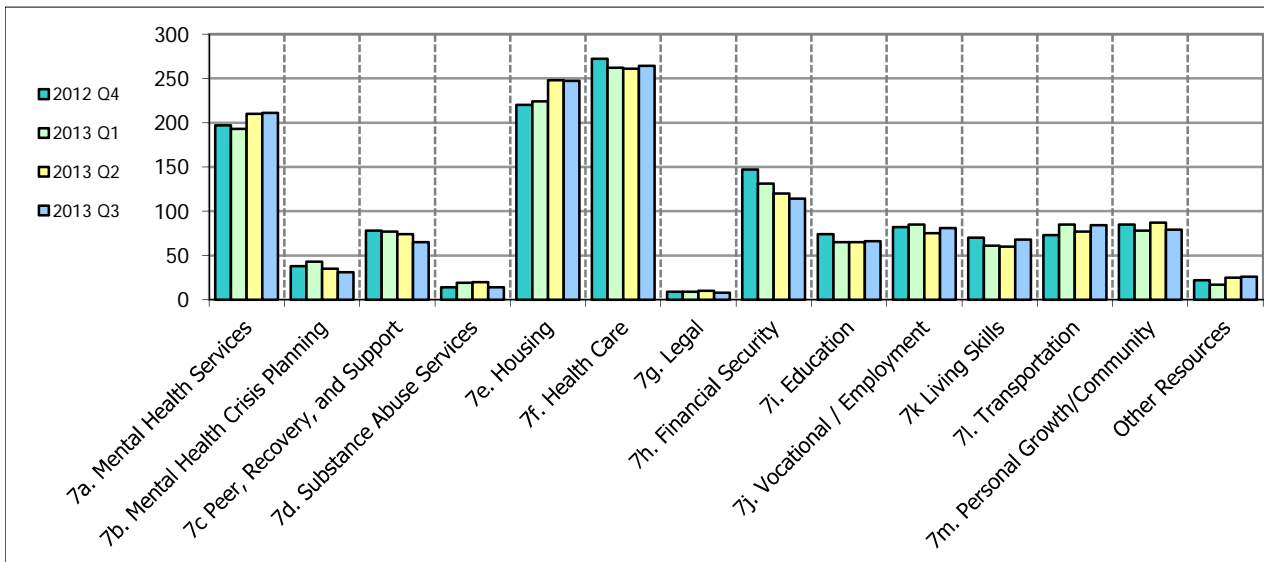


Table 2: Total Number of Unmet Resource Needs Reported

Reported Unmet Resource Needs	2012 Q4	2013 Q1	2013 Q2	2013 Q3
7a. Mental Health Services	197	193	210	211
7b. Mental Health Crisis Planning	38	43	35	31
7c Peer, Recovery, and Support	78	77	74	65
7d. Substance Abuse Services	14	19	20	14
7e. Housing	220	224	248	247
7f. Health Care	272	262	261	264
7g. Legal	9	9	10	8
7h. Financial Security	147	131	120	114
7i. Education	74	65	65	66
7j. Vocational / Employment	82	85	75	81
7k Living Skills	70	61	60	68
7l. Transportation	73	85	77	84
7m. Personal Growth/Community	85	78	87	79
Other Resources	22	17	25	26
Total CSN 6 Unmet Needs	1,381	1,349	1,367	1,358

Report Run: Jul 15, 2013



Report of Unmet Resource Needs

CSN 6
(Cumberland)

Fiscal Year 2013 Quarter 3
(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	1,892	1,939	1,935	1,902
7a. Mental Health Services				
7a-i Assertive Community Treatment (ACT)	8	12	12	26
7a-iii Dialectical Behavioral Therapy	8	4	9	6
7a-iv Family Psycho-Educational Treatment	4	0	1	2
7a-v Group Counseling	10	9	11	8
7a-vi Individual Counseling	86	78	77	70
7a-vii Inpatient Psychiatric Facility	2	1	0	0
7a-viii Intensive Case Management	7	12	14	18
7a-x Psychiatric Medication Management	72	77	86	81
Total Unmet Resource Needs	197	193	210	211
Distinct Clients with Unmet Resource Needs	144	145	157	154
7b. Mental Health Crisis Planning				
7b-i Development of Mental Health Crisis Plan	33	36	29	28
7b-ii Mental Health Advance Directives	5	7	6	3
Total Unmet Resource Needs	38	43	35	31
Distinct Clients with Unmet Resource Needs	37	39	32	29
7c Peer, Recovery, and Support				
7c-i Peer Recovery Center	18	18	14	12
7c-ii Recovery Workbook Group	1	1	1	1
7c-iii Social Club	32	34	32	26
7c-iv Peer-Run Trauma Recovery Group	3	3	5	5
7c-v Wellness Recovery and Action Planning	5	7	8	8
7c-vi Family Support	19	14	14	13
Total Unmet Resource Needs	78	77	74	65
Distinct Clients with Unmet Resource Needs	65	59	57	47
7d Substance Abuse Services				
7d-i Outpatient Substance Abuse Services	11	15	16	11
7d-ii Residential Treatment Substance Abuse Services	3	4	4	3
Total Unmet Resource Needs	14	19	20	14
Distinct Clients with Unmet Resource Needs	13	17	20	14
7e. Housing				

Report Run: Jul 15, 2013



Report of Unmet Resource Needs

CSN 6
(Cumberland)

Fiscal Year 2013 Quarter 3
(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	1,892	1,939	1,935	1,902
7e-i Supported Apartment	36	42	44	46
7e-ii Community Residential Facility	12	13	13	14
7e-iii Residential Treatment Facility (group home)	7	4	3	3
7e-iv Assisted Living Facility	14	16	17	17
7e-v Nursing Home	4	2	2	1
7e-vi Residential Crisis Unit	1	0	0	0
7e-vii Rent Subsidy (Section 8, BRAP, Shelter Plus)	146	147	169	166
Total Unmet Resource Needs	220	224	248	247
Distinct Clients with Unmet Resource Needs	193	201	221	220
7f. Health Care				
7f-i Dental Services	150	141	142	145
7f-ii Eye Care Services	48	53	53	45
7f-iii Hearing Services	16	10	10	12
7f-iv Physical Therapy	9	7	6	7
7f-v Physician/Medical Services	49	51	50	55
Total Unmet Resource Needs	272	262	261	264
Distinct Clients with Unmet Resource Needs	207	196	200	203
7g. Legal				
7g-i Advocate	5	6	6	4
7g-ii Guardian (private)	1	1	1	1
7g-iii Guardian (public)	3	2	3	3
Total Unmet Resource Needs	9	9	10	8
Distinct Clients with Unmet Resource Needs	9	9	10	8
7h. Financial Security				
7h-i Assistance with Managing Money	90	79	69	59
7h-ii Assistance with Securing Public Benefits	45	39	38	41
7h-iii Representative Payee	12	13	13	14
Total Unmet Resource Needs	147	131	120	114
Distinct Clients with Unmet Resource Needs	132	117	112	103
7i. Education				

Report Run: Jul 15, 2013



Report of Unmet Resource Needs

CSN 6
(Cumberland)

Fiscal Year 2013 Quarter 3
(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	1,892	1,939	1,935	1,902
7i-i Adult Education (other than GED)	26	19	21	19
7i-ii GED	15	14	15	16
7i-iii Literacy Assistance	7	7	7	7
7i-iv Post High School Education	23	22	21	23
7i-v Tuition Reimbursement	3	3	1	1
Total Unmet Resource Needs	74	65	65	66
Distinct Clients with Unmet Resource Needs	67	59	60	60
7j. Vocational / Employment				
7j-i Benefits Counseling Related to Employment	7	10	8	8
7j-ii Club House and/or Peer Vocational Support	3	2	1	3
7j-iii Competitive Employment (no supports)	13	16	15	15
7j-iv Supported Employment	10	7	4	6
7j-v Vocational Rehabilitation	49	50	47	49
Total Unmet Resource Needs	82	85	75	81
Distinct Clients with Unmet Resource Needs	72	76	69	75
7k. Living Skills				
7k-i Daily Living Support Services	38	32	35	36
7k-ii Day Support Services	6	6	6	8
7k-iii Occupational Therapy	3	3	3	1
7k-iv Skills Development Services	23	20	16	23
Total Unmet Resource Needs	70	61	60	68
Distinct Clients with Unmet Resource Needs	65	57	57	62
7l. Transportation				
7l-i Transportation to ISP-Identified Services	43	42	40	47
7l-ii Transportation to Other ISP Activities	15	24	20	22
7l-iii After Hours Transportation	15	19	17	15
Total Unmet Resource Needs	73	85	77	84
Distinct Clients with Unmet Resource Needs	63	64	63	66
7m. Personal Growth/Community				
7m-i Avocational Activities	6	5	4	4
7m. Personal Growth/Community				

Report Run: Jul 15, 2013



Report of Unmet Resource Needs

CSN 6
(Cumberland)

Fiscal Year 2013 Quarter 3
(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	1,892	1,939	1,935	1,902
7m-ii Recreation Activities	20	20	22	23
7m-iii Social Activities	47	42	47	39
7m-iv Spiritual Activities	12	11	14	13
Total Unmet Resource Needs	85	78	87	79
Distinct Clients with Unmet Resource Needs	63	61	68	61
Other Resources				
Other Resources	22	17	25	26
Total Unmet Resource Needs	22	17	25	26
Distinct Clients with Unmet Resource Needs	22	17	25	26
CSN 6 Totals				
Total Unmet Resource Needs	1,381	1,349	1,367	1,358
Distinct Clients With any Unmet Resource Need	558	554	587	577
Distinct Clients with a RDS	1,892	1,939	1,935	1,902

Report Run: Jul 15, 2013

Statewide Report of Unmet Resource Needs for Fiscal Year 2013 Q3

CSN 7 - York

Table 1: Distinct People and Unmet Resource Needs across four Quarters

2012 Q4			2013 Q1			2013 Q2			2013 Q3		
People with Unmet Needs	Distinct People	% With Unmet Needs	People with Unmet Needs	Distinct People	% With Unmet Needs	People with Unmet Needs	Distinct People	% With Unmet Needs	People with Unmet Needs	Distinct People	% With Unmet Needs
166	485	34.2%	155	459	33.8%	174	531	32.8%	137	453	30.2%

Graph 1: Number of Unmet Resource Needs by Category over four Quarters

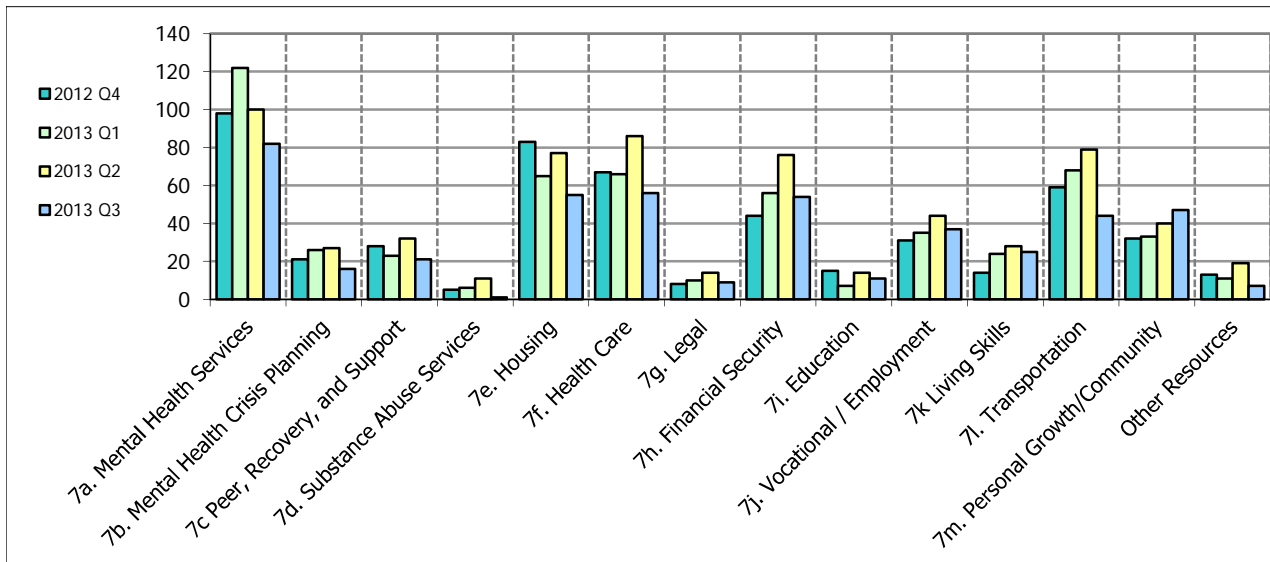


Table 2: Total Number of Unmet Resource Needs Reported

Reported Unmet Resource Needs	2012 Q4	2013 Q1	2013 Q2	2013 Q3
7a. Mental Health Services	98	122	100	82
7b. Mental Health Crisis Planning	21	26	27	16
7c Peer, Recovery, and Support	28	23	32	21
7d. Substance Abuse Services	5	6	11	1
7e. Housing	83	65	77	55
7f. Health Care	67	66	86	56
7g. Legal	8	10	14	9
7h. Financial Security	44	56	76	54
7i. Education	15	7	14	11
7j. Vocational / Employment	31	35	44	37
7k Living Skills	14	24	28	25
7l. Transportation	59	68	79	44
7m. Personal Growth/Community	32	33	40	47
Other Resources	13	11	19	7
Total CSN 7 Unmet Needs	518	552	647	465

Report Run: Jul 15, 2013



Report of Unmet Resource Needs

CSN 7
(York)

Fiscal Year 2013 Quarter 3
(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	485	459	531	453
7a. Mental Health Services				
7a-i Assertive Community Treatment (ACT)	3	4	6	2
7a-iii Dialectical Behavioral Therapy	6	2	4	4
7a-iv Family Psycho-Educational Treatment	1	2	1	1
7a-v Group Counseling	1	1	4	2
7a-vi Individual Counseling	41	57	41	35
7a-vii Inpatient Psychiatric Facility	0	0	0	0
7a-viii Intensive Case Management	0	1	1	1
7a-x Psychiatric Medication Management	46	55	43	37
Total Unmet Resource Needs	98	122	100	82
Distinct Clients with Unmet Resource Needs	70	86	70	59
7b. Mental Health Crisis Planning				
7b-i Development of Mental Health Crisis Plan	19	24	24	15
7b-ii Mental Health Advance Directives	2	2	3	1
Total Unmet Resource Needs	21	26	27	16
Distinct Clients with Unmet Resource Needs	19	25	25	15
7c Peer, Recovery, and Support				
7c-i Peer Recovery Center	2	2	2	4
7c-ii Recovery Workbook Group	0	0	0	0
7c-iii Social Club	10	10	12	4
7c-iv Peer-Run Trauma Recovery Group	2	1	7	6
7c-v Wellness Recovery and Action Planning	1	0	2	1
7c-vi Family Support	13	10	9	6
Total Unmet Resource Needs	28	23	32	21
Distinct Clients with Unmet Resource Needs	22	19	25	17
7d Substance Abuse Services				
7d-i Outpatient Substance Abuse Services	5	5	9	1
7d-ii Residential Treatment Substance Abuse Services	0	1	2	0
Total Unmet Resource Needs	5	6	11	1
Distinct Clients with Unmet Resource Needs	5	5	10	1
7e. Housing				

Report Run: Jul 15, 2013



Report of Unmet Resource Needs

CSN 7
(York)

Fiscal Year 2013 Quarter 3
(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	485	459	531	453
7e-i Supported Apartment	11	10	5	5
7e-ii Community Residential Facility	2	3	3	2
7e-iii Residential Treatment Facility (group home)	0	0	1	1
7e-iv Assisted Living Facility	4	2	3	2
7e-v Nursing Home	0	0	2	0
7e-vi Residential Crisis Unit	0	0	1	0
7e-vii Rent Subsidy (Section 8, BRAP, Shelter Plus)	66	50	62	45
Total Unmet Resource Needs	83	65	77	55
Distinct Clients with Unmet Resource Needs	74	59	69	51
7f. Health Care				
7f-i Dental Services	38	29	39	27
7f-ii Eye Care Services	13	15	18	12
7f-iii Hearing Services	3	2	2	2
7f-iv Physical Therapy	2	4	7	3
7f-v Physician/Medical Services	11	16	20	12
Total Unmet Resource Needs	67	66	86	56
Distinct Clients with Unmet Resource Needs	51	47	62	41
7g. Legal				
7g-i Advocate	8	9	12	8
7g-ii Guardian (private)	0	0	0	0
7g-iii Guardian (public)	0	1	2	1
Total Unmet Resource Needs	8	10	14	9
Distinct Clients with Unmet Resource Needs	8	10	14	9
7h. Financial Security				
7h-i Assistance with Managing Money	28	33	37	34
7h-ii Assistance with Securing Public Benefits	16	20	32	19
7h-iii Representative Payee	0	3	7	1
Total Unmet Resource Needs	44	56	76	54
Distinct Clients with Unmet Resource Needs	38	45	58	41
7i. Education				

Report Run: Jul 15, 2013



Report of Unmet Resource Needs

CSN 7
(York)

Fiscal Year 2013 Quarter 3
(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	485	459	531	453
7i-i Adult Education (other than GED)	5	1	4	3
7i-ii GED	5	3	5	2
7i-iii Literacy Assistance	1	1	4	1
7i-iv Post High School Education	4	2	1	4
7i-v Tuition Reimbursement	0	0	0	1
Total Unmet Resource Needs	15	7	14	11
Distinct Clients with Unmet Resource Needs	14	7	13	11
7j. Vocational / Employment				
7j-i Benefits Counseling Related to Employment	3	5	8	5
7j-ii Club House and/or Peer Vocational Support	0	1	2	0
7j-iii Competitive Employment (no supports)	2	3	8	2
7j-iv Supported Employment	3	4	2	5
7j-v Vocational Rehabilitation	23	22	24	25
Total Unmet Resource Needs	31	35	44	37
Distinct Clients with Unmet Resource Needs	27	28	35	30
7k. Living Skills				
7k-i Daily Living Support Services	9	13	22	16
7k-ii Day Support Services	1	1	1	0
7k-iii Occupational Therapy	0	0	0	2
7k-iv Skills Development Services	4	10	5	7
Total Unmet Resource Needs	14	24	28	25
Distinct Clients with Unmet Resource Needs	14	22	26	24
7l. Transportation				
7l-i Transportation to ISP-Identified Services	25	32	39	24
7l-ii Transportation to Other ISP Activities	19	23	26	12
7l-iii After Hours Transportation	15	13	14	8
Total Unmet Resource Needs	59	68	79	44
Distinct Clients with Unmet Resource Needs	42	42	48	31
7m. Personal Growth/Community				
7m-i Avocational Activities	3	4	3	3
7m. Personal Growth/Community				

Report Run: Jul 15, 2013



Report of Unmet Resource Needs

CSN 7
(York)

Fiscal Year 2013 Quarter 3
(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	485	459	531	453
7m-ii Recreation Activities	9	10	13	12
7m-iii Social Activities	19	17	22	28
7m-iv Spiritual Activities	1	2	2	4
Total Unmet Resource Needs	32	33	40	47
Distinct Clients with Unmet Resource Needs	26	24	30	34
Other Resources				
Other Resources	13	11	19	7
Total Unmet Resource Needs	13	11	19	7
Distinct Clients with Unmet Resource Needs	13	11	19	7
CSN 7 Totals				
Total Unmet Resource Needs	518	552	647	465
Distinct Clients With any Unmet Resource Need	166	155	174	137
Distinct Clients with a RDS	485	459	531	453

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Report of Unmet Resource Needs

CSN Not Assigned

Fiscal Year 2013 Quarter 3
(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	404	396	371	329
7a. Mental Health Services				
7a-i Assertive Community Treatment (ACT)	0	0	0	3
7a-iii Dialectical Behavioral Therapy	2	4	3	2
7a-iv Family Psycho-Educational Treatment	0	0	0	0
7a-v Group Counseling	1	2	1	1
7a-vi Individual Counseling	13	18	11	14
7a-vii Inpatient Psychiatric Facility	0	0	0	1
7a-viii Intensive Case Management	0	1	3	1
7a-x Psychiatric Medication Management	21	18	18	18
Total Unmet Resource Needs	37	43	36	40
Distinct Clients with Unmet Resource Needs	32	37	32	32
7b. Mental Health Crisis Planning				
7b-i Development of Mental Health Crisis Plan	7	2	3	4
7b-ii Mental Health Advance Directives	4	3	4	1
Total Unmet Resource Needs	11	5	7	5
Distinct Clients with Unmet Resource Needs	11	5	6	4
7c Peer, Recovery, and Support				
7c-i Peer Recovery Center	2	1	2	0
7c-ii Recovery Workbook Group	0	0	0	0
7c-iii Social Club	4	1	2	5
7c-iv Peer-Run Trauma Recovery Group	2	2	1	1
7c-v Wellness Recovery and Action Planning	0	0	0	1
7c-vi Family Support	4	2	2	5
Total Unmet Resource Needs	12	6	7	12
Distinct Clients with Unmet Resource Needs	10	6	7	10
7d Substance Abuse Services				
7d-i Outpatient Substance Abuse Services	3	1	4	2
7d-ii Residential Treatment Substance Abuse Services	1	0	0	1
Total Unmet Resource Needs	4	1	4	3
Distinct Clients with Unmet Resource Needs	3	1	4	3
7e. Housing				

Report Run: Jul 15, 2013



Report of Unmet Resource Needs

CSN Not Assigned

Fiscal Year 2013 Quarter 3
(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	404	396	371	329
7e-i Supported Apartment	1	3	2	3
7e-ii Community Residential Facility	3	2	1	2
7e-iii Residential Treatment Facility (group home)	0	1	0	0
7e-iv Assisted Living Facility	2	0	0	1
7e-v Nursing Home	1	1	1	1
7e-vi Residential Crisis Unit	0	0	0	0
7e-vii Rent Subsidy (Section 8, BRAP, Shelter Plus)	33	31	34	32
Total Unmet Resource Needs	40	38	38	39
Distinct Clients with Unmet Resource Needs	40	36	37	38
7f. Health Care				
7f-i Dental Services	25	16	22	25
7f-ii Eye Care Services	10	5	10	5
7f-iii Hearing Services	2	2	2	1
7f-iv Physical Therapy	1	0	1	0
7f-v Physician/Medical Services	8	6	4	8
Total Unmet Resource Needs	46	29	39	39
Distinct Clients with Unmet Resource Needs	35	25	30	33
7g. Legal				
7g-i Advocate	7	4	2	3
7g-ii Guardian (private)	2	2	1	1
7g-iii Guardian (public)	3	2	1	1
Total Unmet Resource Needs	12	8	4	5
Distinct Clients with Unmet Resource Needs	12	8	4	5
7h. Financial Security				
7h-i Assistance with Managing Money	20	15	15	10
7h-ii Assistance with Securing Public Benefits	11	8	10	9
7h-iii Representative Payee	0	0	0	1
Total Unmet Resource Needs	31	23	25	20
Distinct Clients with Unmet Resource Needs	26	21	24	19
7i. Education				

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Report of Unmet Resource Needs

CSN Not Assigned

Fiscal Year 2013 Quarter 3

(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	404	396	371	329
7i-i Adult Education (other than GED)	3	1	2	4
7i-ii GED	2	3	2	3
7i-iii Literacy Assistance	0	0	0	0
7i-iv Post High School Education	3	2	1	3
7i-v Tuition Reimbursement	0	0	0	1
Total Unmet Resource Needs	8	6	5	11
Distinct Clients with Unmet Resource Needs	8	6	5	10
7j. Vocational / Employment				
7j-i Benefits Counseling Related to Employment	2	3	1	1
7j-ii Club House and/or Peer Vocational Support	2	0	1	2
7j-iii Competitive Employment (no supports)	4	2	4	1
7j-iv Supported Employment	3	3	4	3
7j-v Vocational Rehabilitation	12	4	8	6
Total Unmet Resource Needs	23	12	18	13
Distinct Clients with Unmet Resource Needs	23	12	17	13
7k. Living Skills				
7k-i Daily Living Support Services	6	5	6	6
7k-ii Day Support Services	4	6	3	5
7k-iii Occupational Therapy	1	0	0	0
7k-iv Skills Development Services	3	3	3	4
Total Unmet Resource Needs	14	14	12	15
Distinct Clients with Unmet Resource Needs	11	11	10	11
7l. Transportation				
7l-i Transportation to ISP-Identified Services	11	13	14	11
7l-ii Transportation to Other ISP Activities	9	7	11	8
7l-iii After Hours Transportation	7	7	8	4
Total Unmet Resource Needs	27	27	33	23
Distinct Clients with Unmet Resource Needs	17	20	21	16
7m. Personal Growth/Community				
7m-i Avocational Activities	1	1	1	1
7m. Personal Growth/Community				

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Report of Unmet Resource Needs

CSN Not Assigned

Fiscal Year 2013 Quarter 3
(Jan, Feb, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Distinct Clients with a RDS	404	396	371	329
7m-ii Recreation Activities	6	5	4	6
7m-iii Social Activities	16	12	11	11
7m-iv Spiritual Activities	1	0	0	1
Total Unmet Resource Needs	24	18	16	19
Distinct Clients with Unmet Resource Needs	20	16	13	12
Other Resources				
Other Resources	5	9	11	11
Total Unmet Resource Needs	5	9	11	11
Distinct Clients with Unmet Resource Needs	5	9	11	11
CSN Not Assigned Totals				
Total Unmet Resource Needs	294	239	255	255
Distinct Clients With any Unmet Resource Need	118	103	102	95
Distinct Clients with a RDS	404	396	371	329

Report Run: Jul 15, 2013



'Other' Unmet Resource Needs

Other Resources

For RDS Between Jan 1, 2013 and Mar 31, 2013

Peo_ID	RDS Date	Description	Date IDed	Days Unmet
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ALLIES INC

132887	3/27/2013	HANDICAP ACCESSIBLE HOUSING	11/30/2010	848
191254	1/8/2013	APPROPRIATE SIGN LANGUAGE CLASS	7/14/2011	544
200910	2/7/2013	FOOD PANTRY	2/29/2012	344

ALTERNATIVE SERVICES NE INC

167539	1/14/2013	NATURAL SUPPORTS WITHIN CURRENT COMMUNITY/HOME	4/20/2012	269
171301	3/19/2013	HOME REPAIR/ CLEANING	7/15/2012	247
166279	3/8/2013	TRANSPORTATION TO NON MAINE CARE APPOINTMENTS	4/10/2012	332
213344	2/13/2013	IN HOME SUPPORTS	4/16/2010	1,034

AROOSTOOK MENTAL HEALTH SERVICES, INC.

246466	1/15/2013	ASSISTED WITH AUDIO TAPES DUE TO CLIENT BEING BLIND IN ONE EYE AND UNABLE TO SEE WELL IN THE OTHER	2/14/2012	336
146340	2/11/2013	DENTURES NEEDED-ARE NOT OBTAINABLE FINANCIALLY	2/5/2009	1,467
314709	3/4/2013	HOUSING	9/26/2012	114
132809	2/1/2013	MR SERVICES	7/1/2012	215
371704	3/19/2013	CASE-MANAGEMENT SERVICIES	10/24/2012	146
329796	1/16/2013	HOME REPAIR	5/8/2012	250
205277	1/23/2013	SECTION 8 APARTMENT/HOUSING	11/22/2011	428
219481	1/31/2013	LINKAGE TO COMMUNITY - SUPPORT WITH CONNECTING W/OTHERS	7/5/2012	210

ASSISTANCE PLUS

305030	2/14/2013	COMMUNITY INTEGRATION	10/28/2012	109
131855	1/4/2013	AGENCY FOR THE BLIND	1/12/2012	358
223018	3/25/2013	COORDINATION OF SERVICES	3/26/2012	364
225260	3/4/2013	MAINE CARE HEALTH INSURANCE	3/8/2012	361

BROADREACH FAMILY AND COMMUNITY SERVICES

126368	2/6/2013	DRIVERS LICENSE	9/6/2012	153
373239	3/1/2013	CNA CERTIFICATION	11/26/2012	95
373226	3/18/2013	PARENTING CLASSES	11/28/2012	110
358125	3/20/2013	PSYCHOLOGICAL EVALUATION	6/28/2012	218
236579	2/27/2013	NEUROPSY EVALUATION	4/12/2012	321

CATHOLIC CHARITIES

195865	3/10/2013	DIABETES MANAGEMENT	9/17/2012	174
214936	1/15/2013	SKILLS TO COPE W/ HEIGHTEND ANXIETY AND PANIC ON HER OWN OR WITH	10/14/2011	459

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'Other' Unmet Resource Needs

Other Resources

For RDS Between Jan 1, 2013 and Mar 31, 2013

Peo_ID	RDS Date	Description	Date IDed	Days Unmet
		OTHER SUPPORTS BESIDES CASE MGMT.		
205680	2/13/2013	VISITING NURSE	12/11/2012	374
207313	3/11/2013	HOMEMAKER SERVICES	8/27/2012	196
355285	1/16/2013	PERSONAL CARE SERVICES	6/29/2012	201
373261	3/19/2013	LEGAL	11/20/2012	119
145766	2/6/2013	APARTEMENT THAT ACCEPTS BRAP	7/18/2012	203
151073	1/15/2013	SKILLS TO CONSISTENTLY SET APPROPRIATE BOUNDRIES W/ OTHERS.	10/14/2011	446
273888	2/11/2013	FURNITURE	8/27/2010	899
257417	1/21/2013	CHILD CARE FOR YOUNGEST CHILID TO MAINTAIN MENTAL HEALTH APPOINTMENTS	10/27/2010	817
256692	1/14/2013	HEALTH: BETTER PAIN MANAGEMENT	8/3/2009	1,260
247861	1/13/2013	AQUIRED BRAIN INJURY SERVICES	10/21/2011	450
158704	3/5/2013	FURNITURE, APPLIANCES	3/6/2012	364
219410	2/24/2013	LEGAL	2/25/2011	730

COMMON TIES MENTAL HEALTH COALITION

312617	1/16/2013	VOLUNTEER	2/7/2012	344
256135	3/27/2013	HOMEMAKING SERVICES	6/19/2009	1,377
337494	2/27/2013	COMMUNITY RESOURCES FOR NEW BABY	12/27/2011	428
197243	2/3/2013	RECREATIONAL OPPORTURNITIES/HOBBY	12/2/2011	429
124671	3/6/2013	DRIVERS LICENSE	10/18/2011	505
198721	1/9/2013	SUPPORTS FOR ELDERLY MOTHER BEYOND CLIENTS ABILITIES	11/13/2009	1,153
229755	1/16/2013	RENTAL DEPOSIT RETURNED	5/8/2012	253
167227	1/16/2013	DRIVING PERMIT	2/9/2012	342
233712	1/14/2013	PRIMARY RESIDENCE OF SON, MOVING TO SOUTH PORTLAND	2/1/2012	348

COMMUNITY CARE

182879	1/14/2013	PHYSICAL ACTIVITY	10/9/2012	97
202017	2/18/2013	LONG-TERM MAINECARE FOR ASSISTED LIVING FACILITY	4/2/2012	322
177813	3/27/2013	DAYCARE SERVICES FOR CHILDREN	10/22/2012	156

COMMUNITY COUNSELING CENTER

146931	2/8/2013	INDEPENDENT APARTMENT	8/14/2012	178
147203	3/20/2013	PROBATION	9/15/2012	186
202204	2/3/2013	HEAD INJURY TREATMENT AND RESIDENCE THAT ADRESSES HIS LEVEL ON NEED	8/27/2009	1,256
205219	3/13/2013	INDEPENENT HOUSING	8/16/2012	209
213354	2/28/2013	PROBATION	11/15/2010	836
217132	3/20/2013	PROBATION	9/15/2012	160

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'Other' Unmet Resource Needs

Other Resources

For RDS Between Jan 1, 2013 and Mar 31, 2013

Peo_ID	RDS Date	Description	Date IDed	Days Unmet
246442	2/15/2013	INDEPENDENT APARTMENT	8/21/2012	178
262099	2/22/2013	FOOD PANTRY	11/17/2010	828
283338	1/16/2013	FOOD RESOURCES	5/5/2011	622
326066	3/4/2013	MEALS ON WHEELS	8/2/2012	214
332205	1/7/2013	INDEPENDENT APARTMENT	10/4/2012	95

COMMUNITY HEALTH AND COUNSELING SERVICES

154943	1/30/2013	GETTING BIRTH CERTIFICATE, STATE ID	9/15/2011	503
373197	3/29/2013	COMMUNITY INTEGRATION SERVICES	11/15/2012	134
160960	3/13/2013	DHHS CUSTODY ISSUES	8/16/2012	199
202044	2/18/2013	FINANCIAL RESOURCE HOME REPAIR	10/1/2012	95
206268	3/16/2013	CLEANING SERVICE	10/3/2011	530
216410	2/28/2013	ASSISTANCE WITH SETTING UP TRAILER.	7/30/2012	213
231869	2/12/2013	ALTERNATE SUBSIDY NON RELIANT ON CIS	1/4/2010	1,135
248464	1/28/2013	ASSISTANCE WITH SECURITY DEPOSIT	4/9/2009	1,390
257355	1/28/2013	SAFE AND AFFORDABLE HOUSING	3/1/2011	699
261687	3/14/2013	RENEWAL OF DRIVERS LICENSE	1/18/2012	421
266096	2/6/2013	HOUSING THAT MEETS MY NEEDS AND I CAN USE MY NEW SECTION 8 VOUCHER	10/30/2012	99
158680	3/26/2013	FINANCIAL	2/13/2012	407
332207	2/6/2013	COMMUNITY INTEGRATION SERVICES	4/19/2012	293
354567	2/26/2013	IN HOME NURSING	10/11/2012	138

COUNSELING SERVICES, INC.

302154	1/24/2013	SMALLER GROUP SIZES DUE TO ANXIETY IN LARGER GROUPS	1/29/2012	361
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FULLCIRCLE SUPPORTS INC

273878	3/20/2013	YMCA SCHOLARSHIP TO IMPROVE HELATH AND DECREASE ISOLATION	6/28/2012	265
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HEALTH AFFILIATES MAINE

129803	1/20/2013	WANTS DRIVERS LICENSE	8/8/2011	531
372875	3/27/2013	IMMIGRATION	10/22/2012	98
169168	1/29/2013	PORTABLE OXYGEN	7/31/2012	182
192777	1/15/2013	ASSISTANCE WITH DV CHARGE	8/4/2011	536
201273	1/19/2013	VOLUNTEER OPPORTUNITIES	11/2/2011	444
202892	1/24/2013	GETTING DRIVERS LICENSE	8/23/2012	154
209156	1/4/2013	SUPPORT WITH DRIVERS LICENSE	4/29/2011	616
212652	3/3/2013	OBTAIN DRIVERS LICENSE, LEARN TO SPEAK ENGLISH, SUPPORT WITH HOUSING REVEIWS	12/3/2011	456

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'Other' Unmet Resource Needs

Other Resources

For RDS Between Jan 1, 2013 and Mar 31, 2013

Peo_ID	RDS Date	Description	Date IDed	Days Unmet
228798	1/24/2013	VOLUNTEER IN COMPASSIONATE CARE ACTIVITY	10/20/2011	456
237820	1/13/2013	LEARNING DISABILITY TESTING;	7/16/2011	547
247233	1/24/2013	LEGAL RESOURCES: CRIMINAL LAWYER TO ASSIST WITH IRS/HR BLOCK ISSUES	10/20/2011	462
260689	1/16/2013	GROUP FOR AMPUTEES, PROSTHETIC LEG	8/12/2011	523
277400	1/15/2013	CHILDCARE	7/27/2011	538
302151	2/16/2013	RELIABLE CHILD CARE	11/5/2012	103
305019	2/6/2013	MOVE TO ANOTHER APARTMENT IN SAME HOUSING COMPLEX	4/19/2012	272
332495	2/20/2013	LOOKING INTO OTHER MENTAL HEALTH GROUP	12/5/2011	443
339375	3/4/2013	ANGER MANAGEMENT	9/26/2012	159
341388	2/19/2013	OTHER VOCATIONAL/EMPLOYMENT RESOURCES -EMDC	2/19/2012	366
344187	3/27/2013	REPAIRS FOR TRANSPORTATION/CAR	3/28/2012	286
353131	2/28/2013	IMMIGRATION	5/28/2012	276
354614	1/14/2013	TO OWN A HOME	5/1/2012	258
354619	2/12/2013	DRIVING TEST, CPS/GUARDIANSHIP NEEDS	4/25/2012	293
355281	3/18/2013	IMMIGRATION	7/2/2012	207
361697	1/28/2013	IMMIGRATION NEEDS	7/28/2012	184
366325	1/20/2013	FINANCIAL	10/3/2012	109
370556	2/21/2013	PSYCHOLOGICAL EVALUATION	11/21/2012	92
133213	3/15/2013	DRIVERS LICENSE	9/14/2011	548

KENNEBEC BEHAVIORAL HEALTH

119920	2/8/2013		8/14/2012	168
260949	1/22/2013		9/18/2012	126
169387	2/11/2013		5/14/2012	273

LIFE BY DESIGN

152409	2/27/2013	VOLUNTEERING	7/17/2012	225
167222	2/24/2013	FUNERAL ARRANGEMENTS	5/9/2012	291
198275	2/18/2013	FIND AN APT	4/2/2012	286
199536	2/18/2013	CLARIFICATION ON MEDICAL ISSUES.	10/1/2012	140
337504	1/6/2013	REFERRAL TO BENEFITS SPECIALISTS	9/19/2012	109
204815	2/27/2013	CIWC	3/21/2012	343
203981	3/29/2013	HOUSE REPAIRED	3/23/2012	371
268802	2/26/2013	HOME REPAIRS	9/26/2011	519

LUTHERAN COMMUNITY SERVICES OF MAINE, INC.

214089	3/18/2013	SUPERVISED VISITS WITH CHILDREN	7/2/2012	243
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'Other' Unmet Resource Needs

Other Resources

For RDS Between Jan 1, 2013 and Mar 31, 2013

Peo_ID	RDS Date	Description	Date IDed	Days Unmet
OXFORD COUNTY MENTAL HEALTH SERVICES				
230459	3/4/2013	PARENTING SKILLS	9/5/2012	180
SHALOM HOUSE INC				
352938	1/27/2013	RESPIRE CARE FOR DISABLED ADULT CHILD	5/2/2012	270
SWEETSER				
371708	3/19/2013	NEUROPSYCH EVALUATION	11/20/2012	101
167156	1/15/2013	SECTION 8 RENT SUBSIDY	8/1/2012	167
171222	1/28/2013	HOMEMAKER SERVICES	4/1/2011	668
201090	2/6/2013	PRODUCTIVITY INCREASING ACTIVITIES	12/9/2009	1,155
201544	2/15/2013	P.R.O.P. (LINK TO WEATHERIZATION, ELP, AND HOUSING SUPPORTS)	10/17/2011	487
202791	2/1/2013	SENIOR COLLEGE CLASSES	2/15/2012	352
226159	1/10/2013	LEGAL ASSISTANCE	6/6/2012	218
248504	1/14/2013	LEGAL ASSISTANCE	2/10/2012	339
264316	3/11/2013	LEGAL ASSISTANCE	10/15/2012	147
306615	1/28/2013	NEW APARTMENT	10/12/2012	108
344213	1/24/2013	100 SUBSIDIZED HOUSING	10/17/2012	99
345840	3/3/2013	HOUSING	3/12/2012	308
353094	3/18/2013	VISITING NURSES	7/2/2012	259
358136	3/4/2013	HOUSING	7/3/2012	244
370425	1/10/2013	HELP WITH SSDI	9/20/2012	112
103858	2/1/2013	DRIVERS LICENSE	12/12/2011	417
166412	1/9/2013	12-STEP	4/6/2012	278
THE OPPORTUNITY ALLIANCE				
200464	2/4/2013	NEEDS A WALKER OR REPAIR FOR CURRENT WALKER	11/16/2011	446
251037	2/18/2013	CHILDCARE	2/17/2009	1,462
200512	3/12/2013	GET RESPIRE FOR SON SO CAN HAVE TIME WITH HUSBAND	9/27/2012	166
166640	3/14/2013	WANTS TO PURCHASE HOME THROUGH SEC 8 HOME BUY PROGRAM	4/24/2012	324
TRI COUNTY MENTAL HEALTH SERVICES				
337488	1/16/2013	DRIVERS LICENSE	5/8/2012	247
346349	3/27/2013	SSDI	3/28/2012	364
234445	2/8/2013	LEGAL	8/14/2012	143
UMBRELLA MENTAL HEALTH SERVICES				
204164	3/25/2013	SMOKING CECSATION	7/9/2012	259

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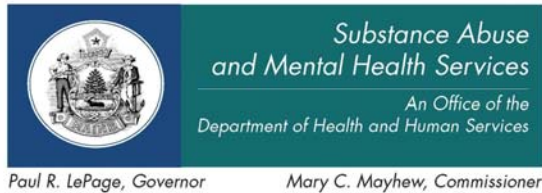


'Other' Unmet Resource Needs

Other Resources

For RDS Between Jan 1, 2013 and Mar 31, 2013

Peo_ID	RDS Date	Description	Date IDed	Days Unmet
YORK COUNTY SHELTERS INC				
345776	3/3/2013	COMMUNITY REHABILITATION SERVICES	3/12/2012	356
Total Unmet Resource Needs				144



Department of Health and Human Services
Substance Abuse and Mental Health Services
32 Blossom Lane, Marquardt Building, 2nd Floor
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 287-4243; Fax: (207) 287-1022
TTY Users: Dial 711 (Maine Relay)

Bridging Rental Assistance Program (BRAP) Monitoring Report Quarter 4 FY2013 (April, May, June 2013)

The Bridging Rental Assistance Program (BRAP) has been established in recognition that recovery can only begin in a safe, healthy, and decent environment, a place one can call home. The Office of Substance Abuse and Adult Mental Health Services recognizes the necessity for rental assistance for persons with mental illness, particularly those being discharged from hospitals, group homes, and homeless shelters. There is not a single housing market in the country where a person receiving Social Security as his or her sole income source can afford to rent even a modest one-bedroom apartment. According to a report issued by the Technical Assistance Collaborative, *Priced out in 2010*, in Maine, 98% of a person's SSI standard monthly payment is needed to pay for the average one-bedroom apartment statewide. In Cumberland County the amount is 104% and Sagadahoc 106%. In the City of Portland 126% of a person's SSI is necessary to pay for the average one-bedroom apartment and in the KEYS area (Kittery, Elliot, York and South Berwick) 125%.

BRAP is designed to assist individuals who have a psychiatric disability with housing costs for up to 24 months or until the individuals are awarded a Housing Choice Voucher (aka Section 8 Voucher), another federal subsidy, or until the individuals have an alternative housing placement. All units subsidized by BRAP funding must meet the U.S. Department of Housing and Urban Development's Housing Quality Standards and Fair Market Rents. Following a **Housing First** model, initial BRAP recipients are encouraged, but not required to accept the provision of services to go hand in hand with the voucher.

The monitoring of the Bridging Rental Assistance Program (BRAP) is the responsibility of the Office of Substance Abuse and Adult Mental Health Services (SAMHS) and particularly the Data, Quality Management, and Resource Development team.

The bullets below highlight some of the details regarding persons who are currently waiting for a BRAP voucher: The percentage terms reflect the percentage of relative change compared to the last report.

- Priority #1 applicants (Discharge from a psychiatric hospital within the last 6 months). Riverview and Dorothea Dix consumers are typically not waiting more than 5 days from the date of a completed application. Priority 1 applicants waiting for a BRAP voucher have decreased from 22 to 12 persons, down 45%.
- Priority #2 applicants (Homeless) have decreased from 369 to 206 persons down 44%
- Priority #3 applicants (Substandard Housing) have decreased from 3 to 2 persons down 33%.
- Priority #4 applicants (Community Residential Facility) have also decreased from 40 to 15 persons, down 63%.
- Persons on the waitlist greater than 90 days have decreased from 350 to 195 persons, down 44%.

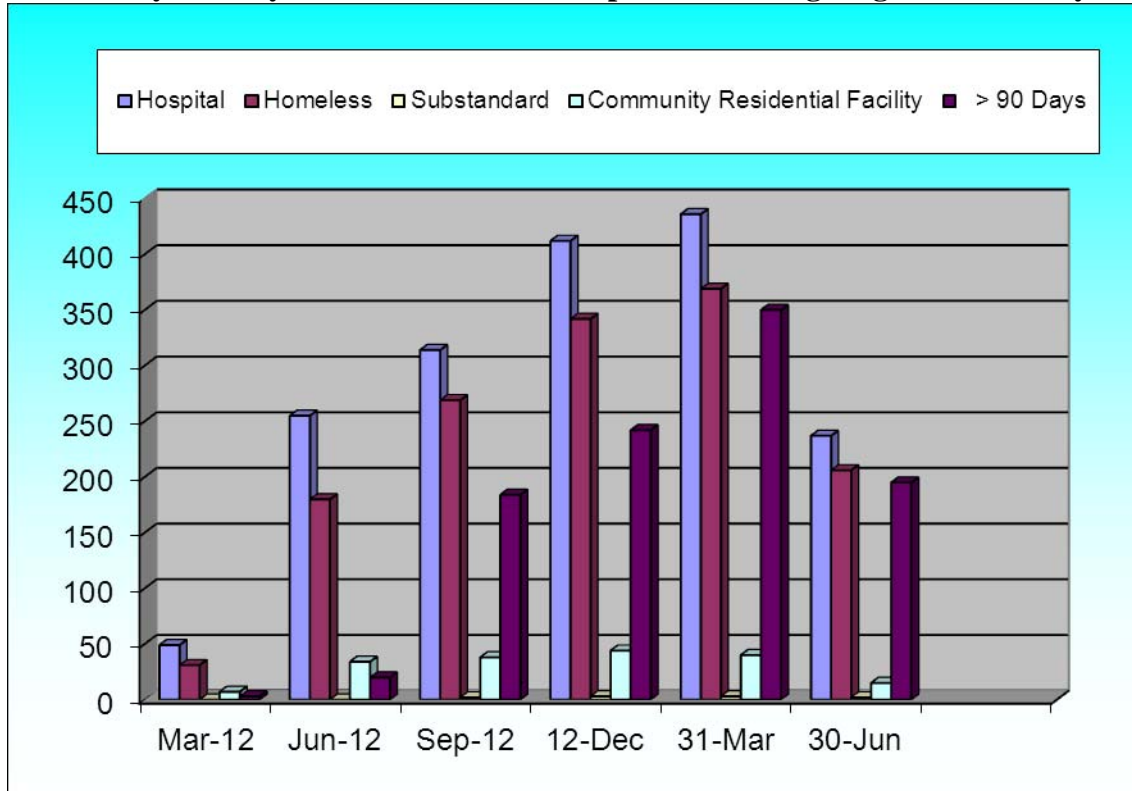
Since inception of the wait list, there has been a total of 2,300 BRAP vouchers awarded broken down as follows: Priority #1, 1,064; Priority #2, 974; Priority #3, 30; Priority #4, 219. Note that 13 vouchers have been awarded to persons with no priority. In the last quarter 229 vouchers were awarded and waitlist has dropped by 46%.

The current BRAP census as of June 30, 2013 is 924 vouchers. We requested and received an additional \$100,000 of AG Funds for Quarter 4, that were part of the Supplemental Budget passed earlier this year. This allowed us to decrease our waitlist by 46% and award 229 new vouchers. The overall budget for FY 14 increased to \$5,018,508.

The number of persons on the program for greater than 24 months remains steady at 25% of the entire program. This is principally a result of decades of federal and state cuts to low-income and supportive housing programs, including persons who will not qualify for Section 8 due criminal activity. The lack of availability of these resources, particularly Section 8 at the federal level, has translated to increased pressures on state programs such as BRAP.

SAMHS administers a substantial number of Shelter Plus Care vouchers, more than any other state on a per-capita basis. The census was 875 as of June 30, 2013. This program is funded by the U.S. Department of Housing and Urban Development and has seen significant growth over the last decade, the result of SAMHS aggressively applying for and receiving new grants each year. The FY2014 annual budget for Shelter Plus Care is \$7.9 million. The total dollars for all SPC grants (one year renewals to 5 year new contracts) administered by SAMHS is \$14,101,781. Shelter Plus Care (SPC) provides permanent rental subsidies (housing vouchers) and supportive services (provided by MaineCare) to literally homeless individuals with: severe and persistent mental illness (63%), chronic substance abuse and mental illness (30%), and chronic substance abuse and HIV/AIDS (7%).

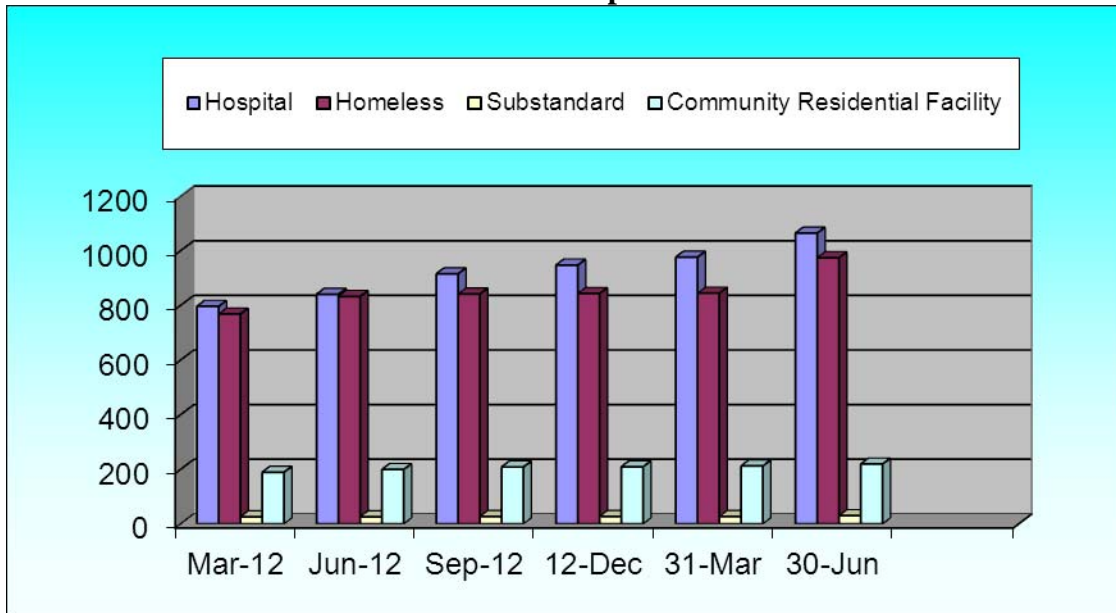
**BRAP Waitlist Status--Graph:
Detail by Priority Status to include those persons waiting longer than 90 Days**



**BRAP Waitlist Status—Table:
Detail by Priority Status to include those persons waiting longer than 90 Days**

Reporting Period	Mar-12	Jun-12	Sep-12	12-Dec	31-Mar	30-Jun	% Change relative to Last Report
Total number of persons waiting for BRAP	49	255	314	412	436	237	-46%
Priority 1—Discharge from state or private psychiatric hospital within last 6 months	11	41	5	23	22	12	-45%
Priority 2—Homeless (HUD Transitional Definition)	31	180	269	342	369	206	-44%
Priority 3—Sub-standard Housing	0	0	2	3	3	2	-33%
Priority 4—Leaving a Community Residential living facility	7	34	38	44	40	15	-63%
Total number of persons on wait list more than 90 days awaiting voucher	3	20	184	242	350	195	-44%

**BRAP Awards—Graph
Cumulative Since Inception of Waitlist**



**BRAP Awards—Table
Cumulative Since Inception of Waitlist**

Reporting Periods	Mar-12	Jun-12	Sep-12	12-Dec	31-Mar	30-Jun	% Change relative to Last Report
Cumulative number of persons awarded BRAP	1790	1908	2003	2038	2071	2300	11%
Priority 1—Discharge from state or private psychiatric hospital within last 6 months	796	840	915	947	976	1064	9%
Priority 2—Homeless (HUD Transitional Definition)	768	832	841	843	844	974	15%
Priority 3—Sub-standard Housing	26	26	27	27	27	30	11%
Priority 4—Leaving a DHHS funded living facility	189	199	208	209	212	219	3%

Note: 13 persons awarded with no priority



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Class Member Treatment Planning Review For the 3rd Quarter of Fiscal Year 2013

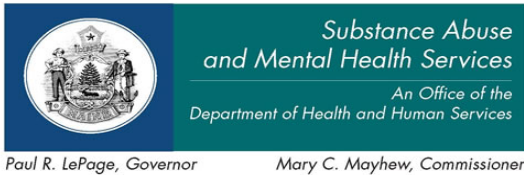
(April, May, and June 2013)

		2013	2013	2013 Q3	2013 Q4
Total Plans Reviewed		50	55	50	49
I Releases					
1A	Does the record document that the agency has planned with and educated the consumer regarding releases of information at intake/initial treatment planning process?	100.0% 13 of 13	100.0% 18 of 18	100.0% 18 of 18	90.0% 9 of 10
1B	Does the record document that the agency has planned with and educated the consumer regarding releases of information during each treatment plan review?	77.6% 38 of 49	96.2% 51 of 53	85.4% 41 of 48	85.7% 42 of 49
1C	Does the record document that the consumer has a primary care physician (PCP)?	95.8% 46 of 48	88.7% 47 of 53	92.0% 46 of 50	91.8% 45 of 49
1D	If 1C. is yes, has there been an attempt to obtain releases signed by the consumer for the sharing of information with the PCP?	82.6% 38 of 46	85.1% 40 of 47	91.3% 42 of 46	80.0% 36 of 45
II Treatment Plan					
2A	Does the record document that the domains of housing, financial, social, recreational, transportation, vocational, educational, general health, dental, emotional/psychological, and psychiatric were assessed with the consumer in treatment planning?	95.8% 46 of 48	98.2% 54 of 55	98.0% 49 of 50	95.9% 47 of 49

2B	Does the record document that the treatment plan goals reflect the strengths of the consumer receiving services?	96.0% 48 of 50	96.4% 53 of 55	100.0% 50 of 50	100.0% 49 of 49
2C	Does the record document that the treatment plan goals reflect the barriers of the consumer receiving services?	95.9% 47 of 49	98.2% 54 of 55	98.0% 49 of 50	95.9% 47 of 49
2D	Does the record document that the individual's potential need for crisis intervention and resolution services was considered with the consumer during treatment planning?	98.0% 48 of 49	100.0% 55 of 55	96.0% 48 of 50	100.0% 49 of 49
2E	Does the record document that the consumer has a crisis plan?	72.9% 35 of 48	92.3% 48 of 52	62.5% 30 of 48	63.8% 30 of 47
2F	If 2E. is no, is the reason documented?	100.0% 13 of 13	100.0% 4 of 4	100.0% 18 of 18	100.0% 17 of 17
2G	If 2E. is yes, has the crisis plan been reviewed as required every three months?	85.7% 30 of 35	89.6% 43 of 48	73.3% 22 of 30	86.7% 26 of 30
2H	If 2E. is yes, has the crisis plan been reviewed as required subsequent to a psychiatric crisis?	54.5% 6 of 11	100.0% 4 of 4	50.0% 3 of 6	77.8% 7 of 9
2I	Does the record document that the consumer has a mental health advance directive?	12.2% 6 of 49	12.7% 7 of 55	4.1% 2 of 49	8.3% 4 of 48
2J	If 2I. is yes, has the advance directive been reviewed at least annually by the CSW and consumer?	50.0% 3 of 6	0.0% 0 of 7	0.0% 0 of 2	0.0% 0 of 4
2K	If 2I. is no, is the reason why documented?	100.0% 43 of 43	100.0% 48 of 48	100.0% 47 of 47	100.0% 44 of 44
III Needed Resources					
3A	Does the record document that natural supports (family/friends) are being accessed as a resource?	100.0% 11 of 11	N/A 0 of 0	N/A 0 of 0	N/A 0 of 0
3B	If 3A. is no, has the worker discussed with the consumer the consideration of natural supports as a resource?	N/A 0 of 0	N/A 0 of 0	N/A 0 of 0	N/A 0 of 0
3C	Does the record document that generic resources (those resources that anyone can access) are being accessed?	91.7% 11 of 12	100.0% 2 of 2	66.7% 2 of 3	50.0% 1 of 2

3D	If 3C. is no, has the worker discussed with the consumer the consideration of generic resources as a resource?	0.0% 0 of 1	N/A 0 of 0	0.0% 0 of 1	0.0% 0 of 1
3E	Does the record document a resource need that has not been provided according to/within the expected response time?	26.7% 4 of 15	80.0% 8 of 10	50.0% 3 of 6	60.0% 3 of 5
3F	Does the treatment plan reflect interim planning?	100.0% 4 of 4	100.0% 8 of 8	100.0% 3 of 3	100.0% 3 of 3
3G	Does the record document that the treatment team reconvened after the unmet need was identified?	25.0% 1 of 4	0.0% 0 of 8	0.0% 0 of 3	0.0% 0 of 3
IV Service Agreements					
4A	Does the record document that service agreements are required for this plan? (see paragraph 69 protocol for definitions)	65.3% 32 of 49	34.5% 19 of 55	47.9% 23 of 48	53.1% 26 of 49
4B	If 4A. is yes, have service agreements been acquired?	65.6% 21 of 32	73.7% 14 of 19	73.9% 17 of 23	73.1% 19 of 26
4C	If 4A. is yes, are the service agreements current?	59.4% 19 of 32	73.7% 14 of 19	65.2% 15 of 23	57.7% 15 of 26
V Vocational Services					
5A	Does the record document that the vocational domain is addressed with the consumer on their initial/annual assessments?	100.0% 50 of 50	98.2% 54 of 55	98.0% 49 of 50	100.0% 48 of 48
5B	Does the record document that the vocational domain is being addressed with the consumer at each 90 day treatment plan review?	94.0% 47 of 50	98.2% 54 of 55	93.8% 45 of 48	85.4% 41 of 48
VI Comments					
6A	Plan of correction requested?	32.0% 16 of 50	27.3% 15 of 55	30.0% 15 of 50	53.1% 26 of 49
6A.1.	Plan of correction for section 2A. (required when not all domains assessed) included?	0.0% 0 of 2	0.0% 0 of 1	0.0% 0 of 1	0.0% 0 of 2
6C	Plan of correction received?	68.8% 11 of 16	66.7% 10 of 15	13.3% 2 of 15	34.6% 9 of 26
6D	Were corrections made to the satisfaction of the CDC?	100.0% 11 of 11	100.0% 10 of 10	100.0% 2 of 2	100.0% 9 of 9

Report Run by: Brandi.Giguere Report Run on: July 12, 2013 at 9:00:51 AM



Community Hospital Utilization Review for Involuntary Admissions

All Clients

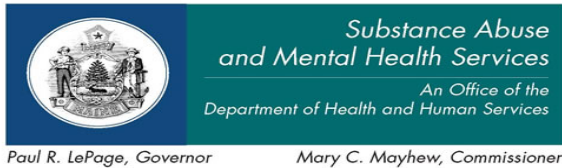
For the 3rd Quarter of Fiscal Year 2013

(January, February, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Total Admissions	128	98	132	132
Hospital				
Hospitalized in Local Area	84.4% (108 of 128)	83.7% (82 of 98)	87.1% (115 of 132)	85.6% (113 of 132)
Hospitalization Made Voluntary	81.2% (104 of 128)	86.7% (85 of 98)	75.8% (100 of 132)	75.8% (100 of 132)
Legal Status				
Blue Paper on File	95.3% (122 of 128)	100.0% (98 of 98)	99.2% (131 of 132)	100.0% (132 of 132)
Blue Paper Complete/Accurate	98.4% (120 of 122)	100.0% (98 of 98)	100.0% (131 of 131)	100.0% (132 of 132)
If not complete, Follow up per policy	100.0% (2 of 2)	N/A (0 of 0)	N/A (0 of 0)	N/A (0 of 0)
24 Hr. Certification Required	90.6% (116 of 128)	87.8% (86 of 98)	90.9% (120 of 132)	81.8% (108 of 132)
24 Hr. Certification on file	99.1% (115 of 116)	98.8% (85 of 86)	99.2% (119 of 120)	100.0% (108 of 108)
24 Hr. Certification Complete/Accurate	100.0% (115 of 115)	100.0% (85 of 85)	100.0% (119 of 119)	100.0% (108 of 108)
If not, Follow up per policy	N/A (0 of 0)	N/A (0 of 0)	N/A (0 of 0)	N/A (0 of 0)
Quality Care				
Medical Necessity Established	100.0% (128 of 128)	100.0% (98 of 98)	100.0% (132 of 132)	100.0% (132 of 132)
Active Treatment Within Guidelines	99.2% (127 of 128)	100.0% (98 of 98)	100.0% (132 of 132)	100.0% (132 of 132)
Patient's Rights Maintained	95.3% (122 of 128)	99.0% (97 of 98)	97.7% (129 of 132)	100.0% (132 of 132)
If not maintained, follow up per policy	100.0% (4 of 4)	100.0% (1 of 1)	100.0% (2 of 2)	N/A (0 of 0)
Inappropriate Use of Blue Paper	N/A (0 of 0)	N/A (0 of 0)	N/A (0 of 0)	N/A (0 of 0)
Individual Service Plans				
Receiving Case Management Services	23.4% (30 of 128)	19.4% (19 of 98)	28.8% (38 of 132)	22.0% (29 of 132)
Case Manager Involved with Discharge Planning	86.7% (26 of 30)	78.9% (15 of 19)	94.7% (36 of 38)	93.1% (27 of 29)
Total Clients who Authorized Hospital to Obtain ISP	90.0% (27 of 30)	84.2% (16 of 19)	97.4% (37 of 38)	100.0% (29 of 29)
Hospital Obtained ISP when authorized	11.1% (3 of 27)	0.0% (0 of 16)	8.1% (3 of 37)	6.9% (2 of 29)
Treatment and Discharge Plan Consistant with ISP	100.0% (3 of 3)	N/A (0 of 0)	100.0% (3 of 3)	100.0% (2 of 2)

Report Run: Jul 16, 2013

For questions, contact the Data Specialist Team at the Office of Substance Abuse and Mental Health Services



Community Hospital Utilization Review for Involuntary Admissions

Class Members

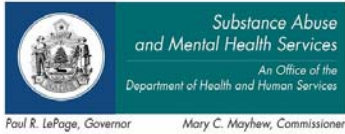
For the 3rd Quarter of Fiscal Year 2013

(January, February, March 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Total Admissions	19	19	14	15
Hospital				
Hospitalized in Local Area	73.7% (14 of 19)	100.0% (19 of 19)	92.9% (13 of 14)	86.7% (13 of 15)
Hospitalization Made Voluntary	57.9% (11 of 19)	78.9% (15 of 19)	50.0% (7 of 14)	53.3% (8 of 15)
Legal Status				
Blue Paper on File	100.0% (19 of 19)	100.0% (19 of 19)	92.9% (13 of 14)	100.0% (15 of 15)
Blue Paper Complete/Accurate	100.0% (19 of 19)	100.0% (19 of 19)	100.0% (13 of 13)	100.0% (15 of 15)
If not complete, Follow up per policy	N/A (0 of 0)	N/A (0 of 0)	N/A (0 of 0)	N/A (0 of 0)
24 Hr. Certification Required	94.7% (18 of 19)	94.7% (18 of 19)	100.0% (14 of 14)	86.7% (13 of 15)
24 Hr. Certification on file	100.0% (18 of 18)	100.0% (18 of 18)	92.9% (13 of 14)	100.0% (13 of 13)
24 Hr. Certification Complete/Accurate	100.0% (18 of 18)	100.0% (18 of 18)	100.0% (13 of 13)	100.0% (13 of 13)
If not, Follow up per policy	N/A (0 of 0)	N/A (0 of 0)	N/A (0 of 0)	N/A (0 of 0)
Quality Care				
Medical Necessity Established	100.0% (19 of 19)	100.0% (19 of 19)	100.0% (14 of 14)	100.0% (15 of 15)
Active Treatment Within Guidelines	94.7% (18 of 19)	100.0% (19 of 19)	100.0% (14 of 14)	100.0% (15 of 15)
Patient's Rights Maintained	94.7% (18 of 19)	100.0% (19 of 19)	92.9% (13 of 14)	100.0% (15 of 15)
If not maintained, follow up per policy	N/A (0 of 0)	N/A (0 of 0)	100.0% (1 of 1)	N/A (0 of 0)
Inappropriate Use of Blue Paper	N/A (0 of 0)	N/A (0 of 0)	N/A (0 of 0)	N/A (0 of 0)
Individual Service Plans				
Receiving Case Management Services	68.4% (13 of 19)	52.6% (10 of 19)	64.3% (9 of 14)	40.0% (6 of 15)
Case Manager Involved with Discharge Planning	100.0% (13 of 13)	70.0% (7 of 10)	100.0% (9 of 9)	100.0% (6 of 6)
Total Clients who Authorized Hospital to Obtain ISP	92.3% (12 of 13)	100.0% (10 of 10)	100.0% (9 of 9)	100.0% (6 of 6)
Hospital Obtained ISP when authorized	8.3% (1 of 12)	0.0% (0 of 10)	22.2% (2 of 9)	16.7% (1 of 6)
Treatment and Discharge Plan Consistant with ISP	100.0% (1 of 1)	N/A (0 of 0)	100.0% (2 of 2)	100.0% (1 of 1)

Report Run: Jul 16, 2013

For questions, contact the Data Specialist Team at the Office of Substance Abuse and Mental Health Services



Community Hospital Utilization Review for Involuntary Admissions

Performance Standard 18-1,2,3 by Hospital: All Clients

For the 3rd Quarter of Fiscal Year 2013

(January, February, March, 2013)

	2012 Q4	2013 Q1	2013 Q2	2013 Q2
Number of Admissions	128	98	132	132
Involuntarily Admitted Clients who were Receiving CSS Services	30	19	38	38
Number of ISPs Hospitals were Authorized to Obtain	27	16	37	37
Number of ISPs Hospitals Obtained	3	0	3	3

FY QTR	Hospital	Admissions	Receiving Community Support Services	Hospital Obtained ISP when authorized	Treatment and Discharge Plan Consistant with ISP	Case Worker Involved with Treatment and Discharge Planning
2012 Q4	Acadia	28	17.9% (5 of 28)	20.0% (1 of 5)	100.0% (1 of 1)	100.0% (5 of 5)
	Maine General - Waterville	7	14.3% (1 of 7)	100.0% (1 of 1)	100.0% (1 of 1)	100.0% (1 of 1)
	Maine Medical Center	1	100.0% (1 of 1)	N/A (0 of 0)	N/A (0 of 0)	100.0% (1 of 1)
	Mid-coast Hospital	6	16.7% (1 of 6)	0.0% (0 of 1)	N/A (0 of 0)	100.0% (1 of 1)
	PenBay Medical Center	8	12.5% (1 of 8)	0.0% (0 of 1)	N/A (0 of 0)	100.0% (1 of 1)
	Southern Maine Medical Center	18	33.3% (6 of 18)	0.0% (0 of 6)	N/A (0 of 0)	66.7% (4 of 6)
	Spring Harbor	47	29.8% (14 of 47)	8.3% (1 of 12)	100.0% (1 of 1)	85.7% (12 of 14)
	St. Mary's	13	7.7% (1 of 13)	0.0% (0 of 1)	N/A (0 of 0)	100.0% (1 of 1)
2013 Q1	Acadia	10	0.0% (0 of 10)	N/A (0 of 0)	N/A (0 of 0)	N/A (0 of 0)
	Maine General - Waterville	5	0.0% (0 of 5)	N/A (0 of 0)	N/A (0 of 0)	N/A (0 of 0)
	PenBay Medical Center	8	0.0% (0 of 8)	N/A (0 of 0)	N/A (0 of 0)	N/A (0 of 0)
	Southern Maine Medical Center	13	23.1% (3 of 13)	0.0% (0 of 3)	N/A (0 of 0)	0.0% (0 of 3)
	Spring Harbor	51	27.5% (14 of 51)	0.0% (0 of 11)	N/A (0 of 0)	92.9% (13 of 14)
	St. Mary's	11	18.2% (2 of 11)	0.0% (0 of 2)	N/A (0 of 0)	100.0% (2 of 2)
2013 Q2	Acadia	23	21.7% (5 of 23)	0.0% (0 of 5)	N/A (0 of 0)	100.0% (5 of 5)
	Maine General - Waterville	7	42.9% (3 of 7)	66.7% (2 of 3)	100.0% (2 of 2)	100.0% (3 of 3)
	Maine Medical Center	2	0.0% (0 of 2)	N/A (0 of 0)	N/A (0 of 0)	N/A (0 of 0)
	Mid-coast Hospital	11	18.2% (2 of 11)	0.0% (0 of 2)	N/A (0 of 0)	100.0% (2 of 2)
	PenBay Medical Center	16	50.0% (8 of 16)	0.0% (0 of 8)	N/A (0 of 0)	100.0% (8 of 8)
	Select (unknown)	1	0.0% (0 of 1)	N/A (0 of 0)	N/A (0 of 0)	N/A (0 of 0)
	Southern Maine Medical Center	20	20.0% (4 of 20)	0.0% (0 of 4)	N/A (0 of 0)	75.0% (3 of 4)
	Spring Harbor	39	38.5% (15 of 39)	7.1% (1 of 14)	100.0% (1 of 1)	93.3% (14 of 15)
St. Mary's	13	7.7% (1 of 13)	0.0% (0 of 1)	N/A (0 of 0)	100.0% (1 of 1)	
2013 Q3	Acadia	23	30.4% (7 of 23)	14.3% (1 of 7)	100.0% (1 of 1)	100.0% (7 of 7)
	Maine General - Waterville	9	11.1% (1 of 9)	100.0% (1 of 1)	100.0% (1 of 1)	100.0% (1 of 1)
	Mid-coast Hospital	10	50.0% (5 of 10)	0.0% (0 of 5)	N/A (0 of 0)	100.0% (5 of 5)
	PenBay Medical Center	6	16.7% (1 of 6)	0.0% (0 of 1)	N/A (0 of 0)	100.0% (1 of 1)
	Select (unknown)	1	0.0% (0 of 1)	N/A (0 of 0)	N/A (0 of 0)	N/A (0 of 0)
	Southern Maine Medical Center	28	7.1% (2 of 28)	0.0% (0 of 2)	N/A (0 of 0)	100.0% (2 of 2)
	Spring Harbor	46	21.7% (10 of 46)	0.0% (0 of 10)	N/A (0 of 0)	80.0% (8 of 10)
	St. Mary's	9	33.3% (3 of 9)	0.0% (0 of 3)	N/A (0 of 0)	100.0% (3 of 3)

Report Run: Jul 16, 2013

For questions, contact the Data Specialist Team at the Office of Substance Abuse and Mental Health Services



Community Hospital Utilization Review for Involuntary Admissions

Performance Standard 18-1,2,3 by Hospital: Class Members

For the 3rd Quarter of Fiscal Year 2013

(October, November and December, 2012)

	2012 Q4	2013 Q1	2013 Q2	2013 Q3
Number of Admissions	19	19	14	15
Involuntarily Admitted Clients who were Receiving CSS Services	13	10	9	6
Number of ISPs Hospitals were Authorized to Obtain	12	10	9	6
Number of ISPs Hospitals Obtained	1	0	2	1

FY QTR	Hospital	Admissions	Receiving Community Support Services	Hospital Obtained ISP when authorized	Treatment and Discharge Plan Consistent with ISP	Case Worker Involved with Treatment and Discharge Planning
2012 Q4	Acadia	5	80.0% (4 of 5)	25.0% (1 of 4)	100.0% (1 of 1)	100.0% (4 of 4)
	Mid-coast Hospital	2	50.0% (1 of 2)	0.0% (0 of 1)	N/A (0 of 0)	100.0% (1 of 1)
	Southern Maine Medical Center	5	60.0% (3 of 5)	0.0% (0 of 3)	N/A (0 of 0)	100.0% (3 of 3)
	Spring Harbor	6	66.7% (4 of 6)	0.0% (0 of 3)	N/A (0 of 0)	100.0% (4 of 4)
	St. Mary's	1	100.0% (1 of 1)	0.0% (0 of 1)	N/A (0 of 0)	100.0% (1 of 1)
2013 Q1	PenBay Medical Center	4	0.0% (0 of 4)	N/A (0 of 0)	N/A (0 of 0)	N/A (0 of 0)
	Southern Maine Medical Center	4	75.0% (3 of 4)	0.0% (0 of 3)	N/A (0 of 0)	0.0% (0 of 3)
	Spring Harbor	9	77.8% (7 of 9)	0.0% (0 of 7)	N/A (0 of 0)	100.0% (7 of 7)
	St. Mary's	2	0.0% (0 of 2)	N/A (0 of 0)	N/A (0 of 0)	N/A (0 of 0)
2013 Q2	Acadia	2	100.0% (2 of 2)	0.0% (0 of 2)	N/A (0 of 0)	100.0% (2 of 2)
	Maine General - Waterville	2	100.0% (2 of 2)	100.0% (2 of 2)	100.0% (2 of 2)	100.0% (2 of 2)
	PenBay Medical Center	4	75.0% (3 of 4)	0.0% (0 of 3)	N/A (0 of 0)	100.0% (3 of 3)
	Southern Maine Medical Center	3	33.3% (1 of 3)	0.0% (0 of 1)	N/A (0 of 0)	100.0% (1 of 1)
	Spring Harbor	2	50.0% (1 of 2)	0.0% (0 of 1)	N/A (0 of 0)	100.0% (1 of 1)
	St. Mary's	1	0.0% (0 of 1)	N/A (0 of 0)	N/A (0 of 0)	N/A (0 of 0)
2013 Q3	Acadia	1	0.0% (0 of 1)	N/A (0 of 0)	N/A (0 of 0)	N/A (0 of 0)
	Maine General - Waterville	3	33.3% (1 of 3)	100.0% (1 of 1)	100.0% (1 of 1)	100.0% (1 of 1)
	Mid-coast Hospital	1	0.0% (0 of 1)	N/A (0 of 0)	N/A (0 of 0)	N/A (0 of 0)
	PenBay Medical Center	1	100.0% (1 of 1)	0.0% (0 of 1)	N/A (0 of 0)	100.0% (1 of 1)
	Southern Maine Medical Center	1	0.0% (0 of 1)	N/A (0 of 0)	N/A (0 of 0)	N/A (0 of 0)
	Spring Harbor	8	50.0% (4 of 8)	0.0% (0 of 4)	N/A (0 of 0)	100.0% (4 of 4)

Report Run: Jul 16, 2013

For questions, contact the Data Specialist Team at the Office of Substance Abuse and Mental Health Services

Maine Department of Health and Human Services Integrated Quarterly Crisis Report

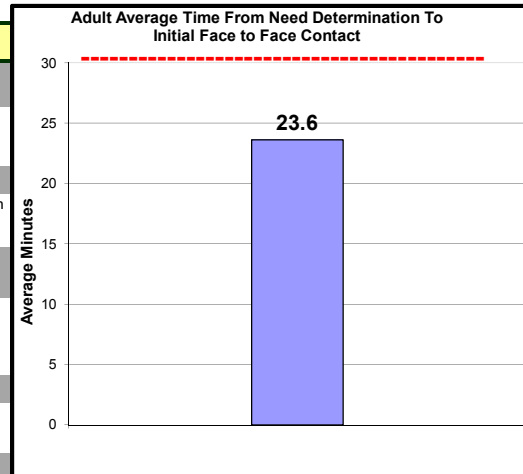


STATEWIDE with GRAPHS Quarter 4 (April, May, June) SFY 2013

I. Consumer Demographics (Unduplicated Counts - Face to Face)									
Gender	Children	Males	657	Females	748				
	Adults	Males	2067	Females	2093				
Age Range	Children	<5y.o.	7	5-9	157	10-14	656	15-17	586
	Adults	18-21	412	22-35	1298	36-60	1995	61 & Older	405
Payment Source	Children	MaineCare	1001	Private Ins.	362	Uninsured	52	Medicare	3
	Adults	MaineCare	2203	Private Ins.	703	Uninsured	833	Medicare	480
II. Summary of All Crisis Contacts									
						CHILDREN		ADULT	
a. Total number of telephone contacts.						10529		39758	
b. Total number of all INITIAL face to face contacts.						1473		4409	
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER						93			
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.						368		1604	
III. Initial Crisis Contact Information									
						CHILDREN		ADULT	
a. Total number of INITIAL face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.						206	14.0%	470	10.7%
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT,TCM).						523	35.5%	1219	27.6%
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.						507	96.9%	1165	95.6%
d. SUM TOTAL time in minutes for all INITIAL face to face contacts in II.b. from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.								104171	23.6
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.								2444	91.3%
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.								1685	97.3%
CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact									
Less than 1 hour	748	1 to 2 hours	367	2 to 4 hours	223	More than 4 hours	114		
	51%		25%		15%		8%		
CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis :									
Less than 3 hours	1019	3 to 6 hours	276	6 to 8 hours	38	8 to 14 hours	52	More than 14 hours	62
	69%		19%		3%		4%		4%
IV. Site of Initial Face to Face Contacts									
						CHILDREN		ADULT	
Number of face to face contacts seen in :									
a. Primary Residence (Home)						202	13.7%	381	8.6%
b. Family/Relative/Other Residence						18	1.2%	21	0.5%
c. Other Community Setting (Work, School, Police Dept., Public Place)						115	7.8%	117	2.7%
d. SNF, Nursing Home, Boarding Home						0	0.0%	31	0.7%
e. Residential Program (Congregate Community Residence, Apartment Program)						11	0.7%	45	1.0%
f. Homeless Shelter						2	0.1%	20	0.5%
g. Provider Office						13	0.9%	91	2.1%
h. Crisis Office						227	15.4%	811	18.4%
i. Emergency Department						877	59.5%	2677	60.7%
j. Other Hospital Location						7	0.5%	132	3.0%
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)						1	0.1%	83	1.9%
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts						1473	100%	4409	100%
Sec. IV Total									
V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)									
						CHILDREN		ADULT	
Number of face to face contacts that resulted in:									
a. Crisis stabilization with no referral for mental health/substance abuse follow-up						60	4.1%	261	5.9%
b. Crisis stabilization with referral to new provider for mental health/substance abuse follow-up						308	20.9%	832	18.9%
c. Crisis stabilization with referral back to current provider for mental health/substance abuse follow-up						585	39.7%	1564	35.5%
d. Admission to Crisis Stabilization Unit						217	14.7%	506	11.5%
e. Inpatient Hospitalization-Medical						6	0.4%	101	2.3%
f. Voluntary Psychiatric Hospitalization						294	20.0%	889	20.2%
g. Involuntary Psychiatric Hospitalization						2	0.1%	194	4.4%
h. Admission to Detox Unit						1	0.1%	62	1.4%
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts						1473	100%	4409	100%
Sec. V Total									

ADULTS ONLY

Adult AMHI CONSENT DECREE FEEDBACK REPORT		
No.	Result	STANDARD
IV.35	24.6%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	23.6 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV.37	93.6%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	95.6%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.



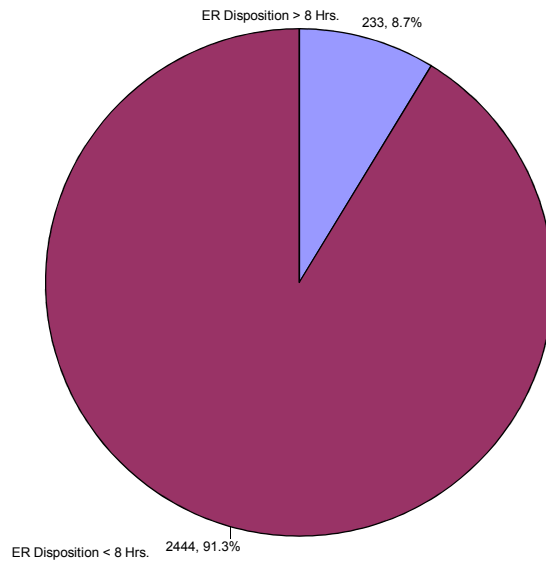
Adult AMHI Consent Decree Standard: No More Than 20-25% of face to face contacts result in Psychiatric hospitalization.
 Actual Percent face to face contacts resulting in Psychiatric Hospitalization.

AGENCY	MONTH				
AMHC Aroostook	April	May	June		
	22%	24%	26%		
AMHC Atlantic	April	May	June		
	17%	23%	25%		
CHCS	April	May	June		
	17%	8%	12%		
Crisis & Counseling	April	May	June		
	29%	28%	30%		
CSI	April	May	June		
	36%	44%	39%		
EVERGREEN	April	May	June		
	12%	13%	20%		
MCMH	April	May	June		
	45%	37%	41%		
Opportunity Alliance	April	May	June		
	2%	4%	2%		
OCMH	April	May	June		
	15%	20%	12%		
Sweetser Region 2	April	May	June		
	31%	30%	22%		
Tri County MH	April	May	June		
	30%	30%	33%		

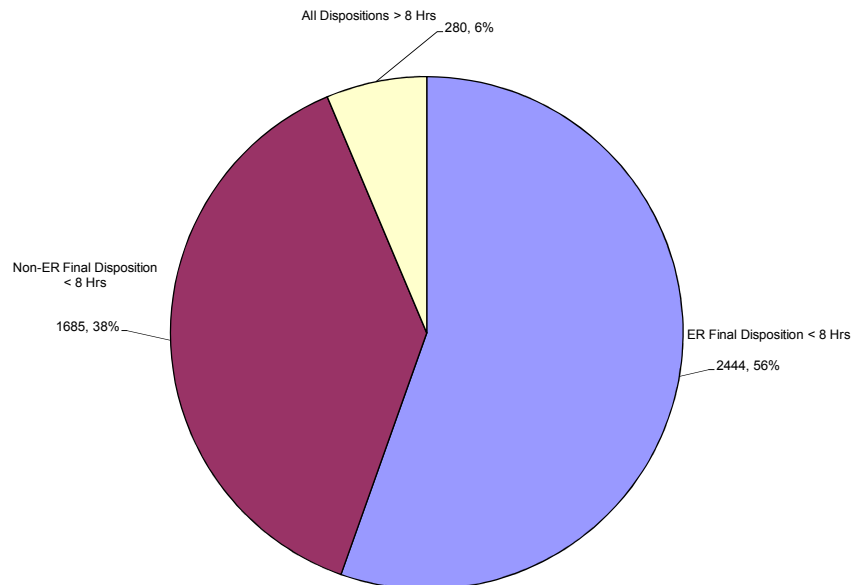
NOTES
 1) Red Bars > 25%
 2) Black lines are trend lines

ADULTS ONLY

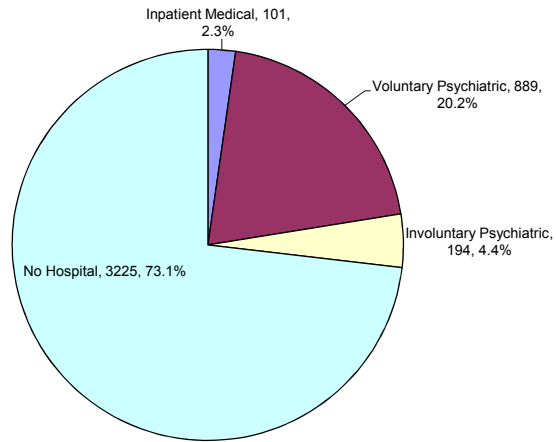
Adult Emergency Room Disposition Within 8 Hours



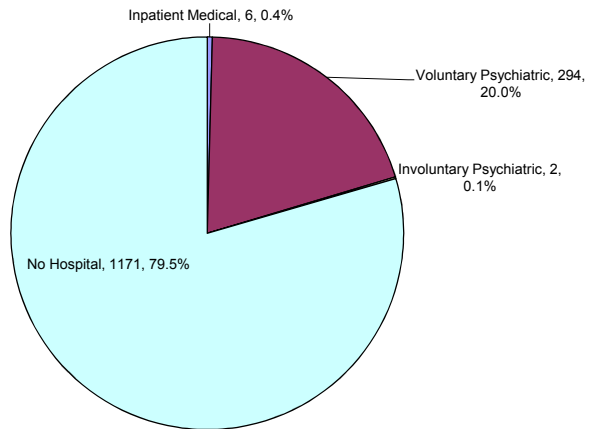
Adult Dispositions Within 8 Hours By Site



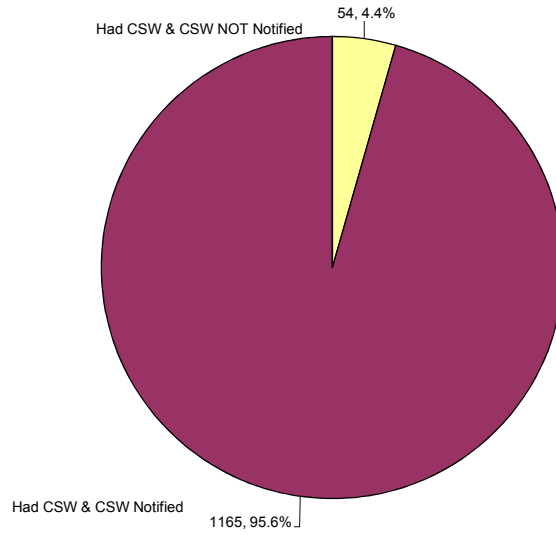
Adult Initial Contacts Hospitalized



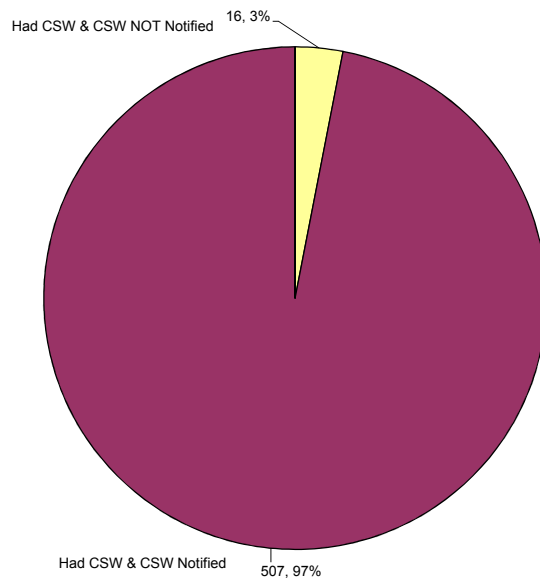
Children Initial Contacts Hospitalized



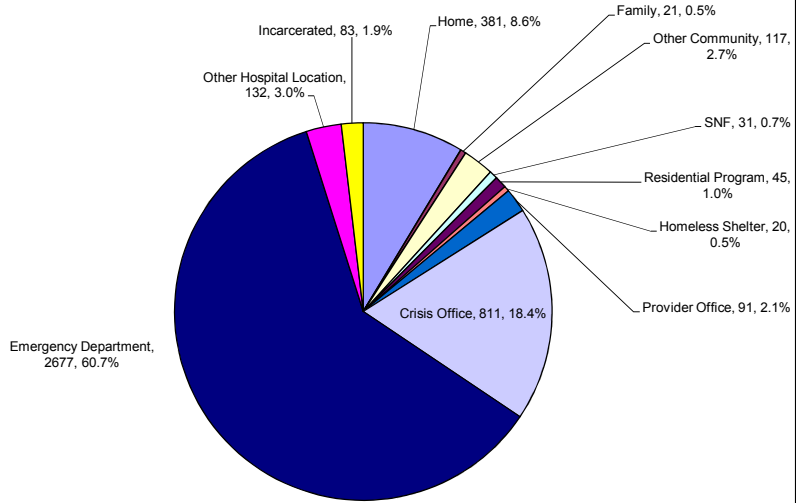
Adult Initial Face to Face Contacts in Which the Client has a CI Worker & The Worker is Notified of the Crisis



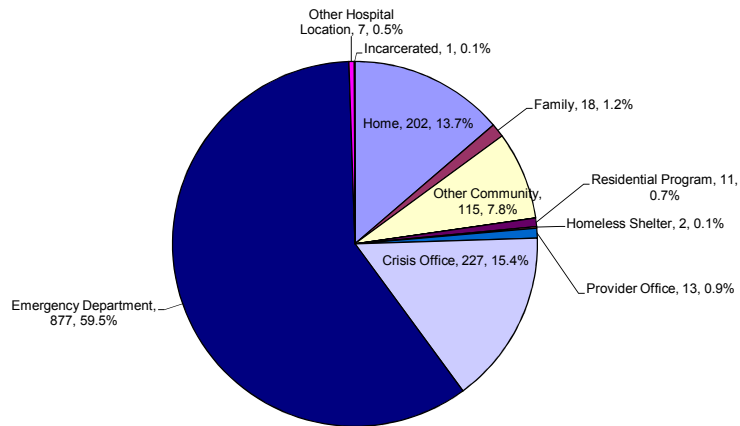
Children Initial Face to Face Contacts in Which the Client has a CI Worker & The Worker is Notified of the Crisis



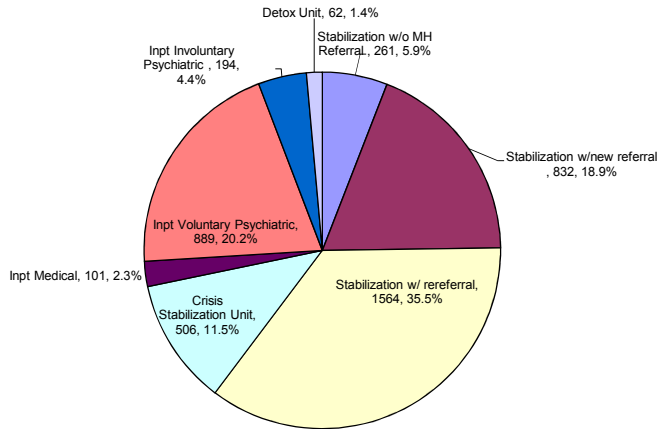
Adult Site of Initial Face To Face Contact



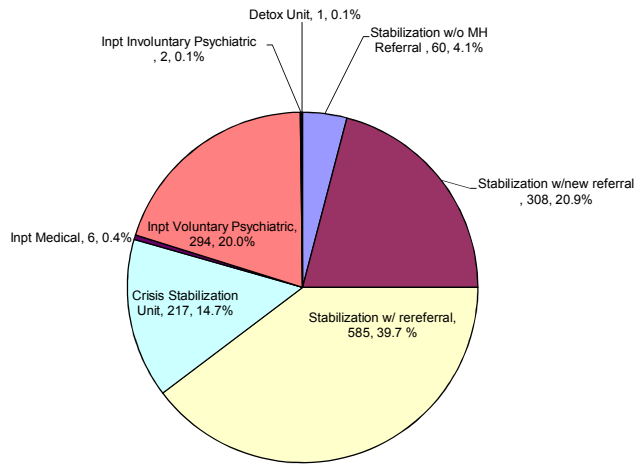
Children Site of Initial Face To Face Contact



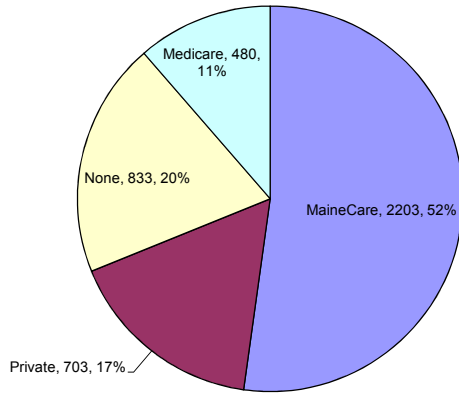
Adult Initial Crisis Resolution



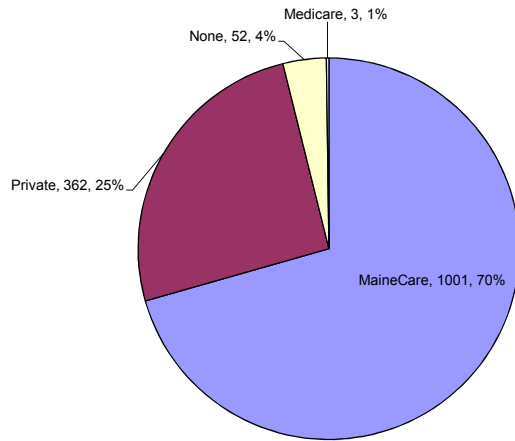
Children Initial Crisis Resolution



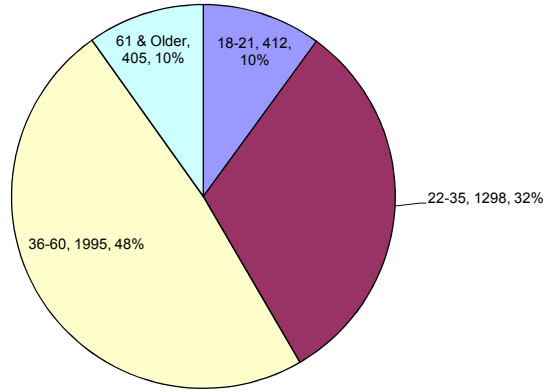
Percentage of Adults Served By Payment Source



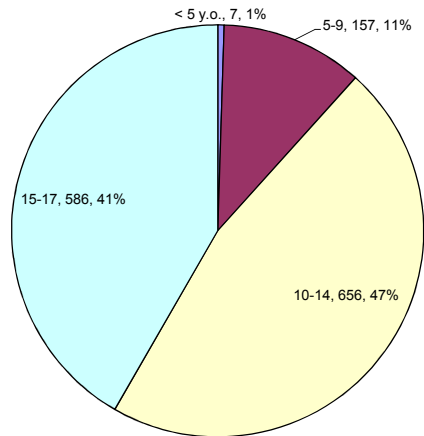
Percentage of Children Served By Payment Source



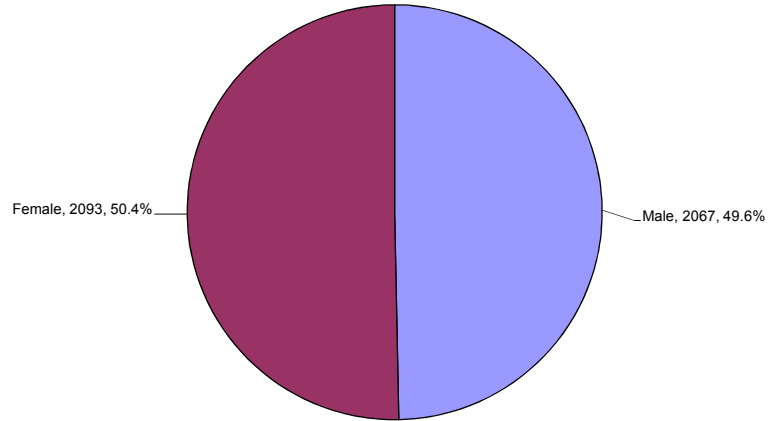
Percentage of Adults Served By Age Cohort



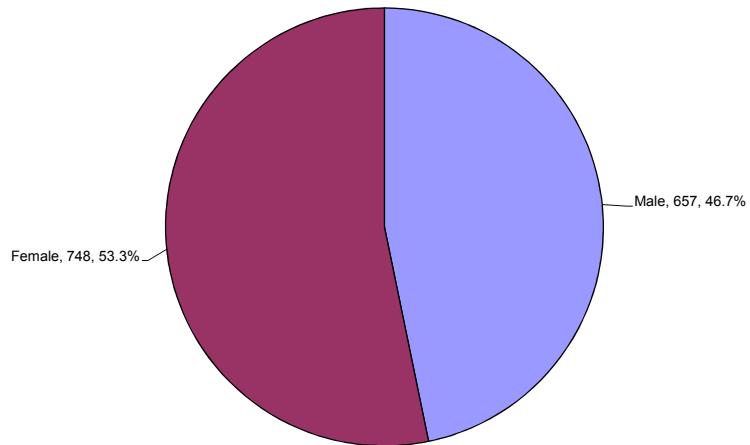
Percentage of Children Served By Age Cohort

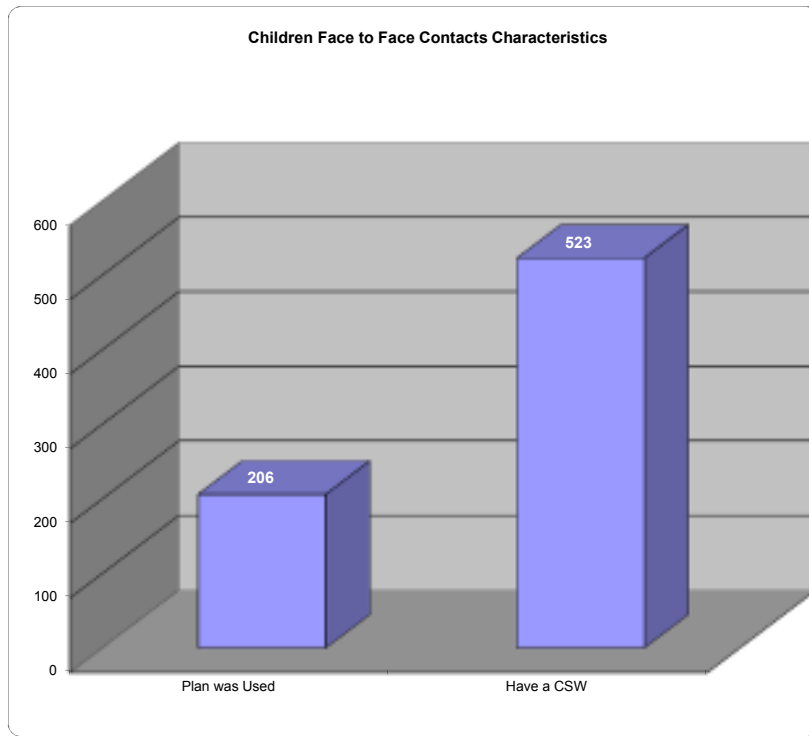
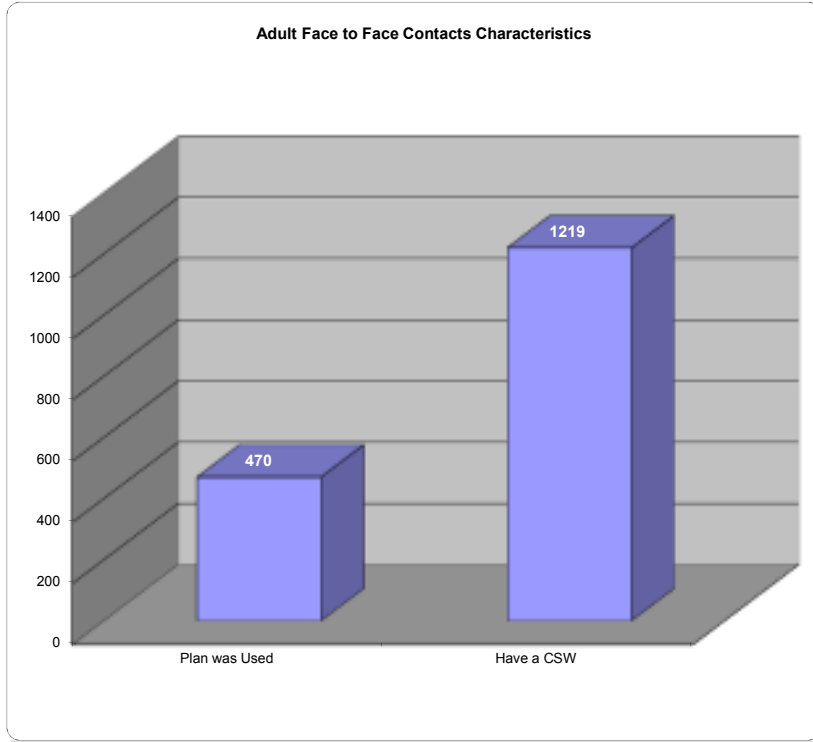


Percentage of Adults Served By Gender



Percentage of Children Served By Gender





Riverview

PSYCHIATRIC CENTER



QUARTERLY REPORT ON
ORGANIZATIONAL PERFORMANCE EXCELLENCE

FOURTH STATE FISCAL QUARTER 2013
April, May, June 2013

Mary Louise McEwen, RN, MBA
Superintendent

July 15, 2013



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Glossary of Terms, Acronyms & Abbreviations

ACT	Assertive Community Treatment
ADC	Automated Dispensing Cabinets (for medications)
ADON	Assistant Director of Nursing
AOC	Administrator on Call
CCM	Continuation of Care Management (Social Work Services)
CCP	Continuation of Care Plan
CMS	Centers for Medicare & Medicaid Services
CoP	Community of Practice or Conditions of Participation (CMS)
CPI	Continuous Process (or Performance) Improvement
CPR	Cardio-Pulmonary Resuscitation
CSP	Comprehensive Service Plan
GAP	Goal, Assessment, Plan Documentation
HOC	Hand off communications.
IMD	Institute for Mental Disease
ICDCC	Involuntary Civil District Court Commitment
ICDCC-M	Involuntary Civil District Court Commitment, Court Ordered Medications
ICDCC-PTP	Involuntary Civil District Court Commitment, Progressive Treatment Plan
IC-PTP+M	Involuntary Commitment, Progressive Treatment Plan, Court Ordered Medications
ICRDCC	Involuntary Criminal District Court Commitment
INVOL CRIM	Involuntary Criminal Commitment
INVOL-CIV	Involuntary Civil Commitment
ISP	Individualized Service Plan
IST	Incompetent to Stand Trial
LCSW	Licensed Clinical Social Worker
LPN	License Practical Nurse
TJC	The Joint Commission (formerly JCAHO, Joint Commission on Accreditation of Healthcare Organizations)
MAR	Medication Administration Record
MRDO	Medication Resistant Disease Organism (MRSA, VRE, C-Dif)
NAPPI	Non Abusive Psychological and Physical Intervention
NASMHPD	National Association of State Mental Health Program Directors
NCR	Not Criminally Responsible
NOD	Nurse on Duty
NP	Nurse Practitioner
NPSG	National Patient Safety Goals (established by the Joint Commission)
NRI	NASMHPD Research Institute, Inc.
OT	Occupational Therapist
PA or PA-C	Physician's Assistant (Certified)
PCHDCC	Pending Court Hearing
PCHDCC+M	Pending Court Hearing for Court Ordered Medications



Glossary of Terms, Acronyms & Abbreviations

PPR	Periodic Performance Review – a self-assessment based upon TJC standards that are conducted annually by each department head.
PSD	Program Services Director
PTP	Progressive Treatment Plan
R.A.C.E.	Rescue/Alarm/Confine/Extinguish
RN	Registered Nurse
RT	Recreation Therapist
SA	Substance Abuse
SAMHSA	Substance Abuse and Mental Health Services Administration (Federal)
SAMHS	Substance Abuse and Mental Health Services, Office of (Maine DHHS)
SBAR	Acronym for a model of concise communications first developed by the US Navy Submarine Command. S = Situation, B = Background, A = Assessment, R = Recommendation
SD	Standard Deviation – a measure of data variability.
Seclusion, Locked	Client is placed in a secured room with the door locked.
Seclusion, Open	Client is placed in a room and instructed not to leave the room.
SRC	Single Room Care (seclusion)
URI	Upper respiratory infection
UTI	Urinary tract infection
VOL	Voluntary – Self
VOL-OTHER	Voluntary – Others (Guardian)
MHW	Mental Health Worker



INTRODUCTION

The Riverview Psychiatric Center Quarterly Report on Organizational Performance Excellence has been created to highlight the efforts of the hospital and its staffs to provide evidence of a commitment to client recovery, safety in culture and practices and fiscal accountability. The report is structure to reflect a philosophy and contemporary practices in addressing overall organizational performance in a systems improvement approach instead of a purely compliance approach. The structure of the report also reflects a focus on meaningful measures of organizational process improvement while maintaining measures of compliance that are mandated though regulatory and legal standards.

The methods of reporting are driven by a national accepted focused approach that seeks out areas for improvement that were clearly identified as performance priorities. The American Society for Quality, National Quality Forum, Baldrige National Quality Program and the National Patient Safety Foundation all recommend a systems-based approach where organizational improvement activities are focused on strategic priorities rather than compliance standards.

There are three major sections that make up this report:

The first section reflects compliance factors related to the Consent Decree and includes those performance measure described in the Order Adopting Compliance Standards dated October 29, 2007.

The second section describes the hospital's performance with regard to Joint Commission performance measures that are derived from the Hospital-Based Inpatient Psychiatric Services (HBIPS) that are reflected in the Joint Commissions quarterly ORYX Report and priority focus areas that are referenced in the Joint Commission standards;

- I. Data Collection (PI.01.01.01)
- II. Data Analysis (PI.02.01.01, PI.02.01.03)
- III. Performance Improvement (PI.03.01.01)

The third section encompasses those departmental process improvement projects that are designed to improve the overall effectiveness and efficiency of the hospital's operations and contribute to the system's overall strategic performance excellence. Several departments and work areas have made significant progress in developing the concepts of this new methodology.

As with any change in how organizations operate, there are early adopters and those whose adoption of system changes is delayed. It is anticipated that over the next year, further contributors to this section of strategic performance excellence will be added as opportunities for improvement and methods of improving operational functions are defined.



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CONSENT DECREE

Consent Decree Plan

V1) The Consent Decree Plan, established pursuant to paragraphs 36, 37, 38, and 39 of the Settlement Agreement in Bates v. DHHS defines the role of Riverview Psychiatric Center in providing consumer-centered inpatient psychiatric care to Maine citizens with serious mental illness that meets constitutional, statutory, and regulatory standards.

The following elements outline the hospital's processes for ensuring substantial compliance with the provisions of the Settlement Agreement as stipulated in an Order Adopting Compliance Standards dated October 29, 2007.

Client Rights

V2) Riverview produces documentation that clients are routinely informed of their rights upon admission in accordance with ¶ 150 of the Settlement Agreement;

Indicators	1Q2013	2Q2013	3Q2013	4Q2013
1. Clients are routinely informed of their rights upon admission	74% 37/50	91% 42/46	91% 42/46	100% 19/20 1 refusal

This measure has recently been established. The practice of informing clients of their rights is often delayed as a result of admission acuity. While this process is usually completed after the initial assessment and stabilization, documentation of the act may not be readily available for abstraction. Further refinement of the process is warranted.

V3) Grievance tracking data shows that the hospital responds to 90% of **Level II** grievances within five working days of the date of receipt or within a five-day extension.

Indicators	1Q2013	2Q2013	3Q2013	4Q2013
1. Level II grievances responded to by RPC on time.	100% 1/1	100% 5/5	100% 1/1	0/0
2. Level I grievances responded to by RPC on time.	73% 27/37	60% 64/106	95% 96/101	98% 58/59

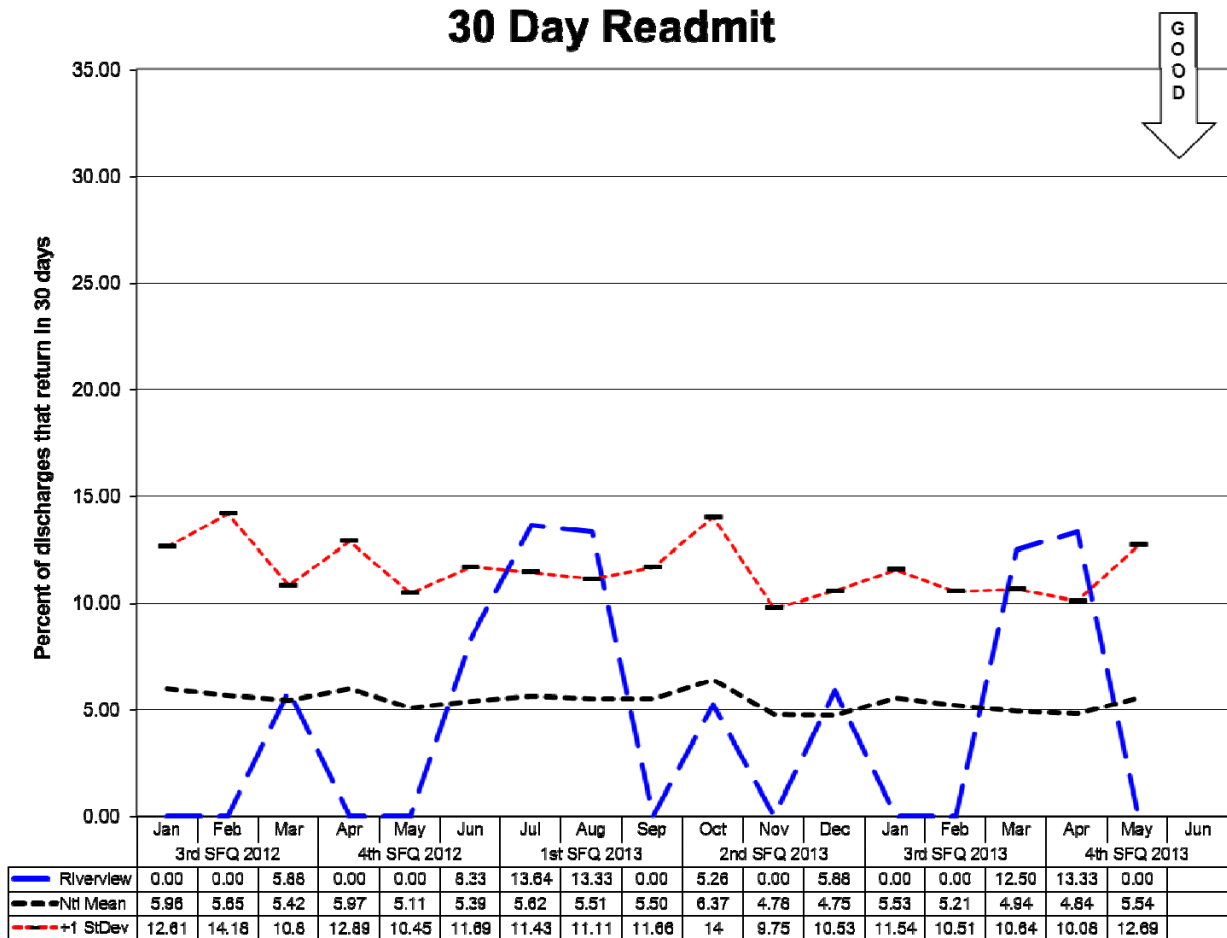
Admissions

V4) Quarterly performance data shows that in 4 consecutive quarters, 95% of admissions to Riverview meet legal criteria;

Legal Status on Admission	1Q2013	2Q2013	3Q2013	4Q2013
ICDCC	17	9	20	17
ICRDCC	3			
INVOL CRIM	19	34	21	
INVOL CRIM – Forensic Evaluation				16
INVOL CRIM – IST				3
INVOL CRIM – NCR				
INVOL CRIM – Jail Transfer				
INVOL-CIV			1	
PCHDCC	1			3
PCHDCC+M		1	1	
PCHDSS-PTP-R				1
VOL	6		7	3

CONSENT DECREE

V5) Quarterly performance data shows that in 3 out of 4 consecutive quarters, the % of readmissions within 30 days of discharge does not exceed one standard deviation from the national mean as reported by NASMHPD;



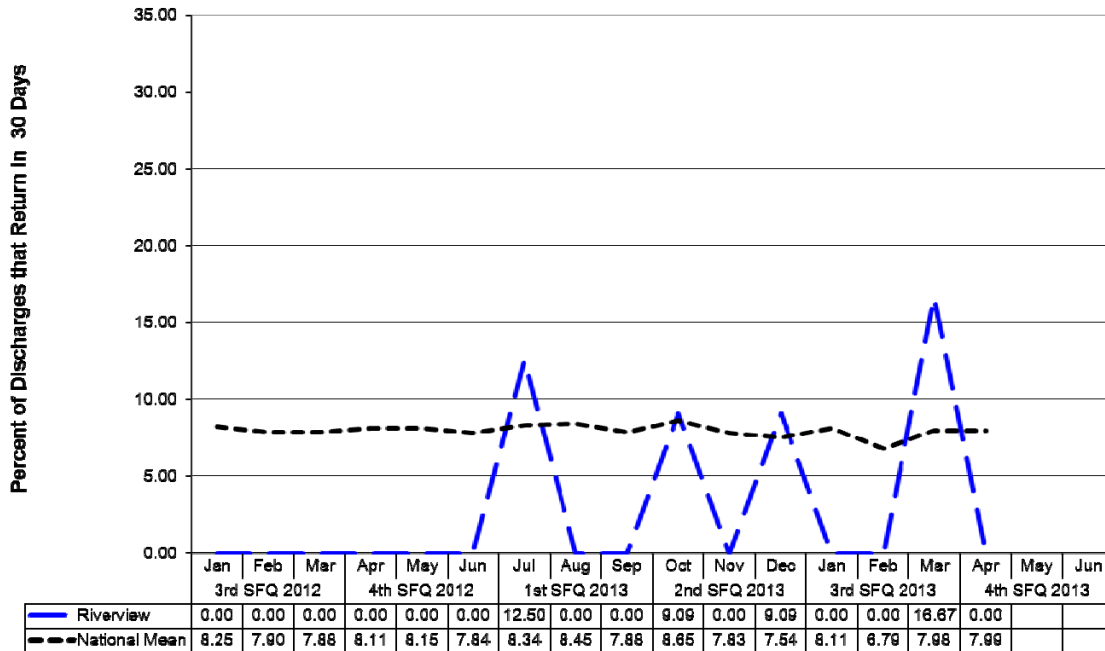
This graph depicts the percent of discharges from the facility that returned within 30 days of a discharge of the same client from the same facility. For example, a rate of 10.0 means that 10% of all discharges were readmitted within 30 days.

The graphs shown on the next page depict the percent of discharges from the facility that returned within 30 days of a discharge of the same client from the same facility stratified by forensic or civil classifications. For example, a rate of 10.0 means that 10% of all discharges were readmitted within 30 days. The hospital-wide results from the Dorothea Dix facility are compared to the civil population results at the Riverview facility due to the homogeneous nature of these two sample groups.

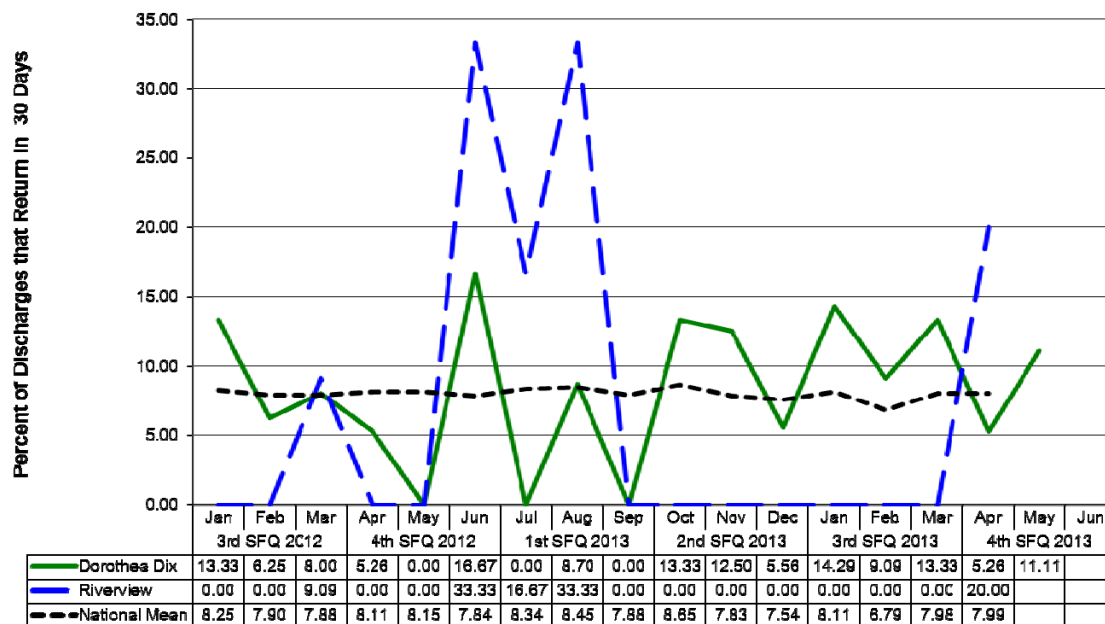
Reasons for client readmission are varied and may include decompensating or lack of compliance with a PTP to name a few. Specific causes for readmission are reviewed with each client upon their return. These graphs are intended to provide an overview of the readmission picture and do not provide sufficient granularity in data elements to determine trends for causes of readmission.

CONSENT DECREE

30 Day Readmit Forensic Stratification



30 Day Readmit Civil Stratification



CONSENT DECREE

V6) Riverview documents, as part of the Performance Improvement & Quality Assurance process, that the Director of Social Work reviews all readmissions occurring within 60 days of the last discharge; and for each client who spent fewer than 30 days in the community, evaluated the circumstances to determine whether the readmission indicated a need for resources or a change in treatment and discharge planning or a need for different resources and, where such a need or change was indicated, that corrective action was taken;

REVIEW OF READMISSION OCCURRING WITHIN 60 DAYS

Indicators	1Q2013	2Q2013	3Q2013	4Q2013
Director of Social Services reviews all readmissions occurring within 60 days of the last discharge and for each client who spent fewer than 30 days in the community, evaluated the circumstances of the readmission to determine an indicated need for resources or a change in treatment and discharge planning or the need for alternative resources. In cases where such a need or change was indicated that corrective action was taken.	100% 3/3	n/a 0/0	100% 2/2	100% 3/3

In this aspect area one of the clients that returned is on the Progressive Treatment program with the Riverview ACT team and as part of his court ordered treatment plan was returned to the hospital after displaying increased symptoms in his current group home. Client will remain on PTP and return to placement once stable. The second client is under Progressive Treatment with a provider in Portland he eloped from his group home placement and was re-admitted to Riverview as part of his court ordered treatment plan for increased symptomology. Client will also return to his placement under the PTP. The third client was discharged at his request to the Oxford St Shelter after refusing all placement offerings from his team. Client was assigned to a case manager and psychiatric providers. Client left the shelter and was re-admitted to Riverview after he was found wandering in the community exhibiting aggressive behaviors and psychotic symptoms. Team will work with client to identify needs and wants and set up a discharge plan if client will accept that provides him with a more stable living environment that can provide a compliment of mental health services.

CONSENT DECREE

REDUCTION OF RE-HOSPITALIZATION FOR ACT TEAM CLIENTS

Indicators	1Q2013	2Q2013	3Q2013	4Q2013
<p>1. The ACT Team Director will review all client cases of re-hospitalization from the community for patterns and trends of the contributing factors leading to re-hospitalization each quarter. The following elements are considered during the review:</p> <ul style="list-style-type: none"> a. Length of stay in community b. Type of residence (i.e.: group home, apartment, etc) c. Geographic location of residence d. Community support network e. Client demographics (age, gender, financial) f. Behavior pattern/mental status g. Medication adherence h. Level of communication with ACT Team 	<p>100% 8 readmissions to RPC, 2 medical admissions to MMC</p>	<p>100% 3 clients were re-admitted to RPC;all were NCR, two due to increased psychiatric symptoms, one for using illicit substance in the forensic group home.</p>	<p>100% 3 clients were returned to RPC; two for substance use and 1 for psychiatric decompensating</p>	<p>100% 5 clients were returned to RPC; 4 for psychiatric symptoms, one for relapse while in supervised apartment.</p>
<p>2. ACT Team will work closely with inpatient treatment team to create and apply discharge plan incorporating additional supports determined by review noted in #1.</p>	<p>100%</p>		<p>100%</p>	<p>100%</p>

Current Quarter Summary

1. All readmissions were male, between the ages of 40 and 68, median age being 50; four under the care of the DHHS Commissioner (NCR), one PTP. Four of five are socioeconomically disadvantaged, one is not. Three of the NCR clients were living in supervised apartments (one in Waterville and 2 in Augusta); two for over a nine months and the other had been transferred two months prior from RPC following a relapse using the same substance he went in RPC for 3 months before. The other NCR client was living in an assisted living facility on a locked unit in Waterville (Mt. St. Joseph's) where he had been living for over three years. Behaviorally, one client became physically violent by throwing a chair through a window, one made verbal threats to other residents and staff of nursing home, one relapsed on cocaine, one caused staff to barricade themselves in the staff office of his supervised apartment and one presented with very delusional thinking and would not respond to staff knocking on door. It appears all clients re-admitted were medication adherent and had been attending appointments as scheduled with the ACT Team.
2. The ACT Team and the inpatient unit of RPC (Lower Saco, Upper Saco, Lower Kennebec and Upper Kennebec) worked collaboratively to minimize the time spent in Riverview while maximizing the opportunity for success upon their return to their community placements.

CONSENT DECREE

- V7) Riverview certifies that no more than 5% of patients admitted in any year have a primary diagnosis of mental retardation, traumatic brain injury, dementia, substance abuse or dependence.

Client Admission Diagnoses	1Q13	2Q13	3Q13	4Q13	TOT
ADJUSTMENT DIS W MIXED DISTURBANCE OF EMOTIONS & CONDUCT	1				1
ADJUSTMENT DISORDER WITH DEPRESSED MOOD	1	1			2
ADJUSTMENT DISORDER WITH ANXIETY			1		1
ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD		3	1		4
ADJUSTMENT REACTION NOS	2	1	1	1	5
ALCOHOL ABUSE-IN REMISS		1			1
ANXIETY STATE NOS			1		1
ATTN DEFICIT W HYPERACT			1		1
BIPOL I DIS, MOST RECENT EPIS (OR CURRENT) MANIC, UNSPEC	1				1
BIPOL I, REC EPIS OR CURRENT MANIC, SEVERE, SPEC W PSYCH BEH				1	1
BIPOLAR DISORDER, UNSPECIFIED	6	5	5	4	20
DELUSIONAL DISORDER		1	2		3
DEPRESS DISORDER-UNSPEC				1	1
DEPRESSIVE DISORDER NEC		2	2	1	5
DRUG ABUSE NEC-IN REMISS		1			1
IMPULSE CONTROL DIS NOS	1	1	2	1	5
INTERMITT EXPLOSIVE DIS		1	1		2
MOOD DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE	1	1			2
OTHER AND UNSPECIFIED BIPOLAR DISORDERS, OTHER	1				1
OTH PERSISTENT MENTAL DIS DUE TO COND CLASSIFIED ELSEWHERE		1			1
PARANOID SCHIZO-CHRONIC	7	5	8	5	25
PARANOID SCHIZO-UNSPEC			1		1
PERSON FEIGNING ILLNESS		1			1
POSTTRAUMATIC STRESS DISORDER	2	3	3	2	10
PSYCHOSIS NOS	6	4	4	7	21
SCHIZOAFFECTIVE DISORDER, UNSPECIFIED	9	6	9	12	36
SCHIZOPHRENIA NOS-CHR	1		1		2
SCHIZOPHRENIA NOS-UNSPEC			2	2	4
SCHIZOPHRENIFORM DISORDER, UNSPECIFIED			1		1
UNSPECIFIED EPISODIC MOOD DISORDER	7	6	4	5	22
Total Admissions	46	44	50	43	183
Admitted with primary diagnosis of mental retardation, traumatic brain injury, dementia, substance abuse or dependence.	0.0%	4.5%	0%	0%	1.1%

CONSENT DECREE

Peer Supports

Quarterly performance data shows that in 3 out of 4 consecutive quarters:

V8) 80% of all clients have documented contact with a peer specialist during hospitalization;

V9) 80% of all treatment meetings involve a peer specialist.

Indicators	1Q2013	2Q2013	3Q2013	4Q2013
1. Attendance at Comprehensive Treatment Team meetings. (v9)	90% 410/458	87% 342/395	87% 354/406	87% 362/418
2. Attendance at Service Integration meetings. (v8)	100% 42/42	100% 31/31	98% 48/49	79% 26/33
3. Contact during admission. (v8)	100% 46/46	100% 44/44	100% 50/50	100% 46/46

Treatment Planning

Quarterly performance data shows that in 3 out of 4 consecutive quarters,

V10) 95% of clients have a preliminary treatment and transition plan developed within 3 working days of admission;

Indicators	1Q2013	2Q2013	3Q2013	4Q2013
1. Preliminary Continuity of Care meeting completed by end of 3 rd day	93% 28/30	100% 30/30	100% 30/30	100% 30/30
2. Service Integration form completed by the end of the 3 rd day	93% 28/30	100% 30/30	100% 30/30	100% 30/30
3a. Client Participation in Preliminary Continuity of Care meeting.	93% 28/30	96% 29/30	96% 29/30	100% 30/30
3b. CCM Participation in Preliminary Continuity of Care meeting.	93% 28/30	100% 30/30	100% 30/30	100% 30/30
3c. Client's Family Member and/or Natural Support (e.g., peer support, advocacy, attorney) Participation in Preliminary Continuity of Care meeting.	93% 28/30	100% 30/30	100% 30/30	100% 30/30
4a. Initial Comprehensive Psychosocial Assessments completed within 7 days of admission.	96% 29/30	93% 28/30	93% 28/30	90% 27/30
4b. Annual Psychosocial Assessment completed and current in chart	100% 30/30	100% 30/30	100% 30/30	100% 30/30

Medical Staff, Nursing, and Rehabilitation Services are all engaged in the initial review process. Evidence of fulfilling the standard can be found through a review of individual charts.

4a) Social Work Director met with team during department meeting and discussed the importance of meeting critical documentation deadlines and reminded all staff of the timeframes for completion. Director will continue chart audits and discussions at weekly meetings for improved compliance.

CONSENT DECREE

V11) 95% of clients also have individualized treatment plans in their records within 7 days thereafter;

Indicators	1Q2013	2Q2013	3Q2013	4Q2013
1. Progress notes in GAP/Incidental/Contact format will indicate at minimum weekly 1:1 meeting with all clients on assigned CCM caseload.	95% 43/45	97% 44/45	93% 43/45	96% 44/45
2. On Upper Saco progress notes in GAP/Incidental format will indicate at minimum weekly 1:1 meeting with all clients on assigned CCM caseload	93% 14/15	93% 14/15	95% 14/15	100% 15/15
3. Treatment plans will have measurable goals and interventions listing client strengths and areas of need related to transition to the community or transition back to a correctional facility.	98% 59/60	96% 58/60	96% 58/60	91% 55/60

Medical Staff, Nursing, and Rehabilitation Services are all engaged in the treatment planning process. Evidence of fulfilling the standard can be found through a review of individual charts.

Area 3. Social Worker met with department members on 3 occasions in staff meeting to discuss treatment plans and writing plans. Discussion regarding strengths based plans that focus transition and discharge planning at the various stage of readiness for each unique client.

V12) Riverview certifies that all treatment modalities required by ¶155 are available.

The treatment modalities listed below as listed in ¶155 are offered to all clients according to the individual client's ability to participate in a safe and productive manner as determined by the treatment team and established in collaboration with the client during the formulation of the individualized treatment plan.

Treatment Modality	Provision of Services Normally by....			
	Medical Staff Psychology	Nursing	Social Services	Rehabilitation Services/ Treatment Mall
Group and Individual Psychotherapy	X			
Psychopharmacological Therapy	X			
Social Services			X	
Physical Therapy				X
Occupational Therapy				X
ADL Skills Training		X		X
Recreational Therapy				X
Vocational/Educational Programs				X
Family Support Services and Education		X	X	X
Substance Abuse Services	X			
Sexual/Physical Abuse Counseling	X			
Intro to Basic Principles of Health, Hygiene, and Nutrition		X		X

CONSENT DECREE

An evaluation of treatment planning and implementation, performed in accordance with **Attachment D**, demonstrates that, for 90% of the cases reviewed:

V13) The treatment plans reflect

- Screening of the patient's needs in all the domains listed in ¶61;
- Consideration of the patient's need for the services listed in ¶155;
- Treatment goals for each area of need identified, unless the patient chooses not, or is not yet ready, to address that treatment goal;
- Appropriate interventions to address treatment goals;
- Provision of services listed in ¶155 for which the patient has an assessed need;
- Treatment goals necessary to meet discharge criteria; and
- Assessments of whether the patient is clinically safe for discharge;

V14) The treatment provided is consistent with the individual treatment plans;

V15) If the record reflects limitations on a patient's rights listed in ¶159, those limitations were imposed consistent with the Rights of Recipients of Mental Health Services

An abstraction of pertinent elements of a random selection of charts is periodically conducted to determine compliance with the compliance standards of the consent decree outlined in parts V13, V14, and V15.

This review of randomly selected charts revealed substantial compliance with the consent decree elements. Individual charts can be reviewed by authorized to validate this chart review.

CONSENT DECREE

Medications

V16) Riverview certifies that the pharmacy computer database system for monitoring the use of psychoactive medications is in place and in use, and that the system as used meets the objectives of ¶168.

Riverview utilizes a Pyxis Medstation 4000 System for the dispensing of medications on each client care unit. A total of six devices, one on each of the four main units and in each of the two special care units, provide access to all medications used for client care, the pharmacy medication record, and allow review of dispensing and administration of pharmaceuticals.

A database program, HCS Medics, contains records of medication use for each client and allows access by an after-hours remote pharmacy service to these records, to the Pyxis Medstation 4000 System. The purpose of this after-hours service is to maintain 24 hour coverage and pharmacy validation and verification services for prescribers.

Records of transactions are evaluated by the Director of Pharmacy and the Medical Director to validate the appropriate utilization of all medication classes dispensed by the hospital. The Pharmacy and Therapeutics Committee, a multidisciplinary group of physicians, pharmacists, and other clinical staff evaluate issues related to the prescribing, dispensing, and administration of all pharmaceuticals.

The system as described is capable of providing information to process reviewers on the status of medications management in the hospital and to ensure the appropriate use of psychoactive and other medications.

The effectiveness and accuracy of the Pyxis Medstation 4000 System is analyzed regularly through the conduct of process improvement and functional efficiency studies. These studies can be found in the [Medication Management](#) and [Pharmacy Services](#) sections of this report.



CONSENT DECREE

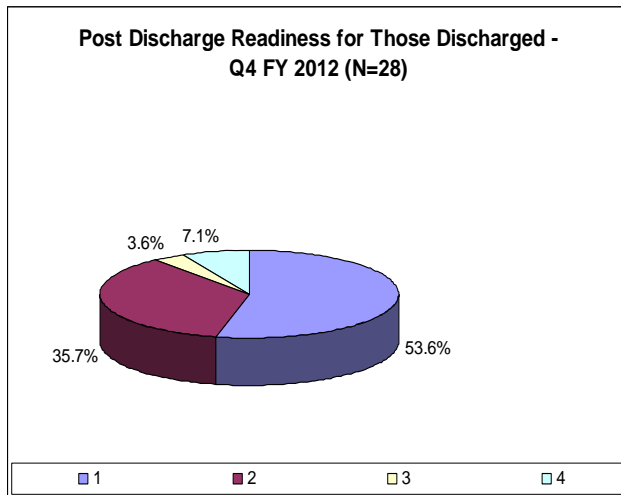
Discharges

Quarterly performance data shows that in 4 consecutive quarters:

V17) 70% of clients who remained ready for discharge were transitioned out of the hospital within 7 days of a determination that they had received maximum benefit from inpatient care;

V18) 80 % of clients who remained ready for discharge were transitioned out of the hospital within 30 days of a determination that they had received maximum benefit from inpatient care;

V19) 90% of clients who remained ready for discharge were transitioned out of the hospital within 45 days of a determination that they had received maximum benefit from inpatient care (with certain clients excepted, by agreement of the parties and court master).



Cumulative percentages & targets are as follows:

Within 7 days = (15) 53.6% (target 70%)
Within 30 days = (25) 89.3% (target 80%)
Within 45 days = (26) 92.9% (target 90%)
Post 45 days = (2) 7.1% (target 0%)

Barriers to Discharge Following Clinical Readiness

Residential Supports (1%)

1 client discharged 49 days post clinical readiness

Housing (10%)

1 client discharged 30 days post clinical readiness
 1 client discharged 32 days post clinical readiness
 1 client discharged 123 days post clinical readiness

Treatment Services (0)

No barriers in this area

The previous four quarters are displayed in the table below

		Within 7 days	Within 30days	Within 45 days	45 +days
Target >>		70%	80%	90%	< 10%
3Q2013	N=22	77.3%	86.4%	90.0%	9.1%
2Q2013	N=24	54.2%	70.9%	87.6%	12.5%
1Q2013	N=27	66.7%	85.2%	96.3%	3.7%
4Q2012	N=28	53.6%	89.2%	92.9%	7.1%
3Q2012	N=42	69.0%	85.7%	92.9%	7.1%

CONSENT DECREE

An evaluation of treatment and discharge planning, performed in accordance with **Attachment D**, demonstrates that, for 90% of the cases reviewed:

V20) Treatment and discharge plans reflect interventions appropriate to address discharge and transition goals;

V21a) For patients who have been found not criminally responsible or not guilty by reason of insanity, appropriate interventions include timely reviews of progress toward the maximum levels allowed by court order; and the record reflects timely reviews of progress toward the maximum levels allowed by court order;

V21) Interventions to address discharge and transition planning goals are in fact being implemented;

V21a) For patients who have been found not criminally responsible or not guilty by reason of insanity, this means that, if the treatment team determines that the patient is ready for an increase in levels beyond those allowed by the current court order, Riverview is taking reasonable steps to support a court petition for an increase in levels.

Indicators	1Q2013	2Q2013	3Q2013	4Q2013
1. The Client Discharge Plan Report will be updated/reviewed by each Social Worker minimally one time per week.	100% 13/13	100% 12/12	100% 12/12	100% 13/13
2. The Client Discharge Plan Report will be reviewed/updated minimally one time per week by the Director of Social Services.	100% 13/13	100% 12/12	100% 12/12	100% 13/13
2a. The Client Discharge Plan Report will be sent out weekly as indicated in the approved court plan.	100% 13/13	100% 12/12	100% 12/12	100% 13/13
3. Each week the Social Work team and Director will meet and discuss current housing options provided by the respective regions and prioritize referrals.	100% 13/13	100% 12/12	100% 12/12	100% 13/13

V22) The Department demonstrates that 95% of the annual reports for forensic patients are submitted to the Commissioner and forwarded to the court on time.

Indicators	1Q2013	2Q2013	3Q2013	4Q2013
1. Institutional Reports will be completed, reviewed internally, and delivered to the court within 10 business days of request.	60% 3/5	100% 3/3	87% 7/8	80% 8/10
2. The assigned CCM will review the new court order with the client and document the meeting in a progress note or treatment team note.	100% 9/9	100% 5/5	100% 9/9	100% 4/4
3. Annual Reports (due Dec) to the commissioner for all inpatient NCR clients are submitted annually				

Area 1. Director of Social Work will work with Saco PSD to ensure that the Institutional Reports are completed within the required deadline times. Director will work with social workers and PSD to identify barriers to meeting the threshold compliance level required in this aspect area.

CONSENT DECREE

Staffing and Staff Training

V23) Riverview performance data shows that 95% of all new direct care staff have received 90% of their orientation training before having been assigned to duties requiring unsupervised direct care of patients;

Indicators	1Q2013	2Q2013	3Q2013	4Q2013	2012 Total
1. New employees will complete new employee orientation within 60 days of hire.	100% 25/25	100% 21/21	100% 20/20	100% 22/22	100% 88/88
2. New employees will complete CPR training within 30 days of hire.	100% 25/25	100% 21/21	100% 20/20	100% 22/22	100% 88/88
3. New employees will complete NAPPI training within 60 days of hire.	100% 25/25	100% 21/21	100% 20/20	100% 22/22	100% 88/88
4. Riverview and Contract staff will attend CPR training bi-annually.	100% 50/51*	100% 29/31	98% 47/48*	95% 59/62*	99% 185/192*
5. Riverview and Contract staff will attend NAPPI training annually.	100% 118/118	100% 112/134*	100% 99/125	99% 52/54	99% 399/401
6. Riverview and Contract staff will attend Annual training.	100% 27/27	100% 238/244*	98% 297/311*	100% 383/383	100% 401/401

The indicators are based on the requirements for all new/current staff to complete mandatory training and maintain current certifications.

* Two Riverview employees are out of compliance due to being out of work on a medical leave one employee is out of compliance on light duty.

*Two Riverview employees returned from Leave of Absence Status, and are scheduled to complete the training.

*One Riverview employee is on LOA. One Employee is on light duty. Two Employees will be scheduled for the next available training.

CONSENT DECREE

V24) Riverview certifies that 95% of professional staff have maintained professionally-required continuing education credits and have received the ten hours of annual cross-training required by ¶216;

DATE	HRS	TITLE	PRESENTER
3Q2012	14	Jan- March 2012	Winter Semester (see1Q13 Quarterly Report)
4Q2012	11	Apr – June 2012	Spring Semester (see1Q13 Quarterly Report)
1Q2013	3	Jul – Sep 2012	Summer Hiatus (see1Q13 Quarterly Report)
2Q2013	9	Oct – Dec 2012	Fall Semester (see2Q13 Quarterly Report)
3Q2013	11	Jan – Mar 2013	Winter Semester (see 3Q13 Quarterly Report)
4/4/13	1	Cognitive Decline in Severe and Persistent Mental Illness	Teresa Mayo, PsyD Eliz. H-Faryna PsyD Jennifer Heidler-Gary Brian Charette
4/15/13	1	Advanced Assessment: Current Issues and Controversies in Evaluating Adolescents Referred for Illegal Sexual Behavior	Sue Righthand, PhD
4/18/13	1	Cognitive Decline in Severe and Persistent Mental Illness (continuation)	Teresa Mayo, PsyD Eliz. H-Faryna PsyD Jennifer Heidler-Gary Brian Charette
4/26/13	1	Problem Solving Therapy	Mark Hegel, PhD
5/2/13	1	Recreation Therapy: The What, Why, How, Where and Who (and What-Nots)	Heidi Blodgett Hilary Spear
5/9/13	1	Seclusion and Trauma: the case of CM	Patrick Steele
5/16/13	1	Improving cognition in people with schizophrenia: medication, physical exercise, cognitive remediation and functional skills training	Douglas Noordsy, MD
5/23/13	1	Brain Injury, Substance Use and psychosis	Brendan Kirby, MD
6/6/13	1	1 + 1 doesn't always = 2; and the more information you receive doesn't always help treatment or diagnosis	Randy Beal, PMHNP
6/13/13	1	1+1 doesn't always = 2 - Part II	Randy Beal, PMHNP
6/20/13	1	Pharmacokinetics of Mood Stabilizers and the Impact on Dosing and Monitoring	Miranda Cole, PharmD
6/27/13	1	Sexual Assault Crisis and Support Center Overview	James Weathersby Jenn Howe Jenna McCarthy

CONSENT DECREE

V25) Riverview certifies that staffing ratios required by ¶202 are met, and makes available documentation that shows actual staffing for up to one recent month;

Staff Type	Consent Decree Ratio
General Medicine Physicians	1:75
Psychiatrists	1:25
Psychologists	1:25
Nursing	1:20
Social Workers	1:15
Mental Health Workers	1:6
Recreational/Occupational Therapists/Aides	1:8

With 92 licensed beds, Riverview regularly meets or exceeds the staffing ratio requirements of the consent decree.

Staffing levels are most often determined by an analysis of unity acuity, individual monitoring needs of the clients who residing on specific units, and unit census.

V26) The evaluation of treatment and discharge planning, performed in accordance with **Attachment D**, demonstrates that staffing was sufficient to provide patients access to activities necessary to achieve the patients' treatment goals, and to enable patients to exercise daily and to recreate outdoors consistent with their treatment plans.

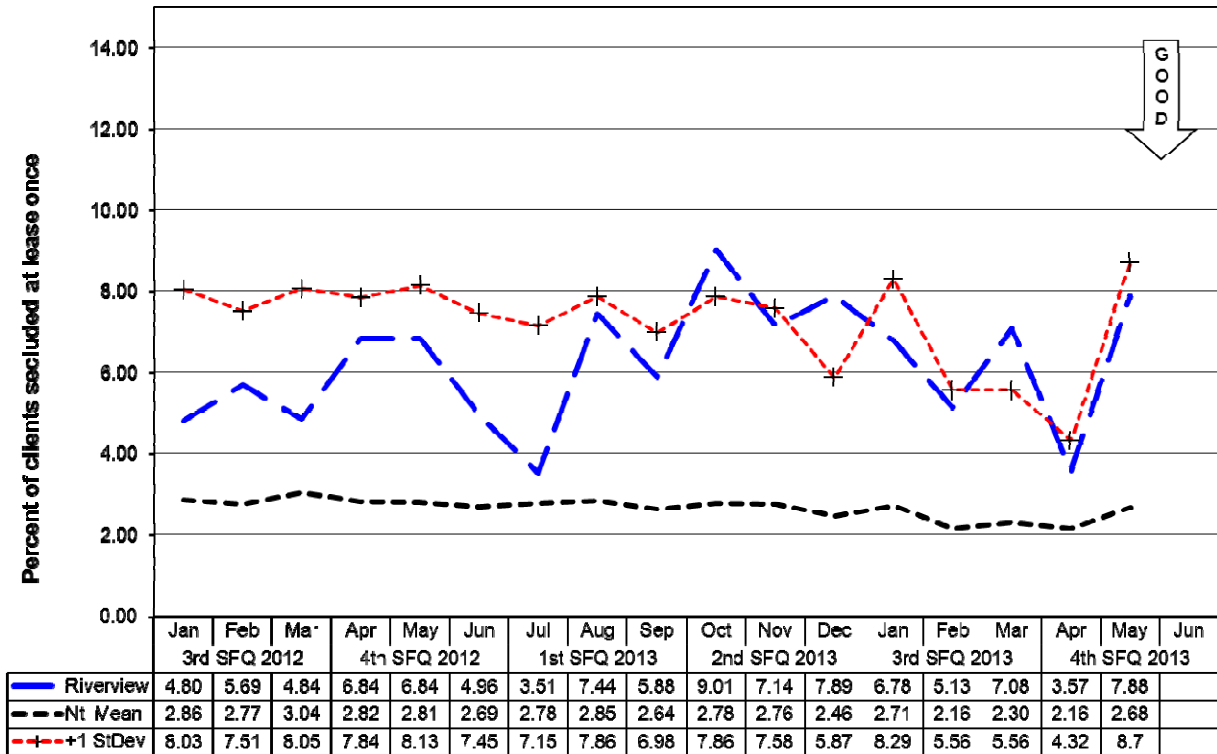
Treatment teams regularly monitor the needs of individual clients and make recommendations for ongoing treatment modalities. Staffing levels are carefully monitored to ensure that all treatment goals, exercise needs, and outdoor activities are achievable. Staffing does not present a barrier to the fulfillment of client needs. Staffing deficiencies that may periodically be present are rectified through utilization of overtime or mandated staff members.

CONSENT DECREE

Use of Seclusion and Restraints

V27) Quarterly performance data shows that, in 5 out of 6 quarters, total seclusion and restraint hours do not exceed one standard deviation from the national mean as reported by NASMHPD;

Percent of Clients Secluded



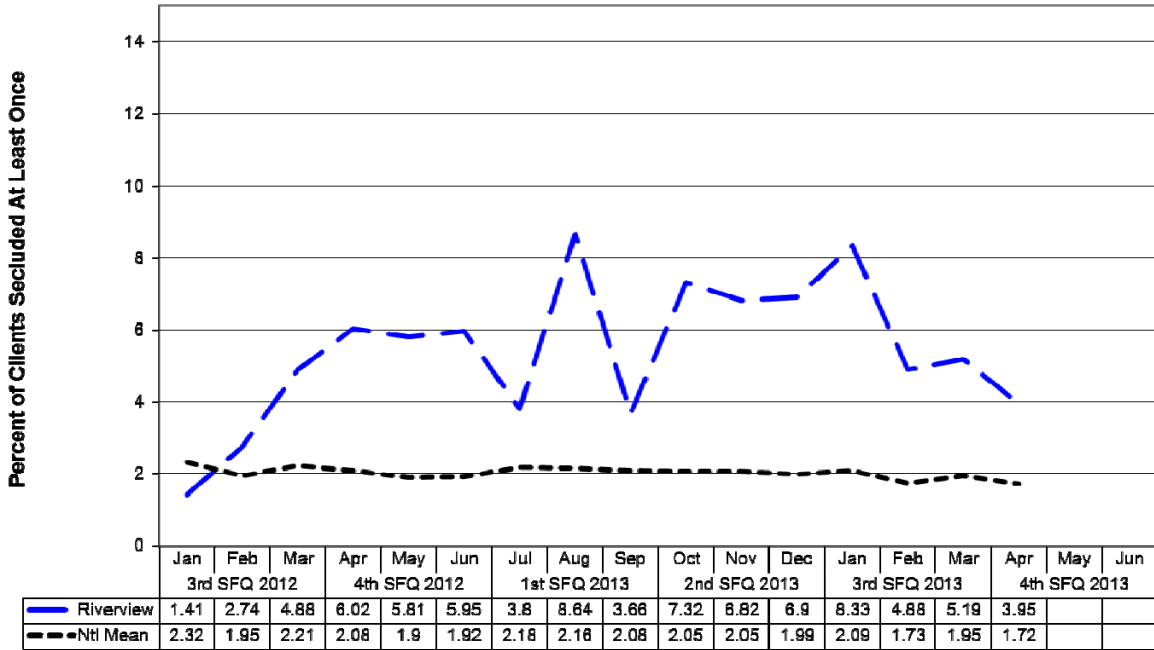
This graph depicts the percent of unique clients who were secluded at least once. For example, a rate of 3.0 means that 3% of the unique clients served were secluded at least once.

The following graphs depict the percent of unique clients who were secluded at least once stratified by forensic or civil classifications. For example, a rate of 3.0 means that 3% of the unique clients served were secluded at least once.

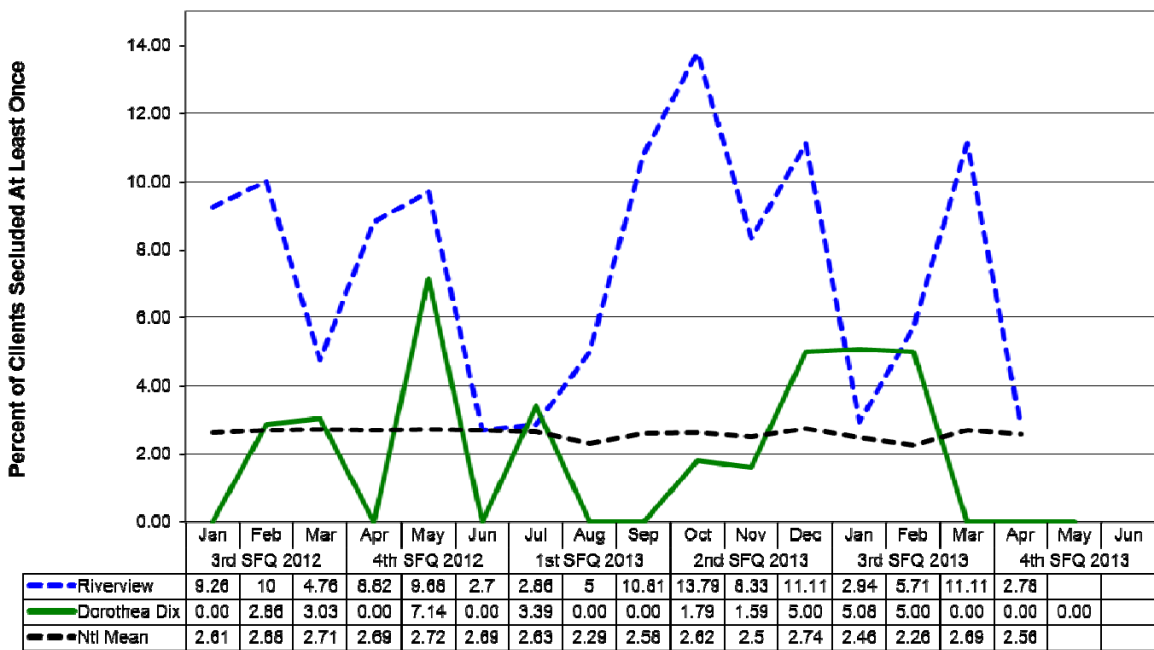
The hospital-wide results from the Dorothea Dix facility are compared to the civil population results at the Riverview facility due to the homogeneous nature of these two sample groups.

CONSENT DECREE

Percent of Clients Secluded Forensic Stratification

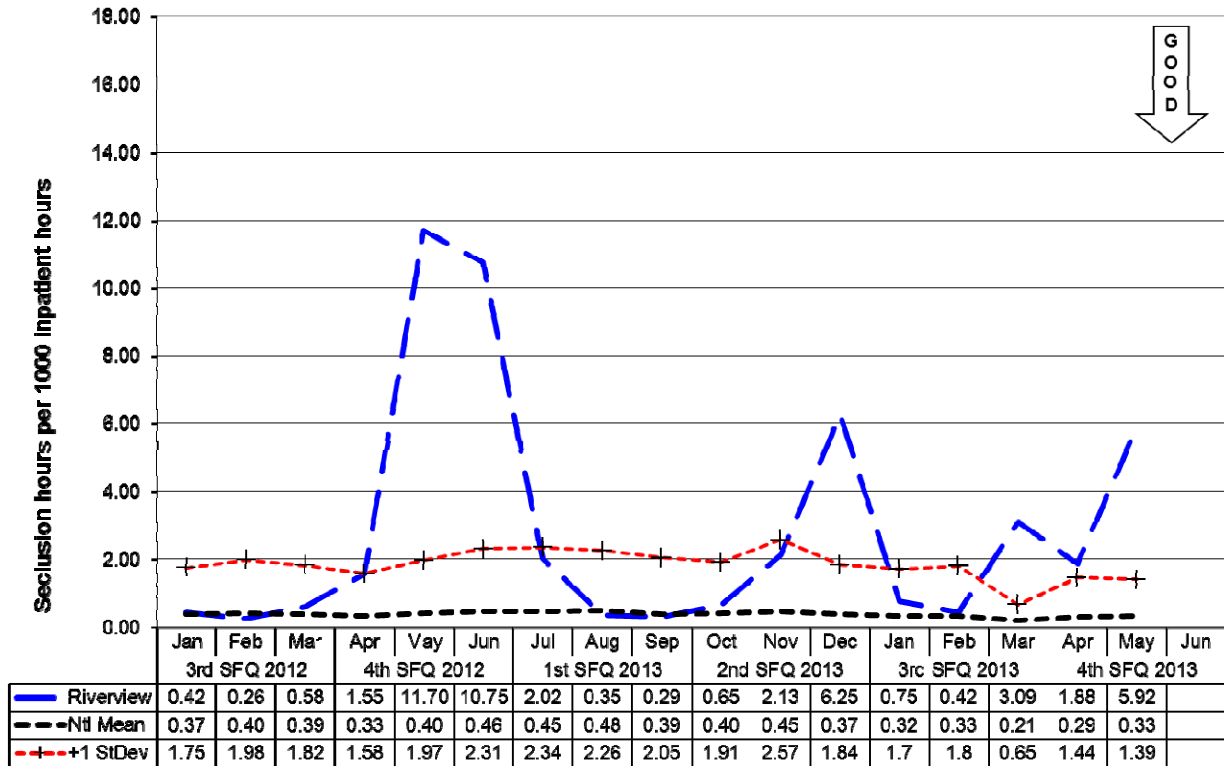


Percent of Clients Secluded Civil Stratification



CONSENT DECREE

Seclusion Hours



This graph depicts the number of hours clients spent in seclusion for every 1000 inpatient hours. For example, a rate of 0.8 means that 1 hour was spent in seclusion for each 1250 inpatient hours.

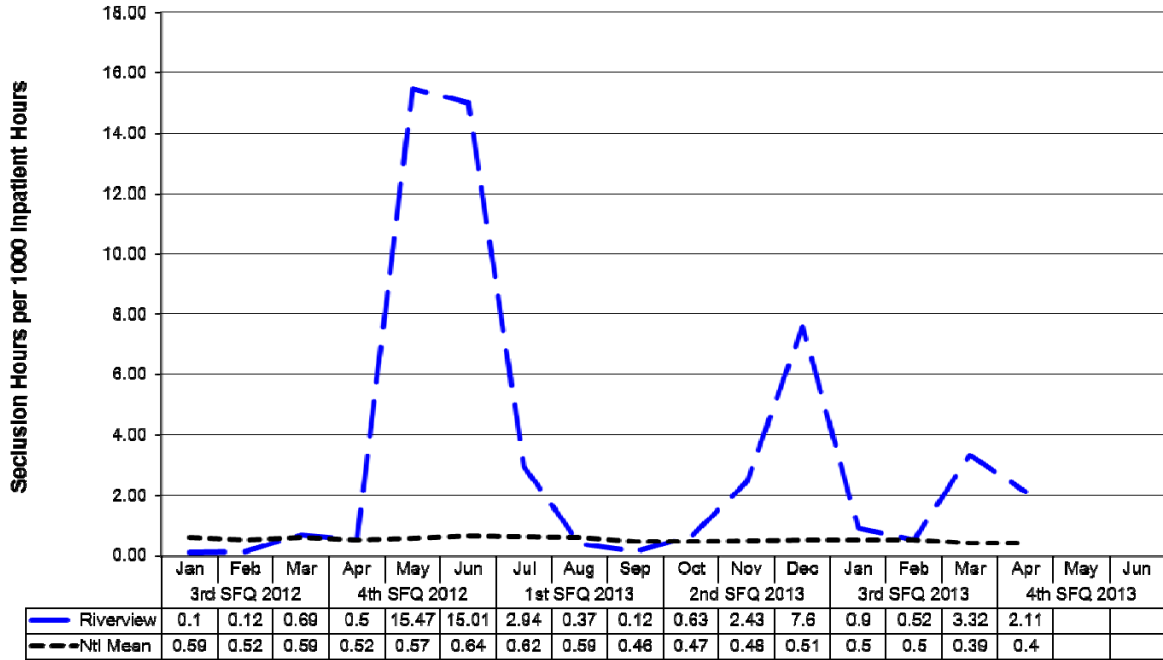
The outlier values shown in May and June reflect the events related to a single individual during this period. This individual was in seclusion for extended periods of time due to extremely aggressive behaviors that are focused on staff. It was determined that the only way to effectively manage this client and create a safe environment for both the staff and other clients was to segregate him in an area away from other clients and to provide frequent support and interaction with staff in a manner that ensured the safety of the staff so engaged.

The following graphs depict the number of hours clients spent in seclusion for every 1000 inpatient hours stratified by forensic or civil classifications. For example, a rate of 0.8 means that 1 hour was spent in seclusion for each 1250 inpatient hours.

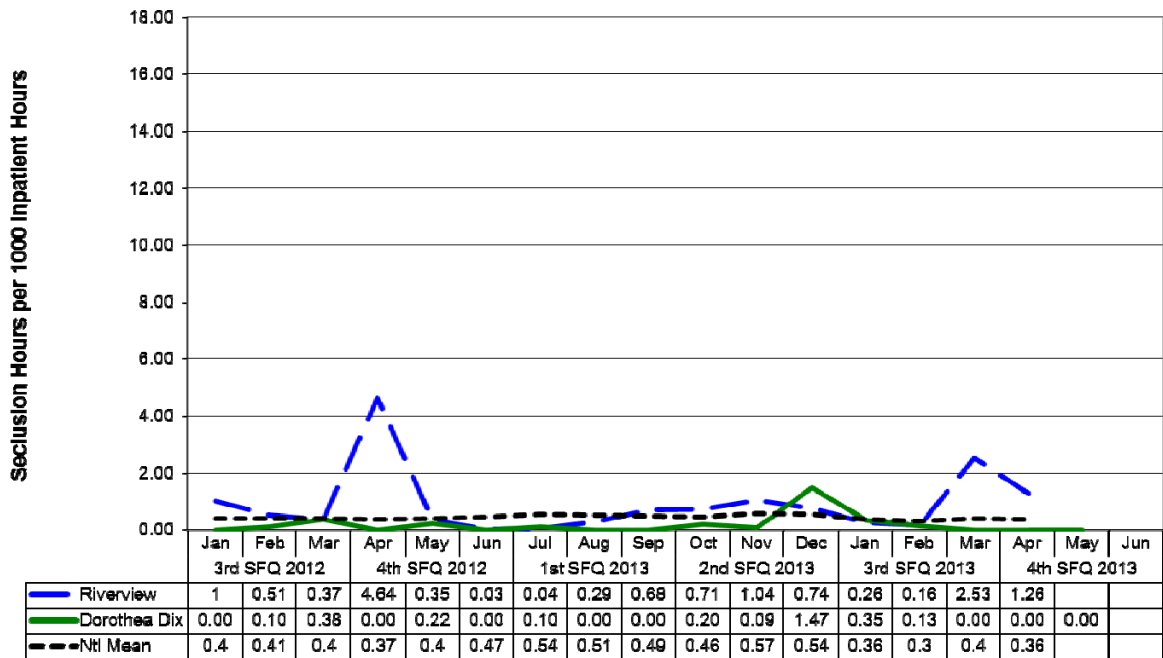
The hospital-wide results from the Dorothea Dix facility are compared to the civil population results at the Riverview facility due to the homogeneous nature of these two sample groups.

CONSENT DECREE

Seclusion Hours Forensic Stratification

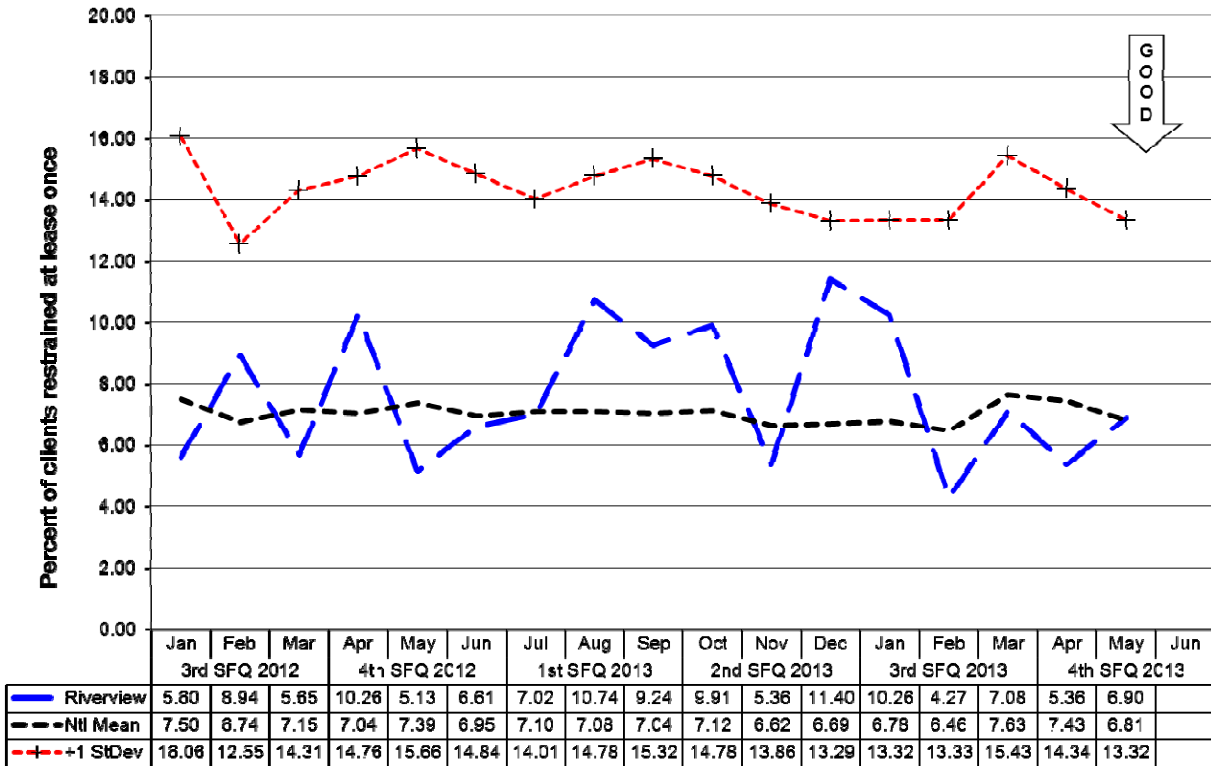


Seclusion Hours Civil Stratification



CONSENT DECREE

Percent of Clients Restrained



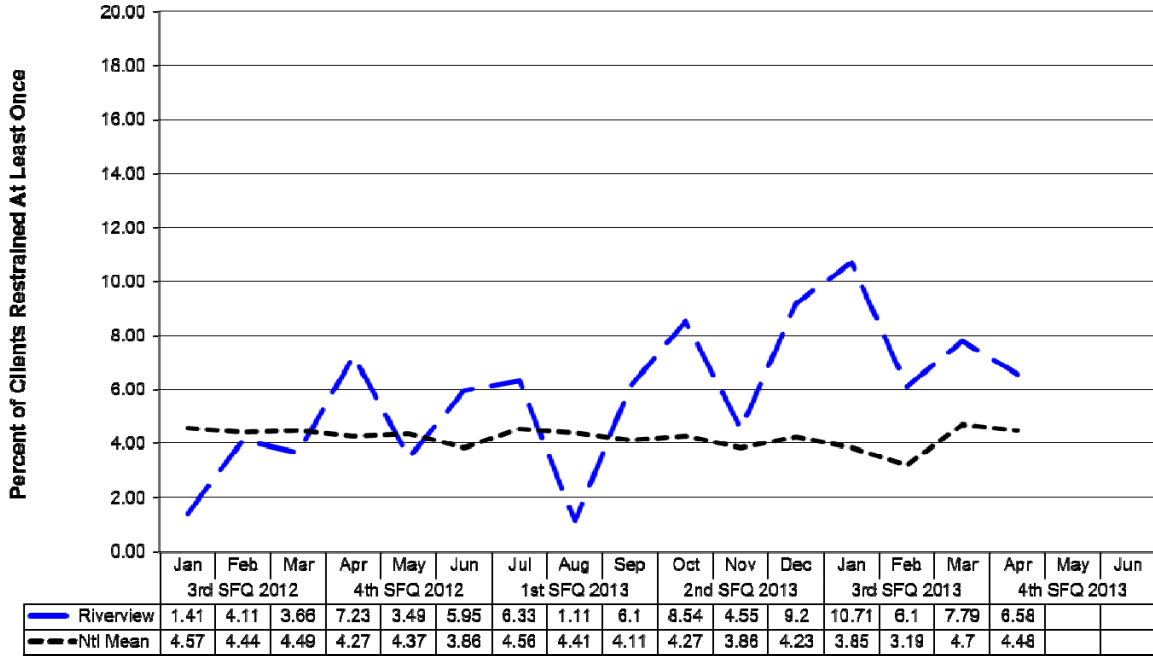
This graph depicts the percent of unique clients who were restrained at least once – includes all forms of restraint of any duration. For example, a rate of 4.0 means that 4% of the unique clients served were restrained at least once.

The following graphs depict the percent of unique clients who were restrained at least once stratified by forensic or civil classifications – includes all forms of restraint of any duration. For example, a rate of 4.0 means that 4% of the unique clients served were restrained at least once.

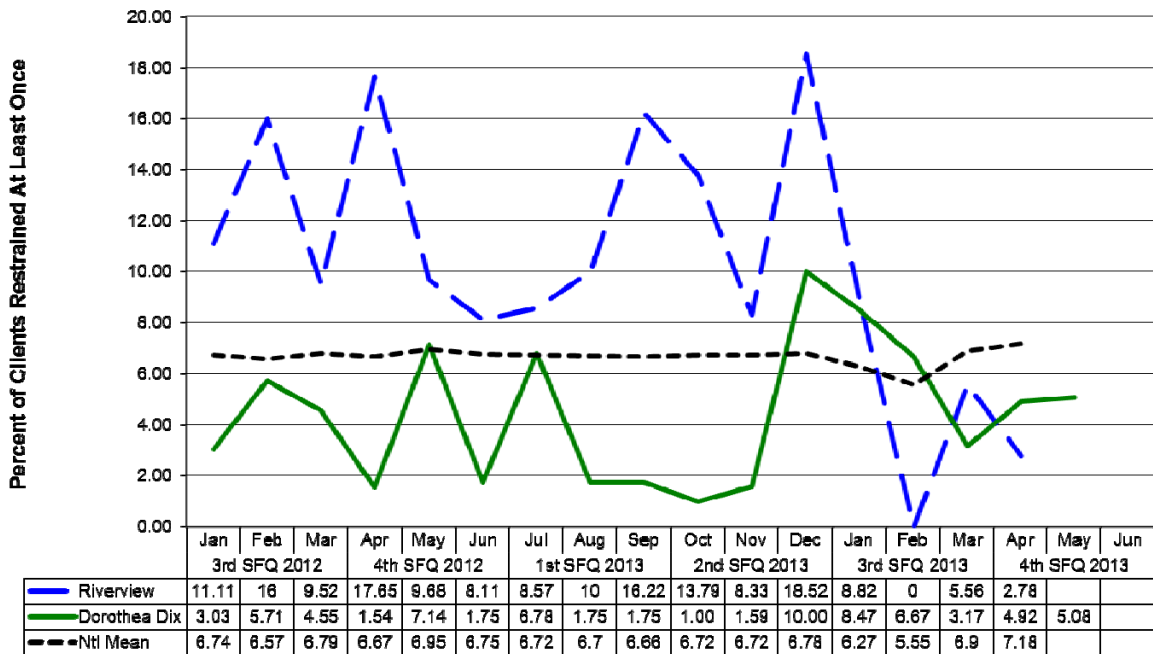
The hospital-wide results from the Dorothea Dix facility are compared to the civil population results at the Riverview facility due to the homogeneous nature of these two sample groups.

CONSENT DECREE

Percent of Clients Restrained Forensic Stratification

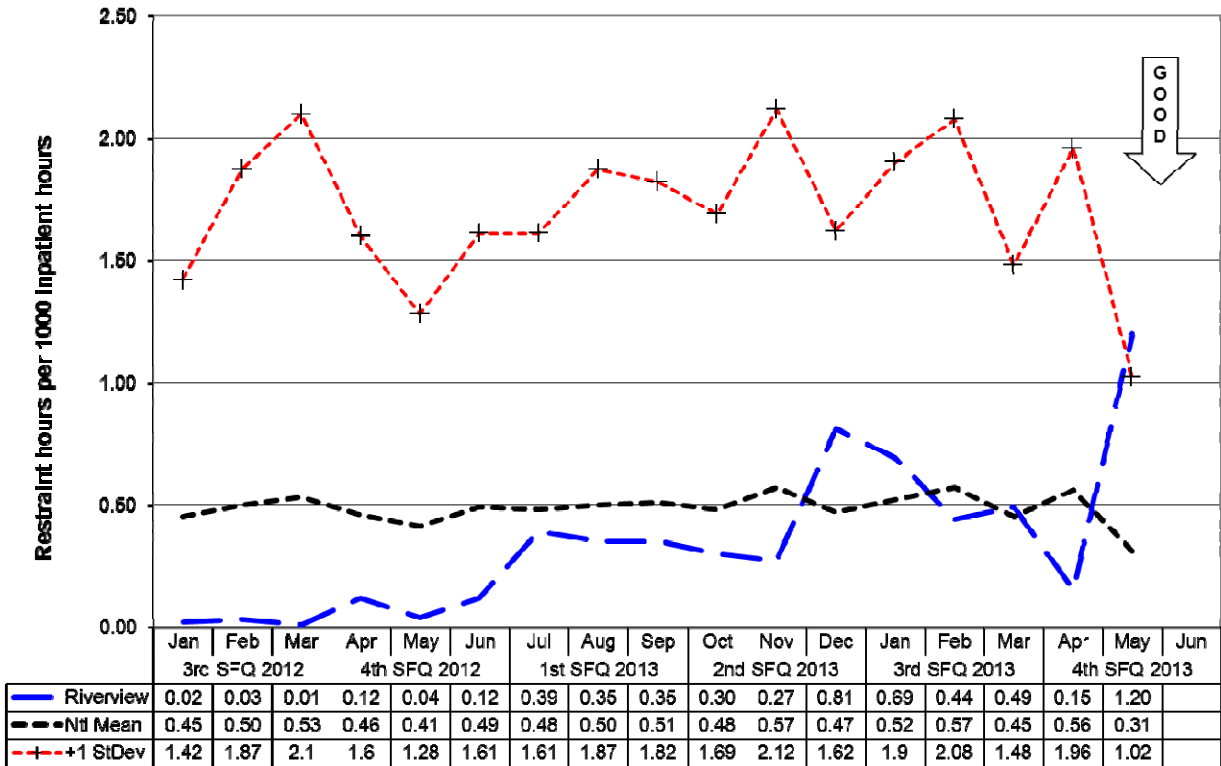


Percent of Clients Restrained Civil Stratification



CONSENT DECREE

Restraint Hours



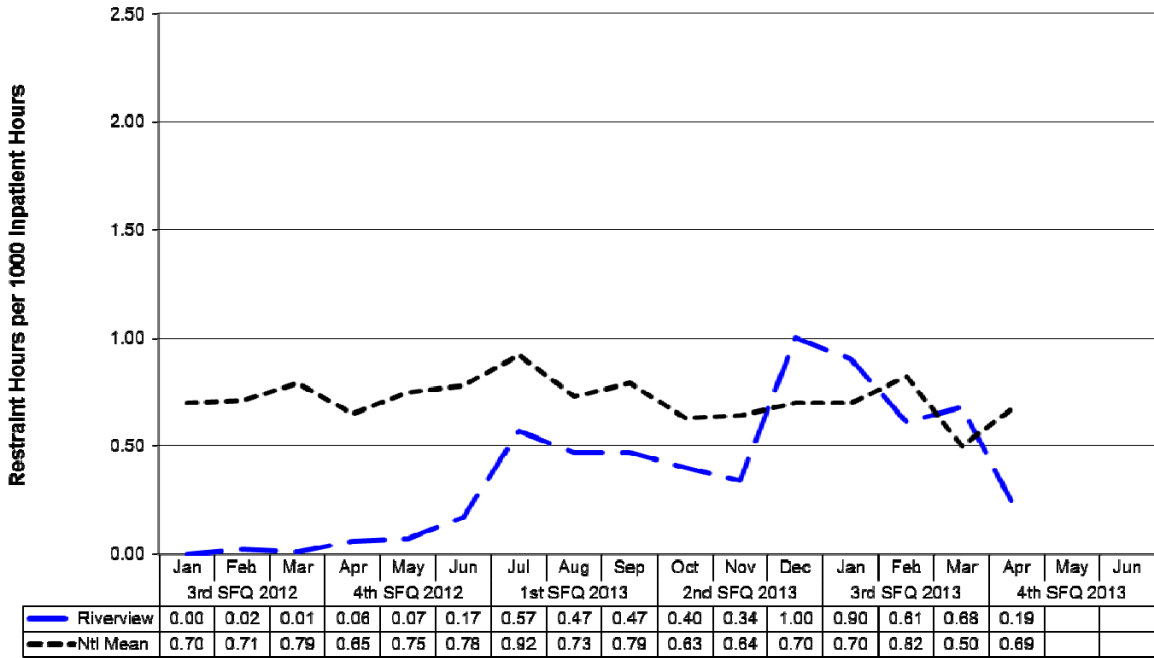
This graph depicts the number of hours clients spent in restraint for every 1000 inpatient hours - includes all forms of restraint of any duration. For example, a rate of 1.6 means that 2 hours were spent in restraint for each 1250 inpatient hours.

The following graphs depict the number of hours clients spent in restraint for every 1000 inpatient hours stratified by forensic or civil classifications - includes all forms of restraint of any duration. For example, a rate of 1.6 means that 2 hours were spent in restraint for each 1250 inpatient hours.

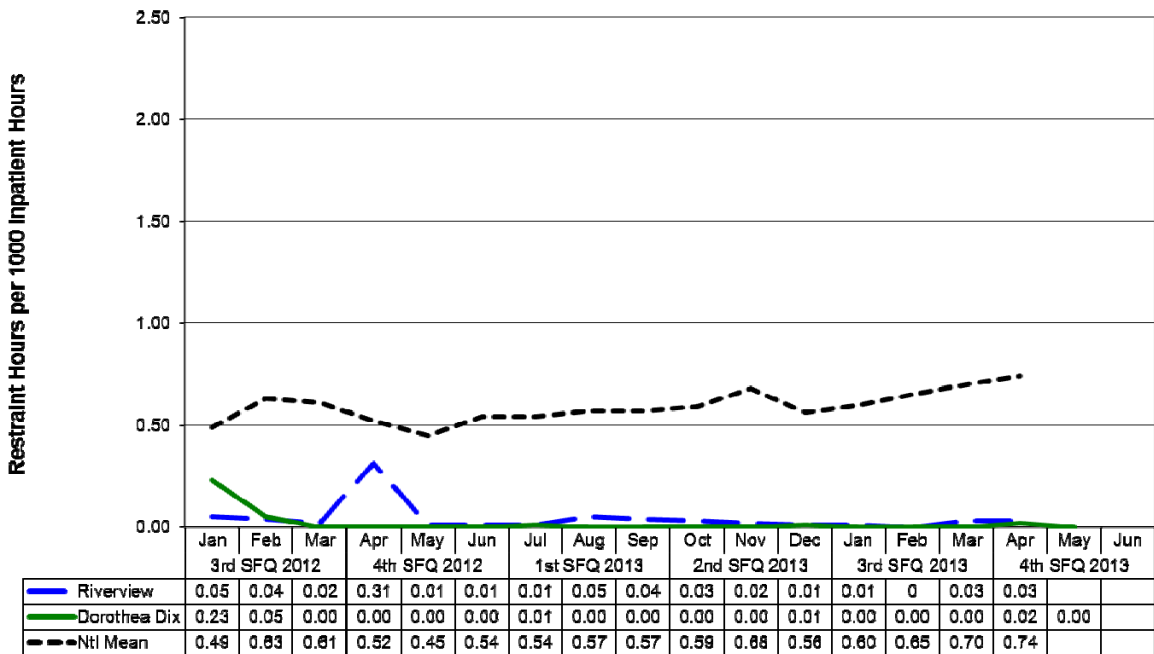
The hospital-wide results from the Dorothea Dix facility are compared to the civil population results at the Riverview facility due to the homogeneous nature of these two sample groups.

CONSENT DECREE

Restraint Hours Forensic Stratification



Restraint Hours Civil Stratification



CONSENT DECREE

Confinement Event Detail

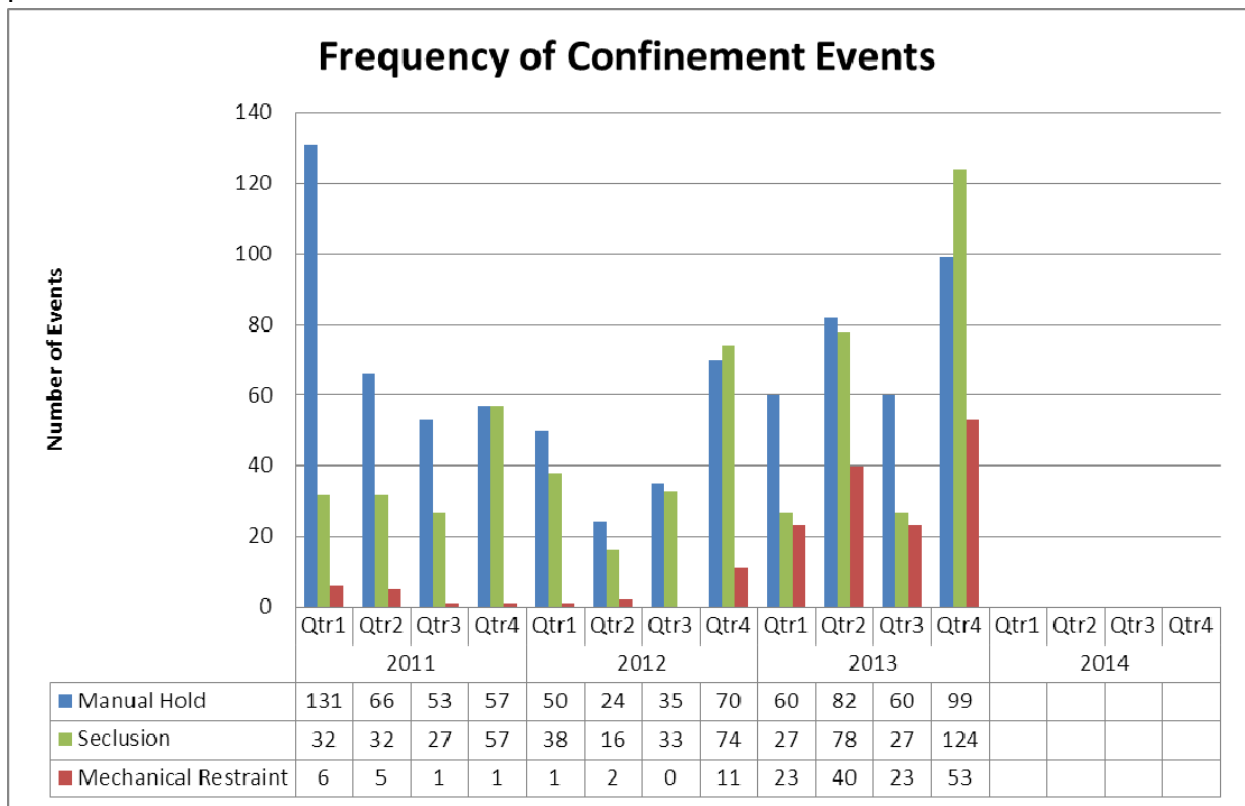
4th Quarter 2013

	Manual Hold	Mechanical Restraint	Locked Seclusion	Grand Total	% of Total	Cumulative %
MR00003374	46	27	48	121	43.8%	43.8%
MR00006963	18		38	56	20.3%	64.1%
MR00000091	10	13	8	31	11.2%	75.4%
MR00006799	4	4	7	15	5.4%	80.8%
MR00000657	4	1	7	12	4.3%	85.1%
MR00007326	4	1	4	9	3.3%	88.4%
MR00000029	3	4	1	8	2.9%	91.3%
MR00007340	1		2	3	1.1%	92.4%
MR00007327	2		1	3	1.1%	93.5%
MR00007189	1	1	1	3	1.1%	94.6%
MR00000477	2		1	3	1.1%	95.7%
MR00007121	1		2	3	1.1%	96.7%
MR00000026	1	1		2	0.7%	97.5%
MR00000202	1		1	2	0.7%	98.2%
MR00007292			2	2	0.7%	98.9%
MR00000814		1		1	0.4%	99.3%
MR00007287			1	1	0.4%	99.6%
MR00007323	1			1	0.4%	100.0%
	99	53	124	276		

23% (18/80) of average hospital population experienced some form of confinement event during the 4th fiscal quarter 2013. Five of these clients (6% of the average hospital population) accounted for 85% of the containment events.

The trend in frequency of confinement event, specifically the increase in the trend related to mechanical restraints is due to a few high acute clients requiring special management to ensure the safety of the milieu.

CONSENT DECREE



Since December 2012, Riverview has been admitting an increasing number of forensic clients that are extremely violent and difficult to manage. This increase in high acuity clients has required the use of specialized management techniques that ensure the safety of these clients, other clients, and staff while attempting to maintain a therapeutic milieu.

Best practices from other forensic facilities and recommendations from experts in forensic client management from other State of Maine departments have been considered in the management of these clients.

CONSENT DECREE

V28) Riverview demonstrates that, based on a review of two quarters of data, for 95% of seclusion events, seclusion was employed only when absolutely necessary to protect the patient from causing physical harm to self or others or for the management of violent behavior;

Factors of Causation Related to Seclusion Events

	4Q12	1Q13	2Q13	3Q13	4Q13
Danger to Others/Self	73	23	78	50	124
Danger to Others		4			
Danger to Self	1			1	
% Dangerous Precipitation	100%	100%	100%	100%	100%
Total Events	74	27	78	51	124

V29) Riverview demonstrates that, based on a review of two quarters of data, for 95% of restraint events involving mechanical restraints, the restraint was used only when absolutely necessary to protect the patient from serious physical injury to self or others;

Factors of Causation Related to Mechanical Restraint Events

	4Q12	1Q13	2Q13	3Q13	4Q13
Danger to Others/Self	11	22	40	40	53
Danger to Others		1			
Danger to Self					
% Dangerous Precipitation	100%	100%	100%	100%	100%
Total Events	11	23	40	40	53

V30) Riverview demonstrates that, based on a review of two quarters of data, for 95% of seclusion and restraint events, the hospital achieved an acceptable rating for meeting the requirements of paragraphs 182 and 184 of the Settlement Agreement, in accordance with a methodology defined in **Attachments E-1 and E-2.**

See Pages 26 & 27

CONSENT DECREE

Confinement Events Management

Seclusion Events (124) Events

Standard	Threshold	Compliance	Standard	Threshold	Compliance
The record reflects that seclusion was absolutely necessary to protect the patient from causing physical harm to self or others, or if the patient was examined by a physician or physician extender prior to implementation of seclusion, to prevent further serious disruption that significantly interferes with other patients' treatment.	95%	100%	The medical order states time of entry of order and that number of hours in seclusion shall not exceed 4.	85%	100%
			The medical order states the conditions under which the patient may be sooner released.	85%	100%
			The record reflects that the need for seclusion is re-evaluated at least every 2 hours by a nurse.	90%	100%
The record reflects that lesser restrictive alternatives were inappropriate or ineffective. This can be reflected anywhere in record.	90%	100%	The record reflects that the 2 hour re-evaluation was conducted while the patient was out of seclusion room unless clinically contraindicated.	70%	100%
The record reflects that the decision to place the patient in seclusion was made by a physician or physician extender.	90%	100%	The record includes a special check sheet that has been filled out to document reason for seclusion, description of behavior and the lesser restrictive alternatives considered.	85%	100%
The decision to place the patient in seclusion was entered in the patient's records as a medical order.	90%	100%	The record reflects that the patient was released, unless clinically contraindicated, at least every 2 hours or as necessary for eating, drinking, bathing, toileting or special medical orders.	85%	100%
The record reflects that, if the physician or physician extender was not immediately available to examine the patient, the patient was placed in seclusion following an examination by a nurse.	90%	100%	Reports of seclusion events were forwarded to medical director and advocate.	90%	100%
			The record reflects that, for persons with mental retardation, the regulations governing seclusion of clients with mental retardation were met.	85%	100%
The record reflects that the physician or physician extender personally evaluated the patient within 30 minutes after the patient has been placed in seclusion, and if there is a delay, the reasons for the delay.	90%	100%	The medical order for seclusion was not entered as a PRN order.	90%	100%
The record reflects that the patient was monitored every 15 minutes. (Compliance will be deemed if the patient was monitored at least 3 times per hour.)	90%	100%	Where there was a PRN order, there is evidence that physician was counseled.	95%	N/A
			Individuals implementing seclusion have been trained in techniques and alternatives.	90%	100%
The record reflects that reasonable efforts were taken to notify guardian or designated representative as soon as possible that patient was placed in seclusion.	75%	100%			

CONSENT DECREE

Confinement Events Management

Mechanical Restraint Events (53) Events

Standard	Threshold	Compliance
The record reflects that restraint was absolutely necessary to protect the patient from causing serious physical injury to self or others.	95%	100%
The record reflects that lesser restrictive alternatives were inappropriate or ineffective.	90%	100%
The record reflects that the decision to place the patient in restraint was made by a physician or physician extender	90%	100%
The decision to place the patient in restraint was entered in the patient's records as a medical order.	90%	100%
The record reflects that, if a physician or physician extended was not immediately available to examine the patient, the patient was placed in restraint following an examination by a nurse.	90%	100%
The record reflects that the physician or physician extender personally evaluated the patient within 30 minutes after the patient has been placed in restraint, or, if there was a delay, the reasons for the delay.	90%	100%
The record reflects that the patient was kept under constant observation during restraint.	95%	100%
Individuals implementing restraint have been trained in techniques and alternatives.	90%	100%
The record reflects that reasonable efforts taken to notify guardian or designated representative as soon as possible that patient was placed in restraint.	75%	100%
The medical order states time of entry of order and that number of hours shall not exceed four.	90%	100%
The medical order shall state the conditions under which the patient may be sooner released.	85%	100%

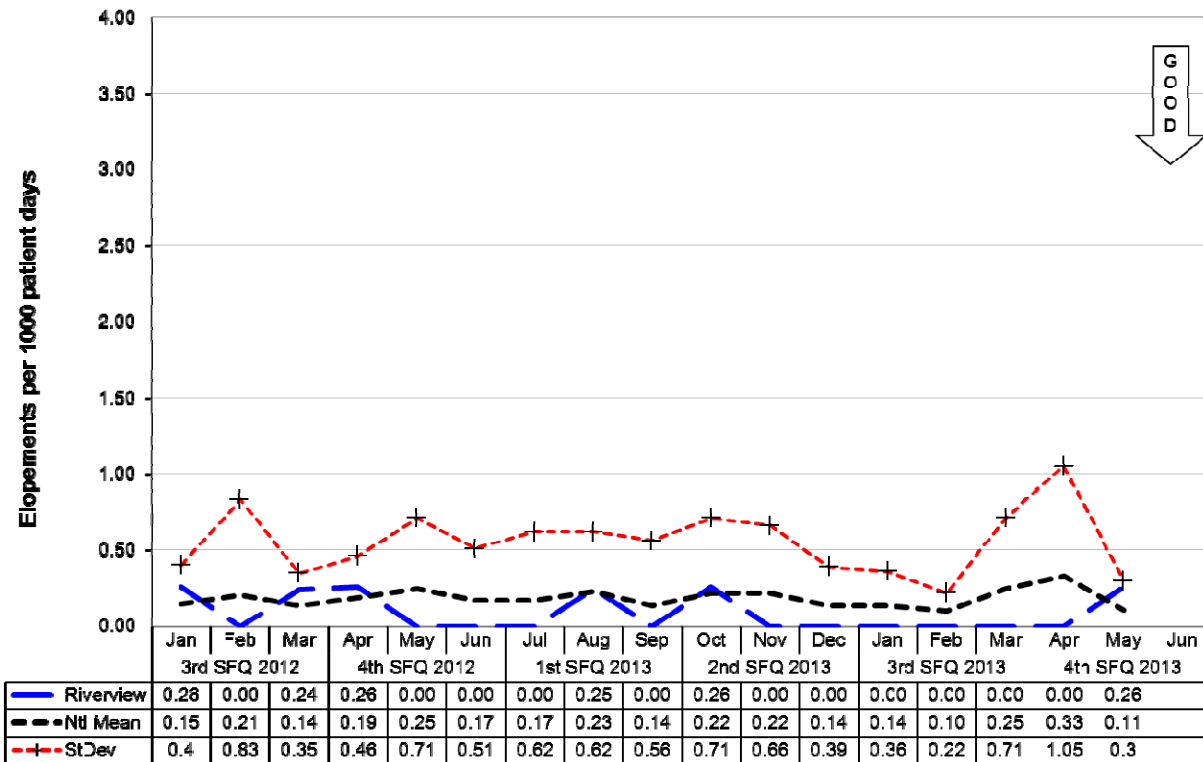
Standard	Threshold	Compliance
The record reflects that the need for restraint was re-evaluated every 2 hours by a nurse.	90%	100%
The record reflects that re-evaluation was conducted while the patient was free of restraints unless clinically contraindicated.	70%	100%
The record includes a special check sheet that has been filled out to document the reason for the restraint, description of behavior and the lesser restrictive alternatives considered.	85%	100%
The record reflects that the patient was released as necessary for eating, drinking, bathing, toileting or special medical orders.	90%	100%
The record reflects that the patient's extremities were released sequentially, with one released at least every fifteen minutes.	90%	100%
Copies of events were forwarded to medical director and advocate.	90%	100%
For persons with mental retardation, the applicable regulations were met.	85%	100%
The record reflects that the order was not entered as a PRN order.	90%	100%
Where there was a PRN order, there is evidence that physician was counseled.	95%	N/A
A restraint event that exceeds 24 hours will be reviewed against the following requirement: If total consecutive hours in restraint, with renewals, exceeded 24 hours, the record reflects that the patient was medically assessed and treated for any injuries; that the order extending restraint beyond 24 hours was entered by Medical Director (or if the Medical Director is out of the hospital, by the individual acting in the Medical Director's stead) following examination of the patient; and that the patient's guardian or representative has been notified.	90%	100%

CONSENT DECREE

Client Elopements

V31) Quarterly performance data shows that, in 5 out of 6 quarters, the number of client elopements do not exceed one standard deviation from the national mean as reported by NASMHPD

Elopement



This graph depicts the number of elopements that occurred for every 1000 inpatient days. For example, a rate of 0.25 means that 1 elopement occurred for each 4000 inpatient days.

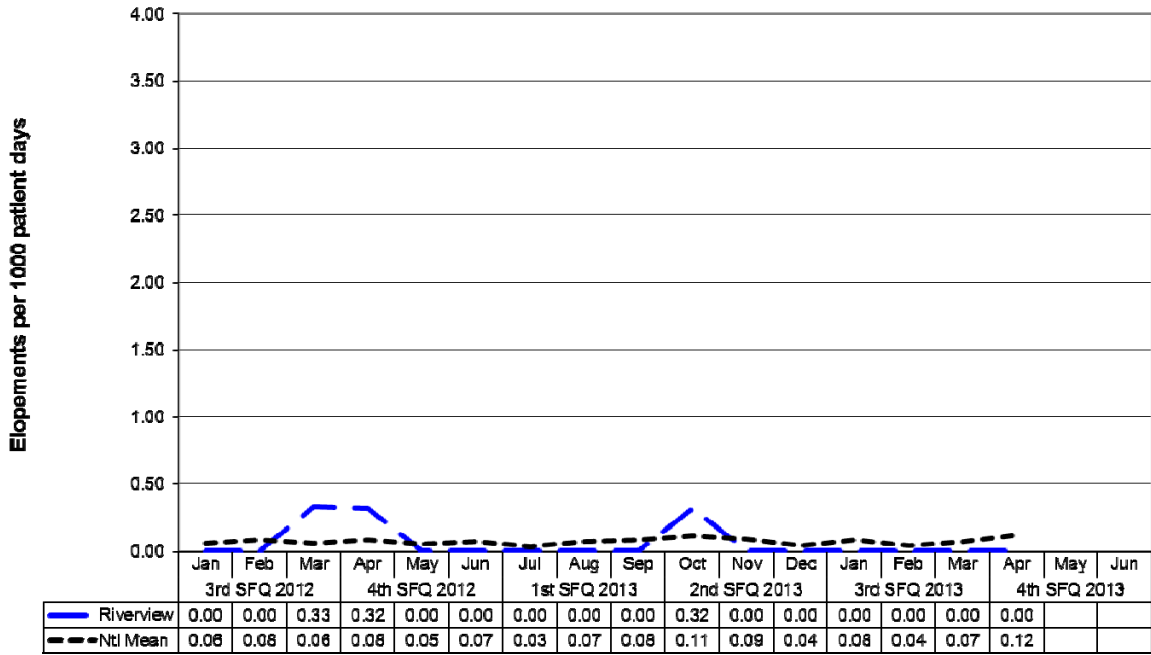
An elopement is defined as any time a client is “absent from a location defined by the client’s privilege status regardless of the client’s leave or legal status.”

The following graphs depict the number of elopements stratified by forensic or civil classifications that occurred for every 1000 inpatient days. For example, a rate of 0.25 means that 1 elopement occurred for each 4000 inpatient days.

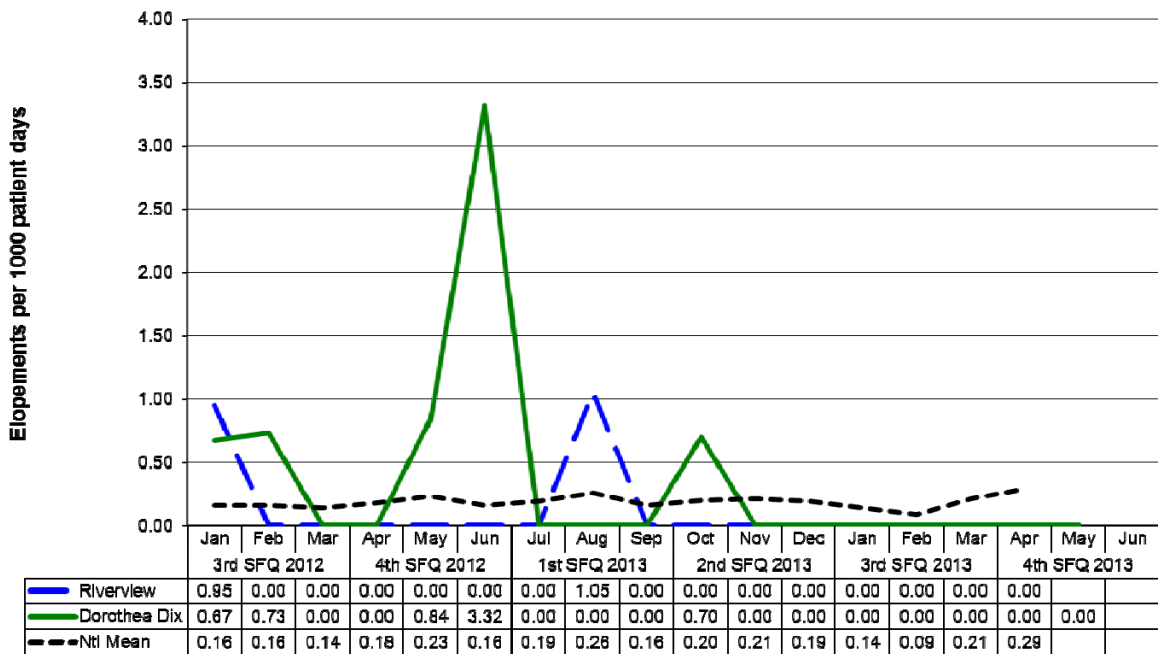
The hospital-wide results from the Dorothea Dix facility are compared to the civil population results at the Riverview facility due to the homogeneous nature of these two sample groups.

CONSENT DECREE

Elopement Forensic Stratification



Elopement Civil Stratification



CONSENT DECREE

Client Injuries

V32) Quarterly performance data shows that, in 5 out of 6 quarters, the number of client injuries does not exceed one standard deviation from the national mean as reported by NASMHPD.

The NASMHPD standards for measuring client injuries differentiate between injuries that are considered reportable to the Joint Commission as a performance measure and those injuries that are of a less severe nature. While all injuries are currently reported internally, only certain types of injuries are documented and reported to NRI for inclusion in the performance measure analysis process.

“Non-reportable” injuries include those that require: 1) No Treatment, or 2) Minor First Aid

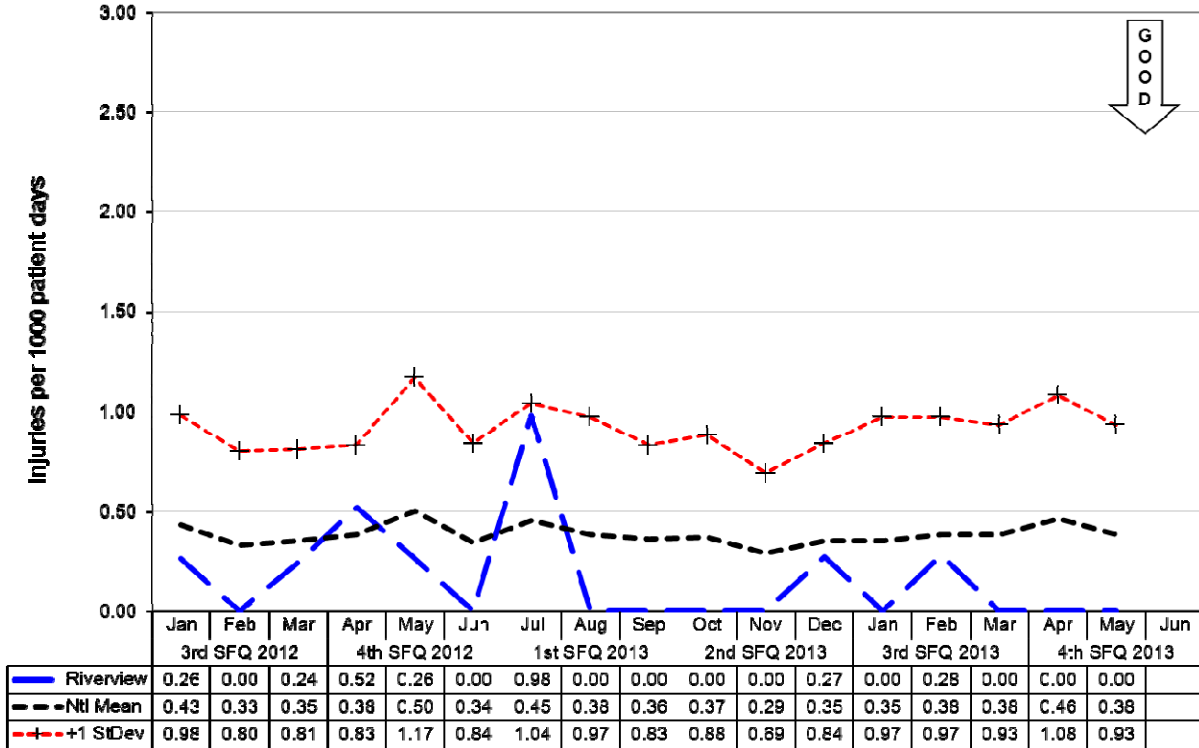
Reportable injuries include those that require: 3) Medical Intervention, 4) Hospitalization or where, 5) Death Occurred.

- No Treatment – The injury received by a client may be examined by a clinician but no treatment is applied to the injury.
- Minor First Aid – The injury received is of minor severity and requires the administration of minor first aid.
- Medical Intervention Needed – The injury received is severe enough to require the treatment of the client by a licensed practitioner, but does not require hospitalization.
- Hospitalization Required – The injury is so severe that it requires medical intervention and treatment as well as care of the injured client at a general acute care medical ward within the facility or at a general acute care hospital outside the facility.
- Death Occurred – The injury received was so severe that if resulted in, or complications of the injury lead to, the termination of the life of the injured client.

The comparative statistics graph only includes those events that are considered “Reportable” by NASMHPD.

CONSENT DECREE

Client Injury Rate



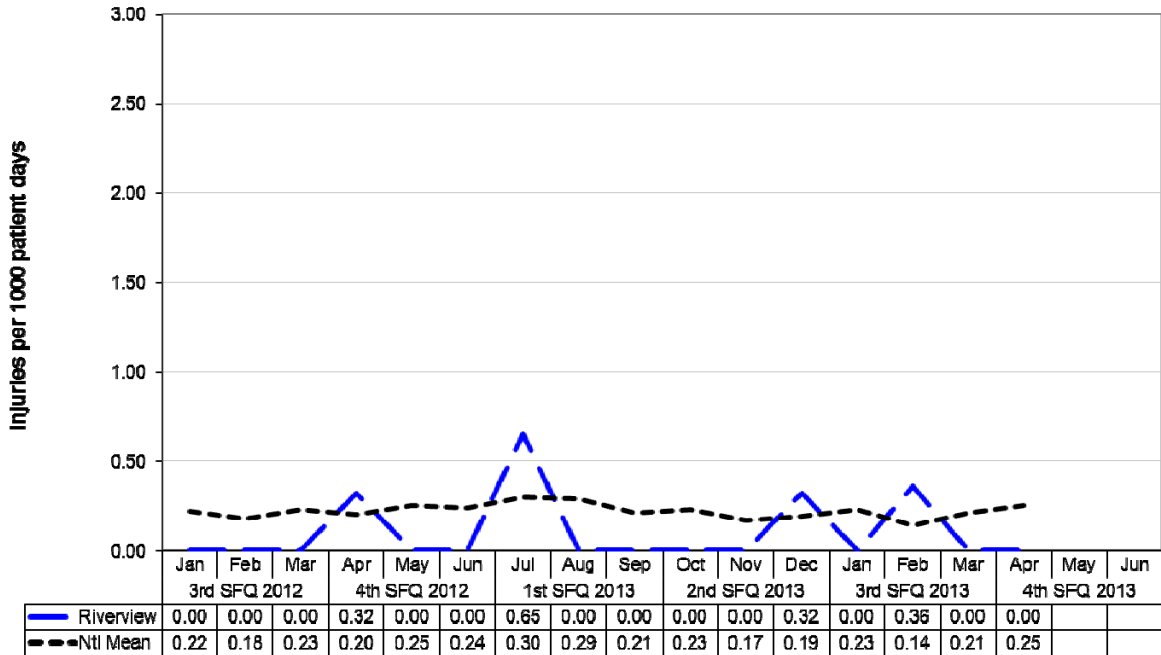
This graph depicts the number of client injury events that occurred for every 1000 inpatient days. For example, a rate of 0.5 means that 1 injury occurred for each 2000 inpatient days.

The following graphs depict the number of client injury events stratified by forensic or civil classifications that occurred for every 1000 inpatient days. For example, a rate of 0.5 means that 1 injury occurred for each 2000 inpatient days.

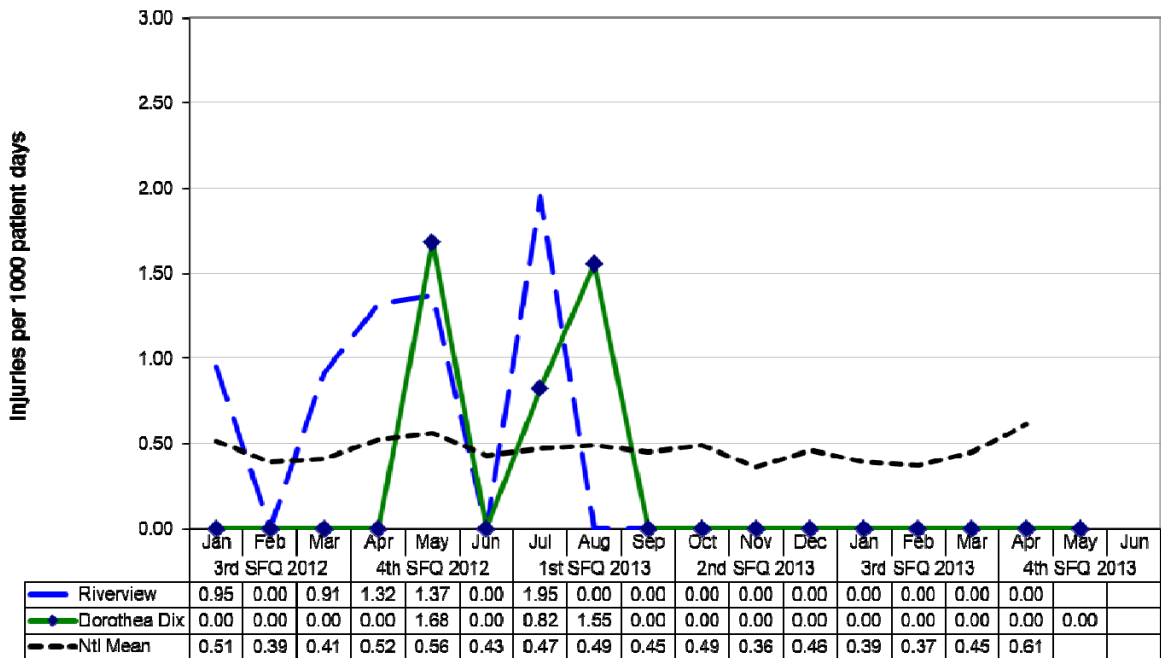
The hospital-wide results from the Dorothea Dix facility are compared to the civil population results at the Riverview facility due to the homogeneous nature of these two sample groups.

CONSENT DECREE

Client Injury Rate Forensic Stratification



Client Injury Rate Civil Stratification



Report Number: 27 and 28

**Non-Hospitalized Members Assigned to Community Integration Service (CI) within 3 and 7 Working Days
(Includes MaineCare members and Courtesy Reviews done by APS)**

Report Dates: 01/01/2013 To 03/31/2013

Report Source: Authorization data from APS CareConnection®

Definitions:

- **Non-hospitalized member** - MaineCare member who is not in an inpatient psychiatric facility at the time of application for services. This is indicated by the member not having an open authorization for inpatient psychiatric services on the day a CFSN is completed or on the day the member is referred for CI services.
- **Community Integration (CI)** was formerly known as "case management" or "community support". It is a service available to adults with serious mental illness.
- **Contact for Service Notification (CFSN)** is a form submitted by a Provider into CareConnection whenever a member is put on a waiting list for service. When there is a CFSN, it is used in conjunction with the start date of the service to determine the number of days the member waited.
- **Referral Date** is a field in CareConnection that the Provider may fill in when a member applies for a service. If the member is not put on a waiting list, (i.e. no CFSN) the referral date is used with the start date of the service to determine the number of days the member waited.
- **Courtesy Review** - APS completes courtesy reviews when a member is not MaineCare eligible at the time of admission, but is expected to be served using either MaineCare and/or state funds.
- **SMI - Serious Mental Illness.** A proxy for serious mental illness (SMI) is the use of specific services. All active adult members who used Section 17 (Community Support) or resided in a PNMI setting within 12 months of the date of this report. Section 17 services include: Community Integration (CI), Intensive Case Management (ICM), Assertive Community Treatment (ACT), Community Rehabilitation Services (CRS) as well as Daily Living Support Services, Day Supports-Day Treatment, Skills Development-Group Therapy, Skills Development-Ongoing Support to Maintain Employment, and the Specialized Group Services of WRAP, Recovery Wkwbk, TREM, or DBT.

What This Report Measures: The number of non-hospitalized members authorized for Community Integration (CI) and whether they a. were assigned to a case manager in the CI service within 3 working days, b.) Waited 4 - 7 working days to be assigned to a CI worker or c.) waited longer than 8 days but were eventually assigned to the CI service.

Total number of non-hospitalized members applying for CI: 2,214

Total assigned within 3 working days: 1,403

Total assigned in 4 - 7 working days: 271

Total assigned within 7 working days: 1,674

Total assigned after 8 or more working days: 540

% assigned within 3 working days: 63%

% assigned in 4 -7 working days: 12%

% assigned within 7 working days: 76%

% assigned after 8 or more working days: 24%

Gender	<u>Waited 3 working days or less</u>	<u>Waited 4 to 7 working days</u>	<u>Waited 8 or more working days</u>	<u>Total</u>
Female	879	174	354	1,407
Male	524	97	186	807
Total	1,403	271	540	2,214

Adult Age Groups	<u>Waited 3 working days or less</u>	<u>Waited 4 to 7 working days</u>	<u>Waited 8 or more working days</u>	Total
18-20	110	17	54	181
21-24	120	27	36	183
25-64	1,112	212	433	1,757
65-74	48	12	12	72
Over 75 Years Old	13	3	5	21
Total	1,403	271	540	2,214

SMI	<u>Waited 3 working days or less</u>	<u>Waited 4 to 7 working days</u>	<u>Waited 8 or more working days</u>	Total
SMI	1,403	271	540	2,214
Total	1,403	271	540	2,214

AMHI Class	<u>Waited 3 working days or less</u>	<u>Waited 4 to 7 working days</u>	<u>Waited 8 or more working days</u>	Total
AMHI Class N	1,317	258	518	2,093
AMHI Class Y	86	13	22	121
Total	1,403	271	540	2,214

District	<u>Waited 3 working days or less</u>	<u>Waited 4 to 7 working days</u>	<u>Waited 8 or more working days</u>	Total
District 1/ York County	91	26	92	209
District 2/ Cumberland County	194	86	135	415
District 3/ Androscoggin, Franklin, and Oxford Counties	270	56	94	420
District 4/ Knox, Lincoln, Sagadahoc, and Waldo Counties	138	20	50	208
District 5/ Somerset and Kennebec Counties	272	36	63	371
District 6/ Piscataquis and Penobscot Counties	340	35	72	447
District 7/ Washington and Hancock Counties	52	4	13	69
District 8/ Aroostook County	32	4	17	53
Unknown	14	4	4	22
Total	1,403	271	540	2,214

Providers	<u>Waited 3 working days or less</u>	<u>Waited 4 to 7 working days</u>	<u>Waited 8 or more working days</u>	Total
Acadia Healthcare	1	2	4	7
Allies	9	5	16	30
Alternative Services	19	0	0	19
AngleZ Behavioral Health Services - ACM	71	0	0	71
AngleZ Behavioral Health Services - DLS	1	0	0	1
Aroostook Mental Health Services	25	1	4	30
Assistance Plus	18	14	26	58
Behavior Health Solutions for Me	13	1	0	14
Break of Day, Inc	14	3	12	29
Broadreach Family & Community Services	10	1	0	11
Catholic Charities Maine	46	53	33	132
Charlotte White Center	7	4	20	31
Choices	29	0	0	29
Common Ties	24	29	44	97
Community Care	1	1	9	11
Community Counseling Center	60	12	19	91
Community Health & Counseling Services	113	5	19	137
Connections for Kids	3	0	0	3
Cornerstone Behavioral Healthcare - CM	109	3	4	116
Counseling Services Inc.	59	20	96	175
Direct Community Care	14	0	0	14
Dirigo Counseling Clinic	46	0	0	46
Employment Specialist of Maine	3	2	4	9
Fullcircle Supports Inc	18	1	2	21
Goodwill Industries of Northern New England	1	0	0	1
Graham Behavioral Services	20	1	2	23
Harbor Family Services	4	1	6	11
Health Affiliates Maine	121	0	1	122
HealthReach network	1	0	0	1
Higher Ground Services	4	3	3	10
Kennebec Behavioral Health	101	0	2	103
Life by Design	9	1	10	20
Lutheran Social Services	17	0	0	17
Maine Behavioral Health Organization	24	5	12	41
Maine Vocational & Rehabilitation Assoc.	10	0	0	10
Manna Inc	18	2	0	20
Mid Coast Mental Health	6	4	18	28
Motivational Services	8	2	2	12
Northeast Occupational Exchange	16	11	32	59
Northern Maine General - Community Support	0	1	0	1
Ocean Way Mental Health Agency	4	0	0	4
OHI	4	0	1	5
Oxford County Mental Health Services	7	2	3	12
Rumford Group Homes	10	1	0	11
Shalom House	12	4	9	25
Spurwink	1	0	0	1
Stepping Stones	17	10	0	27
Sunrise Opportunities	7	0	1	8
Sweetser	111	14	32	157

The Opportunity Alliance	37	30	39	106
Tri-County Mental Health	88	9	42	139
Umbrella Mental Health Services	28	13	12	53
York County Shelter Program	4	0	1	5
Total	1,403	271	540	2,214

Report Number: 29 and 30

**Hospitalized Members Assigned to Community Integration Service (CI) within 2 and 7 Working Days
(Includes MaineCare members and Courtesy Reviews done by APS)**

Report Dates: 01/01/2013 To 03/31/2013

Report Source: Authorization data from APS CareConnection®

Definitions:

- **Hospitalized member** - MaineCare member who is in an inpatient psychiatric facility at the time of application for services. This is indicated by the member having an open authorization for inpatient psychiatric services at the time a CFSN authorization is entered into CareConnection or on the day that the member is referred for CI services.
- **Community Integration (CI)** was formerly known as "case management" or "community support". It is a service available to adults with serious mental illness.
- **Contact for Service Notification (CFSN)** is a form submitted by a Provider into CareConnection whenever a member is put on a waiting list for service. When there is a CFSN, it is used in conjunction with the start date of the service to determine the number of days the member waited.
- **Referral Date** is a field in CareConnection that the Provider may fill in when a member applies for a service. If the member is not put on a waiting list, (i.e. no CFSN) the referral date is used with the start date of the service to determine the number of days the member waited.
- **Courtesy Review** - APS completes courtesy reviews when a member is not MaineCare eligible at the time of admission, but is expected to be served using either MaineCare and/or state funds.
- **SMI - Serious Mental Illness.** A proxy for serious mental illness (SMI) is the use of specific services. All active adult members who used Section 17 (Community Support) or resided in a PNMI setting within 12 months of the date of this report. Section 17 services include: Community Integration (CI), Intensive Case Management (ICM), Assertive Community Treatment (ACT), Community Rehabilitation Services (CRS) as well as Daily Living Support Services, Day Supports-Day Treatment, Skills Development-Group Therapy, Skills Development-Ongoing Support to Maintain Employment, and the Specialized Group Services of WRAP, Recovery Wkbbk, TREM, or DBT.

What This Report Measures: The number of hospitalized members authorized for Community Integration (CI) and whether they a.) were assigned to a case manager in the CI service within 2 working days, b.) Waited 3-7 working days be assigned a CI worker, or c.) waited longer than 8 days but were eventually assigned to the service

Total number of hospitalized members applying for CI: 43

Total assigned within 2 working days: 27

% assigned within 2 working days: 63%

Total assigned in 3 - 7 working days: 10

% assigned in 3 -7 working days:23 %

Total assigned within 7 working days: 37

% assigned within 7 working days: 86%

Total assigned after 8 or more working days: 6

% assigned after 8 or more working days: 14%

	<u>Waited 2 working days or less</u>	<u>Waited 3 to 7 working days</u>	<u>Waited 8 or more working days</u>	<u>Total</u>
Gender				
Female	11	6	4	21
Male	16	4	2	22
Total	27	10	6	43
SMI				
SMI	27	10	6	43
Total	27	10	6	43

	<u>Waited 2 working days or less</u>	<u>Waited 3 to 7 working days</u>	<u>Waited 8 or more working days</u>	<u>Total</u>
AMHI Class				
AMHI Class N	21	8	4	33
AMHI Class Y	6	2	2	10
Total	27	10	6	43
	<u>Waited 2 working days or less</u>	<u>Waited 3 to 7 working days</u>	<u>Waited 8 or more working days</u>	<u>Total</u>
District				
District 1/ York County	2	0	1	3
District 2/ Cumberland County	6	4	0	10
District 3/ Androscoggin, Franklin, and Oxford Counties	3	1	3	7
District 4/ Knox, Lincoln, Sagadahoc, and Waldo Counties	4	1	0	5
District 5/ Somerset and Kennebec Counties	9	2	1	12
District 6/ Piscataquis and Penobscot Counties	3	2	0	5
Unknown	0	0	1	1
Total	27	10	6	43

Providers	<u>Waited 2 working days or less</u>	<u>Waited 3 to 7 working days</u>	<u>Waited 8 or more working days</u>	<u>Total</u>
Acadia Healthcare	1	0	0	1
Alternative Services	1	0	0	1
AngleZ Behavioral Health Services - ACM	1	0	0	1
Assistance Plus	3	1	0	4
Catholic Charities Maine	2	0	1	3
Charlotte White Center	0	1	0	1
Common Ties	4	0	2	6
Community Counseling Center	1	1	0	2
Cornerstone Behavioral Healthcare - CM	1	0	1	2
Counseling Services Inc.	1	1	1	3
Employment Specialist of Maine	0	1	0	1
Fullcircle Supports Inc	1	0	0	1
Graham Behavioral Services	2	0	0	2
Harbor Family Services	0	1	0	1
Kennebec Behavioral Health	3	0	0	3
Mid Coast Mental Health	0	1	0	1
Motivational Services	1	0	0	1
Oxford County Mental Health Services	0	0	1	1
Shalom House	1	0	0	1
Sweetser	1	1	0	2
The Opportunity Alliance	0	2	0	2
Tri-County Mental Health	1	0	0	1
Umbrella Mental Health Services	2	0	0	2
Total	27	10	6	43

Quarterly Report 60a for Members on MaineCare Waitlist for CI

Report Dates: 01/01/2013 To 03/31/2013

Report Run Date: 7/21/2013

Report Source: Authorization data from APS CareConnection®

Definitions:

- **Community Integration (CI)** was formerly known as "case management" or "community support". It is a service available to adults with serious mental illness.
- **Contact for Service Notification (CFSN)** is a form submitted by a Provider into CareConnection whenever a member is put on a wait list for service. The CFSN is used in conjunction with the authorization start date of the service to determine the number of days the member waited.
- **Courtesy Review** - APS completes courtesy reviews when a member is not MaineCare eligible at the time of admission, but is expected to be served using either MaineCare and/or state funds.
- **State-funded** is funding through State of Maine for individuals who are not eligible to receive a particular service using MaineCare funds.

What This Report Measures: For members on the CI wait list who were authorized for the service, how long they waited. This report counts the number of days from the date the CFSN was opened to the date the service was authorized. The report is run 2 quarters ago so nearly everyone who was entered on the wait list will have started the service. If someone on the MaineCare waitlist is authorized for the state-funded service, it is counted as being authorized for the service.

Number of people who were authorized for CI from the MaineCare wait list during the quarter 510

For those who received the service:

Average number of days waiting: 13 days

Percent waiting 30 days or less: 91%

Percent waiting 90 days or less: 99%

AMHI Class	# auth for CI service	# with MaineCare auth	# with State funded auth	# auth in < 30 days	# auth in 31 - 90 days	# auth in > 91 days	Average # days waiting
AMHI Class N	479	473	6	432	43	4	13
AMHI Class Y	31	31	0	31	0	0	6
Totals	510	504	6	463	43	4	13

CSN	# auth for CI service	# with MaineCare auth	# with State funded auth	# auth in < 30 days	# auth in 31 - 90 days	# auth in > 91 days	Average # days waiting
CSN 1 Aroostook	16	13	3	14	2	0	15
CSN 2 Hancock, Washington, Penobscot, and Piscataquis	35	34	1	27	8	0	19
CSN 3 Kennebec and Somerset	98	98	0	94	4	0	10
CSN 4 Knox, Lincoln, Sagadahoc, and Waldo	60	60	0	46	12	2	20
CSN 5 Androscoggin, Franklin, and Oxford	35	33	2	32	1	2	17
CSN 6 Cumberland	210	210	0	200	10	0	9
CSN 7 York	51	51	0	46	5	0	15
Unknown	5	5	0	4	1	0	13
Totals	510	504	6	463	43	4	13

Providers	# auth for CI service	# with MaineCare auth	# with State funded auth	# auth in < 30 days	# auth in 31 - 90 days	# auth in > 91 days	Average # days waiting
Acadia Healthcare	8	8	0	6	2	0	16
Alternative Services	7	7	0	7	0	0	2
Assistance Plus	62	62	0	56	6	0	13
Break of Day, Inc	13	13	0	10	3	0	21
Catholic Charities Maine	123	123	0	120	3	0	8
Charlotte White Center	4	4	0	3	1	0	15
Community Care	12	12	0	7	5	0	33
Community Counseling Center	5	5	0	4	1	0	10
Cornerstone Behavioral Healthcare - CM	2	1	1	2	0	0	11
Counseling Services Inc.	59	59	0	51	8	0	17
Fullcircle Supports Inc	12	12	0	11	1	0	10
Higher Ground Services	3	3	0	3	0	0	10
Life by Design	16	13	3	14	2	0	15
Maine Behavioral Health Organization	1	1	0	1	0	0	0
Mid Coast Mental Health	20	20	0	16	2	2	28
Shalom House	9	9	0	9	0	0	7
Sweetser	8	8	0	7	1	0	13
The Opportunity Alliance	102	102	0	99	3	0	9
Tri-County Mental Health	2	0	2	0	0	2	123
Umbrella Mental Health Services	39	39	0	35	4	0	10
Umbrella Mental Health Services - Childrens Case Management	3	3	0	2	1	0	12
Totals	510	504	6	463	43	4	13

Quarterly Report 60b for People on State-funded Waitlist for CI

Report Dates: 01/01/2013 To 03/31/2013

Report Run Date: 7/21/2013

Report Source: Authorization data from APS CareConnection®

Definitions:

- **Community Integration (CI)** was formerly known as "case management" or "community support". It is a service available to adults with serious mental illness.
- **Contact for Service Notification (CFSN)** is a form submitted by a Provider into CareConnection whenever a member is put on a wait list for service. The CFSN is used in conjunction with the authorization start date of the service to determine the number of days the member waited.
- **Courtesy Review** - APS completes courtesy reviews when a member is not MaineCare eligible at the time of admission, but is expected to be served using either MaineCare and/or state funds.
- **State-funded** is funding through State of Maine for individuals who are not eligible to receive a particular service using MaineCare funds.

What This Report Measures: For members on the State-funded CI wait list who were authorized for the service, how long they waited. This report counts the number of days from the date the CFSN was opened to the date the service was authorized. The report is run 2 quarters ago so nearly everyone who was entered on the wait list will have started the service. If someone on the state-funded waitlist is authorized for the MaineCare service, it is counted as being authorized for the service.

Number of people who were authorized for CI from the state-funded wait list during the quarter: 80

For those who received the service:

Average number of days waiting: 37 days

Percent waiting 30 days or less: 61%

Percent waiting 90 days or less: 85%

AMHI Class	# auth for CI service	# with MaineCare auth	# with State funded auth	# auth in < 30 days	# auth in 31 - 90 days	# auth in > 91 days	Average # days waiting
AMHI Class N	73	23	50	43	18	12	38
AMHI Class Y	7	1	6	6	1	0	17
Totals	80	24	56	49	19	12	37

CSN	# auth for CI service	# with MaineCare auth	# with State funded auth	# auth in < 30 days	# auth in 31 - 90 days	# auth in > 91 days	Average # days waiting
CSN 1 Aroostook	3	0	3	3	0	0	5
CSN 2 Hancock, Washington, Penobscot, and Piscataquis	12	7	5	8	1	3	34
CSN 3 Kennebec and Somerset	4	0	4	1	3	0	54
CSN 4 Knox, Lincoln, Sagadahoc, and Waldo	10	5	5	8	0	2	30
CSN 5 Androscoggin, Franklin, and Oxford	18	5	13	9	7	2	44
CSN 6 Cumberland	22	6	16	16	4	2	26
CSN 7 York	9	1	8	3	3	3	67
Unknown	2	0	2	1	1	0	20
Totals	80	24	56	49	19	12	37

Providers	# auth for CI service	# with MaineCare auth	# with State funded auth	# auth in < 30 days	# auth in 31 - 90 days	# auth in > 91 days	Average # days waiting
Aroostook Mental Health Services	1	0	1	1	0	0	0
Assistance Plus	11	3	8	5	6	0	41
Catholic Charities Maine	4	3	1	4	0	0	9
Charlotte White Center	1	0	1	0	0	1	107
Common Ties	4	2	2	2	2	0	36
Community Care	1	1	0	0	0	1	106
Community Counseling Center	11	0	11	10	1	0	14
Cornerstone Behavioral Healthcare - CM	9	5	4	8	0	1	12
Counseling Services Inc.	10	0	10	1	5	4	80
Life by Design	2	0	2	2	0	0	8
Maine Vocational & Rehabilitation Assoc.	1	1	0	1	0	0	0
Mid Coast Mental Health	2	2	0	2	0	0	15
Stepping Stones	1	1	0	0	1	0	86
Sweetser	10	3	7	4	1	5	62
The Opportunity Alliance	2	0	2	2	0	0	4
Tri-County Mental Health	9	3	6	6	3	0	28
Umbrella Mental Health Services	1	0	1	1	0	0	22
Totals	80	24	56	49	19	12	37