

Consent Decree Performance and Quality Improvement Standards: Jan 2011

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

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

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

Definitions:

| What the standard is intending to measure. |
|---|
| How the standard is being measured. |
| The most recent data available for the Standard. |
| Standard set as a component of the Department's approved Adult Mental Health Services Plan dated October 13, 2006. |
| Standard set as a component of the Department's approved standards for defining substantial compliance approved October 29, 2007. |
| |

Calendar and Fiscal Year Definitions:

CY: Calendar Year - January 1 - December 31. FY: Fiscal Year - State Fiscal Year July 1 - June 30.

Standard 1. Rights Dignity and Respect

Have providers treated you with dignity and respect?

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. Class Members informed about their rights.
- 1a. Class Members with CIW informed about their rights.
- 1b. Class Members with MaineCare informed about their rights.
- 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

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. Class members reporting satisfaction with living situation
- 2. Class members reporting satisfaction with residential/housing supports

Standard 14. Housing & Residential Support Services

- 1. Class members with unmet housing resource needs.
- 2. Class members who were homeless over 12 month period.
- 3. Class members reporting satisfaction with living arrangement.
- 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.

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 Class Members reporting they knew how to get help when it was needed.
- 2. Class Members reporting crisis services were available when needed.

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. Class members reporting they can get the support that they need.
- 2. Class members reporting satisfaction with MH supports/services.

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

Standard 24. Family Support Services

- 1. Counseling group participants reporting satisfaction with services
- 2. Program participants reporting satisfaction with education programs
- 3. Family participants reporting satisfaction with respite services in the community.

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. Class members in supported or competitive employment in the community.

Standard 27. Vocational Employment Services

- 1. Class members reporting satisfaction with employment
- 2. Class members reporting vocational supports available when needed.

Standard 28. Transportation

Class Members with ISPs - Unmet transportation needs.

Standard 29. Transportation

- 1. Class members due to lack of transportation, reporting difficulty getting to metal health or medical appointments
- 2. Class members due to lack of transportation, reporting difficulty participating in social/recreational activities

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/Spirtual

- 1. ISP identified class member unmet needs in recreational/social/avocational/spiritual areas
- 2. Class members reporting regular participation in recreational/social/avocational/spiritual activities
- 3. Class members reporting satisfaction with recreational/social/avocational/spiritual oppurtunities.

Standard 32. Individual Outcomes

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

Standard 33. Recovery

- 1. 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. Consumers reporting that providers offered learning opportunities: question eliminated with 2007 DIG Survey
- 5. Consumers reporting providers stressed natural supports/friendships
- 6. Consumers reporting providers offered peer recovery groups.

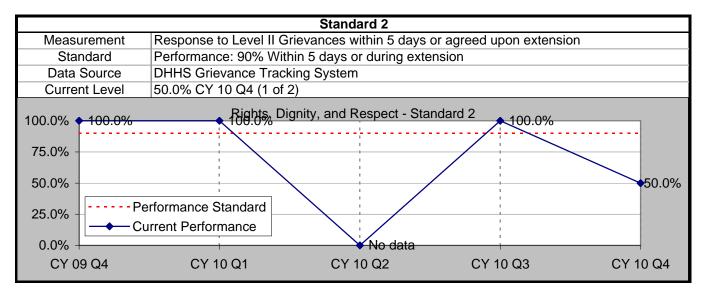
Standard 34. Public Education

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

Standard 1 - Treated with respect for their individuality

| | | Standard 1 | | |
|---------------|------------------------|----------------------------|-----------------------|-------|
| Measurement | % Yes to "Have Service | providers treated you with | courtesy and respect? | 2" |
| Standard | Performance: 90% Yes | | | |
| Data Source | Class Member Survey Q | 3 | | |
| Current Level | 93.8% (N=537) | | | |
| 100.0% | Rights, Digr | nity, and Respect - Standa | rd 1 | |
| 75.0% | 92.5% | 91.3% | 91.2% | 93.8% |
| 50.0% - | | | | |
| 25.0% - — Cu | rrent Performance | | | |
| 0.0% | formance Standard | | | |
| 2005 | 2006 | 2007 | 2008 | 2009 |

Standard 2 - Grievances are addressed in a timely manner



Discussion:

Standard 1: No Class Member Survey was administered in 2010. In February 2010, the Department submitted a consent decree plan amendment request to the Court Master seeking to allow the use of the DIG survey instead of both the DIG Survey and the class member survey to measure performance of the state mental health system and compliance with the Consent Decree Plan. That amendment request was approved 01/19/2011. This standard will reflect the approved changes in the next quarterly report, May 1, 2011.

Standard 2: Met from calendar year 2006 thru the 1st and 3rd quarters of calendar year 2010. Not met Q4 - one of two grievances was not responded to within the prescribed timeframe.

Standard 3 - Demonstrate rights are respected and maintained

| | Standard 3.1 | | | | | |
|--|--|--|--|--|--|--|
| Measurement | Measurement Number of Level II grievances filed and number unduplicated people | | | | | |
| Standard | No numerical standards necessary, ongoing monitoring of grievance trends. | | | | | |
| Data Source | DHHS Grievance Tracking System | | | | | |
| Current Level | 2 Grievances, 2 Unduplicated individuals | | | | | |
| | Standard 3.2 | | | | | |
| Measurement | Number of Level II grievances filed where violation is substantiated | | | | | |
| Standard | No numerical standards necessary, ongoing monitoring of grievance trends. | | | | | |
| Data Source | DHHS Grievance Tracking System | | | | | |
| Current Level | CY 10 Q4 2 grievances filed, 0 substantiated. | | | | | |
| 20 15 Grievanc 15 Individua Substant 9 5 0 | S | | | | | |
| CY 09 Q4 | CY 10 Q1 CY 10 Q2 CY 10 Q3 CY 10 Q4 | | | | | |

Standard 4 - Class Members are informed of their rights

| | | Standar | d 4.1 | | |
|--|--|---------|---------------------------|------------------|-------|
| Measurement Percent of class members informed about rights as a MH consumer in way they of understand. | | | | they could | |
| Oten dend | Performance: 90% | | | | |
| Standard | Compliance: See ex | • | Standard 4 Meas | urement Method 2 | |
| Data Source | Class Member Surve | ey Q30 | | | |
| Current Level | 80.1% (N=537) | | | | |
| 25.0% - | Rights, Current Performance Performance Standard | 80.0% | spect - Standard 78.6% | 4.1 | 80.1% |
| 2006 | 20 | 07 | 20 | 08 | 2009 |

| | Standard 4.1a | | | | |
|---------------|---|---|---|--|--|
| Measurement | Percent of class mem | bers who have a CIW reporting | g they were informed about their rights | | |
| Standard | Performance: 95% Compliance: See exp | Performance: 95% Compliance: See explanation after Standard 4 Measurement Method 2 | | | |
| Data Source | Class Member Survey | y, Qs 26 & 30 | | | |
| Current Level | 86.7% (N=537) | - | | | |
| 100.0% | Rights, Di | gnity, and Respect - Standard | 4.1a | | |
| 75.0% 87.9% | | 87.8% 86.3% | 86.7% | | |
| 50.0% - | I | | | | |
| 25.0% ↓ → C | Current Performance | | | | |
| | Performance Standard | | | | |
| 0.0% | | | | | |
| 2006 | 2007 | 7 20 | 2009 | | |

| | | Standar | d 4.1b | | | |
|-----------------------|--|--|---------------------------------|---------------|--|--|
| Measurement | Percent of class me rights. | Percent of class members who have MaineCare reporting they were informed about their rights. | | | | |
| Standard | Performance: 90% Compliance: See ex | planation after | Standard 4 Measurement Metho | od 2 | | |
| Data Source | Class Member Surv | ey, Qs 30 & 38 | | | | |
| Current Level | 82.7% (N=537) | | | | | |
| 100.0% | Rights, I | Dignity, and Res | spect - Standard 4.1b | 82.7% | | |
| 84.5% 50.0% | | 79.2% | 81.5% | | | |
| | Current Performance | | | | | |
| 25.0% | Performance Standard | | | | | |
| 0.0% | | | | | | |
| 2006 | 20 | 07 | 2008 | 2009 | | |
| | | | | | | |
| | | Standa | rd 4.2 | | | |
| Measurement | Percent of consume | ers reporting the | ey were given information about | their rights. | | |

| Measuremer | nt Percent of consumers reporting they was | Percent of consumers reporting they were given information about their rights. | | | | |
|--------------|---|--|-------|--|--|--|
| Standard | Performance: 90% | | | | | |
| Stanuaru | Compliance: See explanation below. | Compliance: See explanation below. | | | | |
| Data Source | Data Infrastructure Grant Survey, Q22 | 2 | | | | |
| Current Leve | el 88.6% (N=1337) | | | | | |
| 100.0% | Rights, Dignity, and Resp | ect - Standard 4.2 | | | | |
| 75.0% 90.5% | % 87.9% | 87.1% | 88.6% | | | |
| 50.0% - | Current Performance | | | | | |
| 25.0% | Performance Standard | | | | | |
| 0.0% | | 1 | | | | |
| 2007 | 2008 | 2009 | 2010 | | | |

* Compliance standard for 4.1, 4.1a, 4.1b, and 4.2

If results fall below performance standard levels, the Department:

•Consults with the consumer council

•Takes corrective action if deemed necessary by the consumer council and

•Develops that corrective action in collaboration with the consumer council

Discussion:

Standards 4.1a, 4.1b, and 4.1c: No Class Member Survey was administered in 2010. In February 2010, the Department submitted a consent decree plan amendment request to the Court Master seeking to allow the use of the DIG survey instead of both the DIG Survey and the class member survey to measure performance of the state mental health system and compliance with the Consent Decree Plan. That amendment request was approved 01/19/2011. This standard will reflect the approved changes in the next quarterly report, May 1, 2011.

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

| Standard 5.1 | | | | | |
|--|---|---------|--------|---------|--|
| Measurement Percentage of class members requesting a worker who were assigned one. | | | | | |
| Standard | Performance: 100% |) | | | |
| Data Source | ISP RDS Data | | | | |
| Current Level | 100.0% (354 out of | 354) | | | |
| 100.0% | Timeliness of CSS Assignment - Standard 5.1 | | | | |
| 100.0% |) | 100.0% | 100.0% | 100.0% | |
| 75.0% - | I | | 1 | | |
| 50.0% | | _ | | | |
| | - Current Performance | | 1 | | |
| 25.0% | Performance Standard | | | | |
| 0.0% | | | | | |
| FY10 Q2 | FY10 | Q3 FY10 | 0 Q4 | FY11 Q1 | |

| | Standa | rd 5.2 | |
|--------------------------------|--|------------------------------|-------------------------|
| Measurement | Percentage of hospitalized class m | embers who were a assigned a | worker within 2 working |
| weasurement | days. | | |
| Standard | Performance: 90% | | |
| Stanuaru | Compliance: 90% (3 out of 4 quarter | ers) | |
| Data Source | ISP RDS Data | | |
| Current Level | 62.8% (54 out of 86) | | |
| 100.0% 75.0% 7 <u>5.0</u> % | Timeliness of CSS Assig | gnment - Standard 5.2 | 62.8% |
| 50.0% | 42.9% | 64.7% | |
| 25.0% | Current Performance Compliance Standard | | |
| FY10 Q2 | FY10 Q3 | FY10 Q4 | FY11 Q1 |

Community Integration / Community Support Services / Individualized Support Planning

| | Stand | ard 5.3 | | | | |
|---------------------------|--|------------------------|---------|--|--|--|
| Measurement | Measurement Percent of non-hospitalized class members assigned a worker within 3 working days. | | | | | |
| Standard Performance: 90% | | | | | | |
| Stanuaru | Compliance: 90% (3 out of 4 quar | ters) | | | | |
| Data Source | ISP RDS Data | | | | | |
| Current Level | 70.1% (188 out of 268) | | | | | |
| | Timeliness of CSS Ass | ignment - Standard 5.3 | | | | |
| 100.0% - | | | | | | |
| | | | 70.1% | | | |
| 75.0% 79.0% | 74.00/ | | 70.1% | | | |
| | 74.0% | 67.6% | | | | |
| 50.0% | 1 | | | | | |
| 25.0% | Current Performance | I I | | | | |
| 23.070 | Compliance Standard | | | | | |
| 0.0% | | | | | | |
| FY10 Q2 | FY10 Q3 | FY10 Q4 | FY11 Q1 | | | |
| | | | | | | |

| | | Standard 5.4 | |
|----------------------|-----------------------------|----------------------------------|--------------------------|
| Measurement | | s in hospital or community not a | ssigned on time but were |
| Weddurement | assigned within an addition | onal 7 working days. | |
| Standard | Performance: 100% | | |
| Otaridara | Compliance: 95% | | |
| Data Source | ISP RDS Data | | |
| Current Level | 34.8% (39 out of 112) | | |
| 100.0% | Timeliness of | CSS Assignment - Standard 5.4 | |
| 75.0% 50.0% 55.2% | 47.69 | % 47.6% | 34.8% |
| 25.0% | | Current Performance | |
| FY10 Q2 | FY10 Q3 | FY10 Q4 | FY11 Q1 |

Discussion:

Standard 5.1: As this standard is figured on RDS/enrollment data submitted for persons in service, the standard is always met as, by definition the individual has a community integration worker

Standard 5.2, 5.3, 5.4: Timeliness standards not met. Standard 5.3 has displayed a downward trend (moving away from the standard) over the 4 quarters of FY 10, up slightly in the 1st quarter FY 11.

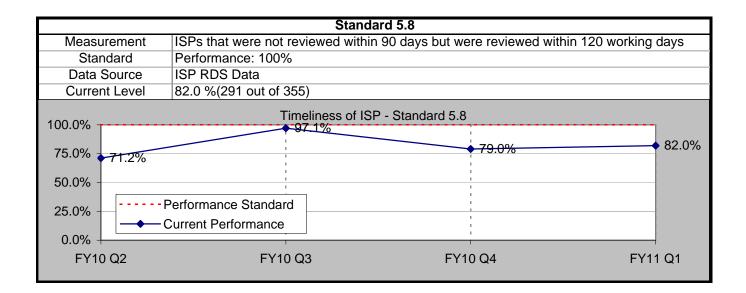
Community Integration / Community Support Services / Individualized Support Planning

| Standard 5.5 | | | | | | |
|---|------------------------|----------------------------|--------|------|--|--|
| Measurement ISP completed within 30 days of service request | | | | | | |
| Standard | Performance: 90% | | | | | |
| Standard | Compliance: 90% (3 out | of 4 quarters) | | | | |
| Data Source | ISP RDS Data | | | | | |
| Current Level | 100.0% (74 out of 74) | | | | | |
| | Timelir | ness of ISP - Standard 5.5 | | | | |
| 100.0% | + | | 100.00 | • | | |
| 98:3% | -100. | 0% | -98.0% | 40 | | |
| 75.0% - | | | | - | | |
| F0.00/ | | | | | | |
| 50.0% | Current Performance | | | | | |
| 25.0% | | | | | | |
| 20.070 | Compliance Standard | | | | | |
| 0.0% | 0.0% | | | | | |
| FY10 Q2 | FY10 Q3 | FY10 | 04 EV1 | 1 Q1 | | |
| | 1110 Q3 | FIR | | | | |

| Standard 5.6 | | | | | |
|---------------------------|--|---------|---------------------|--|--|
| Measurement | easurement 90 day ISP review completed within specified timeframe. | | | | |
| Standard Performance: 90% | | | | | |
| Stanuaru | Compliance: 90% (3 out of 4 quarters) | | | | |
| Data Source | ISP RDS Data | | | | |
| Current Level | 67.5% (736out of 1091) | | | | |
| 100.0% | Timeliness of ISP - Standard 5.6 | | | | |
| 75.0% | | | | | |
| 50.0% 64.3% | 75.5% | 70.8 | % 67.5% | | |
| 25.0% - | | | | | |
| 0.0% | | | Compliance Standard | | |
| 6.0% + FY10 Q2 | FY10 Q3 | FY10 Q4 | FY11 Q1 | | |

Community Integration / Community Support Services / Individualized Support Planning

| | Stand | lard 5.7 | |
|-------------------|-------------------------------------|----------------------------------|---------------------|
| Measurement | Initial ISPs not developed within 3 | 30 days, but were developed with | nin 60 working days |
| Standard | Performance: 100% | | |
| Data Source | ISP RDS Data | | |
| Current Level | NA (0 out of 0) | | |
| | Timeliness of IS | P - Standard 5.7 | |
| 100.0% | | **** | |
| 75.0% - | | 160.0% | |
| | Performance Standard | | |
| 50.0% - | | | |
| 25.0% | | 1 | |
| | | | N/A |
| 0.0% \ N/A | ◆N/A | i | → |
| FY10 Q2 | FY10 Q3 | FY10 Q4 | FY11 Q1 |
| | | | |



Discussion:

Standard 5.5: Met since the 3rd quarter of FY 08

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

| | Sta | ndard 7.1a | |
|---------------|---|--------------------|---------|
| Measurement | Does the record document that the treatment plan goals reflect the strengths of the | | |
| Measurement | consumer receiving services? | | |
| Standard | Performance: 95% | | |
| Standard | Compliance: 90% (3 out of 4 c | quarters) | |
| Data Source | Class Member Treatment Plar | nning Review | |
| Current Level | 96.9% (93 out of 96) | | |
| | ISP Planni | ng - Standard 7.1a | |
| 100.00% | | | |
| 94.10% | | 99:0% | 96.9% |
| 75.00% | I | I I | |
| | | | |
| 50.00% | Current Derfermense | | |
| 25.00% | - Current Performance | | |
| 25.00% | Compliance Standard | | |
| 0.00% | | | |
| FY10 Q3 | FY10 Q4 | FY11 Q1 | FY11 Q2 |

| Standard 7.1b | | | | |
|---------------|---|--|---------|--|
| Measurement | Does record document the individual's potential need for crisis intervention and resolution | | | |
| weasurement | services was considered during trea | services was considered during treatment planning? | | |
| Standard | Performance: No Numerical Standa | ard | | |
| Data Source | Class Member Treatment Planning | Review | | |
| Current Level | 94.8% (91 out of 96) | | | |
| | ISP Planning - S | Standard 7 1b | | |
| 100.0% | | | | |
| 97.1% | 97.1% | 96.0% | 94.8% | |
| 75.0% - | 1 | | | |
| 50.00/ | | | | |
| 50.0% — | Current Performance | | | |
| 25.0% | Performance Standard | | | |
| | 1 | 1 | | |
| 0.0% | 1 | 1 | | |
| FY10 Q3 | FY10 Q4 | FY11 Q1 | FY11 Q2 | |
| | | | | |

Discussion:

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

Community Integration / Community Support Services / Individualized Support Planning

| | | Standard 7.1c | | |
|---------------|---|-----------------------|---------|--|
| Measurement | asurement Does the record document that the consumer has a crisis plan? | | | |
| Standard | Performance: No Numerica | al Standard | | |
| Data Source | Class Member Treatment F | Planning Review | | |
| Current Level | 79.4% (77 out of 97) | | | |
| | ISP Pla | nning - Standard 7.1c | | |
| 100.0% | | | | |
| 75.00/ | | | | |
| 75.0% | | | 79.4% | |
| 50.0% 64.7% | 66.0% | 63.6% | | |
| | Current Performance | | | |
| 25.0% | | | | |
| | Performance Standard | 1 | | |
| 0.0% | I | | | |
| FY10 Q3 | FY10 Q4 | FY11 Q1 | FY11 Q2 | |
| | | | | |

| | Standar | d 7.1d | |
|---------------|---|---------------|---------|
| Measurement | If the consumer has a crisis plan, "has the crisis plan been reviewed as required, every 3 months?" | | |
| Standard | Performance: No Numerical Standa | ard | |
| Data Source | Class Member Treatment Planning | Review | |
| Current Level | 87.0% (67 out of 77) | | |
| 100.0% 1 | ISP Planning - S | Standard 7.1d | |
| 75.0% 89.1% | 79.4% | 85.7% | 87.0% |
| 50.0% - | | | |
| 25.0% | Current Performance Performance Standard | | |
| 0.0% | i T | | |
| FY10 Q3 | FY10 Q4 | FY11 Q1 | FY11 Q2 |

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

| | Standard 8.1 | | |
|---|--|------------|------------------|
| Measurement ISPs reviewed in which there is evidence that the ISP team reconvened | | | d after an unmet |
| Measurement | need was identified. | | |
| Standard | Performance: 90% | | |
| Data Source | Class Member Treatment Planning Review | | |
| Current Level | 54.5% (6 out of 11) | | |
| | Individualized Support Planning - St | andard 8 1 | |
| 100.0% - | | | |
| | 75.0% | ····· | |
| 75.0% | | 83.3% | |
| | | | |
| 50.0% 57.9% | 1 | 1 | 54.5% |
| 25.0% | Current Performance | 1 | |
| 20.070 | Performance Standard | i i | |
| 0.0% | r enormance Standard | 1 | |
| FY10 Q3 | FY10 Q4 F | Y11 Q1 | FY11 Q2 |
| | | | |

| | Standa | ard 8.2 | | |
|--|------------------------------------|------------------------------------|----------------|--|
| Measurement | ISPs reviewed with identified unme | et needs in which interim plans ar | e established. | |
| Standard | Performance: 95% | | | |
| Stanuaru | Compliance: 90% (3 out of 4 quart | ers) | | |
| Data Source | Class Member Treatment Planning | g Review | | |
| Current Level | 63.6% (7 out of 11) | | | |
| Individualized Support Planning - Standard 8.2 | | | | |
| | 90.0% | | | |
| 75.0% | 30.070 | 77.8% | | |
| 50.0% 63.2% | | 1 | 63.6% | |
| 25.0% - C | urrent Performance | | | |
| | compliance Standard | | | |
| 0.0% | i | | | |
| FY10 Q3 | FY10 Q4 | FY11 Q1 | FY11 Q2 | |

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

| Measurement Standard Data Source Current Level | • • | , | by each provider.** |
|---|-----------------|---|---------------------|
| 100.0% | ISP Service Agr | eements - Standard 9 | |
| 50.0% 25.0% 0.0% | 69.6% | 64.7% Current Performance Compliance Standard | 63.6% |
| 6.0% + FY10 Q3 | FY10 Q4 | FY11 Q1 | FY11 Q2 |

Discussion:

Standard 9: Continues not to be met

Standard 10 - Case Load Ratio

| Standard 10.1 - ACT | | | | |
|---------------------|--|--------------------------------|---------|--|
| Measurement | ACT Providers with average caseloads of 10 or fewer. | | | |
| Standard | Compliance: 90% of all ACT 1 | 「eams | | |
| Data Source | Agency Community Support C | Census/Staffing Ratio Database | | |
| Current Level | 100.0% (9 out of 9) | | | |
| 100.0% | Case Load Ratio - ACT - Standard 10.1 | | | |
| 100.0% - 100.0% | 100.0% - | | | |
| 75.0% | | | | |
| | | | | |
| 50.0% - | | | | |
| 05.00/ | | Current Performance | | |
| 25.0% - | 1 | Compliance Standard | | |
| 0.0% | | | | |
| FY10 Q3 | FY10 Q4 | FY11 Q1 | FY11 Q2 | |

| | Standard 10.2 - (| CI | | | |
|---------------|--|--------------------|---------|--|--|
| Measurement | Community Integration Providers with average caseloads of 40 or fewer. | | | | |
| Standard | Compliance: 90% of all CIW Providers | | | | |
| Data Source | Agency Community Support Census/Staff | ing Ratio Database | | | |
| Current Level | 100.0% (24 out of 24) | | | | |
| 100.0% | Case Load Ratio - CI - Standard 10.2 | | | | |
| - 100.0% | | | 100.0% | | |
| 75.0% | I | 1 | | | |
| 50.0% - | | | | | |
| 25.0% ↓ ← C | urrent Performance | 1 | | | |
| | ompliance Standard | 1 | | | |
| 0.0% | · · · · · · · · · · · · · · · · · · · | | | | |
| FY10 Q3 | FY10 Q4 | FY11 Q1 | FY11 Q2 | | |

Discussion:

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

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

| | Standard 2 | 10.4 - ICM | | | | |
|---------------|----------------------------------|---|---------|--|--|--|
| Measurement | Intensive Case Managers with ave | ntensive Case Managers with average caseloads of 16 or fewer. | | | | |
| Standard | Compliance: 90% of all ICM Worke | ers with Class Member caseloads | | | | |
| Data Source | EIS ICM Caseload Data | | | | | |
| Current Level | 100.0% (26 out of 26) | | | | | |
| 100.0% | Case Load Ratio | - Standard 10.4 | | | | |
| 100.0% | | | | | | |
| 75.0% - | | | | | | |
| | | | | | | |
| 50.0% - | | | | | | |
| | urrent Performance | | | | | |
| 25.0%C | ompliance Standard | | | | | |
| 0.0% | | | | | | |
| | | | | | | |
| FY10 Q3 | FY10 Q4 | FY11 Q1 | FY11 Q2 | | | |

| | Sta | andard 10.5 - OES | | | |
|---------------------|--|--------------------------|-------------------|--------|--|
| Measurement | Measurement Office of Elder Services Case Managers with average caseload of 25 or fewer. | | | | |
| Standard | Standard Compliance: 90% of all OES Case Managers with Class Member Public Wards | | | | |
| Data Source | MAPSIS Case Counts for | Workers with Class Mem | pers Public Wards | | |
| Current Level | 51.7% (15 out of 29) | | | | |
| 100.0% | Case Lo | ad Ratio - Standard 10.5 | | _ | |
| 75.0% 59.1% | | | | | |
| 50.0% 25.0% - Cu | rrent Performance 39.1% | , 0 | 46.2% 51.7% | | |
| 0.0% | mpliance Standard | | | | |
| FY10 Q3 | FY10 Q4 | FY1 | 1 Q1 FY | ′11 Q2 | |

Discussion:

Standard 10.4: Standard met since the 2nd quarter of FY 08. ICM focus is primarily outreach with individuals in forensic facilities or with individuals who are homeless. ICMs no longer carry traditional caseloads.

Standard 10.5: OES continues not to meet staff/client ratios. As of October 2010, all vacant caseworker positions are filled.

Recommendations:

Continue to monitor

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 July 1 - Sept 30, 2010 | | | | | | |
|--|----|----|---|----|--|--|
| Region 1 Region 2 Region 3 T | | | | | | |
| Unique Individuals: | 14 | 14 | 3 | 31 | | |
| Unmet Needs: | 0 | 0 | 0 | 0 | | |

| Unmet Needs by Domain | | | |
|---|-------|--|--|
| Jul 1 ~ Sept 30, 2010 | Otata | | |
| 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 | | |

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

| Standard 12.1 | | | | | |
|---------------|--|--------------------|--|--|--|
| Measurement | Measurement Class members in community with ISPs with unmet residential support needs. | | | | |
| Standard | Compliance: 5% or fewer (3 out of 4 quarters) | | | | |
| Data Source | ISP RDS Data | | | | |
| Current Level | 3.4% (40 out of 1191) | | | | |
| 100.0% - | Housing and Residential Support Services - Standard 12.1 | | | | |
| 75.0% | Current Performance | | | | |
| 50.00/ | Compliance Standard | | | | |
| 50.0% - | | | | | |
| 25.0% 1.3% | 3.2% | 3.8% 3.4% | | | |
| 0.0% + | •••••••••••••••••••••••••••••••••••••• | ****************** | | | |
| FY10 Q2 | FY10 Q3 FY | 10 Q4 FY11 Q1 | | | |

| | | | Standard 12.2 | | | | |
|----------|---------------------------|---|---|-------------|-------------|--------|----|
| Measu | urement | discharged within 7 | Percentage of patients at Riverview determined to be ready for discharge who are discharged within 7 days of that determination. (discharge is not impeded due to lack of residential support services) | | | | |
| Star | ndard | | Performance: 75% (within 7 days of that determination) Compliance: 70% (within 7 days of that determination) | | | | |
| Data | Source | Riverview Psychiat | ric Center Discharge Da | ata | | | |
| Currer | nt Level | /el 100.0% FY11 Q2 (Lack of residential supports did not impede discharge for any patients within 7 days) | | | | | |
| 100.0% < | | Housing and F | Residential Support Serv | rices - Sta | andard 12.2 | | |
| 75.0% - | 100.0% | | 100.0% | | 100.0% | 100.0% | |
| 50.0% - | | | | | | | |
| | (| Current Performance | | 1 | | | |
| 25.0% - | 25.0% Compliance Standard | | | | | | |
| 0.0% - | | | | 1 1 1 | | | |
| FY10 |) Q3 | FY10 |) Q4 | FY11 | Q1 | FY11 | Q2 |

| | Standard 12.3 | | | | | |
|---------------|--|--|--|--|--|--|
| | Percentage of patients at Riverview determined to be ready for discharge who are | | | | | |
| Measurement | discharged within 30 days of that determination | on. (discharge is not impeded due to lack of | | | | |
| | residential support services) | | | | | |
| Standard | Performance: 96% (within 30 days of that det | , | | | | |
| | Compliance: 80% (within 30 days of that dete | , | | | | |
| Data Source | Riverview Psychiatric Center Discharge Data | | | | | |
| Current Level | 100.0% FY11 Q2 (Lack of residential supports did not impede discharge for any patients | | | | | |
| | within 30 days) | | | | | |
| | Housing and Residential Support Service | es - Standard 12.3 | | | | |
| 100.0% | 100.0% | 100.0% | | | | |
| 75.0% | , 100.070 | , 100.078 | | | | |
| 75.078 | | | | | | |
| 50.0% | - Current Performance | | | | | |
| | Compliance Standard | | | | | |
| 25.0% | | | | | | |
| 0.0% | | | | | | |
| | FX10 Q4 | | | | | |
| FY10 Q3 | FY10 Q4 | FY11 Q1 FY11 Q2 | | | | |

| Standard 12.4 | | | | |
|--|--|----------------------------------|------------------------|--|
| | Percentage of patients at Riverview determined to be ready for discharge who are | | | |
| Measurement | discharged within 45 days of that dete | ermination. (discharge is not in | npeded due to lack of | |
| residential support services) Perfomance: 100% (within 45 days of that determination) | | | | |
| Standard | Compliance: 90% (within 45 days of t | , | clients excepted by | |
| | agreement of the parties and the Cou | | | |
| Data Source | Riverview Psychiatric Center Dischar | ge Data | | |
| Current Level | 100.0% FY11 Q2 (Lack of residential | l supports did not impede discl | harge for any patients | |
| | within 45 days) | | | |
| 400.0% | Housing and Residential Support | Services - Standard 12.4 | | |
| 100.0% | | | 100:0%- | |
| 75.0% - | - | | | |
| 50.00/ | | | | |
| 50.0% | - Current Performance | 1 | | |
| 25.0% | - Compliance Standard | I I | | |
| | | | | |
| 0.0% | | | | |
| FY10 Q3 | FY10 Q4 | FY11 Q1 | FY11 Q2 | |

Discussion:

Standard 12.1: Met since the 4th quarter FY 08 except for 1 quarter (Q2 FY 09)

Standards 12.2, 12.3, 12.4: Met since the 1st quarter of FY 09

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

45 Civil Patients discharged in quarter

30 discharged at 7 days (66.7%) 6 discharged 8-30 days (13.3%) 2 discharged 31-45 days (4.4%) 7 discharged post 45 days (15.6%)

Residential Support Services did not impede discharge for any patients post clinical readiness for discharge

Standard 13.1 - Class member satisfaction with access to and quality of residential support services - Data now reported under standard 14.3

| | Standa | rd 13.2 | | |
|--------------------------|---|---------|-------|--|
| Measurement | ent Class members receiving residential/housing supports who report satisfaction with services. | | | |
| Standard | Performance: 85% | | | |
| Data Source | Annual Class Member Survey Q17 | • | | |
| Current Level | 80.9% (N=537) | | | |
| 100.0% 75.0% 50.0% | Housing and Residential Supp 81.0% | 81.0% | 80.9% | |
| 25.0% | - Performance Standard | | | |
| 2006 | 2007 | 2008 | 2009 | |

No Class Member Survey was administered in 2010. In February 2010, the Department submitted a consent decree plan amendment request to the Court Master seeking to allow the use of the DIG survey instead of both the DIG Survey and the class member survey to measure performance of the state mental health system and compliance with the Consent Decree Plan. That amendment request was approved 01/19/2011. This standard will reflect the approved changes in the next quarterly report, May 1, 2011.

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

| | Standard 14.1 | | | | |
|--------------------------|---|--|--|--|--|
| Measurement | Measurement Class members with ISPs with unmet housing needs. | | | | |
| Standard | Compliance: 10% or fewer (3 out of 4 quarters) | | | | |
| Data Source | ISP RDS Data | | | | |
| Current Level | 10.5% (125 out of 1191) | | | | |
| 100.0% 75.0% 50.0% | Housing and Residential Support Services - Standard 14.1 | | | | |
| 25.0% | 8.1% 10.8% | | | | |
| 0.0% | | | | | |
| FY10 Q2 | FY10 Q3 FY10 Q4 FY11 Q1 | | | | |

| | | Standard 14 | 1.2 | | |
|---------------|---------------------|----------------------|-----------------|----------------------|--------------|
| Measurement | Percentage of Class | Members who exp | perienced hom | elessness over 12-mo | onth period. |
| Standard | Performance: 6% or | fewer | | | |
| Data Source | Class Member Surv | еу | | | |
| Current Level | 9.0% (N=537) | | | | |
| 100.0% - | Housing and R | esidential Support S | Services - Stan | dard 14.2 | |
| 75.0% - Cu | urrent Performance | | | | |
| 50.0% - | erformance Standard | | | | |
| 25.0% - | | | 10.00/ | | |
| 7.8% | | 6.6% | 10.3% | | |
| 0.0% | | | | | 9.0% |
| 2006 | 200 | 07 | 200 | 8 | 2009 |

Discussion:

Standard 14.1: Met from quarter 3 FY 09 through quarter 3 FY 10. The last 2 quarters have exceeded the standard by .8% and .5% respectively. There has been an increase in the percentage of unmet need over 4 quarters from 2.8 to 10.5, an almost 8 percentage point change.

Recommendations:

Continue to monitor

Community Resources and Treatment Services Housing and Residential

| | | | Standard | d 14.3 | | |
|--------------------|-------|--|------------------|---------------------|---------------------------------------|--------------|
| Measure | ement | Percent of Class Me | embers reporting | g satisfaction with | n their current living | arrangement. |
| Standa | ard | Performance: 80% | | | | |
| Data So | ource | Annual Class Memb | per Survey Q15 | | | |
| Current I | Level | 81.6% (537) | | | | |
| 100.0% | | Housing and R | esidential Suppo | ort Services - Sta | ndard 14.3 | |
| | 30.8% | | 86.1% | 82.1% | • • • • • • • • • • • • • • • • • • • | 81.6% |
| 50.0% - 25.0% - | - | current Performance erformance Standard | | | - | |
| 0.0% | | 20 | 07 | 20 | 008 | 2009 |

| | Standard | 14.4 | | |
|---------------|--|----------------------------------|-------------------|--|
| | Percentage of patients at Riverview determined to be ready for discharge who are | | | |
| Measurement | discharged within 7 days of that dete | ermination. (discharge not imped | ed due to lack of | |
| | housing alternatives) | | | |
| Standard | Performance: 75% (within 7 days of | · · | | |
| | Compliance: 70% (within 7 days of the compliance) Compliance of the complexity of th | , | | |
| Data Source | Riverview Psychiatric Center Discha | • | | |
| Current Level | 86.6% FY11 Q2 (Lack of housing alternatives impeded discharge for 6 out of 45 patients | | | |
| | within 7 days) | | | |
| 100.00/ | Housing and Residential Suppo | rt Services - Standard 14.4 | | |
| 100.0% | | • | | |
| 75.0% - | 84.6% | 91.0% | 86.6% | |
| 64.3% | | | | |
| 50.0% | | | | |
| | Current Performance | | | |
| 25.0% | Compliance Standard | 1 | | |
| 0.0% | | | | |
| FY10 Q3 | FY10 Q4 | FY11 Q1 | FY11 Q2 | |

| | Standard 1 | 14.5 | | | | |
|-----------------------------|--|--------------------------------|---------------------|--|--|--|
| | Percentage of patients at Riverview determined to be ready for discharge who are | | | | | |
| Measurement | discharged within 30 days of that dete | ermination. (discharge not imp | eded due to lack of | | | |
| | housing alternatives) | | | | | |
| Standard | Performance: 96% (within 30 days of | that determination) | | | | |
| Stanuaru | Compliance: 80% (within 30 days of the | nat determination) | | | | |
| Data Source | Riverview Psychiatric Center Discharg | ge Data | | | | |
| Current Level | 88.9% FY11 Q2 (Lack of housing alternatives impeded discharge for 5 out of 45 patients | | | | | |
| Current Level | within 30 days) | | | | | |
| | Housing and Residential Support | Services - Standard 14 5 | | | | |
| 100.0% | | | | | | |
| | 97.00/ | | | | | |
| 75.0% | 87.2% | 94.0% | 88.9% | | | |
| 50.0% - 71.4% | | | | | | |
| 50.0% | · · · · · · · · · · · · · · · · · · · | 1 | | | | |
| 25.0% — Current Performance | | | | | | |
| Compliance Standard | | | | | | |
| 0.0% | | | | | | |
| FY10 Q3 | FY10 Q4 | FY11 Q1 | FY11 Q2 | | | |
| | | | | | | |

| | Standard 14.6 | | | | | |
|--|---|--|--|--|--|--|
| Measurement | Percentage of patients at Riverview determined to be ready for discharge who are discharged within 45 days of that determination. (discharge not impeded due to lack of housing alternatives) | | | | | |
| StandardPerformance: 100% (within 45 days of that determination)Compliance: 90% (within 45 days of that determination with certain clients agreement of the parties and the Court Master) | | | | | | |
| Data Source | Riverview Psychiatric Center Discharge Data | | | | | |
| Current Level | 91.1% FY11 Q2 (Lack of housing alternatives impeded discharge for 4 out of 45 patients within 45 days) | | | | | |
| 100.0% - | Housing and Residential Support Services - Standard 14.6 | | | | | |
| 75.0% 82.0% | 89.7% 96.0% 91.1% | | | | | |
| 50.0% | | | | | | |
| 25.0% | Current Performance | | | | | |
| 0.0% | | | | | | |
| FY10 Q3 | FY10 Q4 FY11 Q1 FY11 Q1 | | | | | |

Discussion:

Standard 14.1 and 14.3: No Class Member Survey has been administered in 2010. In February 2010, the Department submitted a consent decree plan amendment request to the Court Master seeking to allow the use of the DIG survey instead of both the DIG Survey and the class member survey to measure performance of the state mental health system and compliance with the Consent Decree Plan. That amendment request was approved 01/19/2011. This standard will reflect the approved changes in the next quarterly report, May 1, 2011.

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

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

Standard 14.6: Met 2nd and 4th quarters FY 09; 2nd and 4th quarters FY 10; and the 1st and 2nd quarters FY 11

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

45 Civil Patients discharged in quarter

30 discharged at 7 days (66.7%) 6 discharged 8-30 days (13.3%) 2 discharged 31-45 days (4.4%) 7 discharged post 45 days (15.6%)

Housing Alternatives impeded discharge for 7 patients (15.6%)

1 patient discharged within 7 days post clinical readiness for discharge

1 patient discharged 8-30 days post clinical readiness for discharge

1 patients discharged 31-45 days post clinical readiness for discharge

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

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

| | | Standard | 15 | | | |
|---------------|----------------------|---|---------------------------|-------|--|--|
| Measurement | | Class members residing in homes with more than 8 beds in which the class member | | | | |
| mododromont | chooses to reside in | that facility is do | cumented. | | | |
| Standard | Performance: 95% | | | | | |
| Data Source | Paragraph 96 Annua | al Review | | | | |
| Current Level | 99.2% (120 of 121) | | | | | |
| 100.0% | Housing and R | | rt Services - Standard 15 | • | | |
| 75.0% | | 97.5% | 95.0% | 99.2% | | |
| 50.0% - Cu | urrent Performance | | 1 1 1 1 1 | | | |
| | erformance Standard | | | | | |
| 0.0% + | 200 | 08 | 2009 | 2010 | | |

Discussion:

Standard met since 2007.

The protocol for obtaining the informed consent of Class Members to live in homes with greater than 8 beds (Settlement Agreement Paragraph 96) is followed annually to track data for this standard.

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

| | Standar | d 16 | | | |
|-----------------------|--|---|---------|--|--|
| Measurement | Class Member admissions determined to be reasonably near an individual's local | | | | |
| | community of residence. | | | | |
| Standard | Compliance: 90% (3 out of 4 quarte | rs) | | | |
| Data Source | UR Database/EIS | | | | |
| Current Level | 88.0% (22 out of 25) | | | | |
| 100.0% 75.0% 81.8% | Acute Inpatient Services: Communi 81.8% | ty Hospitalization - Standard 16 90.9% | 88.0% | | |
| 50.0% 25.0% | Current Performance | | | | |
| 0.0% + FY10 Q2 | FY10 Q3 | FY10 Q4 | FY11 Q1 | | |

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

Discussion:

Standard was met in FY 09 and one quarter (Q4) in FY 10. The number of class member reviews is small making it difficult to draw conclusions systemically.

Recommendations:

Continue to monitor.

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

| | Standa | rd 17.1 | | | | | |
|-----------------|---|---|---------|--|--|--|--|
| Measurement | Class member involuntary admissi | class member involuntary admissions to community inpatient units have blue paper on file. | | | | | |
| Standard | Performance: 100% | | | | | | |
| Data Source | UR Database/EIS | | | | | | |
| Current Level | 100.0% (25 out of 25) | | | | | | |
| 100.0% | Acute Inpatient Services: Community Hospitalization - Standard 17.1 | | | | | | |
| 100.0% 75.0% | 100.0% | 100.0% | 100.0% | | | | |
| 50.0% - | | | | | | | |
| 25.0% | Current Performance | 1 | | | | | |
| 25.0% | Performance Standard | | | | | | |
| 0.0% | | | | | | | |
| FY10 Q2 | FY10 Q3 | FY10 Q4 | FY11 Q1 | | | | |

| | | Standard 17.2 | | | | | |
|---------------|---|--|--------|---------|--|--|--|
| Measurement | Blue paper was completed | Blue paper was completed and in accordance with terms. | | | | | |
| Standard | Performance: 90% | | | | | | |
| Data Source | UR Database/EIS | | | | | | |
| Current Level | 100.0% (25 out of 25) | | | | | | |
| 100.0% ◆ | Acute Inpatient Services: Community Hospitalization - Standard 17.2 | | | | | | |
| | | , | 100.0% | 100:0%- | | | |
| 75.0% | | | | 1001070 | | | |
| | | 1 | | | | | |
| 50.0% - | | 1 | 1 | | | | |
| | Current Performance | | | | | | |
| 25.0% | Performance Standard | | | | | | |
| 0.00% | | | | | | | |
| 0.0% + | | | | | | | |
| FY10 Q2 | FY10 Q3 | FY10 |) Q4 | FY11 Q1 | | | |

| | Standard 17.2a | | |
|--|---|--|-----------------|
| Measurement | Corrective action taken by UR nurse where | e blue paper not completed ir | accordance with |
| Wedsurement | terms. | | |
| Standard | Performance: 95% | | |
| Standard | Compliance:90% | | |
| Data Source | UR Database/EIS | | |
| Current Level | 100.0% (All blue papers reported as comp | leted and in accordance with | terms) |
| 100.0% 100.0% 100.0% 50.0% 25.0% 0.0% | Acute Inpatient Services: Community Hospi | talization - Standard 17.2a 100.0% | 1.00.0%- |
| FY10 Q2 | FY10 Q3 | FY10 Q4 | FY11 Q1 |

| | Standa | rd 17.3 | | | | |
|----------------------------|---|--|---------|--|--|--|
| Measurement | Class member involuntary admissi certification was completed. | Class member involuntary admissions to community inpatient units in which 24 hour certification was completed. | | | | |
| Standard | · · · | | | | | |
| Data Source | UR Database/EIS | | | | | |
| Current Level | 100.0% (23 out of 23) | | | | | |
| 100.0% 100.0% 75.0% | Acute Inpatient Services: Commun 100.0% | ity Hospitalization - Standard 17.3 | 100.0% | | | |
| 50.0% | Current Performance | | | | | |
| 25.0% | Performance Standard | | | | | |
| 0.0% + FY10 Q2 | FY10 Q3 | FY10 Q4 | FY11 Q1 | | | |

| | | Standard 17.3a | | | | | |
|--|------------------------------|----------------------------|---------|--|--|--|--|
| Measurement Corrective action taken by UR nurse where 24 hour certification was not completed. | | | | | | | |
| Standard | Performance: 100% | | | | | | |
| Otaridara | Compliance: 90% | | | | | | |
| Data Source | UR Database/EIS | | | | | | |
| Current Level | 100.0% (All 24 hr certificat | ons reported as completed) | | | | | |
| 100.0% | | | | | | | |
| - 100.0% | | | 0.0% | | | | |
| | | | | | | | |
| 50.0% | | - | | | | | |
| | Current Performance | | | | | | |
| 25.0% | Compliance Standard | 1 | | | | | |
| 0.0% | | | | | | | |
| FY10 Q2 | FY10 Q3 | FY10 Q4 | FY11 Q1 | | | | |

| | Standa | rd 17.4 | |
|---------------|-----------------------------------|---------------------------------------|------------------------|
| Measurement | Class member involuntary admissi | ons to community inpatient units in v | which patients' rights |
| Weasurement | were maintained. | | |
| Standard | Performance: 90% | | |
| Data Source | UR Database/EIS | | |
| Current Level | 100.0% (25 out of 25) | | |
| 100.0% ◆ | Acute Inpatient Services: Communi | ity Hospitalization - Standard 17.4 | |
| 100.0% | 100.0% | | 100.0%- |
| 75.0% - | | | |
| | | | |
| 50.0% | | | |
| | Current Performance | | |
| 25.0% | Performance Standard | 1 | |
| 0.0% | 1 | 1 | |
| | E)(40.02 | FY40.04 | |
| FY10 Q2 | FY10 Q3 | FY10 Q4 | FY11 Q1 |

| Standard 17.4a | | | | |
|-----------------------------------|------------------------------------|-------------------------------|----------------------|--|
| Measurement | Corrective action taken by UR nurs | se where documentation showed | patients' rights not | |
| | maintained. | | | |
| Standard | Performance: 90% | | | |
| | Compliance: 90% | | | |
| Data Source | UR Database/EIS | | | |
| Current Level | 100.0% (all rights were maintained |) | | |
| 100.0% 75.0% 50.0% 25.0% | Acute Inpatient Services: Communit | • | 100.0% - | |
| 0.0% + FY10 Q2 | FY10 Q3 | FY10 Q4 | FY11 Q1 | |

| Standard 17.5 | | | | |
|---|--|---------------------|---------|--|
| Measurement Class member involuntary admissions for which medical necessity has | | s been established. | | |
| Standard Performance: 90% | | | | |
| Data Source | UR Database/EIS | | | |
| Current Level | 100.0% (25 out of 25) | | | |
| 100.0% - 100.0% - 75.0% - 50.0% - 25.0% - | Acute Inpatient Services: Community 100.0% Current Performance Performance Standard | | 100.0% | |
| 0.0% + FY10 Q2 | FY10 Q3 | FY10 Q4 | FY10 Q4 | |

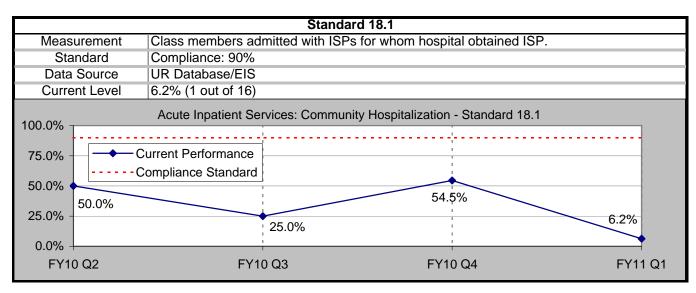
Discussion:

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

Recommendations:

Consider whether it continues to be necessary to review all emergency involuntary admissions; would a sample of admissions be sufficient to measure compliance?

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



| Standard 18.2 | | | | |
|--------------------------|---|--|--|--|
| Measurement | Treatment and discharge plan were determined to be consistent with ISP goals and | | | |
| | objectives. | | | |
| Standard | Compliance: 90% | | | |
| Data Source | UR Database/EIS | | | |
| Current Level | 0.0% (0 out of 1) | | | |
| 100.0% 75.0% | Acute Inpatient Services: Community Hospitalization - Standard 18.2 Current Performance | | | |
| 50.0% 25.0% | Compliance Standard 33,3% | | | |
| 25.0% 0.0% FY10 Q2 | 0.0% FY10 Q3 FY10 Q4 FY11 Q1 | | | |

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

| | Standard | 118.3 | | | | |
|----------------|-------------------------------------|--|-------------|--|--|--|
| Measurement | CI/ICI/ICM/ACT worker participated | /ICI/ICM/ACT worker participated in hospital treatment and discharge planning. | | | | |
| Standard | Compliance: 90% | | | | | |
| Data Source | UR Database/EIS | | | | | |
| Current Level | 93.8% (15 out of 16) | | | | | |
| 100.0% | Acute Inpatient Services: Community | Hospitalization - Standard 18.3 | | | | |
| 75.0% | 83.3% | 81.8% | 93.8% | | | |
| 50.0% 25.0% | Current Performance | | | | | |
| 0.0% | FY10 Q3 | FY10 Q4 | FY11 Q1 | | | |

Discussion

Standards 18.1, 18.2, and 18.3: Each quarter, hospital specific data regarding these standards is shared with each CSN. Numbers for each standard are very small making it difficult to draw definitive conclusions. Worker participation has been higher than the hospital actually receiving the ISP. Standard met Q2 FY10 and Q1 FY 11.

Recommendations:

Continue to monitor and share data with the CSNs.

Community Resources and Treatment Services Crisis Intervention Services

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

| | | | Sta | ndard 19.1 | | | |
|---|-----------|---------------------|---|------------|---|---------|---|
| Meas | surement | Face to face crisis | Face to face crisis contacts that result in hospitalizations. | | | | |
| St | andard | Performance: No n | Performance: No more than 20 - 25% are hospitalized as result of crisis intervention. | | | | |
| Data | a Source | Quarterly Contract | Performance | ce Data | | | |
| Curr | ent Level | 25.4% (1115 out o | f 4389) | | | | |
| Crisis Intervention Standards - Standard 19.1 | | | | | | | |
| 50.070 | | | | | | | |
| | 25.7% | | 25.7% | | 26.1% | 25.4% | |
| 0.0% - | | | | | Performance ance Standard ance Standard | | |
| | 0 Q2 | FY10 |) Q3 | FY1 | 0 Q4 | FY11 Q1 | 1 |

| | Standard 19.2 | | | | | |
|---|---------------------|--|---------|---------|--|--|
| Measurement | Face to face crisis | Face to face crisis contacts that result in follow-up and/or referral to community based | | | | |
| Measurement | services. | | | | | |
| Standard | To Be Established | | | | | |
| Data Source | Quarterly Contract | Performance Data | | | | |
| Current Level | 49.1% (2156 out of | 4389) | | | | |
| Crisis Intervention Standards - Standard 19.2 | | | | | | |
| 75.0% - | | 1 1 1 1 1 1 | | | | |
| 50.0% 49.6% 25.0% - ← Curre | ent Performance | 48.5% | 48.6% | 49.1% | | |
| 0.0% | FY1 | 0 Q3 | FY10 Q4 | FY11 Q1 | | |

Duscussion:

Standard 19.1: Data continues to run slightly above the standard.

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Community Resources and Treatment Services Crisis Intervention Services

| | | Standard 19.3 | 8 | | | |
|-----------------|----------------------------|---|----------|------|------|-------|
| Measurement | Face to face crisis used. | ace to face crisis contacts in which a previously developed crisis plan was available an ed. | | | | e and |
| Standard | To Be Established | | | | | |
| Data Source | Quarterly Contract | Performance Data | | | | |
| Current Level | 9.5% (419 out of 4 | 389) | | | | |
| 100.0% 75.0% | Crisis In rent Performance | ntervention Standards - | Standard | 19.3 | | |
| 50.0% | | 8.8% | | 7.6% | 9.5% | |
| 0.0% FY10 Q2 | FY1 | 0 Q3 | FY10 |) Q4 | FY11 | Q1 |

| | | Standard 19.4 | | | | |
|---------------|--|--|------------------|---------|--|--|
| Measurement | | Face to face crisis contacts in which client has a CI worker and worker was notified about | | | | |
| | the crisis. | | | | | |
| Standard | Compliance: 90% (3 out c | | | | | |
| Data Source | Quarterly Contract Perform | mance Data | | | | |
| Current Level | 96.6% (1149 out of 1189) | | | | | |
| 100.0% | | tion Standards - Standard | 19.4 | | | |
| 75.0% | 96.19 | 6 | 93.4% | 96.6% | | |
| 50.0% | | | | | | |
| 25.0% | Current Performance Compliance Standard | | 1 d 1 1 | | | |
| 0.0% | | | 1 1 1 | | | |
| FY10 Q2 | FY10 Q3 | FY10 |) Q4 | FY11 Q1 | | |

Discussion:

Standard 19.4: Met for FY' 09 and FY 10; Q1 FY11

Community Resources and Treatment Services Crisis Intervention Services

Standard 20 - Class member satisfaction with availability and quality of crisis intervention services

| | | Standar | d 20.1 | | | |
|---------------|--|--|-------------|--|--|--|
| Measurement | Class members repo | lass members reporting they know how to get help in a crisis when they need it-Q2. | | | | |
| | Performance: 90% | | | | | |
| Standard | | | | d takes appropriate corrective action if | | |
| | results fall below Per | rformance Stan | dard Level. | | | |
| Data Source | Class Member Surve | ∋y | | | | |
| Current Level | 90.6% (N=537) | | | | | |
| 400.004 | Crisis Intervention Services - Standard 20.1 | | | | | |
| 100.0% | | | | | | |
| 75.0% 91.4% | | 90.2% | 91.9% | 90.6% | | |
| 75.070 | - | | | | | |
| 50.0% | | | | | | |
| | Current Performance |] | | | | |
| 25.0% | Performance Standard | | | | | |
| 0.0% | 1 | | | | | |
| 0.0% + | i oo | 2 | | | | |
| 2006 | 200 | J7 | 20 | 08 2009 | | |

| | Standa | rd 20.2 | | | |
|---------------|--|-----------------------|-------|--|--|
| Measurement | Measurement Class members reporting that crisis services were available when needed. | | | | |
| Standard | Performance: 85% | | | | |
| Data Source | Class Member Survey | | | | |
| Current Level | 88.3% (N=537) | | | | |
| 100.0% | Crisis Intervention Ser | vices - Standard 20.2 | | | |
| 75.0% | 86.6% | | 88.3% | | |
| | | 75.6% | | | |
| 50.0% - | | | | | |
| 25.0% | Current Performance | | | | |
| | Performance Standard | | | | |
| 0.0% | | | | | |
| 2006 | 2007 | 2008 | 2009 | | |

Discussion:

No Class Member Survey was administered in 2010. In February 2010, the Department submitted a consent decree plan amendment request to the Court Master seeking to allow the use of the DIG survey instead of both the DIG Survey and the class member survey to measure performance of the state mental health system and compliance with the Consent Decree Plan. That amendment request was approved 01/19/2011. This standard will reflect the approved changes in the next quarterly report, May 1, 2011.

Community Resources and Treatment Services Treatment Services

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

| | | Standard 21.1 | | | |
|---------------|--|-------------------------------|---------------------------------------|---------|--|
| Measurement | ement Class members with ISPs with unmet mental health treatment needs | | | | |
| Standard | Compliance: 5% or few | ver (3 out of 4 quarters) | | | |
| Data Source | ISP RDS Data | | | | |
| Current Level | 7.8% (93 out of 1191) | | | | |
| | Treatn | nent Services - Standard 21.1 | | | |
| 100.0% – | | | | | |
| | rent Performance | | | | |
| 75.0% Con | npliance Standard | | | | |
| 50.0% - | · | | - | | |
| 50.076 | 1 | | | | |
| 25.0% - | 8.2% | | 9.2% | 7.8% | |
| 5.9% | | | 0.270 | | |
| 0.0% | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | | |
| FY10 Q2 | FY10 Q3 | 3 FY10 | 0 Q4 | FY11 Q1 | |
| | | | | | |

| | Standa | rd 21.2 | | |
|---------------|--|-----------------------|------------------------------|------|
| Measurement | Percentage of patients at Riverview determined to be ready for discharge who are | | | |
| modouromont | discharged within 7 days of that de | | | |
| Standard | Performance: 75% (within 7 days of | , | | |
| Otdriddid | Compliance: 70% (within 7 days of | | | |
| Data Source | Riverview Psychiatric Center Disch | v | | |
| Current Level | 95.5% FY11 Q2 (Lack of mental h | ealth treatment imped | ed discharge for 2 out of 45 | , |
| | patients within 7 days) | | | |
| | Treatment Service | s - Standard 21 2 | | |
| 100.0% | | | | |
| 75.00/ 89.3% | 97.4% | ¦ 100 | 95.5% | |
| 75.0% | | | | |
| EQ 00/ | | | | |
| 50.0% | - Current Performance | 1 | | |
| 25.0% | | I | | |
| | -Compliance Standard | 1 | | |
| 0.0% | 1 1 | 1 1 | | |
| FY10 Q3 | FY10 Q4 | FY11 Q1 | FY1 ² | 1 Q2 |

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Community Resources and Treatment Services Treatment Services

| | | Standard 21. | 3 | | |
|---------------|--|------------------------|------------------|--------------------|-----------------|
| Measurement | Percentage of patients at Riverview determined to be ready for discharge who are | | | | |
| Medodrement | U U | 0 days of that determ | | | |
| Standard | | (within 30 days of tha | | , | |
| Otandard | · · · · | within 30 days of that | | tion) | |
| Data Source | | ric Center Discharge I | | | |
| Current Level | | ack of mental health t | reatment in | npeded discharge f | for 2 out of 45 |
| | patients within 30 d | lays) | | | |
| | Tre | eatment Services - Sta | ndard 21.3 | | |
| 100.0% - | 110 | | | | |
| | | 100.0% | 1 | 100.0% | 95.5% |
| 75.0% | | | | | |
| 50.00/ | | | | | |
| 50.0% | Current Performance | | 1 | - | |
| 25.0% | 25.0% Compliance Standard | | | | |
| | | J | 1 | 1 | |
| 0.0% | | | | | |
| FY10 Q3 | FY10 | 0 Q4 | FY1 ² | 1 Q1 | FY11 Q2 |
| | | | | | |

| | Standard 21.4 | | | |
|------------------------------------|--|----------------------------|-----------------------|--|
| Measurement | Percentage of patients at Riverview determined to be ready for discharge who are | | | |
| modediomoni | discharged within 45 days of that determi | | | |
| | Performance: 100% (within 45 days of the | , | | |
| Standard | Compliance: 90% (within 45 days of that | determination with certair | n clients excepted by | |
| | agreement of the parties and the Court M | laster) | | |
| Data Source | Riverview Psychiatric Center Discharge | Data | | |
| Current Level | 97.8% FY11 Q2 (Lack of mental health tr | eatment impeded dischar | ge for 1 out of 45 | |
| Current Level | patients within 45 days) | | | |
| Treatment Services - Standard 21.4 | | | | |
| 96.4% | 100.0% | 100.0% | 97.8% | |
| 75.0% - | | 1 | | |
| 50.00/ | | - | | |
| 50.0% | Current Derformance | 1 | | |
| 25.0% | 25.0% — Current Performance | | | |
| Compliance Standard | | | | |
| 0.0% | · | 1 | | |
| FY10 Q3 | FY10 Q4 | FY11 Q1 | FY11 Q2 | |

Discussion:

Standard 21.1: Increasing reported unmet need since Q2 FY10. Percentage has increased from 3.8% to 9.2% in the 4th quarter, now down to 7.8%.

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

Community Resources and Treatment Services Treatment Services

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

45 Civil Patients discharged in guarter

30 discharged at 7 days (66.7%) 6 discharged 8-30 days (13.3%) 2 discharged 31-45 days (4.4%) 7 discharged post 45 days (15.6%)

Treatment services impeded discharge for 2 patients

1 patient discharged 31-45 days post clinical readiness for discharge

1 patient discharged >45 days post clinical readiness for discharge

DHHS Office of Adult Mental Health Services

Community Resources and Treatment Services Treatment Services

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

| MaineCare Data FY 2010 | | | |
|--|-----------------|-----------------------------------|-----------------------------|
| Mental Health Treatment Services Received | Total Number | Total Number of Class Members* | Percent of Class Members |
| Assertive Community Treatment (CBB10) | 1,141 | 351 | 30.8% |
| Community Integration (H2015) | 10,856 | 1,178 | 10.9% |
| Crisis Services (H2011) | 5,411 | 523 | 9.7% |
| Crisis Residential (CSU)(H0018) | 1,518 | 211 | 13.9% |
| Day Treatment (H2012) | 773 | 111 | 14.4% |
| Medication Management (H2010) | 13,173 | 989 | 7.5% |
| Outpatient (Comp Assess&Therapy)(H2000, H0004) | 24,723 | 674 | 2.7% |
| Residential | 774 | 355 | 45.9% |
| Skills Development (H2025, H2014) | 105 | 15 | 14.3% |
| Daily Living Supports (H2017) | 883 | 170 | 19.3% |
| Total Unduplicated Count | 59,357 | 4,577 | 7.7% |

Community Resources and Treatment Services Treatment Services

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

| | Standar | d 22.1 | |
|---|--|--|----------------------|
| Measurement | Percent answering Yes to "Can you you need?" | u get the mental health services a | nd supports you feel |
| Standard | Performance: 85% Compliance: OAMHS conducts rev | view, takes action if results fall bel | ow defined levels. |
| Data Source | Class Member Survey Q1 | | |
| Current Level | 84.5% (N=537) | | |
| 100.0% 75.0% 86.4% 50.0% 25.0% | Current Performance | 84.7% | 84.5% |
| 2006 | 2007 | 2008 | 2009 |

| | | Standard | 22.2 | |
|----------|----------|---------------------------------------|----------------------------------|------------|
| Measu | irement | Percent reporting satisfaction with M | IH services/supports received in | past year. |
| Star | ndard | Performance: 85% | | |
| Data S | Source | Class Member Survey Q12 | | |
| Currer | nt Level | 85.4% (N=537) | | |
| 100.0% - | | Treatment Services | - Standard 22.2 | |
| 100.070 | | | | |
| 75.0% 🕈 | 76.5% | 85.8% | 80.7% | 85.4% |
| 50.0% - | | | 1 | |
| | | - Current Performance | | |
| 25.0% - | | Performance Standard | | |
| 0.0% + | | | | |
| 200 | 06 | 2007 | 2008 | 2009 |

Discussion:

No Class Member Survey was administered in 2010. In February 2010, the Department submitted a consent decree plan amendment request to the Court Master seeking to allow the use of the DIG survey instead of both the DIG Survey and the class member survey to measure performance of the state mental health system and compliance with the Consent Decree Plan. That amendment request was approved 01/19/2011. This standard will reflect the approved changes in the next quarterly report, May 1, 2011.

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 | |
| measurement | requirements | |
| Standard | No standard necessary | |
| Data Source | NAMI | |
| Current Level | 2 family to family class: Q1 FY 11 | |

| Standard 23.2 | |
|---------------|---|
| Measurement | Number and distribution of family support services provided |
| Standard | No standard necessary |
| Data Source | NAMI |
| Current Level | 25 family support groups, 23 sites: Q1 FY 11 |

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

| | Standar | d 24.1 | |
|-----------------|---|---------------------------------------|-------------------------|
| Measurement | Percentage of support group and g | roup counseling participants repo | rting satisfaction with |
| Measurement | services. | | |
| Standard | Performance: 85% | | |
| Data Source | NAMI | | |
| Current Level | 100.0% | | |
| | Family Support Servio | ces - Standard 24 1 | |
| 100.0% + 100.0% | ◆ 97.2% | ◆ <u>98.0%</u> | |
| | • | · · · · · · · · · · · · · · · · · · · | 100.0% |
| 75.0% - | | | |
| 50.00/ | | | |
| 50.0% | | | |
| 25.0% | Performance Standard | 1 | |
| | Current Performance | 1 | |
| 0.0% | | | |
| FY10 Q2 | FY10 Q3 | FY10 Q4 | FY11 Q1 |
| | | | |

| | Standard | 24.2 | |
|---------------------------|---|-----------------------------------|----------------|
| Measurement | Percentage of program participants | reporting satisfaction with educa | tion programs. |
| Standard | Performance: 80% | | |
| Data Source | NAMI | | |
| Current Level | 98.0% | | |
| 100.0% ♦ 99.9% | Family Support Service | | |
| 100.0% | ♦ 90.0% | ♦ 97.0% | •98.0% |
| 75.0% | Performance Standard — Current Performance | | |
| 25.0% | | | |
| 0.0% | | | |
| FY10 Q2 | FY10 Q3 | FY10 Q4 | FY11 Q1 |

DHHS Office of Adult Mental Health Services

Community Resources and Treatment Services Family Support Services

| Standard 24.3 | | |
|---------------|---|--|
| Measurement | Percentage of family participants reporting satisfaction with respite services. | |
| Standard | Performance: 80% | |
| Data Source | NAMI | |
| Current Level | NAMI closed it's respite program as of January 2010. | |

Community Resources and Treatment Services Family Support Services

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

| | Standard | 25.1 | |
|---------------|-------------------------------------|-------------------------------|--------------------|
| Measurement | Agency contracts reviewed with docu | mented evidence of referral m | echanism to family |
| weasurement | support services. | | |
| Standard | Compliance: 90% | | |
| Data Source | Contract Reviews | | |
| Current Level | 100.0% | | |
| 100.0% | Family Support Service | s - Standard 25.1 | |
| - 100.0% | 400-0% | | |
| 75.0% - | 1 1 | 1 | |
| | | | |
| 50.0% - | | | |
| | Current Performance | | |
| 25.0% | Compliance Standard | 1 | |
| 0.0% | | | |
| FY 07 | FY 08 | FY 09 | FY 10 |
| | | | |

| | Standa | rd 25.2 | | | |
|---------------|---|-------------------------------------|------------------------|--|--|
| Measurement | Families receiving referrals for fam | ily support services reporting sati | sfaction with referral | | |
| weasurement | process. | | | | |
| Standard | Performance: 85% | | | | |
| Data Source | NAMI | | | | |
| Current Level | 100.0% | | | | |
| 100.0% | Family Support Services - Standard 25.1 | | | | |
| 100.0% | | | 100.0% | | |
| 75.0% - | Current Performance | | | | |
| 50.0% - | Compliance Standard | | | | |
| 25.0% 33.0% | 42.0% | 42.0% | | | |
| | | | | | |
| 0.0% | 1 | 1 | | | |
| FY 10 Q2 | FY 10 Q3 | FY 10 Q4 | FY 10 Q1 | | |

Community Resources and Treatment Services Vocational Employment Services

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

| | Standard 26.1 |
|-------------------|--|
| Measurement | Class members with ISP identified unmet vocational/employment support needs. |
| Standard | Performance: 10% or fewer |
| Data Source | ISP RDS Data |
| Current Level | 4.8% (57 out of 1191) |
| 100.0% ¬ | Vocational Employment Services - Standard 26.1 |
| 75.0% - − − C | Current Performance |
| 25.0% 2.1% | 6.0% 4.7% |
| 0.0% + FY10 Q2 | FY10 Q3 FY10 Q4 FY11 Q1 |

| Standard 26.2 | | | |
|---------------|--|--|--|
| Measurement | Class members younger than age 62 in competitive employment in the community. | | |
| Standard | Standard Performance: 15% of class members employed in competitive employment. | | |
| Standard | Compliance: 13% or Baseline (10.8%). See explanation after Standard 26.3 | | |
| Data Source | ISP RDS Data | | |
| Current Level | 6.9% (72 out of 1040) | | |
| 100.0% - | Vocational Employment Services - Standard 26.2 | | |
| | Current Performance | | |
| 75.0% | Compliance Standard | | |
| 50.0% - | | | |
| 25.0% 7.2% | 7.6% 6.6% 6.9% | | |
| 0.0% | | | |
| FY10 Q2 | FY10 Q3 FY10 Q4 FY11 Q1 | | |

Discussion:

Standard 26.1: Standard continues to be met.

Recommendations:

Continue to monitor

Community Resources and Treatment Services Vocational Employment Services

| | Standard 26.3 | | | | |
|---------------------------|--|------|--|--|--|
| Measurement | Class members in either supported employment or in competitive employment (Part or | Full | | | |
| measurement | Time). | | | | |
| Standard | Performance: 20% in either competitive or supported employment | | | | |
| Otanuaru | Compliance: 13% or Baseline (21%). See explanation below. | | | | |
| Data Source | Class Member Survey | | | | |
| Current Level | 14.1% (N=73 of 517 who responded to this question) | | | | |
| 100.0% - | Vocational Employment Services - Standard 26.3 | | | | |
| | Current Performance | | | | |
| 75.0% Compliance Standard | | | | | |
| 50.0% | | | | | |
| 19.6% | 19.1% 15.5% | | | | |
| 25.0% | | | | | |
| 0.0% | <u>14</u> . | 1% | | | |
| 2006 | 2007 2008 2009 | 9 | | | |

OAMHS takes action if the number of Class Members (younger than 62) employed falls below the Compliance Standard.

No Class Member Survey was administered in 2010. In February 2010, the Department submitted a consent decree plan amendment request to the Court Master seeking to allow the use of the DIG survey instead of both the DIG Survey and the class member survey to measure performance of the state mental health system and compliance with the Consent Decree Plan. That amendment request was approved 01/19/2011. This standard will reflect the approved changes in the next quarterly report, May 1, 2011.

Community Resources and Treatment Services Vocational Employment Services

Standard 27 - Satisfaction with employment and with vocational support services

| | Sta | ndard 27.1 | | | |
|---------------|--|-------------------------------------|-------|--|--|
| Measurement | Measurement Class members who report satisfaction with their employment. | | | | |
| Standard | Performance: 80% | | | | |
| Data Source | Annual Class Member Survey | , Q20 | | | |
| Current Level | 83.3% (N=60 out of 73 employ | ved who responded to this question) | | | |
| 100.0% - | Vocational Employment Services - Standard 27.1 | | | | |
| 100.078 | 92.7% | | | | |
| 75.0% 78.4% | | 82.7% | 83.3% | | |
| 50.0% | -Current Performance | | | | |
| 25.0% | - Performance Standard | | | | |
| 0.0% | 1 1 1 | | | | |
| 2006 | 2007 | 2008 | 2009 | | |

| Standard 27.2 | | | | |
|---------------|--|----------------------|-------|--|
| Measurement | Measurement Class members reporting that vocational supports were available when needed. | | | |
| Standard | Performance: 85% | | | |
| Data Source | Annual Class Member Survey, Q23 | | | |
| Current Level | 63.0% (N=537) | | | |
| 100.0% – | Vocational Employment Serv | ices - Standard 27.2 | | |
| 100.070 | | | | |
| 75.0% - | | | | |
| 50.0% 62.4% | 61.1% | 59.7% | 63.0% | |
| 25.0% | Performance Standard | I I I | | |
| 0.0% | 1 | | | |
| 2006 | 2007 | 2008 | 2009 | |

No Class Member Survey was administered in 2010. In February 2010, the Department submitted a consent decree plan amendment request to the Court Master seeking to allow the use of the DIG survey instead of both the DIG Survey and the class member survey to measure performance of the state mental health system and compliance with the Consent Decree Plan. That amendment request was approved 01/19/2011. This standard will reflect the approved changes in the next quarterly report, May 1, 2011.

Community Resources and Treatment Services Transportation

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

| Standard 28.1 | | | | | |
|--|---|--|--|--|--|
| Measurement | Percentage of class members with ISP identified unmet transportation needs. | | | | |
| Standard | Compliance: 10% or fewer (3 out of 4 quarters) | | | | |
| Data Source | ISP RDS Data | | | | |
| Current Level | 6.5% (78 out of 1191) | | | | |
| 100.0% - | Transportation - Standard 28.1 | | | | |
| 100.0% 75.0% Current Performance Compliance Standard | | | | | |
| 25.0% | 5.3% 6.4% 6.5% | | | | |
| 0.0% + FY10 Q2 | FY10 Q3 FY10 Q4 FY11 Q1 | | | | |

Discussion:

Standard continues to be met though at a higher rate than in the 1st quarter of FY 10 (2.0% to 6.5%).

Community Resources and Treatment Services Transportation

Standard 29 - Satisfaction with availability of transportation services

| Standard 29.1 | | | | |
|---------------|--|-----|--|--|
| Measurement | Percent of class members reporting difficulty getting to medical/MH appointments due to ack of transportation. | | | |
| Standard | Performance: 10% or fewer | | | |
| Data Source | Class Member Survey, Q6 | | | |
| Current Level | 17.0% (N=537) | | | |
| /5.0% + | Transportation - Standard 29.1 Current Performance Performance Standard | | | |
| 25.0% | 17.9% 16.2% | | | |
| 0.0% | <u>17</u> . | .0% | | |
| 2006 | 2007 2008 200 | 9 | | |

| | | Standard 29.2 | | |
|--------------------------|---|---|---------|--|
| Measurement | | Percent of class members reporting difficulty participating in recreation or social activities due to lack of transportation. | | |
| Standard | Performance: 20% or | fewer | | |
| Data Source | Class Member Survey | /, Q8 | | |
| Current Level | 22.3% (N=537) | | | |
| 100.0% 75.0% 50.0% | Trai - Current Performance - Performance Standard | nsportation - Standard 29.2 | | |
| 0.0% | 2 | 23.8% 24.6% | 22.3% | |
| 2006 | 2007 | 7 20 | 08 2009 | |

No Class Member Survey was administered in 2010. In February 2010, the Department submitted a consent decree plan amendment request to the Court Master seeking to allow the use of the DIG survey instead of both the DIG Survey and the class member survey to measure performance of the state mental health system and compliance with the Consent Decree Plan. That amendment request was approved 01/19/2011. This standard will reflect the approved changes in the next quarterly report, May 1, 2011.

Community Resources and Treatment Services Recreation / Social / Avocational / Spiritual Opportunities

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 | Standard Qualitative evaluation; no numerical standard required. | | |
| Data Source | Office of Consumer Affairs Data | | |
| Current Level | See below for current social clubs/peer centers. Incomplete FY11 Q1 data received | | |

| Standard 30.2 | | | |
|---------------|--|--|--|
| Measurement | Number of other peer support programs and participation. | | |
| Standard | Standard Qualitative evaluation; no numerical standard required. | | |
| Data Source | Data Source Office of Consumer Affairs Data | | |
| Current Level | 29 Peer Support programs statewide during 2010. (includes social clubs/peer center): | | |
| | Participation data is not collected for the Statewide Initiatives noted below. | | |

Peer Support Groups funded by DHHS 2010:

 Peer Centers and Social Clubs: Amistad -- Portland, 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 Connections Group -- Portland, The Sunday Group -- Portland
 Club Houses: Capitol Club House -- Augusta, High Hopes -- Waterville

Statewide -- Advocacy Initiative Network

Community Connections: Community based recreational opportunities and leisure planning MAPSRC

NAMI Support Groups primarily attended by consumers: Augusta, Bangor, Biddeford, Damariscotta, Lewiston, Livermore Falls, Machias, Sanford, Skowhegan, York

Discussion:

Standard 30.1: Programs continue to report using different methodology and OAMHS is working with individual programs to obtain more meaningful data.

Community Resources and Treatment Services Recreation / Social / Avocational / Spiritual Opportunities

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

| Standard 31.1 | | | | | |
|---------------|---|--|--|--|--|
| Measurement | ISP identified class member unmet needs in recreational, social, avocational and spiritual | | | | |
| Measurement | areas. | | | | |
| Standard | Performance: 10% or fewer | | | | |
| Data Source | ISP RDS Data | | | | |
| Current Level | 5.0% (60 out of 1191) | | | | |
| | Recreation/Social/Avocational/Spiritual Opportunities - Standard 31.1 100.0% Performance 75.0% Performance Standard 50.0% Performance Standard 25.0% -2.2% | | | | |
| FY10 Q2 | FY10 Q3 FY10 Q4 FY11 Q1 | | | | |

| Standard 31.2 | | | | | |
|---------------|------------------------------------|---|-------|--|--|
| Measurement | Percent reporting regular particip | ercent reporting regular participation in rec/soc, avocational and spiritual areas. | | | |
| Standard | Performance: 60% | | | | |
| Data Source | Annual Class Member Survey, Q | 7 | | | |
| Current Level | 52.2% (N=537) | | | | |
| 75.0% | Recreation/Social/Avocational/Spi | iritual Opportunities - Standard 31.2 | 52.2% | | |
| 25.0% | Current Performance | 48.9% | 52.2% | | |
| 0.0% | Performance Standard | | | | |
| 2006 | 2007 | 2008 | 2009 | | |

DHHS Office of Adult Mental Health Services

Community Resources and Treatment Services Recreation / Social / Avocational / Spiritual Opportunities

| | | Standard 31.3 | | | |
|---------------|--|---------------|---------|--|--|
| Measurement | Percent reporting satisfaction with recreational and social opportunities available. | | | | |
| Standard | Performance: 80% | | | | |
| Data Source | Annual Class Member S | urvey, Q9 | | | |
| Current Level | 65.8% (N=537) | | | | |
| 100.0% | Recreation/Social/Avocational/Spiritual Opportunities - Standard 31.3 | | | | |
| 75.0% | 75. | 2% 67.5% | 65.8% | | |
| 50.0% | -Current Performance | 01.570 | | | |
| 0.0% | Performance Standard | | | | |
| 2006 | 2007 | 20 | 08 2009 | | |

Discussion:

Standard 31.1: Continues to be met. However percentage has increased from 1.5% to 5.2% since the first quarter.

Standard 31.2 and 31.3: No Class Member Survey was administered in 2010. In February 2010, the Department submitted a consent decree plan amendment request to the Court Master seeking to allow the use of the DIG survey instead of both the DIG Survey and the class member survey to measure performance of the state mental health system and compliance with the Consent Decree Plan. That amendment request was approved 01/19/2011. This standard will reflect the approved changes in the next quarterly report, May 1, 2011.

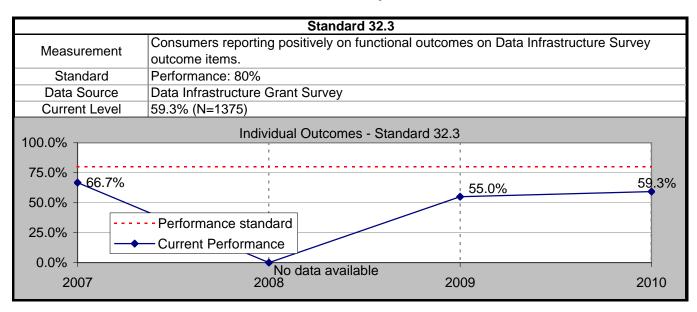
System Outcomes: Supporting the Recovery of Adults with Mental Illness Recovery

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

| Standard 32.1 | | | | |
|---------------|--|----------------------|---------|--|
| Measurement | Class Members demonstrating functional improvement on LOCUS between baseline and | | | |
| weasurement | 12 month re-certification | | | |
| Standard | Standard to be established. | | | |
| Data Source | Enrollment data (Based on overal | Il composite score.) | | |
| Current Level | 33.0% (124 out of 376) | | | |
| 100.0% – | Individual Outcom | nes - Standard 32.1 | | |
| | rrent Performance | | | |
| | | | | |
| 50.0% | | 1 | | |
| 25.0% 43.4% | 40.3% | 39.2% | 33.0% | |
| 0.0% | | | | |
| FY10 Q2 | FY10 Q3 | FY10 Q4 | FY11 Q1 | |

| | Standard | 32.2 | |
|-------------------|--|-----------------|---------|
| Measurement | Class Members who have maintained level of functioning between baseline and 12 month | | |
| re-certification. | | | |
| Standard | Standard to be established. | | |
| Data Source | Enrollment data (Based on overall co | mposite score.) | |
| Current Level | 38.0% (143 out of 376) | | |
| 100.0% - | Individual Outcomes - | - Standard 32.2 | |
| | urrent Performance | | |
| 50.0% | | | |
| 25.0% _ 37.6% | 32.4% | 35.2% | |
| 0.0% | | - | |
| FY10 Q2 | FY10 Q3 | FY10 Q4 | FY11 Q1 |

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



Discussion:

The result of the 2008 DIG Survey pertaining to functional outcomes can not be compared to the results obtained in 2007, and earlier, due to the language change in the header between the two administrations. In 2007, the header read: "As a direct result of your services...". In 2008, the header read: "In order to provide the best possible mental health services, we would like to know the effectiveness of your mental health services during the past 30 days". This change was made in order to move towards using the DIG survey to measure individual outcomes over time by narrowing the timeframe on the information collected. The change in headers resulted in a dramatic change in percentage of individuals reporting positively on functional outcomes.

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

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

| | | Standard 33.1 | | |
|---------------|---|------------------------|-------------|-------|
| Measurement | Consumer reporting that agency staff helped them obtain info needed to take charge of | | | |
| weasurement | managing illness. | | | |
| Standard | Performance: 80% | | | |
| Data Source | Data Infrastructure Gran | t Survey, Q20 | | |
| Current Level | 78.0% (N=1302) | | | |
| 100.0% – | Rec | covery - Standard 33.1 | | |
| 75.0% 82.4% | | | | 78.0% |
| 021170 | 76. | .4% | 75.6% | 70.0% |
| 50.0% | 1 | ٦ | T | |
| | Current Performance | | - - - | |
| 25.0% | - Performance Standard | | 1 | |
| 0.0% | | - | 1 1 | |
| 2007 | 2008 | 20 | 009 | 2010 |

| | | Standard 33.2 | | |
|----------------|-----------------------------|--|--------------------|----|
| Measurement | Consumers reporting that a | Consumers reporting that agency staff believe that they can grow, change and recover | | er |
| Standard | Performance: 80% | | | |
| Data Source | Data Infrastructure Grant S | Survey, Q13 | | |
| Current Level | 73.0% (1N=1274) | | | |
| 100.0% - | Recov | very - Standard 33.2 | | |
| 75.0% | | | | |
| 73.0% 77.3% | 69.9% | % | 75.6% 73.0% | |
| | - Current Performance | | | |
| 25.0% | - Performance Standard | 1 | | |
| 0.0% | 1 | | | |
| 2007 | 2008 | 20 | 09 20 ⁷ | 10 |

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

| | Standa | ard 33.3 | | |
|---------------|---|------------------|--------|--|
| Measurement | Consumers reporting that agency services and staff supported their recovery and wellness efforts and beliefs. | | | |
| Standard | Performance: 80% | Performance: 80% | | |
| Data Source | Data Infrastructure Grant Survey, | Q27 | | |
| Current Level | 71.0% (N=1321) | | | |
| 100.0% | Recovery - S | tandard 33.3 | | |
| 75.0% 76.5% | 72.7% | | 71.0% | |
| 50.0% | I | 66.0% | 71.070 | |
| | - Current Performance | | | |
| 25.0% | - Performance Standard | 1 | | |
| 0.0% | 1 | 1 | | |
| 2007 | 2008 | 2009 | 2010 | |

| | Standard 33. | 4 | |
|--------------------------|--|------------------|-------|
| Measurement | Consumers reporting that providers offered opportunities to learn skills to strengthen and | | |
| | maintain wellness. | | |
| Standard | Performance: 80% | | |
| Data Source | Data Infrastructure Grant Survey, Q28 | | |
| Current Level | 75.2% (N=1282) | | |
| 100.0% 75.0% 50.0% | Recovery - Standa 74.1% | rd 33.4 68.5% | 75.2% |
| 25.0% | - Current Performance - Performance Standard | | |
| 2007 | 2008 | 2009 | 2010 |

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

| | Standard | 33.6 | |
|---------------|--------------------------------------|-----------------------------------|-------------------|
| Measurement | Consumers reporting that service pr | oviders offered mutual support or | recovery-oriented |
| mododromont | groups run by peers. | | |
| Standard | Performance: 80% | Performance: 80% | |
| Source | Data Infrastructure Grant Survey, Q2 | 29 | |
| Current Level | 59.1% (N=1101) | | |
| 100.0% | Recovery - Sta | ndard 33.6 | |
| 75.0% | 63.4% | | E0 404 |
| 50.0% | | 54.6% | 59.1% |
| 25.0% | | | |
| 25.0% | Performance Standard | 1 | |
| 0.0% | | | |
| 2007 | 2008 | 2009 | 2010 |

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 a | |
| Measurement | level of participation. | |
| Standard | Qualitative evaluation required, no numerical standard necessary. | |
| Data Source | | |
| Current Level | 27 FY 11 Q1 | |

| Standard 34.2 | | |
|---------------|--|--|
| Measurement | Measurement Number and type of infor packets, publications, press releases, etc. distributed to public | |
| Measurement | audiences. | |
| Standard | Qualitative evaluation required, no numerical standard necessary. | |
| Data Source | | |
| Current Level | 216 FY 11 Q1 | |

