

Consent Decree Performance and Quality Improvement Standards: January 2012

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

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

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

Definitions:

Standard Title:	What the standard is intending to measure.
Measure Method:	How the standard is being measured.
Current Level:	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.
•	Standard set as a component of the Department's approved standards for defining substantial compliance approved October 29, 2007.

Calendar and Fiscal Year Definitions:

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

Standard 1. Rights Dignity and Respect

Average of positive responses in the DIG 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

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 DIG 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.

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 DIG Survey Perception of Access domain
- 2. Average of positive responses in the DIG 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

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/Spirtual

- 1. ISP identified class member unmet needs in recreational/social/avocational/spiritual areas
- 2. Average of positive responses in the DIG Survey Social Connectedness domain
- 3. Deleted: Amendment request to delete approved 01/19/2011

Standard 32. Individual Outcomes

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

Standard 33. Recovery

- 1. 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 DIG Survey
- 5. Consumers reporting providers stressed natural supports/friendships
- 6. Consumers reporting providers offered peer recovery groups.

Standard 34. Public Education

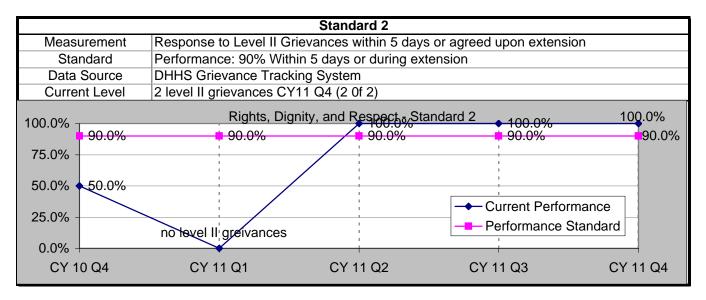
- 1. # MH workshops, forums and presentations geared to public participation.
- 2. #, type of information packets, publications, and press releases distributed to public.

Rights, Dignity, and Respect

Standard 1 - Treated with respect for their individuality

				Standar	d 1		
Measure	ement		Domain average of positive responses to the statements in the quality and				
			ness domain				
Stand			e: at or above 8	35%			
Data So	ource	DIG Survey					
Current	Level	81.6% (N=1	551)				
100.0%			Rights, Dignity	v, and Re	spect - Star	ndard 1	
75.0% -			81.6%		81.6%		
50.0% -						Current Performance	
25.0% -						Current Performance	
0.0% -							
		20	10	20	11		

Standard 2 - Grievances are addressed in a timely manner



Discussion:

Standard 2: Met from calendar year 2006 thru the 4th quarter of calendar year 2011, except for Q4 CY 10 - in that quarter, one of two grievances was not responded to within the prescribed timeframe.

Rights, Dignity, and Respect

Standard 3 - Demonstrate rights are respected and maintained

	Standard 3.1
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	CY 11 Q4 2 grievance filed. 2 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 11 Q4 2 grievance filed. 1 substantiated
2.5	Rights, Dignity, and Respect - Standard 3.1 and 3.2
Grievances	
1.5 - Substantiat	red 1
0.5	
0 0	
CY 10 Q4	CY 11 Q1 CY 11 Q2 CY 11 Q3 CY 11 Q4

Rights, Dignity, and Respect

Standard 4 - Class Members are informed of their rights

	Standard	4.2			
Measurement	Measurement Percent of consumers reporting they were given information about their rights.				
Standard	Performance: 90%				
	Compliance: See explanation below.				
Data Source	Data Infrastructure Grant Survey, Q2	2			
Current Level	89.4% (N=1500)				
100.0% -	Rights, Dignity, and Respe	ct - Standard 4.2			
75.0% 87.9%	87.1%	88.6%	89.4%		
50.0%	- Current Performance				
25.0%	- Performance Standard				
0.0%	1	1			
2008	2009	2010	2011		

* Compliance standard for 4.2

If results fall below the performance standard level, the Department:

- •Consults with the Consumer Council of Maine (CCSM)
- •Takes corrective action if deemed necessary by the CCSM and

•Develops that corrective action in collaboration with the CCSM

Discussion:

Percentage has increased from 87.9% to 89.4% over the past 4 calendar years. Data from the 2011 DIG survey were shared with the CCSM in November 2011.

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

	Stand	lard 5.1			
Measurement	easurement Percentage of class members requesting a worker who were assigned one.				
Standard	Performance: 100%				
Data Source	ISP RDS Data				
Current Level	100.0% (153 out of 153)				
100.0%	Timeliness of CSS As	signment - Standa	rd 5.1	•	
100.0%	100.0%	1	100.0%	100.0%	
75.0% -					
50.0% -		1			
	Current Performance	1			
25.0%	Performance Standard				
0.0%					
FY11 Q2	FY11 Q3	FY11	Q4	FY12 Q1	

	Standard	d 5.2	
Measurement	Percentage of hospitalized class me	embers who were a assigned	a worker within 2 working
Measurement	days.		
Standard	Performance: 90%		
Stanuaru	Compliance: 90% (3 out of 4 quarte	rs)	
Data Source	ISP RDS Data		
Current Level	25.8% (8 out of 31)		
25.0%	Timeliness of CSS Assign 71.4% Current Performance Compliance Standard	nment - Standard 5.2	25.8%
FY11 Q2	FY11 Q3	FY11 Q4	FY12 Q1

Community Integration / Community Support Services / Individualized Support Planning

			Standard 5.3		
Measu	rement Percent of non-hospitalized class members assigned a worker within 3 working days				
Stor	Standard Performance: 90%				
Star	luaru	Compliance: 90% (3 o	ut of 4 quarters)		
Data	Source	ISP RDS Data			
Currer	nt Level	71.3% (87 out of 122)			
100.0% ⊤		Timeliness o	of CSS Assignment - Stand	ard 5.3	
75.0% -			10/		
50.0% -	67.2%	75	.4% 72	2.4%	71.3%
25.0% -		Current Performance	i		
		Compliance Standard			
0.0% +			i		
FY11	1 Q2	FY11 Q3	3 FY11	Q4	FY12 Q1

		Standa	ard 5.4	
Measurement Percent of class members in hospital or community not assigned on time but we				
assigned within an additional 7 working days.				
Standard	Performance: 100%)		
	Compliance: 95%			
Data Source	ISP RDS Data			
Current Level	48.3% (28 out of 48)		
100.0% -	Timelines	ss of CSS Assi	gnment - Standard 5.4	
75.0%				
50.0% -		53.5%	1 1 1	48.3%
25.0% 38.8%			→ Current Performance	
0.0%			Compliance Standard	
FY11 Q2	FY11	Q3	FY11 Q4	FY12 Q1

Discussion:

Standard 5.1: This standard is figured on RDS/enrollment data submitted for persons in service. Consequently, the standard is always met as, by definition the individual has a community integration worker. Please see the cover documentation for the unmet resource need report for information as to waitlists.

Standard 5.2, 5.3, 5.4: Timeliness standards continue not to be met. Field service teams continue to review waiting lists with CI agencies on a weekly basis. These steps have been undertaken to work with providers to improve their performance in meeting these standards.

Community Integration / Community Support Services / Individualized Support Planning

		Standard 5.5	
Measurement	Class member ISPs comple	eted within 30 days of service request	
Standard	Performance: 90%		
Stanuaru	Compliance: 90% (3 out of	4 quarters)	
Data Source	ISP RDS Data		
Current Level	97.2% (70 out of 72)		
	Timelines	s of ISP - Standard 5.5	
100.0%			
95.7%	98.5%	98.3%	97:2%
75.0%			
50.0%		1	
25.0%	- Current Performance	1 1	
23.070	- Compliance Standard		
0.0%			
FY11 Q2	FY11 Q3	FY11 Q4	FY12 Q1

			Standar	d 5.6			
Measure	ment	90 day class memb	90 day class member ISP reviews completed within specified timeframe.				
Standa	ard	Performance: 90%					
Stanua	aiu	Compliance: 90% (3 out of 4 quarte	ers)			
Data So	urce	ISP RDS Data					
Current L	_evel	67.5% (704 out of 2	1043)				
100.0%		T	imeliness of ISP	- Standard 5.6			
50.0% -	9.0%	1	70.6%	I	70.6%	67.5%	
30.070					1		
25.0% -				i		Current Perform	nance
0.00/		1		1	1	Compliance Sta	andard
0.0% +		ł			1		
FY11 Q	2	FY11	Q3	FY1	1 Q4	FY12	2 Q1

Community Integration / Community Support Services / Individualized Support Planning

	Stand	lard 5.7	
Measurement	Initial class member ISPs not dev	veloped within 30 days, but were	developed within 60
Standard	Performance: 100%		
Data Source	ISP RDS Data		
Current Level	100.0% (2 out of 2)		
	Timeliness of IS	SP - Standard 5.7	
100.0% • N/A	• 100.0%	• N/A	100.0%
75.0%		Performance Standard Current Performance	
50.0%	1	1	
25.0%			
0.0%	ł	1	
FY11 Q2	FY11 Q3	FY11 Q4	FY12 Q1

		Standard 5.8		·	
Measurement	Class member ISPs that were not reviewed within 90 days but were reviewed within 120				
Standard	Performance: 100%				
Data Source	ISP RDS Data				
Current Level	81.7 %(277 out of 339)				
100.0%	Timeline	ss of ISP - Standard 5.8			
75.0%	♦ 82.5%	,	82.6%	81.7%	
50.0% -		1			
25.0% P	Performance Standard				
	Current Performance		1		
0.0%	i i i i i i i i i i i i i i i i i i i	i i i i i i i i i i i i i i i i i i i			
FY11 Q2	FY11 Q3	FY11	1 Q4 FY12	2 Q1	

Discussion:

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

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

	Star	dard 7.1a			
Measurement	Does the record document that the treatment plan goals reflect the strengths of the				
Measurement	consumer receiving services?	consumer receiving services?			
Standard	Performance: 95%				
Stanuaru	Compliance: 90% (3 out of 4 q	uarters)			
Data Source	Class Member Treatment Plan	ning Review			
Current Level	100.0% (50 out of 50)				
100.0%	ISP Plannin	g - Standard 7.1a	•		
75.0%	98.0%	-97.9%	100.0%		
50.0%	1 1 1	1 1 1			
│	- Current Performance				
25.0%	- Compliance Standard	 			
0.0%					
FY11 Q3	FY11 Q4	FY12 Q1	FY12 Q2		

	Standard	d 7.1b			
Measurement	Does record document the individual's potential need for crisis intervention and resolution				
Wedsurement	services was considered during tre				
Standard	Performance: No Numerical Standa	ard			
Data Source	Class Member Treatment Planning	Review			
Current Level	96.0% (48 out of 50)				
100.0%	ISP Planning - S	Standard 7.1b			
95.8%	98.0%	100.0%	96.0%		
75.0%					
50.0%					
50.0% -	Current Performance	1			
25.0%	Performance Standard				
	I				
0.0% +		I			
FY11 Q3	FY11 Q4	FY12 Q1	FY12 Q2		

Discussion:

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

Community Integration / Community Support Services / Individualized Support Planning

	Sta	ndard 7.1c		
Measurement	Does the record document that	at the consumer has	a crisis plan?	
Standard	Performance: No Numerical S	Standard		
Data Source	Class Member Treatment Pla	nning Review		
Current Level	73.5% (36 out of 49)			
	ISP Planni	ng - Standard 7.1c		
100.0%				
75.0%			73.9%	73.5%
50.0%		1	13.370	75.570
50.070	62.0%			
25.0%	Current Performance			
	Performance Standard		1	
0.0%	-			
FY11 Q3	FY11 Q4	FY12	2 Q1	FY12 Q2

		Standard 7.1d		
Measurement	If the consumer has a crise months?"	If the consumer has a crisis plan, "has the crisis plan been reviewed as required, every 3 months?"		
Standard	Performance: No Numeri	cal Standard		
Data Source	Class Member Treatmen	t Planning Review		
Current Level	77.8% (28 out of 36)			
100.0% -	ISP P	lanning - Standard 7.1d		
100.070	96.8%	6		
75.0% 82.4%			82.4%	77.8%
50.0% -	I	I	I	
25.0%	- Current Performance		1 1 1	
0.0%	- Performance Standard			
FY11 Q3	FY11 Q4	FY1:	2 Q1	FY12 Q2

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

	Standa	rd 8.1	
Measurement	ISPs reviewed in which there is ev	dence that the ISP team reconver	ned after an unmet
	need was identified.		
Standard	Performance: 90%		
Data Source	Class Member Treatment Planning	Review	
Current Level	100.0% (7 out of 7)		
100.0%	Individualized Support P	lanning - Standard 8.1	_
100.0%	83.3%		100.0%
75.0% 85.7%			
		1	
50.0% -			
25.0% -		Current Performance	
20.070		Performance Standard	
0.0%			
FY11 Q3	FY11 Q4	FY12 Q1	FY12 Q2

	Standa	ard 8.2	
Measurement	ISPs reviewed with identified unmet needs in which interim plans are established.		
Standard	Performance: 95%		
Standard	Compliance: 90% (3 out of 4 quar	,	
Data Source	Class Member Treatment Plannin	g Review	
Current Level	100.0% (7 out of 7)		
	Individualized Support F	Planning - Standard 8.2	
100.0%		-100.0%	100.0%
75.0% 85.7%	83.3%	100.0 %	
50.0% -			
25.0% ↓ → C	Current Performance		
	Compliance Standard	:	
0.0%	· · · · · · · · · · · · · · · · · · ·		
FY11 Q3	FY11 Q4	FY12 Q1	FY12 Q2

Discussion:

Standard 8.1 and 8.2: Met for the first 2 quarters of FY12.

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

		Standard 9		
Measurement	ISPs with services identified	ISPs with services identified and with a treatment plan signed by each provider.**		
Standard	Performance: 90% Compliance: 90% (3 out of 4 quarters)			
Data Source	Class Member Treatment Pl	anning Review		
Current Level	55.2% (16 out of 29)			
100.0% -	ISP Service A	greements - Standard 9		
75.0%	87.0%			
50.0%		61.1%	55.2% nt Performance	
25.0%		Comp	liance Standard	
FY11 Q3	FY11 Q4	FY12 Q1	FY12 Q2	

Standard 10 - Case Load Ratio

		Standard 10.1 - ACT		
Measurement	ACT Providers with	ACT Providers with average caseloads of 10 or fewer.		
Standard	Compliance: 90% c			
Data Source		v Support Census/Staffing F	Ratio Database	
Current Level	100.0% (11 out of 1	1)		
100.0% -	Case	Load Ratio - ACT - Standa	•	
75.0% 80.0%		-100.0%	90.0%	
50.0%			Current Performance	
0.0%			Compliance Standard	
FY11 Q3	FY11	1 Q4	FY12 Q1 FY12 Q2	

		Standard 10.2 - Cl				
Measurement	Community Integrat	Community Integration Providers with average caseloads of 40 or fewer.				
Standard	Compliance: 90% of	f all CIW Providers				
Data Source	Agency Community	Support Census/Staffing Ratio	Database			
Current Level	97.6% (41 out of 42))				
100.0%	Case	e Load Ratio - CI - Standard 10.	2			
75.0%	•	93.8%	97.0%	97.6%		
50.0% -						
25.0% -	Current Performance]				
0.0%	Compliance Standard					
FY11 Q3	FY11	Q4 FY1.	2 Q1	FY12 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 been met since the 2nd quarter FY 10, except Q3 FY 11

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

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 or with individuals who are		
	homeless. ICMs no longer carry traditional caseloads. In the future, if ICMs carry		
	caseloads, OAMHS will resume reporting caseload rartios.		

		Standard 10.5 - OES		
Measurement	Office of Elder Serv	Office of Elder Services Case Managers with average caseload of 25 or fewer.		
Standard	Compliance: 90% c	of all OES Case Managers with	Class Member Public V	Vards
Data Source	MAPSIS Case Cou	nts for Workers with Class Men	bers Public Wards	
Current Level	54.8% (17 out of 31	1)		
100.0% -	C	ase Load Ratio - Standard 10.5		
		÷		
75.0% -		1 	: :	
50.0% 46.2%				
50.0%		51.9%	48.3%	54.8%
25.0% - 🔶 Cu	Irrent Performance			
	mpliance Standard		I I	
0.0%		i	1	
FY11 Q3	FY1	1 Q4 FY1	2 Q1	FY12 Q2
FY11 Q3	FY1	1 Q4 FY1	2 Q1	FY12 Q2

Discussion:

Standard 10.5: OES continues not to meet staff/client ratios. Two vacant positions due to retirement have been filled and a 3rd position has been approved and intervews scheduled. A 20 hour position is being moved to Aroostook county to alleviate high caseloads.

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
weasurement	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, 2011					
Region 1 Region 2 Region 3 Total					
Unique Individuals:	5	0	1	6	
Unmet Needs:	0	0	0	0	

Unmet Needs by Domain			
Jul 1 ~ Sept 30, 2011			
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		

Discussion:

As of 04/01/2011, data for this standard is collected by the Division of Community Forensic and Outreach Services/ICMs. The ICMs experienced some difficulties in the transition and all were retrained in July. We should expect higher numbers of callers to be reported for July -September 2011

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

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 2.8% (32 out of 1163) Housing and Residential Support Services - Standard 12.1 100.0%			Standard 12.1				
Data Source ISP RDS Data Current Level 2.8% (32 out of 1163) Housing and Residential Support Services - Standard 12.1 100.0% 75.0% 50.0% 25.0% 2.9% 2.9% 2.9% 2.8% 3.1%	Measurement	Measurement Class members in community with ISPs with unmet residential support needs.					
Current Level 2.8% (32 out of 1163) Housing and Residential Support Services - Standard 12.1 100.0% 75.0% Current Performance Compliance Standard 50.0% 25.0% 2.9% 2.8% 0.0%	Standard	Compliance: 5% or	r fewer (3 out of 4 quar	ters)			
Housing and Residential Support Services - Standard 12.1 Housing and Residential Support Services - Standard 12.1 Current Performance Compliance Standard 25.0% 2.9% 0.0% 2.8% 2.8% 3.1% 2.8%	Data Source	ISP RDS Data					
100.0% Current Performance 75.0% Compliance Standard 50.0% 25.0% 25.0% 2.8% 0.0% 3.1%	Current Level	2.8% (32 out of 11	63)				
75.0% Current Performance 50.0% Compliance Standard 25.0% 2.9% 2.8% 0.0% 3.1% 2.8%	100.0%	Housing and	Residential Support Ser	vices - S	tandard 12.1		
50.0% Compliance Standard 25.0% 2.9% 0.0% 3.1%					Current Performance		
25.0% 2.9% 0.0%					Compliance Standard		
2.9% 2.8% 3.1% 2.8%	50.0%				1		
	2.9%		2.8%		3.1%	2.8%	
FY11 Q2 FY11 Q3 FY11 Q4 FY12 Q1	0.0% F Y11 Q2	FY1 [*]	1 Q3	FY1	1 Q4	FY12 Q1	

Standard 12.2							
	Percentage of patients at Riverview determined to be ready for discharge who are						
Measur	rement		days of that determination	ation. (di	scharge is not in	npeded due to la	ck of
		residential support	,				
Stand	dard		(within 7 days of that c		/		
			within 7 days of that de		tion)		
Data S	ource		ric Center Discharge D				
Current	rrent Level 100.0% FY12 Q2 (Lack of residential supports did not impede discharge for any patients within 7 days)					atients	
100.0% 🔶	Housing and Residential Support Services - Standard 12.2						
	100.0%		100.0%		100.0%	100.0%	
75.0% -							
50.00/							
50.0% -	50.0% Current Performance						
25.0% - Compliance Standard							
				1	- 		
0.0% +-				1			
FY11	Q3	FY1 ²	1 Q4	FY1	2 Q1	FY12	Q2

Standard 12.3						
	Percentage of patients at Riverview determined to be ready for discharge who are					
Measurement	discharged within 30 days of that de	etermination. (discharge is not i	mpeded due to lack of			
	residential support services)					
Standard	Performance: 96% (within 30 days of					
	Compliance: 80% (within 30 days o	,				
Data Source	Riverview Psychiatric Center Discha	5				
Current Level		100.0% FY12 Q2 (Lack of residential supports did not impede discharge for any patients				
	within 30 days)					
	Housing and Residential Suppo	rt Services - Standard 12.3				
100.0%	100.0%	100.0%	100.0%			
75.0%	, 100.070	100.078	100.070			
10.070						
50.0%	- Current Performance	1				
	- Compliance Standard					
25.0%						
0.0%						
FY11 Q3	FY11 Q4	FY12 Q1	FY12 Q2			
FILLOS			FTTZ QZ			

Standard 12.4						
Percentage of patients at Riverview determined to be ready for discharge who aMeasurementdischarged within 45 days of that determination. (discharge is not impeded due)						
Measurement	residential support services)	etermination. (discharge is not i	mpeded due to lack of			
Standard	Perfomance: 100% (within 45 days Compliance: 90% (within 45 days	Perfomance: 100% (within 45 days of that determination) Compliance: 90% (within 45 days of that determination with certain clients excepted by agreement of the parties and the Court Master)				
Data Source	Riverview Psychiatric Center Disch	arge Data				
Current Level	100.0% FY12 Q2 (Lack of residential supports did not impede discharge for any patients within 45 days)					
100.0% ◆	Housing and Residential Supp	ort Services - Standard 12.4				
75.0%	-100.0%		100.0%			
50.0%						
	- Current Performance					
25.0%	- Compliance Standard	1 1 1				
0.0%						
FY11 Q3	FY11 Q4	FY12 Q1	FY12 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

24 discharged at 7 days (53.3%) 14 discharged 8-30 days (31.1%) 4 discharged 31-45 days (8.9%) 3 discharged post 45 days (6.7%)

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

	Standard 13.1				
Measurement	Domain average of positive responses to the questions in the Perception of Outcomes				
Standard	Performance: at or above 70%				
Data Source	DIG Survey				
Current Level	61.8% (N=1546)				
Per	Housing and Residential Support Services - Standard 13.2				
0.0%	2010 2011				

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

Standard 14.1						
Measurement	Class members with ISPs with unmet housing needs.					
Standard	Compliance: 10% or fewer (3 out of 4 quarters)	ompliance: 10% or fewer (3 out of 4 quarters)				
Data Source	ISP RDS Data					
Current Level	8.0% (93 out of 1163)					
100.0% –	Housing and Residential Support Services - Standard 14.1					
75.0%	Current Performance Compliance					
25.0% 10.2%	8.3% 8.2%					
0.0% + FY11 Q2	FY11 Q3 FY12 Q4 FY12 Q1					

Standard 14.2					
Measurement	Measurement Percentage of respondents who experienced homelessness over 12-month period				
Standard	Performance: 6% or fewer				
Data Source	DIG Survey, living situation data				
Current Level	5.6% (87 of 1562)				
100.0% ¬	Housing and Residential Support Services - Standard 14.2				
75.0% +	urrent Performance				
50.0%					
25.0% -	5.6%				
0.0%	0.7% 5.6%				
2010 2011					

Standard 14.3: Request to delete approved 01/19/2011

Discussion:

Standard 14.1: Met from quarter 3 FY 09 except for Q4 FY 10 (10.8%).

Standard 14.2: Last year (2010), % of 'currently homeless' was reported instead of 'experienced homelessness over 12 month period'.

Recommendations:

Continue to monitor

Standard 14.4				
Percentage of patients at Riverview determined to be ready for discharge who are				
Measurement	discharged within 7 days	of that determination. (dis	charge not impeded due	to lack of
	housing alternatives)			
Standard	Performance: 75% (within		,	
	Compliance: 70% (within		ion)	
Data Source	Riverview Psychiatric Cer	U		
Current Level	84.4% FY12 Q2 (Lack of	housing alternatives impe	eded discharge for 7 out of	of 45 patients
	within 7 days)			
100.0%	Housing and Resider	ntial Support Services - Sta	andard 14.4	
100.078				
75.0%	85.0%	6	87.0%	84.4%
				04.470
50.0%		1		
25.0% Current Performance				
20.070	Compliance Standard			
0.0%				
FY11 Q3	FY11 Q4	FY12	2 Q1	FY12 Q2

Standard 14.5						
	Percentage of patients at Riverview determined to be ready for discharge who are					
Measurement	discharged within 30 days of that de	etermination. (discharge not imp	eded due to lack of			
	housing alternatives)					
Standard	Performance: 96% (within 30 days	of that determination)				
Standard	Compliance: 80% (within 30 days o	f that determination)				
Data Source	Riverview Psychiatric Center Disch	5				
Current Level	86.7% FY12 Q2 (Lack of housing a	Iternatives did not impede disch	arge for 39 out of 45			
	patients within 30 days)					
	Housing and Residential Suppo	ort Services - Standard 14.5				
100.0%						
75.0% 90.9%						
75.07		90.7%	86.7%			
50.0% -						
	- Current Performance	1				
	Compliance Standard					
0.0%	i	- I				
FY11 Q3	FY11 Q4	FY12 Q1	FY12 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)				
Standard	Performance: 100% (within 45 days of that determination) Compliance: 90% (within 45 days of that determination with certain clients excepted by agreement of the parties and the Court Master)				
Data Source	Riverview Psychiatric Center Disch	arge Data			
Current Level	93.3% FY12 Q2 (Lack of housing alternatives did not impede discharge for 42 out of 45 patients within 45 days)				
100.0% -	Housing and Residential Support	ort Services - Standard 14.6			
75.0%	90.0%	90.7%	93.3%		
50.0% -					
25.0%	Current Performance				
0.0%		1			
FY11 Q3	FY11 Q4	FY12 Q1	FY12 Q2		

Discussion:

Standard 14.4: Met for all quarters FY 09; the 1st, 2nd, and 4th quarters of FY 10; all quarters FY11; 1st and 2nd quarters FY 12

Standard 14.5: Met the 3rd and 4th quarters FY 09; the 2nd and 4th quarters FY 10; all quarters FY 11; 1st and 2nd quarters FY 12

Standard 14.6: Met 2nd and 4th quarters FY 09; 2nd and 4th quarters FY 10; all quarters FY 11; 1st and 2nd quarters FY 12

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

45 Civil Patients discharged in quarter

24 discharged at 7 days (53.3%) 14 discharged 8-30 days (31.1%) 4 discharged 31-45 days (8.9%) 3 discharged post 45 days (6.7%)

Housing Alternatives impeded discharge for 7 patients (15.5%)

0 patient discharged within 7 days post clinical readiness for discharge

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

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

3 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

		Standar	d 15	
Measurement Class members residing in homes with more than 8 beds in which the class member				
chooses to reside in that facility is documented.				
Standard	Performance: 95%			
Data Source	Paragraph 96 Annu	al Review		
Current Level	99.2% (120 of 121)			
100.0%	Housing and F		ort Services - Standard 15	
75.0%		97.5%	95.0%	99.2%
		I I		
50.0%	Irrent Performance	1 1 1	1	
25.0% +Pe	erformance Standard	8 8 8	1 1 1	
0.0%		1 1	1	
2007	20	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. OAMHS submitted an amendment request to modify this requirement on November 23, 2011. While the request is being reviewed, OAMHS was granted permission to hold the 2011 review in abeyance until a decision is made.

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

	Standard	16			
Measurement Class Member admissions determined to be reasonably near an indiv			ividual's local		
	community of residence.				
Standard	Compliance: 90% (3 out of 4 quarters	s)			
Data Source	UR Database/EIS				
Current Level	76.2% (16 out of 21)				
100.0%	Acute Inpatient Services: Communit	y Hospitalization - Standard 16			
75.0% 75.0%	78.9%	80.0%	76.2%		
25.0%	Current Performance Compliance Standard				
0.0%		н П			
FY11 Q2	FY11 Q3	FY11 Q4	FY12 Q1		

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

Discussion:

Standard not met since Q4 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

	Standar	d 17.1		
Measurement	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% (21 out of 21)			
100.0%	Acute Inpatient Services: Communi	ty Hospitalization - Standard 17.1		
75.0%	100.0%	100.0%	100.0%	
50.0%		1 1 1		
25.0%	Current Performance Performance Standard			
0.0% + FY11 Q2	FY11 Q3	FY11 Q4	FY12 Q1	

	S	Standard 17.2			
Measurement	Blue paper was completed	and in accordance with	terms.		
Standard	Performance: 90%				
Data Source	UR Database/EIS				
Current Level	100.0% (21 out of 21)				
100.0%	Acute Inpatient Services: Community Hospitalization - Standard 17.2				
100.0%					
75.0% -			- 		
		1	1		
50.0% -					
	Current Performance				
25.0%	Performance Standard	i			
0.0%		1	1		
FY11 Q2	FY11 Q3	FY1	1 Q4	FY12 Q1	

	Standard 17.2a				
Measurement	Corrective action taken by UR nurse	where blue paper not completed in accordance with			
terms.					
Standard	Performance: 95%				
Stanuaru	Compliance:90%				
Data Source	UR Database/EIS				
Current Level	100.0% (All blue papers reported as	completed and in accordance with terms)			
100.0%	Acute Inpatient Services: Community Hospitalization - Standard 17.2a				
-100.0%-					
75.0% -		1			
50.0% -					
		Current Performance			
25.0% -	1	Compliance Standard			
0.0%	1				
	5)(11.00)				
FY11 Q2	FY11 Q3	FY11 Q4 FY12 Q1			

Standard	d 17.3	
Class member involuntary admission	ons to community inpatient units i	n which 24 hour
certification was completed.		
Performance: 95%		
UR Database/EIS		
100.0% (20 out of 20)		
Acute Inpatient Services: Communi	ty Hospitalization - Standard 17.3	•
100.0%	100.0%	100.0%
I I		
Current Performance		
Performance Standard		
FY11 Q3	FY11 Q4	FY12 Q1
	Class member involuntary admission certification was completed. Performance: 95% UR Database/EIS 100.0% (20 out of 20) Acute Inpatient Services: Communi 100.0%	Performance: 95% UR Database/EIS 100.0% (20 out of 20) Acute Inpatient Services: Community Hospitalization - Standard 17.3 100.0% 100.0%

	Star	ndard 17.3a			
Measurement	ment Corrective action taken by UR nurse where 24 hour certification was not completed.				
Standard	Performance: 100% Compliance: 90%				
Data Source	UR Database/EIS				
Current Level	100.0% (All 24 hr certification	s reported as completed)			
100.0% 100.0% 100.0% - 75.0% 50.0%	Acute Inpatient Services: Com	munity Hospitalization - Standard 17.3a -100.0% 100	0.0%		
25.0%	Compliance Standard				
FY11 Q2	FY11 Q3	FY11 Q4	FY12 Q1		

	Standard	d 17.4	
Measurement	Class member involuntary admission rights were maintained.	ons to community inpatient units in	which patients'
Measurement			
Standard	Performance: 90%		
Data Source	UR Database/EIS		
Current Level	90.5% (19 out of 21)		
100.0% 75.0% 50.0% 25.0%	Acute Inpatient Services: Communi 68.4%	ty Hospitalization - Standard 17.4	90.5%
0.0%			
FY11 Q2	FY11 Q3	FY11 Q4	FY12 Q1

	Standard	1 17.4a	
Measurement	Corrective action taken by UR nurs	se where documentation showed	patients' rights not
Measurement	maintained.		
Standard	Performance: 90%		
Stanuaru	Compliance: 90%		
Data Source	UR Database/EIS		
Current Level	100.0% (2 of 2)		
75.0%	Acute Inpatient Services: Communi	· · · ·	_
25.0%	Compliance Standard		
FY11 Q2	FY11 Q3	FY11 Q4	FY12 Q1

	Standard	d 17.5	
Measurement	Class member involuntary admission	ons for which medical necessity h	nas been established.
Standard	Performance: 90%		
Data Source	UR Database/EIS		
Current Level	100.0% (21 out of 21)		
100.0% 75.0% 50.0% 25.0% 0.0%	Acute Inpatient Services: Communi 100.0% — Current Performance - Performance Standard		
FY11 Q2	FY11 Q3	FY11 Q4	FY12 Q1

Discussion:

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

Standard 17.4: Not met the 3rd and 4th quarters FY 11. All rights violations are referred to hospital licensing.

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 1	18.1	
Measurement	Class members adm	nitted with ISPs fo	or whom hospital obtained Is	SP.
Standard	Compliance: 90%			
Data Source	UR Database/EIS			
Current Level	20.0% (2 out of 10)			
100.0% ¬	Acute Inpatient Service	vices: Community	Hospitalization - Standard 18	3.1
	<u></u>			
75.0%	Current Performance			
50.0%	Compliance Standard			
22,2%				
25.0%				11.1%
		23.1%	•	+
0.0%	- 		11.1%	
FY11 Q2	FY11	Q3	FY11 Q4	FY12 Q1

Standard 18.2					
Measurement	Treatment and discharge plan wer	e determined to be consistent wit	th ISP goals and		
Measurement	objectives.				
Standard	Compliance: 90%				
Data Source	UR Database/EIS				
Current Level	50.0% (1 out of 2)				
100.0% 75.0% 50.0% 25.0% 0.0%	Acute Inpatient Services: Commun - Current Performance - Compliance Standard 33.3%	ity Hospitalization - Standard 18.2	50.0%		
FY11 Q2	FY11 Q3	FY11 Q4	FY12 Q1		

Standard 18.3					
Measurement	CI/ICI/ICM/ACT worker participated	d in hospital treatment and disc	harge planning.		
Standard	Compliance: 90%				
Data Source	UR Database/EIS				
Current Level	80.0% (8 out of 10)				
100.0% 75.0% 50.0% 25.0% 0.0%	Acute Inpatient Services: Communi 61.5% Current Performance Compliance Standard	70.0%	3 80.0%		
FY11 Q2	FY11 Q3	FY11 Q4	FY12 Q1		

Discussion

Standards 18.1, 18.2, and 18.3: Each quarter, hospital specific data regarding these standards is posted online and CSNs notified of their availability. 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.

Recommendations:

Continue to monitor and post data on the OAMHS website

Community Resources and Treatment Services Crisis Intervention Services

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

			Standard 19.1				
Meas	surement	Face to face crisis	contacts that result in hos	pitaliz	ations.		
Sta	Standard Performance: No more than 20 - 25% are hospitalized as result of crisis intervention			n.			
Data	a Source	Quarterly Contract	Performance Data				
Curr	ent Level	25.5% (1188 out c	of 4649)				
50.0% -	Crisis Intervention Standards - Standard 19.1						
50.070							
	25.6%		26.2%		26.4%	25.5%	
0.0% -				-	Current Perfo	Standard	
	1 Q2	FY1 ²	1 Q3	FY11	Q4	FY12	Q1

			Standard 19.2		
Measurement		Face to face crisis contacts that result in follow-up and/or referral to community based			
Measu	liement	services.			
Star	ndard	To Be Established			
Data	Source	Quarterly Contract	Performance Data		
Currer	nt Level	49.2% (2289 out of	4649)		
100.0% –		Crisis Ir	tervention Standards - Stand	dard 19.2	
75.0% -					
50.0%				•	
	47.5%		50.7%	50.8%	49.2%
25.0% -	Curre	nt Performance			
0.0% -				- 	
FY11	1 Q2	FY1	1 Q3 I	FY11 Q4	FY12 Q1

Duscussion:

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

DHHS Office of Adult Mental Health Services

Community Resources and Treatment Services Crisis Intervention Services

			Standard 19.3		
Measu	rement	Face to face crisis contacts in which a previously developed crisis plan was available and used.			s available and
Stan	dard	To Be Established			
Data S	Source	Quarterly Contract	Performance Data		
Current	t Level	12.1% (564 out of	4649)		
100.0% - 75.0% - 50.0% -	Curre	Crisis Internation	ntervention Standards - Stand	ard 19.3	
25.0%	12.6%		10.3%	12.3%	12.1%
0.0% + FY11	Q2	FY1	1 Q3 F	Y11 Q4	FY12 Q1

		Standard 19.4		
Measurement	Face to face crisis contact the crisis.	ts in which client has a C	I worker and work	er was notified about
Standard	Compliance: 90% (3 out of	of 4 quarters)		
Data Source	Quarterly Contract Perfor	mance Data		
Current Level	95.3% (1311 out of 1376)			
100.0%		tion Standards - Standard	•	
75.0%		0	95.0%	95.3%
25.0%	Current Performance		1 1 1 1 1 1	
FY11 Q2	FY11 Q3	FY1	1 Q4	FY12 Q1

Discussion:

Standard 19.4: Met for FY' 09, FY 10, and FY 11.

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 Class members with ISPs with unmet mental health treatm		h treatment needs		
Standard	Compliance: 5% or fewe	r (3 out of 4 quarters)		
Data Source	ISP RDS Data			
Current Level	6.6% (77 out of 1163)			
	Treatme	ent Services - Standard 21.1		
100.0%			, 1	
75.0%	rent Performance		1 I	
Con	npliance Standard			
50.0% -			1	
a= aa/	6.4%		1	0.00/
25.0% 7.0%	0.4%		6.6%	-6.6%
0.0%	· · · · · · · · · · · · · · · · · · ·			
FY11 Q2	FY11 Q3	FY1 ²	1 04	FY12 Q1
1111 QZ	FTILQS	FII		

	S	tandard 21.2			
Measurement	Percentage of patients at Riverview determined to be ready for discharge who are				
modouromon	discharged within 7 days of				
Standard	Performance: 75% (within 7		,		
Otaridard	Compliance: 70% (within 7 c	•	ion)		
Data Source	Riverview Psychiatric Cente	er Discharge Data			
Current Level	100.0% FY12 Q2 (Lack of n	nental health treatment	did not impede discha	rge for any	
Current Lever	patients within 7 days)				
	Treatment S	Services - Standard 21.2)		
100.0%				•	
97.7%	97.5%		98.0%	100.0%	
75.0%					
50.0%			 		
25.0%	Current Performance				
25.0 %	Compliance Standard	1	1		
0.0%					
FY11 Q3	FY11 Q4	FY12	2 Q1	FY12 Q2	

DHHS Office of Adult Mental Health Services

Community Resources and Treatment Services Treatment Services

Standard 21.3				
Percentage of patients at Riverview determined to be ready for discharge who are				
U				
	· ·	,		
		nation)		
	<u> </u>			
		nt did not impede discha	rge for any	
patients within 30 d	lays)			
Tre	atment Services - Standard 21	3		
			•	
Ĩ	97.5%	98.0%	100.0%	
		!		
	_			
Current Performance		1		
Compliance Standard		1		
		·		
FY11	1 Q4 FY	12 Q1	FY12 Q2	
	discharged within 3 Performance: 96% Compliance: 80% (Riverview Psychiat 100.0% FY12 Q2 (patients within 30 d Tre Current Performance Compliance Standard	Percentage of patients at Riverview determined to discharged within 30 days of that determination Performance: 96% (within 30 days of that determin Compliance: 80% (within 30 days of that determin Riverview Psychiatric Center Discharge Data 100.0% FY12 Q2 (Lack of mental health treatmen patients within 30 days) Treatment Services - Standard 21. 97.5%	Percentage of patients at Riverview determined to be ready for discharged discharged within 30 days of that determination Performance: 96% (within 30 days of that determination) Compliance: 80% (within 30 days of that determination) Riverview Psychiatric Center Discharge Data 100.0% FY12 Q2 (Lack of mental health treatment did not impede discharge the patients within 30 days) Treatment Services - Standard 21.3 97.5% 98.0%	

	Standard 21.4				
Measurement	Percentage of patients at Riverview determined to be ready for discharge who are				
	discharged within 45 days of that d				
	Performance: 100% (within 45 days	,			
Standard	Compliance: 90% (within 45 days of		clients excepted by		
	agreement of the parties and the C	,			
Data Source	Riverview Psychiatric Center Disch	arge Data			
Current Level	100.0% FY12 Q2 (Lack of mental health treatment did not impede discharge for any				
Ourient Level	patients within 45 days)				
100.0%	Treatment Services - Standard 21.4				
-100:0%	97.5%	100.0%	100.0%		
75.0% -					
50.0%					
25.0% Current Performance					
Compliance Standard					
0.0%		-			
FY11 Q3	FY11 Q4	FY12 Q1	FY12 Q2		

Discussion:

Standard 21.1: Percentage has decreased from 9.2% in the 4th quarter FY 10 to 6.6% in the 4th quarter of FY 11 and the 1st quarter of FY 12.

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 quarter

24 discharged at 7 days (53.3%) 14 discharged 8-30 days (31.1%) 4 discharged 31-45 days (8.9%) 3 discharged post 45 days (6.7%)

Treatment services did not impede discharge for any patients 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
weasurement	an array of mental health treatment services.
Standard	No Numerical Standard Necessry
Data Source	Paid Claims data

MaineCare Data FY 2011				
Mental Health Treatment Services Received	Total Number	Total Number of Class Members	Percent of Class Members	
Assertive Community Treatment	997	545	54.7%	
Community Integration	12,130	1,218	10.0%	
Communty Rehabilitation	123	50	40.7%	
Crisis Services	5,527	516	9.3%	
Crisis Residential (CSU)	1,593	196	12.3%	
Day Support/Day Treatment	772	101	13.1%	
Medication Management	13,501	868	6.4%	
Outpatient (Comp Assess&Therapy)	25,388	747	2.9%	
Residential	828	678	81.9%	
Skills Development	242	25	10.3%	
Daily Living Supports	1,234	193	15.6%	
*Total Unduplicated Count	37,237		0.0%	

*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.

	Standard 22.1				
Measurement	Domain average of positive responses in the Perception of access domain				
Standard	Performance: At or above 85% Compliance: OAMHS conducts review, takes action if results fall below defined levels.				
Data Source	DIG Survey				
Current Level	77.0% (N=1529)				
100.0%					
75.0% 77.6% 77.0%					
25.0%	Current Performance	-			
0.0%	2010 2011				

	Standard 22.2
Measurement	Domain average of positive responses in the General Saticfaction domain
Standard	Performance: at or above 85%
Data Source	DIG Survey
Current Level	82.9% (N=1542)
100.0% ¬	Treatment Services - Standard 22.2
75.0% -	81.8% 82.9%
50.0% -	
	- Current Performance
25.0%	- Performance Standard
0.0%	
	2010 2011

Community Resources and Treatment Services Family Support Services

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

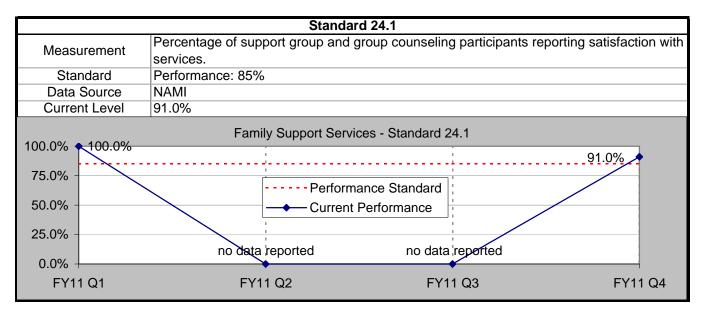
Standard 23.1			
Measurement	Number of education programs developed and delivered meeting Settlement Agreement		
weasurement	requirements		
Standard	No standard necessary		
Data Source	NAMI		
Current Level	4 family to family class: Q1 FY 12		

Standard 23.2		
Measurement	Number and distribution of family support services provided	
Standard	o standard necessary	
Data Source	NAMI	
Current Level	18 family support groups, 18 sites: Q1 FY 12	

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



	Standard 2	24.2	
Measurement	Percentage of program participants r	eporting satisfaction with educa	ation programs.
Standard	Performance: 80%		
Data Source	NAMI		
Current Level	93.0%		
100.0% • <u>98.0%</u>	Family Support Services ♦ 100.0%	s - Standard 24.2	93.0%
75.00/			
75.0%	Performance Standard		
50.0%			
25.0%			
0.00/			
0.0% +	i	i	
FY11 Q1	FY11 Q2	FY11 Q3	FY11 Q4

Discussion:

Standards 24.1 and 24.2: Data is now collected annually.

Community Resources and Treatment Services Family Support Services

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

Measurement Agency contracts reviewed with documented evidence of referral mechanism to family support services. Standard Compliance: 90% Data Source Contract Reviews Current Level 100.0% 100.0% Family Support Services - Standard 25.1 100.0% 100.0% 50.0% Current Performance 25.0% Current Performance 0.0% Compliance Standard		Standard	25.1	
Data Source Contract Reviews Current Level 100.0% Family Support Services - Standard 25.1 100.0% 100.0% 75.0% 50.0% 25.0% Current Performance Compliance Standard	Measurement	5 <i>,</i> , , , , , , , , , , , , , , , , , ,		
Current Level 100.0% 100.0% Family Support Services - Standard 25.1 100.0% 100.0% 75.0% 100.0% 50.0% Current Performance 25.0% Compliance Standard	Standard	Compliance: 90%		
Family Support Services - Standard 25.1 100.0% 100.0% 100.0% 100.0% 75.0%	Data Source	Contract Reviews		
100.0% 100.0% 100.0% 100.0% 75.0%	Current Level	100.0%		
75.0%		· · · · · · · · · · · · · · · · · · ·		
25.0% — Current Performance Compliance Standard				
25.0% Compliance Standard				
Compliance Standard	25.0% -			
0.0%		Compliance Standard		
	0.0%	1		
FY 08 FY 09 FY 10 FY 11	FY 08	FY 09	FY 10	FY 11

Standard 25.2						
Measurement		Families receiving	referrals for farr	nily support services	reporting sa	tisfaction with referral
Measurer	nem	process.				
Standa	ard	Performance: 85%				
Data Sou	urce	NAMI				
Current L	evel	no referrals made				
100.0% 🔶		Famil	y Support Servi	ces - Standard 25.1		
100.070	0.0%		100.0%	100.0%	<u>_</u>	
75.0% -				Current Per	formance	
50.0% -				Compliance	Standard	
25.0% -						no referrals made
0.0%				1		no reienais filade
FY 11 Q	2	FY 1	1 Q3	FY 11 Q	4	FY 12 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	ass members with ISP identified unmet vocational/employment support needs.		
Standard	Performance: 10% of	or fewer		
Data Source	ISP RDS Data			
Current Level	4.0% (47 out of 116	3)		
100.0% ¬	Vocational	Employment Services - Standa	ard 26.1	
75.0% → C	urrent Performance erformance Standard	1	- - - - - - - - - - - - - - - - - - -	-
50.0%			1	-
25.0% 4.2%		3.8%	3.6%	-
0.0%	•		T	-
FY11 Q2	FY11	Q3 FY1	1 Q4 FY	12 Q1

Standard 26.2			
Measurement	Class members younger than age 62 in competitive employment in the community.		
Standard	Performance: 15% of class members employed in competitive employment.		
Stanuaru	Compliance: 13% or Baseline (10.8%).		
Data Source	ISP RDS Data		
Current Level	6.9% (70 out of 1010)		
100.0% -	Vocational Employment Services - Standard 26.2		
	urrent Performance		
75.0%	erformance Standard		
50.0%			
25.0% - 6.1%	6.6% 6.2% 6.9%		
0.0%			
FY11 Q2	FY11 Q3 FY11 Q4 FY12 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	Consumers under age 62 in supported and competitive employment (part or full time)			
	Performance: 15% in either competitive or supported employment			
Standard	Compliance: If number falls below 10%, Department conducts further review and takes			
	appropriate action.			
Data Source	DIG Survey			
Current Level	13.8% (100 of 725)			
100.0% ¬	Vocational Employment Services - Standard 26.3			
	current Performance			
75.0%	Compliance Standard			
50.0% -	40.00/			
25.0% -	13.8%			
20.070				
0.0%				
	2010 2011			
	2010 2011			

Discussion:

This standard factored out those persons responding to the DIG 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 29.1		·	
		Standard 28.1			
Measurement	Percentage of class	ercentage of class members with ISP identified unmet transportation needs.			
Standard	Compliance: 10% c	or fewer (3 out of 4 quarters)			
Data Source	ISP RDS Data				
Current Level	5.2% (61 out of 116	33)			
100.0% -	Tra	ansportation - Standard 28.1			
100.0%			1		
	Current Performance	e	a a		
75.0%	Compliance Standar	rd	1		
50.0%	I				
	1		1		
25.0% 5.4%		5.0%	4.7%	5.2%	
	<u></u>		4.7 /0		
0.0%	T				
FY11 Q2	FY11	Q3 FY1	1 Q4	FY12 Q1	

Discussion:

Standard continues to be met.

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	Division of Community Partnerships Data	
Current Level	32,063 total visits, 1133 undiplicated clients (11 out of 13 social clubs/peer centers reporting for FY 12 Q1.)	

Standard 30.2			
Measurement	Number of other peer support programs and participation.		
Standard	Qualitative evaluation; no numerical standard required.		
Data Source	Division of Community Partnerships Data		
Current Level	32 Peer Support programs statewide during FY 2012 Q1. (includes social clubs/peer		
	centers): Participation data is not collected for the Statewide Initiatives noted below.		

Peer Support Groups funded by DHHS 2012 Q1:

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, LA Clubhouse -- Lewiston

Statewide -- Advocacy Initiative Network

Community Connections: Community based recreational opportunities and leisure planning MAPSRC (Maine Association of Psychosocial Rehabilitation Centers) DBSA - Patways for U Recovery groups

NAMI Support Groups primarily attended by consumers:

Augusta, Bangor, Biddeford, Brunswick, Damariscotta, Lewiston, Livermore Falls, Machias, Norway, Sanford

	Standard 31.1	
Measurement	ISP identified class member unmet needs in recreational, social, avocational and spiritu	ıal
	areas.	
Standard	Performance: 10% or fewer	
Data Source	ISP RDS Data	
Current Level	4.0% (47 out of 1163)	
	ecreation/Social/Avocational/Spiritual Opportunities - Standard 31.1 Current Performance Performance Standard 3.6% 3.8% 4.0%	
FY11 Q2	FY11 Q3 FY11 Q4 FY12 Q1	

	Standa	ard 31.2	
Measurement	Domain average of positive respo	Domain average of positive responses in the Social Connectedness domain	
Standard	Performance: At or above 65%	Performance: At or above 65%	
Data Source	DIG Survey		
Current Level	61.3% (N=1530)		
100.0% R 75.0%	ecreation/Social/Avocational/Spin 63.6% Current Performance Performance Standard 2010	ritual Opportunities 61.3%	

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

		Standard 32.1		
Measureme	nt I	emonstrating functional improve	ment on LOCUS betwe	en baseline and
	" 12 month re-certific			
Standard	Standard to be est			
Data Source	e Enrollment data (B	Based on overall composite sco	re.)	
Current Leve	el 30.7% (115 out of	375)		
100.0%	Indiv	vidual Outcomes - Standard 32	2.1	
75.0%	Current Performance	- - - -	 	
50.0%			1 1 1 1	
25.0% - 35.1	%	34.0%	29.9%	30.7%
0.0% + FY11 Q2	FY1	I1 Q3 FY [.]	I1 Q4	FY12 Q1

Standard 32.2	
have maintained level of funct	tioning between baseline and 12 month
olished.	
sed on overall composite score	e.)
(5)	
dual Outcomes - Standard 32.	2
	42.7% 20.5%
36.4%	42.1% 39.5%
Q3 FY1	1 Q4 FY12 Q1
	have maintained level of funct lished. ed on overall composite score 5) lual Outcomes - Standard 32. 36.4%

		Standard	32.3	
Measu	irement	Consumers reporting positively on fu outcome items.	Consumers reporting positively on functional outcomes on Data Infrastructure Survey outcome items.	
Star	ndard	Performance: 80%		
Data	Source	Data Infrastructure Grant Survey		
Currer	nt Level	58.9% (N=1541)		
100.0% -		Individual Outcomes	- Standard 32.3	
75.0% -		erformance standard	59.3%	58.9%
50.0% -		55.0%		
25.0% - 0.0% •	No data a	vailable		
20	08	2009	2010	2011

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.

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

			Standard 33.1		
Measurement		Consumer reporting that agency staff helped them obtain information needed to take			
medearer		charge of managing illne	ess.		
Standa	ard	Performance: 80%			
Data So	urce	Data Infrastructure Grar	nt Survey, Q20		
Current L	_evel	78.8% (N=1464)			
100.0%		Rec	covery - Standard 33.1		
75.0%	6.4%	75	.6%	78.0%	78.8%
25.0%		- Current Performance - Performance Standard]		
2008		2009	20)10	2011

		Standard 33.2		
Measurement	Consumers reporting th	Consumers reporting that agency staff believe that they can grow, change and recover		
Standard	Performance: 80%	erformance: 80%		
Data Source	Data Infrastructure Grar	nt Survey, Q13		
Current Level	71.9% (N=1461)			
100.0% -	Rec	covery - Standard 33.2		
75.0%				
50.0%	75	.6%	73.0% 71.9%	
25.0%	- Current Performance - Performance Standard]		
0.0%				
2008	2009	20	10 2011	I

	Stand	ard 33.3	
Measurement	Consumers reporting that agency wellness efforts and beliefs.	consumers reporting that agency services and staff supported their recovery and reliness efforts and beliefs.	
Standard	Performance: 80%		
Data Source	Data Infrastructure Grant Survey	r, Q15	
Current Level	70.0% (N=1493)		
100.0%	Recovery - S	Standard 33.3	
50.0%	66.0%	71.0%	70.0%
25.0%	- Current Performance		-
0.0% + 2008	2009	2010	2011

	Standard 3	33.4		
Measurement	Consumers reporting that providers o maintain wellness.	Consumers reporting that providers offered opportunities to learn skills to strengthen and naintain wellness.		
Standard	Performance: 80%			
Data Source	Data Infrastructure Grant Survey, Q16	6		
Current Level	73.1% (N=1475)			
100.0% 75.0%	Recovery - Stand	dard 33.4		
74.1% 50.0%	68.5%	75.2%	73.1%	
25.0%	- Current Performance - Performance Standard			
2008	2009	2010	2011	

	Standard	33.6	
Measurement	Consumers reporting that service pr groups run by peers.	Consumers reporting that service providers offered mutual support or recovery-oriented proups run by peers	
Standard	Performance: 80%		
Source	Data Infrastructure Grant Survey, Q	17	
Current Level	60.4% (N=1258)		
100.0% -	Recovery - Star	ndard 33.6	
75.0%			
50.0% 63.4%	54.6%	59.1%	60.4%
25.0%	Current Performance Performance Standard		
0.0%		1	
2008	2009	2010	2011

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		
# of mental health workshops, forums, and presentations geared toward general p		
Measurement	and level of participation.	
Standard	Qualitative evaluation required, no numerical standard necessary.	
Data Source		
Current Level	24 FY 12 Q1	

Standard 34.2		
Measurement	Number and type of info packets, publications, press releases, etc. distributed to public	
weasurement	audiences.	
Standard	Qualitative evaluation required, no numerical standard necessary.	
Data Source		
Current Level	330 FY 12 Q1	



Paul R. LePage, Governor