OAMHS Briefs
June 2010
Prepared for CCSM

New Employment Website

We are happy to report that the new/improved www.employmentforme.org website is now live! We have a link to this web site from the OAMHS Vocational Resources web page.

This web page was a joint project of OAMHS and OACPD within DHHS and the Bureau of Rehabilitation Services within DOL. Our intent was to create one "go to website" that can serve as a clearinghouse of information regarding employment---from any of the relevant state agencies/organizations as well as federal resources. It is tailored to three audiences—job seekers/workers; businesses/employers; and service providers.

The intent is to continuously update and expand the information on the web site as needed, so if you see corrections or additions that are needed, please let me know.

Take a look!

Recovery for ME

The topic for June is: *Practice Guideline Domain 2: Recovery-Oriented care timely and responsive*. We encourage you to discuss this domain with others and participate in the monthly webinars. For more information and to download copies of each domain, please go to http://www.maine.gov/dhhs/mh/recovery/defining.shtml

You may also provide feedback via email at:
http://www.maine.gov/dhhs/mh/recovery/feedback.shtml
or to:
Recovery for ME
OAMHS
SHS #11
2nd Floor Marquardt Building
Augusta, ME 04333

Please note in your email which domain you are commenting on. Emails and feedback will not receive individual responses. All feedback will be considered as the practice guidelines are edited. We encourage you to discuss the domains and questions with others in peer groups, in provider groups, at agencies, whenever you can find another interested party.

Practice Guideline Domain 2: Recovery-Oriented care is Timely and Responsive

Discussion Questions:

- Did the text of this domain define timely and responsive?
- What specific changes would you suggest to the text?
- Any other comments?

The webinar for Domain 3: *Recovery Oriented Care is Person-Centered is July 20th*. Call in/ connection information will be posted on the Recovery for ME website.

Unmet Needs Reports
The Unmet Needs reports for all CSN's (Quarter 2 of Fiscal Year 2010) have been posted to the CSN website at http://www.maine.gov/dhhs/mh/csn/reports/2010/index.shtml

Crisis Reports

Please find attached the monthly crisis report for April 2010. We welcome your feedback.

2010 Adult Mental Health and Well-Being Survey
The annual Adult Mental Health and Well-Being Survey, sometimes referred to as the DIG survey, has been mailed out. The surveys are to be returned by July 30, 2010. The survey is mailed to individuals receiving MaineCare Section 17 services and to class members. For assistance completing the survey, you may contact a representative from the DHHS Office of Quality Improvement Services Monday thru Friday between 9:00 am – 3:00 pm at 1-888-367-5124.

APS Healthcare Reports April 2010
The April APS Healthcare reports are attached for your review and feedback.

National and Federal News

Putting Data and Innovation to Work to Help Communities and Consumers Improve Health

HHS Secretary Kathleen Sebelius and Institute of Medicine President Harvey Fineberg today launched a national initiative to share a wealth of new community health data that will drive innovation and lead to the creation of new applications and tools to improve the health of Americans.

To help citizens, clinicians and local leaders use data to improve health and value of health care, the Community Health Data Initiative (CHDI) is turning to Web application developers, mobile phone applications, social media, and other cutting-edge information technologies to "put our public health data to work."

"Our national health data constitute a precious resource that we are paying billions to assemble, but then too often wasting," Secretary Sebelius said. "When information sits on the shelves of government offices, it is underperforming. We need to bring these data alive. If made easily accessible by the public, our data can help raise awareness of health status and trigger efforts to improve it. The data can help our communities determine where action is most needed and what approaches might be most helpful. As a nation, we can and should harness the exploding creativity in our information technology and media sectors to help us get the most public benefit out of our data investments."

"In every science-based endeavor, data are the key to effective action," said Dr. Fineberg. "We need to make more creative and vigorous use of the data we generate now, and we need to create a demand-and-use cycle that will bring about even better health information in the future."

The Initiative was announced at a Community Health Data Forum on June 2 at the National Academy of Sciences' Institute of Medicine (IOM). Federal and community leaders were joined by developers and technology pioneers who demonstrated 16 innovative applications that make

use of publicly available health data. Most of the sample applications have been developed or refined in the three months since HHS and IOM hosted a meeting on March 11 to explore the feasibility of an effort along the lines of the CHDI.

At the heart of the Initiative, increasing amounts of federally generated community health data will be made publicly available, in easily accessible and useful formats. Secretary Sebelius announced that by the end of 2010, a new HHS Health Indicators Warehouse will be deployed online, providing currently available and new HHS data on national, state, regional, and county health performance – on indicators such as rates of smoking, obesity, diabetes, access to healthy food, utilization of health care services, etc. – in an easy-to-use "one stop data shop." The Warehouse will also include information on proven ways to improve performance on particular indicators. Users will be able to explore all of this data on the Warehouse Web site, download any and all of it for free, and integrate it easily into their own Web sites and applications.

The Initiative envisions an expanding array of applications being built using HHS' data, as well as data supplied by other sources. Community leaders, consumers, employers, providers, and others can choose among independently developed applications to help in health assessment, planning and action. The CHDI does not endorse particular applications, but rather enables their independent development through easier access to expanded, free data. Communities, professionals and consumers can then choose the applications they find most useful.

An initial sampling of applications was demonstrated at the Forum today, providing an intriguing glimpse into the kinds of creative innovations the Initiative seeks to spur. The demonstrations included Web tools that allow citizens to easily understand health performance in one county versus another, dashboards that allow civic leaders to get a detailed understanding of their community's health status and how they might improve it, an online game that enables players to learn local health status facts, enhanced Web search that integrates hospital performance data into hospital search results, and mobile phone-based tools that put exciting new health information at consumers' fingertips.

To learn more about the Community Health Data Initiative, please visit www.hhs.gov/open.

1. SAMHSA ADS Center Training Teleconference

U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES
Substance Abuse and Mental Health
Services Administration
Center for Mental Health Services

4350 East West Highway, Suite 1100
Bethesda, MD 20814
1-800-540-0320
promoteacceptance@samhsa.hhs.gov

SAMHSA ADS Center Training Teleconference

Building an Inclusive Society

June 29, 2010

In recognition of the 20th anniversary of the passage of the Americans with Disabilities Act (ADA)

… the Supreme Court affirmed that the ADA prohibits the segregation of individuals with disabilities. Needlessly isolating such individuals, the Court wrote, is a form of discrimination based on disability—discrimination that perpetuates unwarranted assumptions about their capabilities and their worthiness to participate in community life.

— The Bazelon Center for Mental Health Law

How can we build an inclusive society with a collaborative network of agencies aligned to deliver effective integrated services to people with disabilities including individuals with psychiatric disabilities?

To assist people with disabilities, consumers, survivors, family members, advocates, and health care/mental health providers to better understand the rights of people with disabilities, the challenges posed by the assertion of these rights, and the protections offered under the law, the SAMHSA ADS Center invites you to a free training teleconference titled "Building an Inclusive Society."

Date and Time

Tuesday, June 29, 2010
2:30 p.m.– 4:00 p.m., Eastern Daylight Savings Time (EDT)

Presenters

- Henry Claypool—U.S. Department of Health and Human Services
- Celia Brown—New York State Office of Mental Health Recipient Affairs
- Andy Imparato—American

Register Today!
To learn more and to register, please visit the following page: http://promoteacceptance.samhsa.gov/teleconferences/default.aspx.
We encourage you to share this invitation with interested friends and colleagues.

Please note: Registration will close at 5:00 p.m., EDT, on Friday, June 25, 2010.

Association of People with Disabilities

Questions?

This training teleconference will include a question and answer session. We invite you to submit questions at any time before or during the teleconference. To submit questions before the teleconference, please e-mail promoteacceptance@samhsa.hhs.gov. Speakers will answer as many questions as possible during this session, but we cannot guarantee that your question will be answered during the teleconference. We will provide each presenter's contact information so that you may contact him or her directly for a response or additional information.

Please note: You may submit anonymous questions. If you provide your name and organization when submitting a question, we may use it during the call.

Training Sponsor

This teleconference is sponsored by SAMHSA ADS Center, a project of the Center for Mental Health Services (CMHS). CMHS is a center within the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

Please explore the SAMHSA ADS Center Web site for more information at *http://promoteacceptance.samhsa.gov*.

Subscribe to our listserv to receive updates of SAMHSA ADS Center activities by visiting the SAMHSA ADS Center Web Site or by calling a SAMHSA ADS Center representative at 800-540-0320.

SAMHSA ADS Center (Resource Center to Promote **A**cceptance, **D**ignity and **S**ocial Inclusion Associated with Mental Health)
http://promoteacceptance.samhsa.gov/

A Free WISE Webinar Highlighting Supports and Services for Ticket Holders with Mental Health Disabilities, June 23, 2010, 3:00-4:30 EST

If you are a person with a mental health disability interested in learning about the Ticket to Work Program or other Social Security Work Incentives, you can attend a FREE Web-based education event on work incentives! This first-ever Mental Health Work Incentive Seminar Event (WISE) Webinar will feature presentations by people who know the ins and outs of all available work incentives, including the Ticket Program. A success story of a Social Security beneficiary who used work incentives successfully will be shared. We will also be joined by a mental health peer counselor who currently works encouraging other people with mental health disabilities in their recovery through work.

Want specific information on how work and work earnings will impact your personal Social Security disability benefits? Please visitwww.ssa.gov/work or www.choosework.net to get more information and to find a list of resources available in each state, including the Work Incentives Planning Assistance (WIPA) projects, professionals who can provide more information on your individual situation.

Register for this free WISE Webinar or find WISE events in your area at www.cessi.net/wise.

Approximately 2 days before the event, all those who have registered will receive an e-mail message with instructions on how to log in to the Webinar.

If you have questions, please email wise@cessi.net or call 1-877-743-8237 (v/tty).

APS Healthcare

Department of Health and Human Services

APS Healthcare-Maine: Dashboard Report Adult Mental Health Fiscal Year 2010

Demographics, Utilization and Access Measures: Active Authorization Census on the Last Day of Each Month	Dec	Jan	Feb	Mar
Total # MaineCare Eligible Members	276,251	276,251	276,251	276,251
Total # Members Age 18+ Authorized Adult Mental Health Services	22,709	22,956	23,561	23,998
Ages 18-20	1,169	1,203	1,242	1,277
21-64	20,665	20,873	21,419	21,807
65-74	618	615	633	645
Over 75 Years Old	257	265	267	269
Total # Members Age 18+ Authorized Mental Health Services- Male	8,765	8,857	9,065	9,202
Total # Members Age 18+ Authorized Mental Health Services- Female	14,908	15,043	15,502	15,816
Total # Members Age 18+ Authorized Mental Health Services- Caucasian	20,353	20,512	21,011	21,380
Total # Members Age 18+ Authorized Mental Health Services- African-American	299	292	296	303
Total # Members Age 18+ Authorized Mental Health Services- Native American	368	369	391	388
Total # Members Age 18+ Authorized Mental Health Services- Other Race	2,653	2,727	2,869	2,947
Total # Adult Members Authorized CSI & PNMI Services (SMI Proxy)	11,069	11,532	11,408	11,592
Total # Adult Members Authorized MH Services who were screened for co-occurring SA/MH disorders	2,185	1,912	1,730	1,589
Demographics, Utilization and Access Measures: The following Indicators are totalled for each month and are NOT Cumulative	**Dec**	**Jan**	**Feb**	**Mar**
Total # Adult Members Authorized Psychiatric Inpatient Services (New Admissions)*	119	165	142	160
Total # of Discharges from Psychiatric Inpatient Units*	122	130	124	146
Average Length Of Stay (in days) for In-Patient Psychiatric Discharged*	9	7	7	8
Total # of Discharges from Psychiatric Inpatient Units Readmitted within 30 days*	8	16	11	11
Total # Members Age 18+ Authorized Individual Outpatient Services (New Admissions)	1,337	1,394	1,265	1,505
Total # Members Age 18+ Authorized Group Outpatient Services (New Admissions)	245	198	204	213
Total # Members Age 18+ Authorized Medication Management Services (New Admissions)	405	496	391	471
Total # Members Authorized to Receive Residential Services (PNMI) (New Admissions)	30	29	27	32
Total # of Discharges from Residential Services (PNMI)	34	28	25	42
Average Length Of Stay (ALOS) (in days) for Residential Services (PNMI) discharged	257	285	153	360
Total # Members Age 18+ Authorized Crisis Unit Services (New Admissions)	170	215	218	226
Total # Members Age 18+ Discharged from Crisis Unit Svs in the month	158	171	193	229
ALOS (in days) for Crisis Unit Services discharged in the month, Age 18+	7	5	4	5
Total # Adult Members who are Authorized to Receive Community Support/Integration Services (New Admissions)	471	559	480	571
Total # Adult Members who are Discharged from Community Support/Integration Services	329	358	303	372
ALOS (in days) for Community Support/Integration Services Discharged in the month	279	346	294	328
Utilization, Access, and Continuity of Care Measures - End of Each Quarter Fiscal Year (1Qtr=Jul,Aug,Sep; 2Qtr=Oct,Nov,Dec; 3Qtr=Jan,Feb,Mar; 4Qtr=Apr,May,June)	**2 Qtr**			**3 Qtr**
Total % of non-hospitalized adult members assigned Community Support/Integration Services within 7 working days of application of services (Quarterly)	71%			66%
Total % of non-hospitalized adult members assigned Community Support/Integration Services within 3 working days of application of services (Quarterly)	48%			44%
Total % of adult members who apply for and are assigned CI Services while an inpatient in a psychiatric facility within 7 working days (Quarterly)	69%			63%
Total % of adult members who apply for and are assigned CI Services while an inpatient in a psychiatric facility within 2 working days (Quarterly)	44%			32%
* Excludes IMD and State Facilities				

Report Source: Authorization Data from APS CareConnection

APS Healthcare

Department of Health and Human Services

APS Healthcare-Maine: Dashboard Report Adult Mental Health Fiscal Year 2010

Demographics, Utilization and Access Measures: Active Authorization Census on the Last Day of Each Month	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**
Total # MaineCare Eligible Members	272,988	276,251	276,251	276,251	276,251	276,251	276,251	276,251	276,251	276,251		
Total # Members Age 18+ Authorized Adult Mental Health Services	23,593	21,920	22,189	22,485	22,710	22,709	22,956	23,561	23,998	24377		
Ages 18-20	1,334	1,153	1,138	1,140	1,159	1,169	1,203	1,242	1,277	1304		
21-64	21,315	19,886	20,198	20,466	20,672	20,665	20,873	21,419	21,807	22134		
65-74	684	611	609	623	625	618	615	633	645	659		
Over 75 Years Old	260	270	244	256	254	257	265	267	269	280		
Total # Members Age 18+ Authorized Mental Health Services- Male	9,119	8,473	8,555	8,730	8,723	8,765	8,857	9,065	9,202	9170		
Total # Members Age 18+ Authorized Mental Health Services- Female	15,324	14,345	14,565	14,733	14,936	14,908	15,043	15,502	15,816	15783		
Total # Members Age 18+ Authorized Mental Health Services- Caucasian	21,209	19,748	19,969	20,206	20,378	20,353	20,512	21,011	21,380	21314		
Total # Members Age 18+ Authorized Mental Health Services- African-American	301	284	278	298	295	299	292	296	303	309		
Total # Members Age 18+ Authorized Mental Health Services- Native American	371	345	358	360	367	368	369	391	388	382		
Total # Members Age 18+ Authorized Mental Health Services- Other Race	2,562	2,441	2,515	2,599	2,619	2,653	2,727	2,869	2,947	2948		
Total # Adult Members Authorized CSI & PNMI Services (SMI Proxy)	10,887	10,597	10,727	10,913	10,991	11,069	11,532	11,408	11,592	11864		
Total # Adult Members Authorized MH Services who were screened for co-occurring SA/MH disorders	8,059	8,832	4,472	2,892	2,481	2,185	1,912	1,730	1,589	1466		
Demographics, Utilization and Access Measures: The following Indicators are totalled for each month and are NOT Cumulative	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**
Total # Adult Members Authorized Psychiatric Inpatient Services (New Admissions)*	156	166	170	172	145	119	165	142	160	153		
Total # of Discharges from Psychiatric Inpatient Units*	164	125	156	146	151	122	130	124	146	126		
Average Length Of Stay (in days) for In-Patient Psychiatric Discharged*	6	6	7	7	7	9	7	7	8	7		
Total # of Discharges from Psychiatric Inpatient Units who are then Readmitted within 30 days*	13	6	22	26	23	8	16	11	11	19		
Total # Members Age 18+ Authorized Individual Outpatient Services (New Admissions)	2,584	2,472	2,726	2,324	1,806	1,337	1,394	1,265	1,505	1345		
Total # Members Age 18+ Authorized Group Outpatient Services (New Admissions)	233	219	182	252	260	245	198	204	213	217		
Total # Members Age 18+ Authorized Medication Management Services (New Admissions)	560	558	532	550	541	405	496	391	471	521		
Total # Members Authorized to Receive Residential Services (PNMI) (New Admissions)	90	61	32	31	26	30	29	27	32	30		
Total # of Discharges from Residential Services (PNMI)	271	28	35	40	22	34	28	25	42	38		
Average Length Of Stay (in days) for Residential Services (PNMI) discharged	392	253	257	263	274	257	285	153	360	189		
Total # Members Age 18+ Authorized Crisis Unit Services (New Admissions)	221	200	200	199	198	170	215	218	226	214		
Total # Members Age 18+ Discharged from Crisis Unit Svs in the month	208	189	187	172	187	158	171	193	229	197		
Average Length Of Stay (in days) for Crisis Unit Services discharged in the month, Age 18+	5	5	5	5	5	7	5	4	5	5		
Total # Adult Members who are Authorized to Receive Community Support/Integration Services (New Admissions)	458	455	481	477	532	471	559	480	571	484		
Total # Adult Members who are Discharged from Community Support/Integration Services	471	408	368	473	309	329	358	303	372	350		
Average Length Of Stay (in days) for Community Support/Integration Services Discharged in the month	266	240	237	247	254	279	346	294	328	297		
Utilization, Access, and Continuity of Care Measures - End of Each Quarter												
Fiscal Year (1Qtr=Jul,Aug,Sep; 2Qtr=Oct,Nov,Dec; 3Qtr=Jan,Feb,Mar; 4Qtr=Apr,May,June)			**1 Qtr**			**2 Qtr**			**3 Qtr**			**4 Qtr**
Total % of non-hospitalized adult members assigned Community Support/Integration Services within 7 working days of application of services (Quarterly)			60%			71%			66%			
Total % of non-hospitalized adult members assigned Community Support/Integration Services within 3 working days of application of services (Quarterly)			46%			48%			44%			
Total % of adult members who apply for and are assigned CI Services while an inpatient in a psychiatric facility within 7 working days (Quarterly)			82%			69%			63%			
Total % of adult members who apply for and are assigned CI Services while an inpatient in a psychiatric facility within 2 working days (Quarterly)			41%			44%			32%			
* Excludes IMD and State Facilities												

Report Source: Authorization Data from APS CareConnection

Maine Department of Health and Human Services
Office of Adult Mental Health
Monthly Crisis Report

STATEWIDE

April 2010

I.	Consumer Demographics (Unduplicated Counts - Face to Face)							
Gender	Males	**636**	Females	**663**				
Age Range	18-21	**141**	22-35	**389**	36-60	**652**	61 & Older	**109**
Payment Source	MaineCare	**736**	Private	**191**	None	**226**	Other	**149**
Guardianship Status	Public/DHHS Guardian			**19**	Private Guardian			**31**

II.	Summary of All Crisis Contacts	
a.	Total number of telephone contacts.	10527
b.	Total number of all ***INITIAL*** face to face contacts.	1390
c.	Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	324

III.	Initial Crisis Contact Information		
a.	Total number/percentage of **INITIAL** face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	133	10%
b.	Number/percentage of **INITIAL** face to face contacts who have a Community Support Worker (CI, ICI, ICM, ACT).	332	24%
c.	Number/percentage of **INITIAL** face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	310	93%
d.	**SUM TOTAL/Average** time *in minutes* for all **INITIAL** face to face contacts in **II.b.** from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.	41609	29.9
e.	Number/percentage of **INITIAL** face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.	781	97%
f.	Number/percentage of **INITIAL** face to face contacts ***NOT*** in Emergency Department with final disposition made within 8 hours of that contact.	577	99%

IV.	Site of Initial Face to Face Contacts		
Number / percentage of face to face contacts seen in :			
a.	Primary Residence (Home)	111	8%
b.	Family/Relative/Other Residence	5	0%
c.	Other Community Setting (Work, School, Police Dept., Public Place)	35	3%
d.	SNF, Nursing Home, Boarding Home	11	1%
e.	Residential Program (Congregate Community Residence, Apartment Program)	7	1%
f.	Homeless Shelter	4	0%
g.	Provider Office	36	3%
h.	Crisis Office	300	22%
i.	Emergency Department	806	58%
j.	Other Hospital Location	39	3%
k.	Incarcerated (Local Jail, State Prison)	36	3%
NOTE: Sum of Crisis Resolutions must equal II.b. (Total no. of all INITIAL face-to-face contacts)	**Sec. IV Total**	**1390**	**100%**

V.	Initial Crisis Resolution (Mutually Exclusive & Exhaustive)		
Number / percentage of face to face contacts that resulted in:			
a.	Crisis stabilization with no referral for mental health/substance abuse follow-up	116	8%
b.	Crisis stabilization with *referral to new provider* for mental health/substance abuse follow-up	260	19%
c.	Crisis stabilization with *referral back to current provider* for mental health/substance abuse follow-up	379	27%
d.	Admission to Crisis Stabilization Unit	220	16%
e.	Inpatient Hospitalization-Medical	23	2%
f.	Voluntary Psychiatric Hospitalization	305	22%
g.	Involuntary Psychiatric Hospitalization	61	4%
h.	Admission to Detox Unit	26	2%
NOTE: Sum of Crisis Resolutions must equal II.b. (Total no. of all INITIAL face-to-face contacts)	**Sec. V Total**	**1390**	**100%**

7/21/2010 prepared by R. Jerrold Melville, LMSW, MPA

STATE OF MAINE
Adult Mental Health
Monthly Crisis Report
SFY 2010

AMHI CONSENT DECREE REPORT		
IV.35	*26%*	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	29.9 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	98%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.
IV.38	93%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.