OAMHS Briefs
September 2010
Prepared for CCSM

Recovery for ME:

Wellness…Growing…Living!

Defining…Measuring…Improving!

The Webinar for ***Practice Guideline Domain 4: Recovery-Oriented Care is Effective, Equitable, and Efficient*** will be September 21st at 11:00. The discussion will start at 11:05. Please call in or connect a few minutes before. Call in/ connection information may be found at http://www.maine.gov/dhhs/mh/recovery and is also included in this email. This will be an opportunity for discussion about the fourth domain. Feedback given through the webinar discussion or mailed or emailed to OAMHS will be used to revise the Connecticut practice guidelines to create Maine's own practice guidelines for recovery-oriented care. Please remember:

- Print a copy of Domain 4 to have for the discussion (available at http://www.maine.gov/dhhs/mh/recovery/defining.shtml)
- Be as specific as possible in your feedback. For example, refer to a specific portion of the text when commenting.
- Our revisions of the document rely on your input.
- This is a collaborative discussion. This answers to discussion questions as well as any questions posed during the webinar come from all of us.

You may also provide feedback via email to: OAMHS.DHHS@maine.gov
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.

Discussion Questions Domain 4

- What specific changes would you suggest to the text?
- What is the role of evidence in determining effectiveness of a service?
- How are services equitable yet still remain person-centered?
- What does it mean to benefit from a service? To consumers? To providers? To family members?
- How do recovery plans relate to the ISP and to treatment plans?
- Any other comments?

A summary of the feedback on Domain 3 to date has been posted on the website.

You can participate just by phone or as a webinar using your phone and computer. Related materials will be posted on the Office of Adult Mental Health Services website at:

http://www.maine.gov/dhhs/mh/recovery

The phone call in information is: 1-888-560-3504 Enter Passcode: 316442

Legislative Update

Some possible legislative items have been submitted to the Governor's office for review and approval. Stay tuned for more information. If these go forward, we will be looking for your feedback.

Crisis Reports

Attached please find the crisis report for July 2010 organized by agency and statewide. This is the first report that combines child/youth and adult data into one report. Additionally you will find the Office of Adult Mental Health Services crisis report for the fourth quarter of State Fiscal Year 2010 organized by agency and statewide. Please share any feedback you have.

July 2010 APS Healthcare Reports

Attached please find the APS healthcare reports for July for your review and feedback.

PNMI Workgroup

The PNMI Workgroup continues to meet and address the two-fold initiative in the budget bill to standardize the rate and achieve savings. The updated schedule of meetings and tasks is below.

PNMI WORK GROUP SCHEDULE
September 13, 2010

1. Assessment
    a. September 20, 2010 – Sweetser Presentation on DLA Assessment Tool at 41 Anthony Avenue, conference room A
    b. September 27, 2010 – Meetings in the Regions if needed to 1) choose top three instruments that should be considered for Statewide use and 2) choose two representatives to a Statewide meeting to make a recommendation on an instrument. For providers with PNMIs in more than one region the provider will choose which region they will participate in but not more than one region.
    c. October 4, 2010 – Meeting of the Regional representatives at 41 Anthony Ave. conference room A to determine which instrument is to be recommended for the State
    d. October 11, 2010 – Holiday, **NO MEETING**

e. October 18, 2010 – Statewide (full PNMI Work Group) meeting at 41 Anthony Ave, conference room A to discuss implementation of instrument
f. December 1, 2010 – Assessments have been completed on consumers

2. Room and Board
    a. September 20, 2010 – Meeting of Finance persons at 10:00 AM, 41 Anthony Ave, conference room B. Meetings to be determined subsequently
    b. December 1, 2010 – Decision on room and board methodology for reimbursement

MaineCare Managed Care Initiative

As stakeholder and work groups continue to meet, education efforts continue and much discussion focuses around what the phase in process should look like. An update is below.

MaineCare Managed Care Bulletin

Date

Tuesday, August 31, 2010

Update

The Member Standing Committee (MSC) convened its first meeting on Friday, August 20th at 442 Civic Center Drive. The primary objective of this meeting was to introduce the concept of MaineCare Managed Care to invited MaineCare members, and explain how a Managed Care model could benefit MaineCare members. The second objective was to hear real world member experiences – both positive and negative – regarding their MaineCare benefits, services, delivery systems, etc.

A MaineCare member who attended the first Stakeholder Advisory Committee and Specialized Services Committee meetings in July provided an update and expressed that "now is our time to have a voice and to make a difference in this process".

At the end of July, DHHS was awarded from the Maine Health Access Foundation to help support the engagement of stakeholders broadly, with a particular focus on MaineCare members. Just some of the activities this grant will help support include: member involvement in the Member Standing Committee, planning and conducting four regional "listening sessions" with MaineCare members, telephone surveys of rural, elder, and other hard-to-reach MaineCare members, the creation of plain language communication materials, and two 10-minute educational videos.

Planning for the various September committee meetings is underway. A major focus of these meetings will be to explore the phasing of various MaineCare eligibility populations into Managed Care.

Next Meetings / Activities

The next Design Management Committee meeting will be held on September 2nd.

The external Specialized Services Committee meeting will next meet on September 13th. The Stakeholder Advisory Committee will meet on September 17th. These meetings will be aired over the internet. Instructions on how to listen in can be found, along with other related information, at:

http://maine.gov/dhhs/oms/mgd_care/mgd_care_index.html

Vocational News

DHHS will be releasing an updated Employment Policy that will be department-wide. This is part of the continuing effort to ensure that supporting an individual's employment goals is an integral part of the work of DHHS in supporting Maine people to lead productive lives in their communities. Stay tuned for more information.

Save the Date…
Employment for ME Summit

Building on past success for the next decade

Monday, November 15, 2010
at the
Augusta Civic Center

Two Great Events….One Day…..Register for One or Both

In the A.M.….Roll out the Newly Updated DHHS Employment Policy
8:30 – 12:00

Target Audience: Leadership of Case Management Agencies & Advocacy Organizations

Join **Commissioner of the Department of Health & Human Services, Brenda Harvey, and Commissioner of the Department of Labor, Laura Fortman,** as they share, discuss and celebrate accomplishments regarding employment and set the course for the next decade.

DHHS Office Directors will also discuss how their office practices will support the Policy.

Lunch is on your own

In the P.M.….Building a Bridge Between Policy & Practice
12:30 – 4:30

Target Audience: Case Managers, Community Integration Workers & Supervisors

Workshops include:
Your Role as a Case Manager in Supporting Employment
Working with Vocational Rehabilitation to Increase Employment Outcomes

How Employment Goals Interface with MaineCare
The Role of Benefit Specialists (CWIC) in Supporting Employment Outcomes

Informational tables related to Employment Resources will also be available.

The Registration Link for this Session will be Available Soon!

$10 Registration Fee ~ coffee, cold drinks & snacks provided
Contact Hours Will Be Awarded!

Sponsored collaboratively by Maine's Dept of Health & Human Services, Dept of Labor & the CHOICES CEO Project

Outcomes Initiatives

The Outcomes Initiative, including the OQ Measures and the RAS (Recovery Assessment Scale) continues to move forward. We have been implementing the use of the OQ outcome measure in pilot agencies on a limited basis and will begin moving towards the phase in of statewide implementation. The next PAG meeting is September 20 and we still welcome an additional representative from the CCSM to that group.

National and Federal News and Resources

Improving Your Health Literacy

By Carolyn M. Clancy, M.D., September, 2010

There is a truism in health care: When you don't fully understand or can't act on information about your health care, you are more likely to be in poorer health.

Nearly all of us, about 9 of every 10 American adults, have some problems with health literary.

Health literacy is not only about reading. It's about understanding difficult health terms and issues. Even highly educated people can have trouble understanding health care information.

For example, health literacy plays a role in how well:

- Someone is able to take the right medicine at the right time.
- A person with diabetes properly manages the condition.
- A parent follows instructions for helping a child recover from surgery.

Health care is complicated and the health care system can be confusing. That's why so many people have trouble understanding information about their health and health care options. Older adults, minorities, immigrants whose first language isn't English, poor adults, and people with ongoing mental and physical conditions are more likely to have a

hard time. But everyone can have trouble sometimes, especially when you're sick or have just been told you have a disease.

Limited health literacy can literally harm your health. If you have trouble understanding instructions, you may have a hard time managing a health condition or taking your medicines correctly. You may end up in the hospital more, spend more on health care, and have poorer health. Limited health literacy can also decrease your chances of getting important tests, like mammograms, or helping a loved one with his or her care.

Doctors, nurses, pharmacists, and hospitals can all play a role in helping patients better understand and use health information.

To help, the Federal Government in May announced a national effort to make health information more straightforward and understandable.

My agency, the Agency for Healthcare Research and Quality, has developed tools to help doctors and their office staffs improve communication with all patients so they can better understand a doctor's instructions and other important medical information. Another tool helps pharmacists talk to patients about how to use drugs safely.

While these efforts can help, you can take steps, too. To improve your health literacy:

- Ask questions. Then, make sure you get and understand the answers. If you don't understand, ask the doctor or nurse for more information. Asking questions may not always be easy, but it can get you the information you need to take better care of yourself. To help you, my agency developed a list of questions you can bring to the doctor, the pharmacist, or the hospital.
- Repeat information back to your doctor or nurse. After your doctor or nurse gives you directions, repeat those instructions in your own words. Simply say, "Let me see if I understand this…" This gives you a chance to clarify information. Studies show that doctors and patients often have very different ideas of what the patient is going to do after leaving the doctor's office. For example, if a clinician advises you to 'take two' Coumadin, it is really important to know if they mean 2 milligrams—or two pills. Repeating back can help avoid potentially serious mistakes.
- Bring all your medicines to your next doctor's visit. Ask your doctor to go over all of your drugs and supplements, including vitamins and herbal medicines. More than one third of adults struggle to understand how to take their medicines. Reviewing your medicines can help you and your doctor. You may even discover some mistakes, such as two drugs that shouldn't be taken together.
- Have another adult with you. This might be especially true when you expect to receive important information.
- Let the doctor's office know you need an interpreter if you don't speak or understand English very well. You have a right to an interpreter, at no cost to you. Even if you speak some English, tell the doctor's office what language you prefer when you make an appointment.
- Make a Pill Card. My agency has published step-by-step instructions to create an easy-to-use Pill Card to help patients, parents, and others keep track of medicines.

With Health Literacy Month coming up in October, this is a good time to try these suggestions. You might even improve your health—or the health of someone you care about.

Internet Citation:

Improving Your Health Literacy. Navigating the Health Care System: Advice Columns from Dr. Carolyn Clancy, September 7, 2010. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/consumer/cc/cc090710.htm

More Information:

AHRQ Podcast
Podcast Health Literacy Limited for Many Americans (Transcript) Podcast Help

Agency for Healthcare Research and Quality
Questions are the Answer: Build Your Question List
http://www.ahrq.gov/questionsaretheanswer/questionBuilder.aspx

U.S. Department of Health and Human Services
Healthfinder.org
http://www.healthfinder.gov/

The National Action Plan to Improve Health Literacy
http://www.hhs.gov/ophs/news/20100527.html

National Institute for Literacy
America's Literacy Directory
http://literacydirectory.org

Current as of September 2010

ACMHA Begins Series on Key Issues in Health Reform

Beginning September 8 at 3:00 p.m. EDT, ACMHA will launch a new 12-month critical issue webinar series.
Hosted by President-Elect Dr. Ron Manderscheid, the series will focus on the new health reform legislation and what it means for behavioral health.
The series will focus on five broad areas covered in the legislation — insurance, coverage, quality, payments, and health in-formation technology.
Each webinar will at-tempt to provide basic information that is urgently needed by a variety of affected groups including peers, providers/practitioners, health care plans, and policy makers.
Registration information will be shared shortly through the ACMHA web site and listserv.
Through sponsorship by the Substance Abuse and Mental Health Ser-vices Administration, the series will be open to all interested individuals.

Planned sessions are listed below. Each webinar will begin at 3:00 p.m. Eastern/12:00 p.m. Pacific. Mark your calendars now for the entire series.
Questions may be directed to Kris Ericson in the ACMHA office (executive.director@acmha.org).

2010-2011 Webinar Schedule

September 8, 2010 — **Overview of National Health Reform**, Ron Manderscheid, NACBHDDD
October 13, 2010 — **Medicaid Reform**, Barbara Edwards, Center for Medicare and Medicaid Services
November 10, 2010 —**Health Insurance Exchanges**, Karen Pollitz, DHHS Office of Health Care Reform
December 8, 2010 — **Major Changes Related to Mental Health and Substance Use Services**, Richard Popper, DHHS Office of Health Care Reform
January 12, 2011 — **Behavioral Health Medical Homes and Primary Care Medical Homes,** Mary Jane Eng-land, Regis College
February 9, 2011 — **Wellness, Prevention, and Promotion**, Ben Druss, Emory University
March 9, 2011 — **Accountable Care Organizations**, Dale Jarvis, BA, CPA, MCPP Consulting
April 13, 2011 — **Comparative Effectiveness Research**, Ken Wells, UCLA
May 11, 2011 — **Performance Based Case Rates**, Richard Frank, HHS Office of Disability, Aging, and Long-Term Care Policy
June 8, 2011 — **Federally Qualified Health Centers (FQHC) and FQHC Look-alikes,** Tonya Bowers, HHS Health Resources and Services Administration
July 13, 2011 — **Mental Health and Substance Use Parity**, John O'Brien, SAMHSA
August 10, 2011 — **HIT Provisions in National Health Reform,** Trish MacTaggert, George Washington University

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

STATEWIDE

Fourth Quarter State Fiscal Year 2010

(April, May, June)

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	Males	**1940**	Females	**2021**				
Age Range	18-21	**420**	22-35	**1218**	36-60	**1948**	61 & Older	**365**
Payment Source	MaineCare	**2305**	Private	**588**	None	**621**	Other	**418**
Guardianship Status	Public/DHHS Guardian			**58**	Private Guardian			**89**

II. Summary of All Crisis Contacts

a. Total number of telephone contacts.	33250
b. Total number of all ***INITIAL*** face to face contacts.	4231
c. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	829

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.	323	8%
b. Number/percentage of **INITIAL** face to face contacts who have a Community Support Worker (CI, ICI, ICM, ACT).	1072	25%
c. Number/percentage of **INITIAL** face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	1002	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.	131612	31.1
e. Number/percentage of **INITIAL** face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.	2329	96%
f. Number/percentage of **INITIAL** face to face contacts ***NOT*** in Emergency Department with final disposition made within 8 hours of that contact.	1776	99%

IV. Site of Initial Face to Face Contacts

Number / percentage of face to face contacts seen in :

a. Primary Residence (Home)	368	9%
b. Family/Relative/Other Residence	11	0%
c. Other Community Setting (Work, School, Police Dept., Public Place)	108	3%
d. SNF, Nursing Home, Boarding Home	25	1%
e. Residential Program (Congregate Community Residence, Apartment Program)	28	1%
f. Homeless Shelter	13	0%
g. Provider Office	103	2%
h. Crisis Office	856	20%
i. Emergency Department	2431	57%
j. Other Hospital Location	184	4%
k. Incarcerated (Local Jail, State Prison)	104	2%
NOTE: Sum of Crisis Resolutions must equal II.b. (Total no. of all INITIAL face-to-face contacts) **Sec. IV Total**	**4231**	**100%**

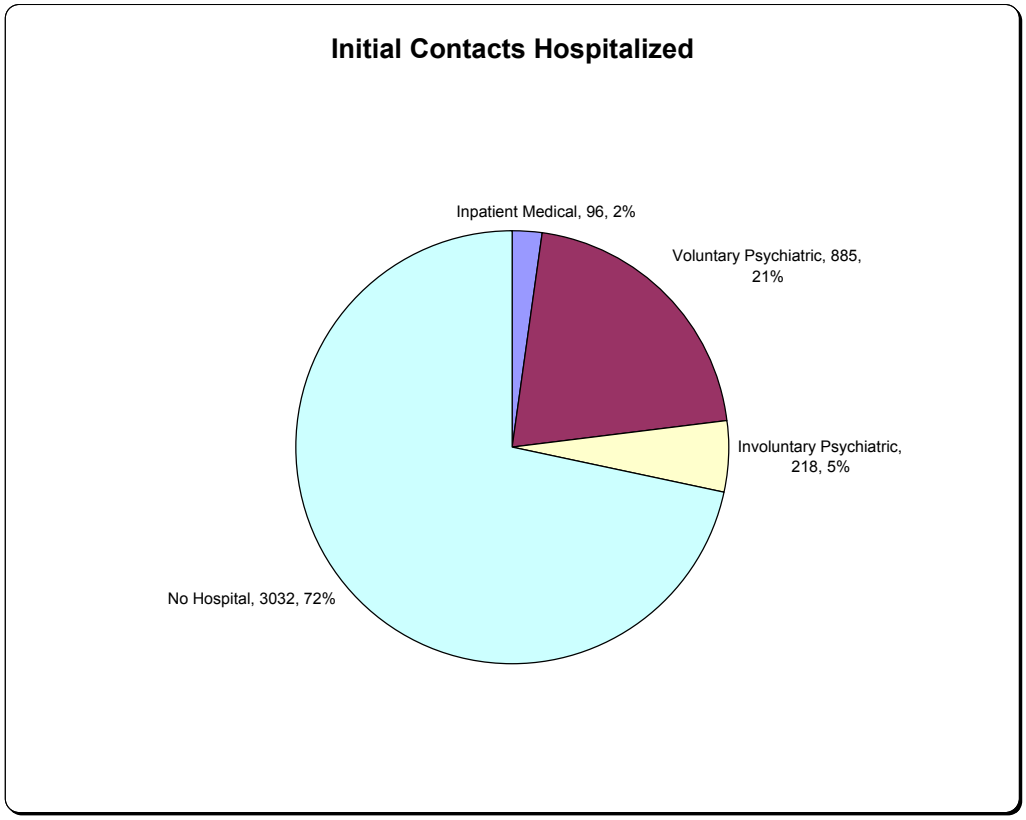
V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

Number / percentage of face to face contacts that resulted in:

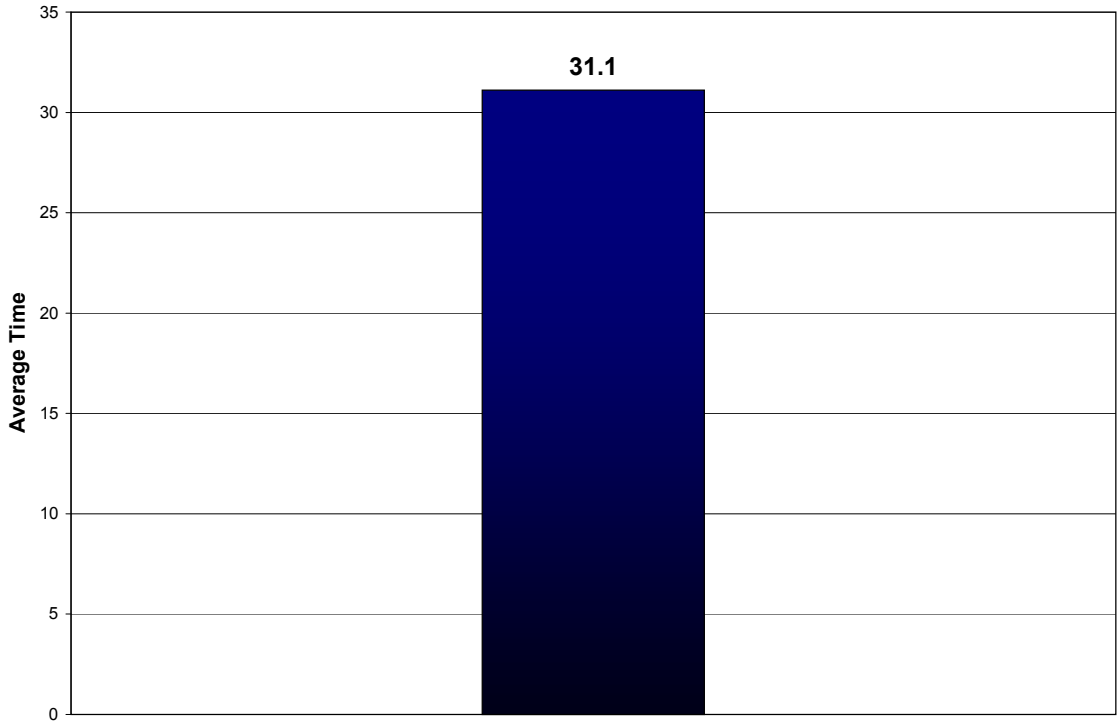
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	248	6%
b. Crisis stabilization with *referral to new provider* for mental health/substance abuse follow-up	835	20%
c. Crisis stabilization with *referral back to current provider* for mental health/substance abuse follow-up	1221	29%
d. Admission to Crisis Stabilization Unit	648	15%
e. Inpatient Hospitalization-Medical	96	2%
f. Voluntary Psychiatric Hospitalization	885	21%
g. Involuntary Psychiatric Hospitalization	218	5%
h. Admission to Detox Unit	80	2%
NOTE: Sum of Crisis Resolutions must equal II.b. (Total no. of all INITIAL face-to-face contacts) **Sec. V Total**	**4231**	**100%**

9/1/2010 prepared by R. Jerrold Melville, LMSW, MPA

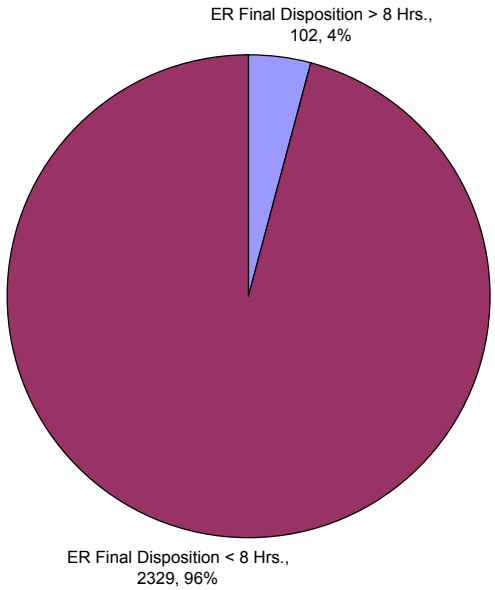
AMHI CONSENT DECREE REPORT		
IV.35	*26%*	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	*31.1* Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	97%	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.



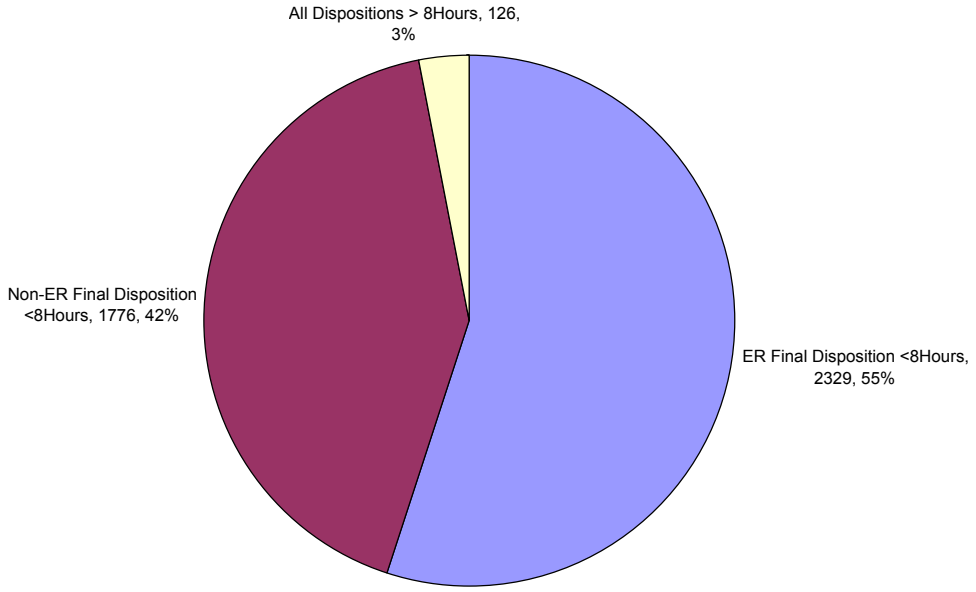
Average Time From Need Determination To Initial Face to Face Contact



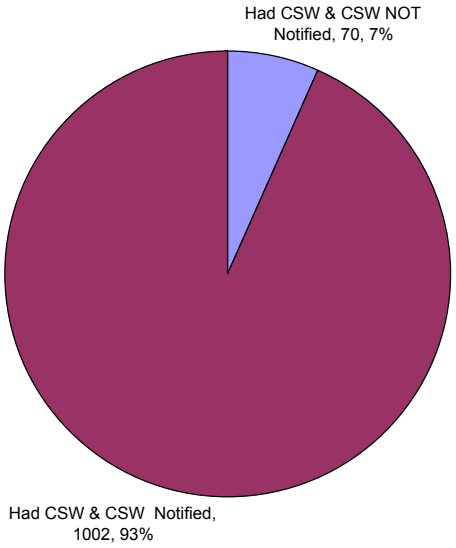
Emergency Room Disposition Within 8 Hours



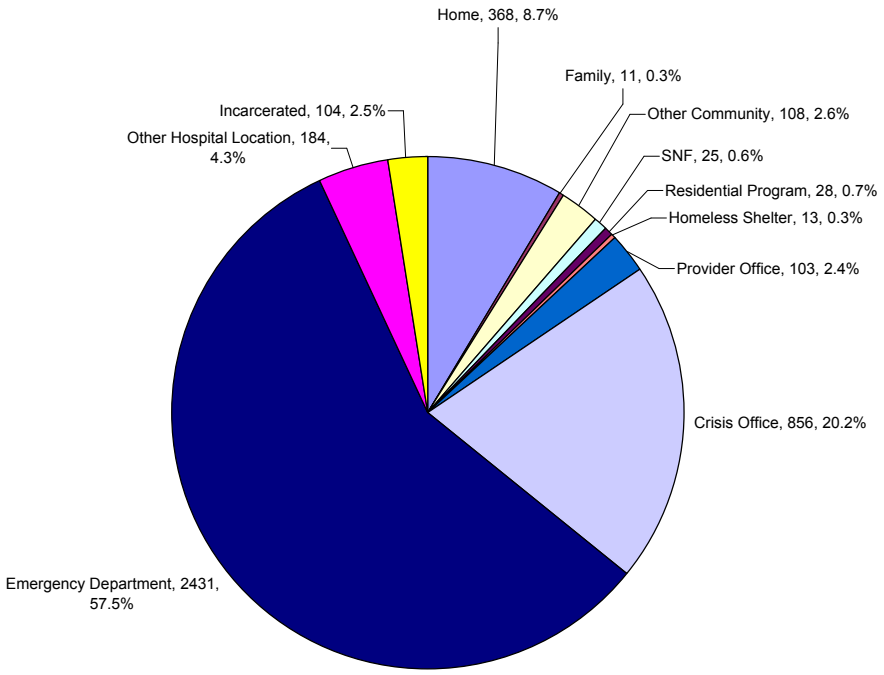
Dispositions Within 8 Hours By Site



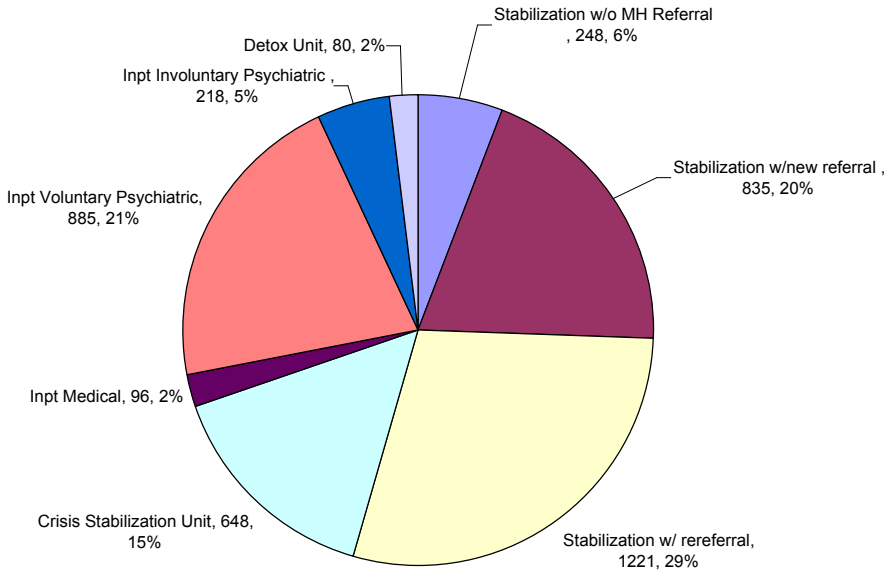
Initial Face to Face Contacts in Which the Client has a CI Worker & The Worker is Notified of the Crisis



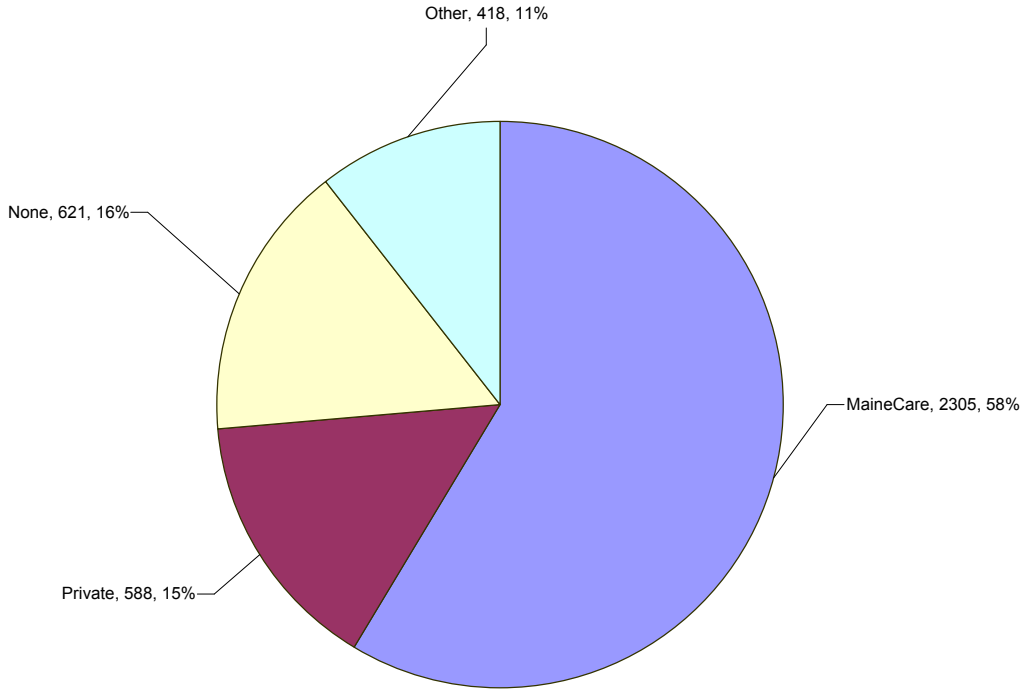
Site of Initial Face to Face Contact



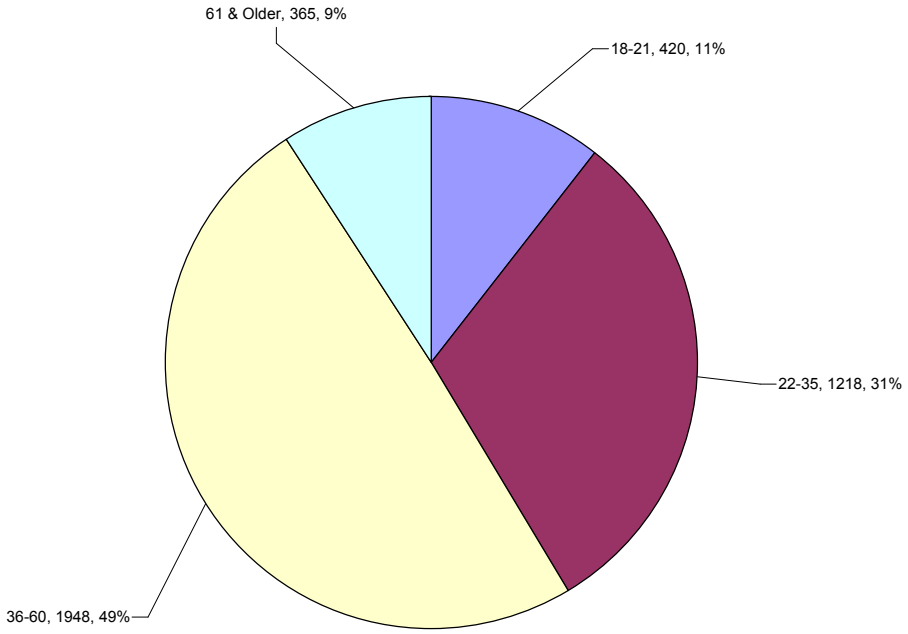
Initial Crisis Resolution



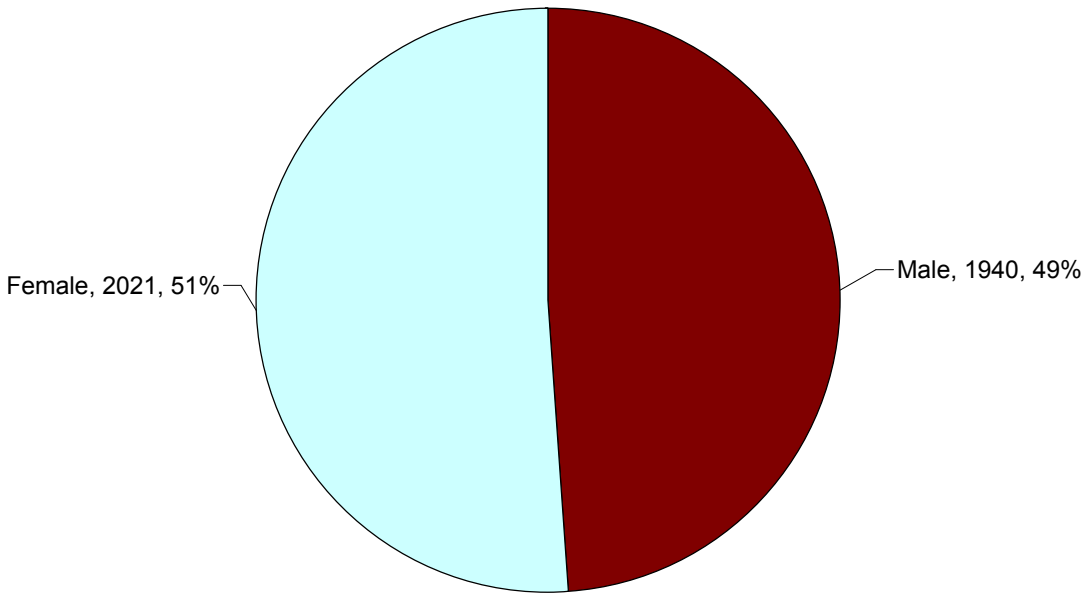
Percentage of Adults Served By Payment Source



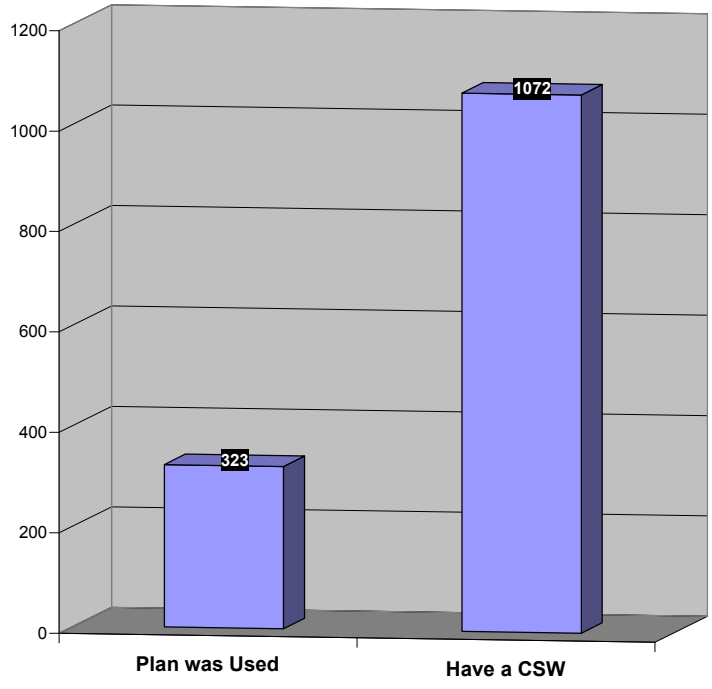
Percentage of Adults Served By Age Cohort



Percentage of Adults Served By Gender



Face to Face Contacts Characteristics



Maine Department of Health and Human Services

Integrated Monthly Crisis Report

STATEWIDE

July 2010

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	**Children**	Males	**173**	Females	**171**				
	Adults	Males	**700**	Females	**713**				
Age Range	**Children**	<5y.o.	**7**	5-9	**37**	10-14	**125**	15-17	**163**
	Adults	18-21	**169**	22-35	**440**	36-60	**698**	61 & Older	**121**
Payment Source	**Children**	MaineCare	**260**	Private Ins.	**69**	Uninsured	**15**	Medicare	**0**
	Adults	MaineCare	**764**	Private Ins.	**214**	Uninsured	**338**	Medicare	**107**

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	1330	11079
b. Total number of all ***INITIAL*** face to face contacts.	363	1554
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	16	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	39	389

III. Initial Crisis Contact Information

	CHILDREN		ADULT	
a. Total number of **INITIAL** face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed	31	9%	149	9.6%
b. Number of **INITIAL** face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT,TCM).	115	32%	419	27.0%
c. Number of **INITIAL** face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	107	93%	403	96.2%
d. **SUM TOTAL** time *in minutes* for all **INITIAL** face to face contacts in **II.b.** from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.			51598	33.2
e. Number of **INITIAL** face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.			837	94.6%
f. Number of **INITIAL** face to face contacts ***NOT*** in Emergency Department with final disposition made within 8 hours of that contact.			652	97.5%

contact

Less than 1 hour	**248**	1 to 2 hours	**61**	2 to 4 hours	**47**	More than 4 hours	**6**			
	68%		**17%**		**13%**		**2%**			

CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis :

Less than 3 hours	**283**	3 to 6 hours	**55**	6 to 8 hours	**9**	8 to 14 hours	**6**	More than 14 hours	**11**	
	78%		**15%**		**2%**		**2%**		**3%**	

IV. Site of Initial Face to Face Contacts

	CHILDREN		ADULT	
Number of face to face contacts seen in :				
a. Primary Residence (Home)	75	21%	163	10.5%
b. Family/Relative/Other Residence	6	2%	10	0.6%
c. Other Community Setting (Work, School, Police Dept., Public Place)	8	2%	47	3.0%
d. SNF, Nursing Home, Boarding Home	0	0%	10	0.6%
e. Residential Program (Congregate Community Residence, Apartment Program)	10	3%	8	0.5%
f. Homeless Shelter	2	1%	5	0.3%
g. Provider Office	3	1%	26	1.7%
h. Crisis Office	65	18%	304	19.6%
i. Emergency Department	190	52%	885	56.9%
j. Other Hospital Location	4	1%	59	3.8%
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	0	0%	37	2.4%
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts — **Sec. IV Total**	363	100%	1554	100%

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN		ADULT	
Number of face to face contacts that resulted in:				
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	35	10%	93	6.0%
b. Crisis stabilization with *referral to new provider* for mental health/substance abuse follow-up	49	13%	308	19.8%
c. Crisis stabilization with *referral back to current provider* for mental health/substance abuse follow-up	138	38%	462	29.7%
d. Admission to Crisis Stabilization Unit	68	19%	237	15.3%
e. Inpatient Hospitalization-Medical	1	0%	36	2.3%
f. Voluntary Psychiatric Hospitalization	72	20%	307	19.8%
g. Involuntary Psychiatric Hospitalization	0	0%	74	4.8%
h. Admission to Detox Unit	0	0%	37	2.4%
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts — **Sec. V Total**	363	100%	1554	100%

RJ Melville 9/10/2010

AMHI CONSENT DECREE FEEDBACK REPORT

No.	Result	STANDARD
IV.35	25%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization
IV.36	33.2 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	96%	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	96%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.

STATE OF MAINE Monthly Crisis Report

Quality Improvement Services
An Office of the Department of Health and Human Services
John E. Baldacci, Governor Brenda M. Harvey, Commissioner

Agency	AMHC-Aroostook	**Contact Person**		**Month**	July
Address	PO Box 1018 Caribou, ME 04736	Judy Holmquist		**Fiscal Year**	2011
		Contact Phone Number			
		207-498-6431			

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	**Children**	Males	**13**	Females	**19**				
	Adults	Males	**55**	Females	**53**				
Age Range	**Children**	<5y.o.	**2**	5-9	**1**	10-14	**5**	15-17	**14**
	Adults	18-21	**14**	22-35	**57**	36-60	**31**	61 & Older	**8**
Payment Source	**Children**	MaineCare	**29**	Private Ins.	**3**	Uninsured		Medicare	
	Adults	MaineCare	**70**	Private Ins.	**4**	Uninsured	**34**	Medicare	

II. Summary of All Crisis Contacts	**CHILDREN**	**ADULT**
a. Total number of telephone contacts.	**101**	**909**
b. Total number of all ***INITIAL*** face to face contacts.	**32**	**108**
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	**0**	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	**18**	**103**

III. Initial Crisis Contact Information	**CHILDREN**	**ADULT**
a. Total number of **INITIAL** face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	**2**	**7**
b. Number of **INITIAL** face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT,TCM).	**5**	**26**
c. Number of **INITIAL** face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	**4**	**24**
d. **SUM TOTAL** time *in minutes* for all **INITIAL** face to face contacts in **II.b.** from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		**2227**
e. Number of **INITIAL** face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		**46**
f. Number of **INITIAL** face to face contacts ***NOT*** in Emergency Department with final disposition made within 8 hours of that contact.		**59**

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	**27**	1 to 2 hours	**3**	2 to 4 hours	**2**	More than 4 hours			

CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	**31**	3 to 6 hours	**1**	6 to 8 hours		8 to 14 hours		More than 14 hours	

IV. Site of Initial Face to Face Contacts	**CHILDREN**	**ADULT**
Number of face to face contacts seen in :		
a. Primary Residence (Home)	**1**	**3**
b. Family/Relative/Other Residence		
c. Other Community Setting (Work, School, Police Dept., Public Place)	**4**	**10**
d. SNF, Nursing Home, Boarding Home		**3**
e. Residential Program (Congregate Community Residence, Apartment Program)		
f. Homeless Shelter		
g. Provider Office		**2**
h. Crisis Office	**20**	**26**
i. Emergency Department	**6**	**48**
j. Other Hospital Location	**1**	**8**
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)		**8**
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts — **Sec. IV Total**	**32**	**108**

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)	**CHILDREN**	**ADULT**
Number of face to face contacts that resulted in:		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	**1**	**10**
b. Crisis stabilization with *referral to new provider* for mental health/substance abuse follow-up	**0**	**0**
c. Crisis stabilization with *referral back to current provider* for mental health/substance abuse follow-up	**22**	**62**
d. Admission to Crisis Stabilization Unit	**7**	**10**
e. Inpatient Hospitalization-Medical		**2**
f. Voluntary Psychiatric Hospitalization	**2**	**20**
g. Involuntary Psychiatric Hospitalization		**3**
h. Admission to Detox Unit		**1**
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts — **Sec. V Total**	**32**	**108**

AMHI CONSENT DECREE FEEDBACK REPORT			
	AMHC-Aroostook	**July**	**SFY2011**
No.	Result	STANDARD	
IV.35	**21%**	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.	
IV.36	20.6 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.	
IV. 37	97%	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	92%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.	
NOTE:	IF STANDARD IS MET, THEN RESULT CELL WILL BE		
	GREEN ON A TURQUOISE BACKGROUND.		
	IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
	RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report

Quality Improvement Services
An Office of the Department of Health and Human Services
John E. Baldacci, Governor Brenda M. Harvey, Commissioner

Agency	AMHC-Atlantic	**Contact Person**	
Address	PO Box 139 Machias, ME 04654		
		Contact Phone Number	207-255-6904
Month	July		
Fiscal Year	2011		

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	**Children**	Males	**13**	Females	**6**					
	Adults	Males	**33**	Females	**43**					
Age Range	**Children**	<5y.o.	**1**	5-9	**2**	10-14	**6**	15-17	**9**	
	Adults	18-21	**9**	22-35	**20**	36-60	**43**	61 & Older	**4**	
Payment Source	**Children**	MaineCare	**16**	Private Ins.	**2**	Uninsured	**1**	Medicare	**0**	
	Adults	MaineCare	**49**	Private Ins.	**15**	Uninsured	**16**	Medicare	**6**	

II. Summary of All Crisis Contacts	**CHILDREN**	**ADULT**
a. Total number of telephone contacts.	**218**	**4335**
b. Total number of all ***INITIAL*** face to face contacts.	**18**	**76**
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	**0**	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	**8**	**51**

III. Initial Crisis Contact Information	**CHILDREN**	**ADULT**
a. Total number of **INITIAL** face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	**9**	**51**
b. Number of **INITIAL** face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT,TCM).	**9**	**11**
c. Number of **INITIAL** face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	**6**	**10**
d. **SUM TOTAL** time *in minutes* for all **INITIAL** face to face contacts in **II.b.** from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		**2385**
e. Number of **INITIAL** face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		**45**
f. Number of **INITIAL** face to face contacts ***NOT*** in Emergency Department with final disposition made within 8 hours of that contact.		**27**

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	**10**	1 to 2 hours	**5**	2 to 4 hours	**3**	More than 4 hours	**0**			

CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	**9**	3 to 6 hours	**6**	6 to 8 hours	**2**	8 to 14 hours	**1**	More than 14 hours	**0**	

IV. Site of Initial Face to Face Contacts	**CHILDREN**	**ADULT**
Number of face to face contacts seen in :		
a. Primary Residence (Home)	**2**	**4**
b. Family/Relative/Other Residence	**0**	**0**
c. Other Community Setting (Work, School, Police Dept., Public Place)	**1**	**1**
d. SNF, Nursing Home, Boarding Home	**0**	**0**
e. Residential Program (Congregate Community Residence, Apartment Program)	**0**	**0**
f. Homeless Shelter	**0**	**0**
g. Provider Office	**2**	**0**
h. Crisis Office	**3**	**7**
i. Emergency Department	**8**	**48**
j. Other Hospital Location	**2**	**7**
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	**0**	**9**
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts — **Sec. IV Total**	**18**	**76**

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)	**CHILDREN**	**ADULT**
Number of face to face contacts that resulted in:		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	**1**	**6**
b. Crisis stabilization with *referral to new provider* for mental health/substance abuse follow-up	**4**	**23**
c. Crisis stabilization with *referral back to current provider* for mental health/substance abuse follow-up	**9**	**16**
d. Admission to Crisis Stabilization Unit	**2**	**2**
e. Inpatient Hospitalization-Medical	**1**	**7**
f. Voluntary Psychiatric Hospitalization	**1**	**17**
g. Involuntary Psychiatric Hospitalization	**0**	**4**
h. Admission to Detox Unit	**0**	**1**
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts — **Sec. V Total**	**18**	**76**

AMHI CONSENT DECREE FEEDBACK REPORT

	AMHC-Atlantic	**July**	**SFY2011**

No.	Result	STANDARD
IV.35	***28%***	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	***31.4*** 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	95%	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	91%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.

NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE

GREEN ON A TURQUOISE BACKGROUND.

IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE

RED BOLD ON A GOLD BACKGROUND

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STATE OF MAINE Monthly Crisis Report

Quality Improvement Services
An Office of the Department of Health and Human Services
John E. Baldacci, Governor Brenda M. Harvey, Commissioner

Agency	Community Health & Counseling Services	**Contact Person**	**Month** July
Address	PO Box 425 Bangor, ME 04402-0425	Tom Lynn	**Fiscal Year** 2011
		Contact Phone Number	
		207-947-0366 x 344	

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	**Children**	Males	**10**	Females	**7**				
	Adults	Males	**56**	Females	**61**				
Age Range	**Children**	<5y.o.	**1**	5-9	**0**	10-14	**6**	15-17	**10**
	Adults	18-21	**12**	22-35	**29**	36-60	**63**	61 & Older	**13**
Payment Source	**Children**	MaineCare	**12**	Private Ins.	**2**	Uninsured	**3**	Medicare	**0**
	Adults	MaineCare	**86**	Private Ins.	**28**	Uninsured	**3**	Medicare	**0**

II. Summary of All Crisis Contacts	**CHILDREN**	**ADULT**
a. Total number of telephone contacts.	**167**	**903**
b. Total number of all ***INITIAL*** face to face contacts.	**17**	**117**
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	**4**	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	**0**	**7**

III. Initial Crisis Contact Information	**CHILDREN**	**ADULT**
a. Total number of **INITIAL** face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	**4**	**19**
b. Number of **INITIAL** face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT,TCM).	**10**	**42**
c. Number of **INITIAL** face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	**9**	**40**
d. **SUM TOTAL** time *in minutes* for all **INITIAL** face to face contacts in **II.b.** from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		**4155**
e. Number of **INITIAL** face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		**57**
f. Number of **INITIAL** face to face contacts ***NOT*** in Emergency Department with final disposition made within 8 hours of that contact.		**60**

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	**13**	1 to 2 hours	**3**	2 to 4 hours	**0**	More than 4 hours	**0**		

CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	**16**	3 to 6 hours	**0**	6 to 8 hours	**0**	8 to 14 hours	**0**	More than 14 hours	**0**

IV. Site of Initial Face to Face Contacts	**CHILDREN**	**ADULT**
Number of face to face contacts seen in :		
a. Primary Residence (Home)	**3**	**23**
b. Family/Relative/Other Residence	**0**	**0**
c. Other Community Setting (Work, School, Police Dept., Public Place)	**2**	**3**
d. SNF, Nursing Home, Boarding Home	**0**	**3**
e. Residential Program (Congregate Community Residence, Apartment Program)	**1**	**0**
f. Homeless Shelter	**1**	**2**
g. Provider Office	**0**	**3**
h. Crisis Office	**2**	**21**
i. Emergency Department	**8**	**57**
j. Other Hospital Location	**0**	**5**
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	**0**	**0**
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts — **Sec. IV Total**	**17**	**117**

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)	**CHILDREN**	**ADULT**
Number of face to face contacts that resulted in:		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	**5**	**16**
b. Crisis stabilization with *referral to new provider* for mental health/substance abuse follow-up	**6**	**16**
c. Crisis stabilization with *referral back to current provider* for mental health/substance abuse follow-up	**3**	**35**
d. Admission to Crisis Stabilization Unit	**1**	**29**
e. Inpatient Hospitalization-Medical	**0**	**10**
f. Voluntary Psychiatric Hospitalization	**2**	**9**
g. Involuntary Psychiatric Hospitalization	**0**	**0**
h. Admission to Detox Unit	**0**	**2**
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts — **Sec. V Total**	**17**	**117**

AMHI CONSENT DECREE FEEDBACK REPORT			
Community Health & Counseling Services	**July**	**SFY2011**	
No.	Result	STANDARD	
IV.35	8%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.	
IV.36	***35.5*** 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	100%	90% of all Face to Face Assessments Result in Resolution for the Consumer Within 8 Hours of Initiation of the Face to Face Assessment.	
IV.38	95%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.	
NOTE:	IF STANDARD IS MET, THEN RESULT CELL WILL BE		
	GREEN ON A TURQUOISE BACKGROUND.		
	IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
	RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE
Monthly Crisis Report
SFY 2011

STATE OF MAINE Monthly Crisis Report

Agency	Crisis & Counseling Centers	**Contact Person**		**Month**	July
Address	32 Winthrop Street	Nicole Auclair		**Fiscal Year**	2011
	Augusta, ME 04330	**Contact Phone Number**			
		626-3448 ext. 155			

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	**Children**	Males	**42**	Females	**27**				
	Adults	Males	**158**	Females	**138**				
Age Range	**Children**	<5y.o.	**0**	5-9	**7**	10-14	**28**	15-17	**34**
	Adults	18-21	**29**	22-35	**98**	36-60	**154**	61 & Older	**15**
Payment Source	**Children**	MaineCare	**55**	Private Ins.	**14**	Uninsured	**0**	Medicare	**0**
	Adults	MaineCare	**198**	Private Ins.	**41**	Uninsured	**43**	Medicare	**14**

II. Summary of All Crisis Contacts	**CHILDREN**	**ADULT**
a. Total number of telephone contacts.	**375**	**1509**
b. Total number of all ***INITIAL*** face to face contacts.	**69**	**296**
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	**0**	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	**3**	**26**

III. Initial Crisis Contact Information	**CHILDREN**	**ADULT**
a. Total number of **INITIAL** face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	**0**	**0**
b. Number of **INITIAL** face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT,TCM).	**36**	**98**
c. Number of **INITIAL** face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	**36**	**96**
d. **SUM TOTAL** time *in minutes* for all **INITIAL** face to face contacts in **II.b.** from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		**18098**
e. Number of **INITIAL** face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		**164**
f. Number of **INITIAL** face to face contacts ***NOT*** in Emergency Department with final disposition made within 8 hours of that contact.		**115**

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	**5**	1 to 2 hours	**26**	2 to 4 hours	**33**	More than 4 hours	**5**		

CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	**68**	3 to 6 hours	**1**	6 to 8 hours	**0**	8 to 14 hours	**0**	More than 14 hours	**0**

IV. Site of Initial Face to Face Contacts	**CHILDREN**	**ADULT**
Number of face to face contacts seen in :		
a. Primary Residence (Home)	**26**	**52**
b. Family/Relative/Other Residence	**1**	**3**
c. Other Community Setting (Work, School, Police Dept., Public Place)	**0**	**4**
d. SNF, Nursing Home, Boarding Home	**0**	**0**
e. Residential Program (Congregate Community Residence, Apartment Program)	**3**	**0**
f. Homeless Shelter	**0**	**0**
g. Provider Office	**0**	**4**
h. Crisis Office	**5**	**43**
i. Emergency Department	**33**	**177**
j. Other Hospital Location	**1**	**9**
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	**0**	**4**
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts — **Sec. IV Total**	**69**	**296**

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)	**CHILDREN**	**ADULT**
Number of face to face contacts that resulted in:		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	**3**	**14**
b. Crisis stabilization with *referral to new provider* for mental health/substance abuse follow-up	**12**	**53**
c. Crisis stabilization with *referral back to current provider* for mental health/substance abuse follow-up	**24**	**102**
d. Admission to Crisis Stabilization Unit	**18**	**51**
e. Inpatient Hospitalization-Medical	**0**	**0**
f. Voluntary Psychiatric Hospitalization	**12**	**64**
g. Involuntary Psychiatric Hospitalization	**0**	**12**
h. Admission to Detox Unit	**0**	**0**
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts — **Sec. V Total**	**69**	**296**

AMHI CONSENT DECREE FEEDBACK REPORT

Crisis & Counseling Centers **July** **SFY2011**

No.	Result	STANDARD
IV.35	***26%***	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	***61.1*** 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	94%	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	98%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.

NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE

GREEN ON A TURQUOISE BACKGROUND.

IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE

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STATE OF MAINE Monthly Crisis Report

Agency	Counseling Services Inc.	**Contact Person**	**Month** July
Address	PO Box 1010 Saco, ME 04072	Jennifer Goodwin	**Fiscal Year** 2011
		Contact Phone Number	
		207-294-7622	

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	**Children**	Males	**21**	Females	**31**				
	Adults	Males	**108**	Females	**113**				
Age Range	**Children**	<5y.o.	**0**	5-9	**6**	10-14	**23**	15-17	**22**
	Adults	18-21	**30**	22-35	**53**	36-60	**124**	61 & Older	**21**
Payment Source	**Children**	MaineCare	**35**	Private Ins.	**14**	Uninsured	**3**	Medicare	**0**
	Adults	MaineCare	**101**	Private Ins.	**46**	Uninsured	**61**	Medicare	**13**

II. Summary of All Crisis Contacts	**CHILDREN**	**ADULT**
a. Total number of telephone contacts.	**150**	**776**
b. Total number of all ***INITIAL*** face to face contacts.	**63**	**272**
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	**5**	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	**3**	**12**

III. Initial Crisis Contact Information	**CHILDREN**	**ADULT**
a. Total number of **INITIAL** face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	**3**	**27**
b. Number of **INITIAL** face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT,TCM).	**15**	**86**
c. Number of **INITIAL** face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	**15**	**86**
d. **SUM TOTAL** time *in minutes* for all **INITIAL** face to face contacts in **II.b.** from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		**7827**
e. Number of **INITIAL** face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		**178**
f. Number of **INITIAL** face to face contacts ***NOT*** in Emergency Department with final disposition made within 8 hours of that contact.		**77**

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	**59**	1 to 2 hours	**1**	2 to 4 hours	**3**	More than 4 hours	**0**		

CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	**30**	3 to 6 hours	**24**	6 to 8 hours	**2**	8 to 14 hours	**3**	More than 14 hours	**4**

IV. Site of Initial Face to Face Contacts	**CHILDREN**	**ADULT**
Number of face to face contacts seen in :		
a. Primary Residence (Home)	**6**	**22**
b. Family/Relative/Other Residence		
c. Other Community Setting (Work, School, Police Dept., Public Place)		**4**
d. SNF, Nursing Home, Boarding Home		
e. Residential Program (Congregate Community Residence, Apartment Program)		
f. Homeless Shelter		
g. Provider Office		
h. Crisis Office	**21**	**53**
i. Emergency Department	**36**	**193**
j. Other Hospital Location		
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)		
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts **Sec. IV Total**	**63**	**272**

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)	**CHILDREN**	**ADULT**
Number of face to face contacts that resulted in:		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	**2**	**3**
b. Crisis stabilization with *referral to new provider* for mental health/substance abuse follow-up	**20**	**73**
c. Crisis stabilization with *referral back to current provider* for mental health/substance abuse follow-up	**16**	**75**
d. Admission to Crisis Stabilization Unit	**11**	**25**
e. Inpatient Hospitalization-Medical		**5**
f. Voluntary Psychiatric Hospitalization	**14**	**54**
g. Involuntary Psychiatric Hospitalization		**29**
h. Admission to Detox Unit		**8**
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts **Sec. V Total**	**63**	**272**

AMHI CONSENT DECREE FEEDBACK REPORT			
	Counseling Services Inc.	**July**	**SFY2011**
No.	Result	STANDARD	
IV.35	***31%***	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.	
IV.36	28.8 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	94%	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	100%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.	
NOTE:	IF STANDARD IS MET, THEN RESULT CELL WILL BE		
	GREEN ON A TURQUOISE BACKGROUND.		
	IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
	RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report

Quality Improvement Services
An Office of the Department of Health and Human Services
John E. Baldacci, Governor Brenda M. Harvey, Commissioner

Agency	Evergreen Behavioral Services	**Contact Person**	**Month** July
		Angela McKenney, LMSW-cc, LADC, MHRT/CSP	**Fiscal Year** 2011
Address	131 Franklin Health Comns Sute A	**Contact Phone Number**	
		207-779-2843	

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	**Children**	Males	**3**	Females	**2**				
	Adults	Males	**23**	Females	**16**				
Age Range	**Children**	<5y.o.		5-9	**1**	10-14	**2**	15-17	**2**
	Adults	18-21	**7**	22-35	**9**	36-60	**21**	61 & Older	**2**
Payment Source	**Children**	MaineCare	**2**	Private Ins.	**3**	Uninsured		Medicare	
	Adults	MaineCare	**20**	Private Ins.	**8**	Uninsured	**7**	Medicare	**4**

II. Summary of All Crisis Contacts	**CHILDREN**	**ADULT**
a. Total number of telephone contacts.	**33**	**197**
b. Total number of all ***INITIAL*** face to face contacts.	**6**	**42**
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	**0**	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	**1**	**14**

III. Initial Crisis Contact Information	**CHILDREN**	**ADULT**
a. Total number of **INITIAL** face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	**0**	**2**
b. Number of **INITIAL** face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT,TCM).	**0**	**11**
c. Number of **INITIAL** face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	**0**	**10**
d. **SUM TOTAL** time *in minutes* for all **INITIAL** face to face contacts in **II.b.** from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		**900**
e. Number of **INITIAL** face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		**20**
f. Number of **INITIAL** face to face contacts ***NOT*** in Emergency Department with final disposition made within 8 hours of that contact.		**20**

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	**2**	1 to 2 hours	**5**	2 to 4 hours		More than 4 hours	

CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	**6**	3 to 6 hours	**1**	6 to 8 hours		8 to 14 hours		More than 14 hours

IV. Site of Initial Face to Face Contacts	**CHILDREN**	**ADULT**
Number of face to face contacts seen in :		
a. Primary Residence (Home)	**2**	**1**
b. Family/Relative/Other Residence		
c. Other Community Setting (Work, School, Police Dept., Public Place)		
d. SNF, Nursing Home, Boarding Home		
e. Residential Program (Congregate Community Residence, Apartment Program)		
f. Homeless Shelter		
g. Provider Office		**1**
h. Crisis Office	**4**	**11**
i. Emergency Department		**22**
j. Other Hospital Location		**5**
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)		**2**
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts — **Sec. IV Total**	**6**	**42**

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)	**CHILDREN**	**ADULT**
Number of face to face contacts that resulted in:		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up		**4**
b. Crisis stabilization with *referral to new provider* for mental health/substance abuse follow-up		**12**
c. Crisis stabilization with *referral back to current provider* for mental health/substance abuse follow-up	**5**	**12**
d. Admission to Crisis Stabilization Unit	**1**	**5**
e. Inpatient Hospitalization-Medical		
f. Voluntary Psychiatric Hospitalization		**5**
g. Involuntary Psychiatric Hospitalization		**2**
h. Admission to Detox Unit		**2**
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts — **Sec. V Total**	**6**	**42**

AMHI CONSENT DECREE FEEDBACK REPORT			
Evergreen Behavioral Services		**July**	**SFY2011**
No.	Result	STANDARD	
IV.35	17%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.	
IV.36	21.4 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	95%	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	91%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.	
NOTE:	IF STANDARD IS MET, THEN RESULT CELL WILL BE		
	GREEN ON A TURQUOISE BACKGROUND.		
	IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
	RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report

Quality Improvement Services
An Office of the Department of Health and Human Services
John E. Baldacci, Governor Brenda M. Harvey, Commissioner

Agency	Mid-Coast Mental Health Center	**Contact Person**		**Month**	July
		Patti Isnardi		**Fiscal Year**	2011
Address	12 Union St., Rockland 04841	**Contact Phone Number**			
		701-4476			

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	**Children**	Males	**5**	Females	**8**				
	Adults	Males	**58**	Females	**76**				
Age Range	**Children**	<5y.o.	**0**	5-9	**2**	10-14	**10**	15-17	**1**
	Adults	18-21	**14**	22-35	**39**	36-60	**64**	61 & Older	**17**
Payment Source	**Children**	MaineCare	**9**	Private Ins.	**4**	Uninsured	**0**	Medicare	**0**
	Adults	MaineCare	**43**	Private Ins.	**26**	Uninsured	**19**	Medicare	**46**

II. Summary of All Crisis Contacts	**CHILDREN**	**ADULT**
a. Total number of telephone contacts.	**3**	**97**
b. Total number of all ***INITIAL*** face to face contacts.	**16**	**150**
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	**0**	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	**2**	**18**

III. Initial Crisis Contact Information	**CHILDREN**	**ADULT**
a. Total number of **INITIAL** face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	**3**	**11**
b. Number of **INITIAL** face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT,TCM).	**8**	**27**
c. Number of **INITIAL** face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	**8**	**27**
d. **SUM TOTAL** time *in minutes* for all **INITIAL** face to face contacts in **II.b.** from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		**2903**
e. Number of **INITIAL** face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		**113**
f. Number of **INITIAL** face to face contacts ***NOT*** in Emergency Department with final disposition made within 8 hours of that contact.		**34**

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	**2**	1 to 2 hours	**10**	2 to 4 hours	**4**	More than 4 hours	**0**

CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	**10**	3 to 6 hours	**2**	6 to 8 hours	**1**	8 to 14 hours	**1**	More than 14 hours **2**

IV. Site of Initial Face to Face Contacts	**CHILDREN**	**ADULT**
Number of face to face contacts seen in :		
a. Primary Residence (Home)	**0**	**8**
b. Family/Relative/Other Residence	**0**	**0**
c. Other Community Setting (Work, School, Police Dept., Public Place)	**0**	**4**
d. SNF, Nursing Home, Boarding Home	**0**	**0**
e. Residential Program (Congregate Community Residence, Apartment Program)	**1**	**0**
f. Homeless Shelter	**0**	**0**
g. Provider Office	**0**	**3**
h. Crisis Office	**4**	**11**
i. Emergency Department	**11**	**116**
j. Other Hospital Location	**0**	**0**
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	**0**	**8**
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts **Sec. IV Total**	**16**	**150**

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)	**CHILDREN**	**ADULT**
Number of face to face contacts that resulted in:		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	**1**	**4**
b. Crisis stabilization with *referral to new provider* for mental health/substance abuse follow-up	**0**	**6**
c. Crisis stabilization with *referral back to current provider* for mental health/substance abuse follow-up	**3**	**53**
d. Admission to Crisis Stabilization Unit	**8**	**10**
e. Inpatient Hospitalization-Medical	**0**	**8**
f. Voluntary Psychiatric Hospitalization	**4**	**47**
g. Involuntary Psychiatric Hospitalization	**0**	**6**
h. Admission to Detox Unit	**0**	**16**
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts **Sec. V Total**	**16**	**150**

AMHI CONSENT DECREE FEEDBACK REPORT

Mid-Coast Mental Health Center	July	SFY2011

No.	Result	STANDARD
IV.35	***35%***	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	19.4 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	100%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.

NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE

GREEN ON A TURQUOISE BACKGROUND.

IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE

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STATE OF MAINE Monthly Crisis Report

Agency	Oxford County Mental Health	**Contact Person**	Karen Hodgkins
Address	150 Congress Street Rumford, Maine 04276	**Contact Phone Number**	364-3549
Month	July		
Fiscal Year	2011		

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	**Children**	Males	**6**	Females	**4**				
	Adults	Males	**23**	Females	**18**				
Age Range	**Children**	<5y.o.	**0**	5-9	**0**	10-14	**4**	15-17	**6**
	Adults	18-21	**3**	22-35	**15**	36-60	**19**	61 & Older	**4**
Payment Source	**Children**	MaineCare	**8**	Private Ins.	**1**	Uninsured	**1**	Medicare	**0**
	Adults	MaineCare	**25**	Private Ins.	**8**	Uninsured	**6**	Medicare	**2**

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	19	69
b. Total number of all ***INITIAL*** face to face contacts.	10	41
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	4	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	2	13

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of **INITIAL** face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	2	0
b. Number of **INITIAL** face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT,TCM).	5	10
c. Number of **INITIAL** face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	5	10
d. **SUM TOTAL** time *in minutes* for all **INITIAL** face to face contacts in **II.b.** from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		1429
e. Number of **INITIAL** face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		22
f. Number of **INITIAL** face to face contacts ***NOT*** in Emergency Department with final disposition made within 8 hours of that contact.		16

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	**4**	1 to 2 hours	**3**	2 to 4 hours	**2**	More than 4 hours	**1**		

CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	**4**	3 to 6 hours	**3**	6 to 8 hours	**2**	8 to 14 hours	**0**	More than 14 hours	**1**

IV. Site of Initial Face to Face Contacts

Number of face to face contacts seen in :	CHILDREN	ADULT
a. Primary Residence (Home)	2	1
b. Family/Relative/Other Residence	0	1
c. Other Community Setting (Work, School, Police Dept., Public Place)	0	0
d. SNF, Nursing Home, Boarding Home	0	0
e. Residential Program (Congregate Community Residence, Apartment Program)	0	2
f. Homeless Shelter	0	0
g. Provider Office	1	1
h. Crisis Office	0	10
i. Emergency Department	7	22
j. Other Hospital Location	0	3
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	0	1
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts — **Sec. IV Total**	10	41

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

Number of face to face contacts that resulted in:	CHILDREN	ADULT
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	0	4
b. Crisis stabilization with *referral to new provider* for mental health/substance abuse follow-up	4	12
c. Crisis stabilization with *referral back to current provider* for mental health/substance abuse follow-up	1	6
d. Admission to Crisis Stabilization Unit	1	13
e. Inpatient Hospitalization-Medical	0	1
f. Voluntary Psychiatric Hospitalization	4	5
g. Involuntary Psychiatric Hospitalization	0	0
h. Admission to Detox Unit	0	0
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts — **Sec. V Total**	10	41

AMHI CONSENT DECREE FEEDBACK REPORT			
	Oxford County Mental Health	**July**	**SFY2011**

No.	Result	STANDARD
IV.35	12%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	***34.9*** 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	93%	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	100%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.

NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE

GREEN ON A TURQUOISE BACKGROUND.

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STATE OF MAINE Monthly Crisis Report

Agency	Sweetser	**Contact Person**	**Month** July
Address	50 Moody St Saco, ME 04072	Beth Delano	**Fiscal Year** 2011
		Contact Phone Number	
		294-4530	

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	**Children**	Males	**29**	Females	**28**				
	Adults	Males	**0**	Females	**0**				
Age Range	**Children**	<5y.o.	**0**	5-9	**9**	10-14	**18**	15-17	**30**
	Adults	18-21	**0**	22-35	**0**	36-60	**0**	61 & Older	**0**
Payment Source	**Children**	MaineCare	**32**	Private Ins.	**18**	Uninsured	**7**	Medicare	**0**
	Adults	MaineCare	**0**	Private Ins.	**0**	Uninsured	**0**	Medicare	**0**

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	121	0
b. Total number of all ***INITIAL*** face to face contacts.	59	0
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	0	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	2	0

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of **INITIAL** face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.		0
b. Number of **INITIAL** face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT,TCM).		0
c. Number of **INITIAL** face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.		0
d. **SUM TOTAL** time *in minutes* for all **INITIAL** face to face contacts in **II.b.** from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		0
e. Number of **INITIAL** face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		0
f. Number of **INITIAL** face to face contacts ***NOT*** in Emergency Department with final disposition made within 8 hours of that contact.		0

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	**54**	1 to 2 hours	**4**	2 to 4 hours	**0**	More than 4 hours	**0**

CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	**42**	3 to 6 hours	**14**	6 to 8 hours	**2**	8 to 14 hours	**0**	More than 14 hours **1**

IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
Number of face to face contacts seen in :		
a. Primary Residence (Home)	15	0
b. Family/Relative/Other Residence	5	0
c. Other Community Setting (Work, School, Police Dept., Public Place)	0	0
d. SNF, Nursing Home, Boarding Home	0	0
e. Residential Program (Congregate Community Residence, Apartment Program)	1	0
f. Homeless Shelter	0	0
g. Provider Office	0	0
h. Crisis Office	3	0
i. Emergency Department	35	0
j. Other Hospital Location	0	0
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	0	0
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts **Sec. IV Total**	59	0

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
Number of face to face contacts that resulted in:		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	7	0
b. Crisis stabilization with *referral to new provider* for mental health/substance abuse follow-up	3	0
c. Crisis stabilization with *referral back to current provider* for mental health/substance abuse follow-up	27	0
d. Admission to Crisis Stabilization Unit	10	0
e. Inpatient Hospitalization-Medical	0	0
f. Voluntary Psychiatric Hospitalization	12	0
g. Involuntary Psychiatric Hospitalization	0	0
h. Admission to Detox Unit	0	0
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts **Sec. V Total**	59	0

AMHI CONSENT DECREE FEEDBACK REPORT			
	Sweetser	**July**	**SFY2011**
No.	Result	STANDARD	
IV.35		No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.	
IV.36	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		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		90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.	

NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE

GREEN ON A TURQUOISE BACKGROUND.

IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE

RED BOLD ON A GOLD BACKGROUND

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STATE OF MAINE Monthly Crisis Report

Agency	Sweetser	**Contact Person**	**Month** July
Address	50 Moody St Saco, ME 04072	Beth Delano	**Fiscal Year** 2011
		Contact Phone Number	
		294-4530	

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	**Children**	Males	**4**	Females	**6**				
	Adults	Males	**53**	Females	**54**				
Age Range	**Children**	<5y.o.	**0**	5-9	**1**	10-14	**2**	15-17	**7**
	Adults	18-21	**10**	22-35	**39**	36-60	**48**	61 & Older	**10**
Payment Source	**Children**	MaineCare	**7**	Private Ins.	**3**	Uninsured	**0**	Medicare	**0**
	Adults	MaineCare	**47**	Private Ins.	**16**	Uninsured	**44**	Medicare	**0**

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	13	120
b. Total number of all ***INITIAL*** face to face contacts.	13	122
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	0	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	0	2

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of **INITIAL** face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.		9
b. Number of **INITIAL** face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT,TCM).		17
c. Number of **INITIAL** face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.		17
d. **SUM TOTAL** time *in minutes* for all **INITIAL** face to face contacts in **II.b.** from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		2970
e. Number of **INITIAL** face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		83
f. Number of **INITIAL** face to face contacts ***NOT*** in Emergency Department with final disposition made within 8 hours of that contact.		26

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	**12**	1 to 2 hours	**1**	2 to 4 hours	**0**	More than 4 hours	**0**

CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	**7**	3 to 6 hours	**3**	6 to 8 hours	**0**	8 to 14 hours	**1**	More than 14 hours **3**

IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
Number of face to face contacts seen in :		
a. Primary Residence (Home)	3	3
b. Family/Relative/Other Residence	0	2
c. Other Community Setting (Work, School, Police Dept., Public Place)	0	5
d. SNF, Nursing Home, Boarding Home	0	0
e. Residential Program (Congregate Community Residence, Apartment Program)	0	1
f. Homeless Shelter	0	0
g. Provider Office	0	2
h. Crisis Office	2	7
i. Emergency Department	8	93
j. Other Hospital Location	0	5
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	0	4
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts **Sec. IV Total**	13	122

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
Number of face to face contacts that resulted in:		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	0	8
b. Crisis stabilization with *referral to new provider* for mental health/substance abuse follow-up	0	21
c. Crisis stabilization with *referral back to current provider* for mental health/substance abuse follow-up	6	29
d. Admission to Crisis Stabilization Unit	3	15
e. Inpatient Hospitalization-Medical	0	1
f. Voluntary Psychiatric Hospitalization	4	40
g. Involuntary Psychiatric Hospitalization	0	7
h. Admission to Detox Unit	0	1
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts **Sec. V Total**	13	122

AMHI CONSENT DECREE FEEDBACK REPORT			
	Sweetser	July	SFY2011
No.	Result	STANDARD	
IV.35	***39%***	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.	
IV.36	24.3 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	***89%***	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	100%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.	

NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE

GREEN ON A TURQUOISE BACKGROUND.

IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE

RED BOLD ON A GOLD BACKGROUND

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STATE OF MAINE Monthly Crisis Report

Agency	Tri-County	**Contact Person**		**Month**	
Address	230 Bartlett St Lewiston, Maine	Laurie Cyr-Martel		**Fiscal Year**	2011
		Contact Phone Number			
		207 783 4695 ext 112			

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	**Children**	Males	**27**	Females	**33**				
	Adults	Males	**70**	Females	**66**				
Age Range	**Children**	<5y.o.	**3**	5-9	**8**	10-14	**21**	15-17	**28**
	Adults	18-21	**28**	22-35	**39**	36-60	**59**	61 & Older	**19**
Payment Source	**Children**	MaineCare	**55**	Private Ins.	**5**	Uninsured	**0**	Medicare	**0**
	Adults	MaineCare	**99**	Private Ins.	**14**	Uninsured	**12**	Medicare	**11**

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	130	388
b. Total number of all ***INITIAL*** face to face contacts.	60	177
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	3	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.		31

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of **INITIAL** face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	8	18
b. Number of **INITIAL** face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT,TCM).	27	56
c. Number of **INITIAL** face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	24	53
d. **SUM TOTAL** time *in minutes* for all **INITIAL** face to face contacts in **II.b.** from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		5400
e. Number of **INITIAL** face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		103
f. Number of **INITIAL** face to face contacts ***NOT*** in Emergency Department with final disposition made within 8 hours of that contact.		71

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	**60**	1 to 2 hours	**0**	2 to 4 hours	**0**	More than 4 hours	**0**	

CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	**60**	3 to 6 hours	**0**	6 to 8 hours	**0**	8 to 14 hours	**0**	More than 14 hours	**0**

IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
Number of face to face contacts seen in :		
a. Primary Residence (Home)	15	24
b. Family/Relative/Other Residence	0	4
c. Other Community Setting (Work, School, Police Dept., Public Place)	1	7
d. SNF, Nursing Home, Boarding Home	0	4
e. Residential Program (Congregate Community Residence, Apartment Program)	4	1
f. Homeless Shelter	1	1
g. Provider Office	0	7
h. Crisis Office	1	15
i. Emergency Department	38	103
j. Other Hospital Location	0	11
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	0	0
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts — **Sec. IV Total**	60	177

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
Number of face to face contacts that resulted in:		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	15	15
b. Crisis stabilization with *referral to new provider* for mental health/substance abuse follow-up	0	57
c. Crisis stabilization with *referral back to current provider* for mental health/substance abuse follow-up	22	15
d. Admission to Crisis Stabilization Unit	6	33
e. Inpatient Hospitalization-Medical	0	1
f. Voluntary Psychiatric Hospitalization	17	41
g. Involuntary Psychiatric Hospitalization	0	9
h. Admission to Detox Unit	0	6
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts — **Sec. V Total**	60	177

AMHI CONSENT DECREE FEEDBACK REPORT			
	Tri-County	**0**	**SFY2011**
No.	Result	STANDARD	
IV.35	***28%***	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.	
IV.36	***30.5*** 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	95%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.	
NOTE:	IF STANDARD IS MET, THEN RESULT CELL WILL BE		
	GREEN ON A TURQUOISE BACKGROUND.		
	IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE		
	RED BOLD ON A GOLD BACKGROUND		

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STATE OF MAINE Monthly Crisis Report

Agency	YI	**Contact Person**	**Month** July
Address	50 Lydia Lane So. Portland, Maine 04106	Veronica Ross **Contact Phone Number** 207-523-5068	**Fiscal Year** 2011

I. Consumer Demographics (Unduplicated Counts - Face to Face)

Gender	**Children**	Males	**0**	Females	**0**				
	Adults	Males	**63**	Females	**75**				
Age Range	**Children**	<5y.o.	**0**	5-9	**0**	10-14	**0**	15-17	**0**
	Adults	18-21	**13**	22-35	**42**	36-60	**72**	61 & Older	**8**
Payment Source	**Children**	MaineCare	**0**	Private Ins.	**0**	Uninsured	**0**	Medicare	**0**
	Adults	MaineCare	**26**	Private Ins.	**8**	Uninsured	**93**	Medicare	**11**

II. Summary of All Crisis Contacts

	CHILDREN	ADULT
a. Total number of telephone contacts.	0	1776
b. Total number of all ***INITIAL*** face to face contacts.	0	153
c. Number in II.b. who are children/youth with MENTAL RETARDATION/AUTISM/PERVASIVE DEVELOPMENTAL DISORDER	0	
d. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.	0	112

III. Initial Crisis Contact Information

	CHILDREN	ADULT
a. Total number of **INITIAL** face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.	0	5
b. Number of **INITIAL** face to face contacts who have a Community Support Worker (CI, CRS, ICM, ACT,TCM).	0	35
c. Number of **INITIAL** face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.	0	30
d. **SUM TOTAL** time *in minutes* for all **INITIAL** face to face contacts in **II.b.** from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact.		3304
e. Number of **INITIAL** face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.		6
f. Number of **INITIAL** face to face contacts ***NOT*** in Emergency Department with final disposition made within 8 hours of that contact.		147

CHILDREN ONLY: Time from determination of need for face to face contact or when individual was ready and able to be seen to initial face to face contact break out :

Less than 1 hour	0	1 to 2 hours	0	2 to 4 hours	0	More than 4 hours	0		

CHILDREN ONLY: Time between completion of initial face-to-face crisis assessment contact and final disposition/resolution of crisis break out:

Less than 3 hours	0	3 to 6 hours	0	6 to 8 hours	0	8 to 14 hours	0	More than 14 hours	0

IV. Site of Initial Face to Face Contacts

	CHILDREN	ADULT
Number of face to face contacts seen in :		
a. Primary Residence (Home)	0	22
b. Family/Relative/Other Residence	0	
c. Other Community Setting (Work, School, Police Dept., Public Place)	0	9
d. SNF, Nursing Home, Boarding Home	0	
e. Residential Program (Congregate Community Residence, Apartment Program)	0	4
f. Homeless Shelter	0	2
g. Provider Office	0	3
h. Crisis Office	0	100
i. Emergency Department	0	6
j. Other Hospital Location	0	6
k. Incarcerated (Local Jail, State Prison, Juvenile Correction Facility)	0	1
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts **Sec. IV Total**	0	153

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)

	CHILDREN	ADULT
Number of face to face contacts that resulted in:		
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	0	9
b. Crisis stabilization with *referral to new provider* for mental health/substance abuse follow-up	0	35
c. Crisis stabilization with *referral back to current provider* for mental health/substance abuse follow-up	0	57
d. Admission to Crisis Stabilization Unit	0	44
e. Inpatient Hospitalization-Medical	0	1
f. Voluntary Psychiatric Hospitalization	0	5
g. Involuntary Psychiatric Hospitalization	0	2
h. Admission to Detox Unit	0	
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts **Sec. V Total**	0	153

AMHI CONSENT DECREE FEEDBACK REPORT			
	YI	July	SFY2011
No.	Result	STANDARD	
IV.35	5%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.	
IV.36	21.6 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.	
IV. 37	100%	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	***86%***	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.	

NOTE: IF STANDARD IS MET, THEN RESULT CELL WILL BE

GREEN ON A TURQUOISE BACKGROUND.

IF STANDARD IS NOT MET, THEN RESULT CELL WILL BE

RED BOLD ON A GOLD BACKGROUND

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APS Healthcare

APS Healthcare-Maine: Dashboard Report Adult Mental Health Fiscal Year 2011					
Demographics, Utilization and Access Measures: Active Authorization Census on the Last Day of Each Month	**July**				
Total # MaineCare Eligible Members	295,201				
Total # Members Age 18+ Authorized Adult Mental Health Services	25,801				
Ages 18-20	1,335				
21-64	22,944				
65-74	667				
Over 75 Years Old	266				
Total # Members Age 18+ Authorized Mental Health Services- Male	9,081				
Total # Members Age 18+ Authorized Mental Health Services- Female	16,131				
Total # Members Age 18+ Authorized Mental Health Services- Caucasian	21,425				
Total # Members Age 18+ Authorized Mental Health Services- African-American	315				
Total # Members Age 18+ Authorized Mental Health Services- Native American	403				
Total # Members Age 18+ Authorized Mental Health Services- Other Race	3,018				
Total # Adult Members Authorized CSI & PNMI Services (SMI Proxy)	11,963				
Total # Adult Members Authorized MH Services who were screened for co-occurring SA/MH disorders	1,210				
Demographics, Utilization and Access Measures: The following Indicators are totalled for each month and are NOT Cumulative	**July**				
Total # Adult New Admissions Authorized Psychiatric Inpatient Services Community Hospitals*	180				
Total # Adult New Admissions Authorized Psychiatric Inpatient Services Private IMD Hospitals (Spring Harbor and Acadia)	152				
Total # Adult New Admssions Authorized Psychiatric Inpatient Services State Hospitals (Riverview and Dorothea Dix)	43				
Total # Adult Members Authorized ALL Psychiatric Inpatient Services (New Admissions)	375				
Total # of Discharges from Community Psychiatric Inpatient Units*	151				
Total # of Discharges from IMD Psychiatric Inpatient Units IMD Hospitals (Spring Harbor and Acadia)	147				
Total # of Discharges from State Psychiatric Inpatient Units State Hospitals (Riverview and Dorothea Dix)	44				
Total # of Discharges from ALL Psychiatric Inpatient Units	342				
Average Length Of Stay (in days) for Community In-Patient Psychiatric Discharges*	8				
Average Length Of Stay (in days) for IMD In-Patient Psychiatric Discharges*	9				
Average Length Of Stay (in days) for State Hospitals Discharges*	65				
Total # of Discharges from Community Psychiatric Inpatient Units who are then Readmitted within 30 days*	20				
Total # of Discharges from IMD Psychiatric Inpatient Units who are then Readmitted within 30 days*	8				
Total # of Discharges from State Hospitals who are then Readmitted within 30 days*	2				
Total # Members Age 18+ Authorized Individual Outpatient Services (New Admissions)	1,459				
Total # Members Age 18+ Authorized Group Outpatient Services (New Admissions)	188				
Total # Members Age 18+ Authorized Medication Management Services (New Admissions)	449				
Total # Members Authorized to Receive Residential Services (PNMI) (New Admissions)	38				
Total # of Discharges from Residential Services (PNMI)	30				
Average Length Of Stay (in days) for Residential Services (PNMI) discharged	233				
Total # Members Age 18+ Authorized Crisis Unit Services (New Admissions)	244				
Total # Members Age 18+ Discharged from Crisis Unit Svs in the month	230				
Average Length Of Stay (in days) for Crisis Unit Services discharged in the month, Age 18+	5				
Total # Adult Members who are Authorized to Receive Community Support/Integration Services (New Admissions)	580				
Total # Adult Members who are Discharged from Community Support/Integration Services	363				
Average Length Of Stay (in days) for Community Support/Integration Services Discharged in the month	321				
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)					
Total % of non-hospitalized adult members assigned Community Support/Integration Services within 7 working days of application of services (Quarterly)					
Total % of non-hospitalized adult members assigned Community Support/Integration Services within 3 working days of application of services (Quarterly)					
Total % of adult members who apply for and are assigned CI Services while an inpatient in a psychiatric facility within 7 working days (Quarterly)					
Total % of adult members who apply for and are assigned CI Services while an inpatient in a psychiatric facility within 2 working days (Quarterly)					
* Excludes IMD and State Facilities					

Report Source: Authorization Data from APS CareConnection

APS Healthcare

Department of Health and Human Services

APS Healthcare-Maine Fiscal Year 2011 Report Dashboard											
Demographics, Utilization, and Access - Monthly Cumulative Totals For Fiscal Year 2011											
From: July 1, 2010 - The End of Each Month of the Fiscal Year	**July '10**										
Total # MaineCare Eligible Members	295,201										
Total # Members Authorized Services	45,181										
Total # Members Authorized Mental Health Services (MH)	43,009										
Total # Members Authorized Substance Abuse Services (SA)	3,636										
Total # Members Authorized both Mental Health and Substance Abuse Services	1,464										
Total # Members Authorized Mental Health Services: Caucasian	36,673										
Total # Members Authorized Mental Health Services: African American	765										
Total # Members Authorized Mental Health Services: American Indian	690										
Total # Members Authorized Mental Health Services: Other	4,881										
Total # Members Authorized Mental Health Services: Children/Adolescents age 0-17	15,170										
Total # Members Authorized Mental Health Services: Adults age 18+	27,839										
Total # Members Authorized Mental Health Services: Female	24,044										
Total # Members Authorized Mental Health Services: Male	15,170										
Total # Members Authorized Substance Abuse Services: Caucasian	2,996										
Total # Members Authorized Substance Abuse Services: African American	55										
Total # Members Authorized Substance Abuse Services: American Indian	67										
Total # Members Authorized Substance Abuse Services: Other	518										
Total # Members Authorized Substance Abuse Services: Children/Adolescents age 0-17	284										
Total # Members Authorized Substance Abuse Services: Adults age 18+	3,352										
Total # Members Authorized Substance Abuse Services: Female	1,672										
Total # Members Authorized Substance Abuse Services: Male	1,964										
Total # Members Authorized Services in an Outpatient Setting	35,722										
Total # Members Authorized Services Diagnosed with a Serious Mental Illness	12,632										
Total # Members Authorized Services Diagnosed with a Severe Emotional Disorder	10,260										
Total # of Members Authorized Services that were screened for co-occurring disorders	1,710										
Total # of Members Authorized Services that were diagnosed with a co-occurring disorder	13,755										
Total # of Members Diagnosed with a co-occurring SA/MH diagnosis Authorized MH Services	12,644										
Total # of Members Diagnosed with a co-occurring SA/MH diagnosis Authorized SA Services	439										
Total # of Members Diagnosed with a co-occurring SA/MH diagnosis Authorized both SA and MH Services	681										
Total # of Members Diagnosed with a co-occurring SA/MH diagnosis Authorized integrated SA and MH Services	11										
Administrative ASO Measures - The following indicators are totalled for each month and are NOT cumulative	**July**										
Total # Administrative Denials (post reconsiderations)	0										
Total # Clinical Denials (post reconsiderations)	64										
Total # Partial Authorizations (post reconsiderations)	89										
Total # Administrative Denials, Clinical Denials, or Partial Authorizations Reconsidered then Resulting in Authorized or Partially Authorized Services	75										
Denial Rate (post reconsiderations)	1.30%										
Total # Complaints	0										

APS Healthcare

Department of Health and Human Services

APS Healthcare-Maine Fiscal Year 2011 Report Dashboard	
Total # Grievances	0
Total # Appeals	7
Total # of APS Cases Processed	18,158
Total # of Services Processed	22,020
Average # Services per APS Cases Processed	1.21
Total # of Services Discharged	6,603
Total # Phone Calls Received	3,205
Average # Calls Received per work day	146
Average Answer Speed in Seconds (target < 30 seconds)	9
Average Length of Calls in Minutes:Seconds	3:53
Total # DHHS Meetings	9
Total # Attendees at the DHHS Meetings	163
Total # Provider Meetings	16
Total # Attendees at the Provider Meetings	374
Total # Member Meetings	0
Total # Attendees at the Member Meetings	0
Administrative ASO Measures - Quarterly	
Contract Year (1Qtr=Dec,Jan,Feb; 2 Qtr=Mar,Apr,May; 3 Qtr=Jun,Jul,Aug; 4 Qtr=Sep,Oct,Nov)	
Contract Standard 1, Indicator 1 - Data Transfer of Eligibility Files Incorporated within 24 hours (target 95%)	
Contract Standard 1, Indicator 2 - Data Transfer of Provider Files Incorporated within 24 hours (target 95%)	
Contract Standard 1, Indicator 3 - 98% Data Transfer of Authorization data entered into MECMS (target within 3 business days of Provider notification)	
Contract Standard 2, Indicator 1 - Response to Service Appeals meets time frames stated in agreement (target 98%)	
Contract Standard 2, Indicator 2 - Appeals that reach the hearing level have accurate information provided to the Department in less than 48 hours (target 98%)	
Contract Standard 3 - Members contacting Member Services are satisfied with their experience (target 90%)	
Contract Standard 4 - All required reports are completed and submitted within 30 days of the period for which the report is due (target 100%)	
Contract Standard 5, Indicator 1 - Telephone calls answered live within 6 rings (target 95%)	
Contract Standard 5, Indicator 2 - Fewer than 5% of telephone calls to APS will be abandoned (target < 5%)	
* DHHS momentum FTP experienced serveral issues which resulted in reduced timeliness of APS file transfers.	
** High Volume and Fax Difficulties	
***Communication difficulty resulted in slower response time during one week in the quarter.	
**** Data for memers contacting memeber services was not available this month.	