

OAMHS Briefs
April 2010
Prepared for CCSM

Budget Update

The OAMHS Budget Summary for FY 2011 that came out of Appropriations is attached for your review.

February APS Reports

The February dashboard reports from APS are attached for your review and feedback.

January 2010 Crisis Reports

Attached please find the crisis report for January 2010 organized by agency and statewide for your review and comment.

OAMHS Recovery Project *Recovery: Defining, Measuring, Improving*

The OAMHS Recovery Project was officially launched on April 13 with a webinar presentation. The PowerPoint is attached. This will be a collaborative undertaking between OAMHS, consumers, providers and families. Recovery is a word that has become a part of our common vocabulary. However, it has not always been clear how we create a mental health system that supports recovery on all levels. In this process we will look at what recovery-oriented care looks like and how that affects policy, contracts, program development and evaluation. As we understand more clearly what it means to have a recovery-oriented system, we will look at how we evaluate how services support recovery. The outcomes project utilizing the toolkit which includes the OQ Measures and the RAS is part of this. Using this data and our increased understanding and knowledge, we work towards continuous improvement. Recovery-oriented care is a major focus for OAMHS and we need all us to work together to help Maine move forward. The PowerPoint includes the dates for future webinars and how you can get involved.

Upcoming training

Please see the attached flier for the upcoming training in Bangor on April 23 that will address the basics of DHHS Housing Subsidy programs and legal rights.

Providing Patient-Centered Mental Health Care in the Emergency Department Web-based Training

The Office of Adult Mental Health Services is pleased to announce that the recently completed Web-Based Training entitled "Providing Patient-Centered Mental Health Care in the Emergency Department" is now posted on the OAMHS web site at

<http://www.maine.gov/dhhs/mh/mhed>

This Web-Based Training, which runs approximately 1 ¼ hours in length, was developed by OAMHS and based on input from mental health care consumers and providers. It discusses the challenges of providing mental health care in the ED, and suggests specific steps EDs can take to promote a more satisfying experience for patients and ED staff alike.

The training also includes a variety of documents in the Attachments section that should serve as useful resources.

Please Note: The Web-Based Training is available for viewing, but Certificates of Completion and professional CEUS are not yet available. OAMHS is in the process of applying for CEU approval and will notify interested parties as these become available.

Community Rehabilitation Services Waiver Clinical Criteria

Attached is a cover letter regarding the CRS Waiver Clinical Criteria and the Waiver itself. More information will be forthcoming from APS Healthcare.

If you have questions please feel free to contact the Mental Health Team Leader covering your area or Donald Chamberlain.

Team Leaders:

CSN 1 and 2:

Susan Lauritano, 176 Hogan Road, Bangor, ME 04041

Tel: 207-941-4209 (V), 1-800-963-9491(V), 207-941-4343 (fax), 1-800-606-0215 (TTY)

CSN 3, 4 and 5:

Sharon Arsenault, DHHS-41 Anthony Ave, 11 State House Station, Augusta, ME 04333-0011

Tel: 207-287-9170 (V), 1-800-675-1828 (V), 1-800-606-0215 (TTY)

CSN 6 and 7:

Carlton Lewis, 169 Lancaster Street, Portland, ME 04101

Tel: 207-822-0270 (V), 1-800-269-5208 (V), 207-822-0295 (Fax), 1-888-254-0311 (TTY)

OAMHS FY 2011 BUDGET SUMMARY 3.26.10

	Proposed	Restored	Balance
OAMHS GRANT FUNDS			
Involuntary Admissions	\$ (670,000.00)	\$ -	\$ (670,000.00)
ACT	\$ (585,000.00)	\$ 400,000.00	\$ (185,000.00)
DLSS	\$ (152,000.00)	\$ -	\$ (152,000.00)
CI	\$ (200,000.00)	\$ 300,000.00	\$ 100,000.00
In-Home Counseling	\$ (270,000.00)	\$ -	\$ (270,000.00)
NAMI	\$ (220,000.00)	\$ 170,000.00	\$ (50,000.00)
Maine Center on Deafness and Maine			
Coalition Against Sexual Assault	\$ (137,723.00)	\$ 50,138.00	\$ (87,585.00)
Outreach	\$ (79,000.00)	\$ -	\$ (79,000.00)
Consolidated Warm Line	\$ (72,000.00)	\$ 45,000.00	\$ (27,000.00)
QIC	\$ (5,000.00)	\$ -	\$ (5,000.00)
Professional Services	\$ (108,246.00)	\$ -	\$ (108,246.00)
PIER	\$ (35,000.00)	\$ 35,000.00	\$ -
CSSP Training	\$ (113,000.00)	\$ -	\$ (113,000.00)
Center for Learning/Muskie School	\$ (300,000.00)	\$ -	\$ (300,000.00)
Mobile Crisis	\$ (1,350,000.00)	\$ 1,350,000.00	\$ -
Transportation	\$ (282,500.00)	\$ 200,000.00	\$ (82,500.00)
BRAP and CI		\$ 650,000.00	\$ 650,000.00
Total	\$ (4,579,469.00)	\$ 3,200,138.00	\$ (1,379,331.00)
			\$ -
DDPC			
			\$ -
DDPC Eliminate Vacant and Frozen Positions	\$ (425,062.00)	\$ -	\$ (425,062.00)
DDPC	\$ (500,000.00)	\$ -	\$ (500,000.00)
Total	\$ (925,062.00)	\$ -	\$ (925,062.00)
			\$ -
OTHER			
			\$ -
Outpatient 18 visit	\$ (742,498.00)	\$ -	\$ (742,498.00)
Reimburse MH OP hosp services consistent with MaineCare non hosp policy	\$ (780,360.00)	\$ 780,360.00	\$ -
Transfer Funding to VR	\$ (304,000.00)	\$ -	\$ (304,000.00)
Restored Childrens Crisis	\$ (840,000.00)	\$ 840,000.00	\$ -
Restored the \$500 per discharge cut to inpatient psych hospitalizations	\$ (386,875.00)	\$ 386,875.00	\$ -
Eliminated the 5 hospitalization limit proposal	\$ (641,018.00)	\$ 641,018.00	\$ -
Provides funding for Managed Care Initiative		\$ 1,000,000.00	\$ 1,000,000.00
RATE STANDARDIZATION			
PNMI Appendix E			\$ (425,159.00)
Mobile Crisis			\$ -
RATE CUTS			
<u>Section 17</u>			
CI @ 3%			
All other at 4%			
<u>Section 65</u>			
Outpatient 0%			
Crisis 0%			
Medication 0%			
Children's Comprehensive Community			
Support & MST 2%			
All other at 10%			

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

Demographics, Utilization and Access Measures: Active Authorization Census on the Last Day of Each Month				
	Nov	Dec	Jan	Feb
Total # MaineCare Eligible Members	276,251	276,251	276,251	276,251
Total # Members Age 18+ Authorized Adult Mental Health Services	22,710	22,709	22,956	23,561
Ages 18-20	1,159	1,169	1,203	1,242
21-64	20,672	20,665	20,873	21,419
65-74	625	618	615	633
Over 75 Years Old	254	257	265	267
Total # Members Age 18+ Authorized Mental Health Services- Male	8,723	8,765	8,857	9,065
Total # Members Age 18+ Authorized Mental Health Services- Female	14,936	14,908	15,043	15,502
Total # Members Age 18+ Authorized Mental Health Services- Caucasian	20,378	20,353	20,512	21,011
Total # Members Age 18+ Authorized Mental Health Services- African-American	295	299	292	296
Total # Members Age 18+ Authorized Mental Health Services- Native American	367	368	369	391
Total # Members Age 18+ Authorized Mental Health Services- Other Race	2,619	2,653	2,727	2,869
Total # Adult Members Authorized CSI & PNMI Services (SMI Proxy)	10,991	11,069	11,532	11,408
Total # Adult Members Authorized MH Services who were screened for co-occurring SA/MH disorders	2,481	2,185	1,912	1,730
Demographics, Utilization and Access Measures: The following Indicators are totalled for each month and are NOT Cumulative				
	Nov	Dec	Jan	Feb
Total # Adult Members Authorized Psychiatric Inpatient Services (New Admissions)*	145	119	165	142
Total # of Discharges from Psychiatric Inpatient Units*	151	122	130	124
Average Length Of Stay (in days) for In-Patient Psychiatric Discharged*	7	9	7	7
Total # of Discharges from Psychiatric Inpatient Units Readmitted within 30 days*	23	8	16	11
Total # Members Age 18+ Authorized Individual Outpatient Services (New Admissions)	1,806	1,337	1,394	1,265
Total # Members Age 18+ Authorized Group Outpatient Services (New Admissions)	260	245	198	204
Total # Members Age 18+ Authorized Medication Management Services (New Admissions)	541	405	496	391
Total # Members Authorized to Receive Residential Services (PNMI) (New Admissions)	26	30	29	27
Total # of Discharges from Residential Services (PNMI)	22	34	28	25
Average Length Of Stay (ALOS) (in days) for Residential Services (PNMI) discharged	274	257	285	153
Total # Members Age 18+ Authorized Crisis Unit Services (New Admissions)	198	170	215	218
Total # Members Age 18+ Discharged from Crisis Unit Svcs in the month	187	158	171	193
ALOS (in days) for Crisis Unit Services discharged in the month, Age 18+	5	7	5	4
Total # Adult Members who are Authorized to Receive Community Support/Integration Services (New Admissions)	532	471	559	480
Total # Adult Members who are Discharged from Community Support/Integration Services	309	329	358	303
ALOS (in days) for Community Support/Integration Services Discharged in the month	254	279	346	294
Utilization, Access, and Continuity of Care Measures - End of Each Quarter				
Fiscal Year (1Qtr=Jul,Aug,Sep; 2Qtr=Oct,Nov,Dec; 3Qtr=Jan,Feb,Mar; 4Qtr=Apr,May,June)		2 Qtr		
Total % of non-hospitalized adult members assigned Community Support/Integration Services within 7 working days of application of services (Quarterly)			71%	
Total % of non-hospitalized adult members assigned Community Support/Integration Services within 3 working days of application of services (Quarterly)			48%	
Total % of adult members who apply for and are assigned CI Services while an inpatient in a psychiatric facility within 7 working days (Quarterly)			69%	
Total % of adult members who apply for and are assigned CI Services while an inpatient in a psychiatric facility within 2 working days (Quarterly)			44%	
* Excludes IMD and State Facilities				

APS Healthcare-Maine: Dashboard Report Adult Mental Health Fiscal Year 2010												
Demographics, Utilization and Access Measures: Active Authorization Census on the Last Day of Each Month												
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Total # MaineCare Eligible Members	272,988	276,251	276,251	276,251	276,251	276,251	276,251	276,251				
Total # Members Age 18+ Authorized Adult Mental Health Services	23,593	21,920	22,189	22,485	22,710	22,709	22,956	23,561				
Ages 18-20	1,334	1,153	1,138	1,140	1,159	1,169	1,203	1,242				
21-64	21,315	19,886	20,198	20,466	20,672	20,665	20,873	21,419				
65-74	684	611	609	623	625	618	615	633				
Over 75 Years Old	260	270	244	256	254	257	265	267				
Total # Members Age 18+ Authorized Mental Health Services- Male	9,119	8,473	8,555	8,730	8,723	8,765	8,857	9,065				
Total # Members Age 18+ Authorized Mental Health Services- Female	15,324	14,345	14,565	14,733	14,936	14,908	15,043	15,502				
Total # Members Age 18+ Authorized Mental Health Services- Caucasian	21,209	19,748	19,969	20,206	20,378	20,353	20,512	21,011				
Total # Members Age 18+ Authorized Mental Health Services- African-American	301	284	278	298	295	299	292	296				
Total # Members Age 18+ Authorized Mental Health Services- Native American	371	345	358	360	367	368	369	391				
Total # Members Age 18+ Authorized Mental Health Services- Other Race	2,562	2,441	2,515	2,599	2,619	2,653	2,727	2,869				
Total # Adult Members Authorized CSI & PNMI Services (SMI Proxy)	10,887	10,597	10,727	10,913	10,991	11,069	11,532	11,408				
Total # Adult Members Authorized MH Services who were screened for co-occurring SA/MH disorders	8,059	8,832	4,472	2,892	2,481	2,185	1,912	1,730				
Demographics, Utilization and Access Measures: The following indicators are totalled for each month and are NOT Cumulative												
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Total # Adult Members Authorized Psychiatric Inpatient Services (New Admissions)*	156	166	170	172	145	119	165	142				
Total # of Discharges from Psychiatric Inpatient Units*	164	125	156	146	151	122	130	124				
Average Length Of Stay (in days) for In-Patient Psychiatric Discharged*	6	6	7	7	7	9	7	7				
Total # of Discharges from Psychiatric Inpatient Units who are then Readmitted within 30 days*	13	6	22	26	23	8	16	11				
Total # Members Age 18+ Authorized Individual Outpatient Services (New Admissions)	2,584	2,472	2,726	2,324	1,806	1,337	1,394	1,265				
Total # Members Age 18+ Authorized Group Outpatient Services (New Admissions)	233	219	182	252	260	245	198	204				
Total # Members Age 18+ Authorized Medication Management Services (New Admissions)	560	558	532	550	541	405	496	391				
Total # Members Authorized to Receive Residential Services (PNMI) (New Admissions)	90	61	32	31	26	30	29	27				
Total # of Discharges from Residential Services (PNMI)	271	28	35	40	22	34	28	25				
Average Length Of Stay (in days) for Residential Services (PNMI) discharged	392	253	257	263	274	257	285	153				
Total # Members Age 18+ Authorized Crisis Unit Services (New Admissions)	221	200	200	199	198	170	215	218				
Total # Members Age 18+ Discharged from Crisis Unit Svs in the month	208	189	187	172	187	158	171	193				
Average Length Of Stay (in days) for Crisis Unit Services discharged in the month, Age 18+	5	5	5	5	5	7	5	4				
Total # Adult Members who are Authorized to Receive Community Support/Integration Services (New Admissions)	458	455	481	477	532	471	559	480				
Total # Adult Members who are Discharged from Community Support/Integration Services	471	408	368	473	309	329	358	303				
Average Length Of Stay (in days) for Community Support/Integration Services Discharged in the month	266	240	237	247	254	279	346	294				
Utilization, Access, and Continuity of Care Measures - End of Each Quarter												
Fiscal Year (1Qtr=Jul,Aug,Sept; 2Qtr=Oct,Nov,Dec; 3Qtr=Jan,Feb,Mar; 4Qtr=Apr,May,June)			1 Qtr	2 Qtr	3 Qtr	4 Qtr						
Total % of non-hospitalized adult members assigned Community Support/Integration Services within 7 working days of application of services (Quarterly)				60%	71%							
Total % of non-hospitalized adult members assigned Community Support/Integration Services within 3 working days of application of services (Quarterly)				46%	48%							
Total % of adult members who apply for and are assigned CI Services while an inpatient in a psychiatric facility within 7 working days (Quarterly)				82%	69%							
Total % of adult members who apply for and are assigned CI Services while an inpatient in a psychiatric facility within 2 working days (Quarterly)				41%	44%							
* Excludes IMD and State Facilities												

APS Healthcare-Maine Fiscal Year 2010 Report Dashboard

Demographics, Utilization, and Access - Monthly Cumulative Totals For Fiscal Year 2010

From: July 1, 2009 - The End of Each Month of the Fiscal Year



	Nov	Dec	Jan	Feb
Total # MaineCare Eligible Members	276,251	276,251	276,251	276,251
Total # Members Authorized Services	52,810	54,899	57,103	59,322
Total # Members Authorized Mental Health Services (MH)	49,288	51,090	52,995	54,931
Total # Members Authorized Substance Abuse Services (SA)	4,907	5,284	5,656	6,030
Total # Members Authorized both Mental Health and Substance Abuse Services	1,385	1,475	1,548	1,639
Total # Members Authorized Mental Health Services: Caucasian	42,462	43,904	45,469	47,079
Total # Members Authorized Mental Health Services: African American	829	865	905	938
Total # Members Authorized Mental Health Services: American Indian	760	791	822	848
Total # Members Authorized Mental Health Services: Other	5,237	5,530	5,799	6,066
Total # Members Authorized Mental Health Services: Children/Adolescents age 0-17	17,720	18,306	18,940	19,586
Total # Members Authorized Mental Health Services: Adults age 18+	31,568	32,784	34,055	35,345
Total # Members Authorized Mental Health Services: Female	27,316	28,318	29,387	30,469
Total # Members Authorized Mental Health Services: Male	21,972	22,772	23,608	24,462
Total # Members Authorized Substance Abuse Services: Caucasian	4,105	4,412	4,728	5,044
Total # Members Authorized Substance Abuse Services: African American	72	83	87	89
Total # Members Authorized Substance Abuse Services: American Indian	105	111	118	126
Total # Members Authorized Substance Abuse Services: Other	625	678	723	771
Total # Members Authorized Substance Abuse Services: Children/Adolescents age 0-17	385	416	432	470
Total # Members Authorized Substance Abuse Services: Adults age 18+	4,522	4,868	5,224	5,560
Total # Members Authorized Substance Abuse Services: Female	2,361	2,534	2,724	2,876
Total # Members Authorized Substance Abuse Services: Male	2,546	2,750	2,932	3,154
Total # Members Authorized Services in an Outpatient Setting	42,758	44,447	46,171	47,912
Total # Members Authorized Services Diagnosed with a Serious Mental Illness	12,971	13,275	13,642	13,992
Total # Members Authorized Services Diagnosed with a Severe Emotional Disorder	11,835	12,050	12,361	12,670
Total # of Members Authorized Services that were screened for co-occurring disorders	13,872	13,924	13,985	14,031
Total # of Members Authorized Services that were diagnosed with a co-occurring disorder	18,585	18,717	18,863	19,000
Total # of Members Diagnosed with a co-occurring SA/MH diagnosis Authorized MH Services	16,557	16,613	16,682	16,730
Total # of Members Diagnosed with a co-occurring SA/MH diagnosis Authorized SA Services	630	623	627	627
Total # of Members Diagnosed with a co-occurring SA/MH diagnosis Authorized both SA and MH Services	1,392	1,475	1,548	1,639
Total # of Members Diagnosed with a co-occurring SA/MH diagnosis Authorized integrated SA and MH Services	403	403	404	404
Administrative ASO Measures - The following indicators are totalled for each month and are NOT cumulative				
	Nov	Dec	Jan	Feb
Total # Administrative Denials (post reconsiderations)	11	0	0	0
Total # Clinical Denials (post reconsiderations)	38	76	88	87
Total # Partial Authorizations (post reconsiderations)	134	188	131	119
Total # Administrative Denials, Clinical Denials, or Partial Authorizations Reconsidered then Resulting in Authorized or Partially Authorized Services	62	83	78	72
Denial Rate (post reconsiderations)	1.73%	2.21%	1.87%	1.92%
Total # Formal Complaints	0	0	0	0
Total # Formal Grievances	0	0	0	0
Total # Appeals	22	15	14	21

Total # of APS Cases Processed	18,583	19,455	19,700	18,675
Total # of Services Processed	21,571	22,437	22,787	21,727
Average # Services per APS Cases Processed	1.16	1.15	1.16	1.16
Total # of Services Discharged	4,707	4,860	5,312	4,692
Total # Phone Calls Received	2,725	3,358	3,263	3,124
Average # Calls Received per work day	143	153	172	156
Average Answer Speed in Seconds (target < 30 seconds)	9	9	9	9
Average Length of Calls in Minutes:Seconds	2:48	2:27	2:34	2:35
Total # DHHS Meetings	14	15	26	13
Total # Attendees at the DHHS Meetings	76	88	176	91
Total # Provider Meetings	11	14	14	13
Total # Attendees at the Provider Meetings	91	177	110	112
Total # Member Meetings	1	1	0	0
Total # Attendees at the Member Meetings	5	4	0	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)	4th Qtr		1st Qtr	
Contract Standard 1, Indicator 1 - Data Transfer of Eligibility Files Incorporated within 24 hours (target 95%)	100%			100%
Contract Standard 1, Indicator 2 - Data Transfer of Provider Files Incorporated within 24 hours (target 95%)	100%			100%
Contract Standard 1, Indicator 3 - 98% Data Transfer of Authorization data entered into MECMS (target within 3 business days of Provider notification)	99%			99%
Contract Standard 2, Indicator 1 - Response to Service Appeals meets time frames stated in agreement (target 98%)	91%**			92%***
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%)	100%			100%
Contract Standard 3 - Members contacting Member Services are satisfied with their experience (target 90%)	99%			100%
Contract Standard 4 - All required reports are completed and submitted within 30 days of the period for which the report is due (target 100%)	100%			100%
Contract Standard 5, Indicator 1 - Telephone calls answered live within 6 rings (target 95%)	97%			96%
Contract Standard 5, Indicator 2 - Fewer than 5% of telephone calls to APS will be abandoned (target < 5%)	1.65%			1.31%
* DHHS momentum FTP experienced several 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.				

APS Healthcare-Maine Fiscal Year 2010 Report Dashboard

Demographics, Utilization, and Access - Monthly Cumulative Totals For Fiscal Year 2010 From: July 1, 2009 - The End of Each Month of the Fiscal Year												
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Total # MaineCare Eligible Members	272,988	276,251	276,251	276,251	276,251	276,251	276,251	276,251				
Total # Members Authorized Services	43,437	45,694	48,320	51,977	52,810	54,899	57,103	59,322				
Total # Members Authorized Mental Health Services (MH)	41,172	43,090	45,400	47,466	49,288	51,090	52,995	54,931				
Total # Members Authorized Substance Abuse Services (SA)	3,182	3,660	4,099	4,511	4,907	5,284	5,656	6,030				
Total # Members Authorized both Mental Health and Substance Abuse Services	917	1,056	1,179	1,280	1,385	1,475	1,548	1,639				
Total # Members Authorized Mental Health Services: Caucasian	35,814	37,377	39,276	40,967	42,462	43,904	45,469	47,079				
Total # Members Authorized Mental Health Services: African American	676	708	747	793	829	865	905	938				
Total # Members Authorized Mental Health Services: American Indian	632	666	703	724	760	791	822	848				
Total # Members Authorized Mental Health Services: Other	4,050	4,199	4,674	4,982	5,237	5,530	5,799	6,066				
Total # Members Authorized Mental Health Services: Children/Adolescents age 0-17	15,025	15,538	16,368	17,089	17,720	18,306	18,940	19,586				
Total # Members Authorized Mental Health Services: Adults age 18+	26,147	27,552	29,032	30,377	31,568	32,784	34,055	35,345				
Total # Members Authorized Mental Health Services: Female	22,602	23,702	25,052	26,252	27,316	28,318	29,387	30,469				
Total # Members Authorized Mental Health Services: Male	18,570	19,388	20,348	21,214	21,972	22,772	23,608	24,462				
Total # Members Authorized Substance Abuse Services: Caucasian	2,676	3,069	3,430	3,776	4,105	4,412	4,728	5,044				
Total # Members Authorized Substance Abuse Services: African American	48	59	66	69	72	83	87	89				
Total # Members Authorized Substance Abuse Services: American Indian	62	75	85	95	105	111	118	126				
Total # Members Authorized Substance Abuse Services: Other	396	457	518	571	625	678	723	771				
Total # Members Authorized Substance Abuse Services: Children/Adolescents age 0-17	248	272	307	341	385	416	432	470				
Total # Members Authorized Substance Abuse Services: Adults age 18+	2,934	3,388	3,792	4,170	4,522	4,868	5,224	5,560				
Total # Members Authorized Substance Abuse Services: Female	1,536	1,754	1,950	2,171	2,361	2,534	2,724	2,876				
Total # Members Authorized Substance Abuse Services: Male	1,646	1,906	2,149	2,340	2,546	2,750	2,932	3,154				
Total # Members Authorized Services in an Outpatient Setting	35,335	37,369	39,853	40,962	42,758	44,447	46,171	47,912				
Total # Members Authorized Services Diagnosed with a Serious Mental Illness	11,285	11,753	12,186	12,543	12,971	13,275	13,642	13,992				
Total # Members Authorized Services Diagnosed with a Severe Emotional Disorder	10,428	10,717	11,139	11,479	11,835	12,050	12,361	12,670				
Total # of Members Authorized Services that were screened for co-occurring disorders	13,544	13,700	13,759	13,809	13,872	13,924	13,985	14,031				
Total # of Members Authorized Services that were diagnosed with a co-occurring disorder	17,685	17,954	18,220	18,399	18,585	18,717	18,863	19,000				
Total # of Members Diagnosed with a co-occurring SA/MH diagnosis Authorized MH Services	16,183	16,292	16,430	16,492	16,557	16,613	16,682	16,730				
Total # of Members Diagnosed with a co-occurring SA/MH diagnosis Authorized SA Services	579	600	605	621	630	623	627	627				
Total # of Members Diagnosed with a co-occurring SA/MH diagnosis Authorized both SA and MH Services	917	1,056	1,179	1,280	1,392	1,475	1,548	1,639				
Total # of Members Diagnosed with a co-occurring SA/MH diagnosis Authorized integrated SA and MH Services	400	402	402	403	403	403	404	404				
Administrative ASO Measures - The following indicators are totalled for each month and are NOT cumulative												
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Total # Administrative Denials (post reconsiderations)	7	12	19	13	11	0	0	0				
Total # Clinical Denials (post reconsiderations)	48	65	51	43	38	76	88	87				
Total # Partial Authorizations (post reconsiderations)	68	34	182	188	134	188	131	119				
Total # Administrative Denials, Clinical Denials, or Partial Authorizations Reconsidered then Resulting in Authorized or Partially Authorized Services	53	41	71	118	62	83	78	72				
Denial Rate (post reconsiderations)	1.00	0.95%	1.95%	1.97%	1.73%	2.21%	1.87%	1.92%				
Total # Complaints	0	0	0	0	0	0	0	0				
Total # Grievances	0	0	0	0	0	0	0	0				
Total # Appeals	26	17	19	42	22	15	14	21				
Total # of APS Cases Processed	20,763	27,100	22,907	20,984	18,583	19,455	19,700	18,675				
Total # of Services Processed	24,089	30,115	26,538	24,298	21,571	22,437	22,787	21,727				
Average # Services per APS Cases Processed	1.16	1	1	1	1	1.15	1.16	1.16				

APS Healthcare-Maine Fiscal Year 2010 Report Dashboard									
Total # of Services Discharged	6,222	5,876	7,212	6,296	4,707	4,860	5,312	4,692	
Total # Phone Calls Received	2,388	2,764	3,174	3,258	2,725	3,358	3,263	3,124	
Average # Calls Received per work day	109	132	151	142	143	153	172	156	
Average Answer Speed in Seconds (target < 30 seconds)	8	9	8	8	9	9	9	9	
Average Length of Calls in Minutes:Seconds	3:49	3:35	2:50	2:46	2:48	2:27	2:34	2:35	
Total # DHHS Meetings	18	19	16	9	14	15	26	13	
Total # Attendees at the DHHS Meetings	136	146	101	47	76	88	176	91	
Total # Provider Meetings	21	15	17	19	11	14	14	13	
Total # Attendees at the Provider Meetings	100	73	112	283	91	177	110	112	
Total # Member Meetings	9	3	1	1	1	1	0	0	
Total # Attendees at the Member Meetings	119	58	12	5	5	4	0	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%)	3 Qtr		4th Qtr		1st Qtr		2 Qtr		
Contract Standard 1, Indicator 2 - Data Transfer of Provider Files Incorporated within 24 hours (target 95%)	100%		100%		100%				
Contract Standard 1, Indicator 3 - 98% Data Transfer of Authorization data entered into MECMS (target within 3 business days of Provider notification)	100%		100%		100%				
Contract Standard 2, Indicator 1 - Response to Service Appeals meets time frames stated in agreement (target 98%)	80%*		99%		99%				
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%)	100%		91%**		92%***				
Contract Standard 3 - Members contacting Member Services are satisfied with their experience (target 90%)	100%		100%		100%				
Contract Standard 4 - All required reports are completed and submitted within 30 days of the period for which the report is due (target 100%)	100%		99%		100%				
Contract Standard 5, Indicator 1 - Telephone calls answered live within 6 rings (target 95%)	100%		100%		100%				
Contract Standard 5, Indicator 2 - Fewer than 5% of telephone calls to APS will be abandoned (target < 5%)	97%		97%		96%				
	2.25		1.65		1.31%				
* DHHS momentum FTP experienced several 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.									

STATE OF MAINE Adult Mental Health Monthly Crisis Report								
 		Quality Improvement Services An Office of the Department of Health and Human Services <small>John E. Baldacci, Governor Brenda M. Harvey, Commissioner</small>						
		Agency	AMHC	Contact Person			Month	jan
Address	P.O. Box 1018 Caribou, ME		Judy Holmquist			Fiscal Year	2010	
			Contact Phone Number					
		207.498.6431						
I. Consumer Demographics (Unduplicated Counts - Face to Face)								
Gender	Males	37	Females	53				
Age Range	18-21	3	22-35	34	36-60	45	61 & Older	8
Payment Source	MaineCare	52	Private	14	None	16	Other	8
Guardianship Status	Public/DHHS Guardian		10	Private Guardian				10
II. Summary of All Crisis Contacts								
a. Total number of telephone contacts.							1113	
b. Total number of all <i>INITIAL</i> face to face contacts.							90	
c. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.							113	
III. Initial Crisis Contact Information								
a. Total number of <i>INITIAL</i> 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 <i>INITIAL</i> face to face contacts who have a Community Support Worker (CI, ICI, ICM, ACT).							28	
c. Number of <i>INITIAL</i> face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.							28	
d. SUM TOTAL time <i>in minutes</i> for all <i>INITIAL</i> 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.							2120	
e. Number of <i>INITIAL</i> face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.							57	
f. Number of <i>INITIAL</i> face to face contacts <i>NOT</i> in Emergency Department with final disposition made within 8 hours of that contact.							33	
IV. Site of Initial Face to Face Contacts								
<i>Number of face to face contacts seen in :</i>								
a. Primary Residence (Home)							1	
b. Family/Relative/Other Residence								
c. Other Community Setting (Work, School, Police Dept., Public Place)							1	
d. SNF, Nursing Home, Boarding Home							3	
e. Residential Program (Congregate Community Residence, Apartment Program)							0	
f. Homeless Shelter							1	
g. Provider Office							0	
h. Crisis Office							10	
i. Emergency Department							57	
j. Other Hospital Location							14	
k. Incarcerated (Local Jail, State Prison)							3	
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all <i>INITIAL</i> face-to-face contacts						Sec. IV Total	90	

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)	
<i>Number of face to face contacts that resulted in:</i>	
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	2
b. Crisis stabilization with <i>referral to new provider</i> for mental health/substance abuse follow-up	0
c. Crisis stabilization with <i>referral back to current provider</i> for mental health/substance abuse follow-up	51
d. Admission to Crisis Stabilization Unit	8
e. Inpatient Hospitalization-Medical	4
f. Voluntary Psychiatric Hospitalization	22
g. Involuntary Psychiatric Hospitalization	2
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
	90



AMHI CONSENT DECREE FEEDBACK REPORT		
AMHC	jan	SFY2010
No.	Result	STANDARD
IV. 35	27%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV. 36	23.6 Average Minutes	90% of Crisis Phone Calls Requiring Face to Face Assessments are responded to within an average of 30 minutes from the end of the phone call.
IV. 37	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	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 Adult Mental Health Monthly Crisis Report								
  <p>Quality Improvement Services An Office of the Department of Health and Human Services</p> <p><small>John E. Baldacci, Governor Brenda M. Harvey, Commissioner</small></p>		Agency	AMHC	Contact Person		Month	Jan	
		Address	PO Box 139 Machias, ME 04654	Contact Phone Number		Fiscal Year	2010	
			255-6904					
I. Consumer Demographics (Unduplicated Counts - Face to Face)								
Gender	Males	30	Females	40				
Age Range	18-21	7	22-35	22	36-60	34	61 & Older	7
Payment Source	MaineCare	57	Private	4	None	9	Other	0
Guardianship Status	Public/DHHS Guardian		2	Private Guardian				1
II. Summary of All Crisis Contacts								
a. Total number of telephone contacts.							3556	
b. Total number of all <i>INITIAL</i> face to face contacts.							79	
c. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.							28	
III. Initial Crisis Contact Information								
a. Total number of <i>INITIAL</i> face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.							28	
b. Number of <i>INITIAL</i> face to face contacts who have a Community Support Worker (CI, ICI, ICM, ACT).							12	
c. Number of <i>INITIAL</i> face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.							7	
d. SUM TOTAL time <i>in minutes</i> for all <i>INITIAL</i> 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.							2022	
e. Number of <i>INITIAL</i> face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.							46	
f. Number of <i>INITIAL</i> face to face contacts <i>NOT</i> in Emergency Department with final disposition made within 8 hours of that contact.							30	
IV. Site of Initial Face to Face Contacts								
<i>Number of face to face contacts seen in :</i>								
a. Primary Residence (Home)							1	
b. Family/Relative/Other Residence							1	
c. Other Community Setting (Work, School, Police Dept., Public Place)							0	
d. SNF, Nursing Home, Boarding Home							0	
e. Residential Program (Congregate Community Residence, Apartment Program)							0	
f. Homeless Shelter							1	
g. Provider Office							3	
h. Crisis Office							4	
i. Emergency Department							49	
j. Other Hospital Location							8	
k. Incarcerated (Local Jail, State Prison)							12	
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all <i>INITIAL</i> face-to-face contacts						Sec. IV Total	79	

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)	
<i>Number of face to face contacts that resulted in:</i>	
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	6
b. Crisis stabilization with <i>referral to new provider</i> for mental health/substance abuse follow-up	17
c. Crisis stabilization with <i>referral back to current provider</i> for mental health/substance abuse follow-up	27
d. Admission to Crisis Stabilization Unit	5
e. Inpatient Hospitalization-Medical	7
f. Voluntary Psychiatric Hospitalization	13
g. Involuntary Psychiatric Hospitalization	4
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
	79



AMHI CONSENT DECREE FEEDBACK REPORT		
AMHC	Jan	SFY2010
No.	Result	STANDARD
IV. 35	22%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV. 36	25.6 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	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	58%	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 Adult Mental Health Monthly Crisis Report								
  <p>Quality Improvement Services An Office of the Department of Health and Human Services</p> <p><small>John E. Baldacci, Governor Brenda M. Harvey, Commissioner</small></p>		Contact Person		Month		Jan		
		Address		Contact Phone Number		Fiscal Year		2010
Community Health & Counseling Services		Tom Lynn						
PO Box 425 Bangor, ME 04402+0425		207-947-0366 ext. 344						
I. Consumer Demographics (Unduplicated Counts - Face to Face)								
Gender	Males	49	Females	66				
Age Range	18-21	14	22-35	28	36-60	54	61 & Older	19
Payment Source	MaineCare	73	Private	12	None	3	Other	27
Guardianship Status	Public/DHHS Guardian		0	Private Guardian				1
II. Summary of All Crisis Contacts								
a. Total number of telephone contacts.							882	
b. Total number of all INITIAL face to face contacts.							115	
c. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.							45	
III. Initial Crisis Contact Information								
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.							21	
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, ICI, ICM, ACT).							23	
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.							23	
d. SUM TOTAL time <i>in minutes</i> 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.							3601	
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.							72	
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.							39	
IV. Site of Initial Face to Face Contacts								
<i>Number of face to face contacts seen in :</i>								
a. Primary Residence (Home)							8	
b. Family/Relative/Other Residence							0	
c. Other Community Setting (Work, School, Police Dept., Public Place)							3	
d. SNF, Nursing Home, Boarding Home							0	
e. Residential Program (Congregate Community Residence, Apartment Program)							1	
f. Homeless Shelter							0	
g. Provider Office							2	
h. Crisis Office							22	
i. Emergency Department							76	
j. Other Hospital Location							3	
k. Incarcerated (Local Jail, State Prison)							0	
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts						Sec. IV Total	115	

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)	
<i>Number of face to face contacts that resulted in:</i>	
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	10
b. Crisis stabilization with <i>referral to new provider</i> for mental health/substance abuse follow-up	23
c. Crisis stabilization with <i>referral back to current provider</i> for mental health/substance abuse follow-up	22
d. Admission to Crisis Stabilization Unit	24
e. Inpatient Hospitalization-Medical	15
f. Voluntary Psychiatric Hospitalization	16
g. Involuntary Psychiatric Hospitalization	1
h. Admission to Detox Unit	4
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts	Sec. V Total
	115


AMHI CONSENT DECREE FEEDBACK REPORT		
Community Health & Counseling Services		Jan SFY2010
No.	Result	STANDARD
IV. 35	15%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV. 36	31.3 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	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	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 Adult Mental Health Monthly Crisis Report							
 <div style="display: inline-block; vertical-align: middle;"> <p>Quality Improvement Services An Office of the Department of Health and Human Services</p> <p><small>John E. Baldacci, Governor Brenda M. Harvey, Commissioner</small></p> </div>		Crisis & Counseling Centers		Contact Person		Month	Jan
		32 Winthrop Street Augusta, ME 04330		Nicole Auclair		Fiscal Year	2010
Address		Contact Phone Number					
		207-626-3448 ext 155					
I. Consumer Demographics (Unduplicated Counts - Face to Face)							
Gender	Males	160	Females	160			
Age Range	18-21	23	22-35	116	36-60	168	61 & Older 13
Payment Source	MaineCare	223	Private	34	None	37	Other 26
Guardianship Status	Public/DHHS Guardian		8	Private Guardian		9	
II. Summary of All Crisis Contacts							
a. Total number of telephone contacts.							1589
b. Total number of all INITIAL face to face contacts.							320
c. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.							26
III. Initial Crisis Contact Information							
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, ICI, ICM, ACT).							93
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.							91
d. SUM TOTAL time <i>in minutes</i> 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.							16463
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.							191
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.							120
IV. Site of Initial Face to Face Contacts							
<i>Number of face to face contacts seen in :</i>							
a. Primary Residence (Home)							49
b. Family/Relative/Other Residence							5
c. Other Community Setting (Work, School, Police Dept., Public Place)							8
d. SNF, Nursing Home, Boarding Home							4
e. Residential Program (Congregate Community Residence, Apartment Program)							2
f. Homeless Shelter							0
g. Provider Office							7
h. Crisis Office							34
i. Emergency Department							199
j. Other Hospital Location							5
k. Incarcerated (Local Jail, State Prison)							7
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts						Sec. IV Total	320

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)	
<i>Number of face to face contacts that resulted in:</i>	
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	10
b. Crisis stabilization with <i>referral to new provider</i> for mental health/substance abuse follow-up	64
c. Crisis stabilization with <i>referral back to current provider</i> for mental health/substance abuse follow-up	104
d. Admission to Crisis Stabilization Unit	53
e. Inpatient Hospitalization-Medical	0
f. Voluntary Psychiatric Hospitalization	73
g. Involuntary Psychiatric Hospitalization	13
h. Admission to Detox Unit	3
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts	Sec. V Total
	320


AMHI CONSENT DECREE FEEDBACK REPORT		
Crisis & Counseling Centers		Jan SFY2010
No.	Result	STANDARD
IV. 35	27%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV. 36	51.4 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	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	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 RED BOLD ON A GOLD BACKGROUND	

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STATE OF MAINE Adult Mental Health Monthly Crisis Report									
 <small>John E. Baldacci, Governor Brenda M. Harvey, Commissioner</small>									
Agency	Counseling Services Inc.			Contact Person			Month	Jan	
Address	PO Box 1010 Saco, ME 04072			Jennifer Goodwin			Fiscal Year	2010	
				Contact Phone Number					
			207-294-7622						
I. Consumer Demographics (Unduplicated Counts - Face to Face)									
Gender	Males	93	Females	115					
Age Range	18-21	18	22-35	58	36-60	120	61 & Older	13	
Payment Source	MaineCare	95	Private	42	None	66	Other	5	
Guardianship Status	Public/DHHS Guardian			Private Guardian			3		
II. Summary of All Crisis Contacts									
a. Total number of telephone contacts.								741	
b. Total number of all INITIAL face to face contacts.								249	
c. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.								9	
III. Initial Crisis Contact Information									
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.								25	
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, ICI, ICM, ACT).								72	
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.								72	
d. SUM TOTAL time <i>in minutes</i> 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.								6924	
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.								150	
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.								66	
IV. Site of Initial Face to Face Contacts									
<i>Number of face to face contacts seen in :</i>									
a. Primary Residence (Home)								15	
b. Family/Relative/Other Residence									
c. Other Community Setting (Work, School, Police Dept., Public Place)								1	
d. SNF, Nursing Home, Boarding Home								1	
e. Residential Program (Congregate Community Residence, Apartment Program)									
f. Homeless Shelter									
g. Provider Office								17	
h. Crisis Office								37	
i. Emergency Department								178	
j. Other Hospital Location									
k. Incarcerated (Local Jail, State Prison)									
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts							Sec. IV Total		249

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)	
<i>Number of face to face contacts that resulted in:</i>	
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	6
b. Crisis stabilization with <i>referral to new provider</i> for mental health/substance abuse follow-up	61
c. Crisis stabilization with <i>referral back to current provider</i> for mental health/substance abuse follow-up	54
d. Admission to Crisis Stabilization Unit	33
e. Inpatient Hospitalization-Medical	5
f. Voluntary Psychiatric Hospitalization	70
g. Involuntary Psychiatric Hospitalization	17
h. Admission to Detox Unit	3
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts	Sec. V Total
	249



AMHI CONSENT DECREE FEEDBACK REPORT		
Counseling Services Inc.		Jan SFY2010
No.	Result	STANDARD
IV. 35	35%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV. 36	27.8 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	87%	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 Adult Mental Health Monthly Crisis Report								
  <p>Quality Improvement Services An Office of the Department of Health and Human Services</p> <p><small>John E. Baldacci, Governor Brenda M. Harvey, Commissioner</small></p>		Contact Person		Month		Jan		
		Address		Contact Phone Number		Fiscal Year		2010
Evergreen Behavioral Services		Angela Michaud, LADC, MSW, MHRT/CSF		207-779-2483		131 Franklin Health Comns Suta		
I. Consumer Demographics (Unduplicated Counts - Face to Face)								
Gender	Males	19	Females	15				
Age Range	18-21	4	22-35	10	36-60	14	61 & Older	6
Payment Source	MaineCare	19	Private	6	None	3	Other	6
Guardianship Status	Public/DHHS Guardian			Private Guardian				
II. Summary of All Crisis Contacts								
a. Total number of telephone contacts.							122	
b. Total number of all <i>INITIAL</i> face to face contacts.							36	
c. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.							20	
III. Initial Crisis Contact Information								
a. Total number of <i>INITIAL</i> face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.							3	
b. Number of <i>INITIAL</i> face to face contacts who have a Community Support Worker (CI, ICI, ICM, ACT).							7	
c. Number of <i>INITIAL</i> face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.							7	
d. SUM TOTAL time <i>in minutes</i> for all <i>INITIAL</i> 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.							934	
e. Number of <i>INITIAL</i> face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.							14	
f. Number of <i>INITIAL</i> face to face contacts <i>NOT</i> in Emergency Department with final disposition made within 8 hours of that contact.							21	
IV. Site of Initial Face to Face Contacts								
<i>Number of face to face contacts seen in :</i>								
a. Primary Residence (Home)							2	
b. Family/Relative/Other Residence								
c. Other Community Setting (Work, School, Police Dept., Public Place)							1	
d. SNF, Nursing Home, Boarding Home								
e. Residential Program (Congregate Community Residence, Apartment Program)								
f. Homeless Shelter								
g. Provider Office							1	
h. Crisis Office							9	
i. Emergency Department							15	
j. Other Hospital Location							8	
k. Incarcerated (Local Jail, State Prison)								
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts						Sec. IV Total	36	

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)	
<i>Number of face to face contacts that resulted in:</i>	
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	2
b. Crisis stabilization with <i>referral to new provider</i> for mental health/substance abuse follow-up	4
c. Crisis stabilization with <i>referral back to current provider</i> for mental health/substance abuse follow-up	21
d. Admission to Crisis Stabilization Unit	1
e. Inpatient Hospitalization-Medical	1
f. Voluntary Psychiatric Hospitalization	6
g. Involuntary Psychiatric Hospitalization	1
h. Admission to Detox Unit	
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts	Sec. V Total
	36


AMHI CONSENT DECREE FEEDBACK REPORT		
Evergreen Behavioral Services		Jan SFY2010
No.	Result	STANDARD
IV. 35	19%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV. 36	25.9 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	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	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 Adult Mental Health Monthly Crisis Report								
				Quality Improvement Services An Office of the Department of Health and Human Services <small>John E. Baldacci, Governor Brenda M. Harvey, Commissioner</small>				
Agency		Contact Person			Month	Jan		
Address	Mid-Coast Mental Health Center	Patti Isnardi			Fiscal Year	2010		
	12 Union St. Rockland ME 04841	Contact Phone Number						
		701-4476						
I. Consumer Demographics (Unduplicated Counts - Face to Face)								
Gender	Males	49	Females	52				
Age Range	18-21	9	22-35	29	36-60	54	61 & Older	9
Payment Source	MaineCare	32	Private	14	None	19	Other	35
Guardianship Status	Public/DHHS Guardian			Private Guardian				
II. Summary of All Crisis Contacts								
a. Total number of telephone contacts.							75	
b. Total number of all <i>INITIAL</i> face to face contacts.							102	
c. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.							19	
III. Initial Crisis Contact Information								
a. Total number of <i>INITIAL</i> face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.							10	
b. Number of <i>INITIAL</i> face to face contacts who have a Community Support Worker (CI, ICI, ICM, ACT).							9	
c. Number of <i>INITIAL</i> face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.							9	
d. SUM TOTAL time <i>in minutes</i> for all <i>INITIAL</i> 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.							2085	
e. Number of <i>INITIAL</i> face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.							70	
f. Number of <i>INITIAL</i> face to face contacts <i>NOT</i> in Emergency Department with final disposition made within 8 hours of that contact.							28	
IV. Site of Initial Face to Face Contacts								
<i>Number of face to face contacts seen in :</i>								
a. Primary Residence (Home)							6	
b. Family/Relative/Other Residence							0	
c. Other Community Setting (Work, School, Police Dept., Public Place)							0	
d. SNF, Nursing Home, Boarding Home							0	
e. Residential Program (Congregate Community Residence, Apartment Program)							0	
f. Homeless Shelter							0	
g. Provider Office							0	
h. Crisis Office							15	
i. Emergency Department							74	
j. Other Hospital Location							0	
k. Incarcerated (Local Jail, State Prison)							7	
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all <i>INITIAL</i> face-to-face contacts						Sec. IV Total	102	

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)	
<i>Number of face to face contacts that resulted in:</i>	
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	0
b. Crisis stabilization with <i>referral to new provider</i> for mental health/substance abuse follow-up	6
c. Crisis stabilization with <i>referral back to current provider</i> for mental health/substance abuse follow-up	41
d. Admission to Crisis Stabilization Unit	6
e. Inpatient Hospitalization-Medical	0
f. Voluntary Psychiatric Hospitalization	44
g. Involuntary Psychiatric Hospitalization	5
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
	102


AMHI CONSENT DECREE FEEDBACK REPORT		
	0	Jan SFY2010
<u>No.</u>	<u>Result</u>	<u>STANDARD</u>
IV. 35	48%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV. 36	20.4 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	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	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 Adult Mental Health Monthly Crisis Report								
 <div style="display: inline-block; vertical-align: middle;"> <p>Quality Improvement Services An Office of the Department of Health and Human Services</p> <p><small>John E. Baldacci, Governor Brenda M. Harvey, Commissioner</small></p> </div>		Contact Person		Month		Jan		
		Address		Contact Phone Number		Fiscal Year		2010
Oxford County Mental Health		Karen Hodgkins						
150 Congress Street Rumford, Maine 04276		364-3549						
I. Consumer Demographics (Unduplicated Counts - Face to Face)								
Gender	Males	23	Females	29				
Age Range	18-21	5	22-35	13	36-60	30	61 & Older	4
Payment Source	MaineCare	36	Private	10	None	5	Other	1
Guardianship Status	Public/DHHS Guardian		1	Private Guardian				0
II. Summary of All Crisis Contacts								
a. Total number of telephone contacts.							49	
b. Total number of all INITIAL face to face contacts.							52	
c. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.							10	
III. Initial Crisis Contact Information								
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	
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, ICI, ICM, ACT).							14	
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.							14	
d. SUM TOTAL time <i>in minutes</i> 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.							2214	
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.							36	
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.							14	
IV. Site of Initial Face to Face Contacts								
<i>Number of face to face contacts seen in :</i>								
a. Primary Residence (Home)							2	
b. Family/Relative/Other Residence							0	
c. Other Community Setting (Work, School, Police Dept., Public Place)							0	
d. SNF, Nursing Home, Boarding Home							2	
e. Residential Program (Congregate Community Residence, Apartment Program)							0	
f. Homeless Shelter							0	
g. Provider Office							1	
h. Crisis Office							6	
i. Emergency Department							38	
j. Other Hospital Location							3	
k. Incarcerated (Local Jail, State Prison)							0	
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts						Sec. IV Total	52	

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)	
<i>Number of face to face contacts that resulted in:</i>	
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	8
b. Crisis stabilization with <i>referral to new provider</i> for mental health/substance abuse follow-up	13
c. Crisis stabilization with <i>referral back to current provider</i> for mental health/substance abuse follow-up	7
d. Admission to Crisis Stabilization Unit	15
e. Inpatient Hospitalization-Medical	2
f. Voluntary Psychiatric Hospitalization	4
g. Involuntary Psychiatric Hospitalization	1
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
	52


AMHI CONSENT DECREE FEEDBACK REPORT		
Oxford County Mental Health		Jan SFY2010
No.	Result	STANDARD
IV. 35	10%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV. 36	42.6 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	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	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 Adult Mental Health Monthly Crisis Report									
				Quality Improvement Services An Office of the Department of Health and Human Services <small>John E. Baldacci, Governor Brenda M. Harvey, Commissioner</small>					
Agency	Sweetser			Contact Person			Month	Jan	
Address	50 Moody St Saco, ME 04072			Beth Delano			Fiscal Year	2010	
				Contact Phone Number					
			294-4530						
I. Consumer Demographics (Unduplicated Counts - Face to Face)									
Gender	Males	44	Females	42					
Age Range	18-21	5	22-35	29	36-60	42	61 & Older	10	
Payment Source	MaineCare	37	Private	13	None	1	Other	35	
Guardianship Status	Public/DHHS Guardian			1	Private Guardian			1	
II. Summary of All Crisis Contacts									
a. Total number of telephone contacts.								98	
b. Total number of all INITIAL face to face contacts.								104	
c. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.								0	
III. Initial Crisis Contact Information									
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.								7	
b. Number of INITIAL face to face contacts who have a Community Support Worker (CI, ICI, ICM, ACT).								16	
c. Number of INITIAL face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.								15	
d. SUM TOTAL time <i>in minutes</i> 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.								2270	
e. Number of INITIAL face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.								71	
f. Number of INITIAL face to face contacts NOT in Emergency Department with final disposition made within 8 hours of that contact.								26	
IV. Site of Initial Face to Face Contacts									
<i>Number of face to face contacts seen in :</i>									
a. Primary Residence (Home)								4	
b. Family/Relative/Other Residence								2	
c. Other Community Setting (Work, School, Police Dept., Public Place)								2	
d. SNF, Nursing Home, Boarding Home								1	
e. Residential Program (Congregate Community Residence, Apartment Program)								0	
f. Homeless Shelter								0	
g. Provider Office								0	
h. Crisis Office								10	
i. Emergency Department								75	
j. Other Hospital Location								3	
k. Incarcerated (Local Jail, State Prison)								7	
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all INITIAL face-to-face contacts							Sec. IV Total	104	

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)	
<i>Number of face to face contacts that resulted in:</i>	
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	2
b. Crisis stabilization with <i>referral to new provider</i> for mental health/substance abuse follow-up	15
c. Crisis stabilization with <i>referral back to current provider</i> for mental health/substance abuse follow-up	22
d. Admission to Crisis Stabilization Unit	21
e. Inpatient Hospitalization-Medical	3
f. Voluntary Psychiatric Hospitalization	34
g. Involuntary Psychiatric Hospitalization	6
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
	104



AMHI CONSENT DECREE FEEDBACK REPORT		
Sweetser		Jan SFY2010
No.	Result	STANDARD
IV. 35	38%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV. 36	21.8 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	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	94%	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 Adult Mental Health Monthly Crisis Report								
								
		<small>John E. Baldacci, Governor</small>		<small>Brenda M. Harvey, Commissioner</small>				
Agency	Tri-County		Contact Person			Month		Jan
Address	230 Bartlett St Lewiston, Me. 04240		Laurie Cyr-Martel			Fiscal Year		2010
			Contact Phone Number					
				207-783-4680				
I. Consumer Demographics (Unduplicated Counts - Face to Face)								
Gender	Males	74	Females	71				
Age Range	18-21	14	22-35	44	36-60	78	61 & Older	9
Payment Source	MaineCare	110	Private	15	None	18	Other	2
Guardianship Status	Public/DHHS Guardian		3	Private Guardian		3		
II. Summary of All Crisis Contacts								
a. Total number of telephone contacts.								368
b. Total number of all <i>INITIAL</i> face to face contacts.								145
c. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.								7
III. Initial Crisis Contact Information								
a. Total number of <i>INITIAL</i> face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.								10
b. Number of <i>INITIAL</i> face to face contacts who have a Community Support Worker (CI, ICI, ICM, ACT).								61
c. Number of <i>INITIAL</i> face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.								61
d. SUM TOTAL time <i>in minutes</i> for all <i>INITIAL</i> 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.								6008
e. Number of <i>INITIAL</i> face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.								95
f. Number of <i>INITIAL</i> face to face contacts <i>NOT</i> in Emergency Department with final disposition made within 8 hours of that contact.								45
IV. Site of Initial Face to Face Contacts								
<i>Number of face to face contacts seen in :</i>								
a. Primary Residence (Home)								20
b. Family/Relative/Other Residence								0
c. Other Community Setting (Work, School, Police Dept., Public Place)								3
d. SNF, Nursing Home, Boarding Home								0
e. Residential Program (Congregate Community Residence, Apartment Program)								6
f. Homeless Shelter								0
g. Provider Office								3
h. Crisis Office								12
i. Emergency Department								95
j. Other Hospital Location								6
k. Incarcerated (Local Jail, State Prison)								0
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all <i>INITIAL</i> face-to-face contacts							Sec. IV Total	145

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)	
<i>Number of face to face contacts that resulted in:</i>	
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	20
b. Crisis stabilization with <i>referral to new provider</i> for mental health/substance abuse follow-up	41
c. Crisis stabilization with <i>referral back to current provider</i> for mental health/substance abuse follow-up	10
d. Admission to Crisis Stabilization Unit	22
e. Inpatient Hospitalization-Medical	3
f. Voluntary Psychiatric Hospitalization	45
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
	145



AMHI CONSENT DECREE FEEDBACK REPORT		
Tri-County	Jan	SFY2010
<u>No.</u>	<u>Result</u>	<u>STANDARD</u>
IV. 35	33%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV. 36	41.4 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	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	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 Adult Mental Health Monthly Crisis Report								
  <p>Quality Improvement Services An Office of the Department of Health and Human Services</p> <p><small>John E. Baldacci, Governor Brenda M. Harvey, Commissioner</small></p>		Agency	YI	Contact Person		Month	Jan	
		Address	50 Lydia Lane South Portland Me 04106	Veronica Ross		Fiscal Year	2010	
Contact Phone Number								
		207-523-5068						
I. Consumer Demographics (Unduplicated Counts - Face to Face)								
Gender	Males	61	Females	75				
Age Range	18-21	12	22-35	39	36-60	68	61 & Older	6
Payment Source	MaineCare	81	Private	9	None	37	Other	9
Guardianship Status	Public/DHHS Guardian		0	Private Guardian				0
II. Summary of All Crisis Contacts								
a. Total number of telephone contacts.							1941	
b. Total number of all <i>INITIAL</i> face to face contacts.							158	
c. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.							44	
III. Initial Crisis Contact Information								
a. Total number of <i>INITIAL</i> face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.							5	
b. Number of <i>INITIAL</i> face to face contacts who have a Community Support Worker (CI, ICI, ICM, ACT).							55	
c. Number of <i>INITIAL</i> face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.							50	
d. SUM TOTAL time <i>in minutes</i> for all <i>INITIAL</i> 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.							2794	
e. Number of <i>INITIAL</i> face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.							11	
f. Number of <i>INITIAL</i> face to face contacts <i>NOT</i> in Emergency Department with final disposition made within 8 hours of that contact.							147	
IV. Site of Initial Face to Face Contacts								
<i>Number of face to face contacts seen in :</i>								
a. Primary Residence (Home)							23	
b. Family/Relative/Other Residence								
c. Other Community Setting (Work, School, Police Dept., Public Place)							10	
d. SNF, Nursing Home, Boarding Home								
e. Residential Program (Congregate Community Residence, Apartment Program)							6	
f. Homeless Shelter							6	
g. Provider Office							4	
h. Crisis Office							90	
i. Emergency Department							11	
j. Other Hospital Location							8	
k. Incarcerated (Local Jail, State Prison)								
NOTE: Sum of Crisis Resolutions must equal II.b.= Total no. of all <i>INITIAL</i> face-to-face contacts						Sec. IV Total	158	

V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)	
<i>Number of face to face contacts that resulted in:</i>	
a. Crisis stabilization with no referral for mental health/substance abuse follow-up	10
b. Crisis stabilization with <i>referral to new provider</i> for mental health/substance abuse follow-up	30
c. Crisis stabilization with <i>referral back to current provider</i> for mental health/substance abuse follow-up	66
d. Admission to Crisis Stabilization Unit	44
e. Inpatient Hospitalization-Medical	1
f. Voluntary Psychiatric Hospitalization	5
g. Involuntary Psychiatric Hospitalization	
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
	158

AMHI CONSENT DECREE FEEDBACK REPORT		
	YI	Jan SFY2010
<u>No.</u>	<u>Result</u>	<u>STANDARD</u>
IV. 35	3%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV. 36	17.7 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	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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Maine Department of Health and Human Services
 Office of Adult Mental Health
 Monthly Crisis Report

STATEWIDE
 January 2010

I. Consumer Demographics (Unduplicated Counts - Face to Face)								
Gender	Males	639	Females	718				
Age Range	18-21	114	22-35	422	36-60	707	61 & Older	104
Payment Source	MaineCare	815	Private	173	None	214	Other	154
Guardianship Status	Public/DHHS Guardian			25	Private Guardian		28	
II. Summary of All Crisis Contacts								
a. Total number of telephone contacts.							10534	
b. Total number of all <i>INITIAL</i> face to face contacts.							1450	
c. Number of face to face contacts that are ongoing support for crisis resolution/stabilization.							321	
III. Initial Crisis Contact Information								
a. Total number/percentage of <i>INITIAL</i> face to face contacts in which wellness plan, crisis plan, ISP or advanced directive plan previously developed with the individual was used.							120	8%
b. Number/percentage of <i>INITIAL</i> face to face contacts who have a Community Support Worker (CI, ICI, ICM, ACT).							390	27%
c. Number/percentage of <i>INITIAL</i> face to face contacts who have a Community Support Worker and whose worker was notified of the crisis.							377	97%
d. SUM TOTAL/Average time <i>in minutes</i> for all <i>INITIAL</i> 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.							47435	32.7
e. Number/percentage of <i>INITIAL</i> face to face contacts in Emergency Department with final disposition made within 8 hours of that contact.							813	94%
f. Number/percentage of <i>INITIAL</i> face to face contacts <i>NOT</i> in Emergency Department with final disposition made within 8 hours of that contact.							569	98%
IV. Site of Initial Face to Face Contacts								
<i>Number / percentage of face to face contacts seen in :</i>								
a. Primary Residence (Home)							131	9%
b. Family/Relative/Other Residence							8	1%
c. Other Community Setting (Work, School, Police Dept., Public Place)							29	2%
d. SNF, Nursing Home, Boarding Home							11	1%
e. Residential Program (Congregate Community Residence, Apartment Program)							15	1%
f. Homeless Shelter							8	1%
g. Provider Office							38	3%
h. Crisis Office							249	17%
i. Emergency Department							867	60%
j. Other Hospital Location							58	4%
k. Incarcerated (Local Jail, State Prison)							36	2%
NOTE: Sum of Crisis Resolutions must equal II.b. (Total no. of all <i>INITIAL</i> face-to-face contacts)					Sec. IV Total		1450	100%
V. Initial Crisis Resolution (Mutually Exclusive & Exhaustive)								
<i>Number / percentage of face to face contacts that resulted in:</i>								
a. Crisis stabilization with no referral for mental health/substance abuse follow-up							76	5%
b. Crisis stabilization with <i>referral to new provider</i> for mental health/substance abuse follow-up							274	19%
c. Crisis stabilization with <i>referral back to current provider</i> for mental health/substance abuse follow-up							425	29%
d. Admission to Crisis Stabilization Unit							232	16%
e. Inpatient Hospitalization-Medical							41	3%
f. Voluntary Psychiatric Hospitalization							332	23%
g. Involuntary Psychiatric Hospitalization							53	4%
h. Admission to Detox Unit							17	1%
NOTE: Sum of Crisis Resolutions must equal II.b. (Total no. of all <i>INITIAL</i> face-to-face contacts)					Sec. V Total		1450	100%

3/29/2010 prepared by R. Jerrold Melville, LMSW, MPA

AMHI CONSENT DECREE REPORT		
IV.35	27%	No more than 20-25% of face to face contacts result in Psychiatric Hospitalization.
IV.36	32.7 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	97%	90% of all Face to Face Contacts in which the client has a Community Support Worker, the Worker is notified of the crisis.



Adult Mental Health Services

An Office of the
Department of Health and Human Services

John E. Baldacci, Governor

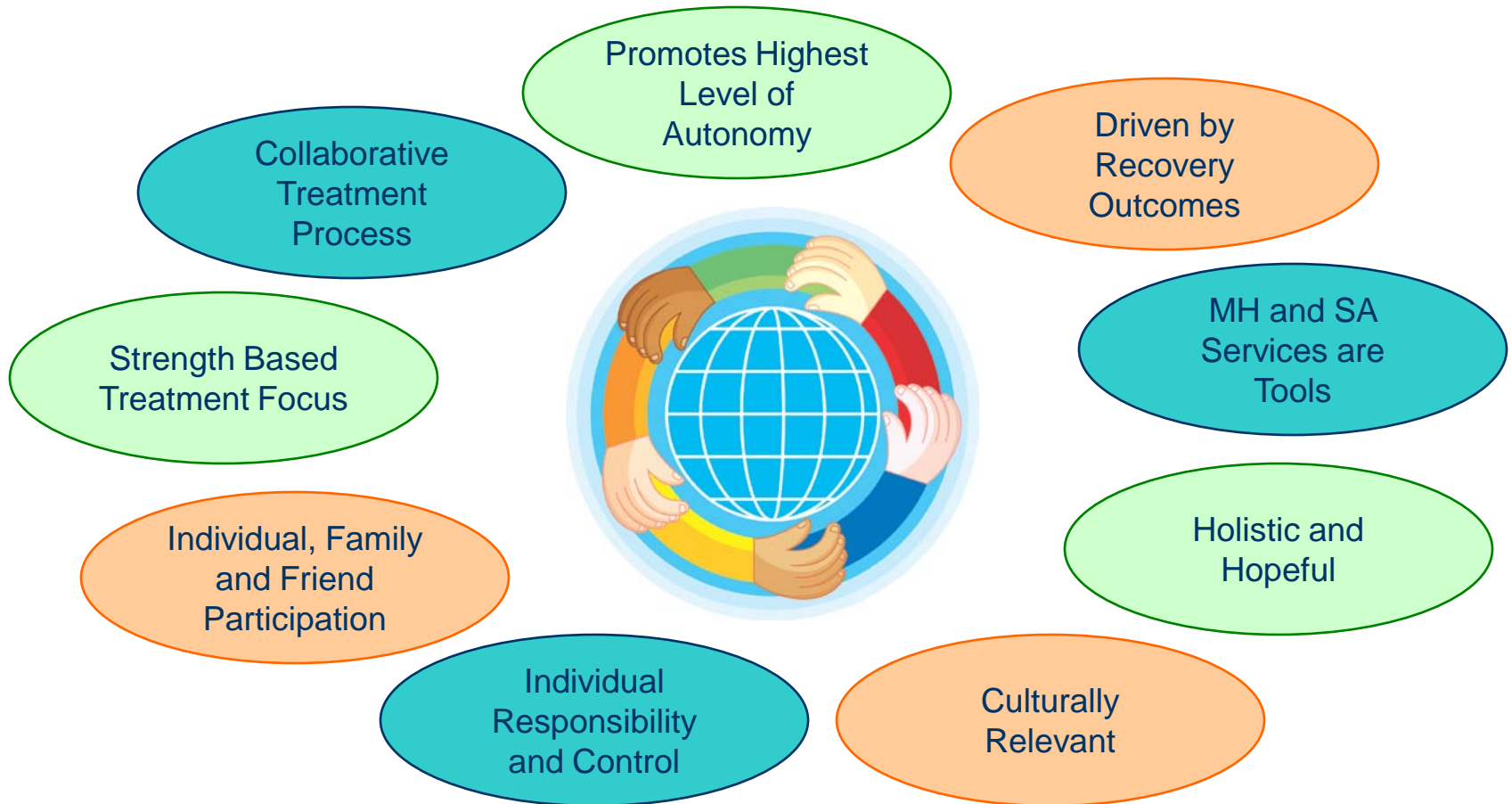
Brenda M. Harvey, Commissioner

Recovery

- **Defining**
- **Measuring**
- **Improving**

*Caring..Responsive..Well-Managed..
We are DHHS*

OAMHS' Vision: Supporting Recovery



OAMHS Systemic Approach to Recovery

- Develop core values and principles
- Establish a conceptual and policy framework
- Align fiscal and administrative policies in support of recovery guidelines
- Implement recovery measurement tools
- Build competencies and skills
- Change programs and service structures
- Monitor, evaluate, and adjust

Practice Guidelines for Recovery-Oriented Care - Cover



**Practice Guidelines for
Recovery-Oriented Care
for Mental Health and
Substance Use Conditions**



**Connecticut Department of
Mental Health and Addiction Services**
Second Edition—December 2008



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Practice Guidelines for Recovery-Oriented Care - Domains

- Consumer and family-driven
- Timely and responsive
- Person-centered
- Effective, equitable, and efficient
- Safe and trustworthy
- Maximizes the use of natural supports and settings

OAMHS Working Definitions for Recovery

- **Recovery:**

A journey of healing and transformation that enables a person to live a meaningful, satisfying, and contributing life in a community of his or her choice. Recovery is an individual process, a way of life, an attitude, and a way of approaching life's challenges. The need is to meet the challenges of one's life and find purpose within and beyond the limits of the illness while holding a positive sense of identity.

(Includes ideas from Connecticut, Pat Deegan, SAMHSA and Bill Anthony definitions)

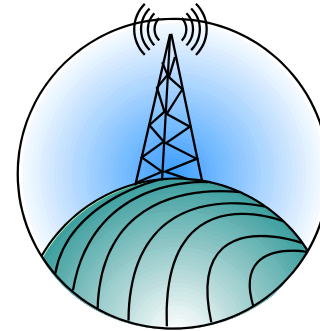
- **Recovery-oriented care:**

Is what treatment and rehabilitation practitioners **offer** in support of the person's own recovery efforts. (Adapted from Connecticut definition)

Review dates for each Recovery-Oriented Care Domain

- **Recovery-oriented care is consumer and family driven**
Feedback during May
Call-in May 18 at 11:05 am
- **Recovery-oriented care is timely and responsive**
Feedback during June
Call-in June 15 at 11:05 am
- **Recovery-oriented care is person-centered**
Feedback during July
Call-in July 20 at 11:05 am
- **Recovery-oriented care is effective, equitable, and efficient**
Feedback during August
Call-in August 17 at 11:05 am
- **Recovery-oriented care is safe and trustworthy**
Feedback during September
Call-in September 21 at 11:05 am
- **Recovery-oriented care maximizes use of natural supports and settings**
Feedback during October
Call-in October 19 at 11:05 am

How do I get involved?



- **Read the Practice Guidelines for Recovery-Oriented Care for Mental Health and Substance Use Conditions.....Second Edition – December 2008**
- Paper copies available by calling or emailing Jane Malinowski
- Telephone 207 287-4243
- Email Jane.R.Malinowski@maine.gov
- Electronic copies at the Connecticut website:
<http://www.ct.gov/dmhas/lib/dmhas/recovery/practiceguidelines2.pdf>
- Or on the OAMHS website after April 19, 2010:
<http://www.maine.gov/dhhs/mh/>
- Review the questions for each domain to be posted on the OAMHS website after April 19, 2010

Provide feedback by:

- Joining the monthly calls on each domain
 - Discuss the domains and the questions with others in peer groups, in provider groups, at agencies, whenever you can find another interested party
 - Emailing comments on each domain to the OAMHS website (instructions available after April 19)
- Or**
- Send written comments to:

OAMHS
Recovery Guidelines
SHS #11
AMHI Campus/Marquardt Bldg
Augusta ME 04333

Where we are going

Moving Toward a Recovery Oriented System of Care

Where we've been

Where we're going

Frequent
Involuntary
Treatment

Intensive Case
Management

Dignity and Respect
Natural Supports

Advanced
Directives

Alienation

Community
Movement

Self-Help

Self-determination

Stigma Dependency

Cultural
Competence

True Choice of
Supports & Services

Provider
Determined
Treatment

Person = Care

Supported
Housing

Empowerment

Treatment = Medication

Treatment
Advances

Peer Support

Community Inclusion

Workshop

Strategies for Social Workers: Basics of DHHS Housing Subsidy Programs and Legal Rights for Clients Who Are Consumers of Mental Health Services.

Attendance is encouraged for all persons and agencies interested in learning more about how to be effective in finding and maintaining scarce housing resources in the community for persons with disabilities.

There is no cost for this workshop. This workshop has been pre-approved by the Maine Board of Social Work Licensure for 3 hours of Continuing Education Credit.

Where: Dorothea Dix Psychiatric Center, Old Auditorium. 656 State St. Bangor, ME

Date: Friday, April 23rd, 2010

Time: 11:30—3:00 (half hour break 1:00-1:30)

Brown bag lunch, the Community Store (on-site) has very good food!

Topics:

Mr. Wheeler, Housing Director at the Office of Adult Mental Health and Ms. Mondello, Statewide Subsidy Coordinator at Shalom House will be presenting the DHHS rental assistance programs, BRAP and Shelter Plus Care, with particular focus on the application process, eligibility, and how this process actually works in practice. They also will be discussing strategic systemic issues, such as ensuring clients unmet needs are documented correctly so that necessary funding for future clients of social workers can be maintained.

Mark C. Joyce, Senior Staff Attorney at the Disability Rights Center of Maine and Kristina Hersom, Advocate at the Disability Rights Center of Maine will focus on the legal rights of individuals with mental illness who are in danger of losing their housing through the legal process. Areas that will be covered include client rights under the Fair Housing Act, Maine Human Rights Act and the AMHI Consent decree.



Office of Adult Mental Health Services

Community Rehabilitation Service (CRS) Waiver Clinical Criteria

Community Rehabilitation Service (CRS) is limited by MaineCare to persons transitioning from a PNMI level of care; however under certain circumstances this may be waived if the individual continues to meet the admission criteria for the service except for their not transitioning from a PNMI level of care.

To be eligible for a waiver the consumer must meet the following clinical criteria and have a primary care provider who the consumer sees at a minimum of one time per year.

The individual must meet Section A or Section B below:

Section A

Lacks the ability to live successfully in independent housing for one year as demonstrated by:

1. Meeting one or more of the following out of home placements:
 - a. Two or more hospitalizations in the past 12 months
 - b. Incarcerations
 - c. Two or more stays in a crisis respite bed because of acuity of mental health symptoms

AND

2. Clear documentation of **all** of the below:
 - a. Repeated evictions or extended shelter stays related to severity of mental health symptoms and psychosocial stressors, not financial barriers
 - b. A history of stopping their medications because of a lack of oversight and who need daily medication dispensing
 - c. A history of missing scheduled appointments and would benefit from organizational assistance
 - d. Mental health symptoms that cause the person to not be able to complete activities of daily living (ADL's) or maintain personal safety without support within their own housing
 - e. Other less restrictive services have been unsuccessful

Section B

Individuals who meet the clinical criteria for 24/7 PNMI level of care and have documentation that these settings have not been successful in managing the individual's mental health stability in housing due to other documented complications such as co-occurring issues, TBI, personality disorders, and medical conditions.

March 16, 2010