

SECTION 404 (2) (f)
PERFORMANCE INDICATORS
FY 2003

Community Mental Health Services Program (CMHSP) Performance Indicator Trends

This section of the annual report examines trends in performance over time at the level of the Community Mental Health Services Program (CMHSP). Described below, in order of appearance, are the types of information provided for each performance indicator.

Indicator Face Sheet Information

This one-page sheet provides a definition of the performance indicator, provides a rationale for its use, and describes how the indicator is calculated. In addition, mean and median CMHSP levels of performance for the indicator are provided for the period covering December 2002 to September 2003.

Multiplot Line Graphs

Simple line graphs can be used to display visually the performance of a CMHSP over time on an indicator. When the line graphs for all CMHSPs are arrayed side-by-side on the same page, a multiplot line graph display results. This type of display permits the performance of a CMHSP to be compared visually to the performance of any other CMHSP over time. Dashed horizontal lines are used to indicate the presence of a performance standard for an indicator, e.g., 95%.

Scatterplot with LOWESS Smooth (trend line)

In this display, the performance of each CMHSP at each time point is represented by a solid black dot. Drawn through all these points is a **trend line**, technically referred to as a locally weighted scatterplot smoother (LOWESS).

How can the information contained in this type of graphical display be deciphered? First, the slope of the trend line should be examined to determine whether it represents increasing, stable, or decreasing performance over time. After determining the direction of the trend line, the strength of the trend should be evaluated by examining the spread of points around the line. Strong trends occur when most of the black dots are clustered tightly around the trend line, e.g., Indicator 1b - timeliness of inpatient screening. Weak trends occur when the black dots are dispersed widely around the trend line, e.g., Indicator 34a - the percentage of persons with a developmental disability working more than 10 hours per week.

Some scatterplots may appear to have fewer than 46 black dots at each time point. This occurs when CMHSPs have similar performance scores, resulting in dots that overlap in the graph. As in the multiplot line graphs, dashed horizontal lines are used to indicate the presence of a performance standard.

Indicator 1a. *Access: Timeliness - Inpatient Screening -- Percentage of children with SED receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. The standard is 95 percent within three hours.*

Rationale for Use:

Persons who are experiencing symptoms serious enough to warrant evaluation for inpatient care are potentially at risk of danger to themselves or others. Thus, time is of the essence. This indicator assesses whether CMHSPs are meeting the department's standard that 95 percent of the inpatient screenings have a final disposition within three hours. This indicator is a standard measure of access to care.

Method of Calculation:

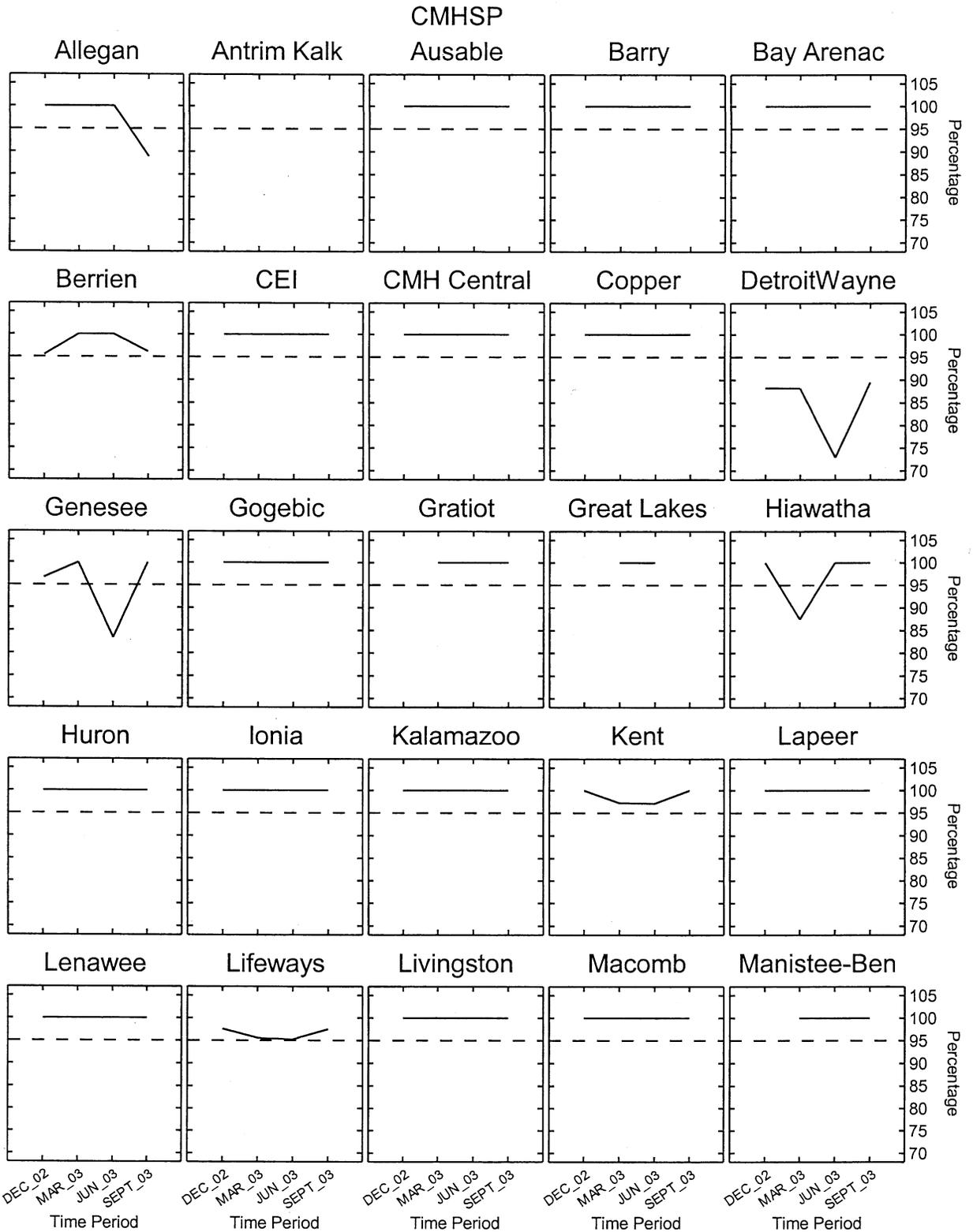
The number of Medicaid-eligible persons receiving a pre-admission screening for inpatient care for whom a decision regarding admission was made within three hours divided by the total number of persons receiving a pre-admission screening for inpatient care during the time period.

Note: Starting with the reporting period covering October 1, 2002 to December 31, 2002, this indicator has been separated out into two indicators. Indicator number 1a covers SED children and Indicator 1b covers all other persons.

Descriptive Statistics:

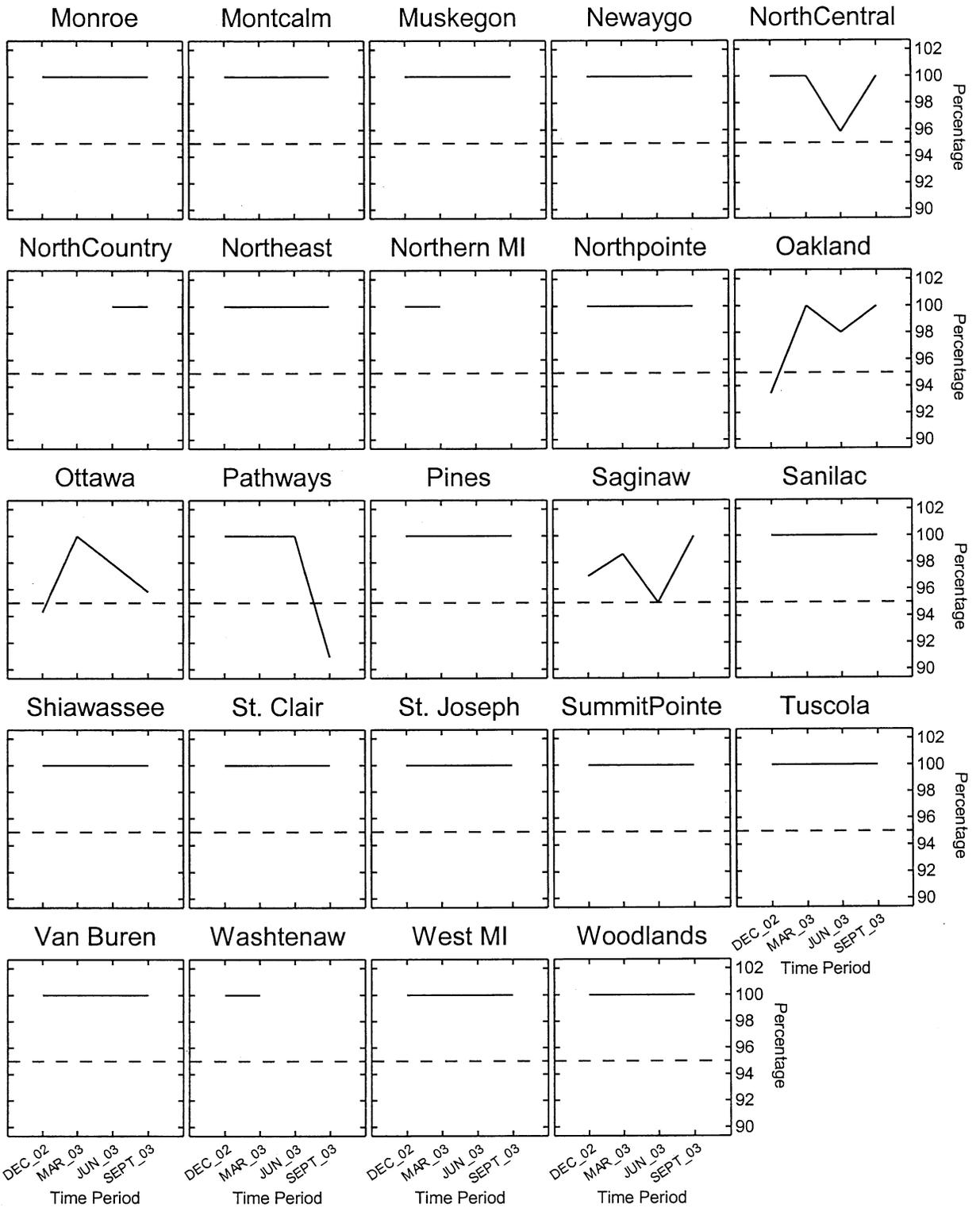
Indicator No. 1a	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	44	47	46	46
Minimum	88.24	87.5	72.95	88.89
Maximum	100.00	100.00	100.00	100.00
Median	100.00	100.00	100.00	100.00
Mean	99.15	99.30	98.60	99.1

Indicator No. 1a - Timeliness of Inpatient Screening (SED Children)

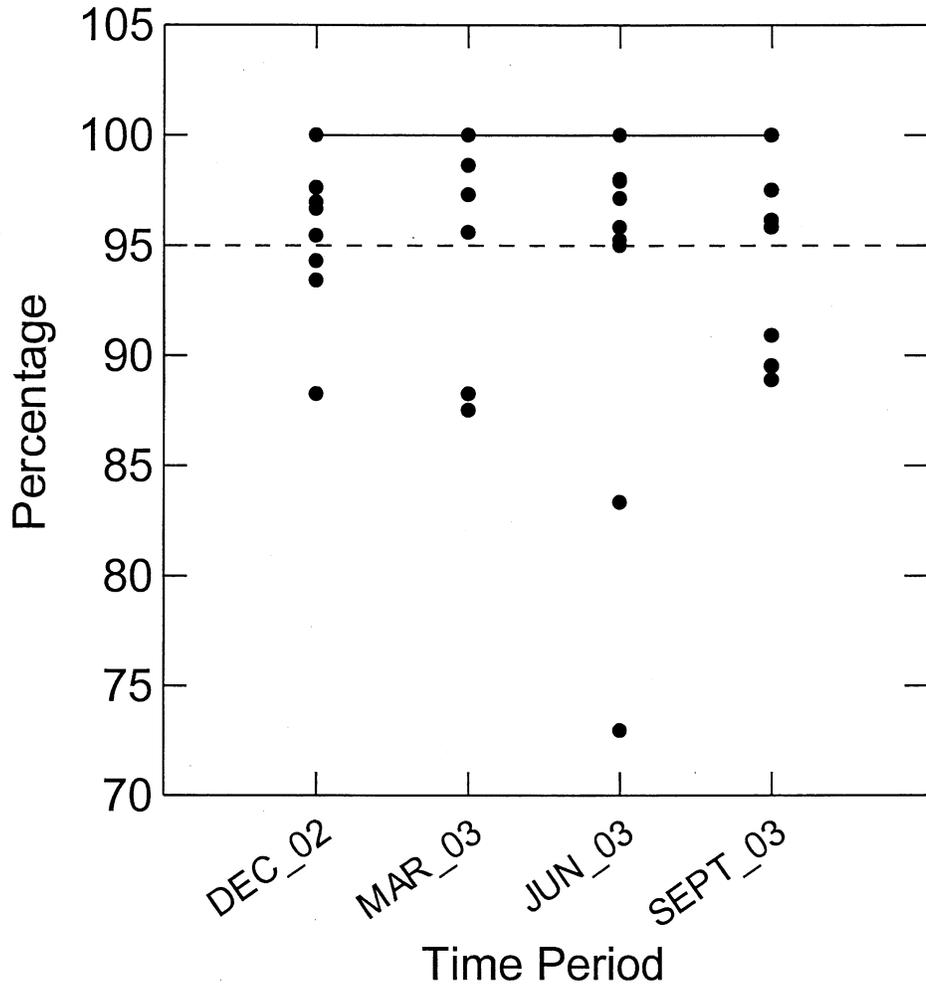


Indicator No. 1a - Page Two

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Indicator No. 1a - Timeliness of Inpatient Screening
(SED Children)



Indicator 1b. Access: Timeliness - Inpatient Screening -- Percentage of all other persons receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. The standard is 95 percent within three hours.

Rationale for Use:

Persons who are experiencing symptoms serious enough to warrant evaluation for inpatient care are potentially at risk of danger to themselves or others. Thus, time is of the essence. This indicator assesses whether CMHSPs are meeting the department's standard that 95 percent of the inpatient screenings have a final disposition within three hours. This indicator is a standard measure of access to care.

Method of Calculation:

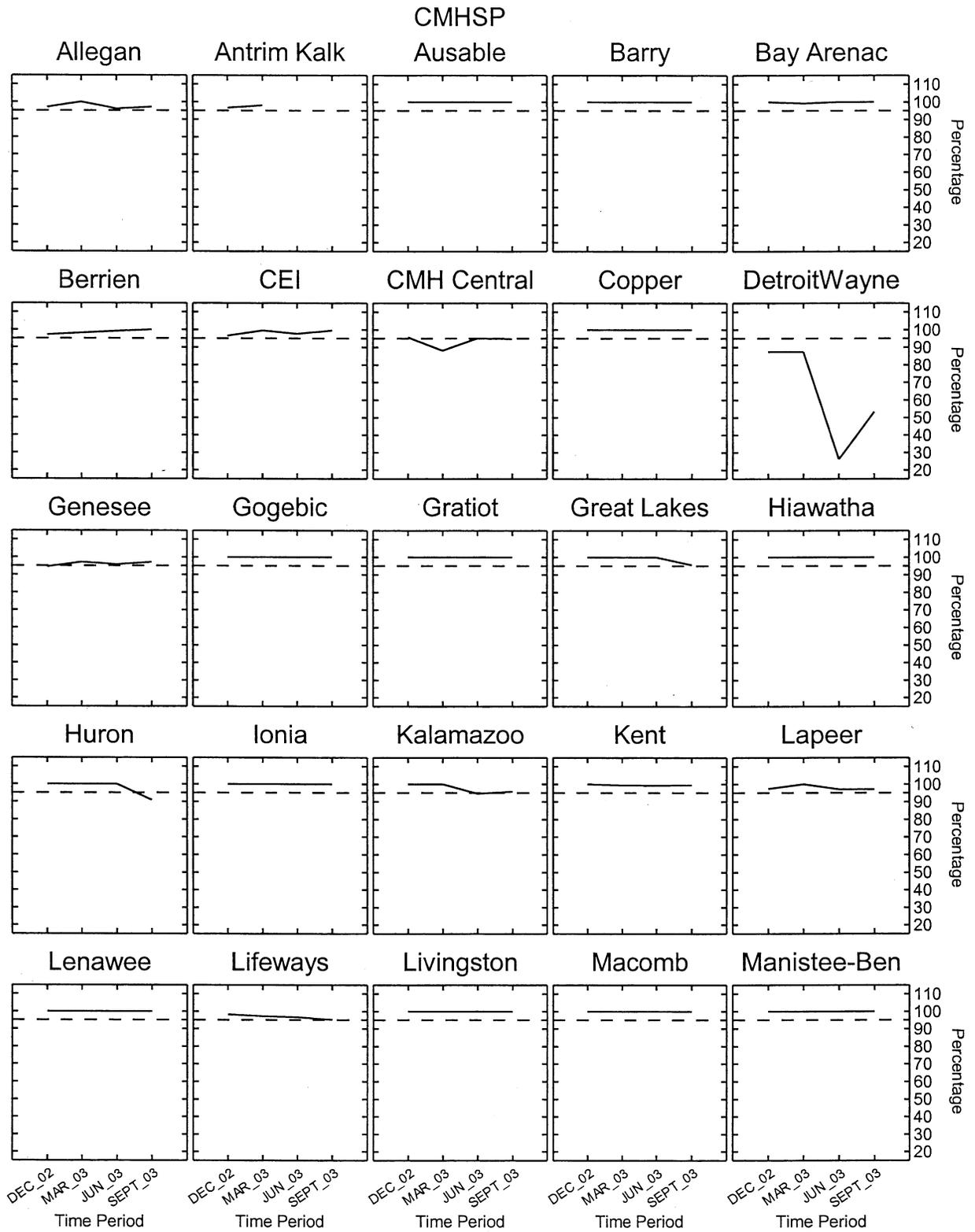
The number of Medicaid-eligible persons receiving a pre-admission screening for inpatient care for whom a decision regarding admission was made within three hours divided by the total number of persons receiving a pre-admission screening for inpatient care during the time period.

Note: Starting with the reporting period covering October 1, 2002 to December 31, 2002, this indicator has been separated out into two separate indicators. Indicator number 1a covers SED children and Indicator 1b covers all other persons.

Descriptive Statistics:

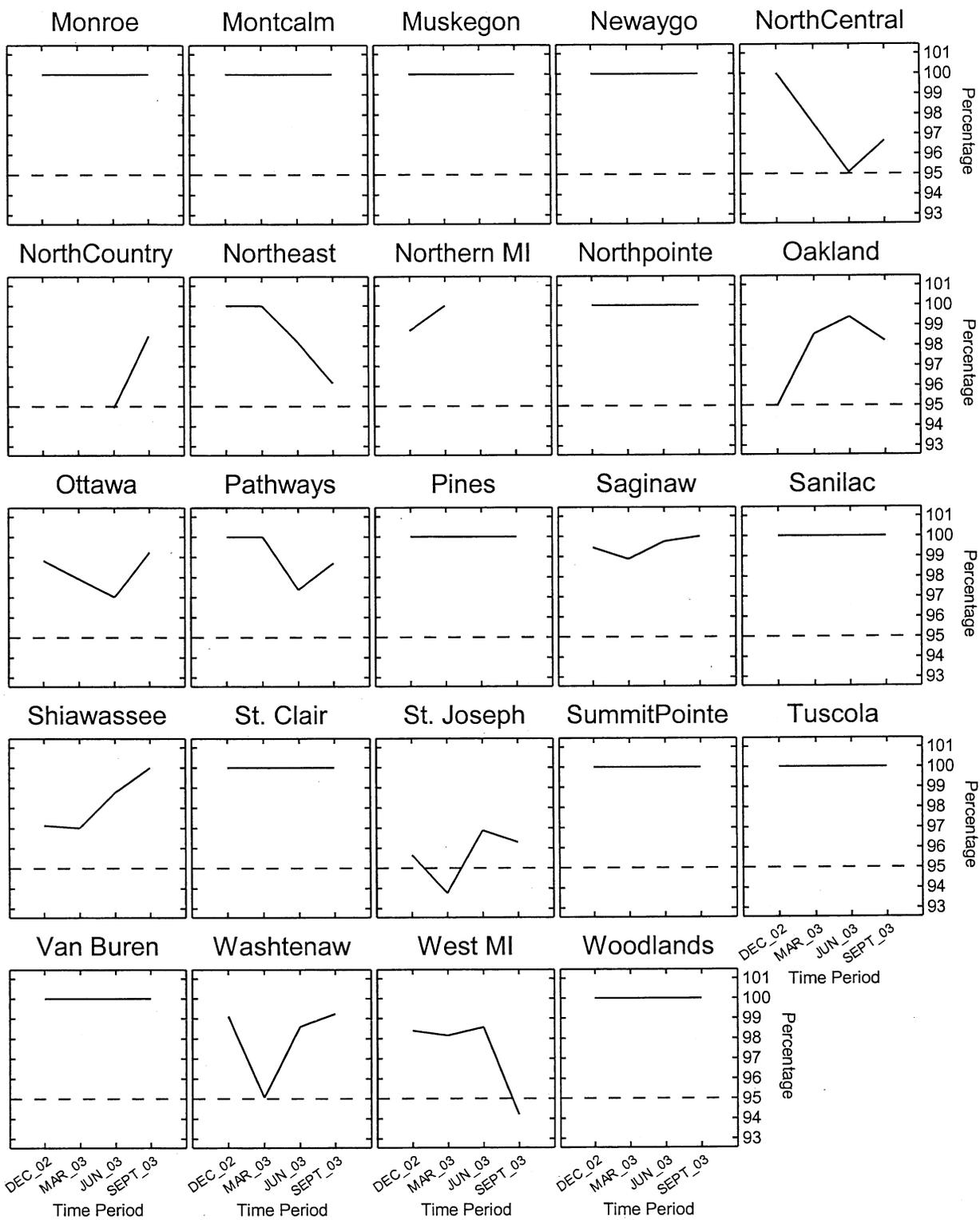
Indicator No. 1b	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	48	48	47	47
Minimum	87.39	87.39	26.23	53.29
Maximum	100.00	100.00	100.00	100.00
Median	100.00	100.00	100.00	100.00
Mean	98.80	98.77	97.27	97.71

Indicator No. 1b - Timeliness of Inpatient Screening (All Other Persons)

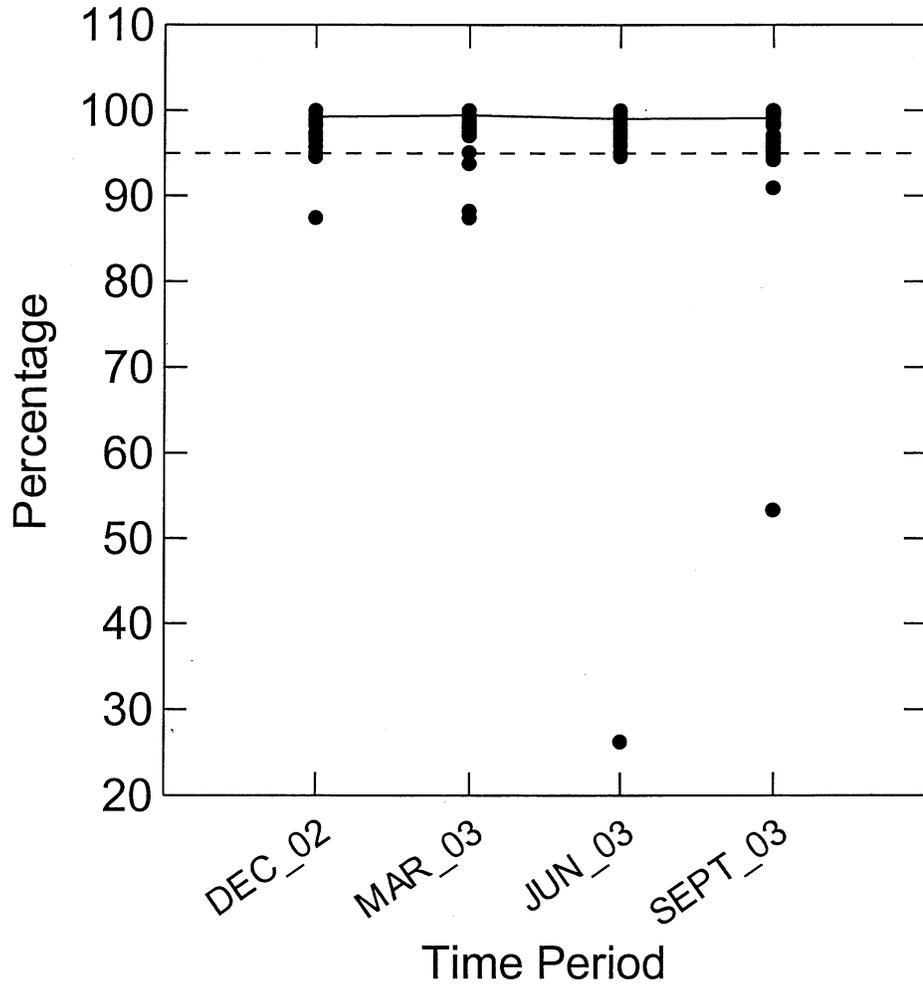


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CMHSP



Indicator No. 1b - Timeliness of Inpatient Screening
(All Other Persons)



Indicator 2. Access: Timeliness -- Percentage of persons who received a face-to-face meeting with a professional within 14 calendar days of a non-emergent request for service. The standard is 95 percent within 14 days.

Rationale for Use:

The length of time required to gain entry into the mental health system is an important indicator of the accessibility of services. Delays in clinical and psychosocial assessment may lead to exacerbation of symptoms and distress and poorer role functioning. The amount of time between a request for service and clinical assessment with a professional is one measure of access to care.

Method of Calculation:

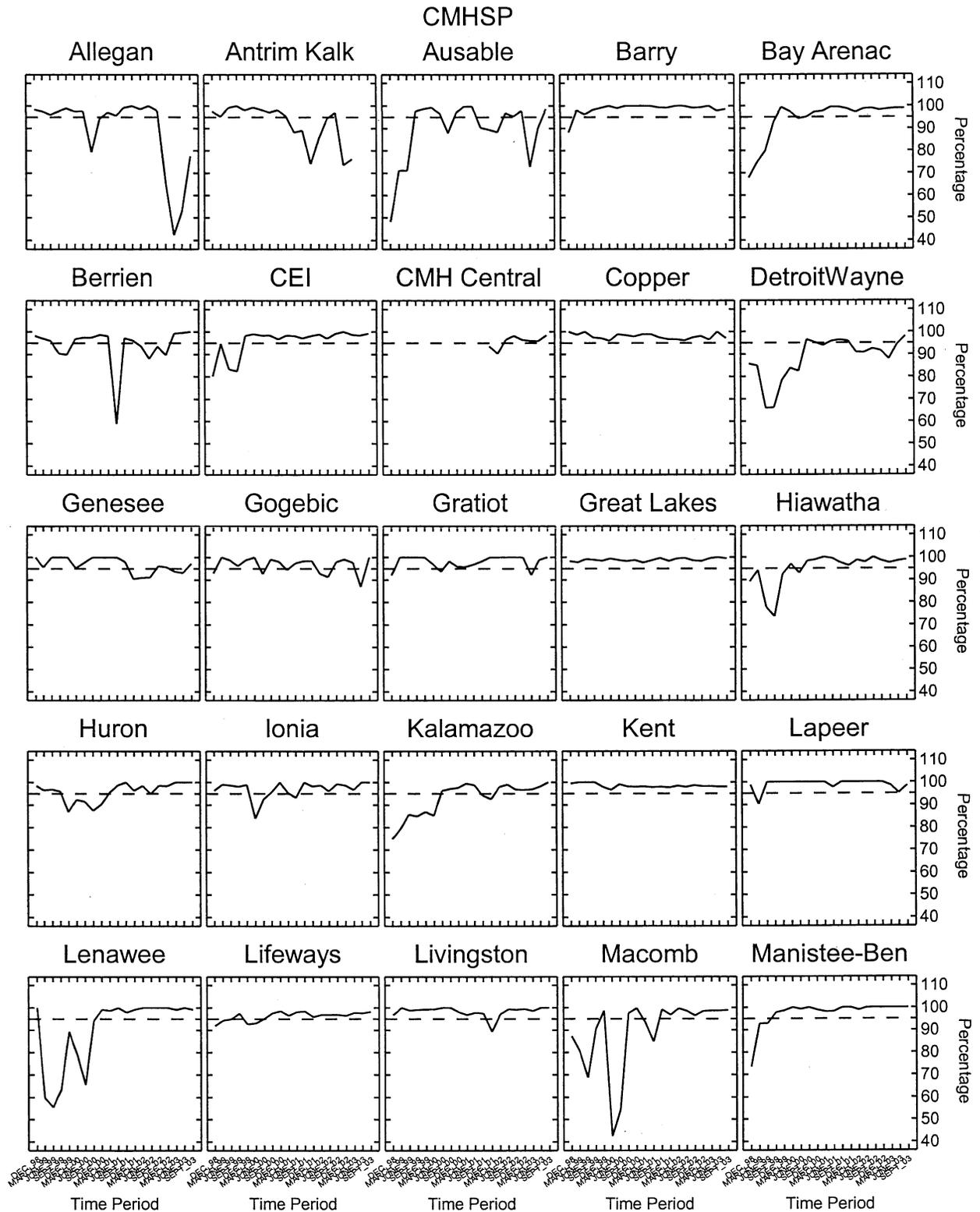
The number of persons who received a face-to-face meeting with a professional within 14 calendar days of a non-emergent request for service divided by the total number of persons who received a non-emergent face-to-face assessment with a professional during the reporting period.

A request for service occurs when a person, or someone on the person’s behalf, asks that community mental health services be provided. If more than one request is made, time calculations should be based on the first. A face-to-face meeting means an assessment conducted by a mental health professional. Excluded from the definition of assessment are telephone screenings used to triage or prioritize consumers based on self-reported symptoms and problems.

Descriptive Statistics:

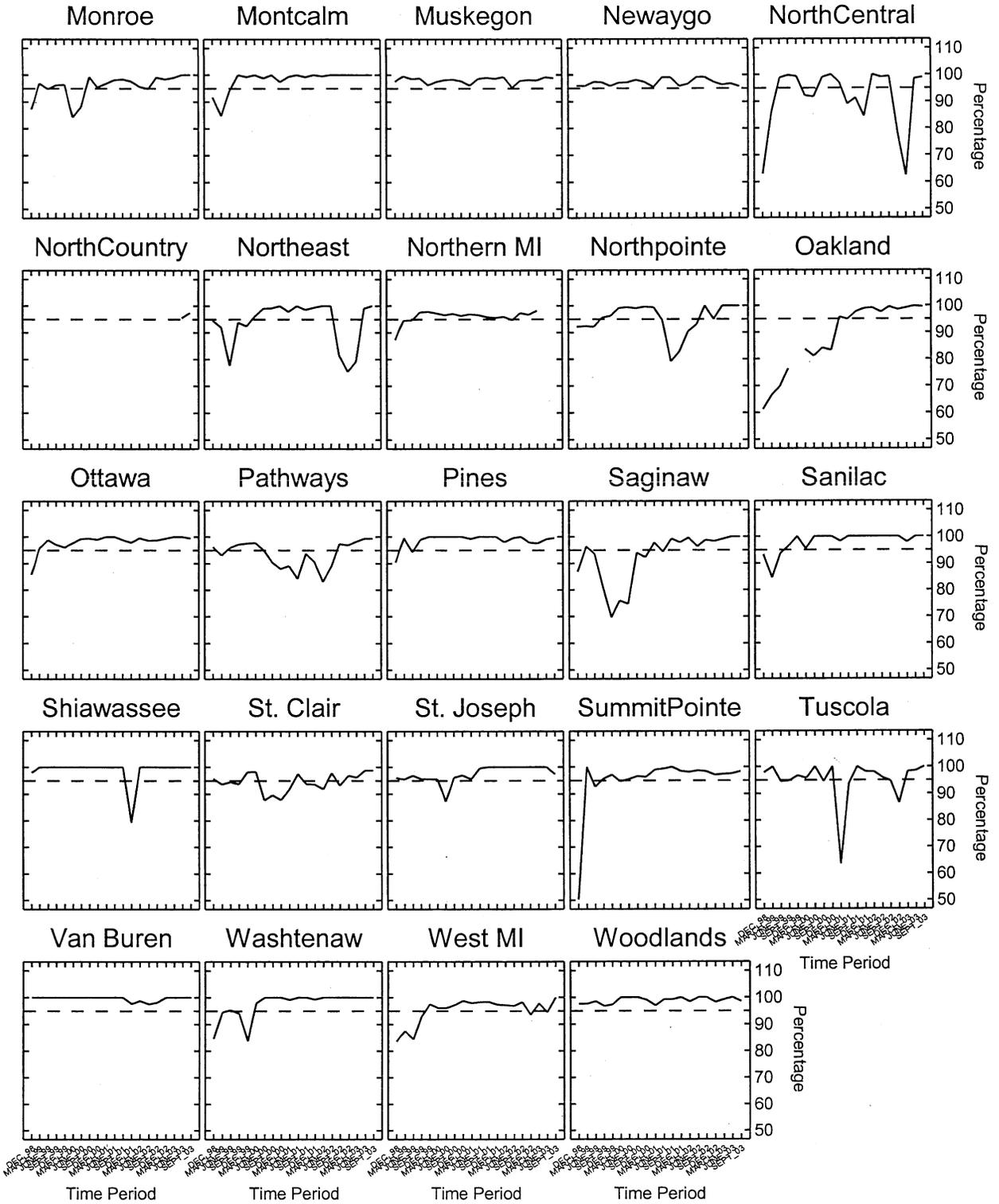
Indicator No. 2	DEC 02	MAR 03	JUN 03	SEPT 03
Number of Cases	48	48	47	47
Minimum	65.74	42.36	52.86	77.55
Maximum	100.00	100.00	100.00	100.00
Median	98.19	98.19	99.03	99.33
Mean	95.63	94.72	97.21	98.65

Indicator No. 2 - Meeting with a Professional

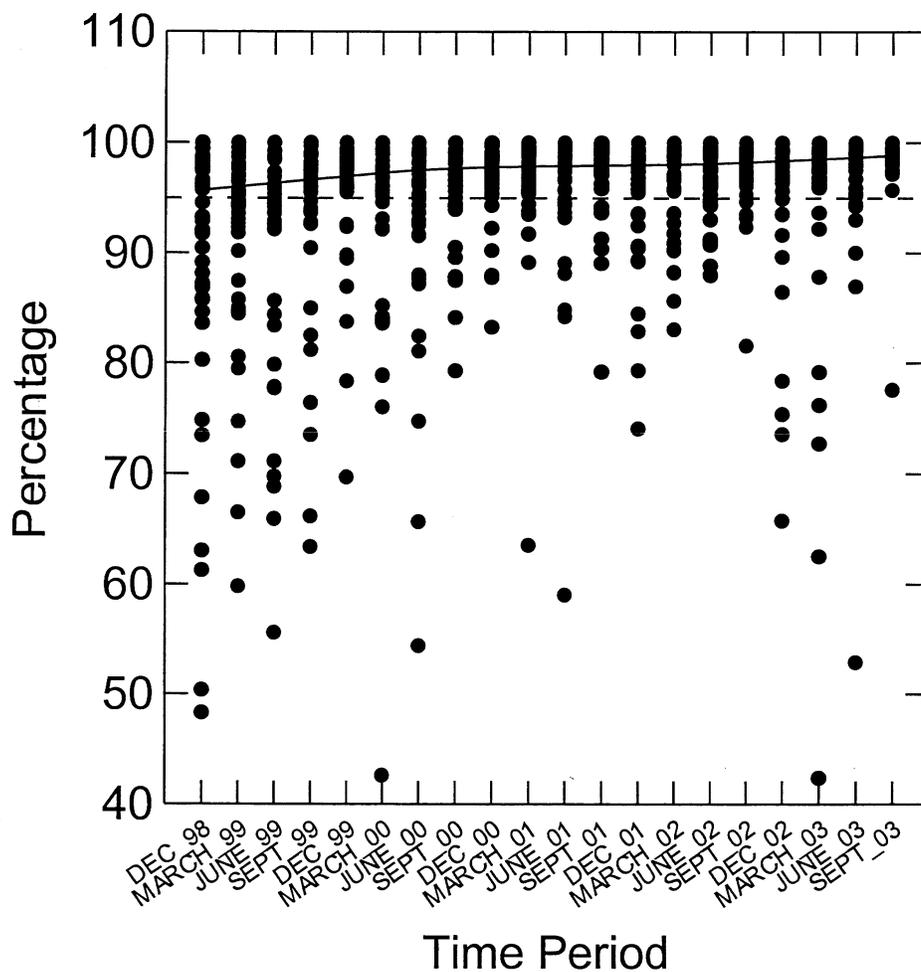


Indicator No. 2 - Page Two

CMHSP



Indicator No. 2 - Meeting with a Professional



Indicator 2a. Access: Timeliness -- Percentage of children with emotional disturbance who received a face-to-face meeting with a professional within 14 calendar days of a non-emergent request for service. The standard is 95 percent within 14 days.

Rationale for Use:

Quick, convenient entry into the mental health system is a critical aspect of accessibility of services. Delays in clinical and psychosocial assessment may lead to exacerbation of symptoms and distress and poorer role functioning. The amount of time between a request for service and clinical assessment with a professional is one measure of access to care.

Method of Calculation:

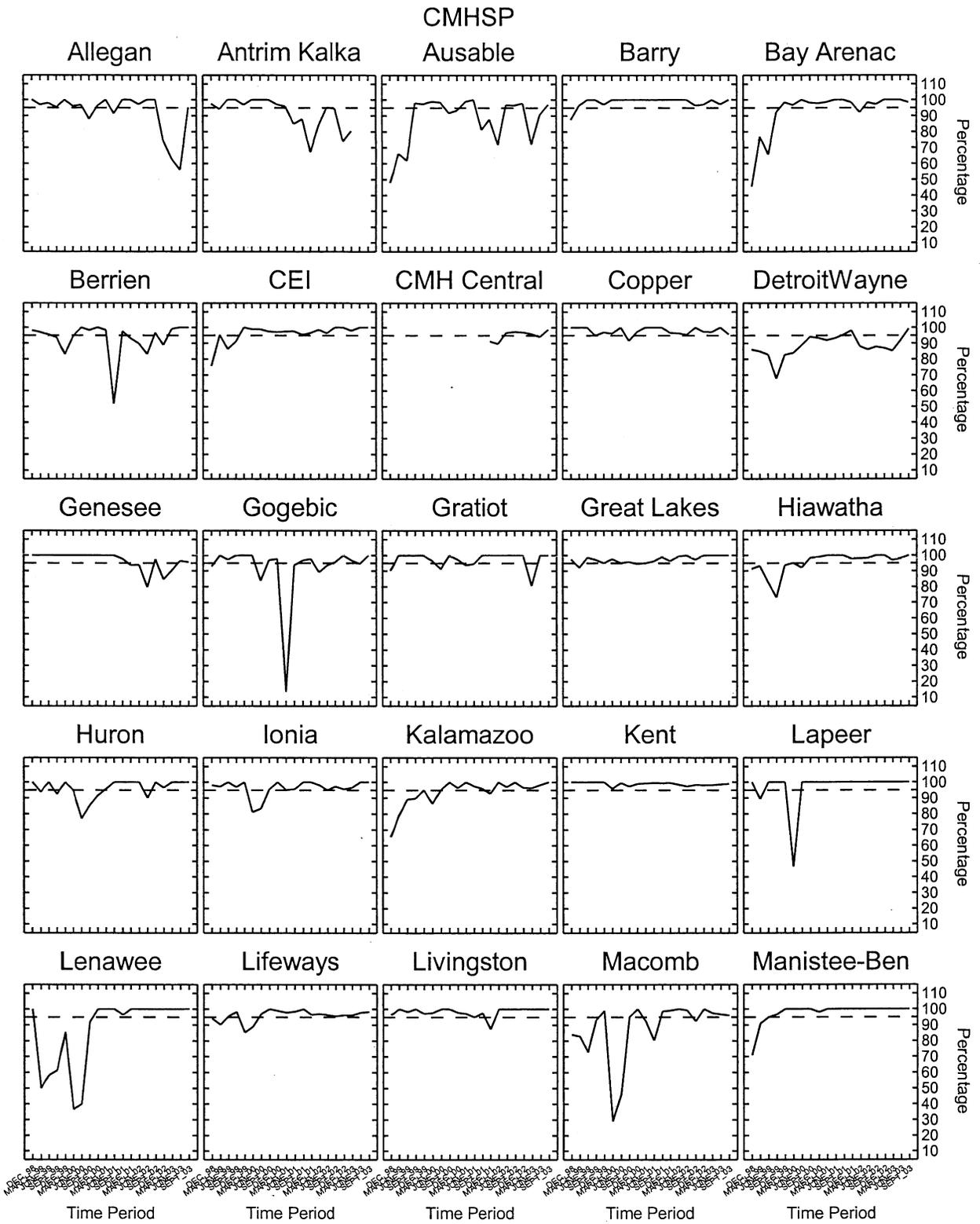
The number of children who received a face-to-face meeting with a professional within 14 calendar days of a non-emergent request for service divided by the total number of children who received a non-emergent face-to-face assessment with a professional during the reporting period.

A request for service occurs when a person, or someone on the person’s behalf, asks that community mental health services be provided. If more than one request is made, time calculations should be based on the first. A face-to-face meeting means an assessment conducted by a mental health professional. Excluded from the definition of assessment are telephone screenings used to triage or prioritize consumers based on self-reported symptoms and problems.

Descriptive Statistics:

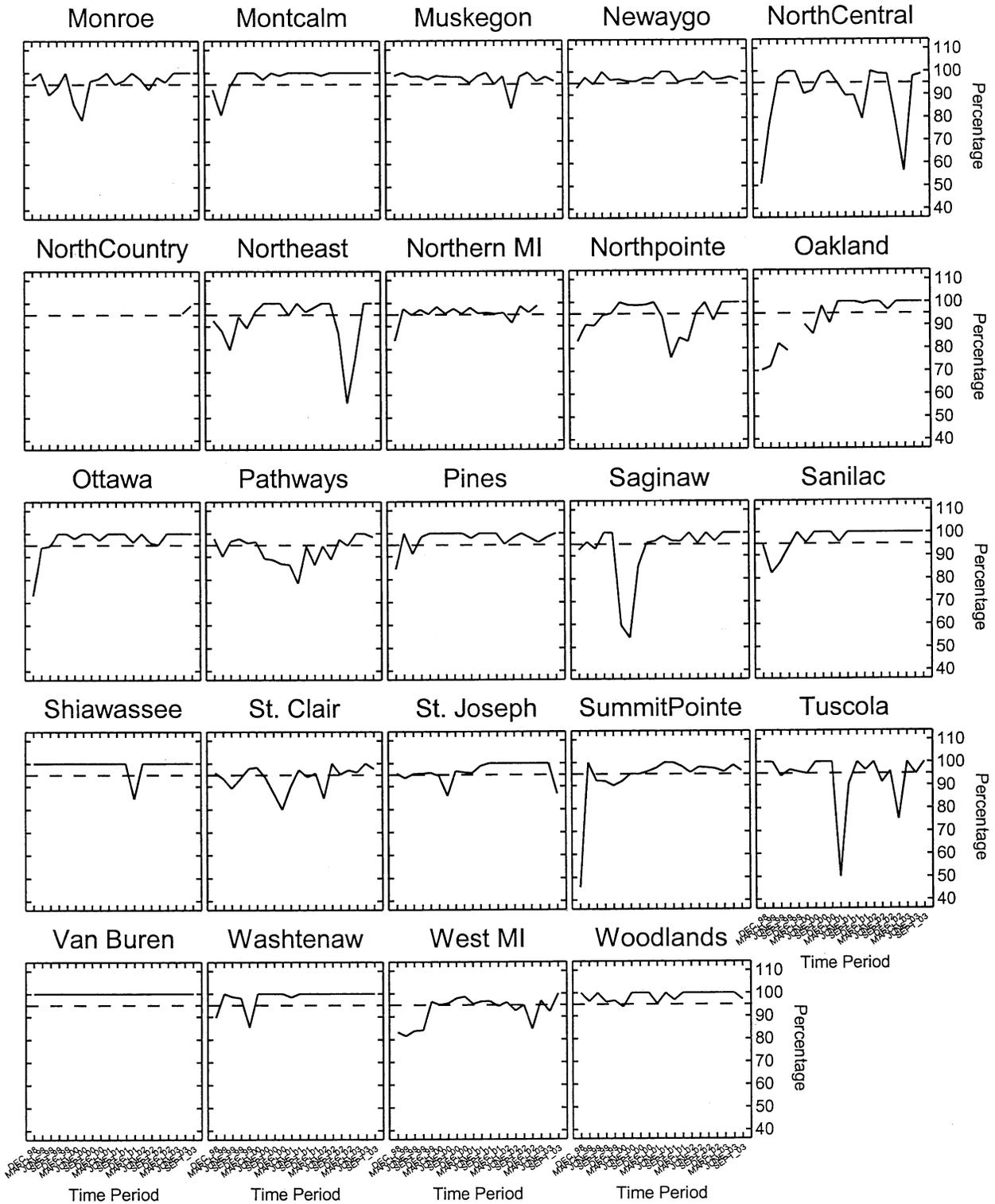
Indicator No. 2a	DEC 02	MAR 03	JUN 03	SEPT 03
Number of Cases	48	48	47	47
Minimum	56.52	56.41	56.00	86.67
Maximum	100.00	100.00	100.00	100.00
Median	97.62	98.53	100.00	100.00
Mean	94.59	94.79	97.53	98.75

Indicator No. 2a - Meeting with a Professional (Children with Emotional Disturbances)

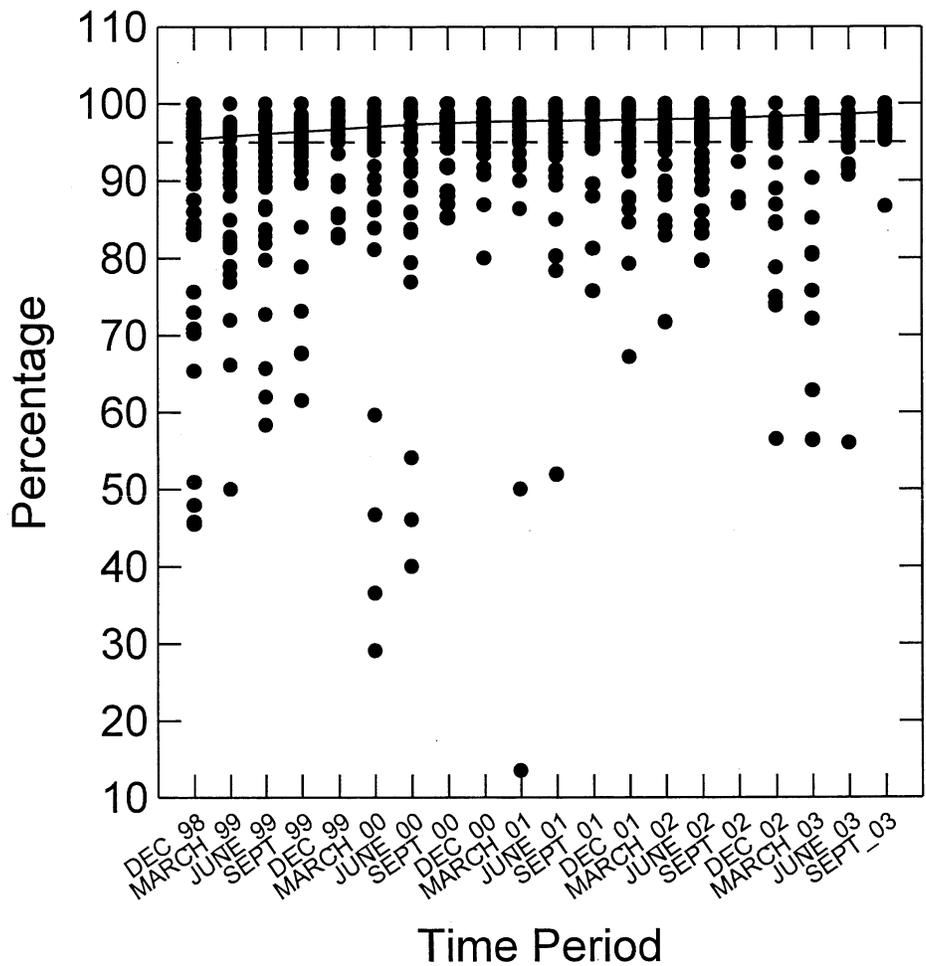


Indicator No. 2a - Page Two

CMHSP



Indicator No. 2a - Meeting with a Professional (Children with Emotional Disturbances)



Indicator 2b. Access: Timeliness -- Percentage of adults with mental illness who received a face-to-face meeting with a professional within 14 calendar days of a non-emergent request for service. The standard is 95 percent within 14 days.

Rationale for Use:

Quick, convenient entry into the mental health system is a critical aspect of accessibility of services. Delays in clinical and psychosocial assessment may lead to exacerbation of symptoms and distress and poorer role functioning. The amount of time between a request for service and clinical assessment with a professional is one measure of access to care.

Method of Calculation:

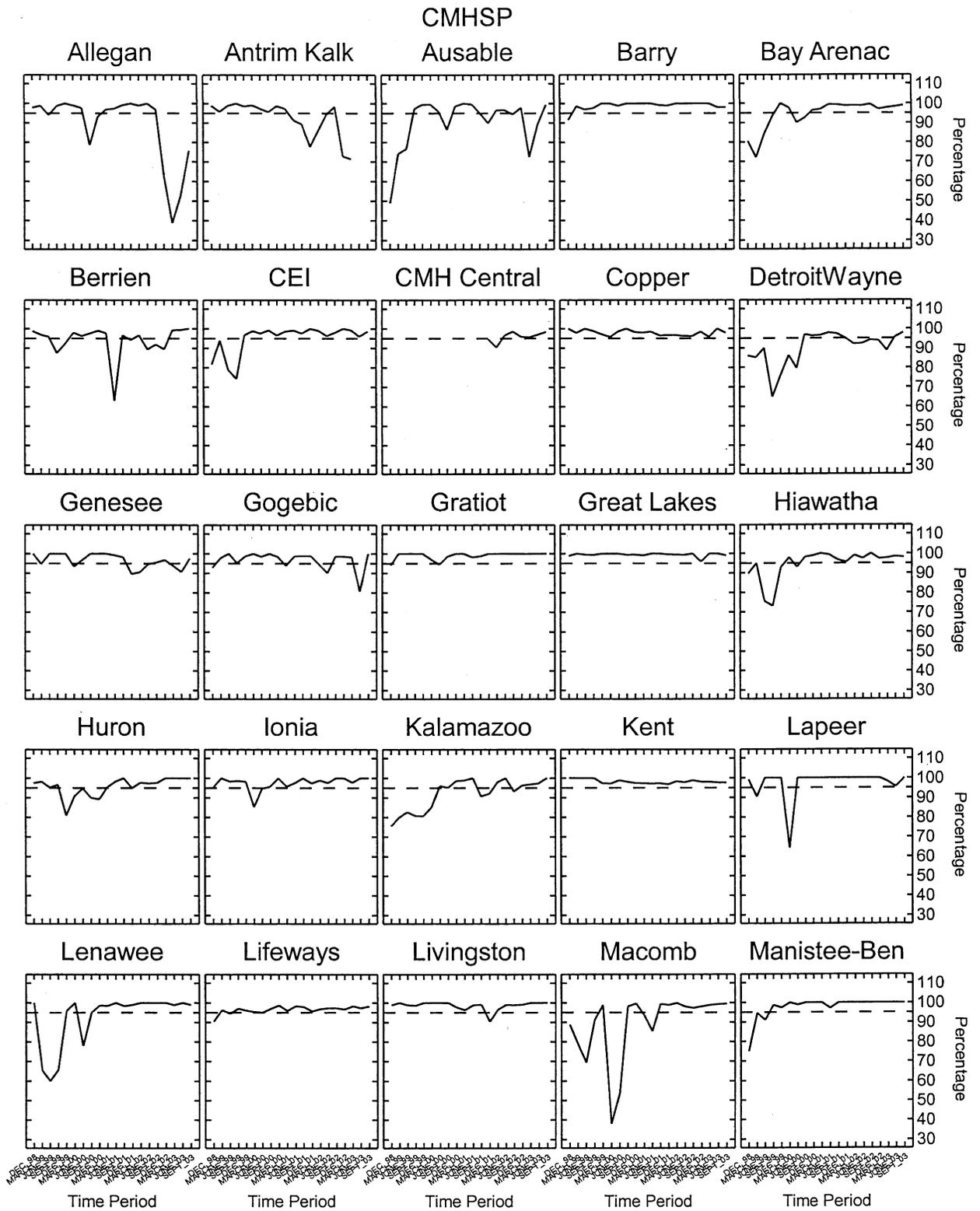
The number of adults with mental illness who received a face-to-face meeting with a professional within 14 calendar days of a non-emergent request for service divided by the total number of adults with mental illness who received a non-emergent face-to-face assessment with a professional during the reporting period.

A request for service occurs when a person, or someone on the person’s behalf, asks that community mental health services be provided. If more than one request is made, time calculations should be based on the first. A face-to-face meeting means an assessment conducted by a mental health professional. Excluded from the definition of assessment are telephone screenings used to triage or prioritize consumers based on self-reported symptoms and problems.

Descriptive Statistics:

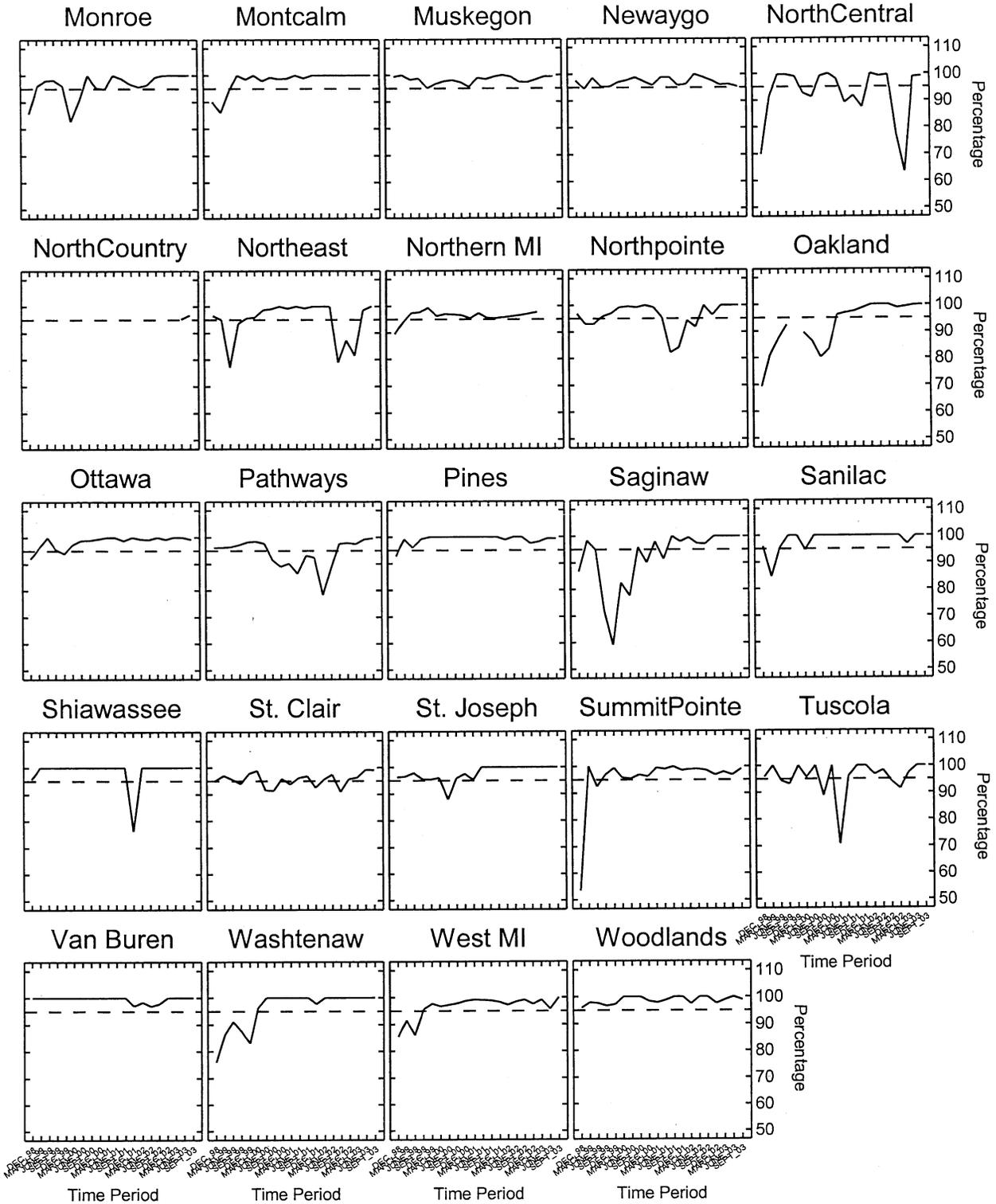
Indicator No. 2b	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	48	48	47	47
Minimum	62.16	38.78	52.53	75.71
Maximum	100.00	100.00	100.00	100.00
Median	97.81	98.24	99.33	99.40
Mean	96.01	94.85	97.02	98.69

Indicator No. 2b - Meeting with a Professional (Adults with Mental Illness)

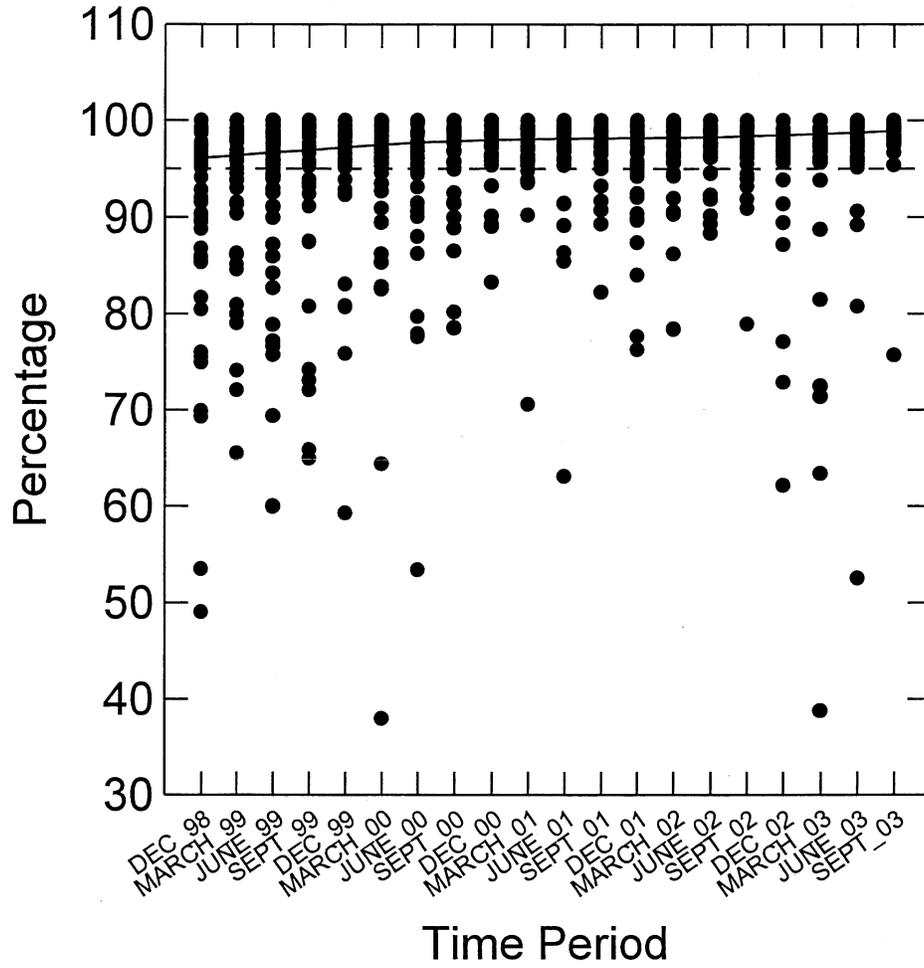


Indicator No. 2b - Page Two

CMHSP



Indicator No. 2b - Meeting with a Professional (Adults with Mental Illness)



Indicator 2c. Access: Timeliness -- Percentage of children with a developmental disability who received a face-to-face meeting with a professional within 14 calendar days of a non-emergent request for service. The standard is 95 percent within 14 days.

Rationale for Use:

Quick, convenient entry into the mental health system is a critical aspect of accessibility of services. Delays in clinical and psychosocial assessment may lead to exacerbation of symptoms and distress and poorer role functioning. The amount of time between a request for service and clinical assessment with a professional is one measure of access to care.

Method of Calculation:

The number of children with a developmental disability who received a face-to-face meeting with a professional within 14 calendar days of a non-emergent request for service divided by the total number of children with a developmental disability who received a non-emergent face-to-face assessment with a professional during the reporting period.

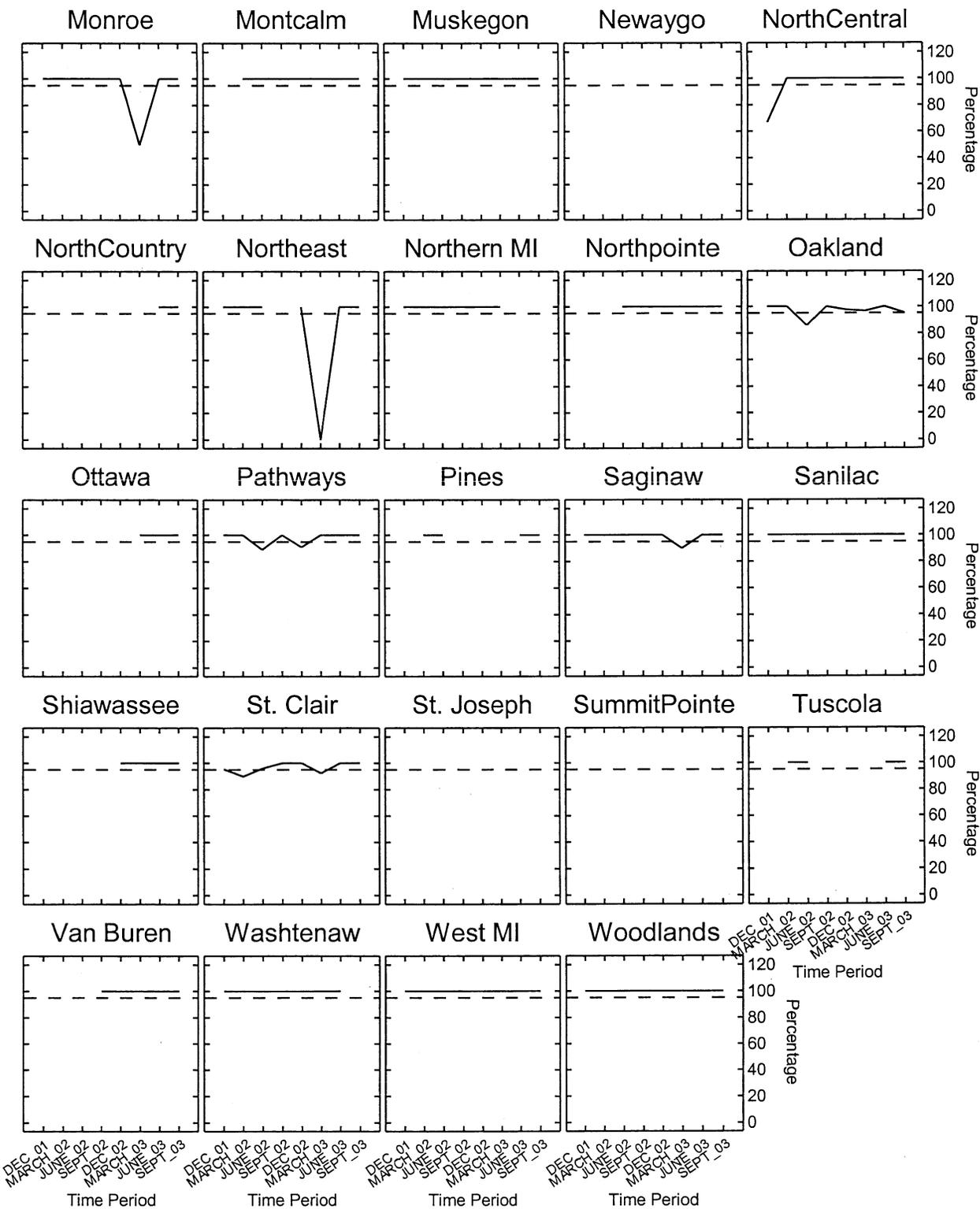
A request for service occurs when a person, or someone on the person’s behalf, asks that community mental health services be provided. If more than one request is made, time calculations should be based on the first. A face-to-face meeting means an assessment conducted by a mental health professional. Excluded from the definition of assessment are telephone screenings used to triage or prioritize consumers based on self-reported symptoms and problems.

Descriptive Statistics:

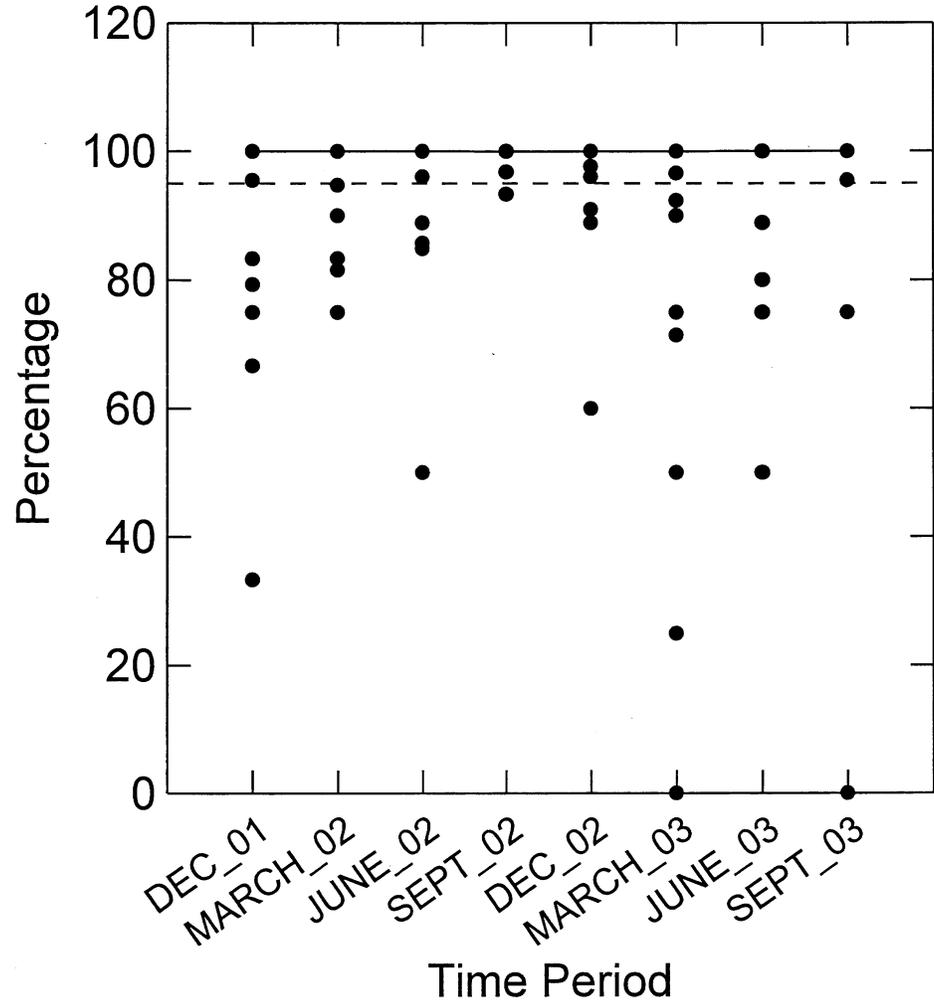
Indicator No. 2c	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	38	37	39	38
Minimum	60.00	0.00	50.00	0.00
Maximum	100.00	100.00	100.00	100.00
Median	100.00	100.00	100.00	100.00
Mean	98.25	91.90	97.28	96.59

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CMHSP



Indicator No. 2c - Meeting with a Professional
(Children with Developmental Disabilities)



Indicator 2d. Access: Timeliness -- Percentage of adults with a developmental disability who received a face-to-face meeting with a professional within 14 calendar days of a non-emergent request for service. The standard is 95 percent within 14 days.

Rationale for Use:

Quick, convenient entry into the mental health system is a critical aspect of accessibility of services. Delays in clinical and psychosocial assessment may lead to exacerbation of symptoms and distress and poorer role functioning. The amount of time between a request for service and clinical assessment with a professional is one measure of access to care.

Method of Calculation:

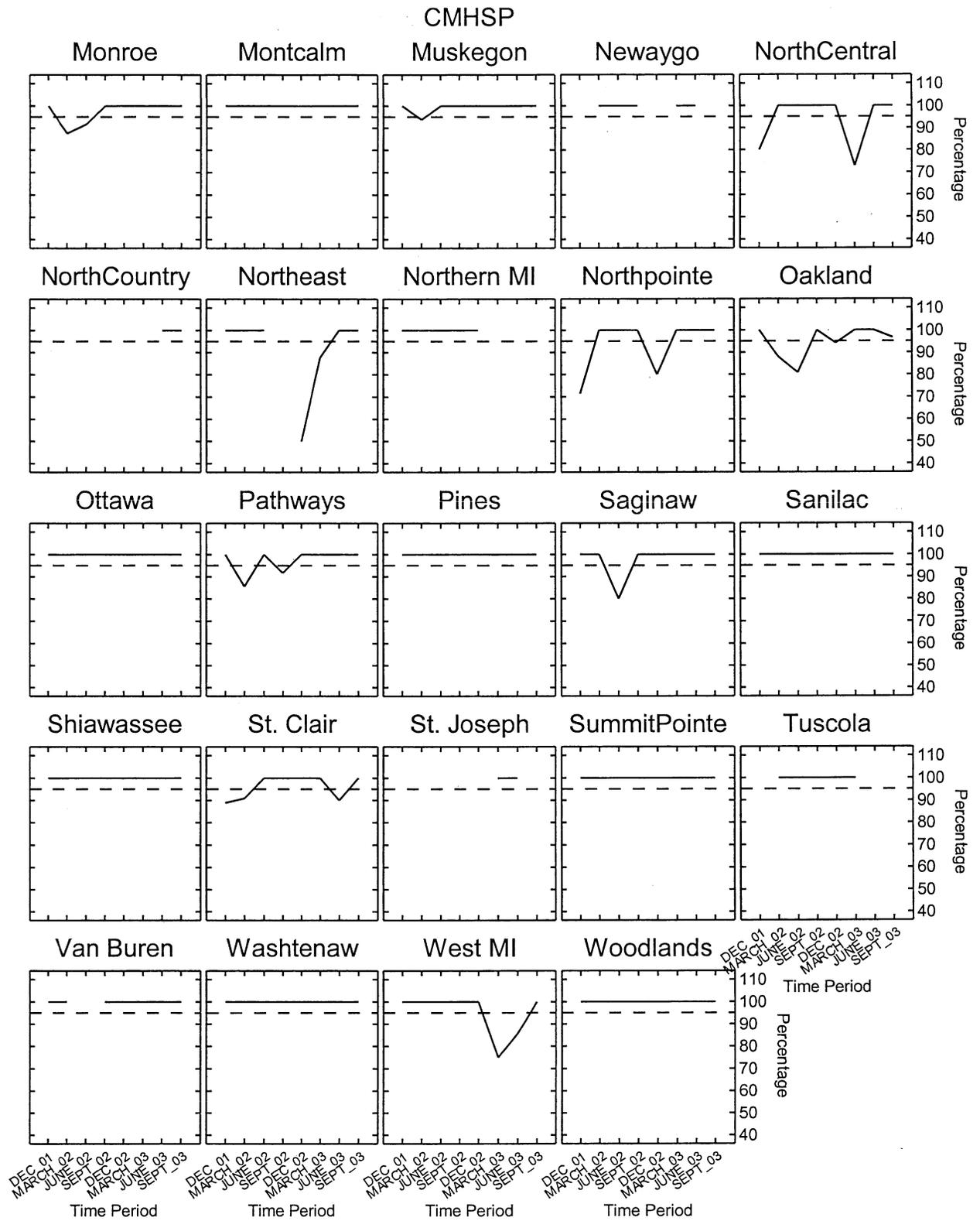
The number of adults with a developmental disability who received a face-to-face meeting with a professional within 14 calendar days of a non-emergent request for service divided by the total number of adults with a developmental disability who received a non-emergent face-to-face assessment with a professional during the reporting period.

A request for service occurs when a person, or someone on the person’s behalf, asks that community mental health services be provided. If more than one request is made, time calculations should be based on the first. A face-to-face meeting means an assessment conducted by a mental health professional. Excluded from the definition of assessment are telephone screenings used to triage or prioritize consumers based on self-reported symptoms and problems.

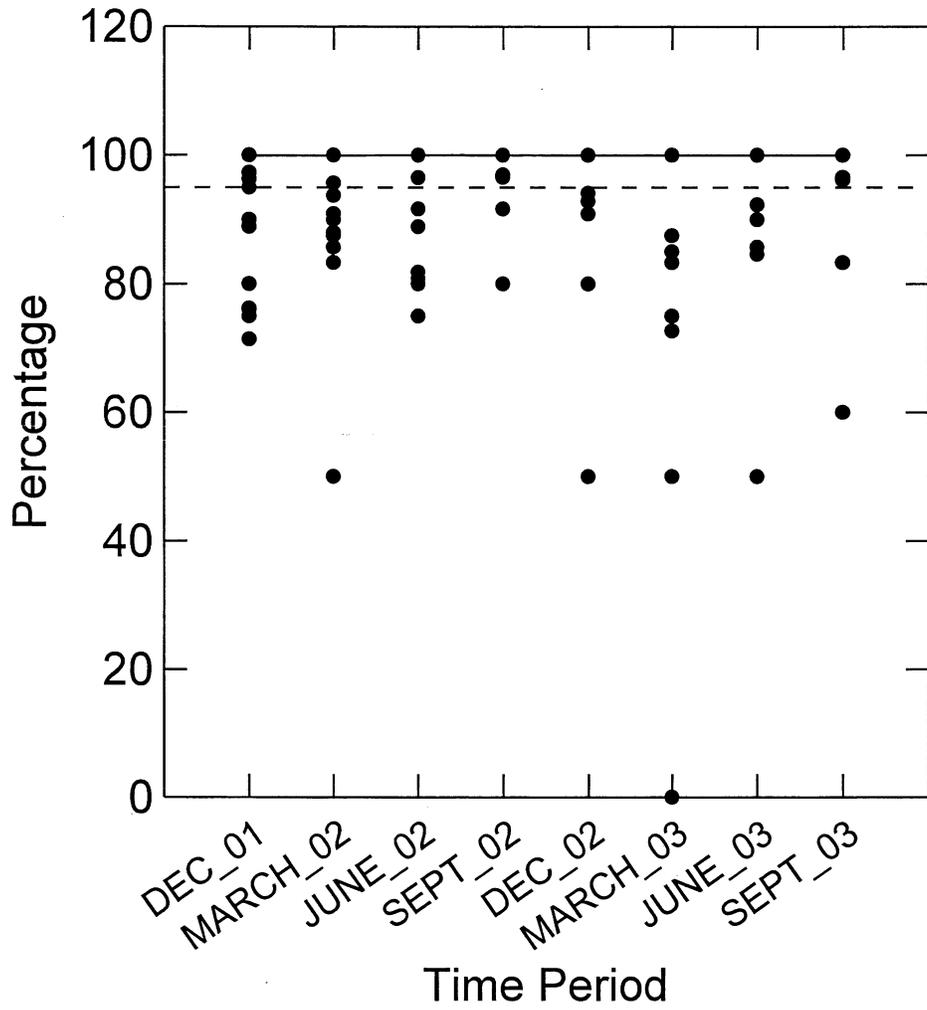
Descriptive Statistics:

Indicator No. 2d	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	41	44	42	43
Minimum	50.00	0.00	50.00	60
Maximum	100.00	100.00	100.00	100.00
Median	100.00	100.00	100.00	100.00
Mean	97.75	94.40	97.68	98.51

Indicator No. 2d - Page Two



Indicator No. 2d - Meeting with a Professional
(Adults with Developmental Disabilities)



Indicator 3. Access: Timeliness – Percentage of persons starting any needed on-going service within 14 days of a non-emergent assessment with a professional. The standard is 95 percent within 14 days.

Rationale for Use:

The amount of time between professional assessment and the delivery of needed treatments and supports addresses a somewhat different aspect of access to care than Indicator 2. Delay in the delivery of needed services and supports may lead to exacerbation of symptoms and distress and poorer role functioning.

Method of Calculation:

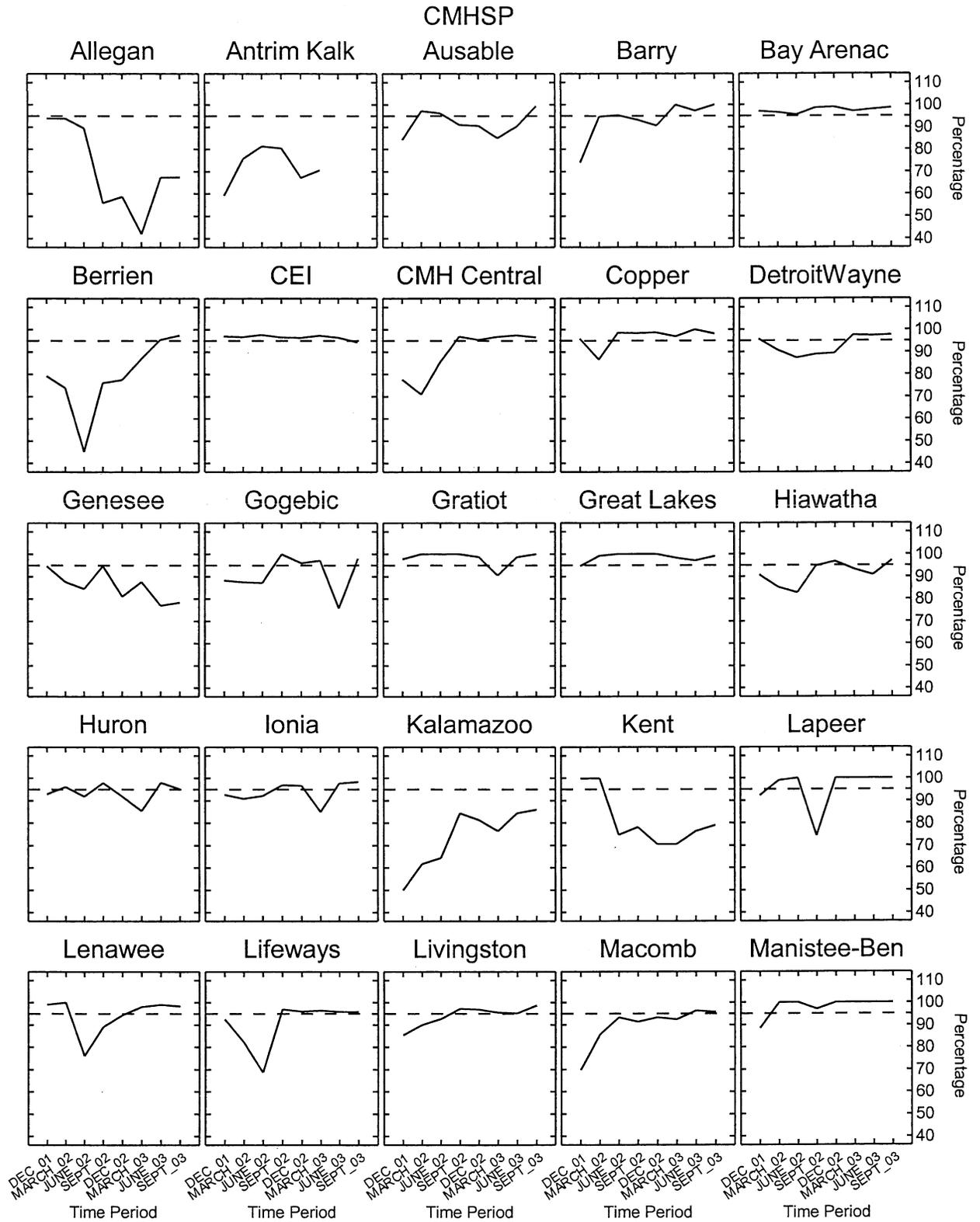
The number of persons starting any needed on-going service within 14 days of a non-emergent face-to-face assessment with a professional divided by the total number of persons who started an on-going service during the period.

If more than a single assessment is performed, the time calculation should be based on the first. The term “on-going” service is defined operationally as any face-to-face service, other than assessment and evaluation, initiated during the period.

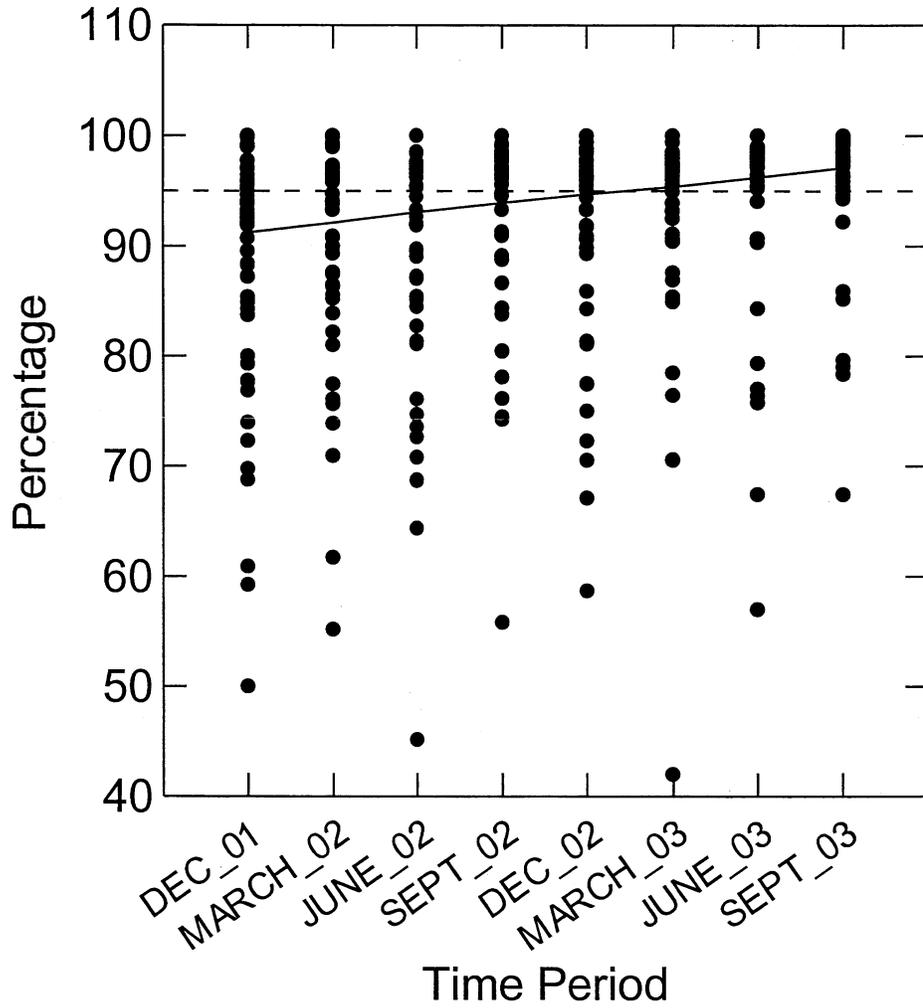
Descriptive Statistics:

Indicator No. 3	DEC 02	MAR 03	JUN 03	SEPT 03
Number of Cases	48	48	47	47
Minimum	58.70	42.00	57.02	67.44
Maximum	100.00	100.00	100.00	100.00
Median	95.97	96.16	97.30	97.65
Mean	91.69	92.27	93.91	95.36

Indicator No. 3 - % of Persons Starting Needed On-going Service Within 14 Days of a Non-Emergent Assessment



Indicator No. 3 - % of Persons Starting Needed On-going Service Within 14 Days of a Non-Emergent Assessment



Indicator 3a. Access: Timeliness – Percentage of children with emotional disturbances starting any needed on-going service within 14 days of a non-emergent assessment with a professional. The standard is 95 percent within 14 days.

Rationale for Use:

The amount of time between professional assessment and the delivery of needed treatments and supports addresses a somewhat different aspect of access to care than Indicator 2. Delay in the delivery of needed services and supports may lead to exacerbation of symptoms and distress and poorer role functioning.

Method of Calculation:

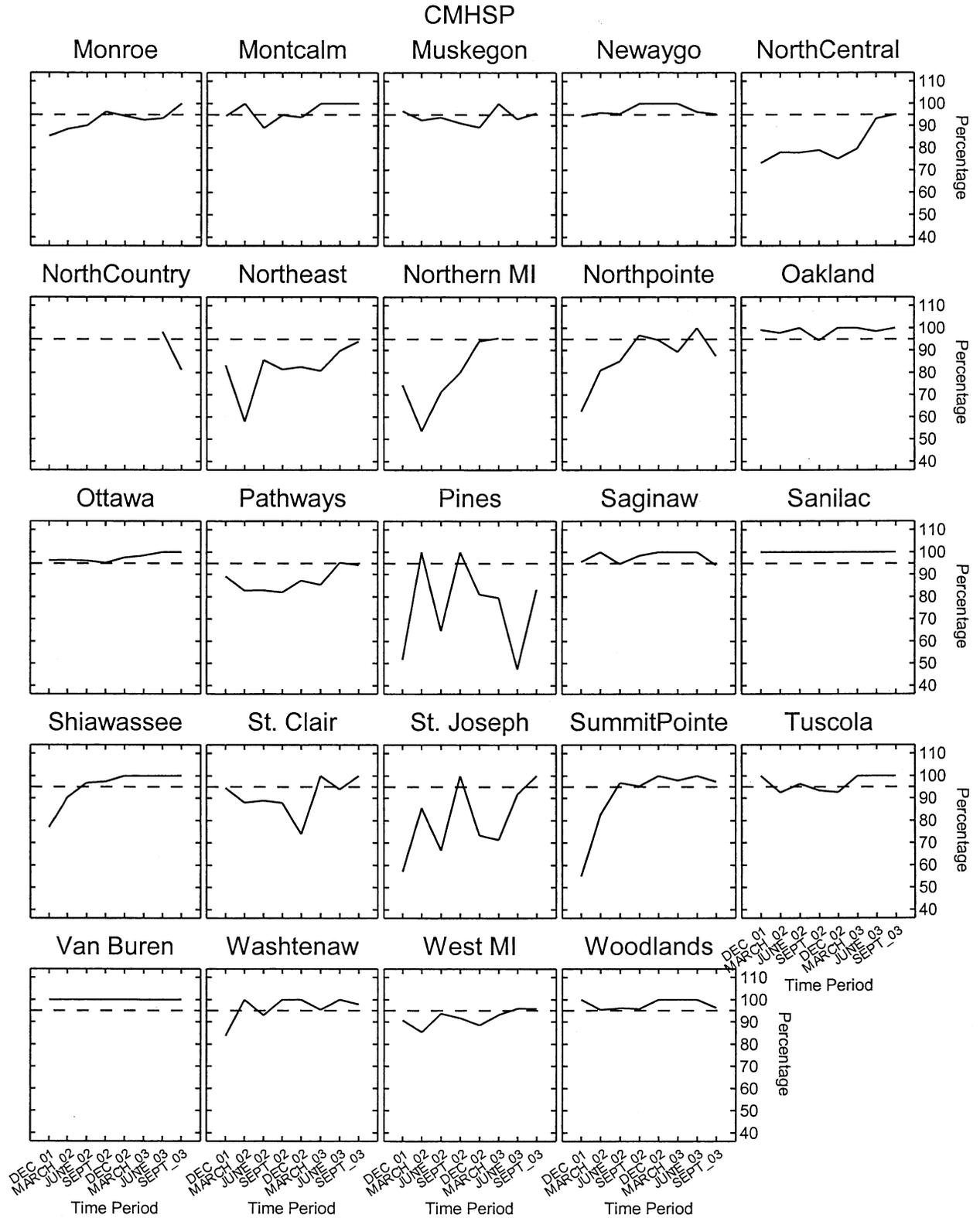
The number of children with emotional disturbance starting any needed on-going service within 14 days of a non-emergent face-to-face assessment with a professional divided by the total number of children with emotional disturbance who started an on-going service during the period.

If more than a single assessment is performed, the time calculation should be based on the first. The term “on-going” service is defined operationally as any face-to-face service, other than assessment and evaluation, initiated during the period.

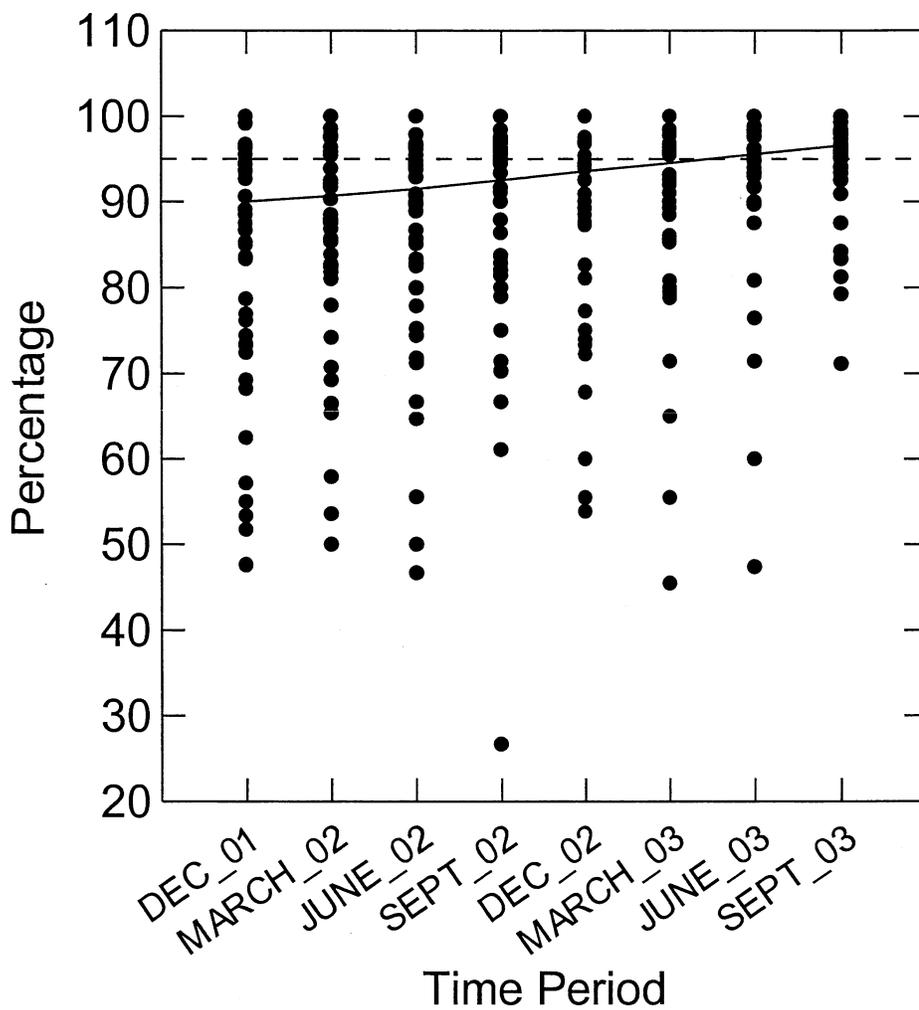
Descriptive Statistics:

Indicator No. 3a	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	48	48	47	47
Minimum	53.85	45.45	47.37	71.13
Maximum	100.00	100.00	100.00	100.00
Median	94.11	95.91	97.64	97.83
Mean	89.64	91.12	93.91	95.31

Indicator No. 3a - Page Two



Indicator No. 3a - % of Children with Emotional Disturbances Starting Needed On-going Service Within 14 Days of a Non-Emergent Assessment



Indicator 3b. Access: Timeliness – Percentage of adults with mental illness starting any needed on-going service within 14 days of a non-emergent assessment with a professional. The standard is 95 percent within 14 days.

Rationale for Use:

The amount of time between professional assessment and the delivery of needed treatments and supports addresses a somewhat different aspect of access to care than Indicator 2. Delay in the delivery of needed services and supports may lead to exacerbation of symptoms and distress and poorer role functioning.

Method of Calculation:

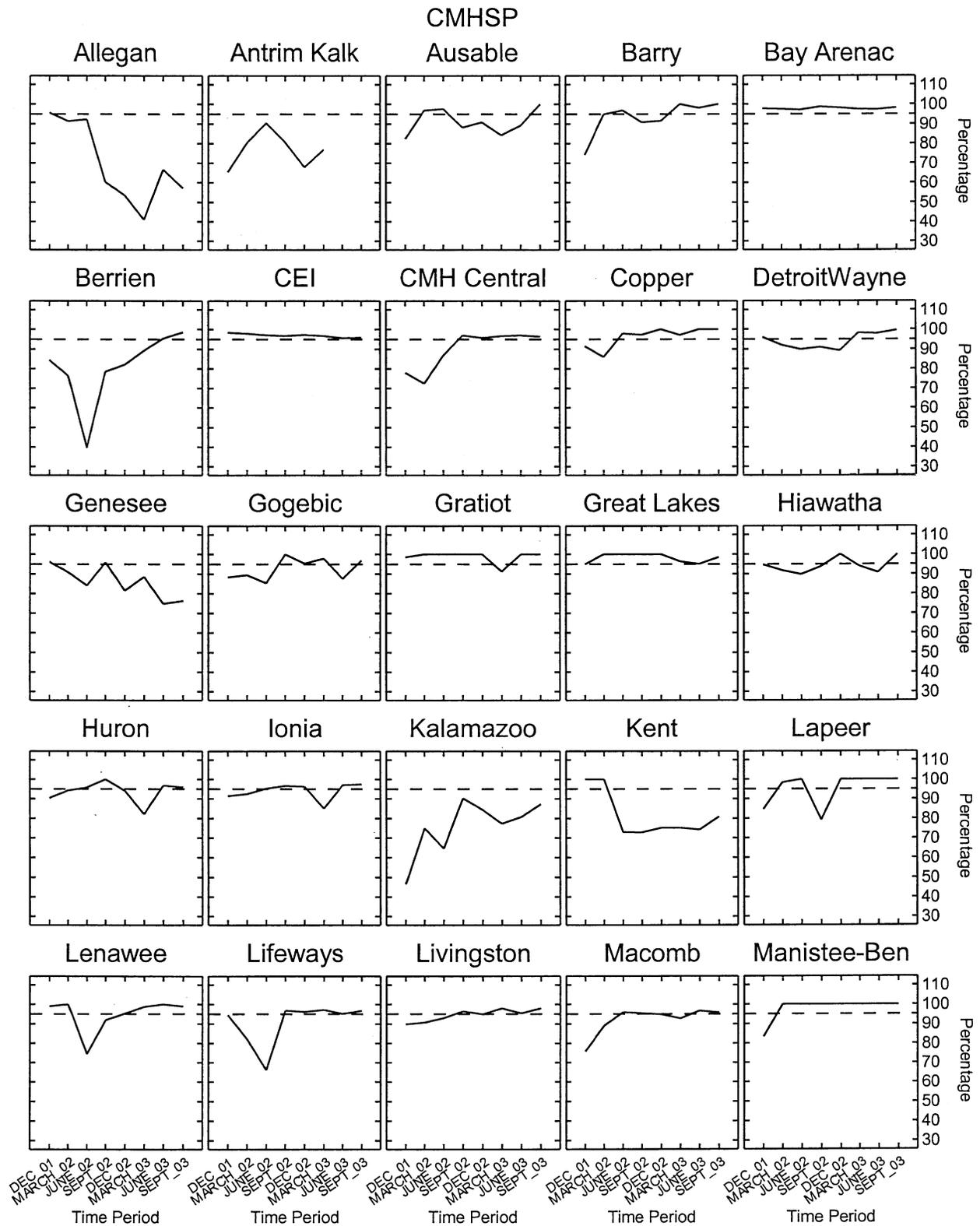
The number of adults with mental illness starting any needed on-going service within 14 days of a non-emergent face-to-face assessment with a professional divided by the total number of adults with mental illness who started an on-going service during the period.

If more than a single assessment is performed, the time calculation should be based on the first. The term “on-going” service is defined operationally as any face-to-face service, other than assessment and evaluation, initiated during the period.

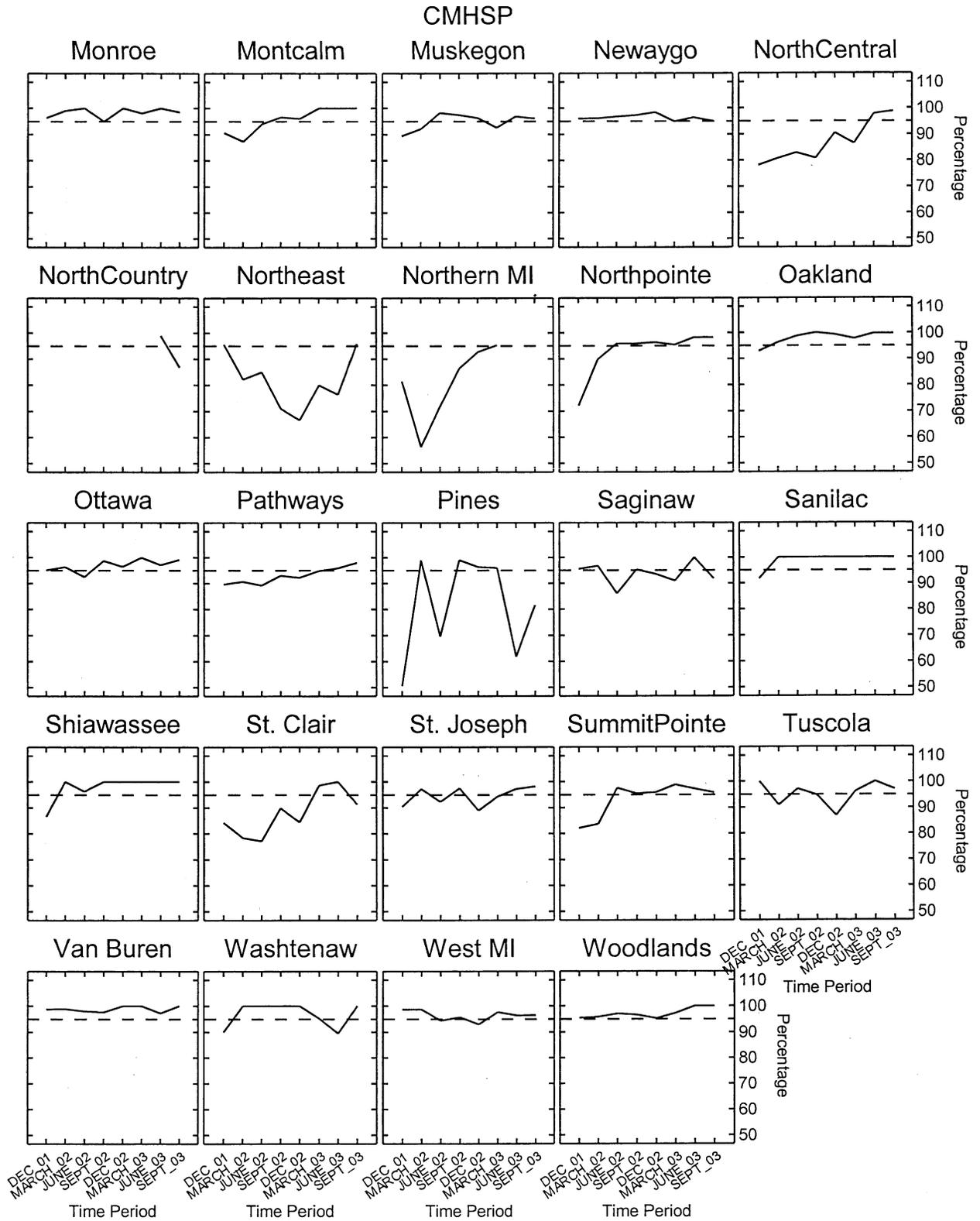
Descriptive Statistics:

Indicator No. 3b	DEC 02	MAR 03	JUN 03	SEPT 03
Number of Cases	48	48	47	47
Minimum	53.57	41.03	61.84	57.14
Maximum	100.00	100.00	100.00	100.00
Median	95.52	96.29	97.06	98.10
Mean	92.35	92.73	93.99	95.45

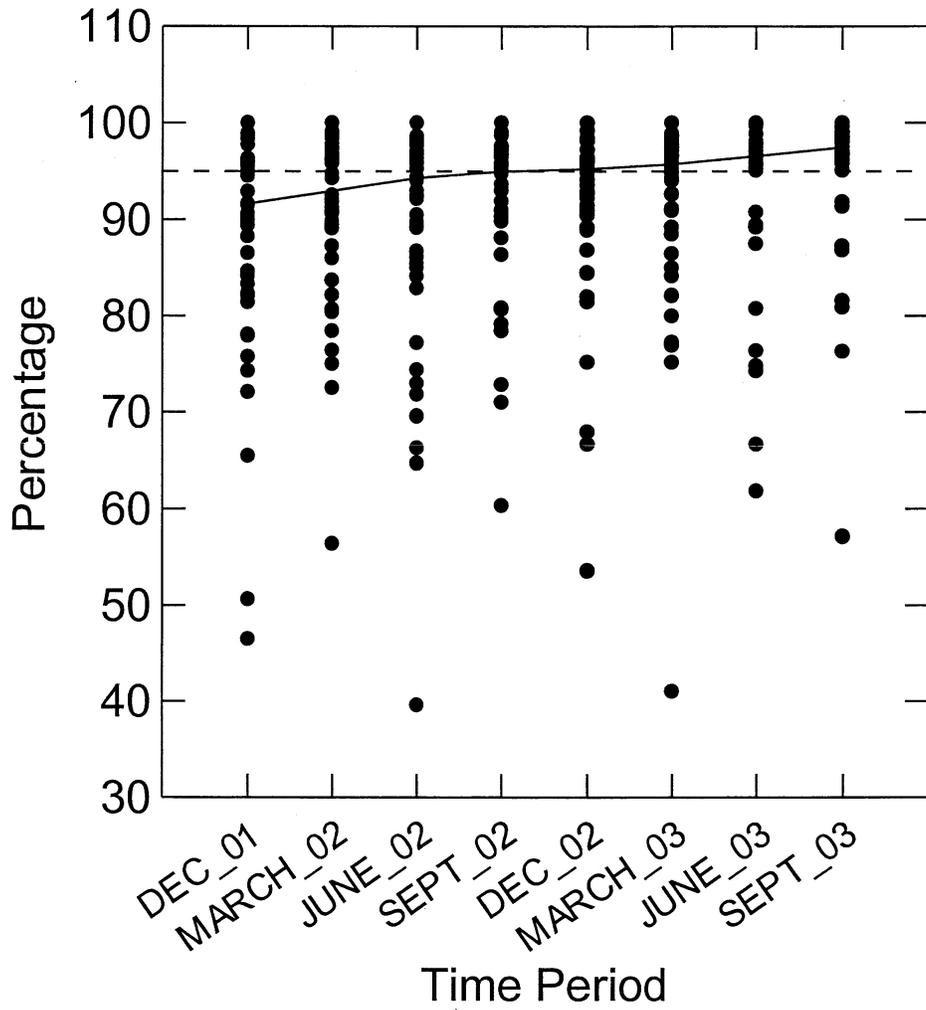
Indicator No. 3b - % of Adults with Mental Illness Starting Needed On-going Service Within 14 Days of a Non-Emergent Assessment



Indicator No. 3b - Page Two



Indicator No. 3b - % of Adults with Mental Illness Starting Needed On-going Service Within 14 Days of a Non-Emergent Assessment



Indicator 3c. Access: Timeliness – Percentage of children with developmental disabilities starting any needed on-going service within 14 days of a non-emergent assessment with a professional. The standard is 95 percent within 14 days.

Rationale for Use:

The amount of time between professional assessment and the delivery of needed treatments and supports addresses a somewhat different aspect of access to care than Indicator 2. Delay in the delivery of needed services and supports may lead to exacerbation of symptoms and distress and poorer role functioning.

Method of Calculation:

The number of children with a developmental disability starting any needed on-going service within 14 days of a non-emergent face-to-face assessment with a professional divided by the total number of children with a developmental disability who started an on-going service during the period.

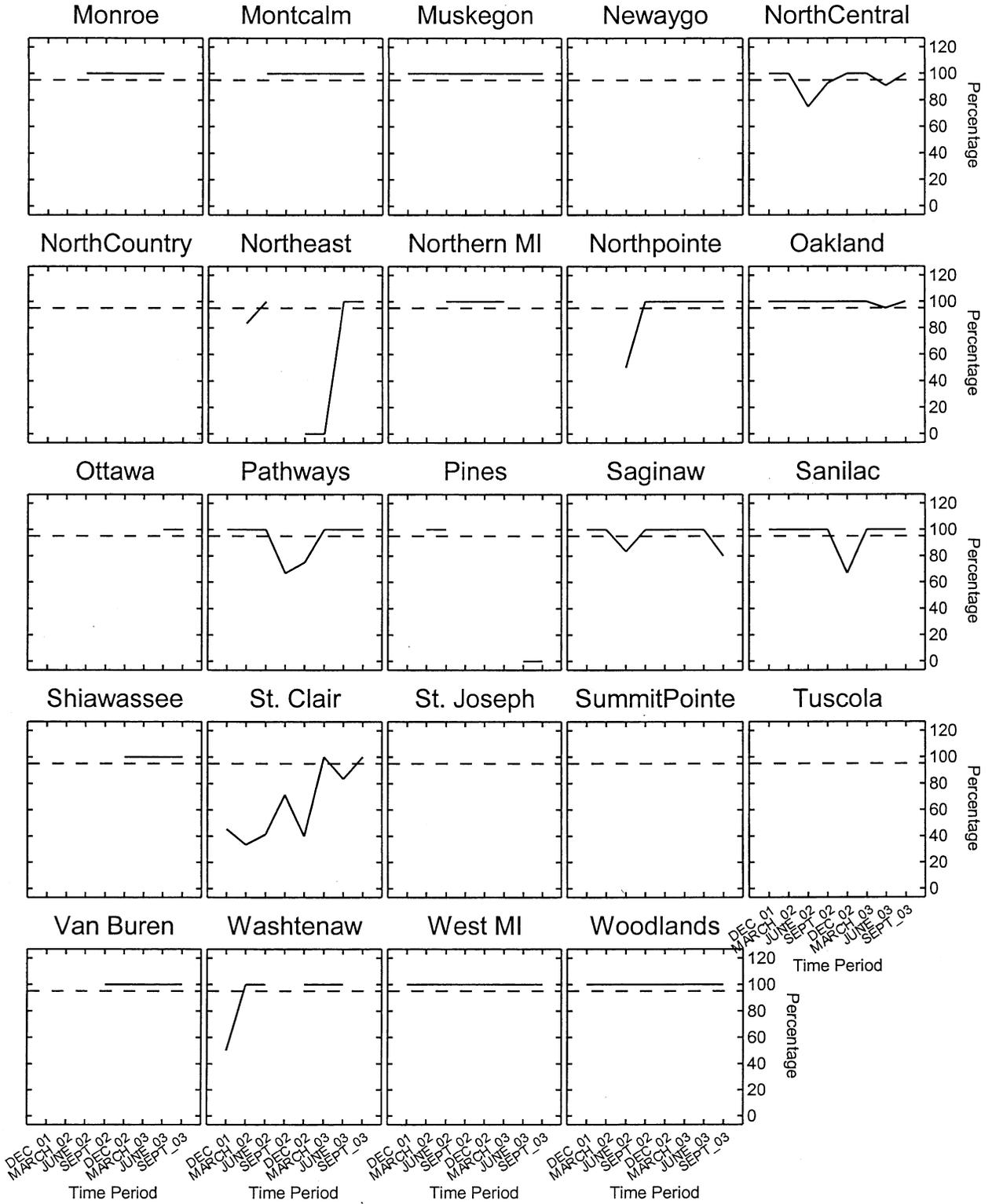
If more than a single assessment is performed, the time calculation should be based on the first. The term “on-going” service is defined operationally as any face-to-face service, other than assessment and evaluation, initiated during the period.

Descriptive Statistics:

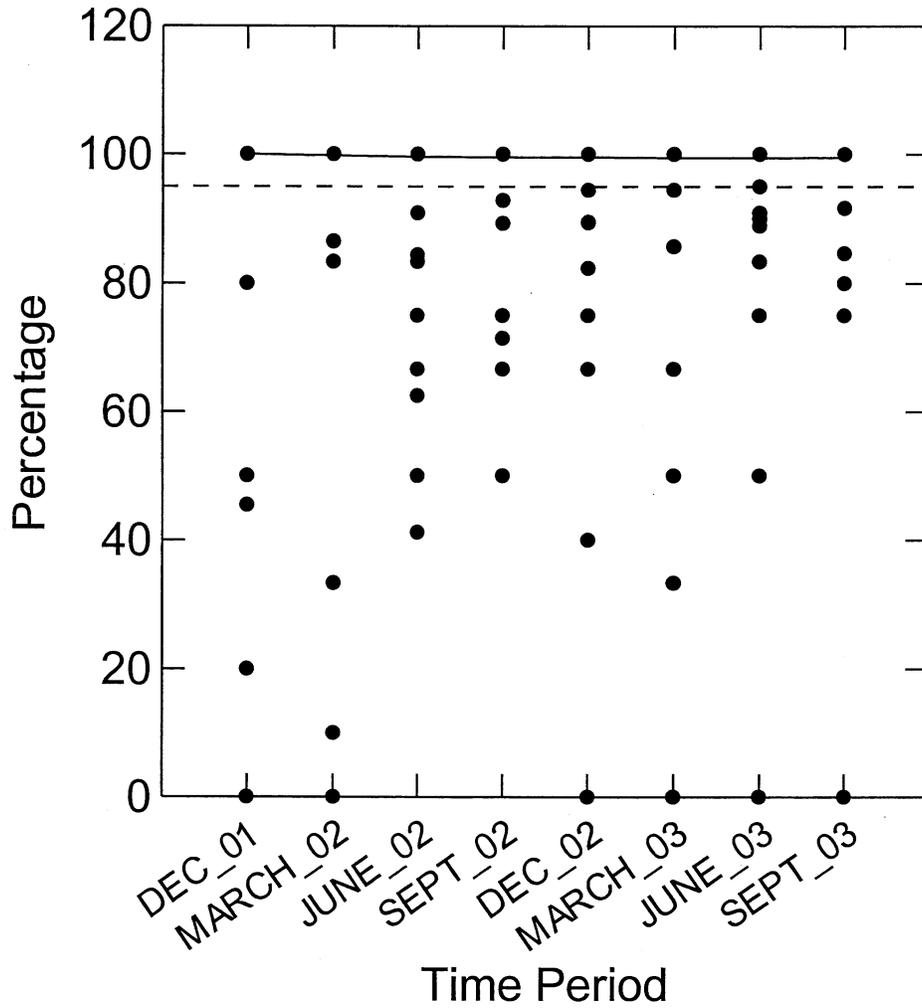
Indicator No. 3c	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	33	35	37	34
Minimum	0.00	0.00	0.00	0.00
Maximum	100.00	100.00	100.00	100.00
Median	100.00	100.00	100.00	100.00
Mean	88.57	92.29	90.90	92.10

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CMHSP



Indicator No. 3c - % of Children with Developmental Disabilities Starting Needed On-going Service Within 14 Days of a Non-Emergent Assessment



Indicator 3d. Access: Timeliness – Percentage of adults with developmental disabilities starting any needed on-going service within 14 days of a non-emergent assessment with a professional. The standard is 95 percent within 14 days.

Rationale for Use:

The amount of time between professional assessment and the delivery of needed treatments and supports addresses a somewhat different aspect of access to care than Indicator 2. Delay in the delivery of needed services and supports may lead to exacerbation of symptoms and distress and poorer role functioning.

Method of Calculation:

The number of adults with a developmental disability starting any needed on-going service within 14 days of a non-emergent face-to-face assessment with a professional divided by the total number of adults with a developmental disability who started an on-going service during the period.

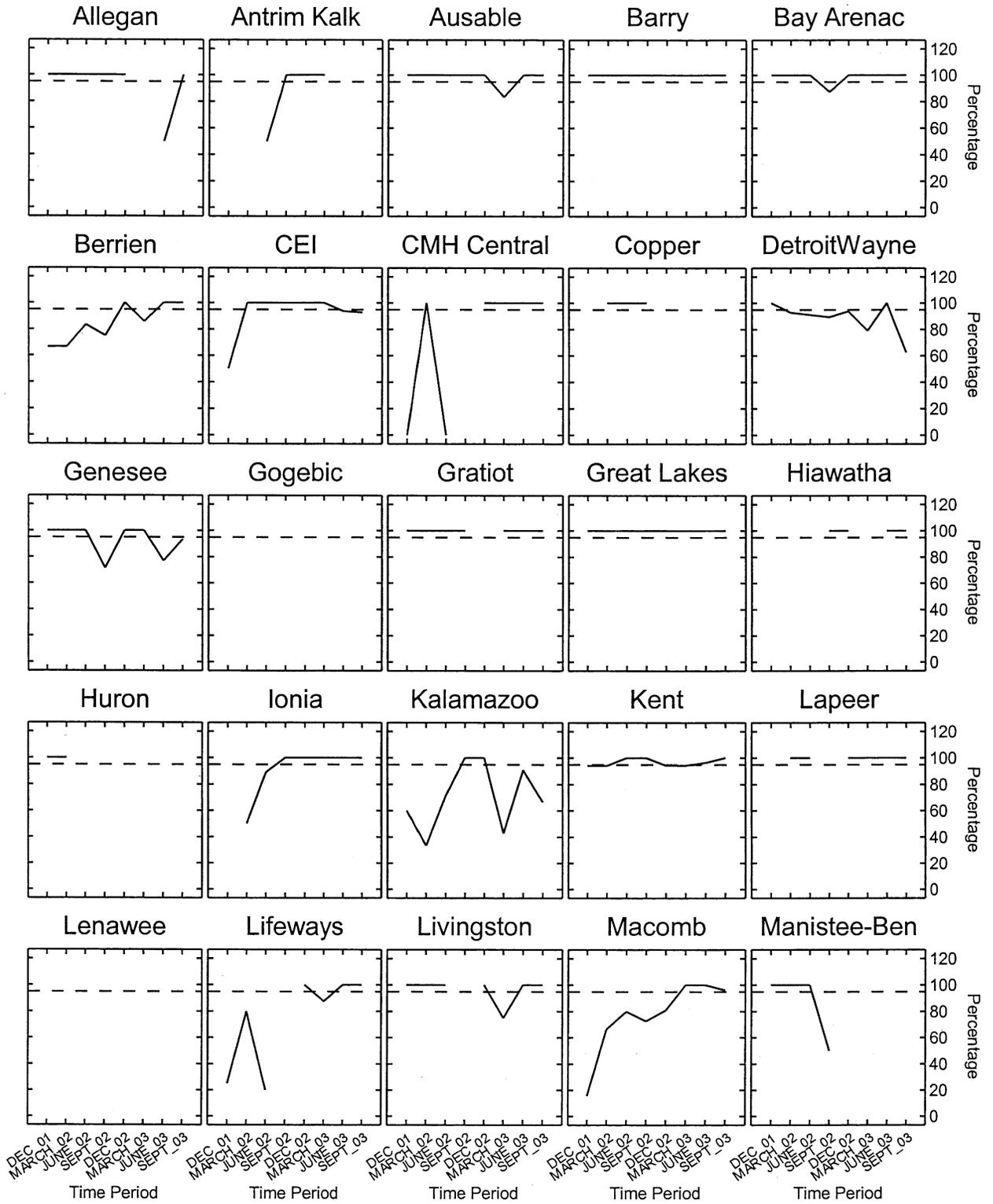
If more than a single assessment is performed, the time calculation should be based on the first. The term “on-going” service is defined operationally as any face-to-face service, other than assessment and evaluation, initiated during the period.

Descriptive Statistics:

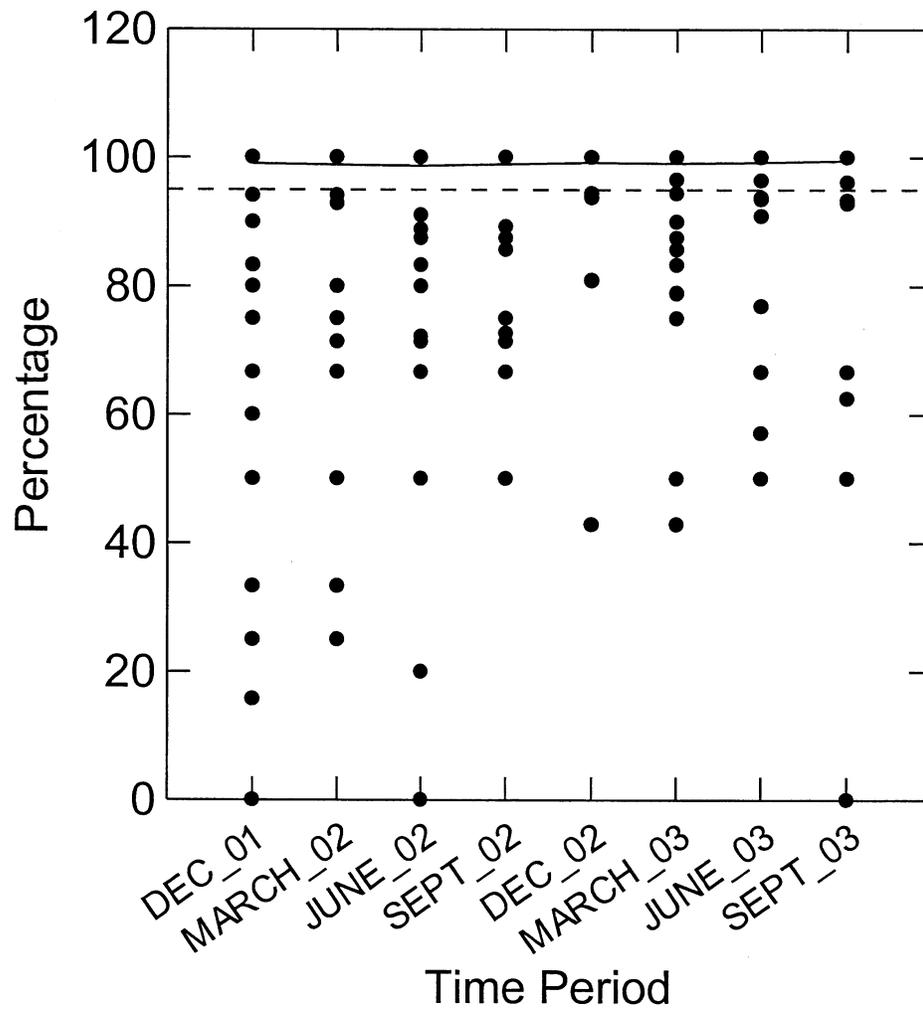
Indicator No. 3d	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	39	40	41	42
Minimum	42.86	42.86	50.00	0.00
Maximum	100.00	100.00	100.00	100.00
Median	100.00	100.00	100.00	100.00
Mean	97.74	93.77	93.48	91.94

Indicator No. 3d - % of Adults with Developmental Disabilities Starting Needed On-going Service Within 14 Days of a Non-Emergent Assessment

CMHSP



Indicator No. 3d - % of Adults with Developmental Disabilities Starting
Needed On-going Service Within 14 Days of a Non-Emergent
Assessment



Indicator 4. Access -- Percentage of nursing home residents meeting OBRA Level II criteria for specialized mental health services who received specialized CMHSP services. The standard is 95 percent.

Rationale for Use:

Persons residing in nursing homes who have been determined to need specialized mental health services must be provided those services by the Community Mental Health Services Program. The percentage of these individuals who actually received care is an indicator of access.

Data Definition:

“OBRA Level II criteria” means those criteria used by the State for pre-admission (to a Medicaid-certified nursing home facility) screening, and for annually screening existing residents of nursing homes, which determine whether individuals require nursing home care and what level of mental health services, if any. This Preadmission Screening and Annual Resident Review (PASARR) program is required by the Centers for Medicare and Medicaid Services (42CFR483.102). Level of mental health services may be none, specialized, or less than specialized. Less than specialized mental health services can be provided by the nursing home or another entity including the CMHSP. Specialized mental health services are the responsibility of the State which provides funds to CMHSPs for direct or contractual delivery of services to individuals in the nursing home facility meeting the criteria.

Method of Calculation:

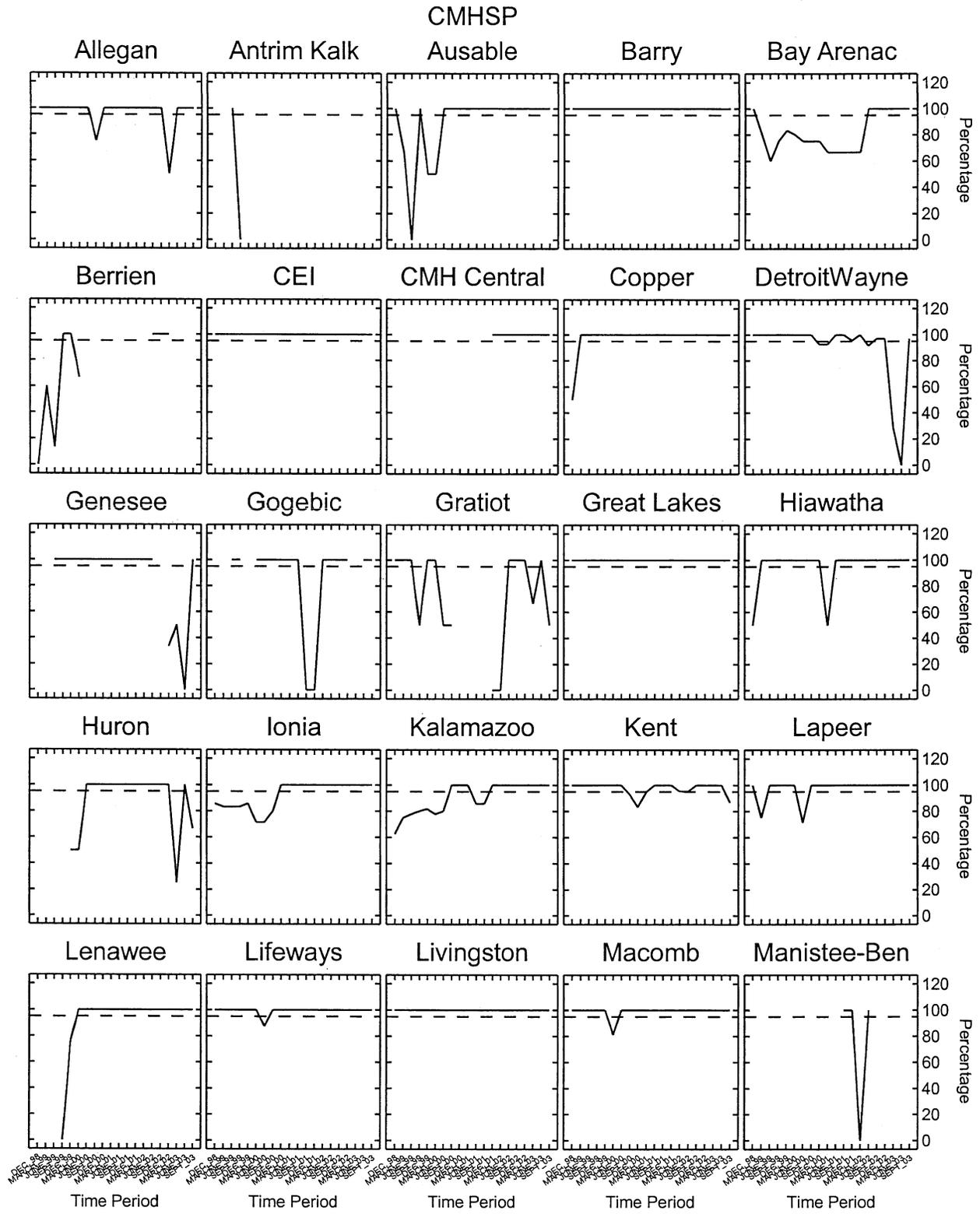
The number of nursing home residents meeting OBRA Level II criteria for specialized mental health services who actually received CMHSP services divided by the total number of residents meeting OBRA Level II criteria for specialized mental health services.

Descriptive Statistics:

Indicator No. 4	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	43	41	43	44
Minimum	33.33	25.00	0.00	0.00
Maximum	100.00	100.00	100.00	100.00
Median	100.00	100.00	100.00	100.00
Mean	96.11	93.58	92.27	93.71

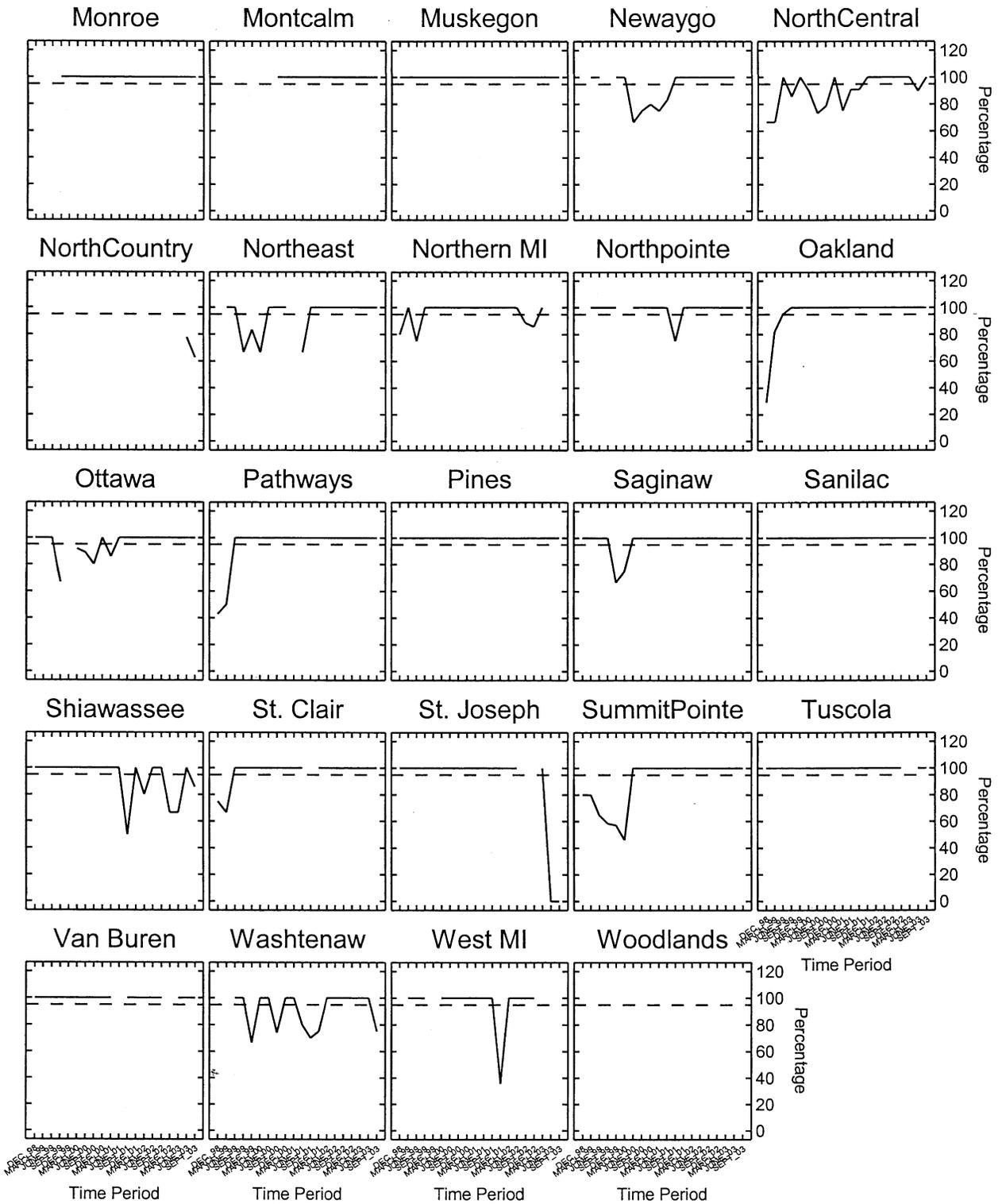
Note: Percentages can be dramatically affected by a change of a single case in the numerator of the performance indicator when a CMHSP has a very low number of cases in the denominator of the indicator.

Indicator No. 4 - Nursing Home Residents (Specialized Mental Health Services)

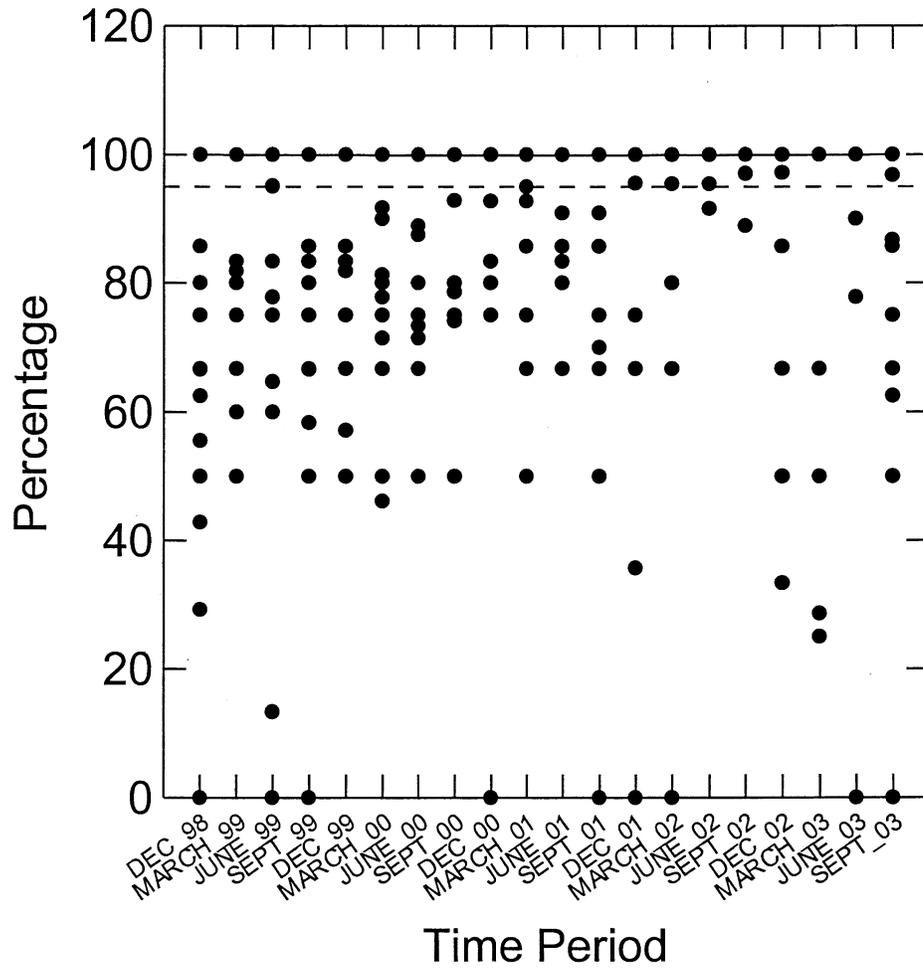


Indicator No. 4 - Page Two

CMHSP



Indicator No. 4 - Nursing Home Residents (Specialized Mental Health Services)



Indicator 5a. Quality of Life: Adverse Consumer Outcomes -- The percentage of children with SED readmitted to an inpatient psychiatric unit within 30 days of discharge from a psychiatric inpatient unit. Fifteen percent or fewer readmissions within 30 days is the standard.

Rationale for Use:

For some persons with serious mental illness, the occasional use of psychiatric inpatient care is essential. However, a rapid readmission following discharge may suggest that persons were prematurely discharged or that the post discharge follow-up was not timely or sufficient. This indicator assesses whether CMHSPs are meeting the department's standard of no more than 15 percent of persons discharged from inpatient units being readmitted within 30 days.

Method of Calculation:

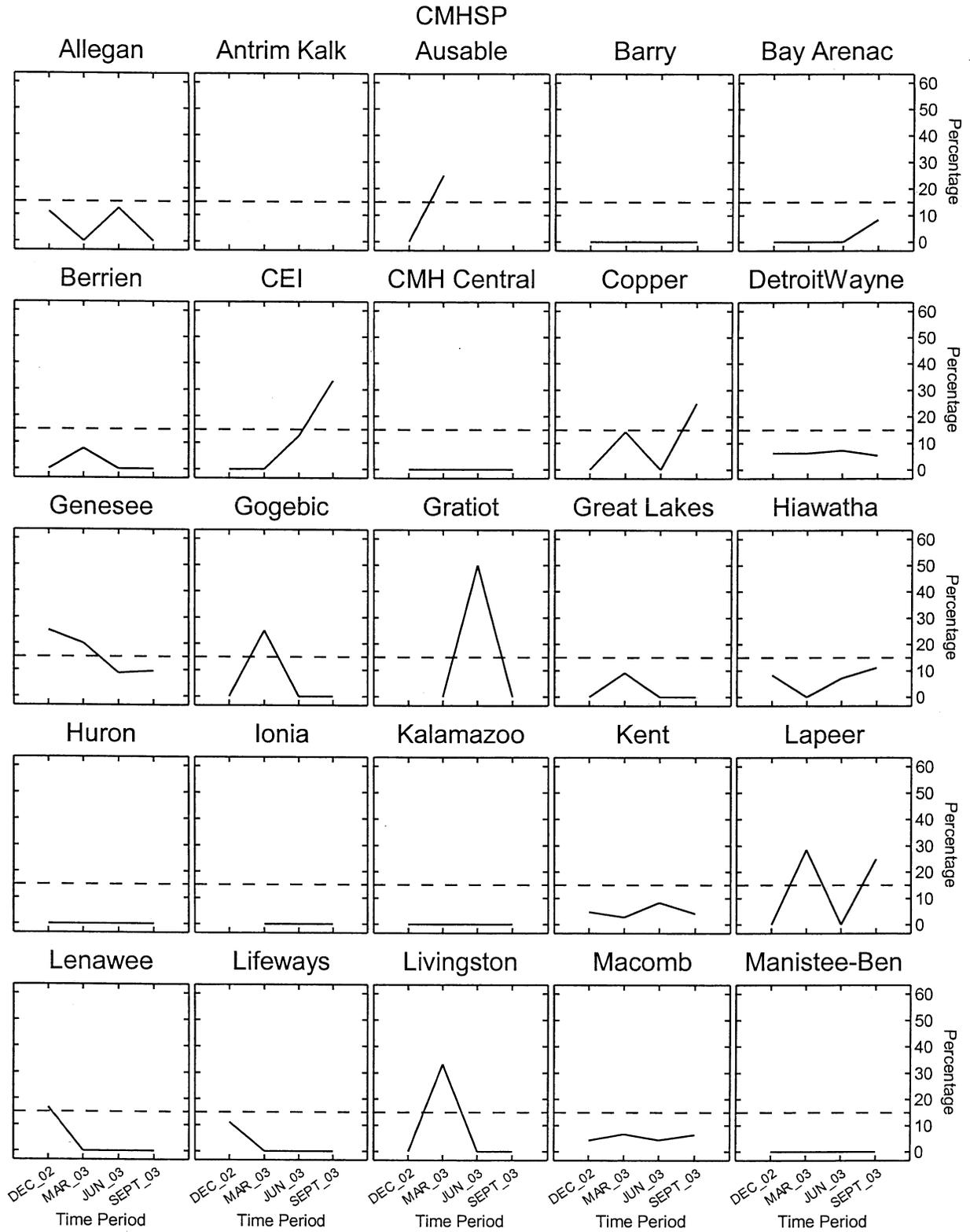
The number of persons readmitted to an inpatient psychiatric unit within 30 days of discharge divided by the total number of persons discharged from inpatient psychiatric units during the reporting period.

Note: Starting with the reporting period covering October 1, 2002 to December 31, 2002, this indicator has been separated out into two separate indicators. Indicator number 5a covers SED children and Indicator 5b covers all other persons.

Descriptive Statistics:

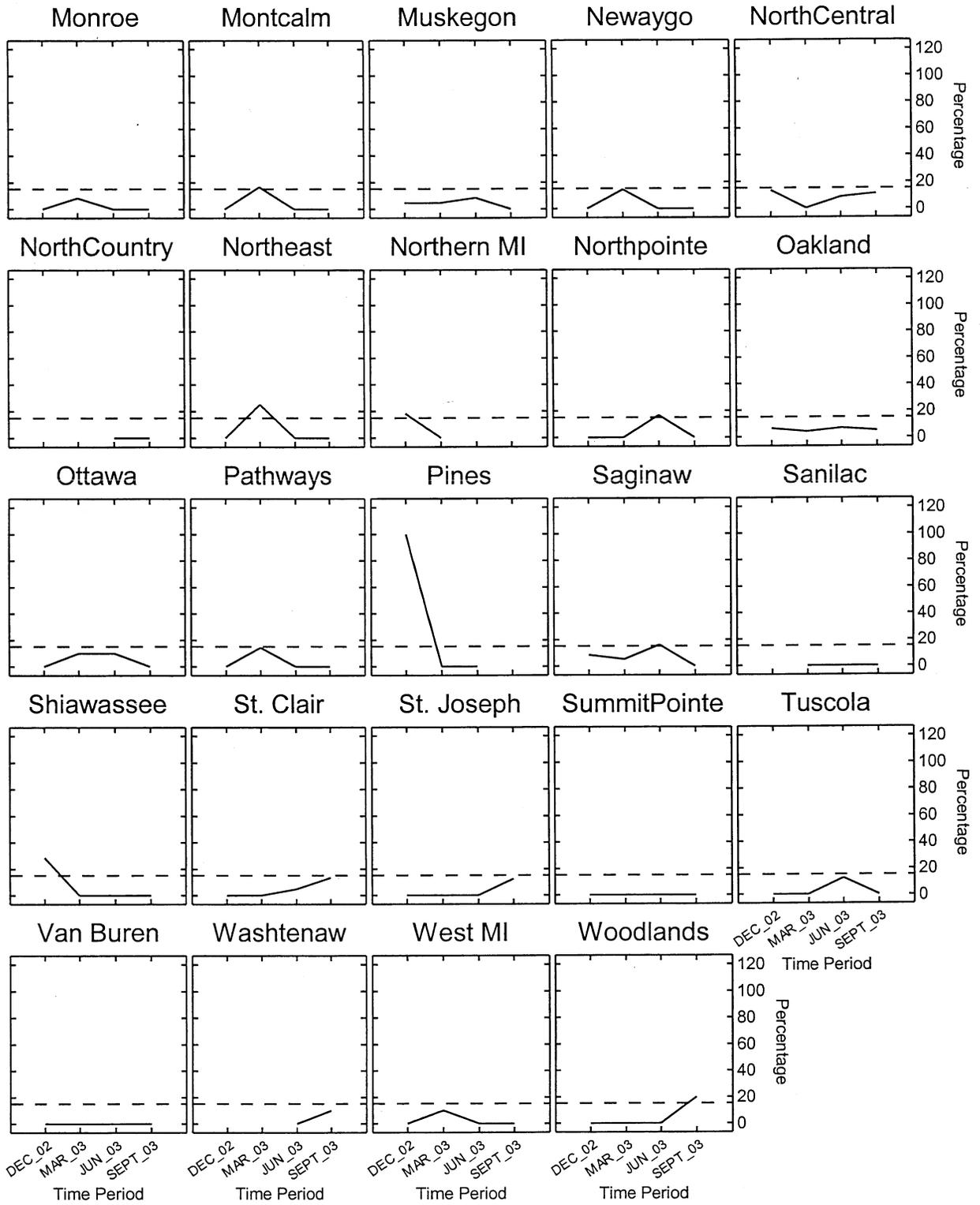
Indicator No. 5a	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	44	46	46	45
Minimum	0.00	0.00	0.00	0.00
Maximum	100.00	33.33	50.00	33.33
Median	0.00	0.00	0.00	0.00
Mean	6.32	6.33	4.22	4.45

Indicator No. 5a - % Readmissions within 30 Days of Discharge (SED Children)

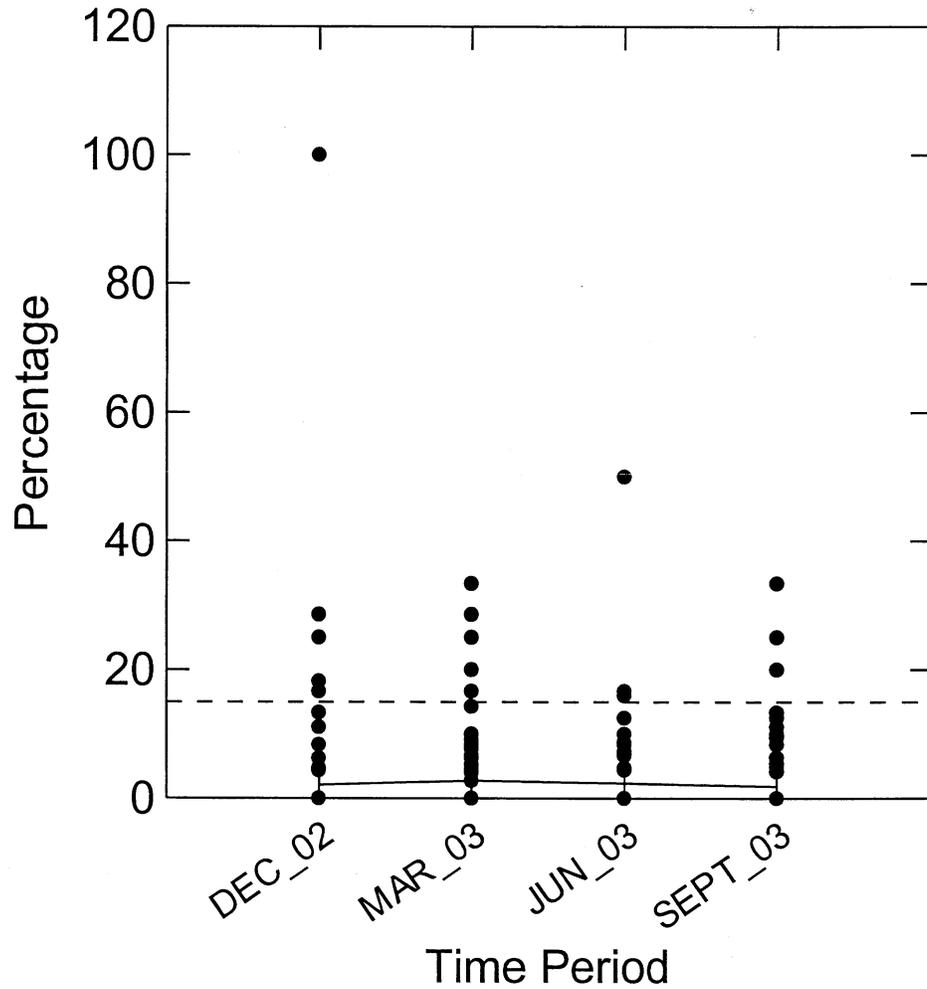


Indicator No. 5a - Page Two

CMHSP



Indicator No. 5a - % Readmissions within 30 Days of Discharge
(SED Children)



Indicator 5b. Quality of Life: Adverse Consumer Outcomes -- The percentage of all other persons readmitted to an inpatient psychiatric unit within 30 days of discharge from a psychiatric inpatient unit. Fifteen percent or fewer readmissions within 30 days is the standard.

Rationale for Use:

For some persons with serious mental illness, the occasional use of psychiatric inpatient care is essential. However, a rapid readmission following discharge may suggest that persons were prematurely discharged or that the post discharge follow-up was not timely or sufficient. This indicator assesses whether CMHSPs are meeting the department’s standard of no more than 15 percent of persons discharged from inpatient units being readmitted within 30 days.

Method of Calculation:

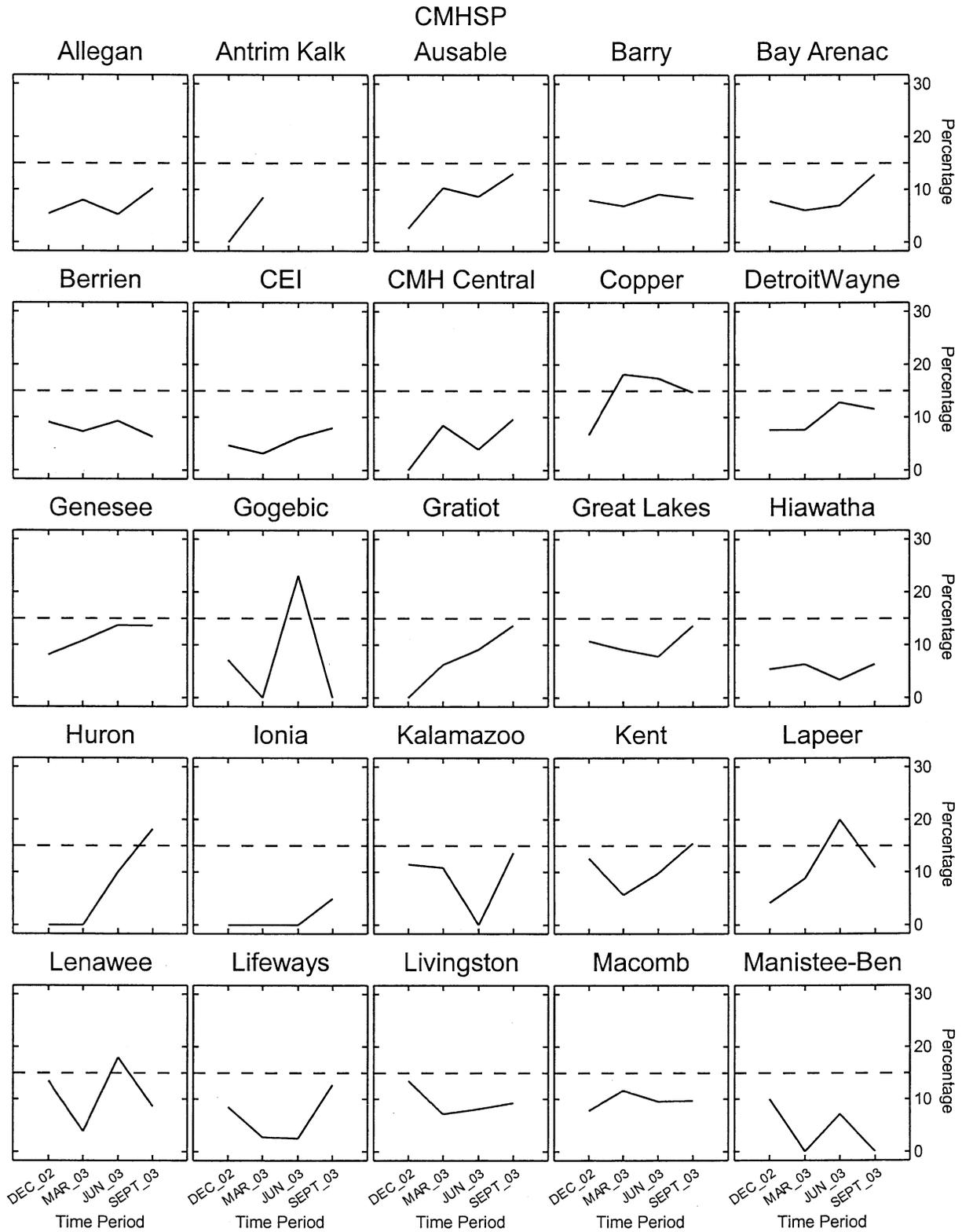
The number of persons readmitted to an inpatient psychiatric unit within 30 days of discharge divided by the total number of persons discharged from inpatient psychiatric units during the reporting period.

Note: Starting with the reporting period covering October 1, 2002 to December 31, 2002, this indicator has been separated out into two separate indicators. Indicator number 5a covers SED children and Indicator 5b covers all other persons.

Descriptive Statistics:

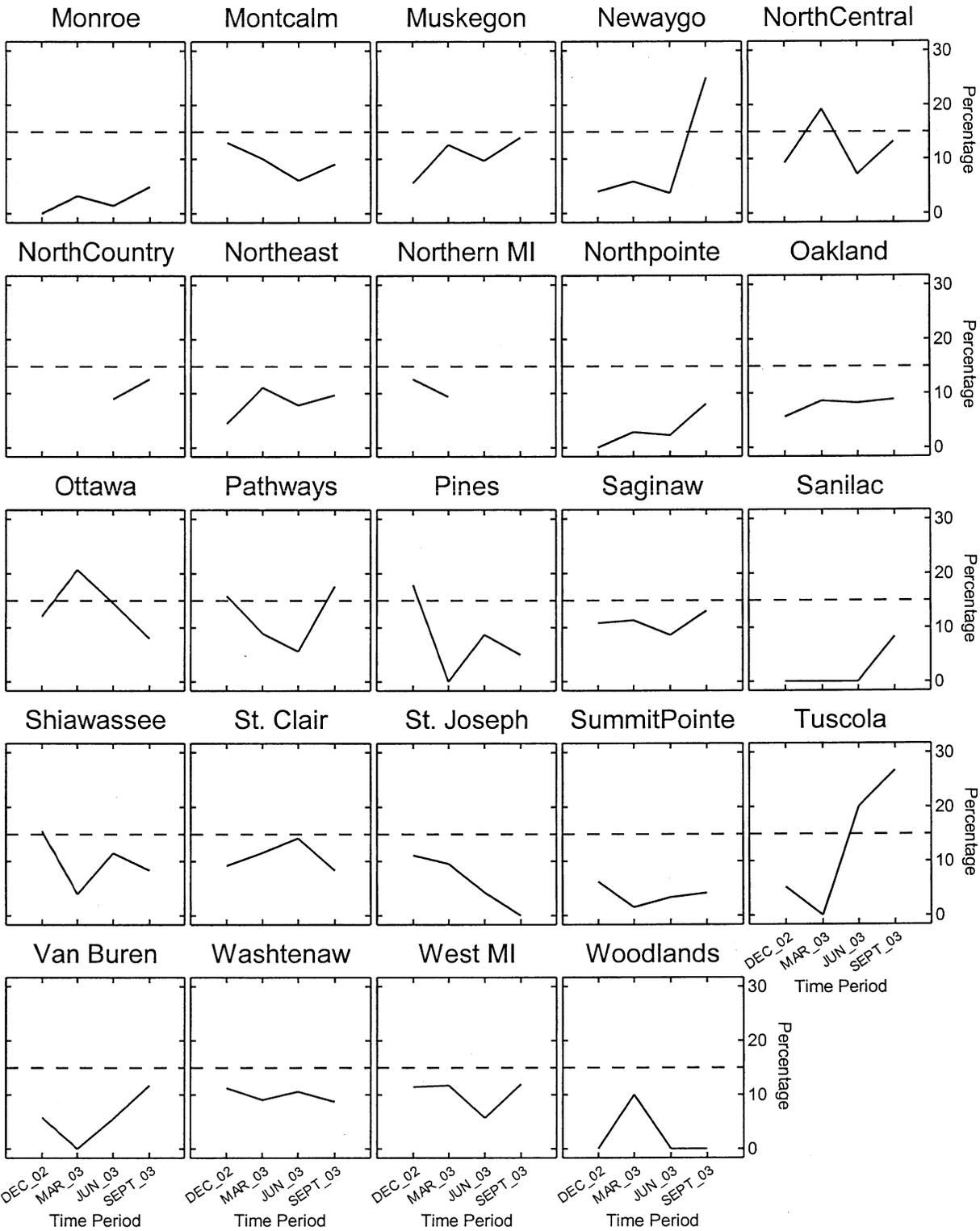
Indicator No. 5b	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	48	48	47	47
Minimum	0.00	0.00	0.00	0.00
Maximum	17.86	20.69	23.08	26.67
Median	7.69	7.80	8.11	9.68
Mean	7.33	7.28	8.30	10.27

Indicator No. 5b - Readmissions within 30 Days of Discharge (All Other Persons)

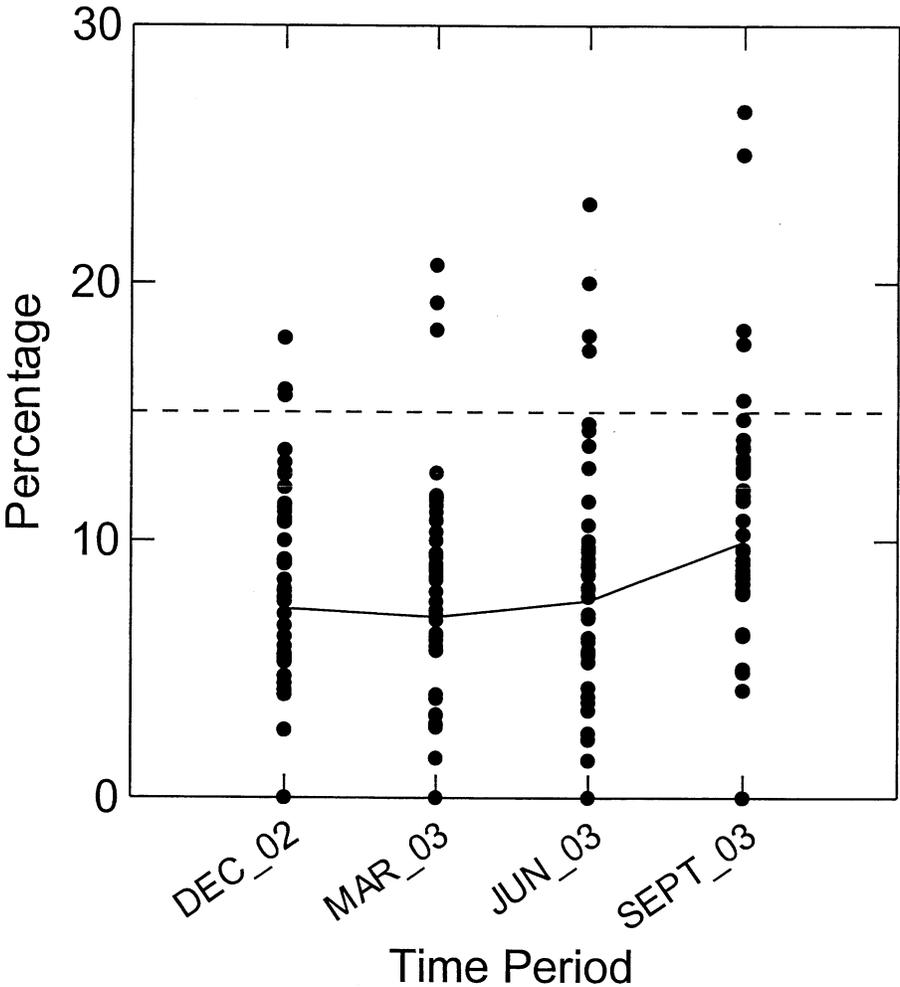


Indicator No. 5b - Page Two

CMHSP



Indicator No. 5b - % Readmissions within 30 Days of Discharge
(All Other Persons)



Indicator 8a. Access: Continuity of Care -- Percentage of children with SED discharged from a psychiatric inpatient unit who were seen for follow-up care within seven days.

Rationale for Use:

When responsibility for the care of an individual shifts from one organization to another, it is important that services remain relatively uninterrupted and continuous. Otherwise, the quality of care and consumer outcomes may suffer.

Note 1: Starting with the reporting period covering October 1, 2001 to December 31, 2001, the time interval for the standard was changed from 30 days to seven days.

Note 2: Starting with the reporting period covering October 1, 2002 to December 31, 2002, this indicator has been separated out into two separate indicators. Indicator number 8a covers SED children and Indicator 8b covers all other persons.

Data Definition:

“Persons discharged” are those who were originally authorized by the CMHSP to be in a Psychiatric Inpatient Unit who met criteria for specialty mental health services and who had one of the following discharge diagnoses:

- Schizophrenia or other psychotic disorders (295.xx, 297.1, 297.3, 298.8, 298.9)
- Mood disorders, major depression, or bipolar disorders (296.xx)
- Dementia (290.xx)
- Panic disorder, phobias, or obsessive-compulsive disorder (300.xx)
- Antisocial personality disorder (301.7)

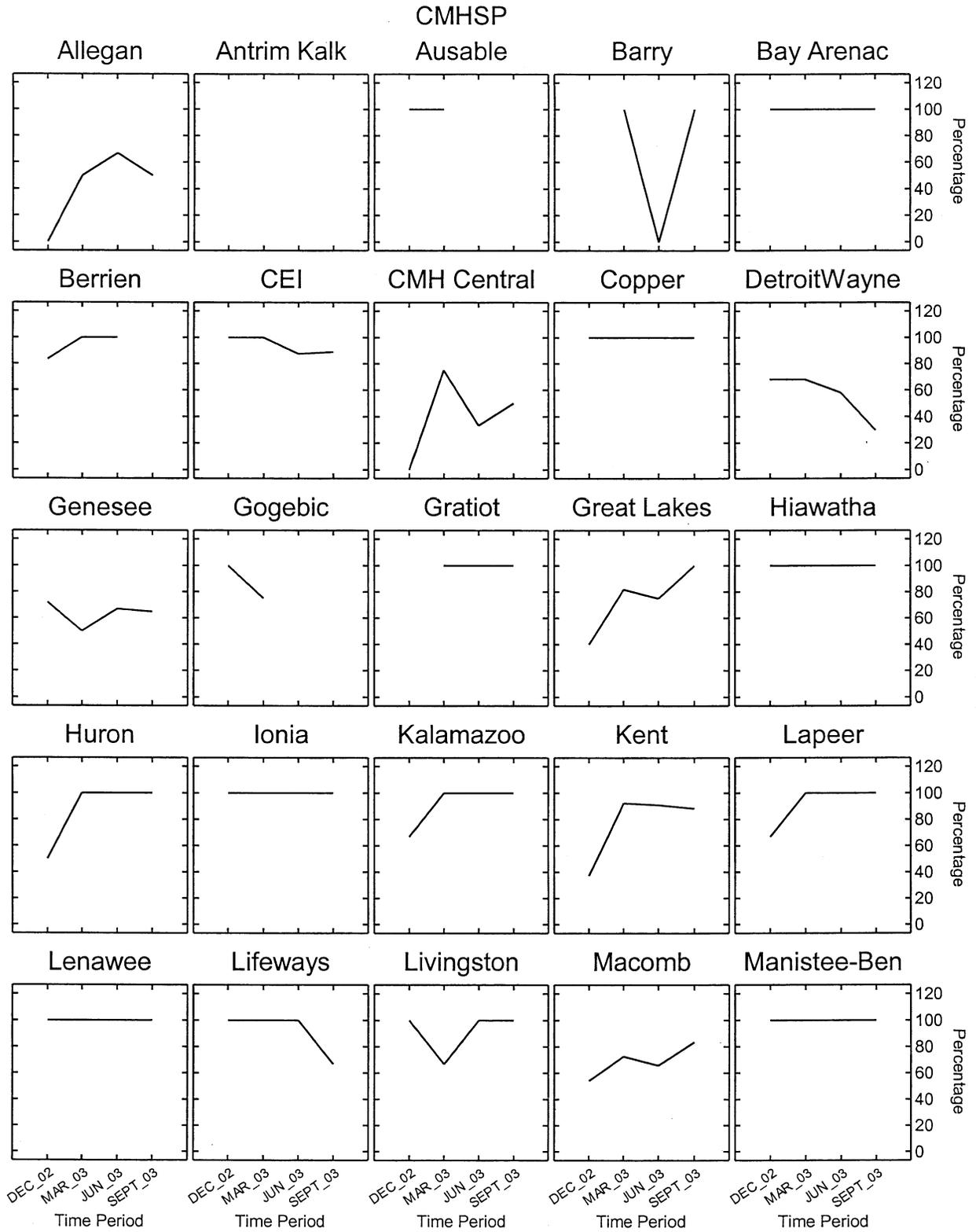
Method of Calculation:

The number of persons discharged from an inpatient setting who were seen for follow-up care within seven days of discharge divided by the total number of inpatient discharges during the period.

Descriptive Statistics:

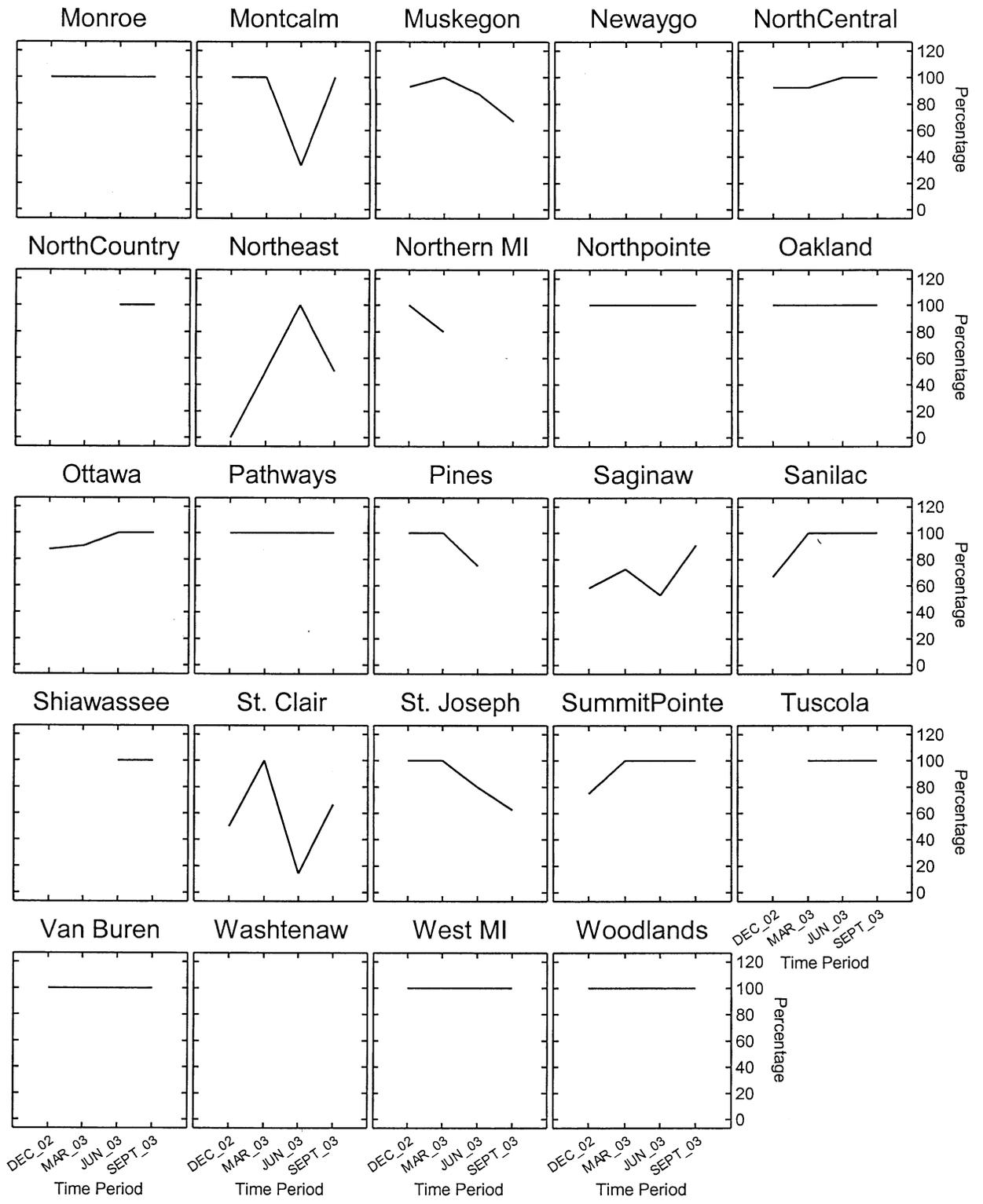
Indicator No. 8a	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	43	45	43	43
Minimum	0.00	50.00	0.00	29.58
Maximum	100.00	100.00	100.00	100.00
Median	100.00	100.00	100.00	100.00
Mean	80.10	91.48	85.74	88.56

Indicator No. 8a - % Discharges Seen Within 7 Days (SED Children)

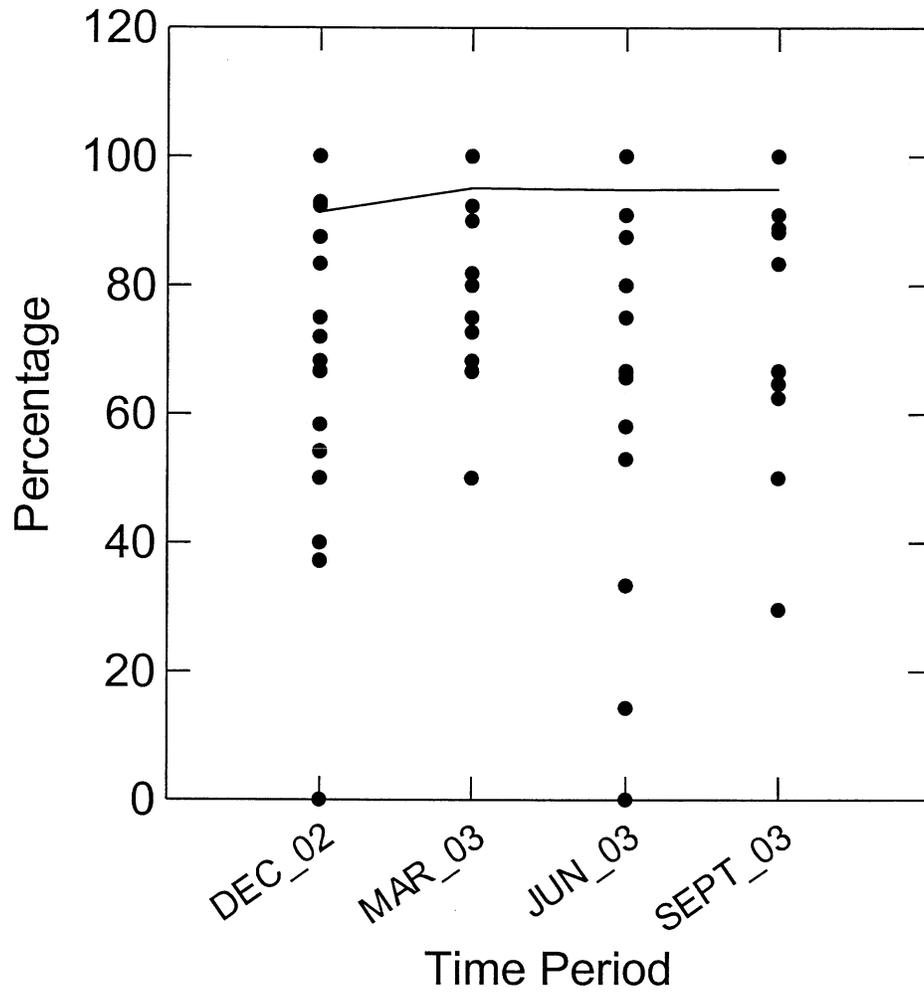


Indicator No. 8a - Page Two

CMHSP



Indicator No. 8a - % Discharges Seen Within 7 Days
(SED Children)



Indicator 8b. Access: Continuity of Care -- Percentage of all other persons discharged from a psychiatric inpatient unit who were seen for follow-up care within seven days.

Rationale for Use:

When responsibility for the care of an individual shifts from one organization to another, it is important that services remain relatively uninterrupted and continuous. Otherwise, the quality of care and consumer outcomes may suffer.

Note 1: Starting with the reporting period covering October 1, 2001 to December 31, 2001, the time interval for the standard was changed from 30 days to seven days.

Note 2: Starting with the reporting period covering October 1, 2002 to December 31, 2002, this indicator has been separated out into two separate indicators. Indicator number 8a covers SED children and Indicator 8b covers all other persons.

Data Definition:

“Persons discharged” are those who were originally authorized by the CMHSP to be in a Psychiatric Inpatient Unit who met criteria for specialty mental health services and who had one of the following discharge diagnoses:

- Schizophrenia or other psychotic disorders (295.xx, 297.1, 297.3, 298.8, 298.9)
- Mood disorders, major depression, or bipolar disorders (296.xx)
- Dementia (290.xx)
- Panic disorder, phobias, or obsessive-compulsive disorder (300.xx)
- Antisocial personality disorder (301.7)

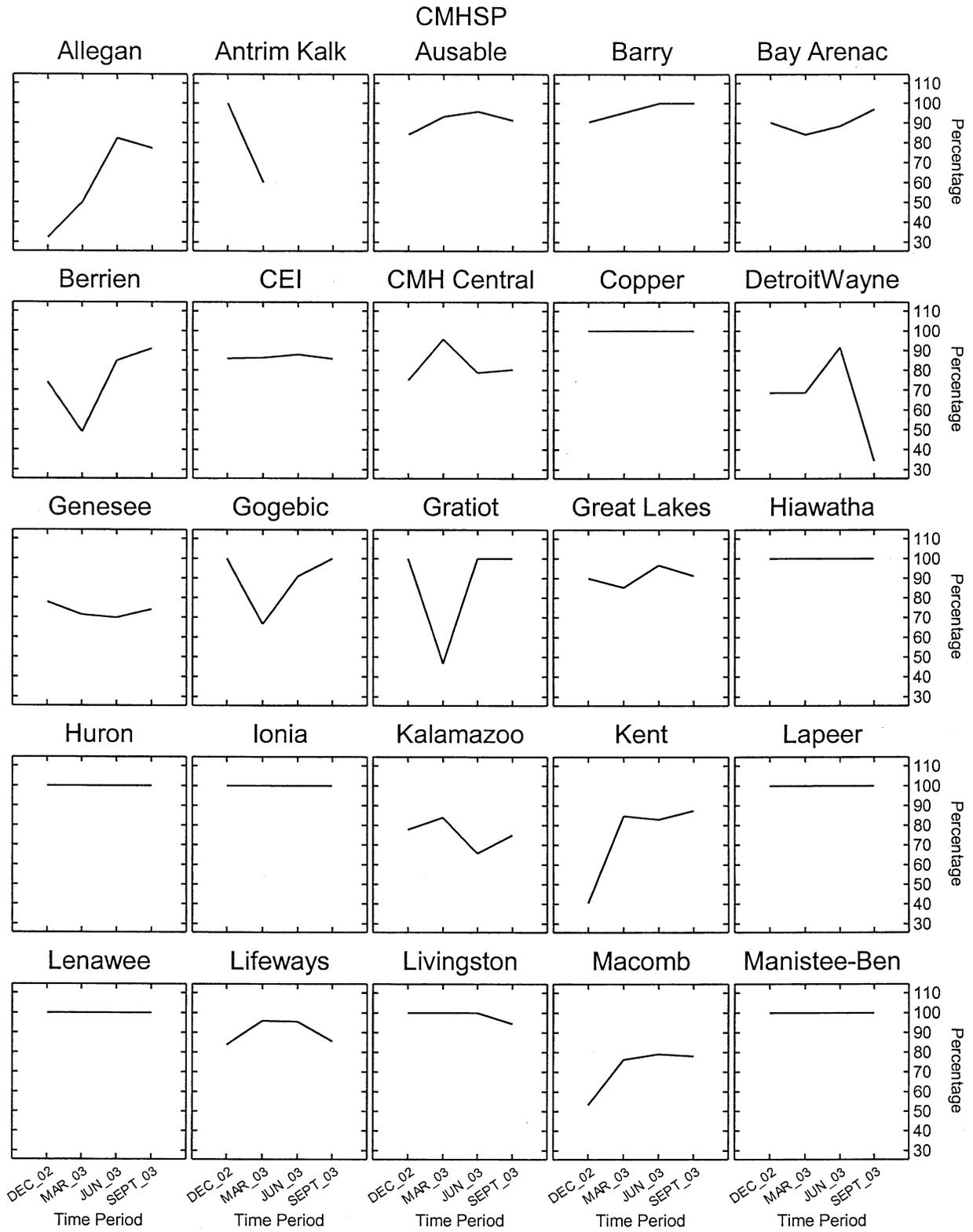
Method of Calculation:

The number of persons discharged from an inpatient setting who were seen for follow-up care within seven days of discharge divided by the total number of inpatient discharges during the period.

Descriptive Statistics:

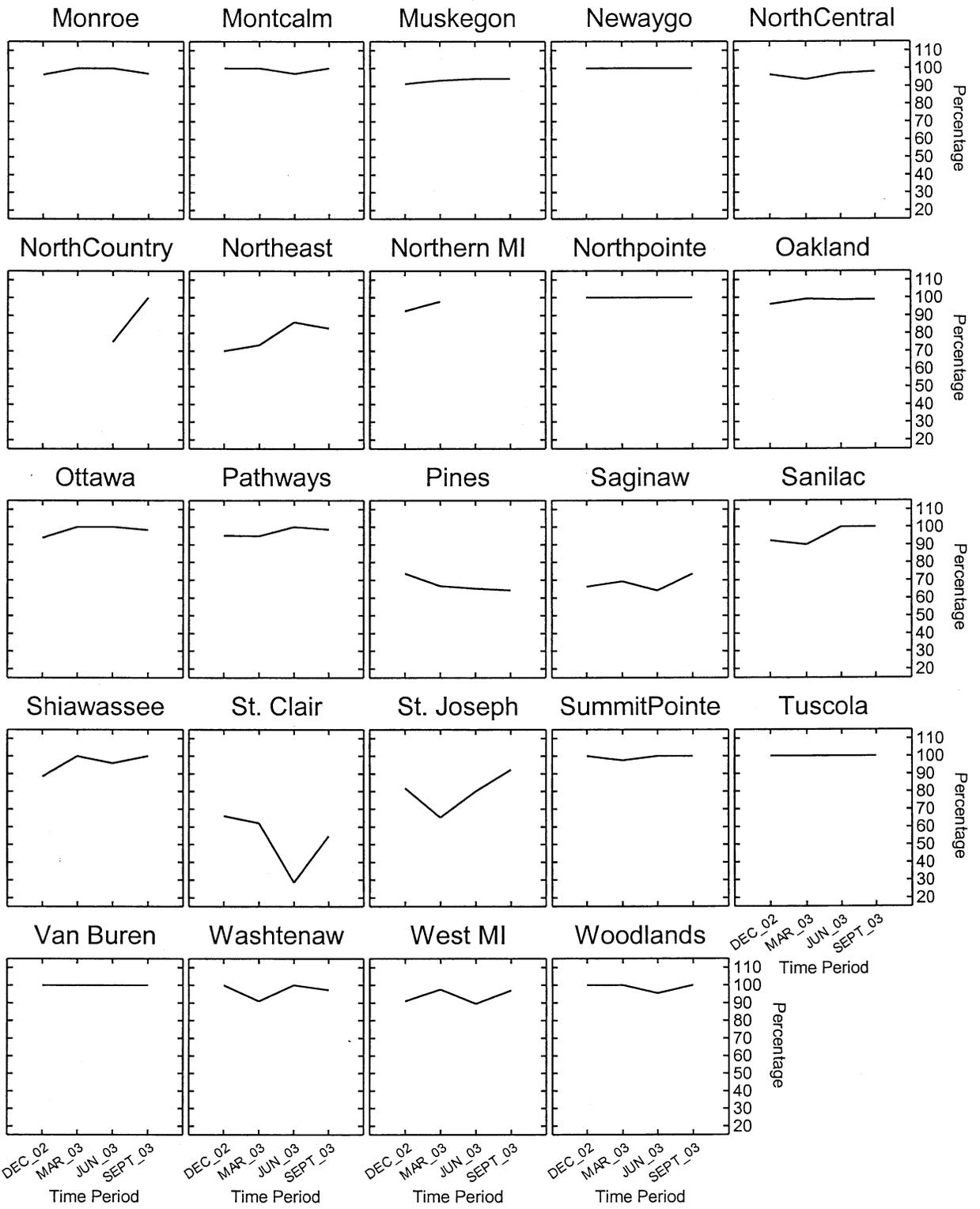
Indicator No. 8b	DEC 02	MAR 03	JUN 03	SEPT 03
Number of Cases	48	48	47	47
Minimum	32.14	46.67	28.57	34.32
Maximum	100.00	100.00	100.00	100.00
Median	93.18	95.06	96.61	98.21
Mean	87.81	87.16	90.57	91.26

Indicator No. 8b - % Discharges Seen Within 7 Days (All Other Persons)

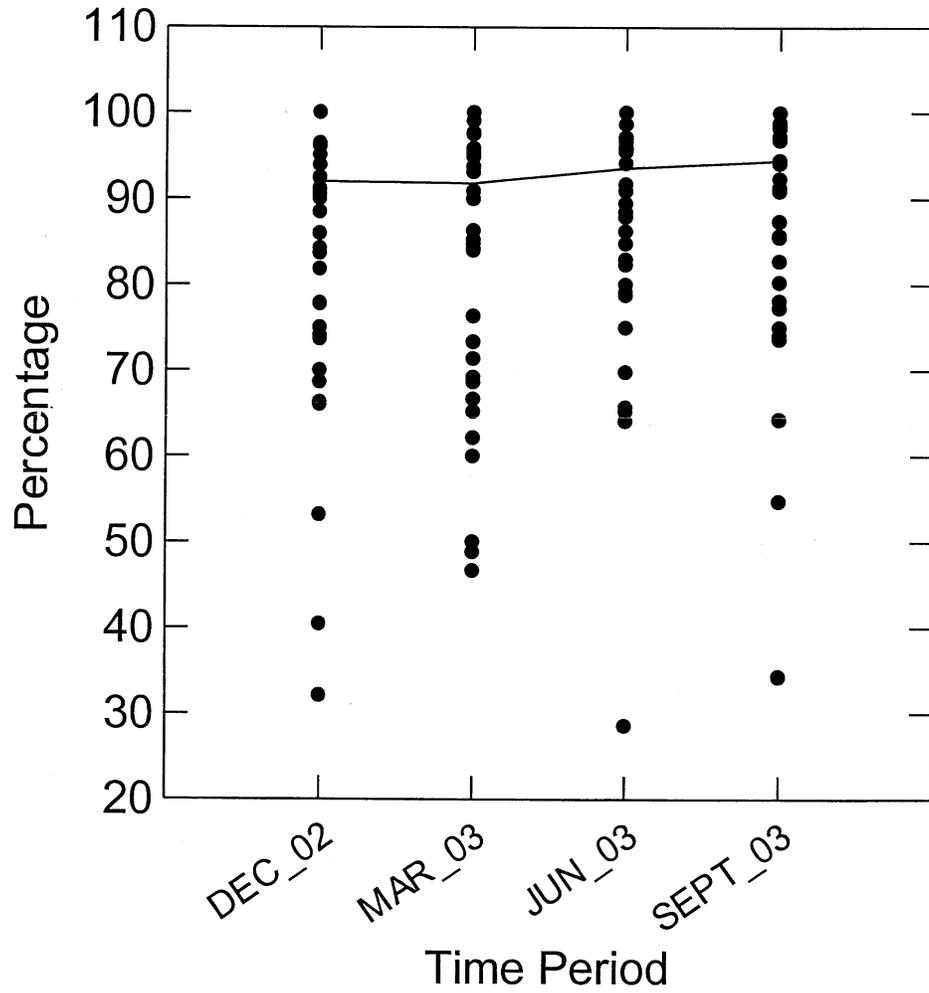


Indicator No. 8b - Page Two

CMHSP



Indicator No. 8b - % Discharges Seen Within 7 Days
(All Other Persons)



Indicator 12. Quality of Life: Employment -- The percentage of persons with a developmental disability receiving a daytime service who are in supported employment.

Rationale for Use:

Most people express a desire to work. Employment in community-based settings provides an opportunity for persons with developmental disabilities to be productive members of their communities. The degree to which people are employed is a measure of quality of life and one expected outcome of the provision of public services.

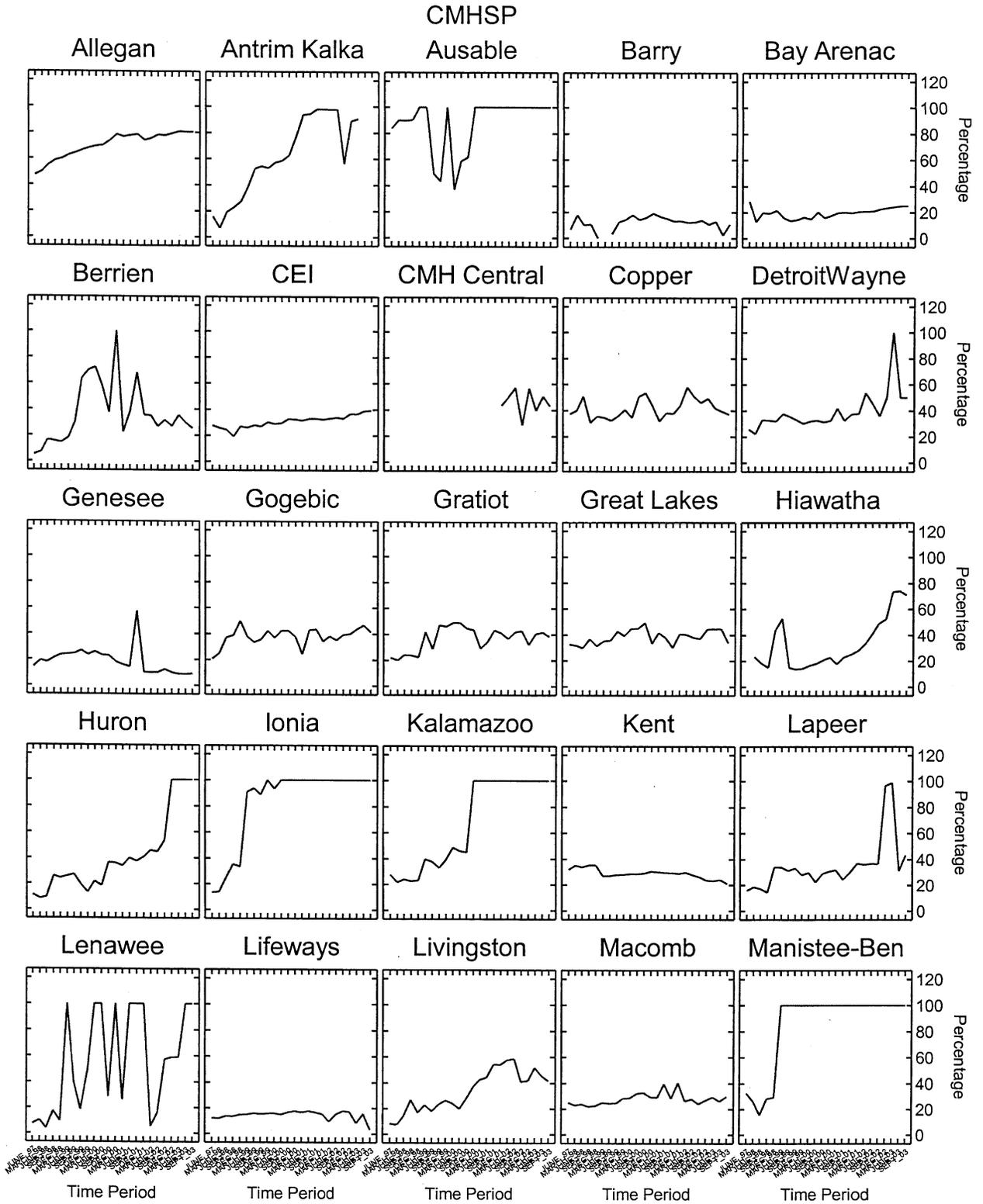
Method of Calculation:

The number of persons with a developmental disability in supported employment divided by the total number of persons with a developmental disability receiving a daytime service, i.e., the total persons with developmental disabilities in day programming plus the total persons with developmental disabilities in supported employment.

Descriptive Statistics:

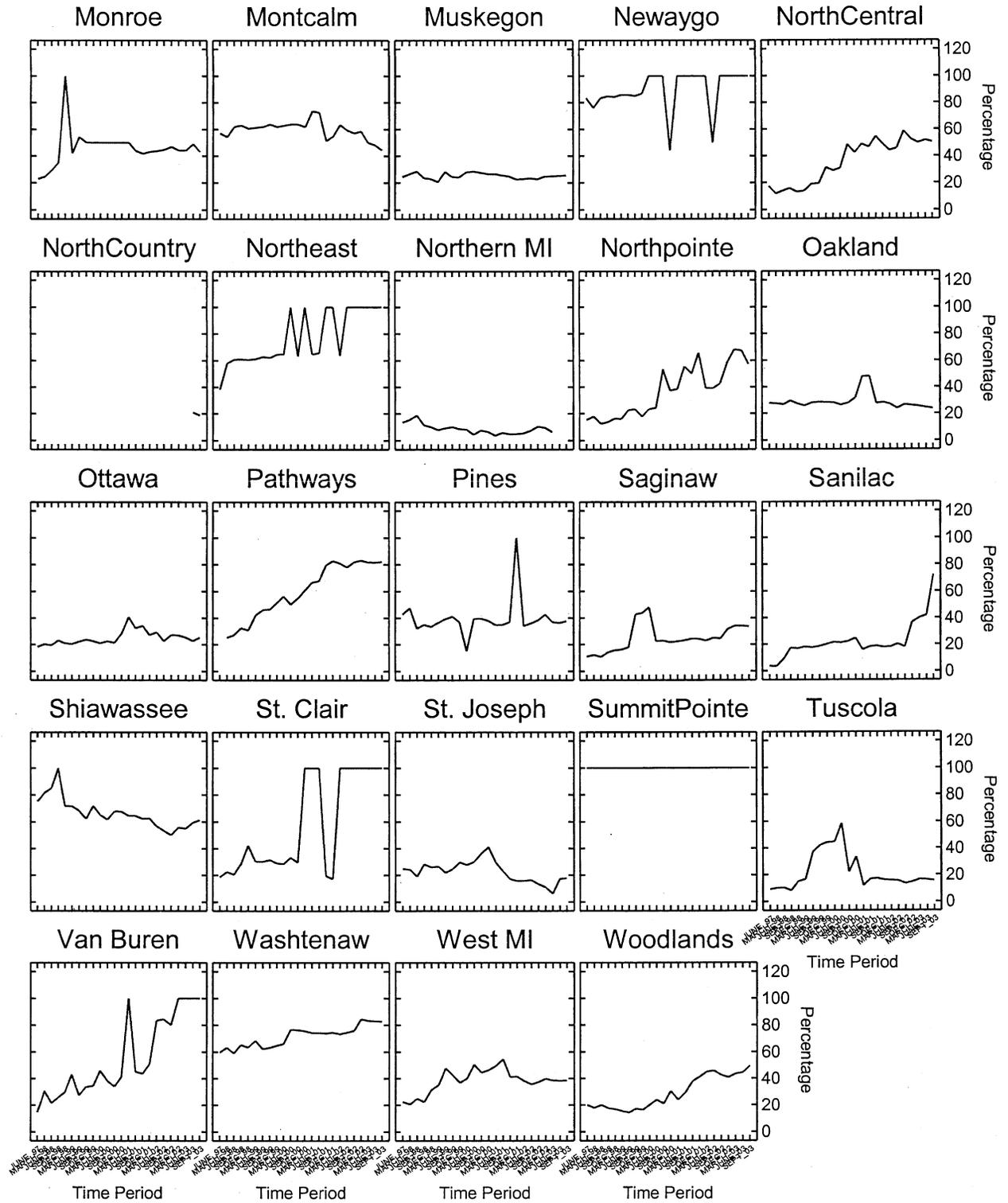
Indicator No. 12	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	48	48	47	47
Minimum	9.43	6.25	2.63	3.45
Maximum	100.00	100.00	100.00	100.00
Median	46.81	44.45	45.57	43.09
Mean	54.30	55.68	53.97	53.66

Indicator No. 12 - % DD in Supported Employment

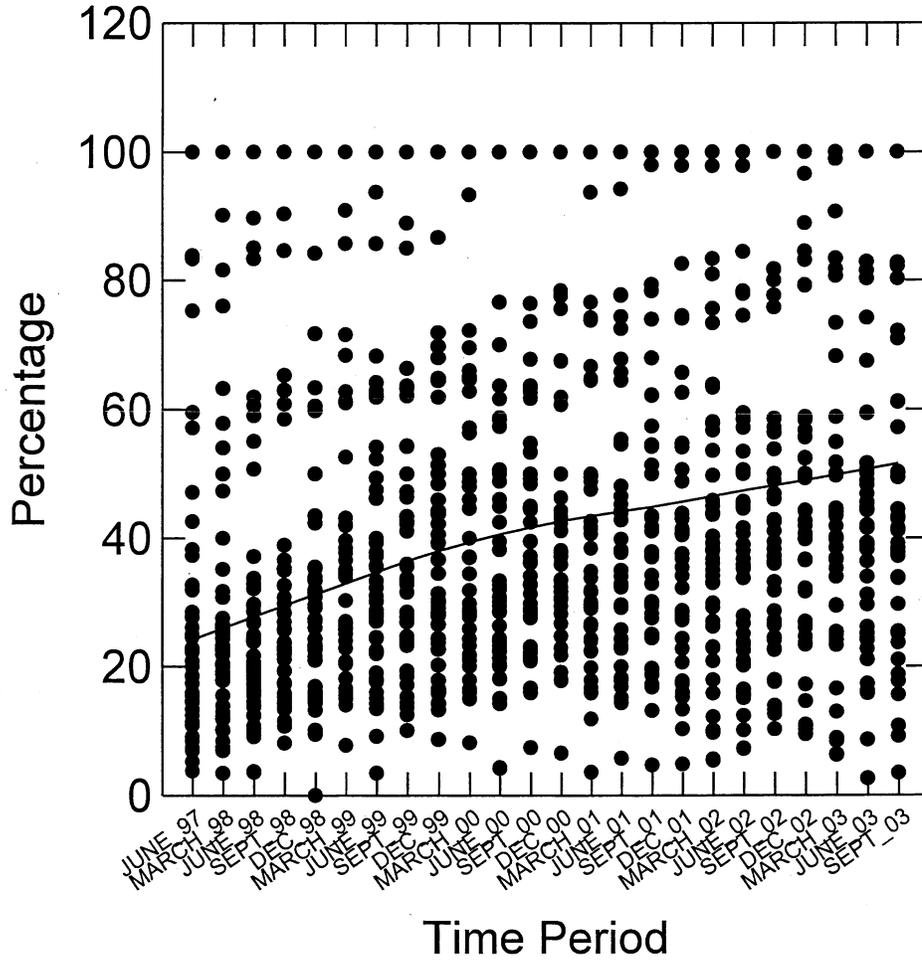


Indicator No. 12 - Page Two

CMHSP



Indicator No. 12 - % DD in Supported Employment



Indicator 13. Outcomes: Employment -- The percentage of persons with a developmental disability in supported employment earning the federal minimum wage or greater.

Rational for Use:

Meaningful employment, which provides sufficient hours, wages, and longevity, is an important variable in enabling a person to achieve independence.

Method of Calculation:

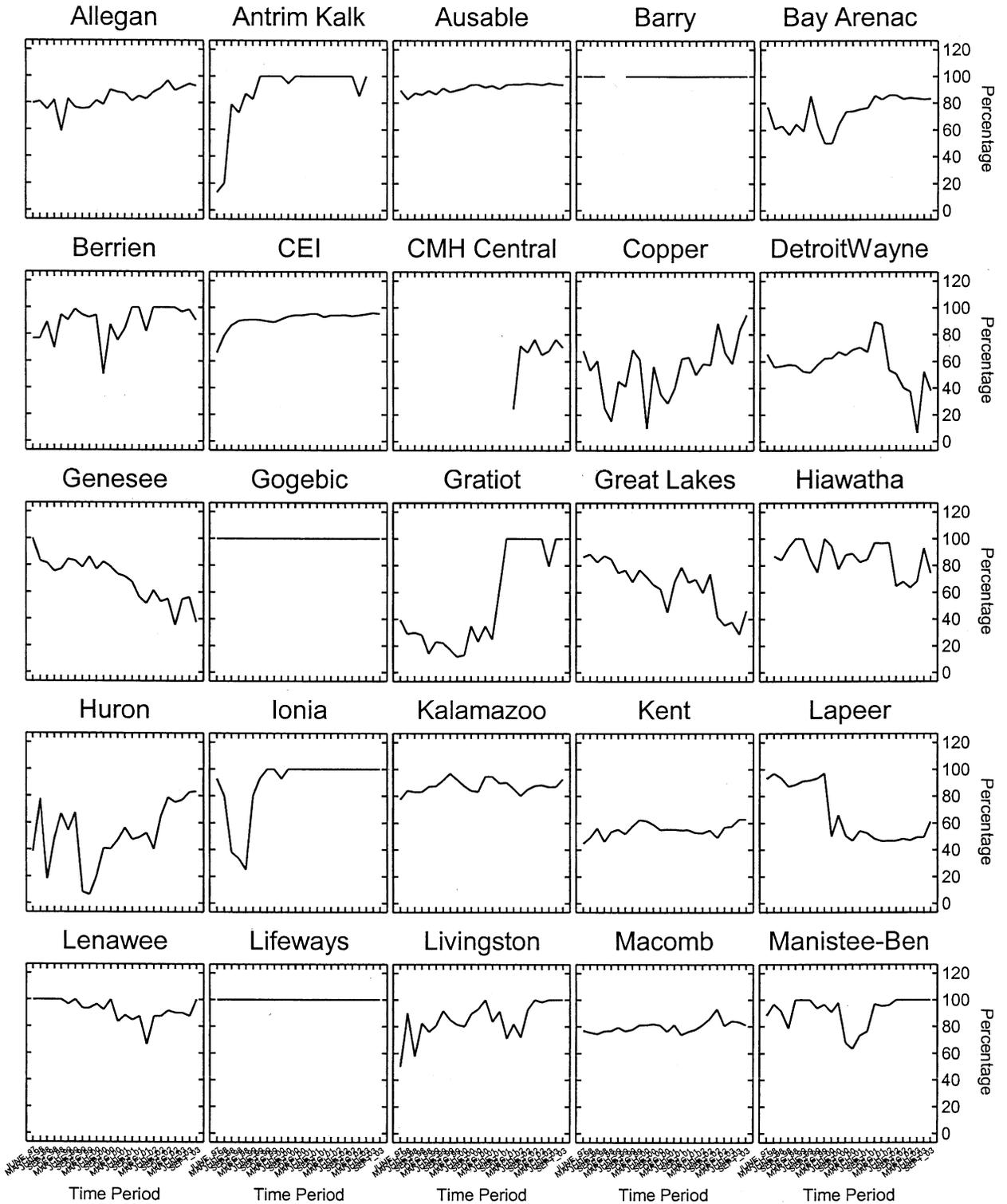
The number of persons with a developmental disability in supported employment earning minimum wage divided by the total number of persons with a developmental disability in supported employment during the reporting period.

Descriptive Statistics:

Indicator No. 13	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	48	48	47	47
Minimum	34.09	6.50	27.59	35.96
Maximum	100.00	100.00	100.00	108.33
Median	87.17	83.75	91.43	92.62
Mean	80.70	79.36	82.35	82.80

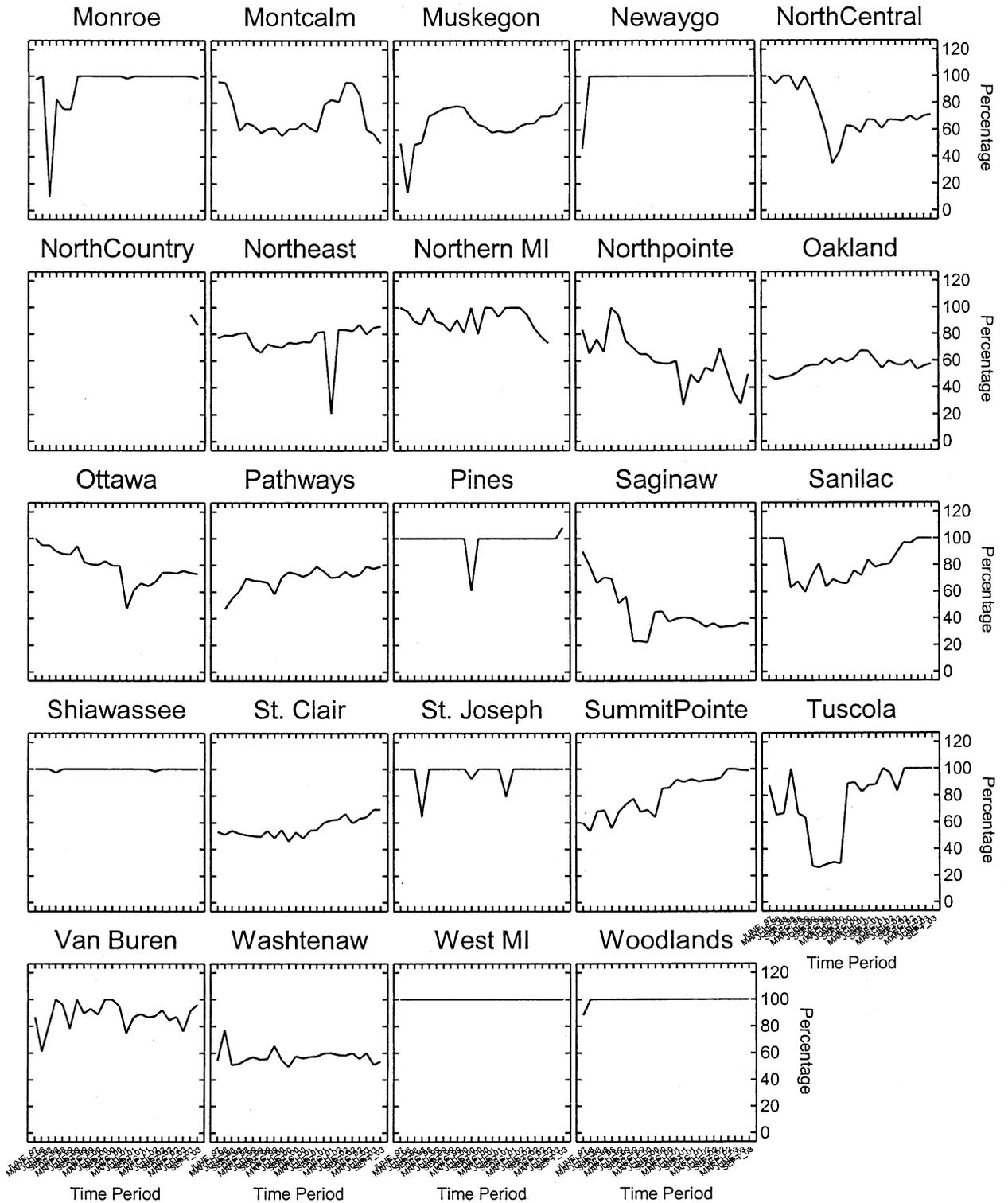
Indicator No. 13 - % DD in SE Earning Minimum Wage

CMHSP



Indicator No. 13 - Page Two

CMHSP



Indicator 16. Quality of Life: Living Situation -- The percentage of children served living with their families.

Rationale for Use:

Use of this indicator is based on the assumption that, in general, the quality of life for children will be higher when they live with their own family instead of in an out-of-home residential placement.

Definition:

Family means natural or adoptive relatives, e.g., parents, grandparents, siblings, etc.

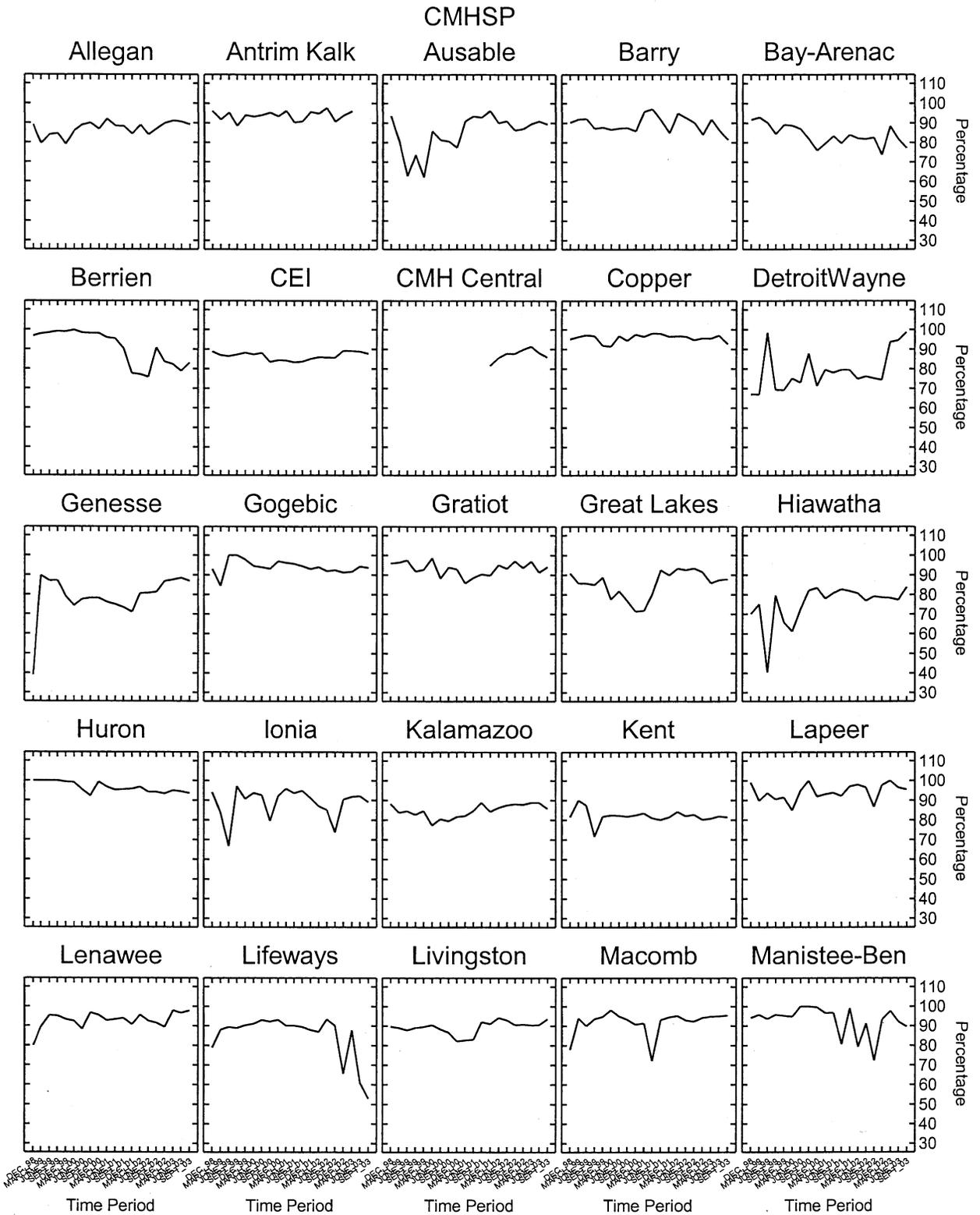
Method of Calculation:

The number of children served living with their family divided by the total number of children receiving CMHSP services.

Descriptive Statistics:

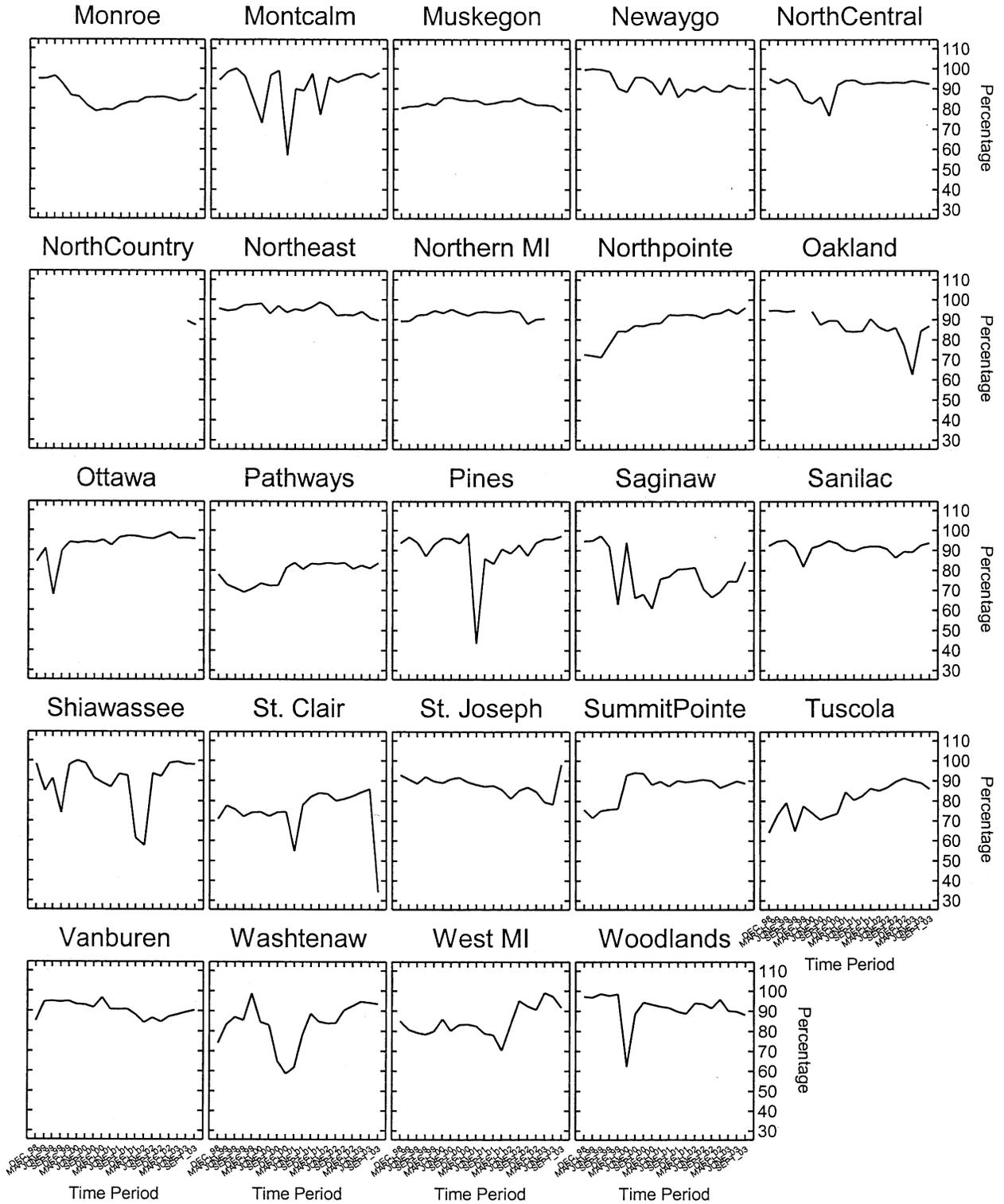
Indicator No. 16	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	48	48	47	47
Minimum	65.68	62.55	61.10	34.16
Maximum	98.97	100.00	98.42	98.62
Median	89.78	90.74	90.36	89.31
Mean	88.04	89.93	88.90	87.99

Indicator No. 16 - % of Children Living With Their Family

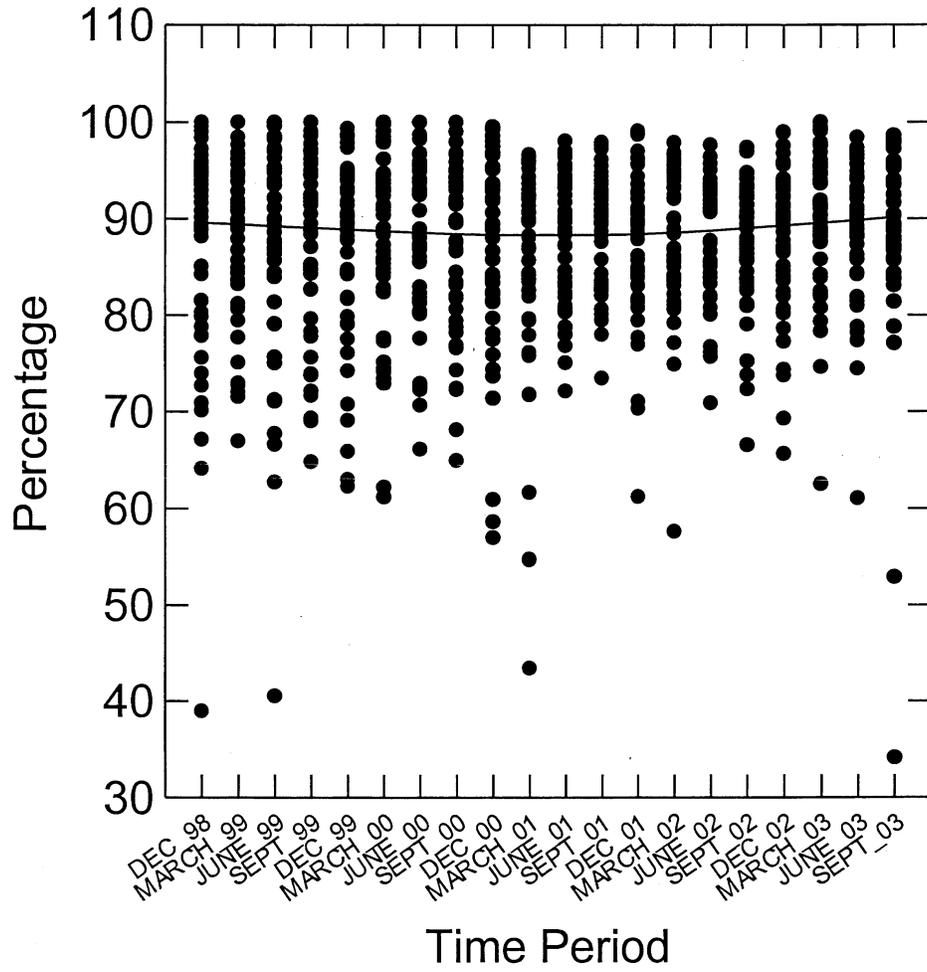


Indicator No. 16 - Page Two

CMHSP



Indicator No. 16 - % of Children Living With Their Family



Indicator 17. Quality of Life: Living Situation -- The percentage of adults with a developmental disability living in their own residence.

Rationale for Use:

Use of this indicator is based on the assumption that, in general, the quality of life of adults with a developmental disability will be higher when they live in their own residence instead of in some other type of residential placement.

Definition:

Own residence means that the lease, rental agreement, or deed or mortgage of the home, apartment or condominium is in the consumer's name or that of his or her spouse.

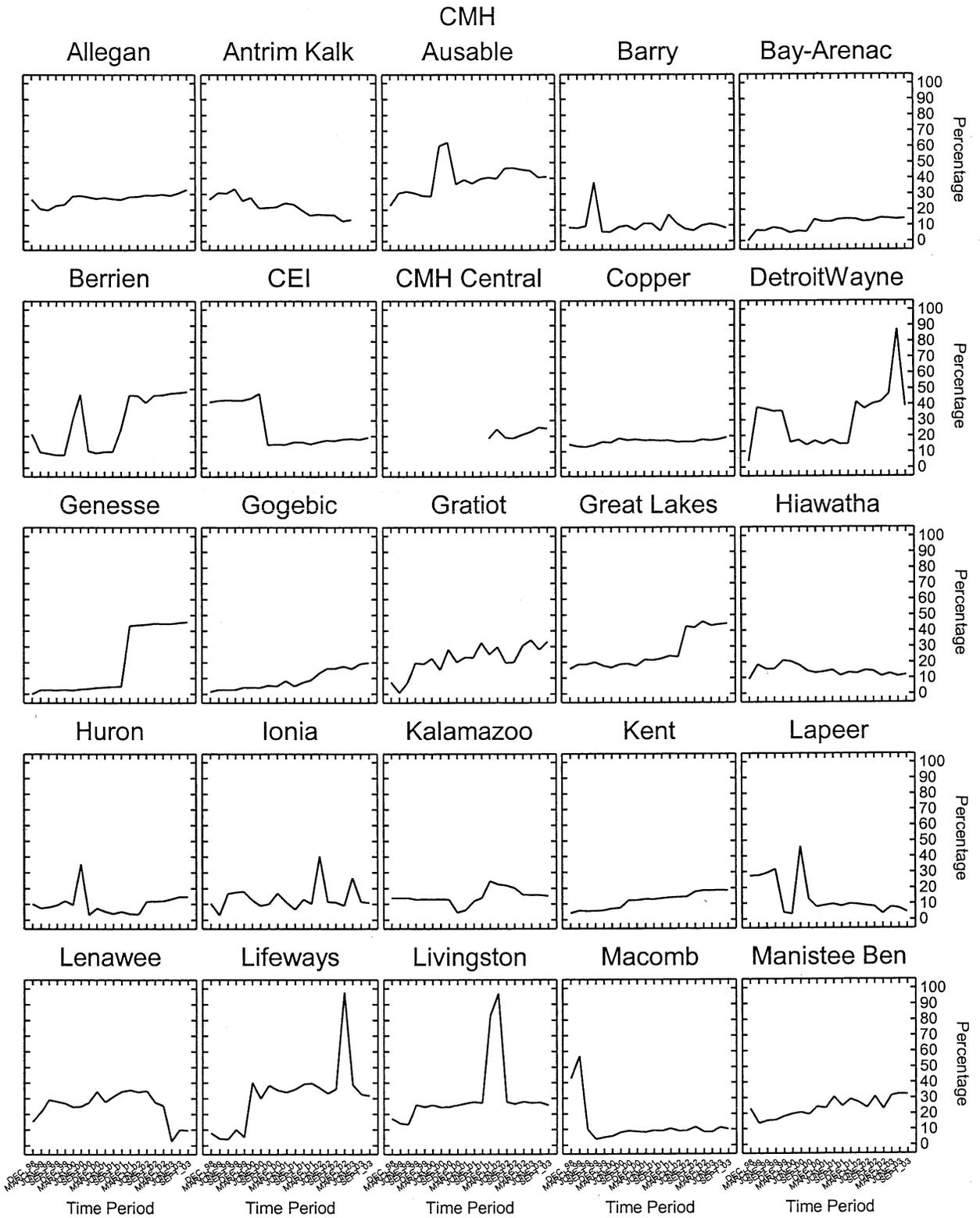
Method of Calculation:

The number of adults with a developmental disability served who are living in their own residence divided by the total number of adults with a developmental disability served during the reporting period.

Descriptive Statistics:

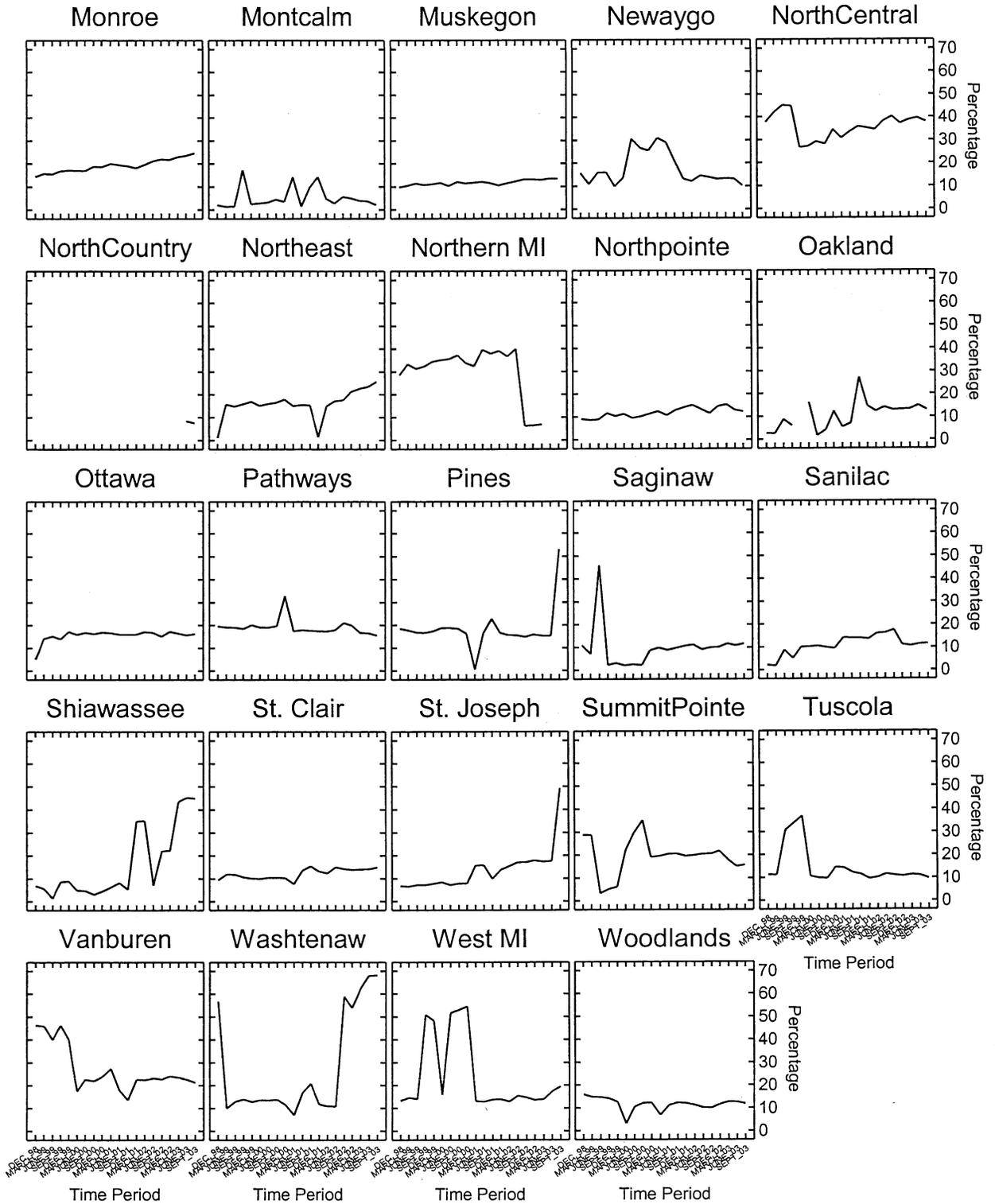
Indicator No. 17	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	48	48	47	47
Minimum	3.66	2.58	3.67	2.17
Maximum	97.75	62.41	87.49	68.16
Median	17.66	16.51	16.49	18.44
Mean	22.00	21.71	22.68	23.06

Indicator No. 17 - % of DD Adults Living in Own Residence

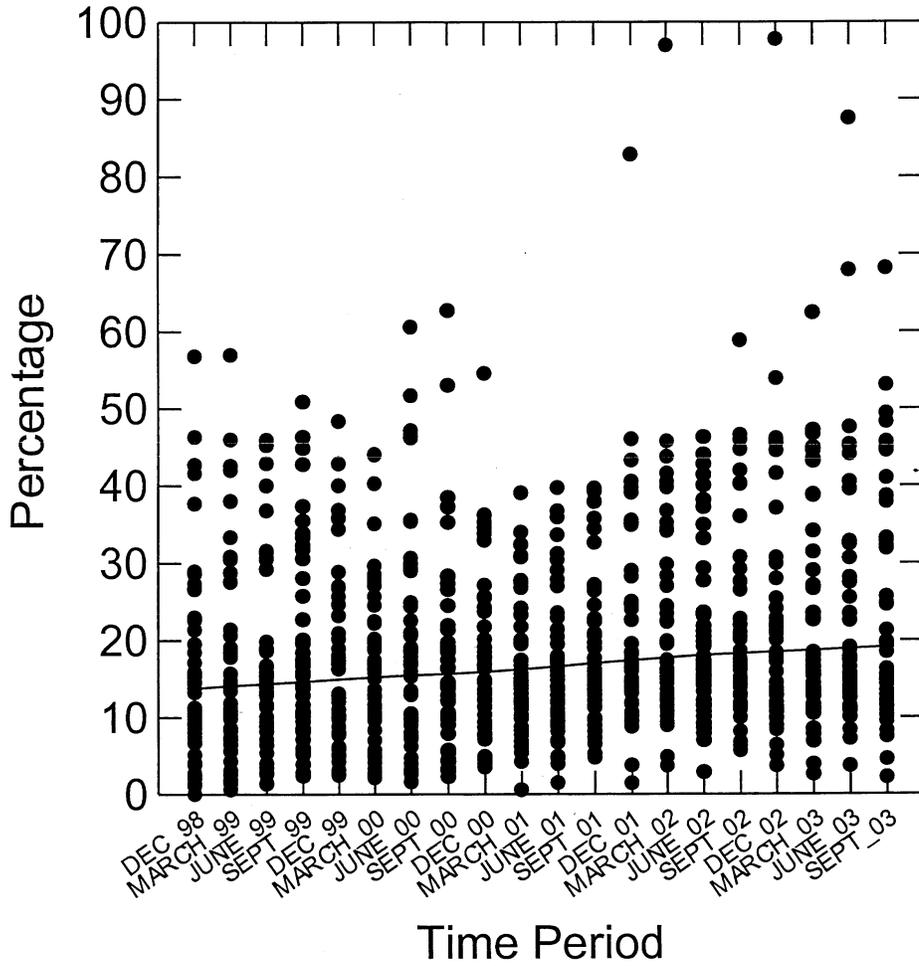


Indicator No. 17 - Page Two

CMH



Indicator No. 17 - % of DD Adults Living in Own Residence



Indicator 18. Access: Penetration Rate -- Ratio of the percentage of CMHSP caseload under the age of 18 to the percentage of the CMHSP area census under age 18.

Rationale for Use:

This indicator addresses the degree to which children under 18, typically an underserved population, are receiving public mental health services.

Method of Calculation:

The percentage of the CMHSP caseload comprised of children under age 18 divided by the percentage of children under 18 in the area population (based on 2000 census data).

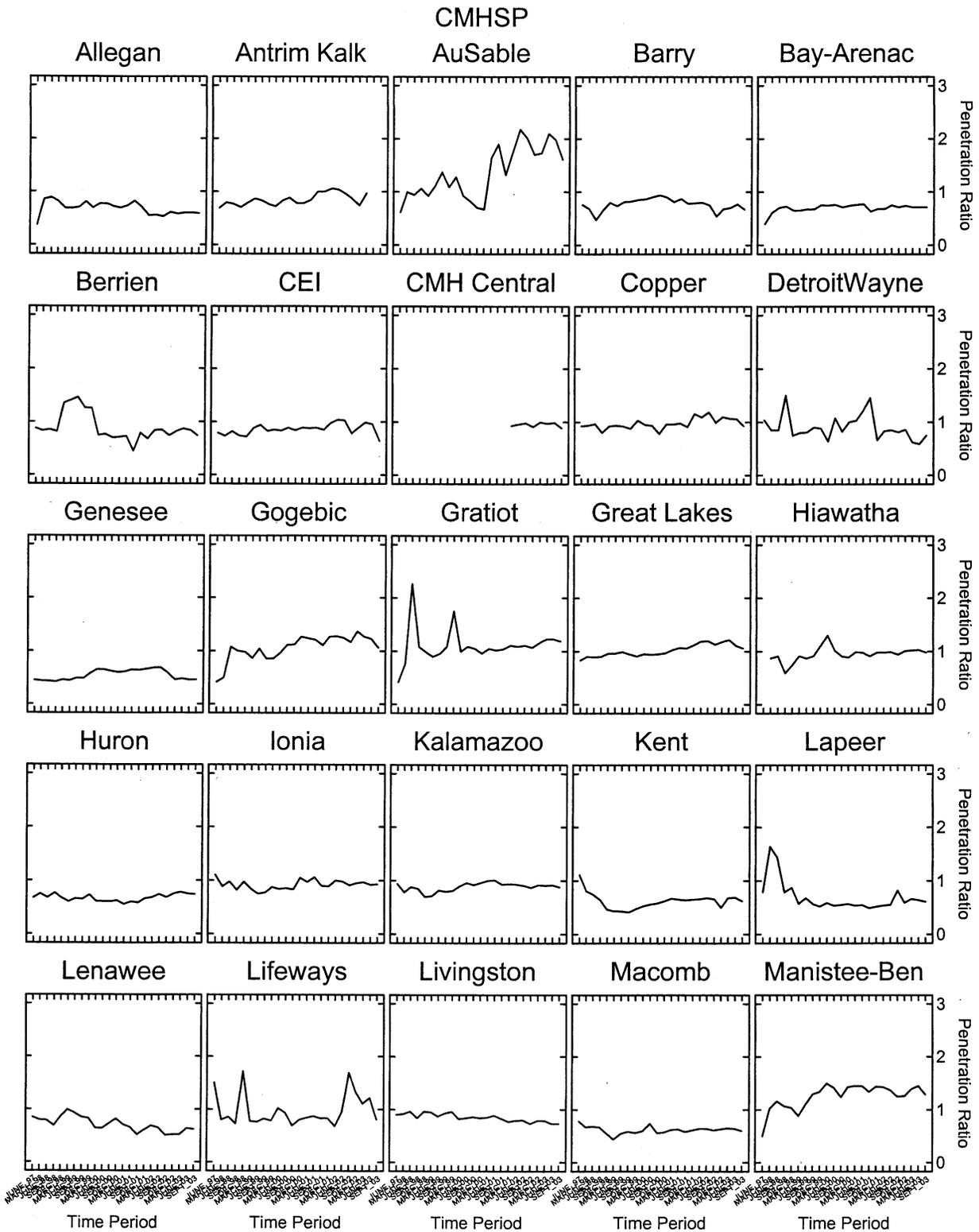
Comments:

A score of "1" indicates that the CMHSP is serving the same percentage of the population as exists in the community. Less than "1" means that the CMHSP is serving a smaller percentage than exists in the community while more than "1" means it is serving a higher percentage.

Descriptive Statistics:

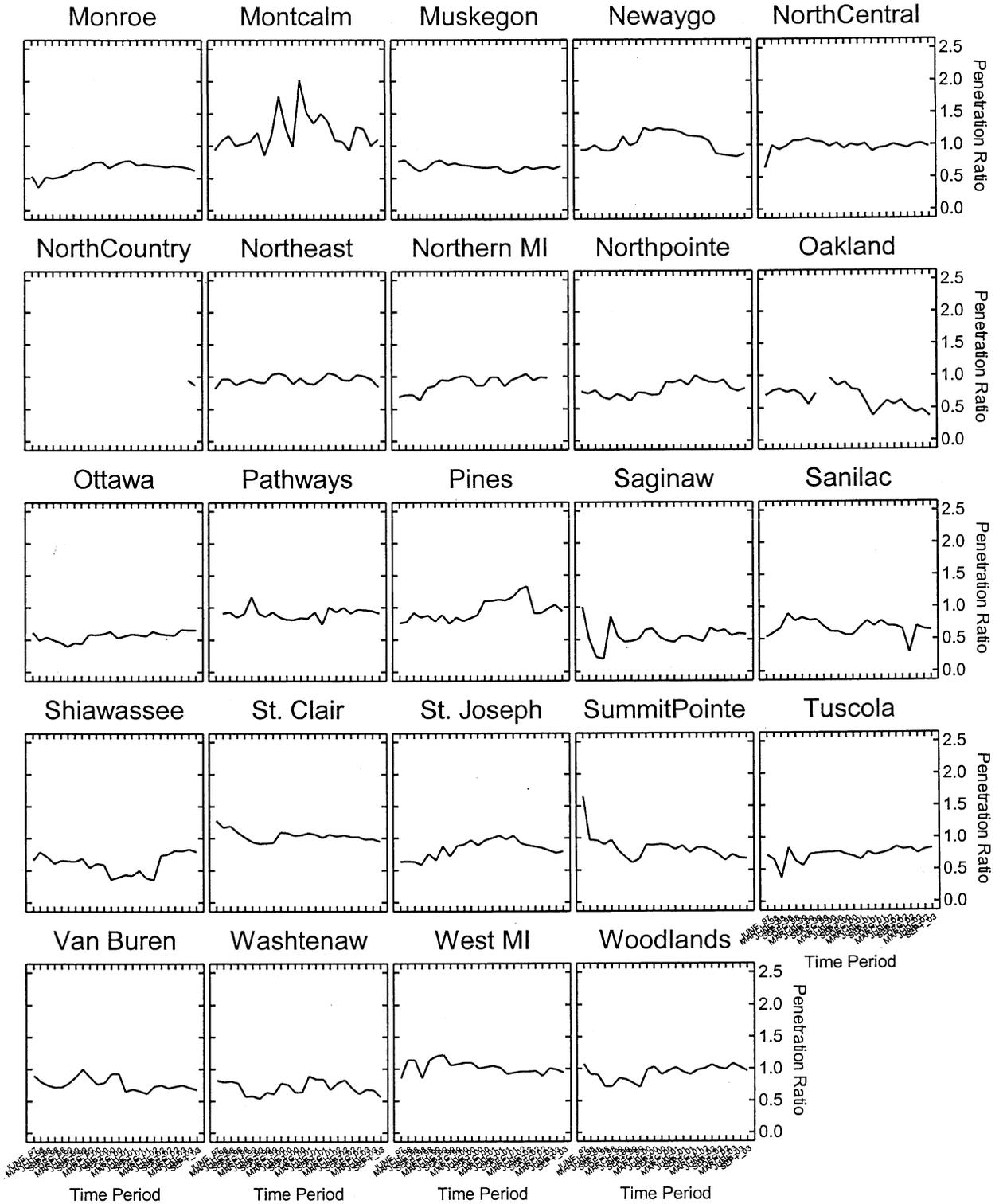
Indicator No. 18	DEC 02	MAR 03	JUN 03	SEPT 03
Number of Cases	48	48	47	47
Minimum	0.29	0.43	0.46	0.37
Maximum	1.73	2.10	1.98	1.61
Median	0.85	0.82	0.82	0.79
Mean	0.86	0.88	0.87	0.81

Indicator No. 18 - Penetration Ratio - 18 or Younger

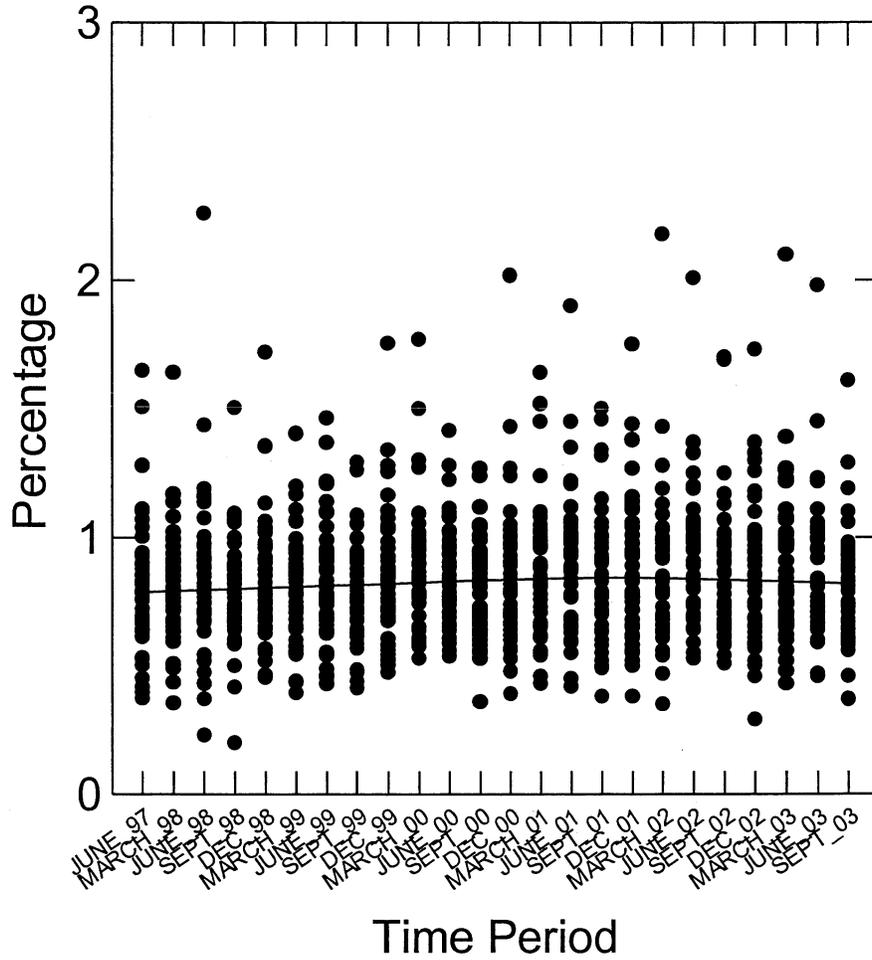


Indicator No. 18 - Page Two

CMHSP



Indicator No. 18 - Penetration Ratio - 18 or Younger



Indicator 19. Access: Penetration Rate -- Ratio of the percentage of CMHSP caseload over the age of 65 to the percentage of the CMHSP area census age 65 and over.

Rationale for Use:

This indicator addresses the degree to which adults age 65 and over, typically an underserved population, are receiving mental health services.

Method of Calculation:

The percentage of the CMHSP caseload age 65 and over divided by the percentage of persons over age 65 in the area population (based on 2000 census data).

Comments:

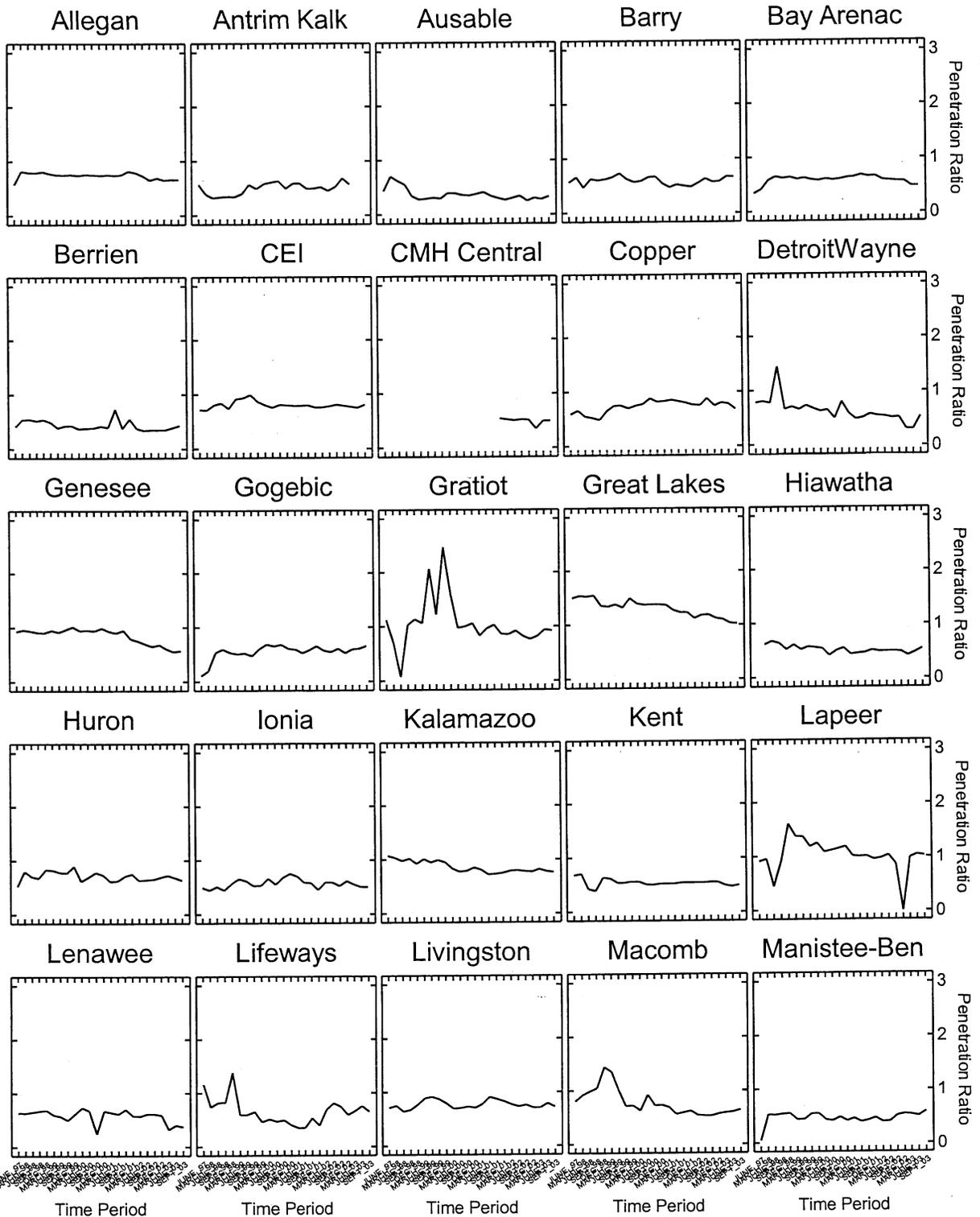
A score of "1" indicates that the CMHSP is serving the same percentage of the population as exists in the community. Less than "1" means that the CMHSP is serving a smaller percentage than exists in the community while more than "1" means it is serving a higher percentage.

Descriptive Statistics:

Indicator No. 19	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	48	48	47	47
Minimum	0.00	0.20	0.28	0.25
Maximum	1.12	1.10	1.06	1.39
Median	0.56	0.57	0.54	0.54
Mean	0.58	0.58	0.60	0.61

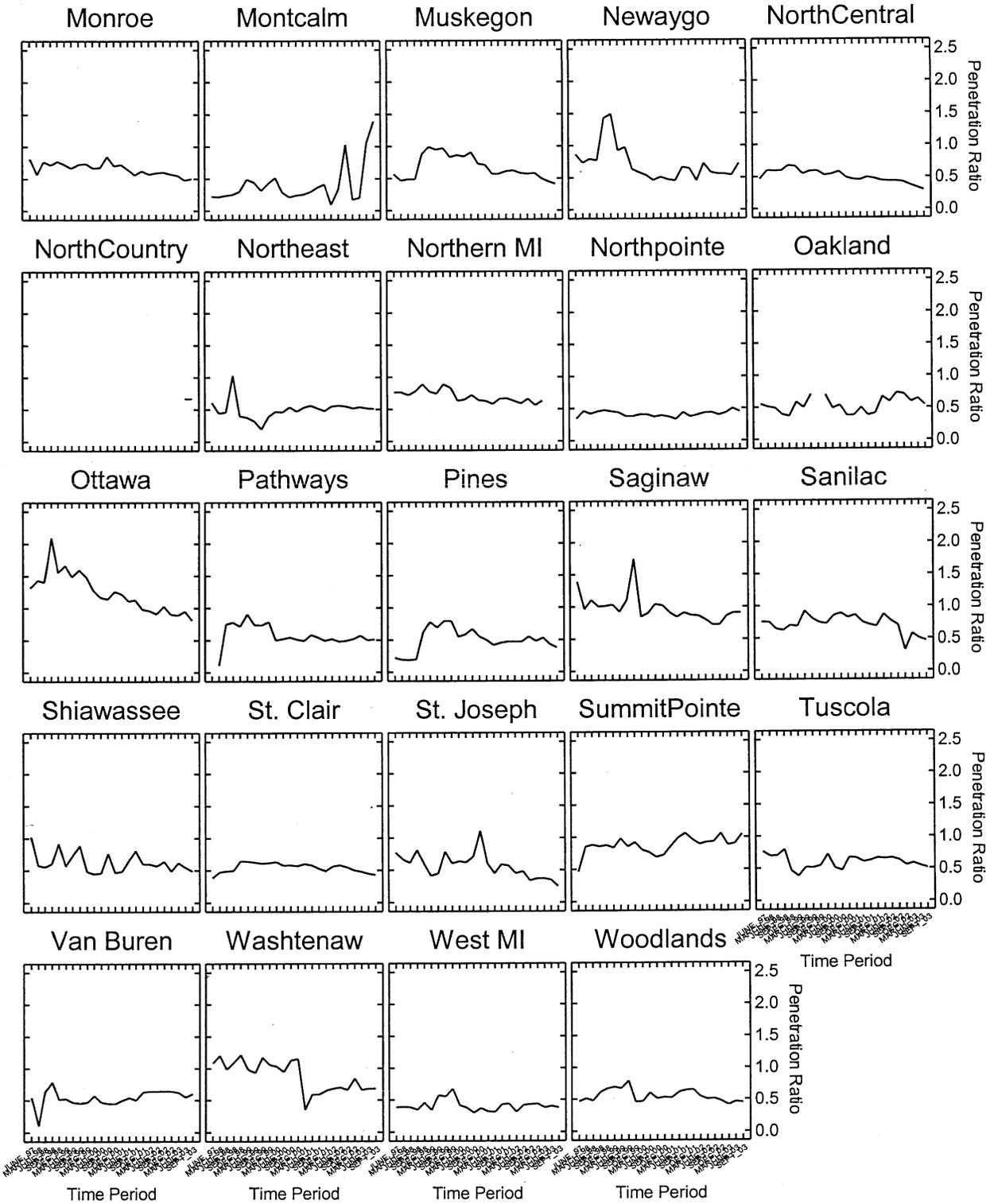
Indicator No. 19 - Penetration Ratio - 65 or Older

CMHSP

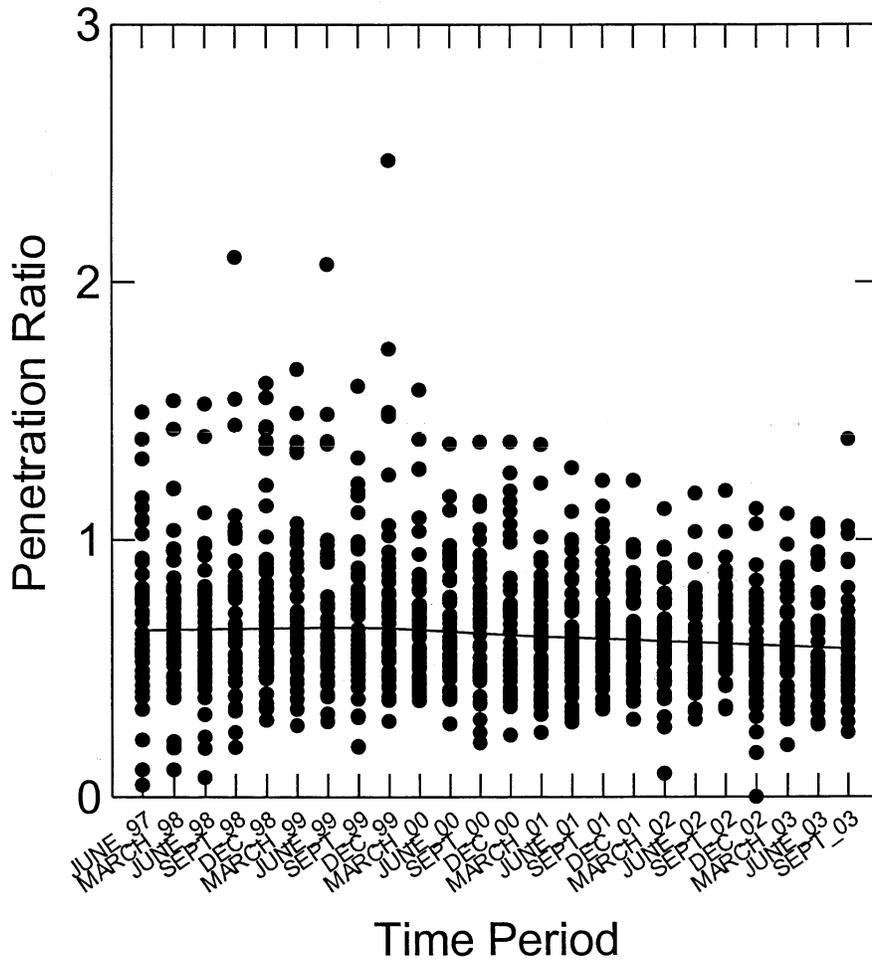


Indicator No. 19 - Page Two

CMHSP



Indicator No. 19 - Penetration Ratio - 65 or Older



Indicator 20. Access: Penetration Rate -- Ratio of the percentage of ethnic minorities in the CMSHP caseload to the percentage minorities in the CMHSP area census.

Rationale for Use:

This indicator addresses the degree to which ethnic minorities, typically an underserved population, are accessing public mental health services.

Method of Calculation:

The percentage of the CMHSP caseload comprised of ethnic minorities divided by the percentage of persons who are ethnic minorities in the area population (based on 2000 census data).

Comments:

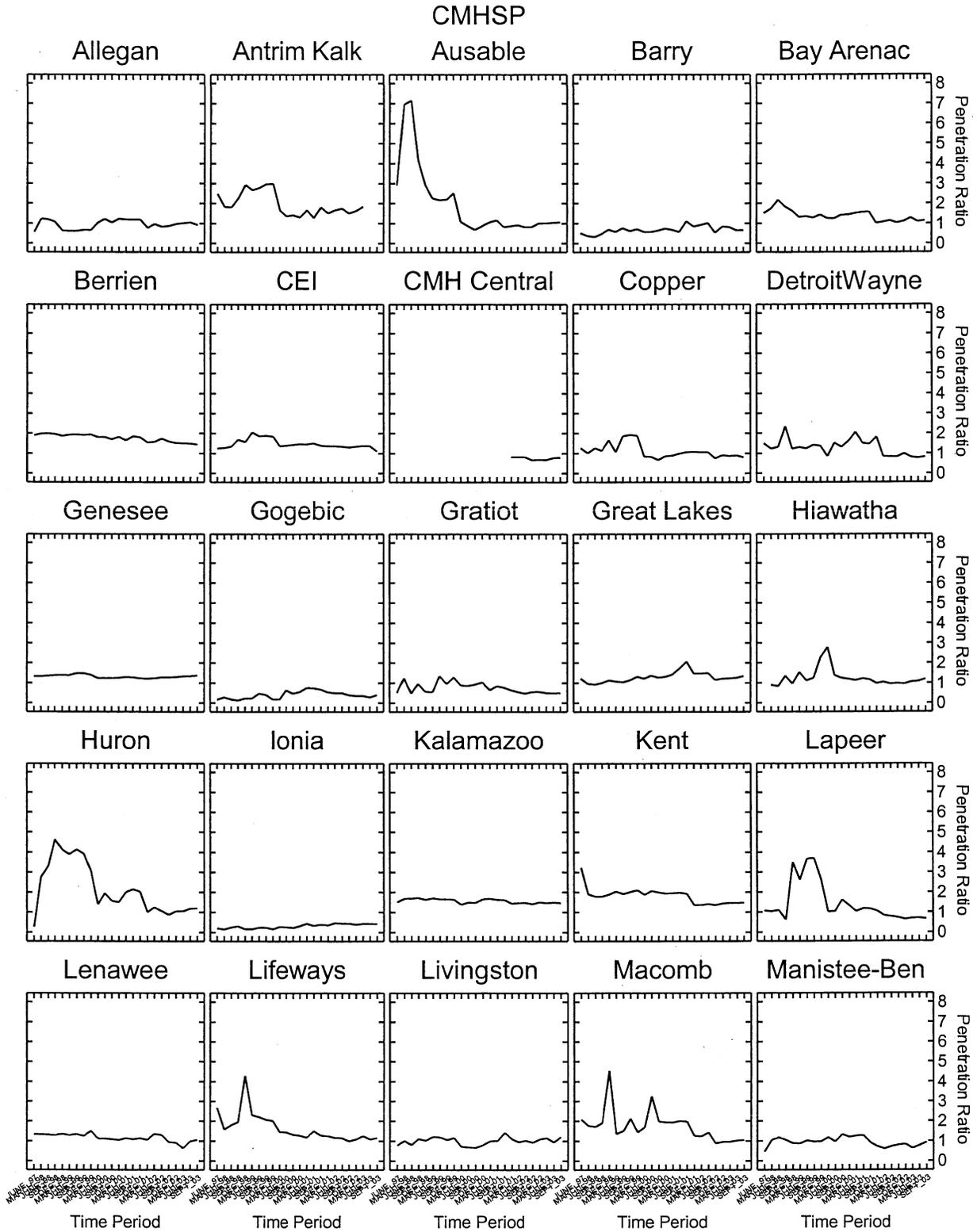
A score of "1" indicates that the CMHSP is serving the same percentage of the population as exists in the community. Less than "1" means that the CMHSP is serving a smaller percentage than exists in the community while more than "1" means it is serving a higher percentage

Descriptive Statistics:

Indicator No. 20	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	48	48	47	47
Minimum	0.36	0.36	0.28	0.39
Maximum	1.76	1.87	1.76	1.80
Median	1.07	1.06	1.09	1.13
Mean	1.05	1.06	1.07	1.08

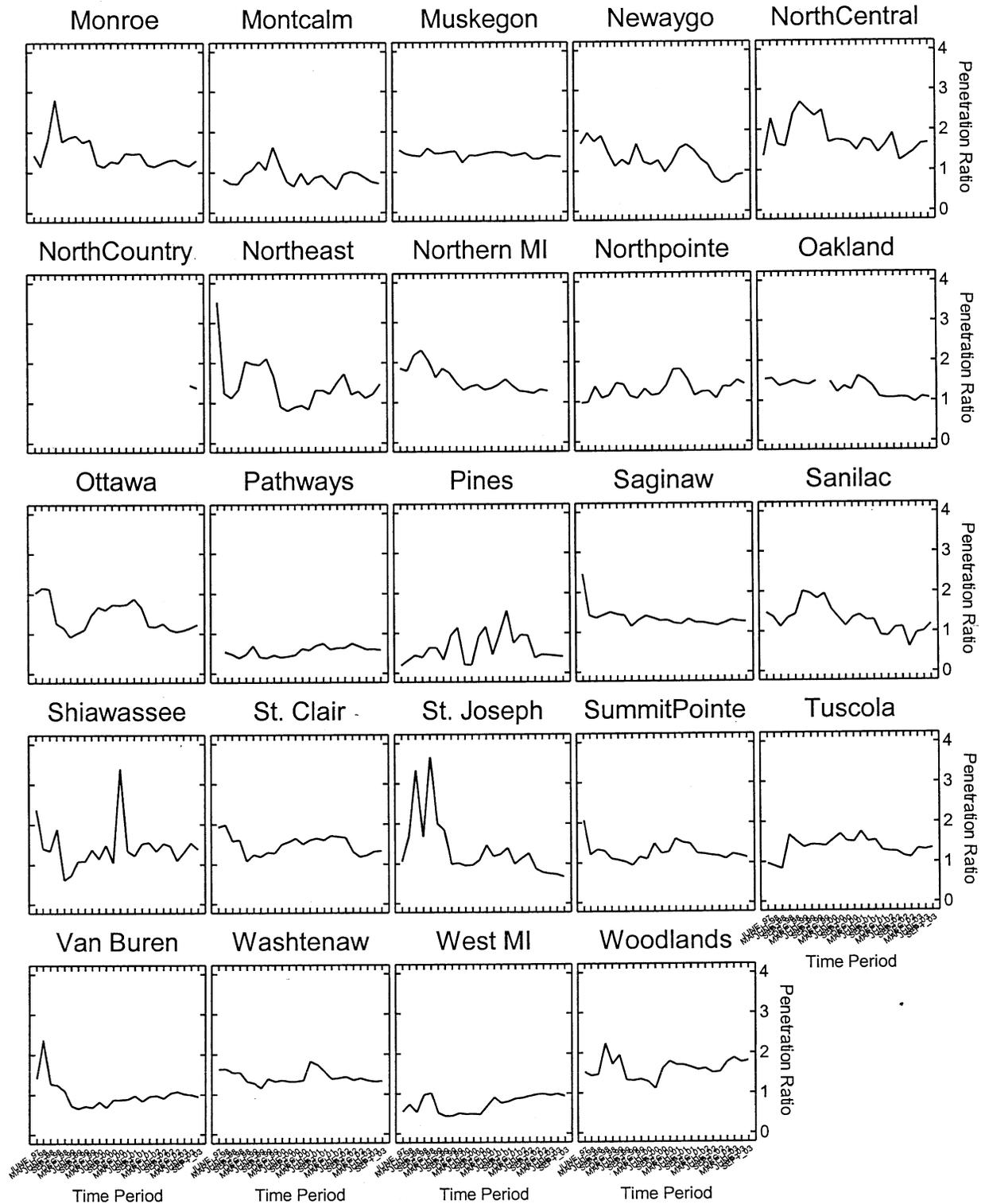
Note 1: It should be noted that the county census includes people in prisons, jails or other facilities located within the county. When a large proportion of the county institutional population is comprised of persons of color, computed values of the ethnic-minority penetration ratio may be biased downward since institutionalized persons are unavailable to CMHSPs as potential consumers. Thus CMHSPs like Gratiot and Ionia may have an artificially low, i.e., downwardly biased, ethnic-minority penetration ratio due to the large number of persons of color in state prisons who, while counted in the census, are unavailable to the CMHSPs as potential consumers.

Indicator No. 20 - Penetration Ratio - Ethnic Minorities

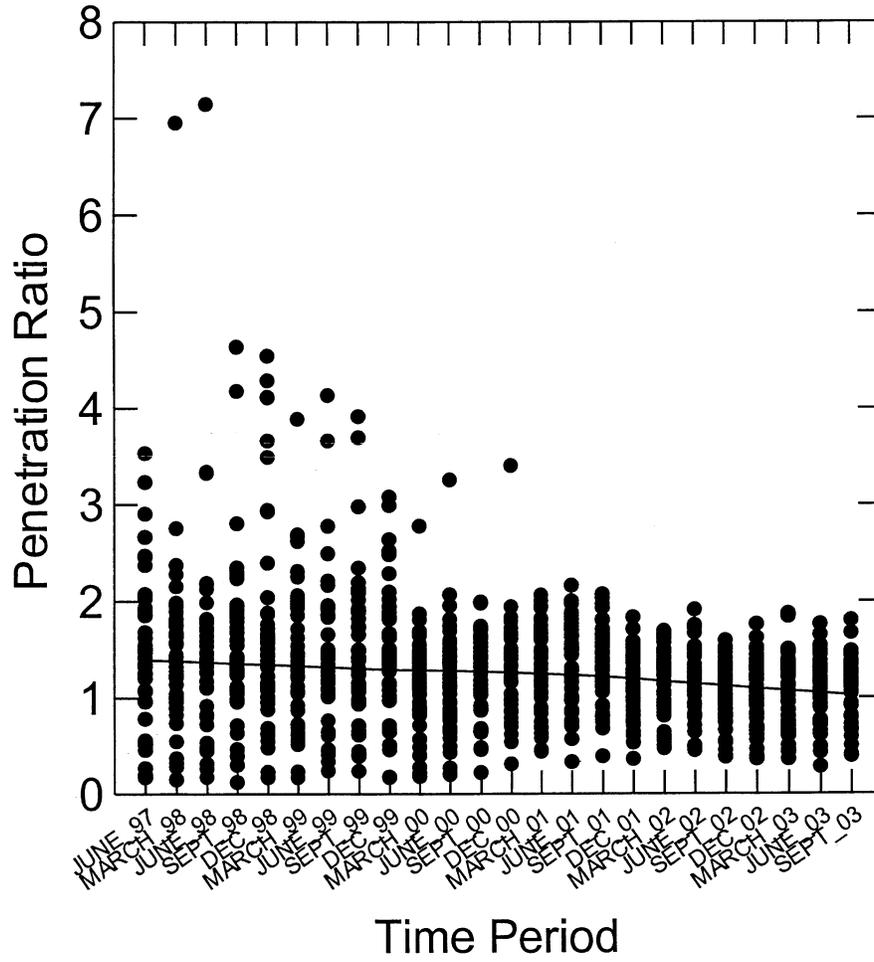


Indicator No. 20 - Page Two

CMHSP



Indicator No. 20 - Penetration Ratio - Ethnic Minorities



Indicator 20a. Access: Penetration Rate -- Ratio of the percentage of Native Americans in the CMHSP caseload to the percentage of Native Americans in the CMHSP area census.

Rationale for Use:

This indicator addresses the degree to which Native Americans, typically an underserved population, are accessing public mental health services.

Method of Calculation:

The percentage of the CMHSP caseload comprised of Native Americans divided by the percentage of persons who are Native American in the area population (based on 2000 census data).

Comments:

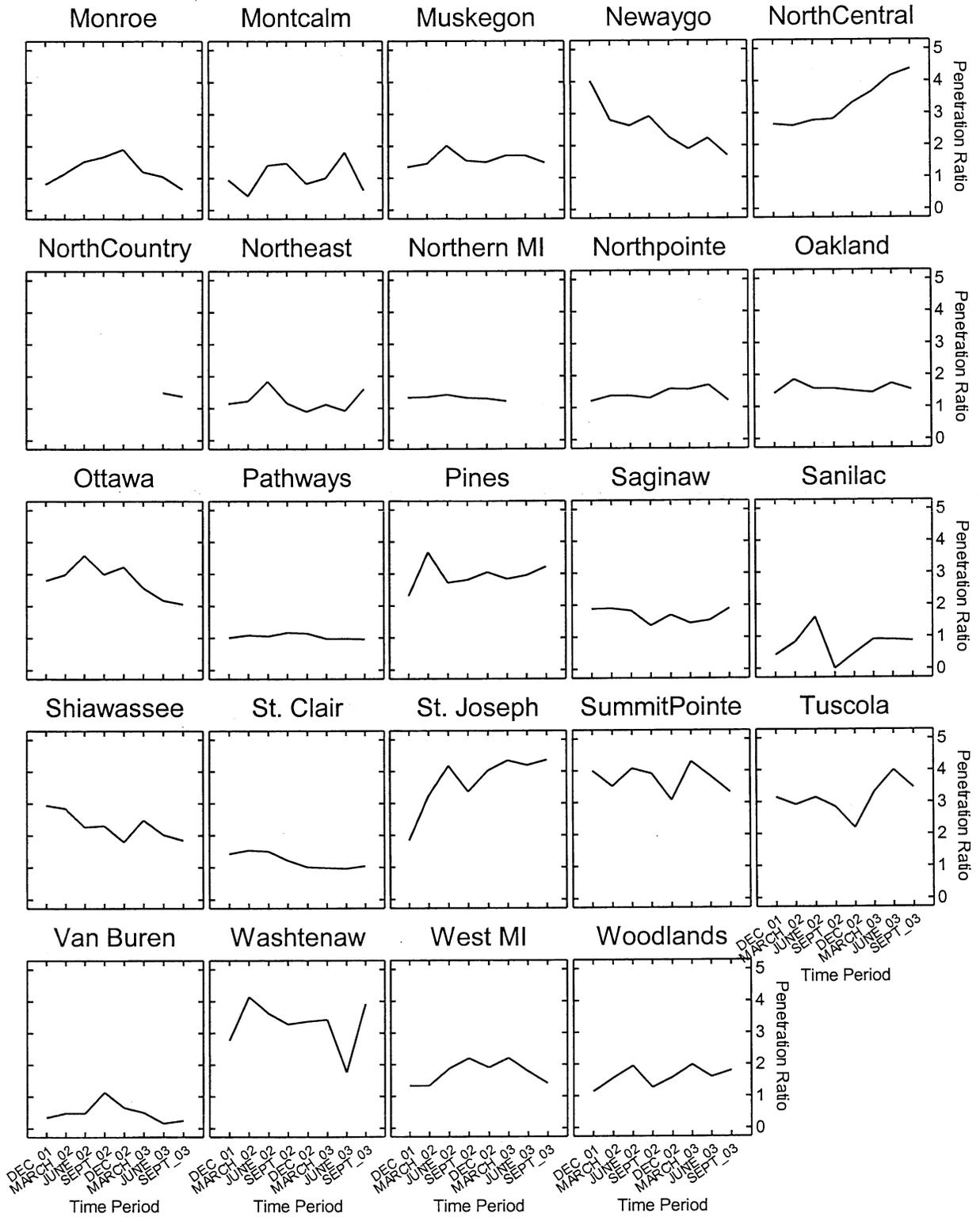
A score of "1" indicates that the CMHSP is serving the same percentage of the population as exists in the community. Less than "1" means that the CMHSP is serving a smaller percentage than exists in the community while more than "1" means it is serving a higher percentage.

Descriptive Statistics:

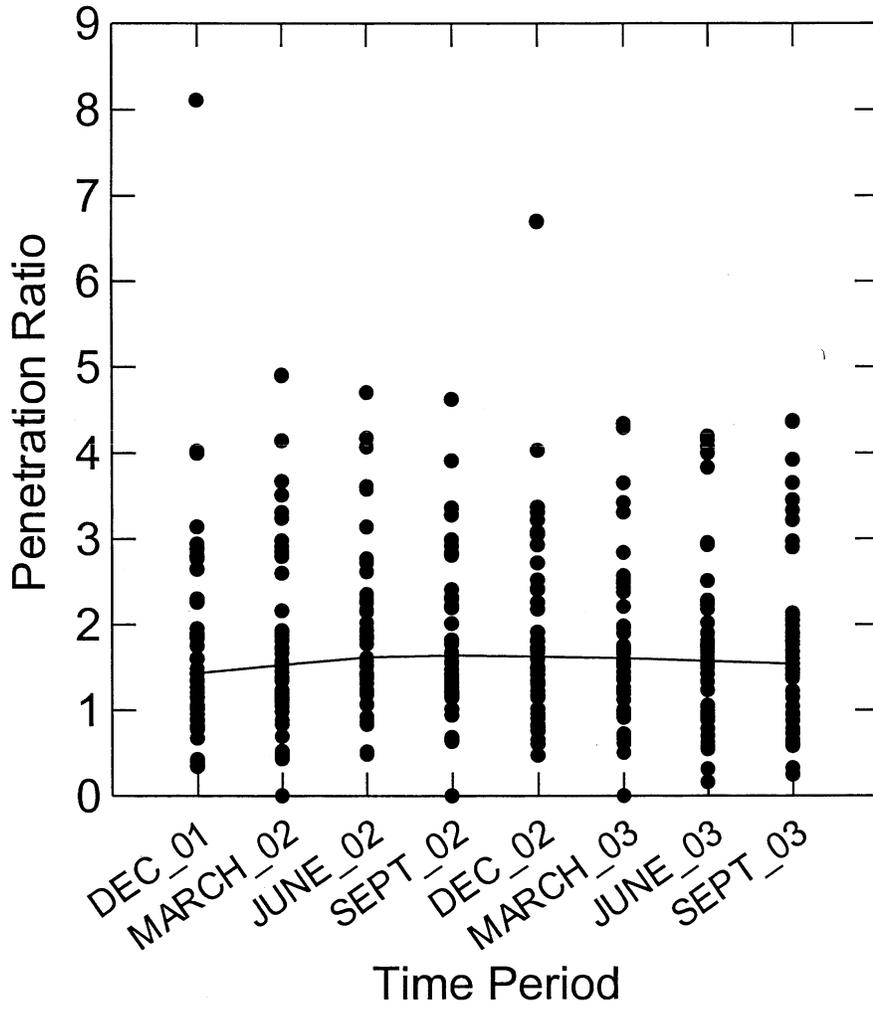
Indicator No. 20a	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	48	48	47	47
Minimum	0.47	0.00	0.16	0.25
Maximum	6.70	4.34	4.19	4.37
Median	1.59	1.55	1.71	1.54
Mean	1.83	1.76	1.77	1.75

Indicator No. 20a - Page Two

CMHSP



Indicator No. 20a - Penetration Ratio - Native Americans



Indicator 20b. Access: Penetration Rate -- Ratio of the percentage of Asian or Pacific Islanders in the CMHSP caseload to the percentage of Asian or Pacific Islanders in the CMHSP area census.

Rationale for Use:

This indicator addresses the degree to which Asian or Pacific Islanders, typically an underserved population, are accessing public mental health services.

Method of Calculation:

The percentage of the CMHSP caseload comprised of Asian or Pacific Islanders divided by the percentage of persons who are Asian or Pacific Islanders in the area population (based on 2000 census data).

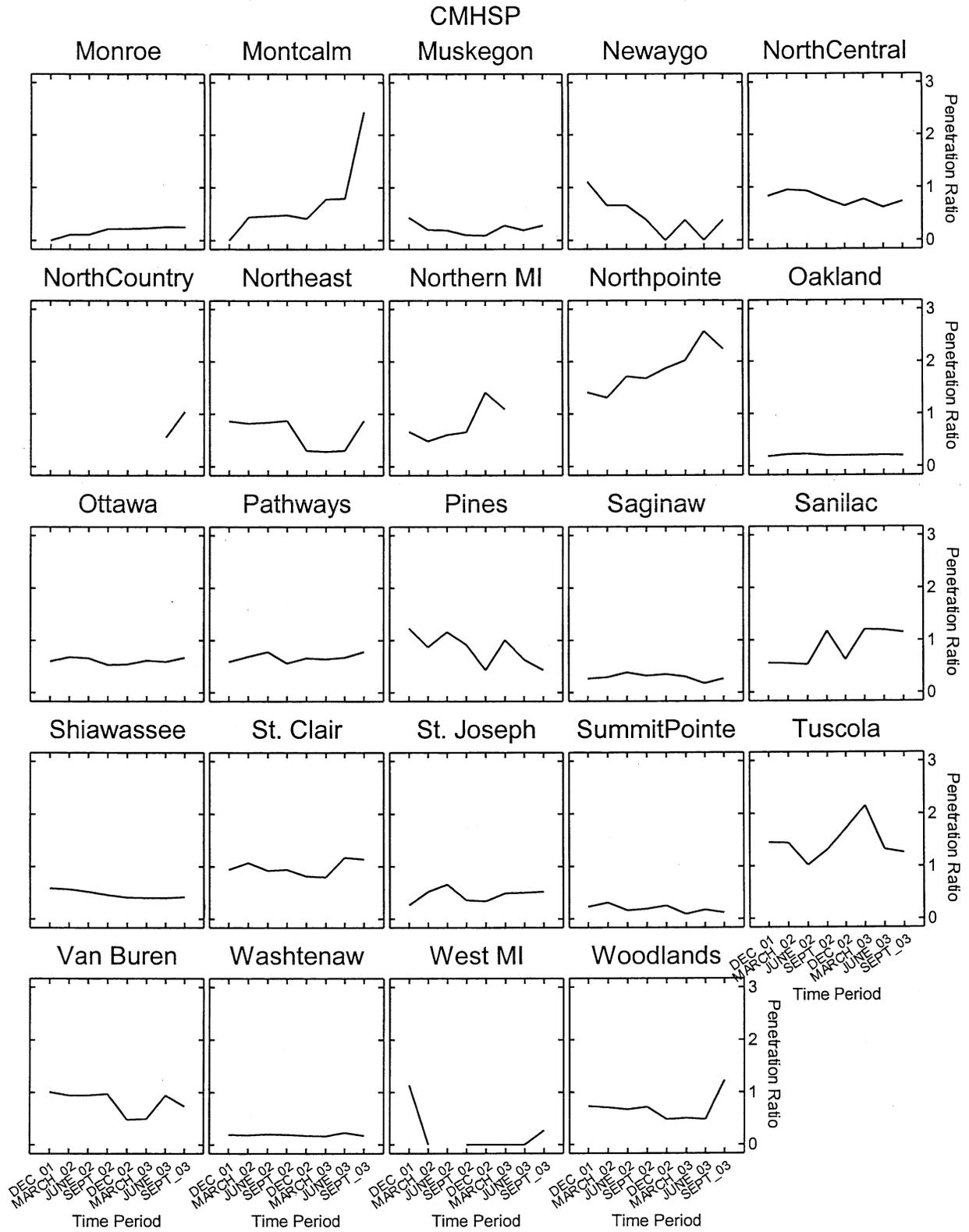
Comments:

A score of "1" indicates that the CMHSP is serving the same percentage of the population as exists in the community. Less than "1" means that the CMHSP is serving a smaller percentage than exists in the community while more than "1" means it is serving a higher percentage.

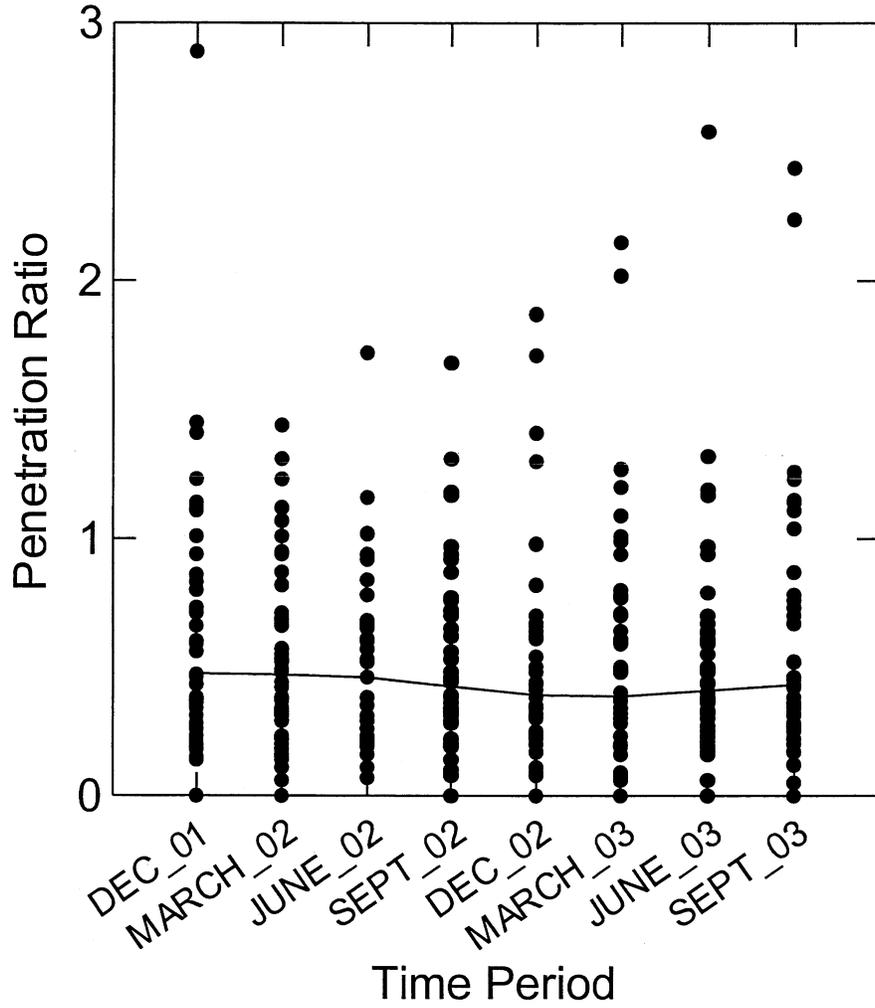
Descriptive Statistics:

Indicator No. 20b	DEC 02	MAR 03	JUN 03	SEPT 03
Number of Cases	48	48	47	47
Minimum	0.00	0.00	0.00	0.00
Maximum	1.87	2.15	2.58	2.44
Median	0.37	0.38	0.36	0.38
Mean	0.45	0.51	0.44	0.57

Indicator No. 20b - Page Two



Indicator No. 20b - Penetration Ratio - Asian or Pacific Islanders



Indicator 20c. Access: Penetration Rate -- Ratio of the percentage of African Americans in the CMSHP caseload to the percentage of African Americans in the CMSHP area census.

Rationale for Use:

This indicator addresses the degree to which African Americans, typically an underserved population, are accessing public mental health services.

Method of Calculation:

The percentage of the CMHSP caseload comprised of African Americans divided by the percentage of persons who are African American in the area population (based on 2000 census data).

Comments:

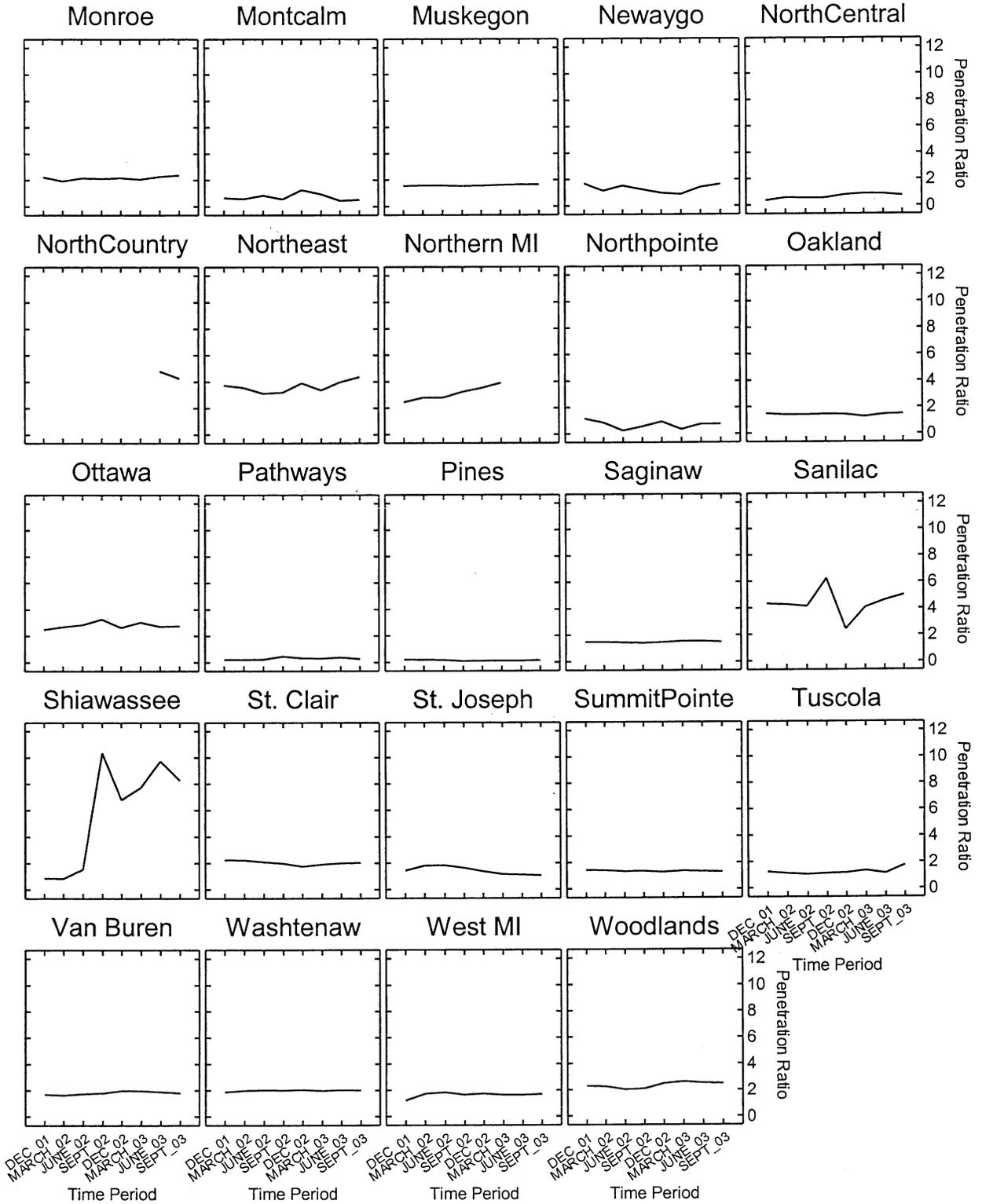
A score of "1" indicates that the CMHSP is serving the same percentage of the population as exists in the community. Less than "1" means that the CMHSP is serving a smaller percentage than exists in the community while more than "1" means it is serving a higher percentage.

Descriptive Statistics:

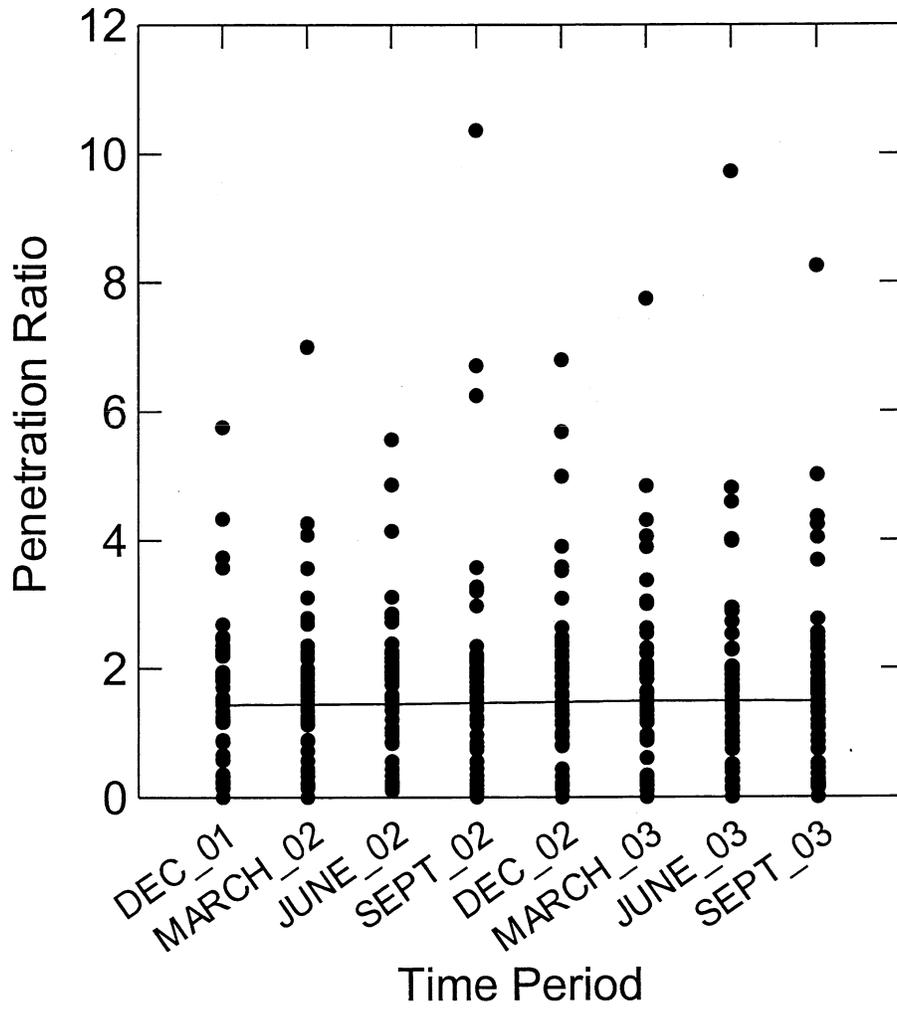
Indicator No. 20c	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	48	48	47	47
Minimum	0.00	0.00	0.00	0.00
Maximum	6.79	7.74	9.72	8.25
Median	1.52	1.58	1.54	1.59
Mean	1.78	1.81	1.82	1.81

Indicator No. 20c - Page Two

CMHSP



Indicator No. 20c - Penetration Ratio - African Americans



Indicator 20d. Access: Penetration Rate -- Ratio of the percentage of Hispanic Americans in the CMHSP caseload to the percentage of the Hispanic Americans in the CMHSP area census.

Rationale for Use:

This indicator addresses the degree to which Hispanic Americans, typically an underserved population, are accessing public mental health services.

Method of Calculation:

The percentage of the CMHSP caseload comprised of Hispanic Americans divided by the percentage of persons who are Hispanic Americans in the area population (based on 2000 census data).

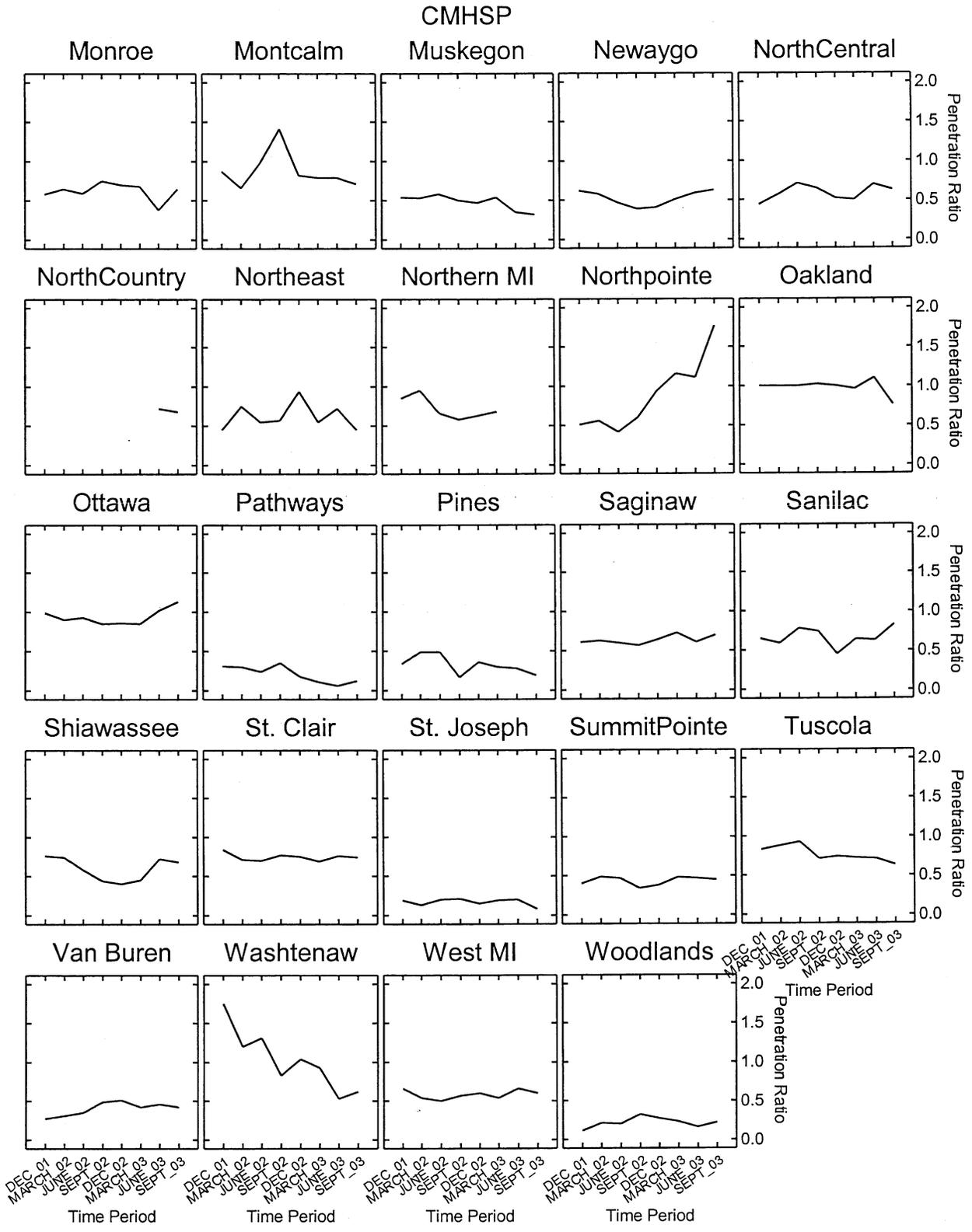
Comments:

A score of "1" indicates that the CMHSP is serving the same percentage of the population as exists in the community. Less than "1" means that the CMHSP is serving a smaller percentage than exists in the community while more than "1" means it is serving a higher percentage.

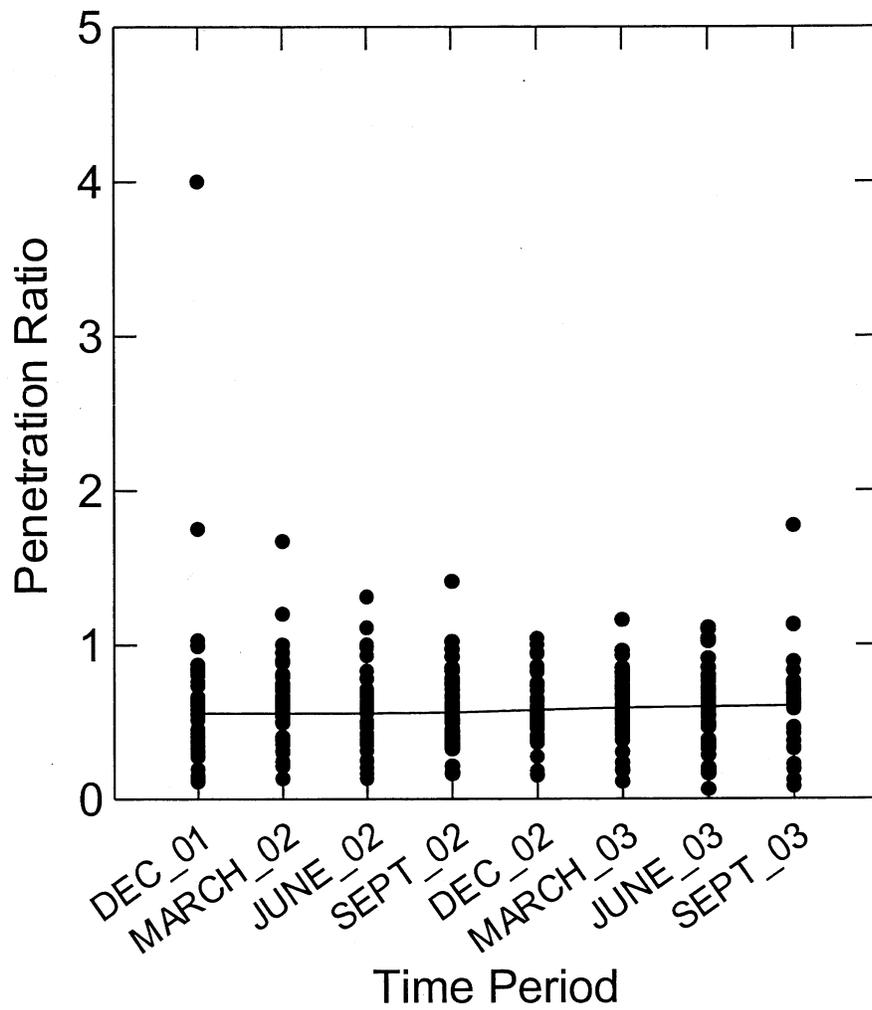
Descriptive Statistics:

Indicator No. 20d	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	48	48	47	47
Minimum	0.15	0.11	0.06	0.08
Maximum	1.04	1.16	1.11	1.77
Median	0.59	0.60	0.62	0.63
Mean	0.59	0.58	0.59	0.62

Indicator No. 20d - Page Two



Indicator No. 20d - Penetration Ratio - Hispanic Americans



Indicator 21. Access: Penetration Rate -- Ratio of the number of persons age 18 and over served by CMHSPs meeting the definition of serious mental illness to the projected SMI need.

Rationale for Use:

This is a population-based access indicator that measures the degree to which the projected number of adults with a serious mental illness in the area population are being served by the public mental health system.

Method of Calculation:

For the time periods of June 1997 through September 2002 the following applied: The number of persons 18 and older served meeting the definition of serious mental illness divided by the number of persons with serious mental illness estimated to reside in the catchment area as reported by the Citizens Research Council, "Funding Community Mental Health in Michigan," January 1997, Report #318.

For the time periods of October 1, 2002 through September 2003 the following applies: The number of persons 18 and older served meeting the definition of serious mental illness divided by the MDCH synthetic estimate of the number of persons with serious mental illness residing in the catchment area.

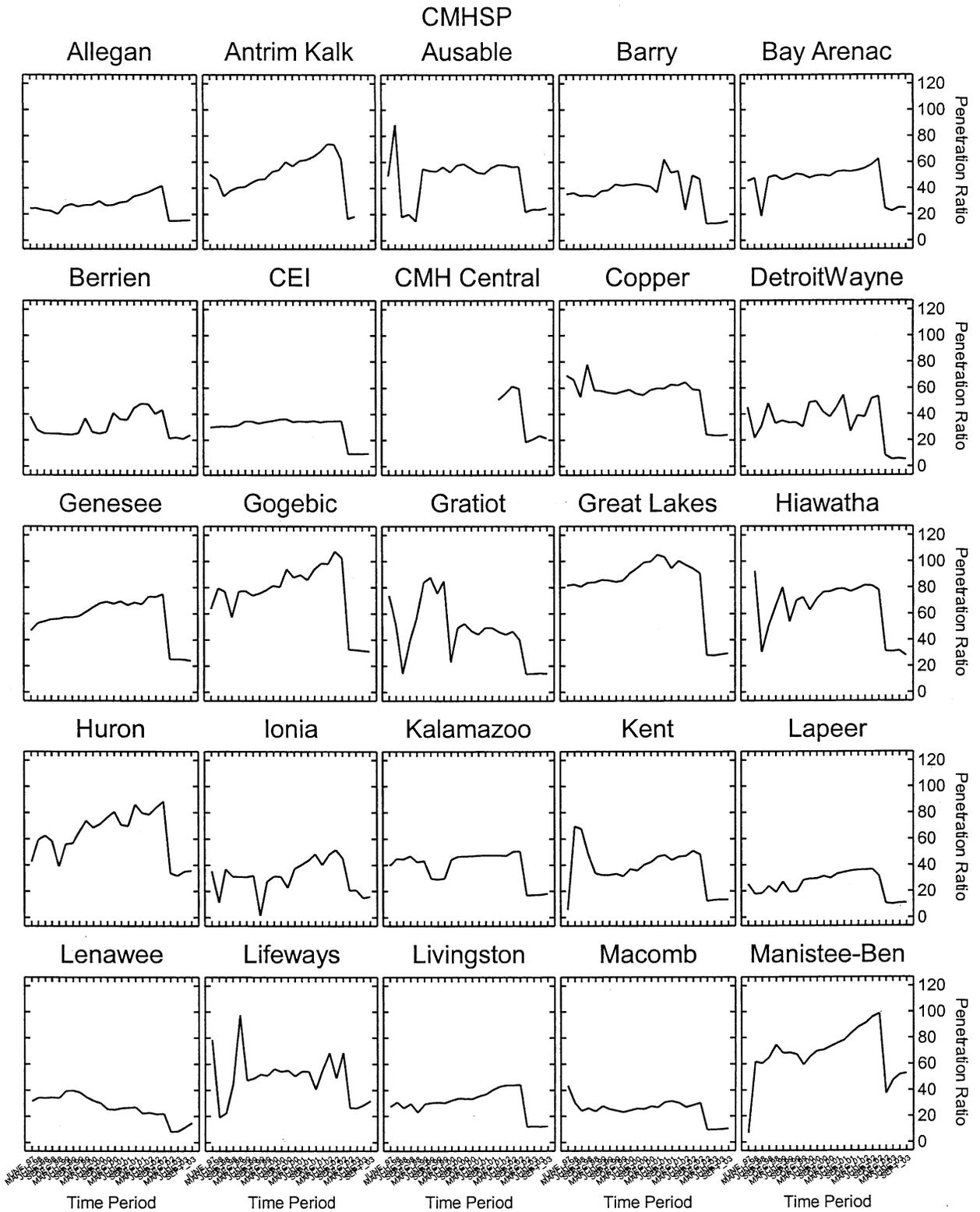
Diagnoses meeting the definition of serious mental illness are: schizophrenia and other psychotic disorders; mood disorders or major depression and bipolar disorder; dementia with delusions, dementia with depressed mood, and dementia with behavioral disturbance; panic disorder, phobias and obsessive-compulsive disorder; somatization disorder; and antisocial personality disorder.

Descriptive Statistics:

Indicator No. 21	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	48	48	47	47
Minimum	3.30	2.89	5.87	5.26
Maximum	37.35	47.35	51.91	52.72
Median	18.66	18.72	20.29	19.65
Mean	19.67	20.29	20.77	21.05

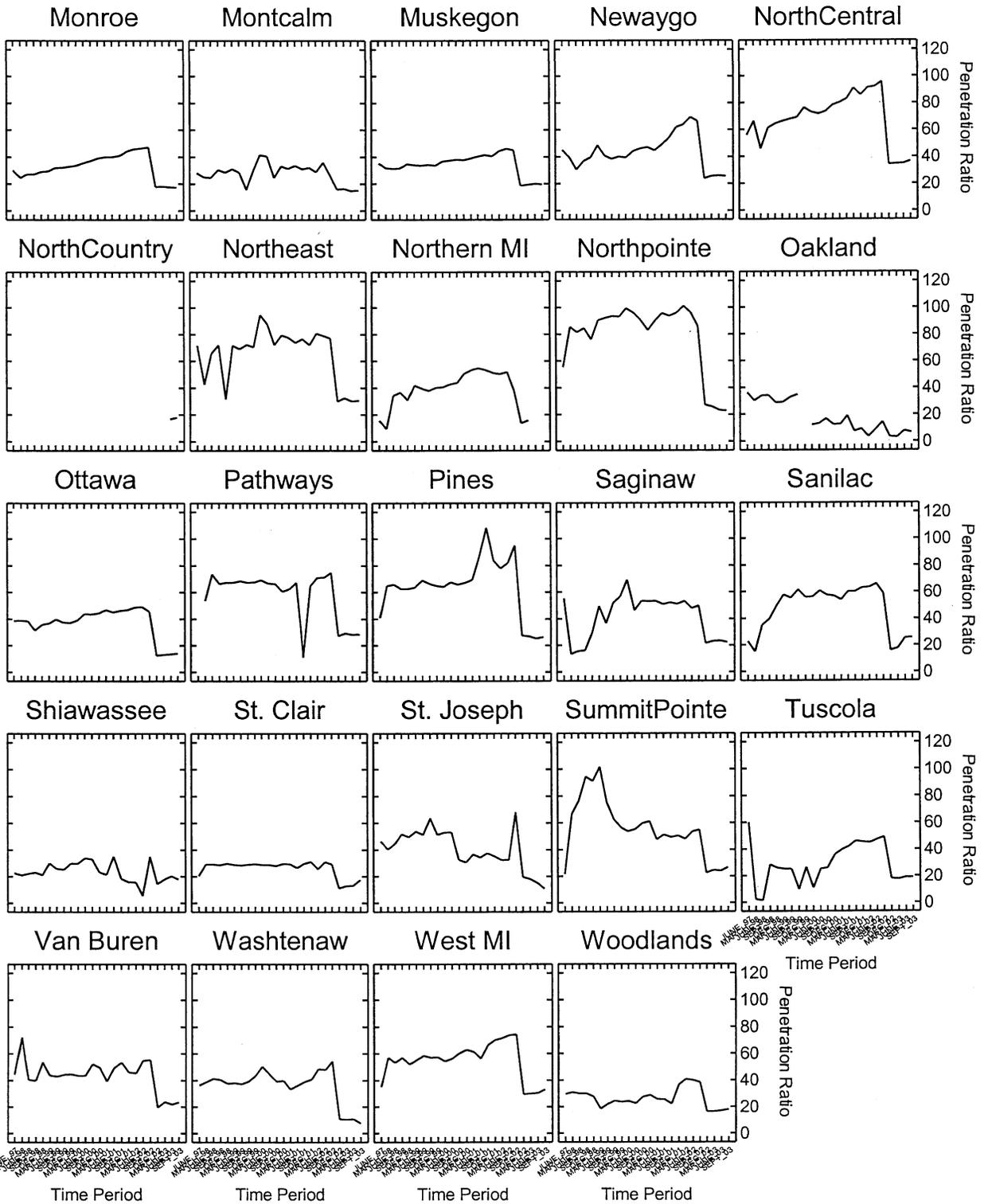
Note: In general, the SMI penetration ratio should vary between a lower limit of zero percent and an upper limit of 100 percent. On occasion, some values may exceed 100 percent due to imprecision in the synthetic estimates used in the denominator of the indicator.

Indicator No. 21 - SMI Penetration Rate

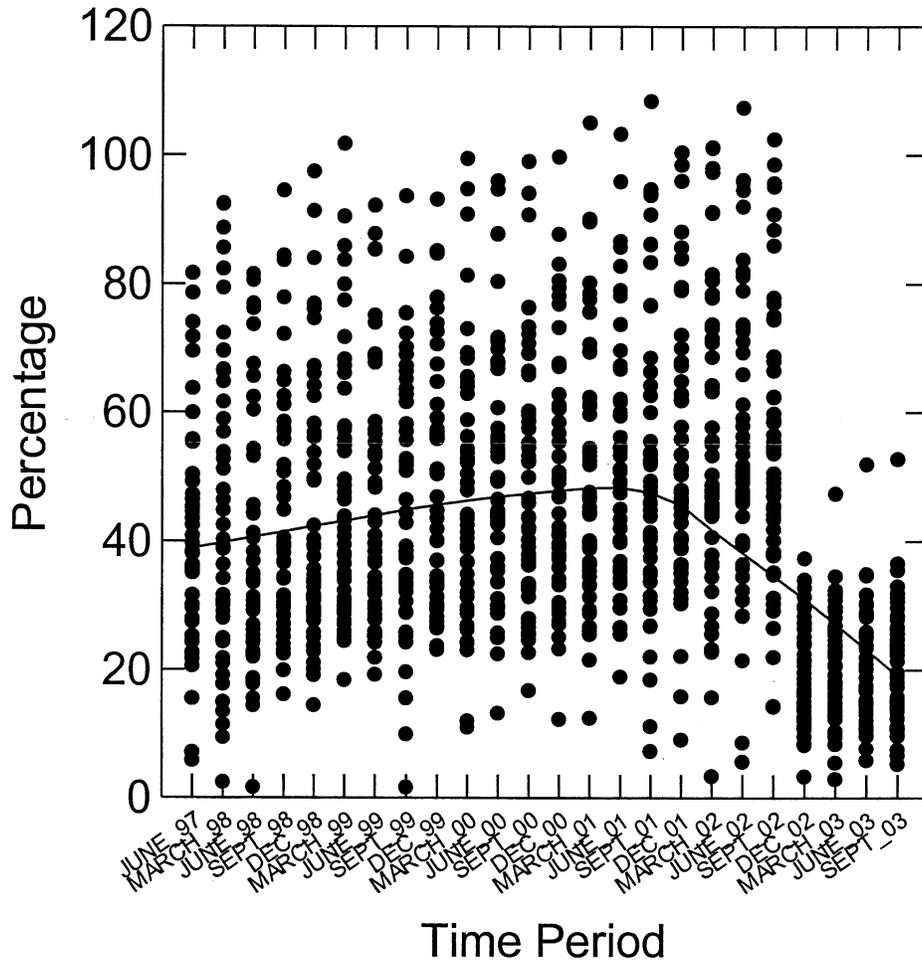


Indicator No. 21 - Page Two

CMHSP



Indicator No. 21 - SMI Penetration Rate



Indicator 22. Access: Penetration Rate -- Percentage of Area Medicaid Recipients Receiving CMHSP Managed Services.

Rationale for Use:

This indicator reflects the extent to which area Medicaid recipients have accessed managed public mental health services.

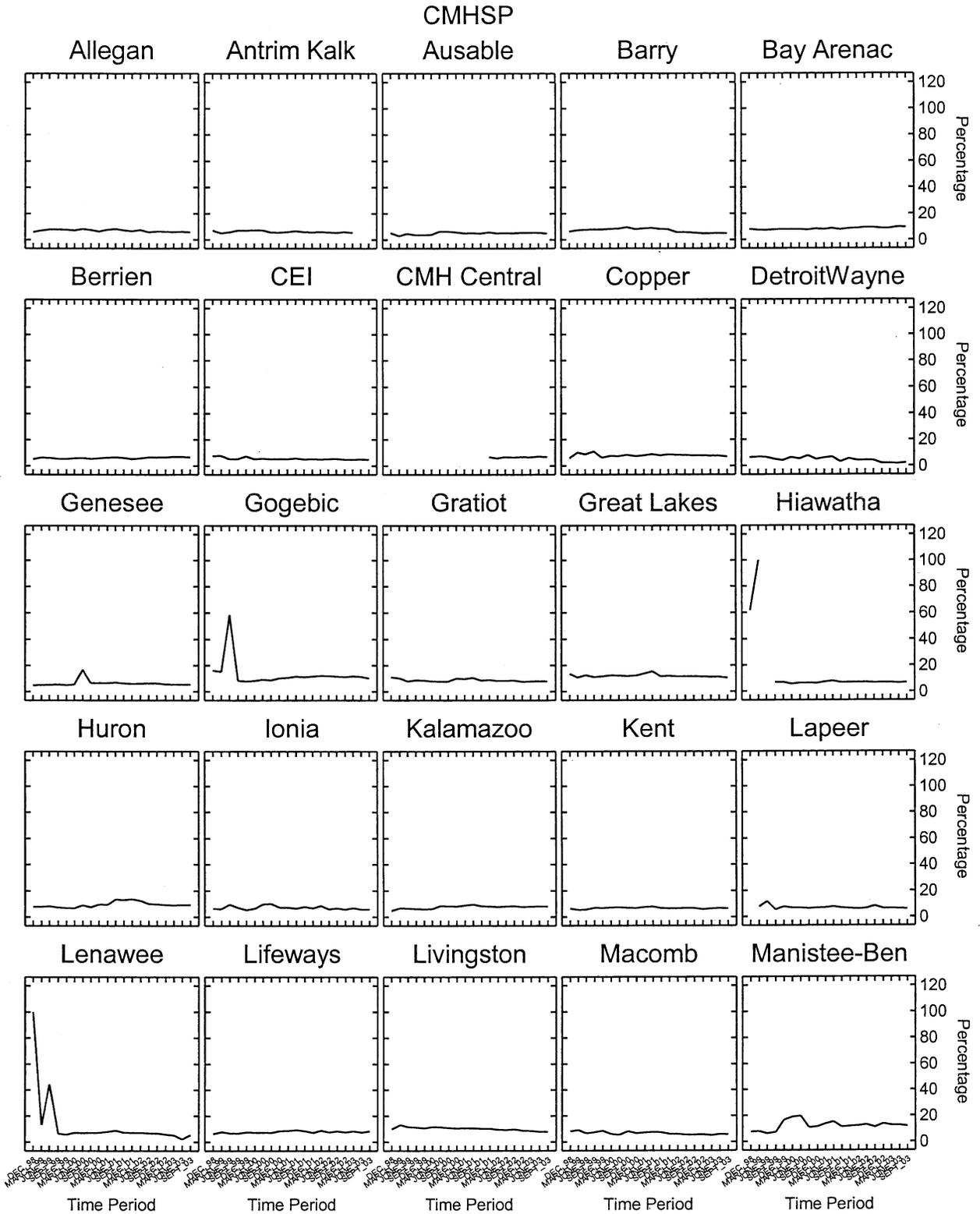
Method of Calculation:

The number of area Medicaid recipients receiving CMHSP managed services during the reporting period divided by the unduplicated count of Medicaid eligible recipients in the catchment area as determined by the Michigan Family Independence Agency (FIA) and supplied to MDCH by the Data Exchange Gateway.

Descriptive Statistics:

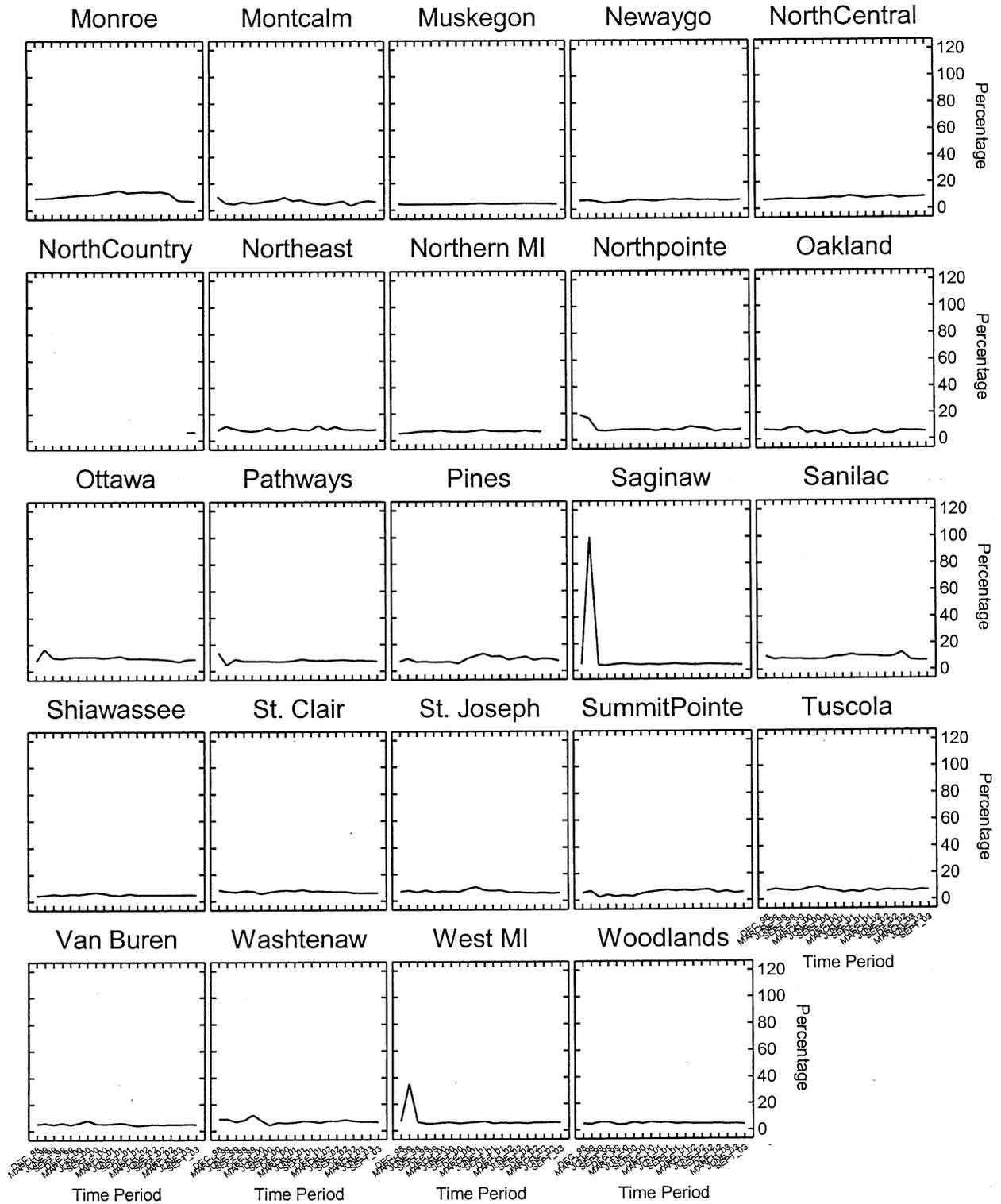
Indicator No. 22	DEC 02	MAR 03	JUN 03	SEPT 03
Number of Cases	48	48	47	47
Minimum	1.78	1.81	1.64	2.12
Maximum	13.70	12.45	12.56	11.71
Median	6.51	6.67	6.70	6.50
Mean	6.98	6.83	6.77	6.71

Indicator No. 22 - % of Area Medicaid Beneficiaries Receiving CMHSP Managed Services

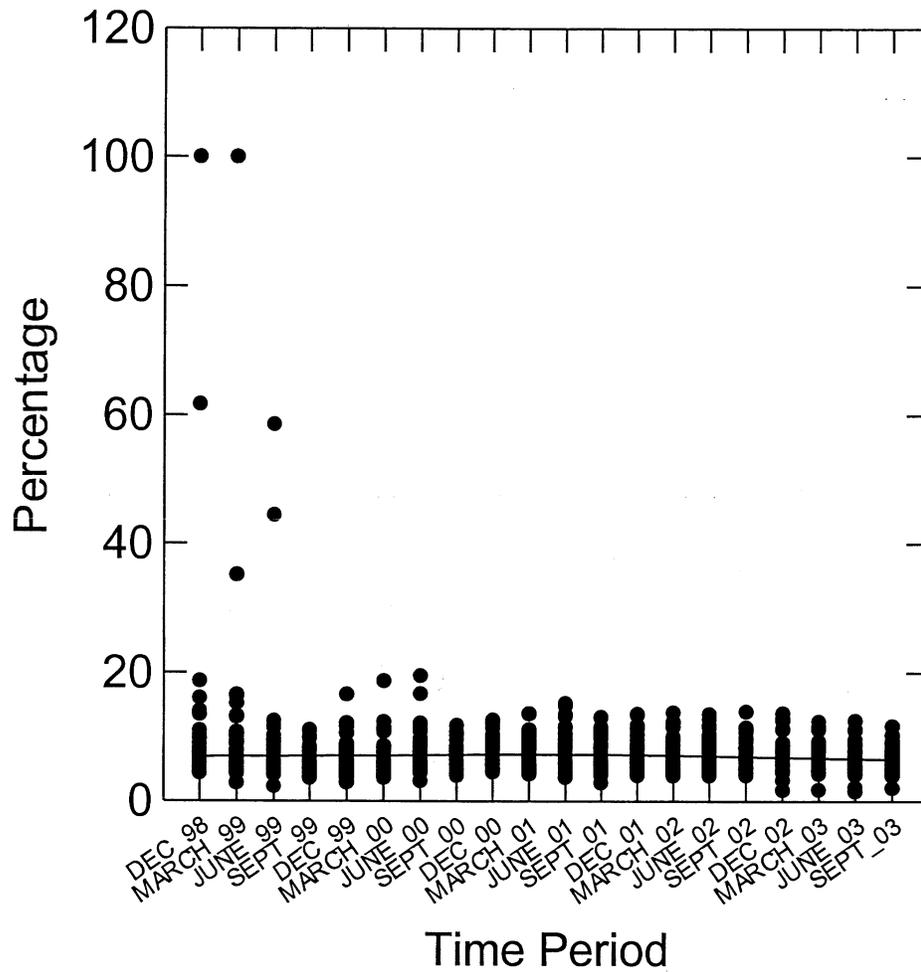


Indicator No. 22 - Page Two

CMHSP



Indicator No. 22 - % of Area Medicaid Beneficiaries Receiving CMHSP Managed Services



Indicator 24. Number of Children 0-3 Years Old Receiving Home-Based Services, Regardless of Who has the Open Case, Where the Primary Treatment Target is the 0-3 Child.

Rationale for Use:

This measure is intended to provide a better estimate of the number of 0-3 year old children receiving home-based services. This number may be underestimated when CMHSPs open cases under a parent's name yet provide services to the child.

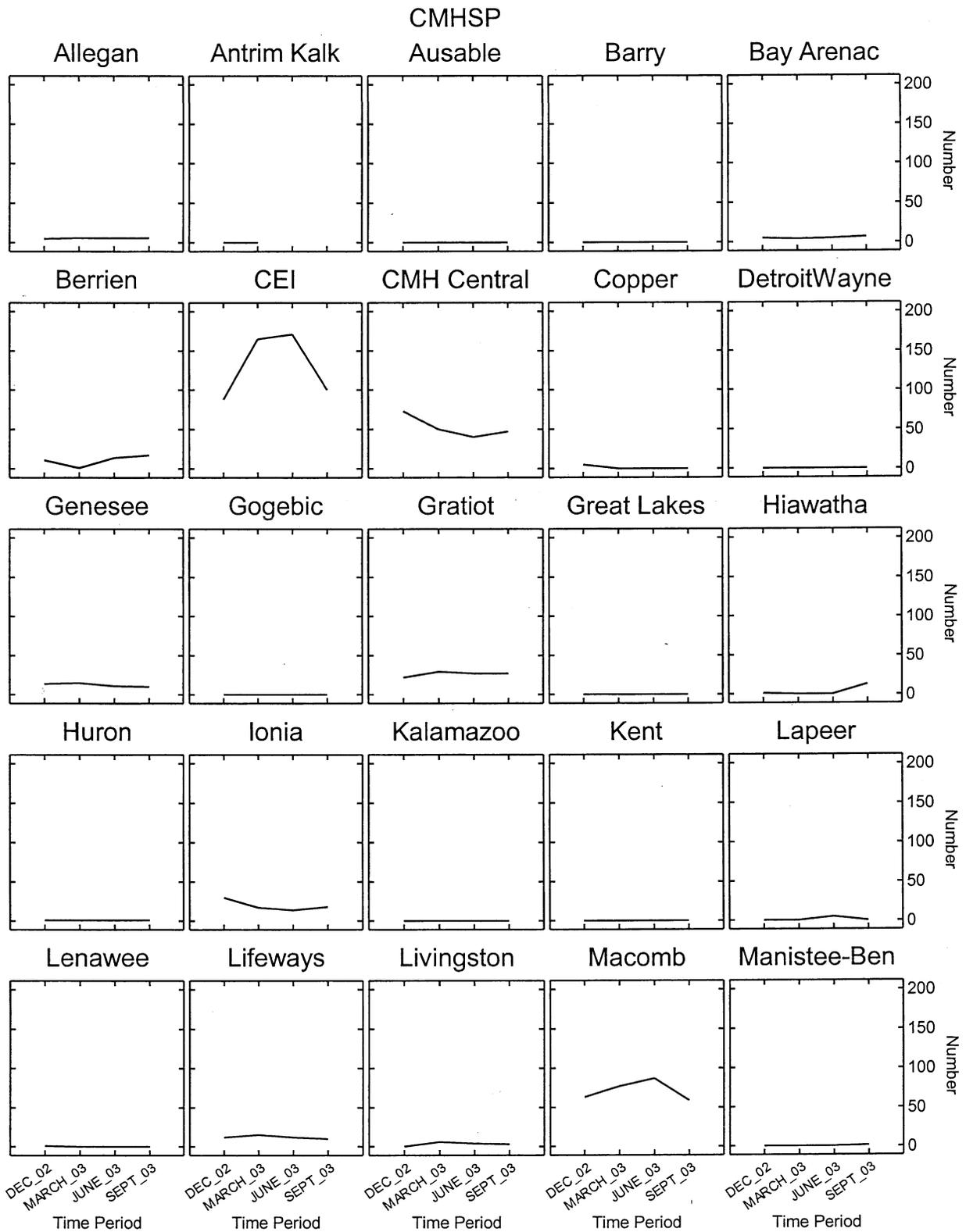
Method of Calculation:

Simple count of the number of children 0-3 years of age who received home-based services during the reporting period, regardless of whether the case was opened under the name of the child or the parent.

Descriptive Statistics:

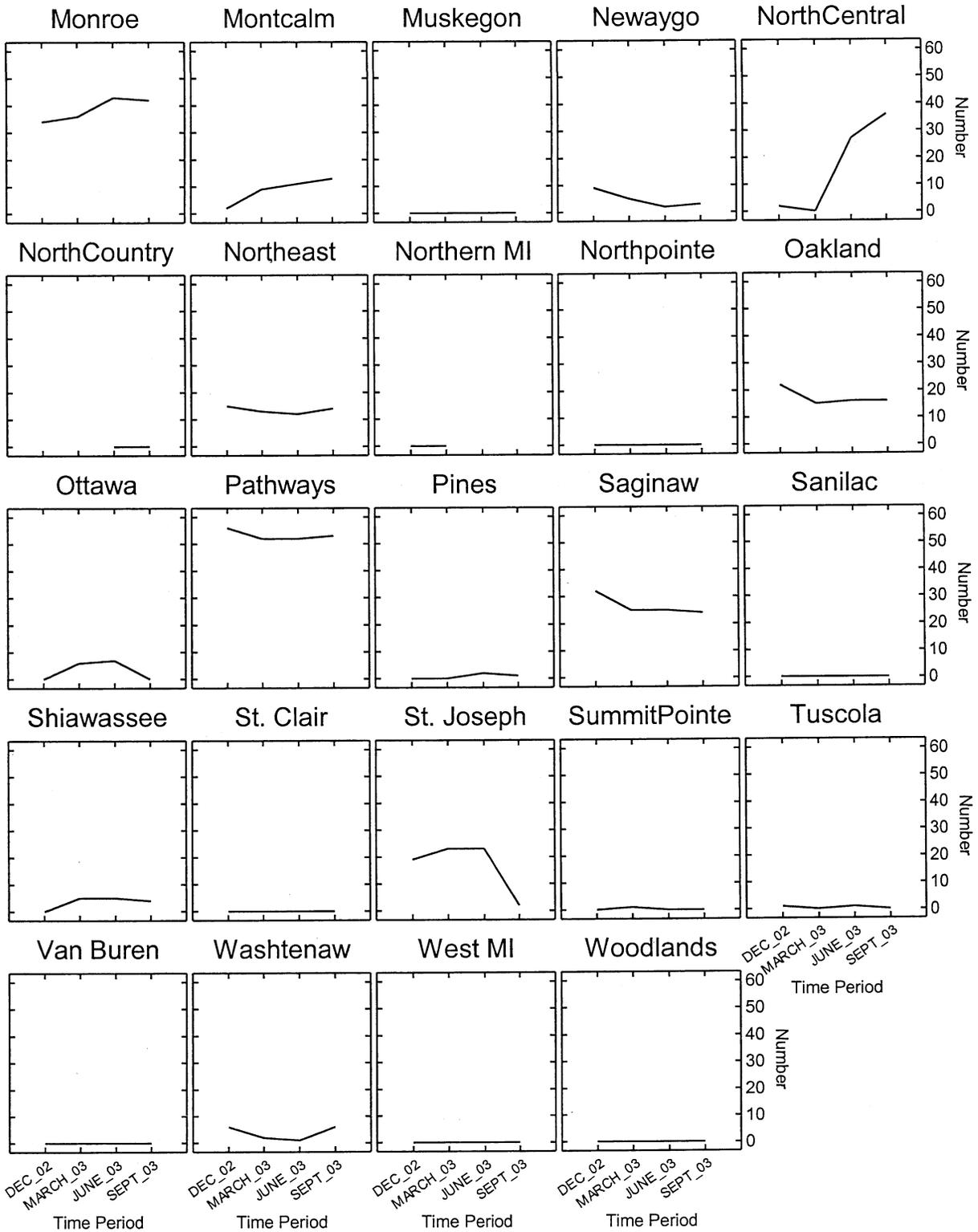
Indicator No. 24	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	48	48	47	47
Minimum	0.00	0.00	0.00	0.00
Maximum	88.00	165.00	171.00	100.00
Median	1.00	0.50	2.00	1.00
Mean	11.02	12.04	13.28	11.34

Indicator No. 24 - Children (0-3) Receiving Home-Based Services

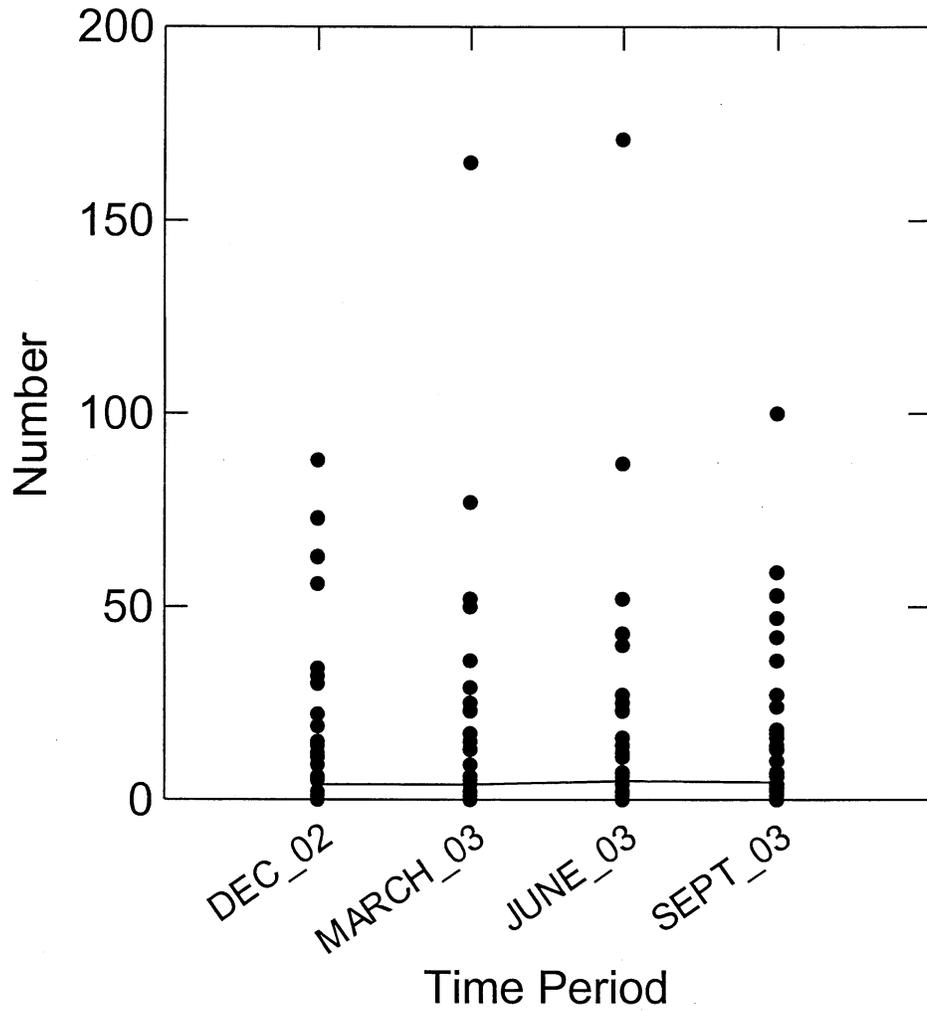


Indicator No. 24 - Page Two

CMHSP



Indicator No. 24 - Children (0-3) Receiving Home-Based Services



Indicator 26. Access -- Percentage of nursing home residents meeting OBRA Level II criteria determined to need nursing home care, but less than specialized mental health services, who received CMHSP services.

Rationale for Use:

The MDCH/CMHSP Managed Specialty Supports and Services Contract requires that residents of nursing homes with mental health needs shall be given the same opportunity to access CMHSP services as other individuals covered by the contract. While those who have been determined to require less than specialized mental health services may be provided those services by either the nursing home or another entity, including the CMHSP, this indicator provides a measure of the extent to which this population has accessed CMHSP services.

Data Definition:

“OBRA Level II criteria” means those criteria used by the State for pre-admission (to a Medicaid-certified nursing home facility) screening, and for annually screening existing residents of nursing homes, which determine whether individuals require nursing home care and what level of mental health services, if any. This Preadmission Screening and Annual Resident Review (PASARR) program is required by the Center for Medicare and Medicaid Services (CMS) (42CFR483.102). Level of mental health services may be none, specialized, or less than specialized. Less than specialized mental health services can be provided by the nursing home or another entity including the CMHSP. Specialized mental health services are the responsibility of the State which provides funds to CMHSPs for direct or contractual delivery of services to individuals in the nursing home facility meeting the criteria.

Method of Calculation:

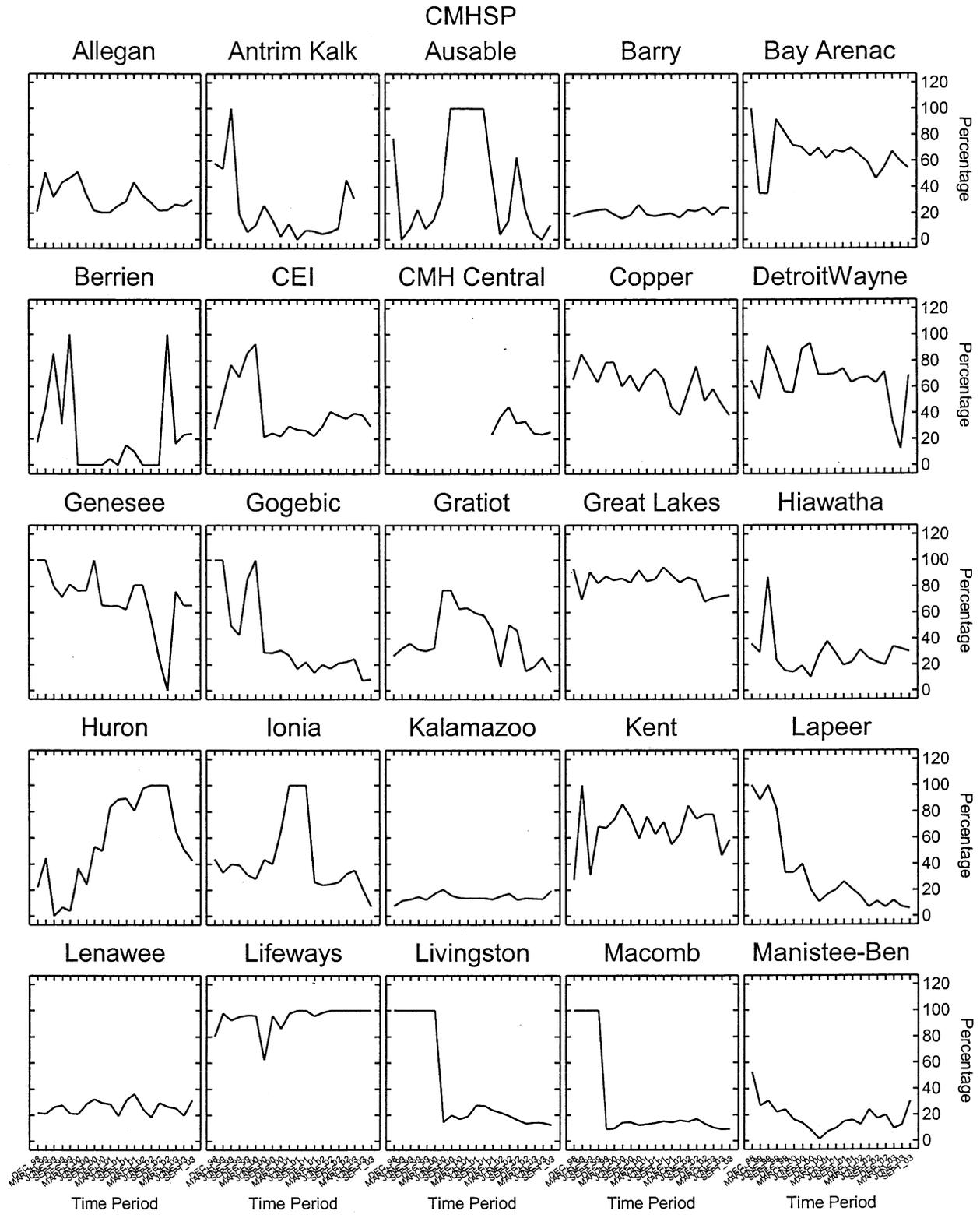
The number of nursing home residents needing less than specialized mental health care who received CMHSP services divided by the total number of nursing home residents meeting OBRA Level II criteria.

Descriptive Statistics:

Indicator No. 26	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	48	48	47	47
Minimum	0.00	5.00	0.00	0.00
Maximum	100.00	100.00	100.00	100.00
Median	33.82	28.89	25.53	30.00
Mean	42.53	36.72	36.08	37.70

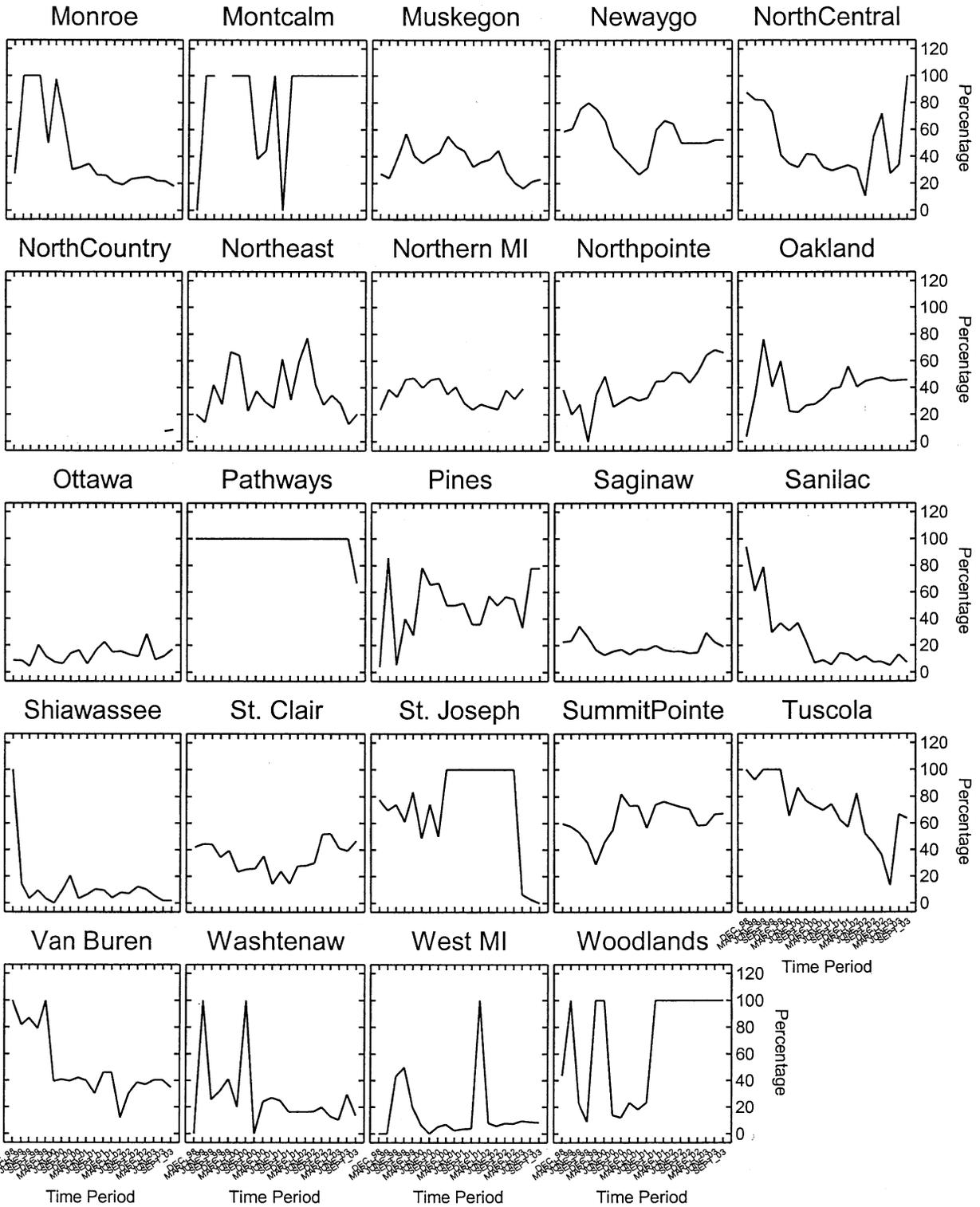
Note: Percentages can be dramatically affected by a change of a single case in the numerator of the performance indicator when a CMHSP has a very low number of cases in the denominator of the indicator.

Indicator No. 26 - Nursing Home Residents Needing Less than Specialized Mental Health Services

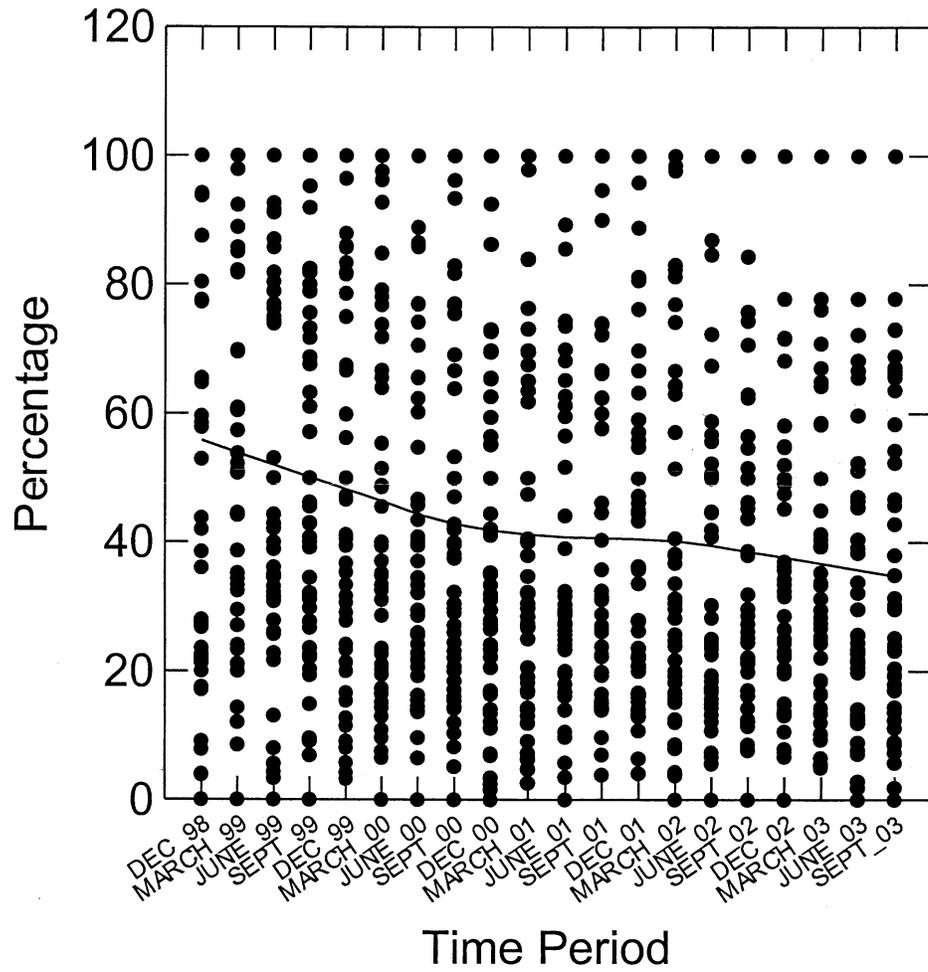


Indicator No. 26 - Page Two

CMHSP



Indicator No. 26 - Nursing Home Residents Needing Less than Specialized Mental Health Services



Indicator 34a. Quality of Life: Employment -- The percentage of persons with a developmental disability in supported employment who are employed 10 or more hours per week.

Rationale for Use:

Meaningful employment, which provides sufficient hours, wages, and longevity, is an important factor in enabling a person to achieve independence.

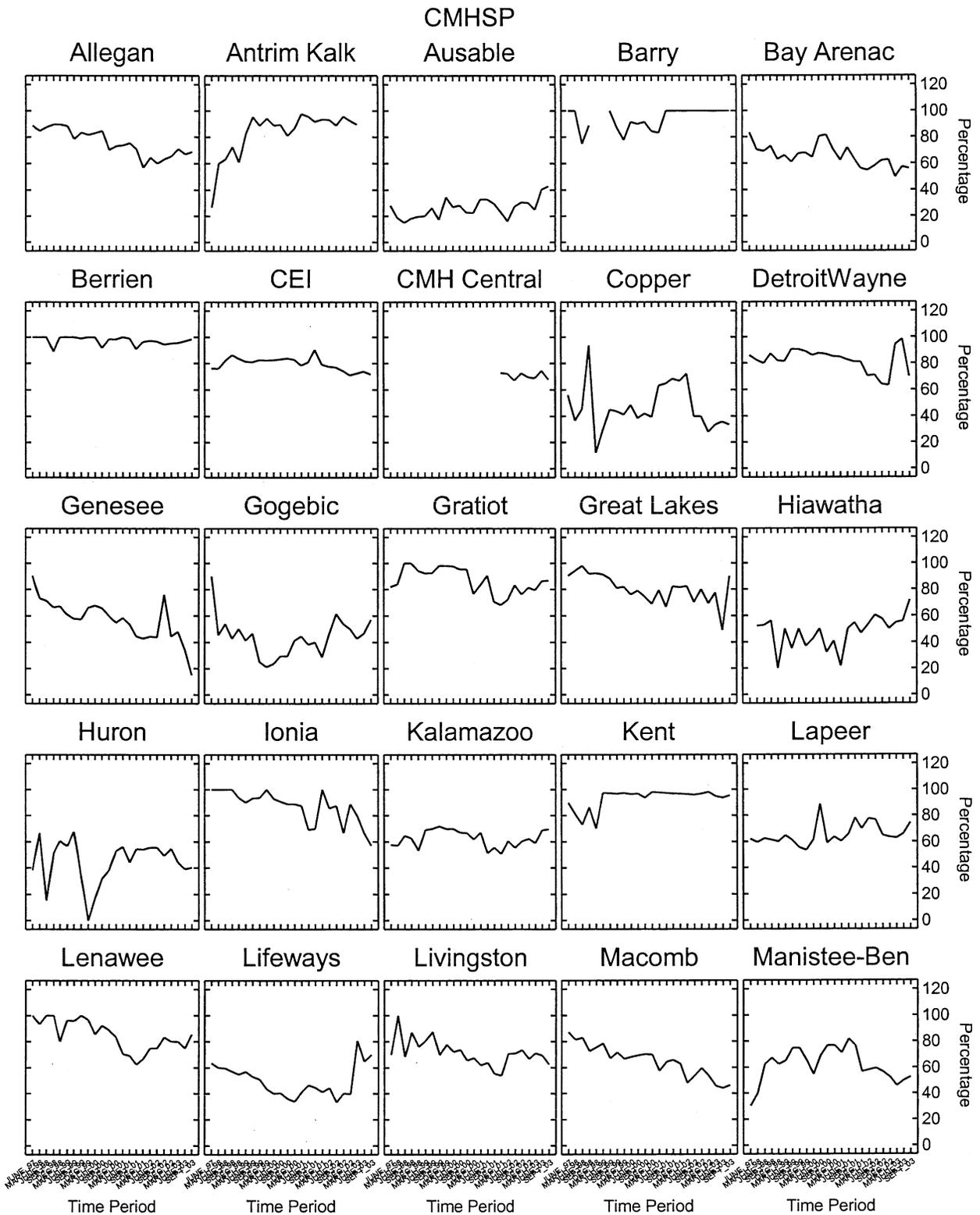
Method of Calculation:

The number of persons with a developmental disability working 10 or more hours per week divided by the total number of persons with a developmental disability who were working during the time period.

Descriptive Statistics:

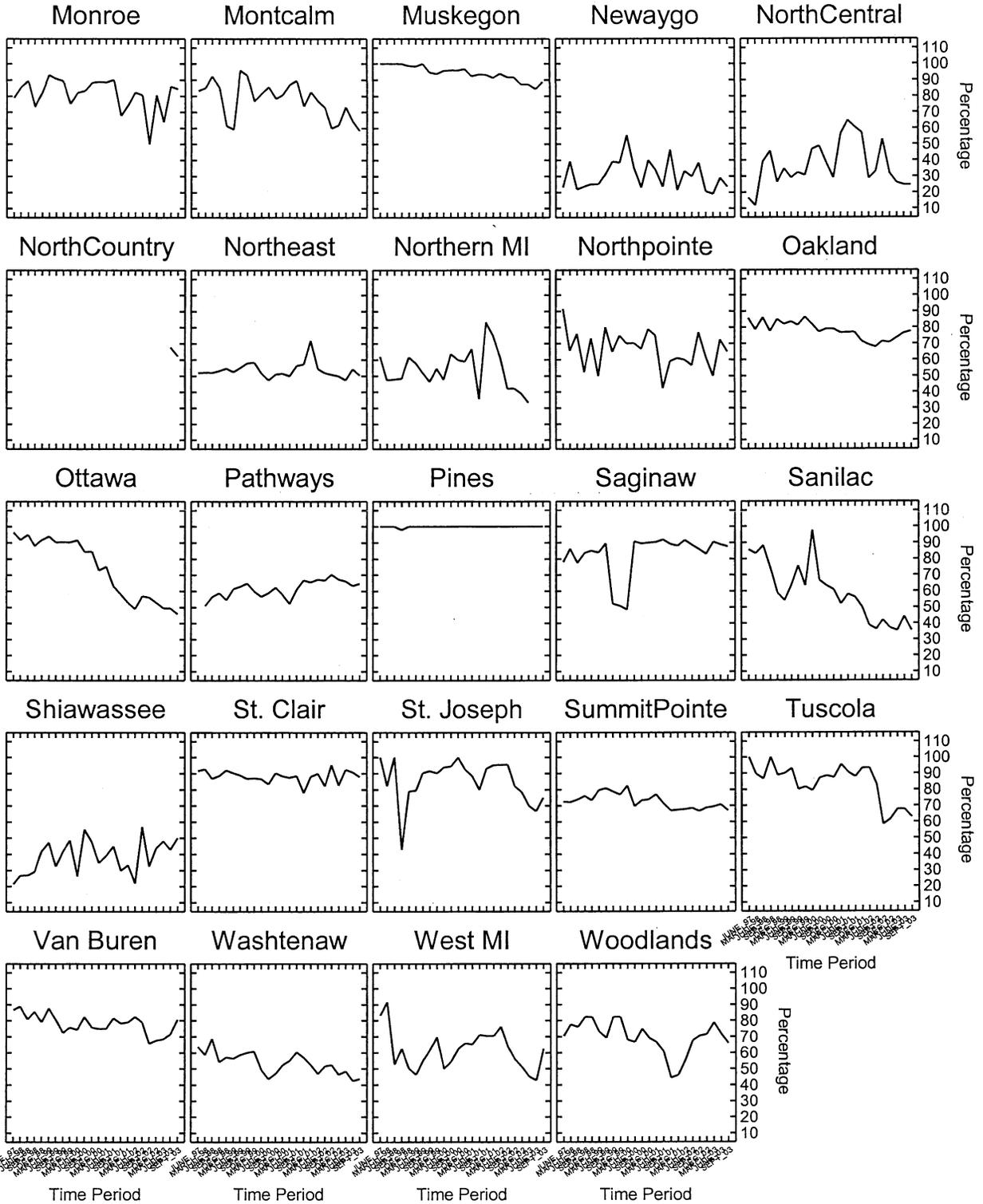
Indicator No. 34a	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	48	48	47	47
Minimum	20.51	18.92	24.74	15.00
Maximum	100.00	100.00	100.00	100.00
Median	63.44	68.14	66.67	65.85
Mean	63.54	63.97	64.41	64.87

Indicator No. 34a - % DD in SE Working 10+ Hours/week

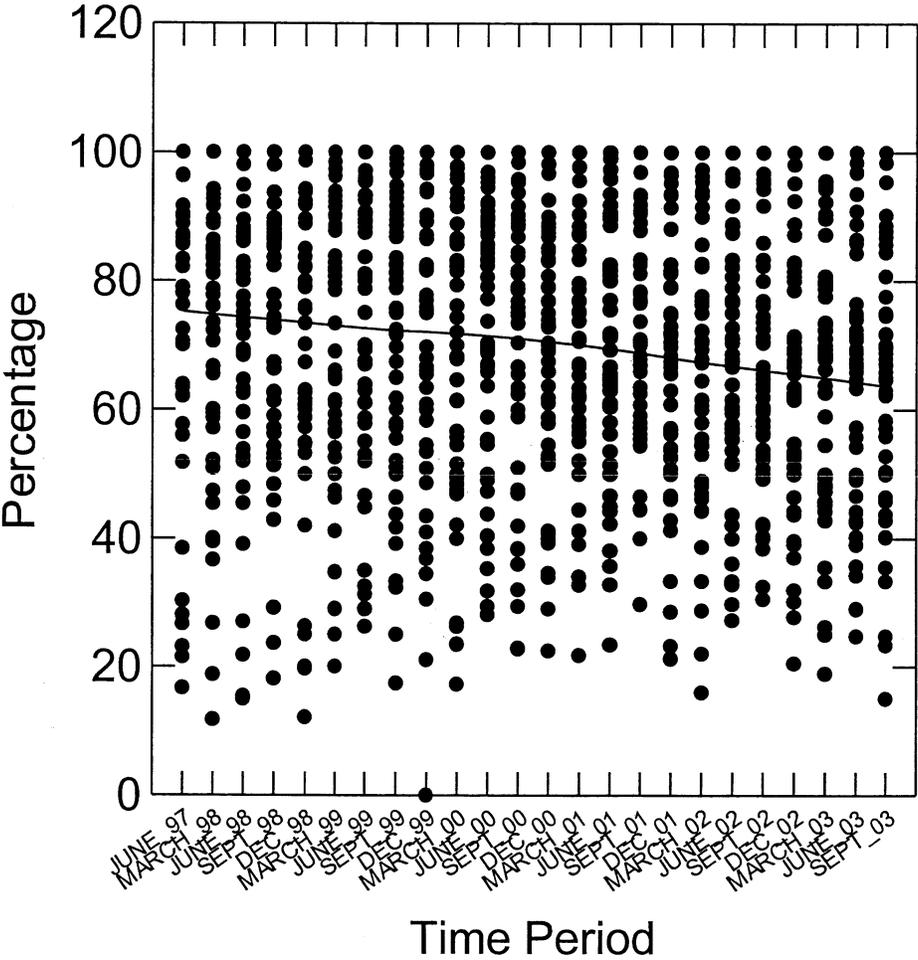


Indicator No. 34a - Page Two

CMHSP



Indicator No. 34a - % DD in SE Working 10+ Hours/week



Indicator 34b. Quality of Life: Employment -- The percentage of persons with mental illness in supported employment working 10 or more hours per week.

Rationale for Use:

Meaningful employment, which provides sufficient hours, wages, and longevity, is an important factor in enabling a person to achieve independence.

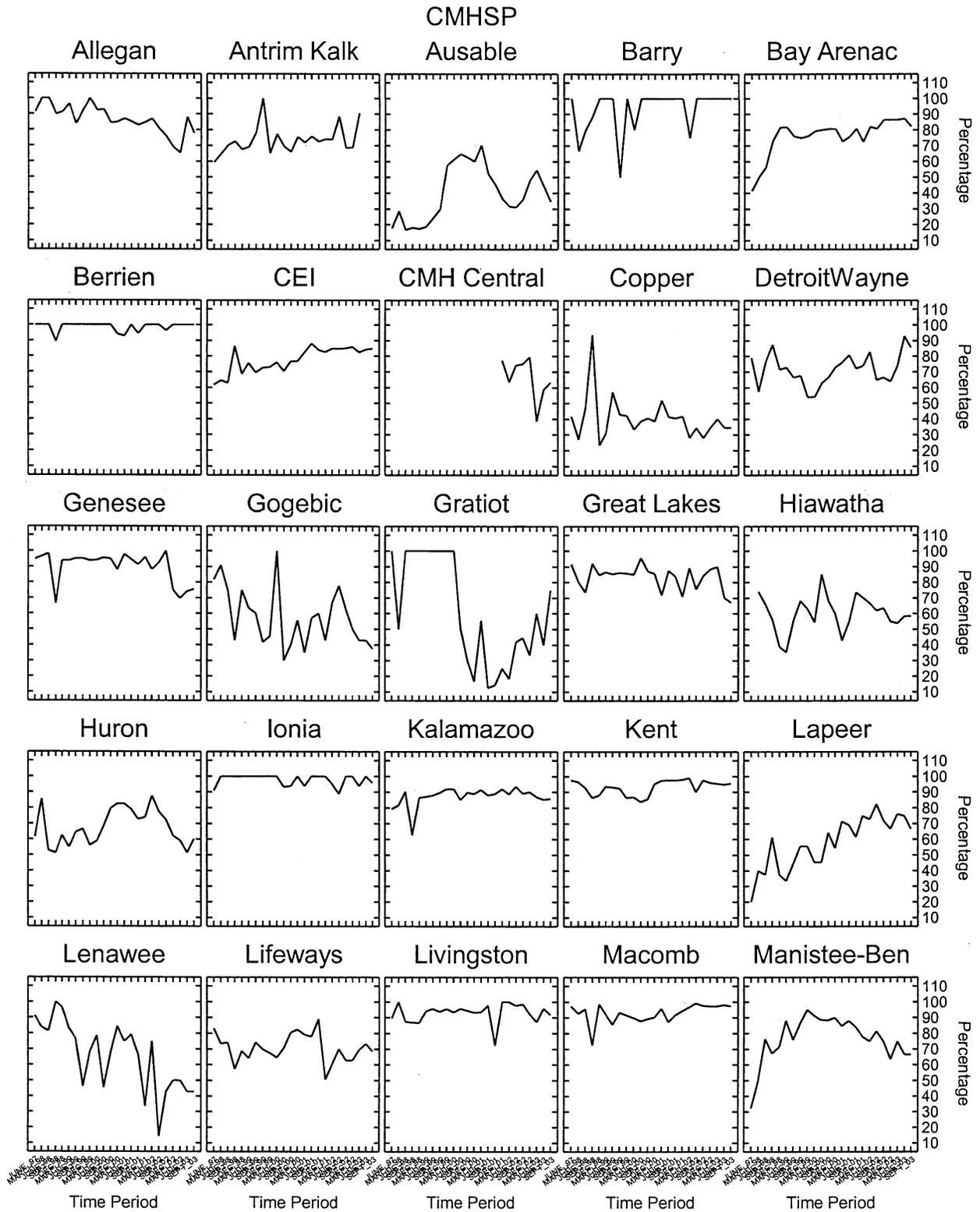
Method of Calculation:

The number of persons with mental illness working 10 or more hours per week divided by the total number of persons with mental illness who were working during the time period.

Descriptive Statistics:

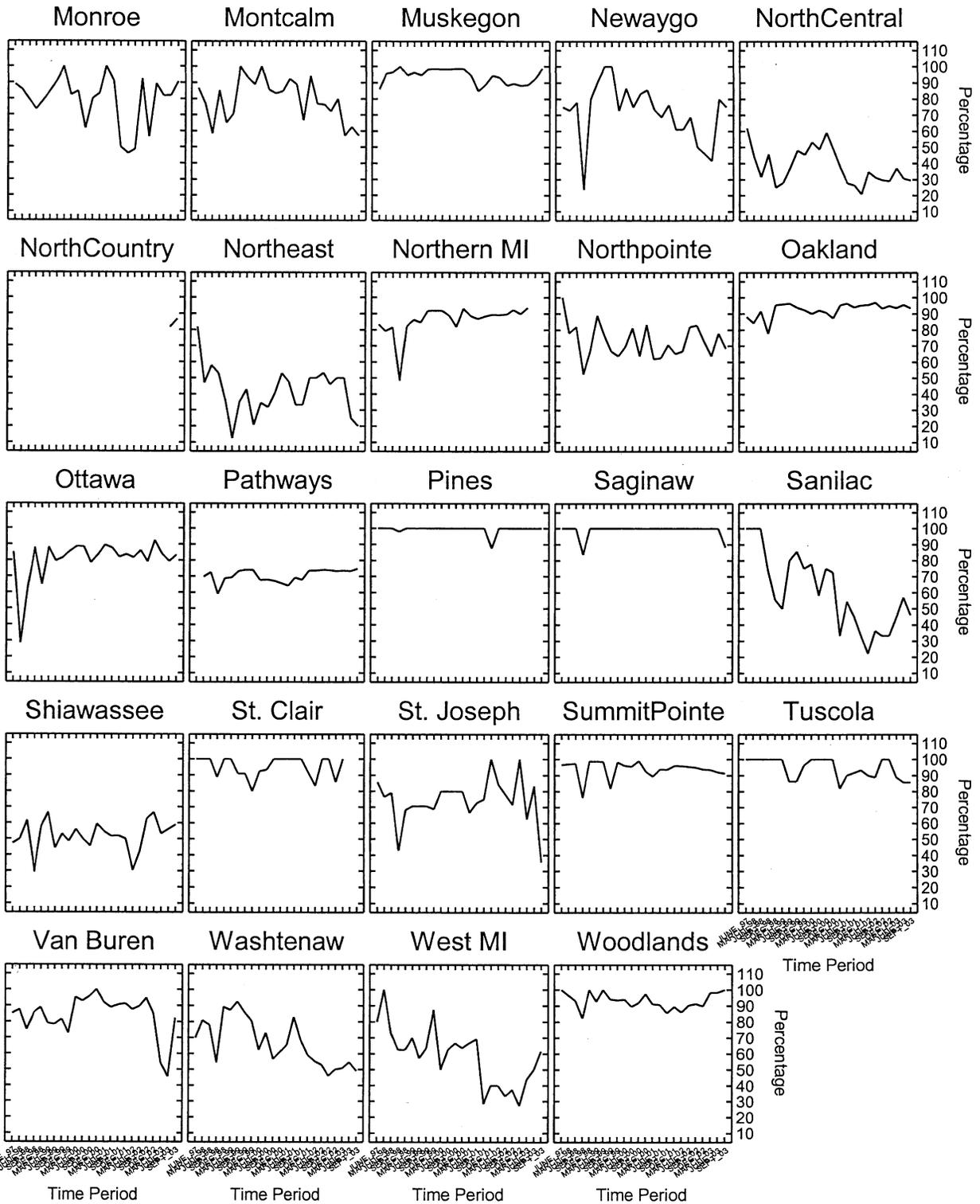
Indicator No. 34b	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	48	48	46	47
Minimum	27.27	37.04	25.00	20.00
Maximum	100.00	100.00	100.00	100.00
Median	79.70	74.40	78.54	75.56
Mean	74.09	72.76	73.08	72.85

Indicator No. 34b - % MI in SE Working 10+ Hours/week

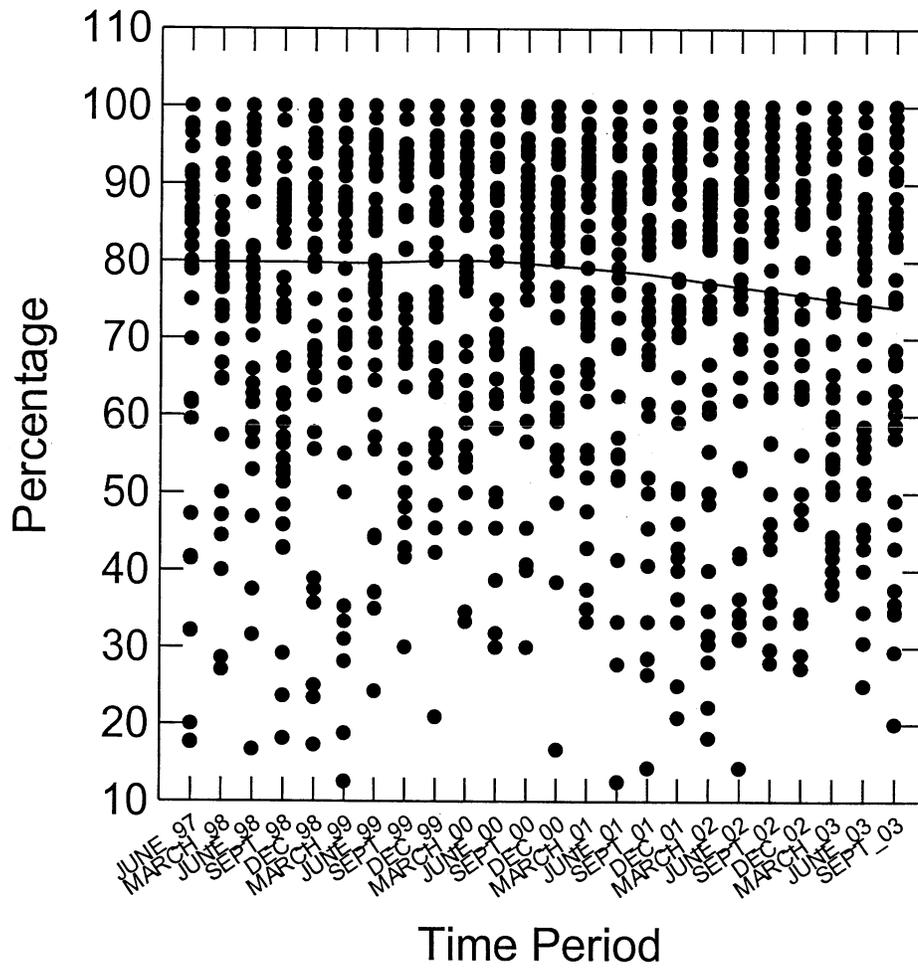


Indicator No. 34b - Page Two

CMHSP



Indicator No. 34b - % MI in SE Working 10+ Hours/week



Indicator 35. Quality of Life: Employment -- The percentage of persons with mental illness in supported employment earning the federal minimum wage or greater.

Rationale for Use:

Meaningful employment, which provides sufficient hours, wages, and longevity, is an important factor in enabling a person to achieve independence.

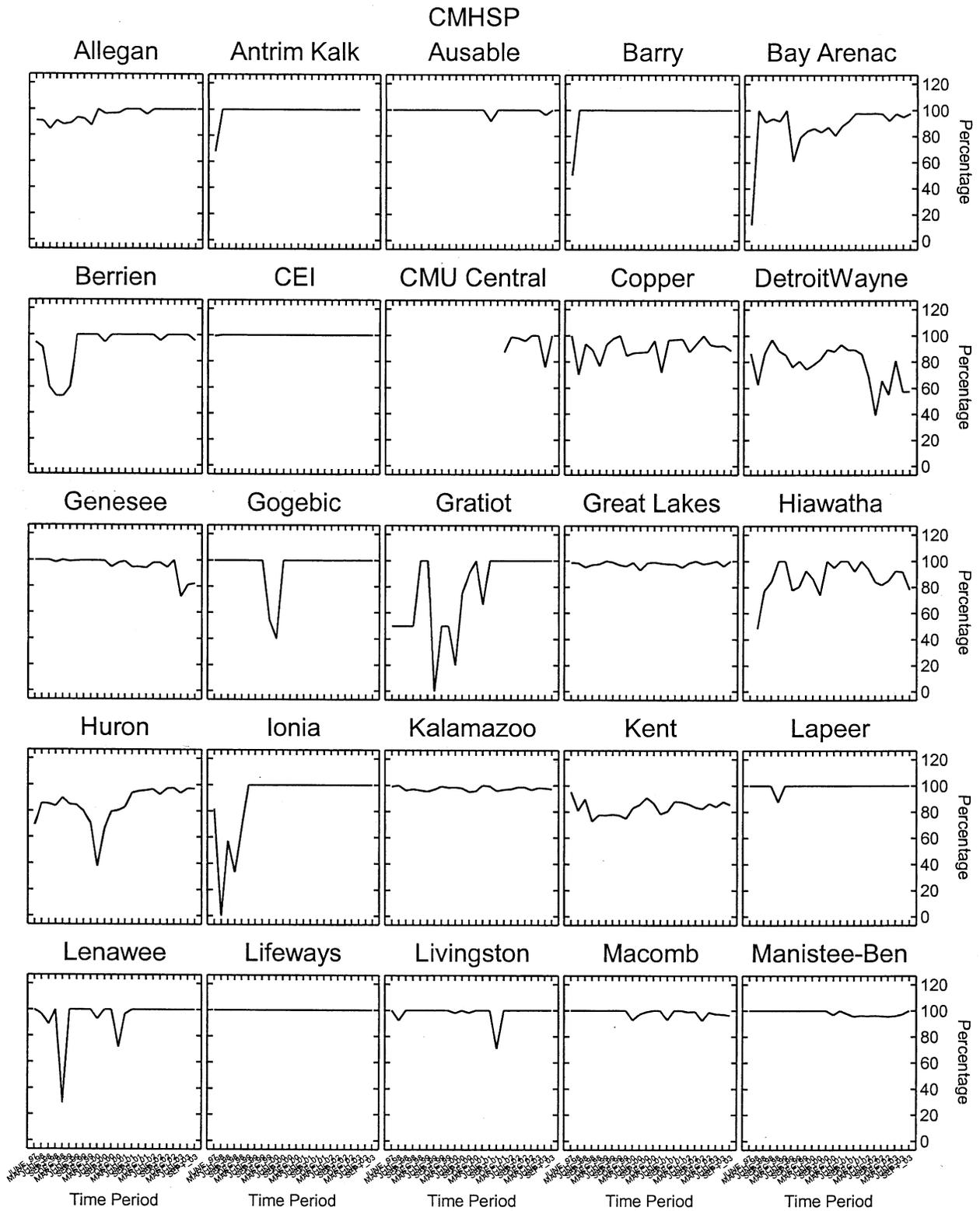
Method of Calculation:

The number of persons with mental illness in supported employment earning minimum wage divided by the total number of persons with mental illness in supported employment during the reporting period.

Descriptive Statistics:

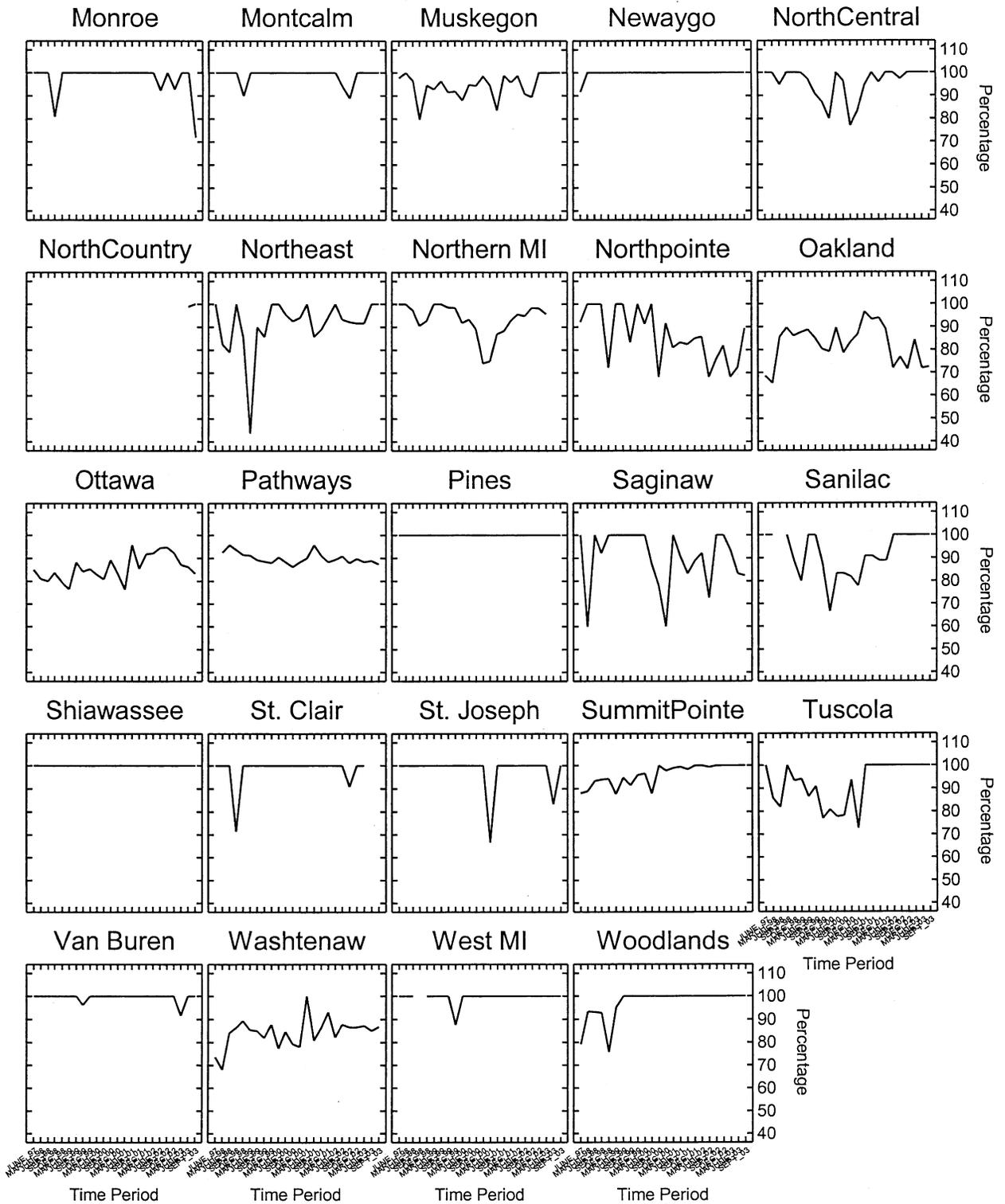
Indicator No. 35	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	48	48	46	47
Minimum	55.00	68.18	57.14	57.14
Maximum	100.00	100.00	100.00	100.00
Median	100.00	100.00	100.00	100.00
Mean	95.88	95.65	94.17	94.64

Indicator No. 35 - % MI in SE Earning Minimum Wage

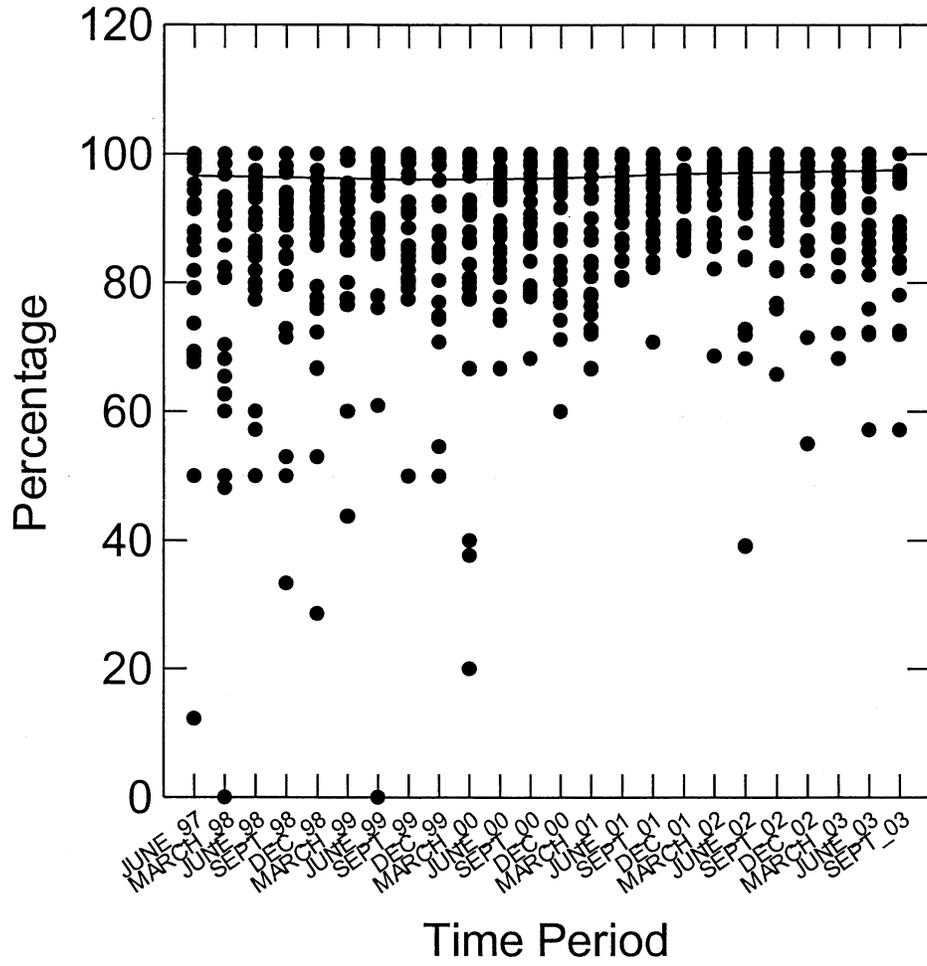


Indicator No. 35 - Page Two

CMHSP



Indicator No. 35 - % MI in SE Earning Minimum Wage



Indicator 36a. Quality of Life: Employment -- The percentage of persons with a developmental disability in supported employment continuously employed for the previous six months.

Rationale for Use:

Meaningful employment, which provides sufficient hours, wages, and longevity, is an important factor in enabling a person to achieve independence.

Method of Calculation:

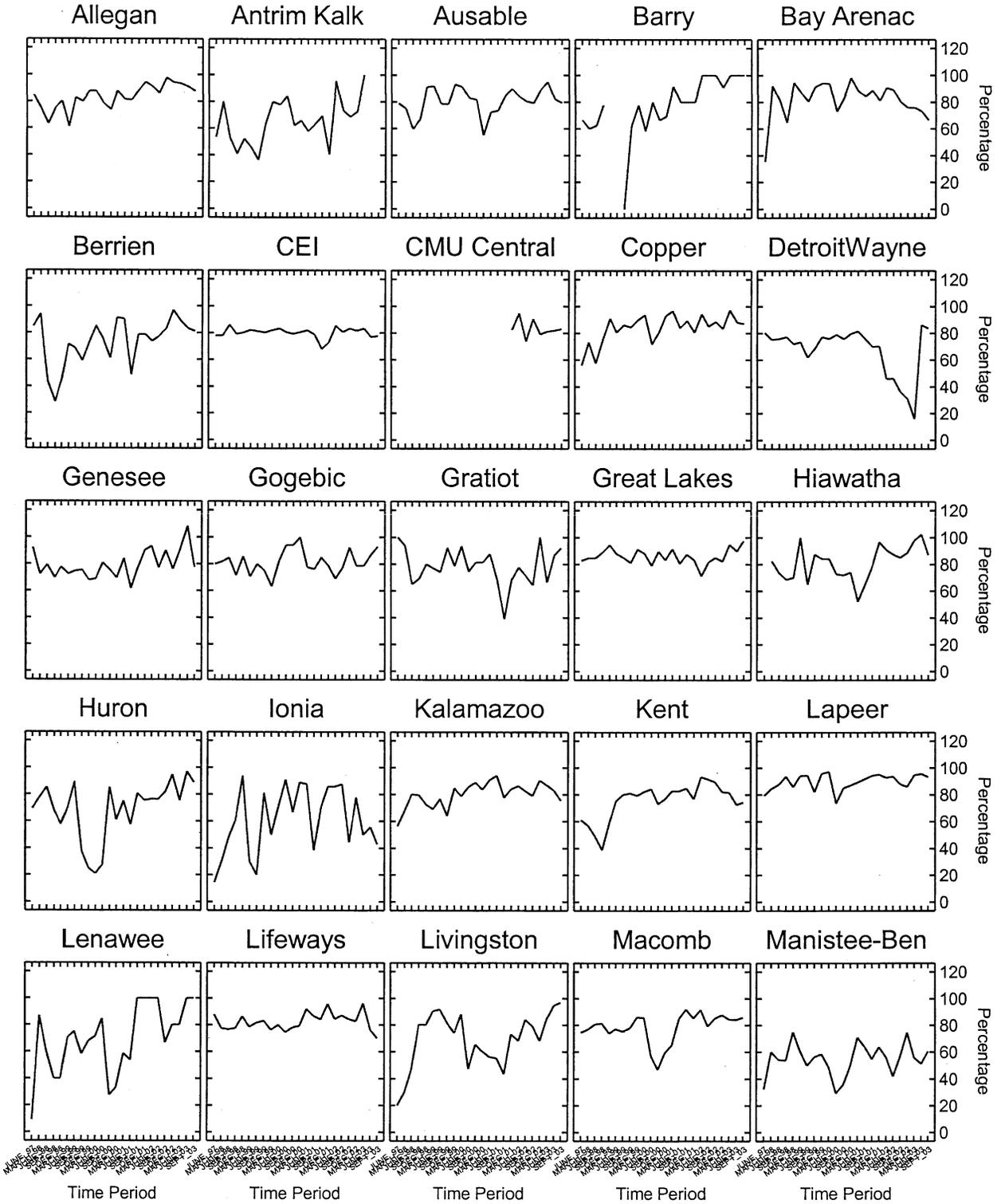
The number of persons with a developmental disability in supported employment continuously employed for the previous six months divided by the total number of persons with a developmental disability in supported employment during the reporting period.

Descriptive Statistics:

Indicator No. 36a	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	48	48	47	47
Minimum	31.15	15.92	51.19	42.86
Maximum	100.00	100.00	108.22	100.00
Median	88.60	90.24	87.13	87.18
Mean	85.03	84.73	85.60	85.63

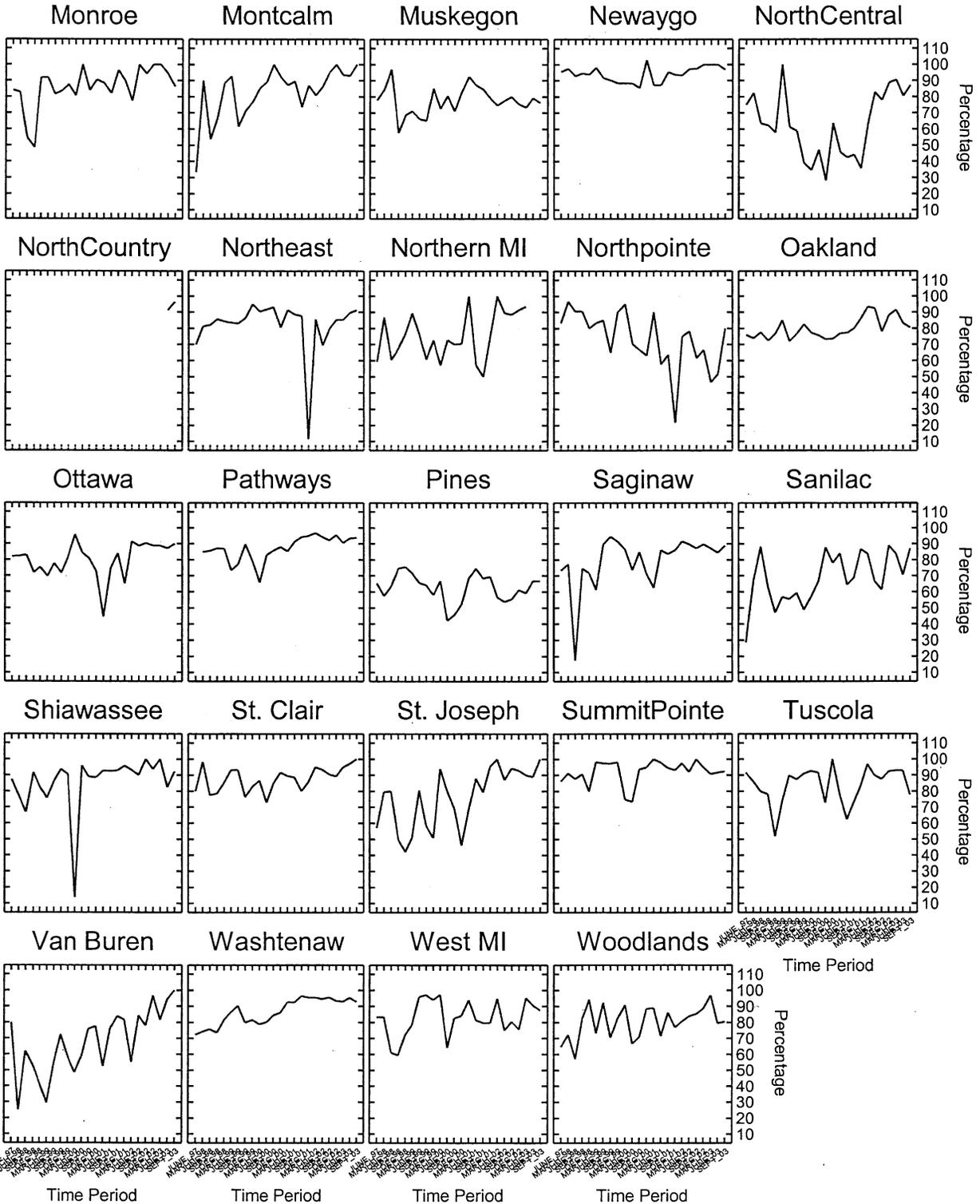
Indicator No. 36a - % DD in SE Employed Prev. 6 Months

CMHSP

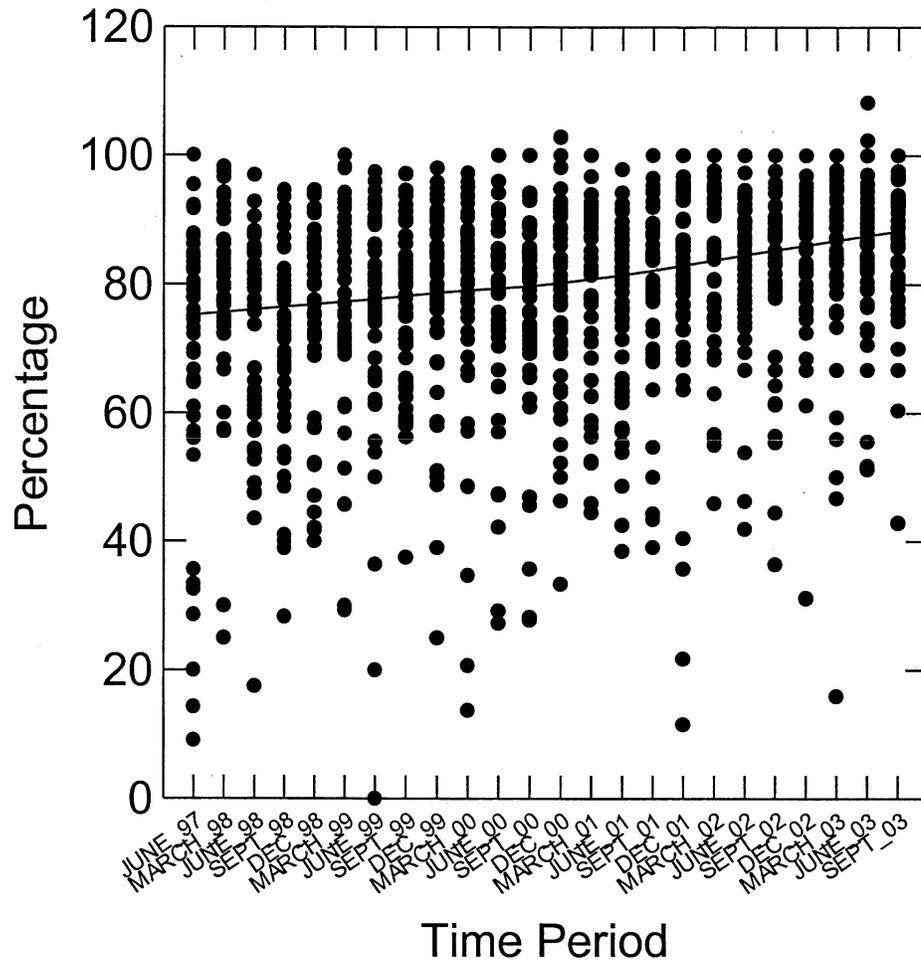


Indicator No. 36a - Page Two

CMHSP



Indicator No. 36a - % DD in SE Employed Prev. 6 Months



Indicator 36b. Quality of Life: Employment -- The percentage of persons with a mental illness in supported employment continuously employed for the previous six months.

Rationale for Use:

Meaningful employment, which provides sufficient hours, wages, and longevity, is an important factor in enabling a person to achieve independence.

Method of Calculation:

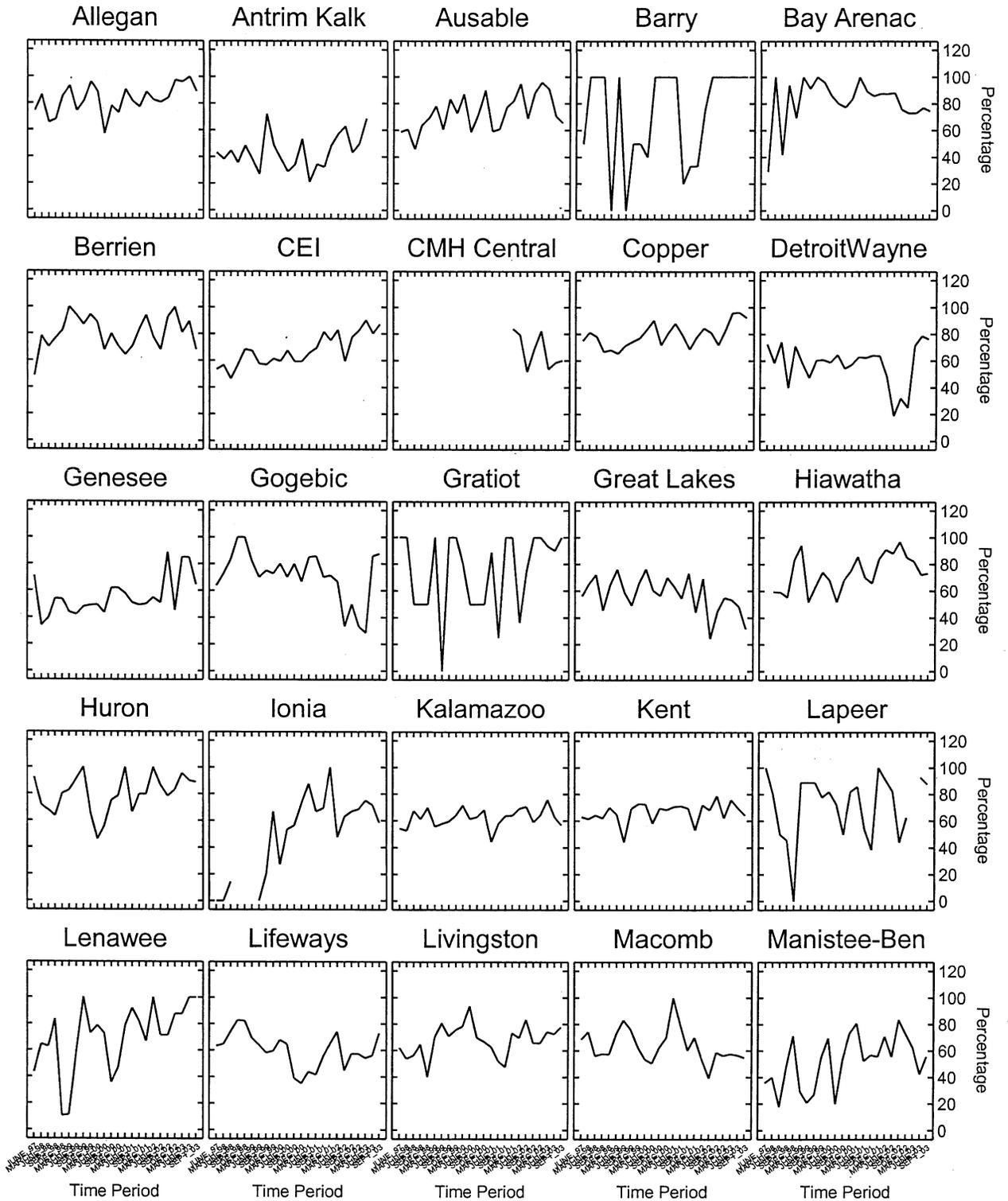
The number of persons with a mental illness in supported employment continuously employed for the previous six months divided by the total number of persons with a mental illness in supported employment during the reporting period.

Descriptive Statistics:

Indicator No. 36b	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	48	46	46	47
Minimum	25.00	28.57	25.00	0.00
Maximum	100.00	100.00	100.00	100.00
Median	72.85	80.98	79.28	73.68
Mean	72.78	78.25	74.82	70.51

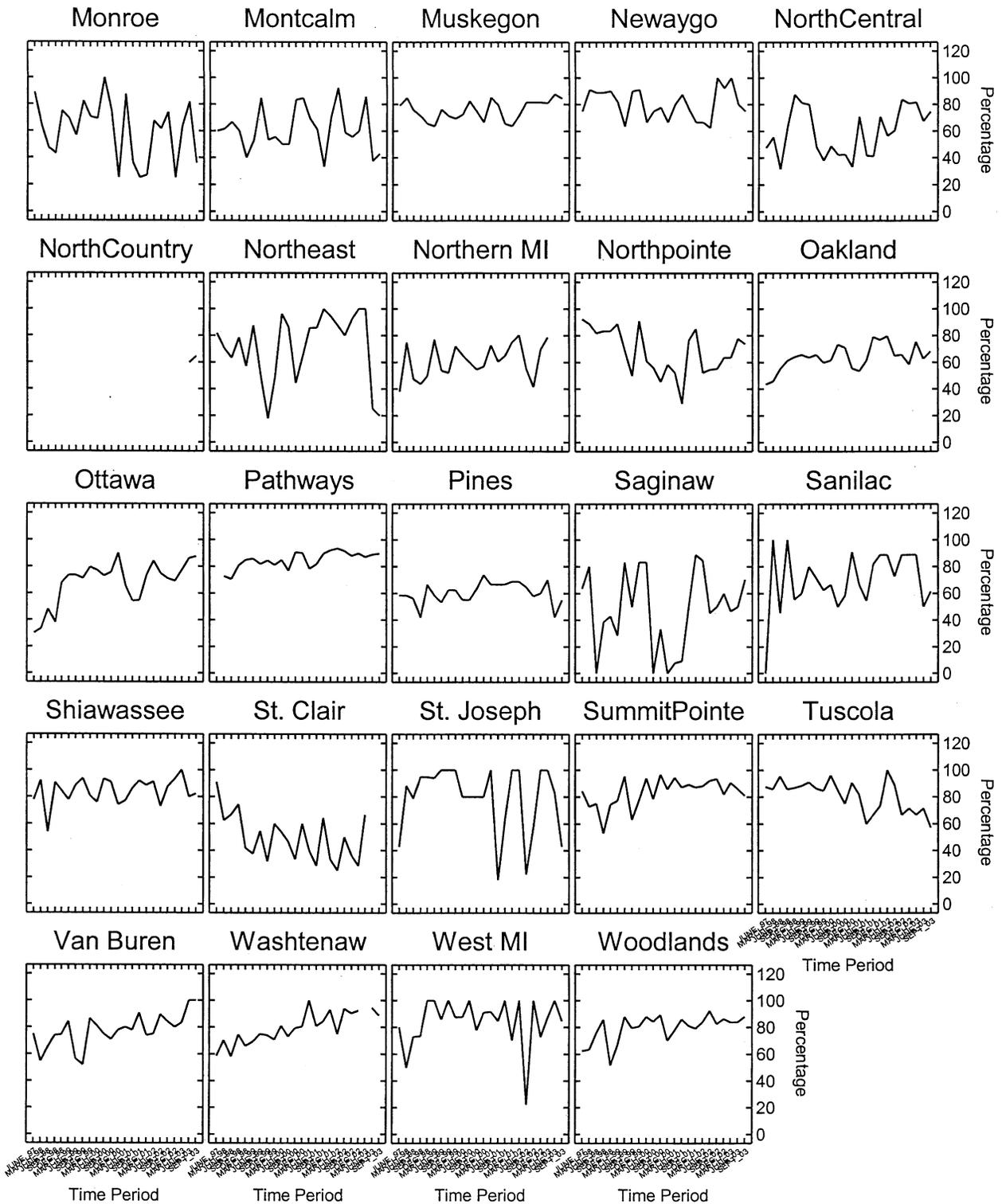
Indicator No. 36b - % MI in SE Employed Prev. 6 Months

CMHSP

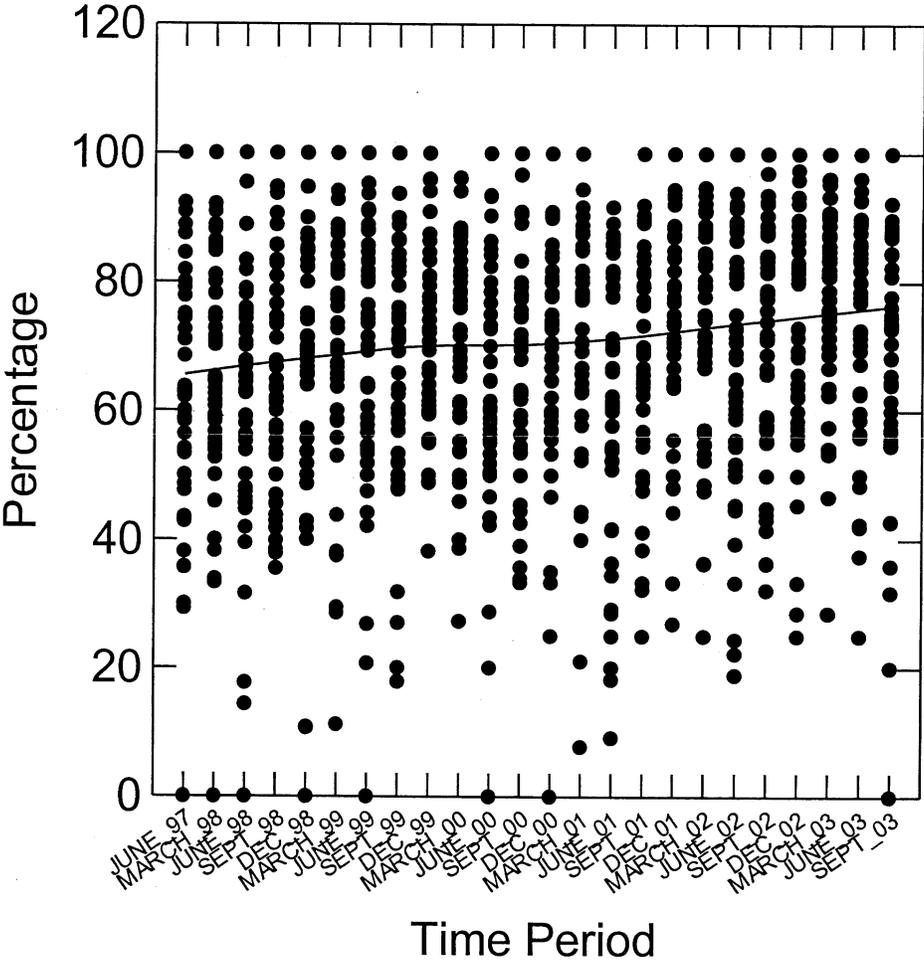


Indicator No. 36b - Page Two

CMHSP



Indicator No. 36b - % MI in SE Employed Prev. 6 Months



Indicator 37. Quality of Life: Living Situation -- The percentage of mentally ill adults served living in their own residence.

Rationale for Use:

Use of this indicator is based on the assumption that, in general, the quality of life of adults with mental illness will be higher when they live in their own residence instead of in some other type of residential placement.

Definition:

Own residence means that the lease, rental agreement, or deed or mortgage of the home, apartment or condominium is in the consumer's name or that of his or her spouse.

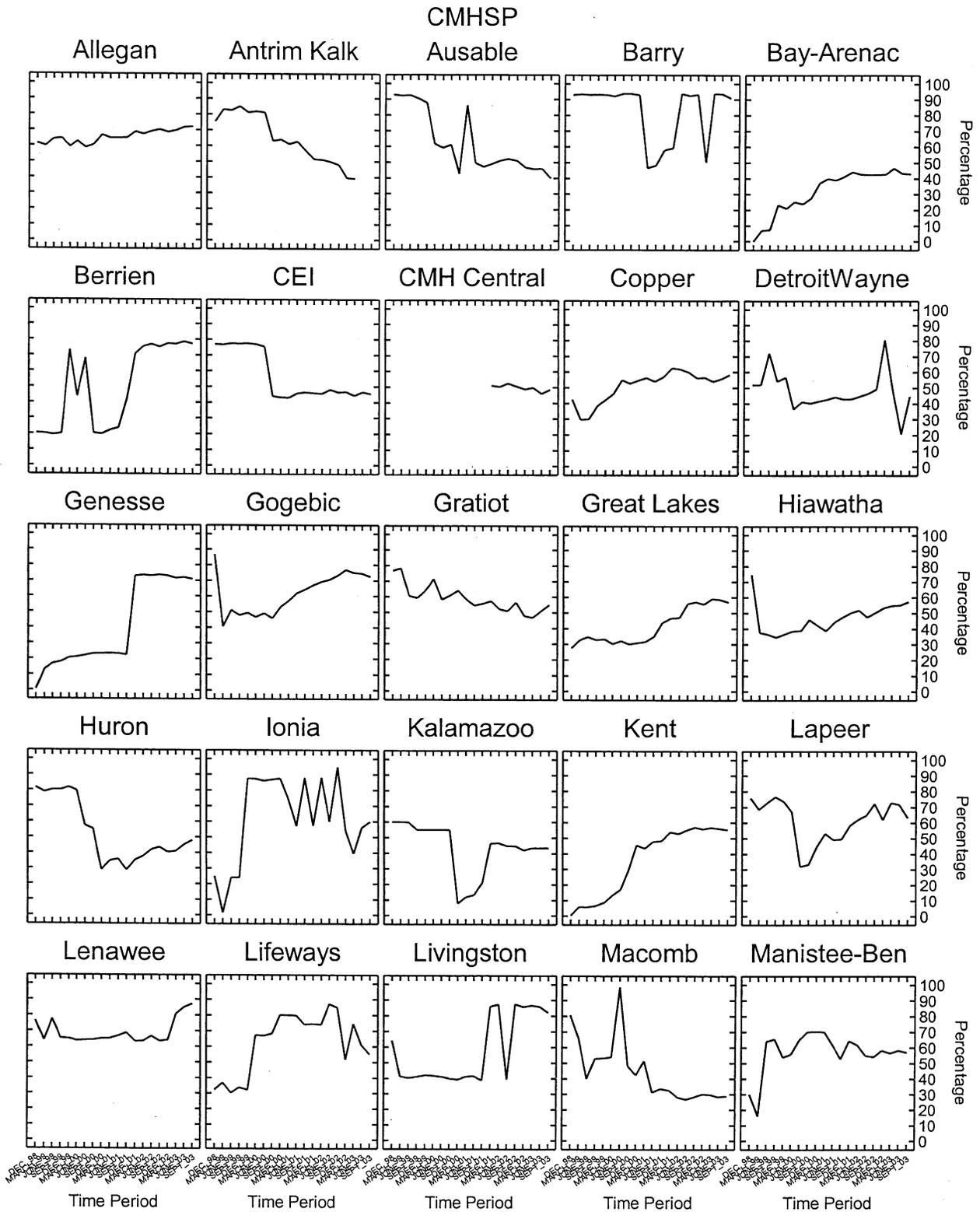
Method of Calculation:

The number of adults with mental illness served who are living in their own residence divided by the total number of adults with mental illness served during the reporting period.

Descriptive Statistics:

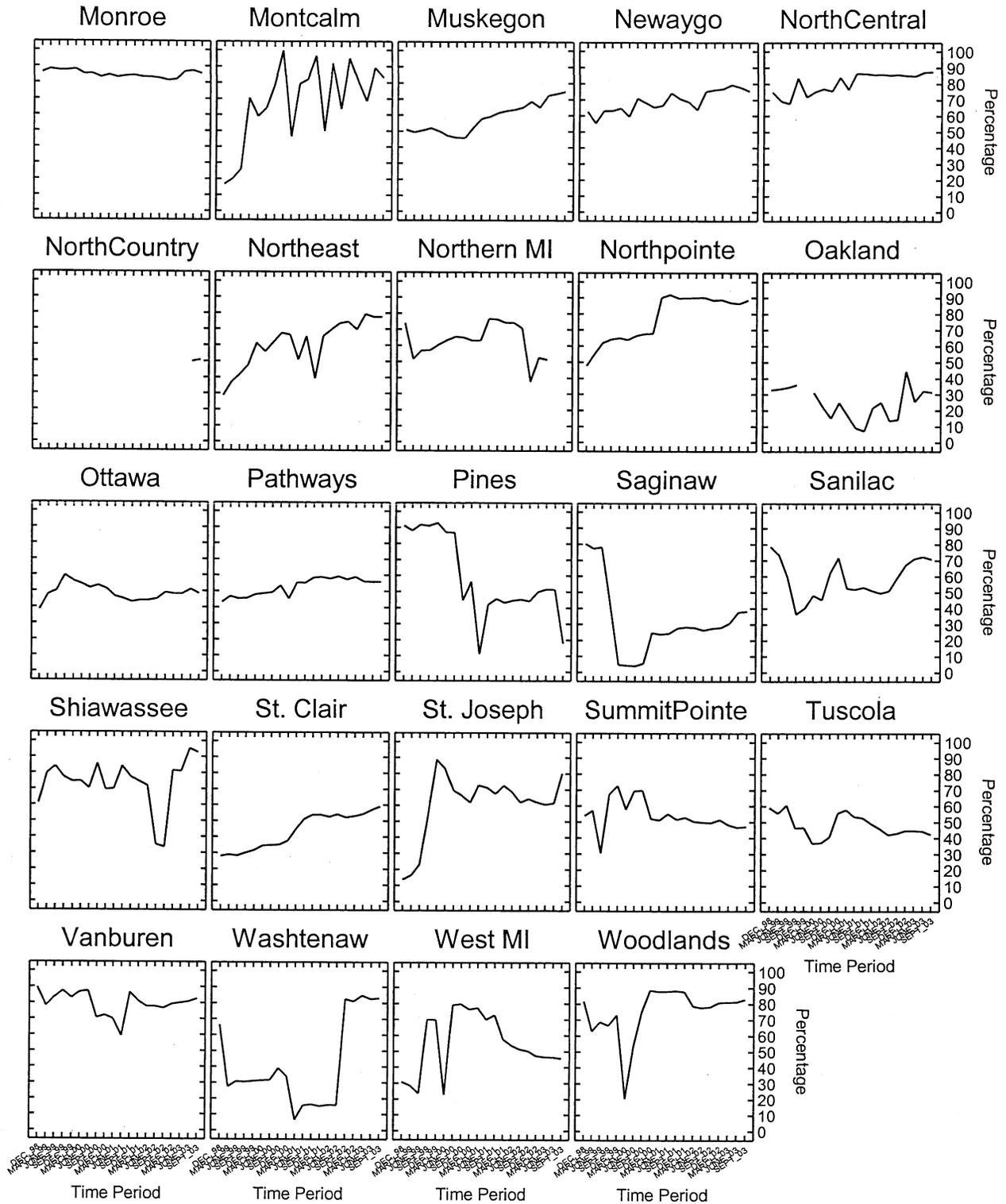
Indicator No. 37	DEC_02	MAR_03	JUN_03	SEPT_03
Number of Cases	48	48	47	47
Minimum	27.87	25.62	20.85	17.82
Maximum	88.70	93.71	95.40	92.81
Median	56.17	56.67	58.28	58.19
Mean	60.13	61.02	62.31	61.96

Indicator No. 37 - % of MI Adults Living in Own Residence



Indicator No. 37 - Page Two

CMHSP



Indicator No. 37 - % of MI Adults Living in Own Residence

