

**Department of Health and Human Service  
Office of Adult Mental Health Services  
Fourth Quarter Fiscal Year 2008 (April, May and June 2008)  
Report on Compliance Plan Standards: Community  
August 1, 2008**

	Compliance Standard	Report/Update
<b>I.1</b>	Implementation of all the system development steps in October 2006 Plan	102 of the 119 original components to the system development portion of the Consent Decree Plan of October 2006 have been accomplished and are no longer reported. The remaining 17 components are reported in the attached <i>DHHS Consent Decree Quarterly Report: August 1, 2008</i> . This number includes, per request of the Plaintiffs, reporting on 2 components (numbers 70 and 116) that OAMHS had previously designated as complete. See the attached reporting for these components for further details.
<b>I.2</b>	Certify that a system is in place for identifying unmet needs	
<b>I.3</b>	Certify that a system is in place for CSNs and related mechanisms to improve continuity of care	CSNs have been meeting on a regularly scheduled basis since November 2006.
<b>I.4</b>	Certify that a system is in place for Consumer councils	LD 1967 (“An Act to Establish a Consumer Council System of Maine”) was passed by both the Maine House and Senate. On April 10 <sup>th</sup> 2008 this bill was signed by Governor Baldacci and became Public Law 592 on June 28 <sup>th</sup> . The Statewide Consumer Council (SCC) is meeting monthly and Local Councils are being developed. OAMHS staff attends a portion of the monthly SCC meetings upon invitation and provides a monthly written brief for the SCC regarding current system issues. The SCC has decided to grant any local councils that are meeting temporary status as a Local Council.
<b>I.5</b>	Certify that a system is in place for new vocational services	
<b>I.6</b>	Certify that a system is in place for realignment of housing and support services	
<b>I.7</b>	Certify that a system is in place for a Quality Management system that includes specific components as listed on pages 5 and 6 of the plan	Department of Health and Human Services Office of Adult Mental Health Services Quality Management Plan/Community Based Services (April 2008) has been implemented: copy of plan submitted with May 1, 2008 Quarterly Report.
<b>II.1</b>	Provide documentation that unmet needs data and information (data source list page 4 of	

	compliance plan) is used in planning for resource development and preparing budget requests	
<b>II.2</b>	Demonstrate reliability of unmet needs data based on evaluation	
<b>II.3</b>	Submission of budget proposals given to Governor reflect use of unmet need data	
<b>II.4</b>	Submission of quarterly reports to the Joint Standing Committee on Health and Human Services	Quarterly reports are delivered electronically to the Senior Analyst in the legislative Office of Policy and Legal Analysis for distribution to the Joint Standing Committee on Health and Human Services concurrent with submission to the Court.
<b>II.5</b>	Annual report of MaineCare Expenditures and grant funds expended broken down by service area	It is expected that this report will be completed in the fall of 2008.
<b>III.1</b>	Demonstrate utilizing QM System	
<b>III.1a</b>	Document through quarterly or annual reports the data collected and activities to assure reliability (including ability of EIS to produce accurate data)	
<b>III.1b</b>	Document how QM data used to develop policy and system improvements	
<b>IV.1</b>	100% of agencies, based on contract and licensing reviews, have protocol/procedures in place for client notification of rights	Based on contract reviews done in the 3 <sup>rd</sup> quarter of FY08, 100% of agencies in Regions 1, 2 and 3 have protocols/procedures in place for client notification of rights, with documentation within provider files maintained within the regional offices.  Of the 37 mental health agencies reviewed this quarter by licensing, 100% have protocols/policies in place for client notification of the <i>Rights of Recipients</i> .
<b>IV.2</b>	If results fall below levels established for Performance and Quality Improvement Standard #4 – 1, 1a, 1b and 2 certain steps are taken <ul style="list-style-type: none"> <li>• 1 = 90% informed about rights in a way they could understand</li> <li>• 1a = 95% with CIW report informed about their rights</li> <li>• 1b = 90% with MaineCare report informed about their rights</li> <li>• 2 = 90% of consumers report they were given information about their rights</li> </ul>	Results for the 2007 annual class member survey fell below established levels (4-1, 80%; 4-1a, 87.8%; and 4-1b, 79.2%). Results for the 2007 Data Infrastructure Grant Survey (#4-2) met the standard at 90.5%.  OAMHS staff presented data on rights, dignity and respect to the Statewide Consumer Council (SCC) in April 2008 and asked for feedback on the results. The SCC was asked to give input on the data and recommendations on steps, if any, that OAMHS should take. No response has been received to date.  Results for the 2008 annual class member survey (not yet published as a formal report) show: 4-1 (78.6%), 4-1a (86.3%) and 4-1b (81.5 %) did not meet the standards set; 4-2 (90.5%) did meet the standard. This data will be presented to the Statewide Consumer

		System for review.
<b>IV.3</b>	Grievance Tracking data shows response to 90% of Level II grievances within 5 days or extension	Standard met Calendar Years 2006 and 2007, as well as the first two quarters of calendar year 2008  See attached <i>Performance and Quality Improvement Standards: July 2008</i> , Standard 2 and the <i>DHHS OAMHS Grievance Report January-June 2008</i> .
<b>IV.4</b>	Grievance Tracking data shows that for 90% of Level III grievances written reply within 5 days or within 5 days extension if hearing is to be held or if parties concur.	The 1 <sup>st</sup> quarter of calendar year 2008 was the first time that OAMHS reported on this standard. The standard was met at 100% for the first two quarters of calendar year 2008.  See attached <i>DHHS OAMHS Grievance Report January-June 2008</i>
<b>IV.5</b>	90% hospitalized class members assigned worker within 2 days of request - <u>must be met for 3 out of 4 quarters</u>	See attached <i>Performance and Quality Improvement Standards: July 2008</i> , Standard 5-2
<b>IV.6</b>	90% non-hospitalized class members assigned worker within 3 days of request - <u>must be met for 3 out of 4 quarters</u>	See attached <i>Performance and Quality Improvement Standards: July 2008</i> , Standard 5-3
<b>IV.7</b>	95% of class members in hospital or community not assigned within 2 or 3 days, assigned within an additional 7 days - <u>must be met for 3 out of 4 quarters</u>	See attached <i>Performance and Quality Improvement Standards: July 2008</i> , Standard 5-4
<b>IV.8</b>	90% of class members enrolled in CSS with initial ISP completed within 30 days of enrollment - <u>must be met for 3 out of 4 quarters</u>	See attached <i>Performance and Quality Improvement Standards: July 2008</i> , Standard 5-5
<b>IV.9</b>	90% of class members had their 90 day ISP review(s) completed within that time period - <u>must be met for 3 out of 4 quarters</u>	See attached <i>Performance and Quality Improvement Standards: July 2008</i> , Standard 5-6
<b>IV.10</b>	QM system includes documentation that there is follow-up to require corrective actions when ISPs are more than 30 days overdue	In April, OAMHS initiated the contract compliance process with agencies who were failing to be up to date with the submission of RDS (considered to be a part of the ISP and required to be completed at the time of the ISP) data in EIS. See attached <i>October 2006 Plan Report Community 8/1/08</i> , component 107 for further details.
<b>IV.11</b>	Data collected once a year shows that no > 5% of class members enrolled in CS did not have their ISP reviewed before the next annual review	
<b>IV.12</b>	Certify in quarterly reports that DHHS is meeting its obligation re: quarterly mailings	Quarterly mailing for the 4 <sup>th</sup> quarter of FY'08 was completed in April 2008. See attached <i>Location Effort Report for Quarter 4, State Fiscal Year 2008 (April, May, June 2008)</i>

<b>IV.13</b>	In 90% of ISPs reviewed, all domains were assessed in treatment planning - <u>must be met for 3 out of 4 quarters</u>	See attached <i>Class Member Treatment Planning Review</i> , Question 2.a
<b>IV.14</b>	In 90% of ISPs reviewed, treatment goals reflect strengths of the consumer - <u>must be met for 3 out of 4 quarters</u>	Standard met for 4 quarters FY'08 See attached <i>Performance and Quality Improvement Standards: July 2008</i> , Standard 7-1a
<b>IV.15</b>	90% of ISPs reviewed have a crisis plan or documentation as to why one wasn't developed - <u>must be met for 3 out of 4 quarters</u>	See attached <i>Performance and Quality Improvement Standards: April 2008</i> , Standard 7-1c (does the consumer have a crisis plan) and <i>Class Member Treatment Planning Review</i> , Question 2F
<b>IV.16</b>	QM system documents that OAMHS requires corrective action by the provider agency when document review reveals not all domains assessed	Question added to the Treatment Planning Review and assessed for the first time the 3rd quarter of FY 2008. See attached <i>Class Member Treatment Planning Review</i> , Question 6.a.1
<b>IV.17</b>	In 90% of ISPs reviewed, interim plans developed when resource needs not available within expected response times - <u>must be met for 3 out of 4 quarters</u>	See attached <i>Performance and Quality Improvement Standards: July 2008</i> , Standard 8-2
<b>IV.18</b>	90% of ISPs review included service agreement/treatment plan - <u>must be met for 3 out of 4 quarters</u>	See attached <i>Performance and Quality Improvement Standards: July 2008</i> , Standard 9-1
<b>IV.19</b>	90% of ACT/ICI/CI providers statewide meet prescribed case load ratios - <u>must be met for 3 out of 4 quarters</u>	The 2 <sup>nd</sup> quarter of FY 08 was the first reporting of case load ratios by service providers statewide.  CI met the standard for the 2 <sup>nd</sup> , 3 <sup>rd</sup> and 4 <sup>th</sup> quarters; ACT met the standard for the 2 <sup>nd</sup> and 3 <sup>rd</sup> quarters; and ICI met the standard for the 3 <sup>rd</sup> and 4 <sup>th</sup> quarters.  See attached <i>Performance and Quality Improvement Standards: July 2008</i> , Standard 10
<b>IV.19</b>	90% of ICMs with class member caseloads meet prescribed case load ratios - <u>must be met for 3 out of 4 quarters</u>	The 2 <sup>nd</sup> quarter of FY 08 was the first reporting of case load ratios by service providers statewide.  ICMs met the standard for the 2 <sup>nd</sup> , 3 <sup>rd</sup> and 4 <sup>th</sup> quarters.  See attached <i>Performance and Quality Improvement Standards: July 2008</i> , Standard 10
<b>IV.20</b>	90% of OES workers with class member public wards - meet prescribed caseloads (pg 10) <u>must be met for 3 out of 4 quarters</u>	The 2 <sup>nd</sup> quarter of FY 08 was the first reporting of case load ratios by OES workers statewide. OES has not met the standard for the 3 quarters reported. OES was given permission to fill a vacant position and has completed the interview process for their vacant position. The new worker will be onboard during the

		<p>first quarter of 2009. The ratio of caseworkers to clients should improve with the addition of the new worker.</p> <p>See attached <i>Performance and Quality Improvement Standards: July 2008</i>, Standard 10</p>
<b>IV.21</b>	Independent review of the ISP process finds that ISPs met a reasonable level of compliance as defined in Attachment B of the Compliance Plan	
<b>IV.22</b>	5% or fewer class members have ISP-identified unmet residential support - <u>must be met for 3 out of 4 quarters</u> <b>and</b>	<p>Standard met for the 4<sup>th</sup> quarter FY 08.</p> <p>See attached <i>Performance and Quality Improvement Standards: July 2008</i>, Standard 12-1</p>
<b>IV.23</b>	<b>EITHER</b> quarterly unmet residential support needs for one year for qualified (qualified for state financial support) non-class members do not exceed by 15 percentage points those of class members <b>OR</b> if exceeded for one or more quarters, OAMHS produces documentation sufficient to explain cause and to show that cause is not related to class status <b>and</b>	
<b>IV.24</b>	Meet RPC discharge standards (below); <b>or</b> if not met document reasons and demonstrate that failure not due to lack of residential support services <ul style="list-style-type: none"> <li>• 70% RPC clients who remained ready for discharge were transitioned out within 7 days of determination</li> <li>• 80% within 30 days</li> <li>• 90% within 45 days (with certain exceptions by agreement of parties and court master)</li> </ul>	<p>Standard met for 4 quarters FY'08</p> <p>See attached <i>Performance and Quality Improvement Standards: July 2008</i>, Standards 12-2, 12-3 and 12-4</p> <p>RPC discharge data was recalculated for the 4 quarters of FY08 to assure accuracy in reporting. No data changed for this standard as the result of the recalculation.</p>
<b>IV.25</b>	10% or fewer class members have ISP-identified unmet needs for housing resources - <u>must be met for 3 out of 4 quarters</u> <b>and</b>	<p>Standard met for the first three quarters of FY 2008</p> <p>See attached <i>Performance and Quality Improvement Standards: July 2008</i>, Standard 14-1</p>
<b>IV.26</b>	Meet RPC discharge standards above (IV.24); if don't meet, failure not due to lack of housing alternatives	<p>Standards 14-4 met for the first three quarters of FY 2008; Standard 14-5 met for the first 3 quarters; and, Standard 14-6 met for the 1<sup>st</sup> quarter.</p> <p>RPC discharge data was recalculated for the 4 quarters of FY08 to assure accuracy in reporting. This did result in changes to some of the data reported in previous quarters. The standards have been corrected to reflect these results.</p>

		See attached <i>Performance and Quality Improvement Standards: July 2008</i> , Standard 14-4, 14-5 and 14-6
<b>IV.27</b>	Certify that class members residing in homes > 8 beds have given informed consent in accordance with approved protocol	Standard met (annual process); next review November and December 2008.  See attached <i>Performance and Quality Improvement Standards: July 2008</i> , Standard 15-1
<b>IV.28</b>	90% of class member admissions to community involuntary inpatient units are within the CSN or county listed in attachment C to the Compliance Plan	See attached <i>Performance and Quality Improvement Standards: July 2008</i> , Standard 16-1 and <i>Community Hospital Utilization Review – Class Members</i> report.
<b>IV.29</b>	Contracts with hospitals require compliance with all legal requirements for involuntary clients and with obligations to obtain ISPs and involve CSWs in treatment and discharge planning	Contracts with community hospitals contain the required compliance language. Sample of contract attached to the May 1, 2008 Quarterly Report
<b>IV.30</b>	Evaluates compliance with all legal requirements for involuntary clients and with obligations to obtain ISPs and involve CSWs in treatment and discharge planning during contract reviews and imposes sanctions for non-compliance through contract reviews and licensing	
<b>IV.31</b>	UR Nurses review all invols at all contracted hospitals or funded by DHHS, take corrective action when they identify deficiencies and send notices of any violations to the licensing division and to the hospital	See Standard IV.33 below for data regarding corrective actions.
<b>IV.32</b>	Licensing reviews of hospitals include an evaluation of compliance with patient rights and require a plan of correction to address any deficiencies	Of the 17 complaints investigated in this quarter, none were found to be violations of the <i>Rights of Recipients of Mental Health Services</i> .
<b>IV.33</b>	<ul style="list-style-type: none"> <li>• 90% of the time corrective action was taken when blue papers were not completed in accordance with terms</li> <li>• 90% of the time corrective action was taken when 24 hour certifications were not completed in accordance with terms</li> <li>• 90% of the time corrective action was taken when patient rights were not maintained</li> </ul>	Standard met for 4 quarters FY'08  See attached <i>Performance and Quality Improvement Standards: July 2008</i> , Standards 17-2a, 17-3a and 17-4a and <i>Community Hospital Utilization Review – Class Members</i> report.
<b>IV.34</b>	QM system documents that if hospitals have fallen below the performance standard for any of the following, OAMHS made the information public through CSNs, addressed in contract reviews with hospitals and CSS providers, and took appropriate corrective	See attached <i>Performance and Quality Improvement Standards: July 2008</i> , Standards 18-1, 18-2 and 18-3;  Reports have been developed to display data by hospital for community hospitals accepting emergency involuntary clients. These will be shared with the

	<p>action to enforce responsibilities</p> <ul style="list-style-type: none"> <li>• obtaining ISPs (90%)</li> <li>• creating treatment and discharge plan consistent with ISPs (90%)</li> <li>• involving CIWs in treatment and discharge planning (90%)</li> </ul>	CSNs.
<b>IV.35</b>	No more than 20-25% of face-to-face crisis contacts result in hospitalization – <u>must be met for 3 out of 4 quarters</u>	<p>Standard met for 4 quarters FY'08</p> <p>See attached <i>Performance and Quality Improvement Standards: July 2008</i>, Standard 19-1 and <i>Adult Mental Health Quarterly Crisis Report Third Quarter, State Fiscal Year 2008 Summary Report</i>, page 7.</p>
<b>IV.36</b>	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 – <u>must be met for 3 out of 4 quarters</u>	<p>New data element added to performance indicator reporting as of October 2007.</p> <p>Last quarter, this standard was calculated as a percentage of all calls reported by providers as having been seen within 30 minutes. In discussions with providers, it was pointed out that OAMHS had agreed to a crisis standard of 'within an average of 30 minutes' and calculations did not factor this in. Consultation with the Office of Quality Improvement confirmed that we can not calculate the standard as written without collecting data on every phone call separately. Starting with the July 2008 reporting, OAMHS will be collecting data on the total number of minutes for the response and can thereby figure an average.</p> <p>See attached <i>Adult Mental Health Quarterly Crisis Report Third Quarter, State Fiscal Year 2008 Summary Report</i>, page 4</p>
<b>IV.37</b>	90% of all face-to-face assessments result in resolution for the consumer within 8 hours of initiation of the face-to-face assessment – <u>must be met for 3 out of 4 quarters</u>	<p>New data element added to performance indicator reporting as of October 2007. Standard met for the 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> quarters of FY 2008.</p> <p>See attached <i>Adult Mental Health Quarterly Crisis Report Third Quarter, State Fiscal Year 2008 Summary Report</i>, page 5</p>
<b>IV.38</b>	90% of all face-to-face contacts in which the client has a CI worker, the worker is notified of the crisis – <u>must be met for 3 out of 4 quarters</u>	<p>Standard met for all quarters of FY 2008</p> <p>See attached <i>Performance and Quality Improvement Standards: July 2008</i>, Standard 19-4 and <i>Adult Mental Health Quarterly Crisis Report Second Quarter, State Fiscal Year 2008 Summary Report</i>, page 7</p>

<b>IV.39</b>	QM system documents further review and appropriate corrective action if results fall below performance and quality improvement standard level #20-1 (90%; class members know how to get help in a crisis when they need it)	Standard met for 2006, 2007 and 2008 class member surveys.  See attached <i>Performance and Quality Improvement Standards: July 2008</i> , Standard 20-1
<b>IV.40</b>	Department has implemented the components of the CD plan related to vocational services	
<b>IV.41</b>	QM system documents that OAMHS conducts further review and takes appropriate corrective action if quarterly performance measure data shows that the numbers of class members < 62 years old and employed falls below 13% or the baselines established for Standard 26-2 and 3 (10.8 % and 21% respectively)	
<b>IV.42</b>	5% or fewer class members have unmet needs for mental health treatment services – <u>must be met for 3 out of 4 quarters</u> <b>and</b>	See attached <i>Performance and Quality Improvement Standards: July 2008</i> , Standard 21-1
<b>IV.43</b>	<b>EITHER</b> quarterly unmet mental health treatment needs for one year for qualified non-class members do not exceed by 15 percentage points those of class members <b>OR</b> if exceeded for one or more quarters, OAMHS produces documentation sufficient to explain cause and to show that cause is not related to class status	
<b>IV.44</b>	QM documentation shows that OAMHS conducts further review, takes appropriate corrective action if results of annual consumer survey fall below the levels identified in Standard # 22-1 (85% - whether class members can get the treatment services/supports needed) <b>and</b>	Standard met for 2006 and 2007 class member surveys.  See attached <i>Performance and Quality Improvement Standards: July 2008</i> , Standard 22-1
<b>IV.45</b>	Meet RPC discharge standards (below); if not met, document that failure to meet is not due to lack of mental health treatment services in the community <ul style="list-style-type: none"> <li>• 70% RPC clients who remained ready for discharge were transitioned out within 7 days of determination</li> <li>• 80% within 30 days</li> <li>• 90% within 45 days (with certain exceptions by agreement of parties and court master)</li> </ul>	Standard met for 4 quarters FY'08  RPC discharge data was recalculated for the 4 quarters of FY08 to assure accuracy in reporting. No data changed for this standard as the result of the recalculation.  See attached <i>Performance and Quality Improvement Standards: July 2008</i> , Standards 21-2, 21-3 and 21-4
<b>IV.46</b>	OAMHS lists in quarterly reports the programs sponsored that are designed to improve quality of life and community inclusion, including support of peer centers, social clubs, community connections training,	See attached <i>Performance and Quality Improvement Standards: July 2008</i> , Standard 30

	wellness programs and leadership and advocacy training programs – list must cover prescribed topics and audiences that fit parameters of ¶105.	
<b>IV.47</b>	10% or fewer class members have ISP-identified unmet needs for transportation to access mental health services – <u>must be met for 3 out of 4 quarters</u>	Standard met for all quarters of FY 2008  See attached <i>Performance and Quality Improvement Standards: July 2008</i> , Standard 28
<b>IV.48</b>	Provide documentation in quarterly reports of funding, developing, recruiting, and supporting an array of family support services that include specific services listed on page 16 of the Compliance Plan	See attached <i>Performance and Quality Improvement Standards: July 2008</i> , Standard 23-1 and 23-2
<b>IV.49</b>	Certify that all contracts with providers include a requirement to refer family members to family support services, and produce documentation that contract reviews include evaluation of compliance with this requirement	See attached <i>Performance and Quality Improvement Standards: July 2008</i> , Standard 25-1  100% of contracts contain this requirement. Annual contract reviews completed in the 3 <sup>rd</sup> quarter on FY 2008 in all 3 regions addressed this standard with documentation contained in contract files maintained by the regional office.
<b>IV.50</b>	Lists in quarterly reports the number and types of mental health informational workshops, forums and presentations geared to general public that are designed to reduce myths/stigma and foster community integration (cover prescribed list and fit audience parameters)	See attached <i>Performance and Quality Improvement Standards: July 2008</i> , Standard 34 and attached <i>Public Education Report Jan-March 2008</i>