

**Department of Health and Human Service
Office of Adult Mental Health Services
Third Quarter Fiscal Year 2008 Report on Compliance Plan Standards: Community
May 1, 2008**

	Compliance Standard	Report/Update
I.1	Implementation of all the system development steps in October 2006 Plan	Ninety-nine (99) 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 20 components are reported in the attached <i>DHHS Consent Decree Quarterly Report: May 1, 2008</i> .
I.2	Certify that a system is in place for identifying unmet needs	
I.3	Certify that a system is in place for CSNs and related mechanisms to improve continuity of care	
I.4	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 th this bill was signed by Governor Baldacci and will become Public Law 592 on June 28 th . 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.
I.5	Certify that a system is in place for new vocational services	
I.6	Certify that a system is in place for realignment of housing and support services	
I.7	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	See attached <i>Department of Health and Human Services Office of Adult Mental Health Services Quality Management Plan/Community Based Services</i>
II.1	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	
II.2	Demonstrate reliability of unmet needs data based on evaluation	
II.3	Submission of budget proposals given to Governor reflect use of unmet need data	
II.4	Submission of quarterly reports to the Joint Standing Committee on Health and Human	Quarterly reports are delivered electronically to the Senior Analyst in the legislative Office of Policy and

	Services	Legal Analysis for distribution to the Joint Standing Committee on Health and Human Services concurrent with submission to the Court.
II.5	Annual report of MaineCare Expenditures and grant funds expended broken down by service area	
III.1	Demonstrate utilizing QM System	
III.1a	Document through quarterly or annual reports the data collected and activities to assure reliability (including ability of EIS to produce accurate data)	
III.1b	Document how QM data used to develop policy and system improvements	
IV.1	100% of agencies, based on contract and licensing reviews, have protocol/procedures in place for client notification of rights	Based on contract review, 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.
IV.2	<p>If results fall below levels established for Performance and Quality Improvement Standard #4 – 1, 1a, 1b and 2 certain steps are taken</p> <ul style="list-style-type: none"> • 1 = 90% informed about rights in a way they could understand • 1a = 95% with CIW report informed about their rights • 1b = 90% with MaineCare report informed about their rights • 2 = 90% of consumers report they were given information about their rights 	<p>Results for the most current, annual class member survey (2007) fell below established levels (4-1, 80%; 4-1a, 87.8%; and 4-1b, 79.2%). Results for the most current Data Infrastructure Grant Survey (#4-2) met the standard at 90.5%.</p> <p>OAMHS staff presented data on rights, dignity and respect to the Statewide Consumer Council (SCC) in April 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. The SCC will discuss this in a subcommittee meeting in May and provide feedback to OAMHS by the middle of May.</p> <p>See attached <i>Performance and Quality Improvement Standards: April 2008</i>, Standard 4.</p>
IV.3	Grievance Tracking data shows response to 90% of Level II grievances within 5 days or extension	<p>Standard met Calendar Years 2006 and 2007, as well as the first quarter of calendar year 2008</p> <p>See attached <i>Performance and Quality Improvement Standards: April 2008</i>, Standard 2</p>
IV.4	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.	Standard met at 100% for the 1 st quarter of calendar year 2008. This is the first time that OAMHS has reported on this standard.
IV.5	90% hospitalized class members assigned worker within 2 days of request - <u>must be met</u>	See attached <i>Performance and Quality Improvement Standards: April 2008</i> , Standard 5-2

	<u>for 3 out of 4 quarters</u>	
IV.6	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: April 2008, Standard 5-3</i>
IV.7	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: April 2008, Standard 5-4</i>
IV.8	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: April 2008, Standard 5-5</i>
IV.9	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: April 2008, Standard 5-6</i>
IV.10	QM system includes documentation that there is follow-up to require corrective actions when ISPs are more than 30 days overdue	
IV.11	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	
IV.12	Certify in quarterly reports that DHHS is meeting its obligation re: quarterly mailings	Quarterly mailing for the 3 rd quarter of FY'08 completed in January 2008
IV.13	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, Question 2.a</i>
IV.14	In 90% of ISPs reviewed, treatment goals reflect strengths of the consumer - <u>must be met for 3 out of 4 quarters</u>	Met for first 3 quarters FY'08 See attached <i>Performance and Quality Improvement Standards: April 2008, Standard 7-1a</i>
IV.15	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, Standard 7-1c</i> (does the consumer have a crisis plan) and <i>Class Member Treatment Planning Review, Question 2F</i>
IV.16	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 this quarter. See attached <i>Class Member Treatment Planning Review, Question 6.a.1</i>
IV.17	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: April 2008, Standard 8-2</i>
IV.18	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: April 2008, Standard 9-1</i>

IV.19	90% of ACT/ICI/CI providers statewide meet prescribed case load ratios - <u>must be met for 3 out of 4 quarters</u>	Last quarter (2 nd quarter FY 08) was the first reporting of case load ratios by service providers statewide. ACT and CI met the standard for the 2 nd and 3 rd quarters; ICI met the standard for the 3 rd quarter. See attached <i>Performance and Quality Improvement Standards: April 2008, Standard 10</i>
IV.19	90% of ICMs with class member caseloads meet prescribed case load ratios - <u>must be met for 3 out of 4 quarters</u>	Last quarter (2 nd quarter FY 08) was the first reporting of case load ratios by service providers statewide. ICMs met the standard for both the 2 nd and 3 rd quarters. See attached <i>Performance and Quality Improvement Standards: April 2008, Standard 10</i>
IV.20	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>	Last quarter (2 nd quarter FY 08) was the first reporting of case load ratios by OES workers statewide and OES met the standard. This quarter the OES caseload ratio did not meet the compliance standard. OES has been given permission to fill a vacant position and are in the process of recruiting. Once this position is filled and the person trained, the caseload ratio will meet the compliance standard. See attached <i>Performance and Quality Improvement Standards: April 2008, Standard 10</i>
IV.21	Independent review of the ISP process finds that ISPs met a reasonable level of compliance as defined in Attachment B of the Compliance Plan	
IV.22	5% or fewer class members have ISP-identified unmet residential support - <u>must be met for 3 out of 4 quarters</u> and	See attached <i>Performance and Quality Improvement Standards: April 2008, Standard 12-1</i>
IV.23	EITHER 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 OR 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 and	
IV.24	Meet RPC discharge standards (below); or if not met document reasons and demonstrate that failure not due to lack of residential support services <ul style="list-style-type: none"> • 70% RPC clients who remained ready for discharge were transitioned out within 7 	Standard met for the first three quarters of FY 2008 See attached <i>Performance and Quality Improvement Standards: April 2008, Standards 12-2, 12-3 and 12-4</i>

	<p>days of determination</p> <ul style="list-style-type: none"> • 80% within 30 days • 90% within 45 days (with certain exceptions by agreement of parties and court master) 	
IV.25	<p>10% or fewer class members have ISP-identified unmet needs for housing resources - <u>must be met for 3 out of 4 quarters</u> and</p>	<p>Standard met for the first three quarters of FY 2008</p> <p>See attached <i>Performance and Quality Improvement Standards: April 2008</i>, Standard 14-1</p>
IV.26	<p>Meet RPC discharge standards above (IV.24); if don't meet, failure not due to lack of housing alternatives</p>	<p>Standards 14-4 and 14-5 met for the first three quarters of FY 2008. Standard 14-6 met for the 1st quarter, not met for quarters 2 and 3.</p> <p>See attached <i>Performance and Quality Improvement Standards: April 2008</i>, Standard 14-4, 14-5 and 14-6</p>
IV.27	<p>Certify that class members residing in homes > 8 beds have given informed consent in accordance with approved protocol</p>	<p>Standard met (annual process)</p> <p>See attached <i>Performance and Quality Improvement Standards: April 2008</i>, Standard 15-1</p>
IV.28	<p>90% of class member admissions to community involuntary inpatient units are within the CSN or county listed in attachment C to the Compliance Plan</p>	<p>See attached <i>Performance and Quality Improvement Standards: April 2008</i>, Standard 16-1 and <i>Community Hospital Utilization Review – Class Members</i> report.</p>
IV.29	<p>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</p>	<p>Contracts with community hospitals contain the required compliance language. See attached <i>MidCoast Hospital Contract 7/07-6/30/08</i>, Riders A and E.</p>
IV.30	<p>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</p>	
IV.31	<p>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</p>	<p>See Standard IV.33 below for data regarding corrective actions.</p>
IV.32	<p>Licensing reviews of hospitals include an evaluation of compliance with patient rights and require a plan of correction to address any deficiencies</p>	
IV.33	<ul style="list-style-type: none"> • 90% of the time corrective action was taken when blue papers were not completed in accordance with terms 	<p>All standards met for first 3 quarters of FY 2008</p> <p>See attached <i>Performance and Quality Improvement</i></p>

	<ul style="list-style-type: none"> • 90% of the time corrective action was taken when 24 hour certifications were not completed in accordance with terms • 90% of the time corrective action was taken when patient rights were not maintained 	<i>Standards: April 2008, Standards 17-2a, 17-3a and 17-4a and Community Hospital Utilization Review – Class Members report.</i>
IV.34	<p>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 action to enforce responsibilities</p> <ul style="list-style-type: none"> • obtaining ISPs (90%) • creating treatment and discharge plan consistent with ISPs (90%) • involving CIWs in treatment and discharge planning (90%) 	<i>See attached Performance and Quality Improvement Standards: April 2008, Standards 18-1, 18-2 and 18-3;</i>
IV.35	<p>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>	<p>Met for last 3 quarters reported</p> <p><i>See attached Performance and Quality Improvement Standards: April 2008, Standard 19-1 and Adult Mental Health Quarterly Crisis Report Second Quarter, State Fiscal Year 2008 Summary Report, page 7.</i></p>
IV.36	<p>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>	<p>New data element added to performance indicator reporting as of October 2007.</p> <p><i>See attached Adult Mental Health Quarterly Crisis Report Second Quarter, State Fiscal Year 2008 Summary Report, page 4</i></p>
IV.37	<p>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>	<p>New data element added to performance indicator reporting as of October 2007. Standard met for the 2nd quarter of FY 2008.</p> <p><i>See attached Adult Mental Health Quarterly Crisis Report Second Quarter, State Fiscal Year 2008 Summary Report, page 5</i></p>
IV.38	<p>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>	<p>Standard met for the first three quarters of FY 2008</p> <p><i>See attached Performance and Quality Improvement Standards: April 2008, Standard 19-4 and Adult Mental Health Quarterly Crisis Report Second Quarter, State Fiscal Year 2008 Summary Report, page 7</i></p>

IV.39	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 and 2007 class member surveys. See attached <i>Performance and Quality Improvement Standards: April 2008</i> , Standard 20-1
IV.40	Department has implemented the components of the CD plan related to vocational services	
IV.41	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)	
IV.42	5% or fewer class members have unmet needs for mental health treatment services – <u>must be met for 3 out of 4 quarters</u> and	See attached <i>Performance and Quality Improvement Standards: April 2008</i> , Standard 21-1
IV.43	EITHER 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 OR 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	
IV.44	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) and	Standard met for 2006 and 2007 class member surveys. See attached <i>Performance and Quality Improvement Standards: April 2008</i> , Standard 22-1
IV.45	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"> • 70% RPC clients who remained ready for discharge were transitioned out within 7 days of determination • 80% within 30 days • 90% within 45 days (with certain exceptions by agreement of parties and court master) 	Standard met for the first three quarters of FY 2008 See attached <i>Performance and Quality Improvement Standards: April 2008</i> , Standards 21-2, 21-3 and 21-4
IV.46	OAMHS lists in quarterly reports the programs sponsored that are designed to improve quality of life and community inclusion, including support of peer centers,	See attached <i>Performance and Quality Improvement Standards: April 2008</i> , Standard 30

	social clubs, community connections training, wellness programs and leadership and advocacy training programs – list must cover prescribed topics and audiences that fit parameters of ¶105.	
IV.47	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 the first three quarters of FY 2008 See attached <i>Performance and Quality Improvement Standards: April 2008</i> , Standard 28
IV.48	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: April 2008</i> , Standard 23-1 and 23-2
IV.49	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: April 2008</i> , Standard 25-1 100% of contracts contain this requirement. Annual contract reviews in all 3 regions addressed this standard with documentation contained in contract files maintained by the regional office.
IV.50	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: April 2008</i> , Standard 34 and attached <i>Public Education Report Jan-March 2008</i>