

Department of Health and Human Services
Office of Adult Mental Health Services
Quality Management Plan/Community Based Services

April 2008

Purpose

On an ongoing basis, the Department of Health and Human Services, Office of Adult Mental Health Services (OAMHS) strives to:

- Improve overall quality and integrity of services provided to its customers
- Ensure programs and services are responsive to consumer needs
- Comply with the terms of the *Bates v. DHHS Consent Decree*

The purpose of the Office of Adult Mental Health Services Quality Management Plan is to describe its office-wide quality management initiatives that will support ongoing learning within the system, data-based decision making and rapid identification and resolution of quality problems; and ensure that:

- New processes are well designed
- Data is systematically collected, and
- Data is used for ongoing monitoring and improvement activities.

Scope

This plan presents the framework for the quality management processes for services that OAMHS provides to adults who are eligible for mental health services supported by the state in the following service areas:

- peer services;
- crisis services (including crisis stabilization units);
- community support services (currently includes community integration, assertive community treatment, daily living skills, skills development and day support services);
- outpatient services
- medication management services;
- vocational services;
- inpatient services (community based);
- residential treatment services; and
- housing.

Quality Management in these areas focuses on access to services, continuity of care, treatment planning processes, consumer rights and systems monitoring. Quality management includes both quality assurance and performance improvement activities. Quality assurance is a monitoring activity that reviews pertinent data against standards designed to promote quality care, with a frequency that assures sufficient confidence in the ongoing delivery of quality care. Performance improvement is the process that defines problems identified through the quality assurance process, analyzes data in greater depth, and evaluates and improves processes and systems of care to improve quality. To be effective, performance improvement activities need to include a process to assure that the performance improvement is maintained.

This plan, together with the Quality Management Reports grid, provides an outline of the quality management process. Details for each data collection or quality assurance process appear in the written procedure or policy for that process or in the Performance and Quality Improvement Standards attached to the October 2006 Consent Decree Plan.

Responsibility for OAMHS Quality Management Activities

Quality management within the OAMHS involves both central office and regional administrative staff, with all OAMHS staff carrying a responsibility for assuring quality care for the people served by the office. However, it is the Director of the Office of Adult Mental Health Services and the senior management of the office who are responsible for the overall effectiveness of the quality management system and ensuring the adequacy of information feedback and the ability of the system to make adjustments based on the ongoing analysis, review and interpretation of information. The senior management team is also responsible for promoting the integration of performance improvement methodology and philosophy into the daily work of all OAMHS staff.

The OAMHS Director of Policy is charged with carrying day to day responsibility for the implementation and management of the quality management system. The Director of Policy and the policy team serve as the hub for receiving and distributing data to internal and external stakeholders on a prescribed schedule, as well as tracking recommendations and quality improvement activities as they are initiated. It is the Director's role to close the loop between data collection and measurable, sustained, and continuous performance improvement. This involves:

- reviewing quality information on a routine basis
- interpreting, summarizing and making recommendations on specific actions or improvement priorities that may be warranted based on the review
- assuring follow-up action and development of necessary improvement plans
- monitoring of quality management systems, including the assurance that all new initiatives include quality measures and are part of the quality management system and
- communicating of findings to all pertinent stakeholders

OAMHS coordinates and collaborates with the DHHS Office of Quality Improvement to assure that processes for the two offices are complementary, not duplicative, and build on each others strengths.

Structure and Process for Information Flow, Review, Feedback and Action

Quality management processes are designed to assure that information will flow to and from all levels of OAMHS staff, as well as to external stakeholders, with issues having statewide or regional significance or policy implications reviewed by and meaningful input sought from all appropriate parties, including consumers. Data will be reported to and discussed with the specific groups or committees most directly responsible for the data. Information will also flow from OAMHS to the Integrated Management Team in the Commissioner's office as needed.

Data is collected and analyzed monthly or quarterly for trends. Documentation of quality management activities will be kept in minutes of meetings where quality data and recommendations are discussed and through quarterly or annual reports that delineate the data collected and activities to assure reliability, as well as how the quality management data is used to develop policy and system improvements.

Quality Management Process

When the performance of a quality assurance indicator meets a threshold for a more detailed review, the appropriate group, identified in the quality improvement policy, reviews it to determine what further action may be necessary. The process used for analyzing causes, taking action to improve performance,

and implementing preventative actions and mechanisms is dependent on the situation. After the group identifies and prioritizes performance improvement activities, actions will be taken aimed at improving performance, measuring the success of those actions and tracking performance to endure that improvements are sustained. Performance improvement will include evidence of stakeholder involvement and education.

Consent Decree Compliance Reporting

The quality assurance system must document that OAMHS is achieving and maintaining compliance with the Settlement Agreement requirement to develop a ‘comprehensive system of internal monitoring, evaluation, and quality assurance’ (§ 279). While the OAMHS quality management system is one that allows for ‘macro’ level data that provides an overall perspective of how the system is operating, the Settlement Agreement requires monitoring of compliance with a large number of quality assurance audit and data collection details at the ‘micro’ level. This requires increased data collection and reporting requirements on system participants, including private providers. The quality management system therefore is designed to be sufficiently broad system while capturing adequate ‘detail/data’ for consent decree compliance. Consent Decree data needs are defined within the October 2006 Plan and the October 2007 Compliance Standards.

Annual Review

The OAMHS Quality Management Plan will be updated at least annually by the OAMHS Director of Policy and reviewed and approved the Senior Management Team of the Office.

Quality Management Focus

Access to Services: Data elements from the following sources/reports will be selected and used to assess the level of access to services

- Unmet needs (RDS data)
- Agency Community Support Census/Staffing (ACS Report, caseload ratio data)
- Rapid Response (access to hospitalization)
- Selected standards from the October Plan Performance and Quality Improvement Standards
- Selected Standards from the Consent Decree Compliance Standards
- APS HealthCare/MaineCare Data
- Crisis Contract Performance Indicator Data
- Annual Class Member Survey
- Annual DIG Survey

Continuity of Care: Data elements from the following sources/reports will be selected and used to assess the level of continuity of care between components of the mental health system, in particular between crisis, the community support system and hospitals with psychiatric units:

- 24/7 Access to Community Support Information
- Utilization Review Nurse Reviews of Involuntary Admissions funded by DHHS
- APS HealthCare
- Utilization Review Nurse Reviews of Involuntary Admissions funded by DHHS
- Crisis Contract Performance Indicator Data
- Annual Class Member Survey
- Annual DIG Survey

Treatment Planning Process: Data elements from the following sources/reports will be selected and used to assess whether planning meets required components, is individualized and assisting consumers to meet their needs:

- Consent Decree Treatment Planning Review
- Compliance Standards
- Annual Class Member Survey
- Annual DIG Survey
- RDS data
- Procedure for Interruption or Discontinuation of Services to Class Members

Consumer Rights: Data elements from the following sources/reports will be selected and used to assess how well consumers understand their rights and the system is upholding their rights.

- Grievance Tracking
- Class Member Survey and DIG Survey data
- Protocol for Obtaining the Informed Consent of Class Members to Live in Homes with Greater than 8 Beds (Settlement Agreement ¶ 96)
- Quarterly Letters to Class Members (Request for No Contact)
- Utilization Review Nurse Reviews of Involuntary Admissions funded by DHHS
- Inappropriate Use of Blue Papers
- Compliance standards (see 'report card')

Systems Monitoring: Data elements from the following sources/reports will be selected and used to assess how the system is working.

- Licensing
- Contract Reviews (Agreement review checklist)
- Enrollment/RDS
- Critical Incidents
- Fidelity Reviews (not routine)
- Annual Report of Expenditures and grant funds expended broken down by service area
- Bi-annual review of crisis standards
- Vocational Data
- Targeted site investigations (as indicated)
- Aggregate Critical Incident Reporting (to be developed)

Treatment Outcomes: Data elements from the following sources/reports will be selected and used to assess treatment outcomes utilizing individually based data.

- Enrollment
- APS Healthcare
- Outcome Reviews

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Report	Frequency	Reported to	Comments
Quarterly Compliance Report to the Court (including Consent Decree Performance and Quality Improvement Standards and ongoing Consent Decree October 2006 Plan Tasks)	Quarterly: February 1, May 1, August 1 and November 1	Court Master; CSNs; Commissioner's Office; Consumer Councils; the QIC; Joint Committee on Appropriations and Health and Human Services; Mental Health Team; posted on DHHS website	multiple data sources
Class Member Survey	Annual Survey/Spring	Reported to DHHS OAMHS, the QIC, the Consumer Council System of Maine and CSNs re: crisis plans and corrective actions; reported on within some CD Quarterly Report Standards; posted on the office's website	Process managed by the DHHS Office of Quality Improvement;
Consent Decree Treatment Planning Review	Quarterly	Reported to DHHS OAMHS; reported on within some CD Consent Decree Performance and Quality Improvement Standards	Data collected quarterly by Consent Decree Coordinators (February, May, August and November)
Agency Community Support Census and Staffing	quarterly	MHTLs, Director of Community Systems; reported as a performance and quality improvement standard within the quarterly compliance report	
Grievance Reports	Bi-annually: January-June report and July-December report	Reported to DHHS OAMHS and reported on within CD Quarterly Report Standards	
Unmet Needs (includes annual matrix of resource needs for core services and reliability of unmet needs data)	Quarterly and Annually	DHHS management team and stakeholder groups (CSNs, QIC, Consumer Council, etc.) for planning and budgeting; included as a component of the quarterly compliance report	(Includes: paragraph 74, and RPC/DDPC)/reported within CD quarterly report
EIS/Enrollment: Activity Reports (#s, overdue, missing, data issues, etc.)	Monthly (beginning of month)	CSS Agencies; Mental Health Team Leaders; OAMHS Operations Director	OAMHS (ongoing with direct data entry from provider agencies)

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APS Healthcare and PNMI database reports	Varies according to specifications listed in attachment to the APS Healthcare contract	Data flow/distribution currently in process of design.	
BRAP	Quarterly	Director of Systems operations; submitted as part of quarterly compliance report	OAMHS, Director of Housing;
Paragraph 96 (class members informed consent to reside in facilities greater than 8 beds)	Annual: January	reported on within some CD Consent Decree Performance and Quality Improvement Standards	By protocol, data is to be collected in January; process (running EIS data, compiling lists for review) will begin in November
Utilization Review of State Funded Involuntary Admissions	Quarterly	Mental Health Team/CSNs/Maine Hospital Association, Mental Health Council; reported on within some CD Consent Decree Performance and Quality Improvement Standards	
Inappropriate Use of Blue Papers	Monthly	Mental Health Team/CSNs/Maine Hospital Association, Mental Health Council (Director of Community Systems and OAMHS Director); on an ongoing basis, the Division of Licensing and Regulatory Services receives reports as potential deficiencies are noted.	UR Nurses and MHTLs: collected on an ongoing basis/overall report of findings (Director of Community Systems and OAMHS Director)
Contract Reviews	annually; reported in 4th quarter	Licensing on as needed basis; CSNs; quarterly updates to QIC, MAPSRC, Consumer Councils	MHTLs, Director of Community Systems
Crisis Contract Performance Indicator Data	monthly and quarterly	Crisis teams and OAMHS monthly; informs OAMHS quarterly CD reporting	QI team collects and produces data
Supported Employment Data/Maine Medical Center	quarterly	CSNs; Mental Health Team	
Licensing/Completed Surveys	As licensing reviews are completed	Director of Policy who copies to MHTLs	Reported within CD Quarterly Report/DLRS/# of past due surveys/brief explanation/etc.

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Licensing/List of Agencies reviewed by month	Monthly (beginning of month)	MHTLS; Plaintiffs Counsel: upon request	
MaineCare Data	annually, 3rd quarter; as needed	OAMHS	array of services/service encounter data/Reported within CD Quarterly Report/QI team/Core Service Related Data; statewide comparisons
Report of MaineCare Expenditures and grant funds expended, broken down by service area	Annual	Reported as a component of the quarterly compliance report	
Data Infrastructure Grant Survey	Annual	OAMHS Team; reported on within some CD Consent Decree Performance and Quality Improvement Standards; posted on the office's website	Data collected in the fall of each year by the Office of Quality Improvement
Public Education Data	Quarterly	Reported within CD Quarterly Report	Director of Training and Best Practices
24/7 Access to CSS Information	Monthly and Quarterly	Monthly to the Director of Policy; Quarterly within the quarterly compliance report as indicated	
Rapid Response Reports	Monthly	MHTLS, Director of Community Systems, CSNs as indicated	
Consent Decree Location Efforts	Quarterly	Director of Policy	
Crisis Standards Review	Every other year (1st, Nov/Dec 2007)	MH team, agencies surveyed	
Fidelity Reviews	as needed	MH team, agencies surveyed	