

**Department of Health and Human Service
Office of Adult Mental Health Services
Third Quarter State Fiscal Year 2009 (January, February, March 2009)
Report on Compliance Plan Standards: Community
May 1, 2009**

	Compliance Standard	Report/Update
I.1	Implementation of all the system development steps in October 2006 Plan	109 of the 119 original components to the system development portion of the Consent Decree Plan of October 2006 have been accomplished, or deleted per amendment, and are no longer reported. The remaining 10 components are reported in the attached <i>DHHS Consent Decree Quarterly Report (October 2006 Plan Components): May 1, 2009</i> .
I.2	Certify that a system is in place for identifying unmet needs	See attached <i>Cover: Unmet Needs by CSN for FY'09 Q3(April 2009)</i> and <i>Unmet Needs by CSN for FY'09 Q3(April 2009)</i>
I.3	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.
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 2008 this bill was signed by Governor Baldacci and became Public Law 592 on June 28 th . The Statewide Consumer Council (SCC) is meeting monthly, an executive director has been hired 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	See attached <i>DHHS Consent Decree Quarterly Report (October 2006 Plan Components): May 1, 2009</i> , component 88.
I.6	Certify that a system is in place for realignment of housing and support services	See attached <i>DHHS Consent Decree Quarterly Report (October 2006 Plan Components): May 1, 2009</i> , component 34.
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	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.
II.1	Provide documentation that unmet needs data and information (data source list page 4 of compliance plan) is used in planning for	See the CSN minutes on the OAMHS website for documentation on the use of data for planning for resource development and budget. The website is at:

	resource development and preparing budget requests	www.maine.gov/dhhs/mh/csn/
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	See <i>Budget Submissions 9/08</i> attached to the November 1, 2008 quarterly report.
II.4	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.
II.5	Annual report of MaineCare Expenditures and grant funds expended broken down by service area	Report emailed to Court Master and Plaintiff's Counsel on 2/18/09 See attached <i>CD Expenditures Report 2/09</i>
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)	Quality Assurance Reports for enrollment/RDS data were produced and sent to providers in March for the first time since the transition to APS Healthcare for the collection of this data. Providers have been working directly with the Data Quality Management Team to identify and correct any problems around this data collection process. Comparative data is also being shared through this process in order to assure reliability of the 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 reviews done in the 3 rd quarter of FY'09, 100% of agencies in Regions 1, 2 and 3 have protocols/procedures in place for client notification of rights, with documentation in provider files maintained within the regional offices. 100% of licensed mental health agencies have protocols/policies in place for client notification of the <i>Rights of Recipients</i> .
IV.2	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"> • 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 	Results for the 2008 annual class member survey 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. These results were shared with the Statewide Consumer Council of the CCSM in September 2008 along with a request for feedback regarding any need for a corrective action plan or suggested corrective action steps. No feedback was given by the SCC. See <i>Adult Mental Health Services Annual Class Member</i>

	<ul style="list-style-type: none"> • 2 = 90% of consumers report they were given information about their rights 	<i>Survey 2008</i> attached to the February 1, 2009 Quarterly Report
IV.3	Grievance Tracking data shows response to 90% of Level II grievances within 5 days or extension	Standard met Calendar Years 2006, 2007, 2008 and the 1 st quarter of calendar year 2009. See attached <i>Performance and Quality Improvement Standards: April 2009</i> , Standard 2
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.	The 1 st quarter of calendar year 2008 was the first time that OAMHS reported on this standard. The standard was met at 100% for calendar year 2008. No Level III grievances were filed in the 1 st quarter of calendar year 2009.
IV.5	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: April 2009</i> , Standard 5-2.
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 2009</i> Standard 5-3.
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 2009</i> , Standard 5-4
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>	The standard was met 3 rd and 4 th quarters FY'08, and the first 3 quarters of FY'09. See attached <i>Performance and Quality Improvement Standards: April 2009</i> , Standard 5-5
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 2009</i> , Standard 5-6
IV.10	QM system includes documentation that there is follow-up to require corrective actions when ISPs are more than 30 days overdue	Monitoring of overdue ISPs began again in the third quarter as work continued with APS Healthcare to correct the problems that arose during the transition to APS Healthcare for the collection of this data. (See also 111.1a)
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	Once a year report (completed January 2009) showed that 0% 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'09 was completed in January 2009. See attached <i>Location Effort Report for Quarter 3, State Fiscal Year 2009 (January, February, March 2009)</i>

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</i> , Question 2A
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>	Standard has been met since the first quarter of FY'08 See attached <i>Performance and Quality Improvement Standards: April 2009</i> , Standard 7-1a and <i>Class Member Treatment Planning Review</i> , Question 2B
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>	Standard met for the 1 st , 2 nd and 3 rd quarters of FY'09. See attached <i>Performance and Quality Improvement Standards: April 2009</i> , Standard 7-1c (does the consumer have a crisis plan) and <i>Class Member Treatment Planning Review</i> , Question 2F
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 the 3 rd quarter of FY'08. See attached <i>Class Member Treatment Planning Review</i> , Question 6.a.1
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 2009</i> , Standard 8-2 and <i>Class Member Treatment Plan Review</i> , Question 3F.
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 2009</i> , Standard 9-1 and <i>Class Member Treatment Plan Review</i> , Questions 4B & C
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> Note: As of 7/1/08, ICI is no longer a service provided by DHHS.	CI -- standard met for the 2 nd , 3 rd and 4 th quarters FY'08 and 1 st and 2 nd quarters FY'09. See attached <i>Performance and Quality Improvement Standards: April 2009</i> , Standard 10
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>	ICMs -- standard met for the 2 nd , 3 rd and 4 th quarters FY'08 and the 1 st , 2 nd and 3 rd quarters of FY'09. See attached <i>Performance and Quality Improvement Standards: April 2009</i> , Standard 10
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>	The Commissioner informed the legislative committees in March that to meet these required caseload ratios would require hiring 3 additional caseworkers at an annual cost of \$232,000. OAMHS and OES will review the current OES caseload to determine if caseload ratios could be readjusted to reflect a mix of clients with high to low needs for services. If this seems feasible and would meet client needs, OAMHS will present this for discussion with the court master and plaintiffs.

		See attached <i>Performance and Quality Improvement Standards: April 2009</i> , Standard 10
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	Standard met for the 4 th quarter FY'08 and the 1 st and 3 rd quarters FY'09 See attached <i>Performance and Quality Improvement Standards: April 2009</i> , Standard 12-1
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	Initial report of unmet residential support need data for the past year (FY'08 Q4, FY'09 Qs 1, 2 and 3) shows that unmet residential support needs for non-class members do not exceed by 15 percentage points those of class members. See attached <i>Consent Decree Compliance Standards IV.23 and IV.43 Report: 2009 Q3</i>
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 days of determination • 80% within 30 days • 90% within 45 days (with certain exceptions by agreement of parties and court master) 	Standard met for 4 quarters FY'08 and the 1 st 2 quarters of FY'09 See attached <i>Performance and Quality Improvement Standards: April 2009</i> , Standards 12-2, 12-3 and 12-4
IV.25	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	Standard met for the 3 rd quarter FY'09. See attached <i>Performance and Quality Improvement Standards: April 2009</i> , Standard 14-1
IV.26	Meet RPC discharge standards above (IV.24); if don't meet, failure not due to lack of housing alternatives	Standard 14-4 met for the first three quarters of FY'09; Standard 14-5 met for the 2 nd and 3 rd quarters; and Standard 14-6 met for the 2 nd quarter. See attached <i>Performance and Quality Improvement Standards: April 2009</i> , Standard 14-4, 14-5 and 14-6
IV.27	Certify that class members residing in homes > 8 beds have given informed consent in accordance with approved protocol	Standard met 2007 and 2008 (annual review). See attached <i>Performance and Quality Improvement Standards: April 2009</i> , Standard 15-1

IV.28	90% of class member admissions to community involuntary inpatient units are within the CSN or county listed in attachment C to the Compliance Plan	Standard met for the 1 st three quarters of FY'09. See attached <i>Performance and Quality Improvement Standards: April 2009</i> , Standard 16-1 and <i>Community Hospital Utilization Review – Class Members for the 3rd Quarter of Fiscal Year 2009</i>
IV.29	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.
IV.30	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	The Director, Community Systems is discussing with the Mental Health Team Leaders the process and content of contract reviews for hospitals. To date, these have not occurred as part of the annual contract reviews. These contract reviews are anticipated to be undertaken during FY 2010
IV.31	UR Nurses review all involuntary admissions funded by DHHS, take corrective action when they identify deficiencies and send notices of any violations to the licensing division and to the hospital	OAMHS reviews emergency involuntary admissions at the following hospitals: Maine General (Augusta and Waterville), Spring Harbor, St. Mary's, Mid-Coast Hospital, Southern Maine Medical Center, PenBay Medical Center, Maine Medical Center/P6 and Acadia. See Standard IV.33 below for data regarding corrective actions.
IV.32	Licensing reviews of hospitals include an evaluation of compliance with patient rights and require a plan of correction to address any deficiencies.	Of the 15 complaints investigated in this quarter, none were found to be in violation of the <i>Rights of Recipients of Mental Health Services</i> .
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 • 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 	Standard met for 4 quarters FY'08 and the 1 st three quarters of FY'09. See attached <i>Performance and Quality Improvement Standards: April 2009</i> , Standards 17-2a, 17-3a and 17-4a and <i>Community Hospital Utilization Review – Class Members for the 3rd Quarter of Fiscal Year 2009</i>
IV.34	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 <ul style="list-style-type: none"> • obtaining ISPs (90%) • creating treatment and discharge plan consistent with ISPs (90%) 	See attached <i>Performance and Quality Improvement Standards: April 2009</i> , Standards 18-1, 18-2 and 18-3. The report displaying data by hospital for community hospitals accepting emergency involuntary clients is shared quarterly with CSNs. See attached report <i>Community Hospital Utilization Review Performance Standard 18-1, 2,3 by Hospital: Class Members for the 3rd Quarter of FY'09</i>

	<ul style="list-style-type: none"> • involving CIWs in treatment and discharge planning (90%) 	
IV.35	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. In the first quarter of FY'09, the definition for 'face-to-face' contact used in calculating this standard changed. Calculations are now based on 'initial' contacts only, not all face to face contacts which, in the past, included follow-up appointments for ongoing support and crisis resolution.</p> <p>See attached <i>Performance and Quality Improvement Standards: April 2009</i>, Standard 19-1 and <i>Adult Mental Health Quarterly Crisis Report Second Quarter, State Fiscal Year 2009 Summary Report</i>, page 2.</p>
IV.36	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>For fiscal year 2008, 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 July 2008 reporting from providers, OAMHS began collecting data on the total number of minutes for the response time (calculated from the determination of need for face to face contact or when the individual is ready and able to be seen to when the individual is actually seen) and will be able to figure an average.</p> <p>Average number of minutes statewide for the second quarter was 37.2.</p> <p>See attached <i>Adult Mental Health Quarterly Crisis Report Second Quarter, State Fiscal Year 2009 Summary Report</i>, page 2</p>
IV.37	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>Standard met for the 2nd, 3rd and 4th quarters of FY'08 and the 1st and 2nd quarters of FY'09.</p> <p>See attached <i>Adult Mental Health Quarterly Crisis Report Second Quarter, State Fiscal Year 2009 Summary Report</i>, page 2</p>
IV.38	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'08 and the 1st and 2nd quarters of FY'09</p> <p>See attached <i>Performance and Quality Improvement Standards: April 2009</i>, Standard 19-4 and <i>Adult Mental Health Quarterly Crisis Report Second Quarter, State Fiscal Year 2009 Summary Report</i>, page 2</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, 2007 and 2008 class member surveys. See attached <i>Performance and Quality Improvement Standards: April 2009</i> , Standard 20-1
IV.40	Department has implemented the components of the CD plan related to vocational services	See attached <i>DHHS Consent Decree Quarterly Report (October 2006 Plan Components): May 1, 2009</i> , component 88.
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	Standard 26-2 was not met in the 1 st , 2 nd or 3 rd quarters of FY'09. The data is, however, in question with the transition to APS Healthcare for collection. The vocational contract with MMC is expected to improve the number of people reporting employment. Standard 26-3 was exceeded for the class member surveys completed in 2006, 2007 and 2008.
IV.42	5% or fewer class members have unmet needs for mental health treatment services – <i>must be met for 3 out of 4 quarters</i> and	See attached <i>Performance and Quality Improvement Standards: April 2009</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	Initial report of unmet mental health treatment need data for the past year (FY'08 Q4, FY'09 Qs 1, 2 and 3) shows that unmet mental health treatment needs for non-class members do not exceed by 15 percentage points those of class members. See attached <i>Consent Decree Compliance Standards IV.23 and IV.43 Report: 2009 Q3</i>
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, 2007 and 2008 class member surveys. See attached <i>Performance and Quality Improvement Standards: April 2009</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 4 quarters FY'08 the 1 st and 2 nd quarters of FY'09. See attached <i>Performance and Quality Improvement Standards: April 2009</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	See attached <i>Performance and Quality Improvement Standards: April 2009</i> , Standard 30

	inclusion, including support of peer centers, 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 – <i>must be met for 3 out of 4 quarters</i>	Standard met for all quarters of FY'08 and for the 1 st three quarters of FY'09 See attached <i>Performance and Quality Improvement Standards: April 2009</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 2009</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 2009</i> , Standard 25-1 100% of contracts contain this requirement. Annual contract reviews completed in the 3 rd quarter of FY'09 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 2009</i> , Standard 34 and attached <i>Public Education Report January-February 2009</i>