

An Act to Improve Community Based Mental Health Services

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 M.R.S.A. §3607, as amended by PL 2005, c. 236, §§3 and 4, is further amended to read:

§3607. Quality improvement councils

~~The department shall establish 7 quality improvement councils, called area councils, to evaluate the delivery of mental health services to children and adults under the authority of the department or who have a major mental illness, and to advise the department regarding quality assurance, systems development and the delivery of mental health services to children and adults under the authority of the department. The department shall also establish 2 institute councils to evaluate the delivery of mental health services at the 2 state mental health institutes and advise the department regarding quality assurance, operations and functions of the mental health institutes.~~

1. Definitions. As used in this section and sections 3608 and 3609, unless the context otherwise indicates, the following terms have the following meanings.

A. ~~"Community members" means persons who represent the composition of the community at large.~~

B. ~~"Consumer" means a recipient or former recipient of publicly funded mental health services or an adult who has or had a major mental illness.~~

C. ~~"Council" means a quality improvement council approved by the commissioner pursuant to subsection 2, paragraph D.~~

D. ~~"Family member" means a relative, guardian or household member of an adult consumer.~~

D-1. ~~"Major mental illness" means a diagnosis of mental illness as defined by the department. Rules adopted pursuant to this paragraph are routine technical rules as defined by Title 5, chapter 375, subchapter II-A.~~

E. ~~"Network" means a local community service network established pursuant to section 3608.~~

F. ~~"Parent" means a parent or a person who has acted in that capacity or assumed that role for a consumer under 18 years of age.~~

G. ~~"Regional director" means a regional director appointed pursuant to section 1204, subsection 2, paragraph C, subparagraph (10).~~

H. ~~"Service provider" or "provider" means a person or organization providing publicly funded mental health services to consumers or family members.~~

2. Councils established. ~~There is established an approved quality improvement council in each area designated in subsection 3, referred to in this section as "area council," and for the Riverview Psychiatric Center and the Dorothea Dix Psychiatric Center, referred to in this section as "institute council." The councils operate under the authority of the department. Each council consists of the initial members chosen pursuant to paragraph ~~B~~ C, the members subsequently chosen pursuant to council bylaws, and the members of the network established pursuant to section 3608 ~~and any advisory committees established pursuant to subsection 8.~~~~

~~A. The councils shall assist the department and providers with systems planning and needs assessment at the local level and community education and quality improvement activities that must be implemented at the local level. Through the program evaluation teams the councils shall perform program assessment.~~

~~B. Each area council consists of 24 members whose membership takes into consideration local geographic factors. The membership on each council consists of 4 adult consumers, 4 family members, 4 parents, 6 community members and 6 service providers. Any resident of a council area may make recommendations regarding initial membership on the local area council to the commissioner, who shall make the appointments by June 1, 1996. The commissioner or a designee of the commissioner shall convene the first meeting of each council by June 15, 1996.~~

C. Each institute council consists of 16 members whose membership takes into consideration local geographic

factors. The membership on each council consists of 4 consumers, 4 family members, 4 community members and 4 providers. Any resident or former resident of the Riverview Psychiatric Center or the Dorothea Dix Psychiatric Center, any family member of a resident or former resident, any community member in the Augusta or Bangor region and any service provider at those institutes may make recommendations regarding membership on the institute councils to the commissioner, who shall make the initial appointments by June 1, 1996. The commissioner or a designee of the commissioner shall convene the first meeting of each council by June 15, 1996.

D. The institute councils shall adopt bylaws that establish the terms and qualifications of membership, the selection of members succeeding the initial members and the internal governance and rules. The commissioner shall approve the bylaws of each council prior to designating it as an approved institute council.

~~E. Under the supervision of each council, a program evaluation team of nonprovider members shall review each program funded by the department on a periodic basis. The results of the review must be reported to the council and the regional director for the department and must be considered in funding decisions by the department.~~

~~3. Areas. An area council shall operate in each of the following geographic areas:-~~

~~A. Aroostook County;~~

~~B. Hancock County, Washington County, Penobscot County and Piscataquis County;~~

~~C. Kennebec County and Somerset County;~~

~~D. Knox County, Lincoln County, Sagadahoc County and Waldo County;~~

~~E. Androscoggin County, Franklin County and Oxford County;~~

~~F. Cumberland County; and~~

~~G. York County.~~

~~4. Accountability. Each area council is accountable to the regional director. The institute councils are accountable to the director of facility management within the department.~~

~~5. Duties. By October 1, 1996, each council shall submit to the department a plan for the development, coordination and implementation of a local mental health system for the delivery of services to children and adults under the authority of the department and to their families. This plan must be updated every 2 years. By October 1, 1998, the updated plan of each council must include provisions for the development, coordination and implementation of a local mental health system for the delivery of services to children and adults who have a major mental illness. The department shall determine required elements of the plan, including but not limited to the following:-~~

~~A. Case management, including advocacy activities and techniques for identifying and providing services to consumers at risk. Case management services must be independent of providers whenever possible;~~

~~B. Medication management, outpatient therapy, substance abuse treatment and other outpatient services;~~

~~C. In home flexible supports, home based crisis assistance, mobile outreach, respite and inpatient capacity and other crisis prevention and resolution services;~~

~~D. Housing, in-home support services, tenant training and support services, home ownership options and supported housing; and~~

~~E. Rehabilitation and vocational services, including transitional employment, supported education and job finding and coaching.~~

~~6. Regional directors; responsibilities. Each regional director is responsible for the operation of the area councils within the region and for dispute resolution within those area councils. Each regional director shall receive reports from the councils, consider the recommendations of the councils and report periodically to the commissioner on their performance.~~

7. Institute council directors; responsibilities. The director of facility management within the department is responsible for the operation of the councils of the Riverview Psychiatric Center and the Dorothea Dix Psychiatric Center and for dispute resolution within those institute councils. The director shall receive reports from the councils, consider the recommendations of the councils and report periodically to the commissioner on their performance.

~~8. Public outreach.~~ Each council shall solicit the participation of interested consumers, families, parents, community members and service providers to serve on the council, the network or advisory committees.

~~9. Participation.~~ State operated direct service programs shall participate in the activities of the councils.

10. **Institute councils.** Within the limitations of state and federal law, adequate information must be provided by the mental health institutes and the department to the institute councils to perform their duties, including but not limited to:

- A. Input into the annual budgets of the mental health institutes;
- B. Achievement of the goals and objectives of the department as they pertain to the mental health institutes;
- C. Compliance with all professional accreditation standards applicable to the mental health institutes;
- D. Review, oversight and assessment of services and programs provided to residents of the mental health institutes and their families;
- E. Review of personnel policies and employment patterns, including staffing requirements and patterns, the use of overtime assignments and training and job development;
- F. Input into public relations efforts of the department and the mental health institutes and community education initiatives; and
- G. Monitoring building and grounds maintenance and safety and risk management on the campuses of the mental health institutes.

Sec. 2. 22 M.R.S.A. §3608, as revised by PL 2003, c. 689, §B-6, is amended to read:

§3608. Local Community service networks

The department shall establish and oversee community service networks to ~~participate with the area councils, as defined in section 3607, subsection 2, in the delivery of~~ to deliver mental health services to children and adults under the authority of the department. A network consists of organizations providing mental health services funded by the General Fund and or Medicaid in the corresponding area specified in ~~section 3607, subsection 3 1-A.~~ The local community service networks must be established and operated in accordance with standards ~~that are consistent with standards adopted by accredited health care organizations and other standards~~ adopted by the department to establish and operate networks. Oversight must include, but is not limited to, establishing and overseeing protocols, quality assurance, writing and monitoring contracts for service, establishing outcome measures and ensuring that each network provides an integrated system of care. The department may adopt rules to carry out this section. Rules adopted pursuant to this section are ~~major substantive~~ routine technical rules as defined in Title 5, chapter 375, subchapter II-A. This section may not be construed to supersede the authority of the department as the single state Medicaid agency under the Social Security Act, Title XII or to affect the professional standards and practices of non-network providers.

1. Responsibilities. Each network shall perform the following responsibilities:

- A. Deliver and coordinate 24-hour community support services and crisis response services ~~accessible through a single point of entry to adults with mental illness and to children and adolescents with severe emotional disturbance and their families;~~
- B. Ensure continuity, accountability and coordination regarding service delivery;
- C. Participate in ~~a uniform client data base~~ collection of uniform data;
- D. In conjunction with the ~~regional director and the area council~~ department, conduct planning activities based on data and client outcomes; ~~and~~
- E. Develop techniques for identifying and providing services to consumers at risk, while maintaining a “no-reject” practice so that no network can refuse to serve a client located within the network’s area; and
- F. Develop and implement a network-wide memorandum of agreement with each network member within the network’s area to enable, among other things, the sharing of confidential client information to the extent necessary to protect the client’s health and safety whenever it is determined the client has an urgent need for

mental health services. The network members shall share confidential client information, even without a client's consent, to the extent necessary to protect the client's health and safety in a period of urgent need for mental health services when the client lacks capacity to give consent for such information sharing or when an exigency exists so that the client's health and safety would be better protected if the information were shared without any delay to obtain consent. A person or entity participating in good faith in sharing information under this subsection is immune from any civil liability that might otherwise result from these actions, including, but not limited to, any civil liability that might otherwise arise under state or local laws or rules regarding confidentiality of information. The department shall promulgate rules to identify the limits and requirements to be included in such memoranda. These rules shall be routine, technical rules as defined in Title 5, section 8071, subsection 2.

1-A. Areas. A community service network shall operate in each of the following geographic areas:

A. Aroostook County;

B. Hancock County, Washington County, Penobscot County and Piscataquis County;

C. Kennebec County and Somerset County;

D. Knox County, Lincoln County, Sagadahoc County and Waldo County;

E. Androscoggin County, Franklin County and Oxford County;

F. Cumberland County; and

G. York County.

~~2. **Accountability.** Each network is accountable to the area council and the regional director.~~

~~3. **Public outreach.** Each network shall solicit the participation of interested providers to serve on the area council, the network or advisory committees.~~

~~4. **Participation.** State-operated direct service programs shall participate in the activities of the networks.~~

5. Data collection. The department shall collect data to assess the capacity of the local community service networks, including, but not limited to, analyses of utilization of mental health services and the unmet needs of persons receiving publicly funded mental health services.

Sec. 3. 22 M.R.S.A. §3610, as enacted by PL 1997, c. 683, §A-19, §A-19, is amended to read:

§3610. Safety net services

The department is responsible for providing a safety net of adult mental health services for people with major mental illness who the department or its designee determines can not otherwise be served by the local community service networks. The department may develop contracts to deliver safety net services if the department determines contracts to be appropriate and cost-effective. The state-operated safety net must include, but is not limited to:

- 1. Beds.** Backup emergency hospital beds for people requiring medical stabilization, assessment or treatment;
- 2. Treatment.** Intermediate and long-term treatment for people who need long-term structured care;
- 3. Forensic services.** Forensic services;
- 4. Intensive case management.** Intensive case management; and
- 5. Other services.** Other services determined by the commissioner to be needed.

SUMMARY

This bill eliminates references to the area quality improvement councils. The bill also renames the local service networks as the community service networks and requires them to be

established in each of the geographical areas that were previously covered by area quality improvement councils. The bill requires each community service network to execute memoranda of agreement with each other network member, so that all parties to the memoranda can share confidential client information to the extent necessary to protect a client's health and safety, even if the client has not given consent to the release of confidential information. The party or entity sharing confidential information without the client's consent is immune from civil liability if acting in good faith in an effort to provide appropriate and necessary medical care to the client in a time of urgent need for mental health services.