

**Department of Health and Human Service
Office of Adult Mental Health Services
First Quarter State Fiscal Year 2010 (July, August, September 2009)
Report on Compliance Plan Standards: Community
November 1, 2009**

	Compliance Standard	Report/Update
I.1	Implementation of all the system development steps in October 2006 Plan	<p>As of the end of the 4th quarter FY'09, 112 of the 119 original components to the system development portion of the Consent Decree Plan of October 2006 had been accomplished, or deleted per amendment, and are no longer reported. The remaining 7 components, relating to 4 topic areas, are reported in the attached <i>DHHS Consent Decree Quarterly Report (October 2006 Plan Components): November 1, 2009</i>.</p> <p>As of the end of the 1st quarter FY'10, 113 components, have been completed. The remaining 6 components relate to 3 topic areas.</p>
I.2	Certify that a system is in place for identifying unmet needs	See attached <i>Cover: Unmet Needs October 2009</i> and <i>Unmet Needs by CSN for FY'09 Q4(July 2009)</i>
I.3	Certify that a system is in place for Community Service Networks (CSNs) and related mechanisms to improve continuity of care	The Department's certification of August 19 was approved on October 7, 2009.
I.4	Certify that a system is in place for Consumer councils	<p>LD 1967 ("An Act to Establish a Consumer Council System of Maine") was passed by both the Maine House and Senate. On April 10th 2008 this bill was signed by Governor Baldacci and became Public Law 592 on June 28th. 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.</p> <p>In the near future, the Department will certify that this system is in place.</p>
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): November 1, 2009</i> , component 88.
I.6	Certify that a system is in place for realignment of housing and support services	<p>All components of the Consent Decree Plan of October 2006 related to the Realignment of Housing and Support Services have been completed as of July 2009.</p> <p>In the near future, the Department will certify that this system is in place.</p>

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: a copy of plan was submitted with the 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 resource development and preparing budget requests	Unmet needs reports are shared with the CSNs on a quarterly basis in order to inform their discussions and recommendations to the Department for meeting unmet needs. Budget submissions to the Governor and the Legislature are in part built on data regarding unmet needs. This is reflected in the financial documents submitted to DAFS.
II.2	Demonstrate reliability of unmet needs data based on evaluation	
II.3	Submission of budget proposals for adult mental health services given to Governor, with pertinent supporting documentation showing requests for funding to address unmet needs (<i>Amended language 9/29/09</i>)	See <i>Budget Submissions 9/08</i> attached to the November 1, 2008 quarterly report.
II.4	Submission of the written presentation given to the legislative committees with jurisdiction over DHHS ... which must include the budget requests that were made by the Department to satisfy its obligations under the Consent Decree Plan and that were not included in the Governor's proposed budget, an explanation of support and importance of the requests and expression of support ... (<i>Amended language 9/29/09</i>)	The governor's proposed budget will not be submitted to the Legislature until next quarter and the Department's presentation to the legislative committees will not occur until after that.
II.5	Annual report of MaineCare Expenditures and grant funds expended broken down by service area	<i>CD Expenditures Report 2/09</i> emailed to Court Master and Plaintiff's Counsel on 2/18/09 and attached to the May 1, 2009 Quarterly Report
III.1	Demonstrate utilizing QM System	See attached <i>Cover: Unmet Needs by CSN for FY'10</i> for examples of the Department Utilizing the 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)	This quarterly report documents significant data collection and review activities of the OAMHS quality management system.
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	<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 2009 annual class member survey show: 4-1 (80.1%), 4-1a (86.7%) and 4-1b (82.7) did not meet the standards set. Results for the 2009 DIG 4-2 (87.1%) also did not meet the standard. These results will be shared with the Statewide Consumer Council of the CCSM, along with a request for feedback regarding any need for a corrective action plan or suggested corrective action steps.</p> <p>The formal <i>Adult Mental Health Services Annual Class Member Survey 2009</i> and the <i>2009 DIG Adult Mental Health & Well-Being Survey</i> reports have not yet been completed/published and will be attached to the 2/1/10 Quarterly Report.</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, 2007, 2008 and the first 3 quarters of calendar year 2009.</p> <p>See attached <i>Performance and Quality Improvement Standards: October 2009, Standard 2</i></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.	Reporting began in the 1 st quarter of calendar year 2008. The standard has been met at 100% since that time. 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: October 2009, Standard 5-2.</i>
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: October 2009 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: October 2009, 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>	<p>The standard was met for the 3rd and 4th quarters FY'08, all 4 quarters of FY'09 and the 1st quarter of FY'10.</p> <p>See attached <i>Performance and Quality Improvement Standards: October 2009, Standard 5-5</i></p>
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: October 2009, 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	Monitoring and reporting of overdue ISPs began again in the 3 rd FY'09. See also III.1a for a description of reporting to and work with providers.

	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	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	DHHS certifies that the quarterly mailing for the 1st quarter of FY'10 was completed in September 2009. See attached <i>Location Effort Report for Quarter 1, State Fiscal Year 2010 (July, August, September 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>	Standard met in the 1 st quarter of FY'10 See attached <i>Class Member Treatment Planning Review, Question 2A</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>	Standard has been met continuously since the first quarter of FY'08 See attached <i>Performance and Quality Improvement Standards: October 2009, Standard 7-1a and Class Member Treatment Planning Review, Question 2B</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>	Standard met for all quarters of FY'09 and the 1 st quarter of FY'10. See attached <i>Performance and Quality Improvement Standards: October 2009, Standard 7-1c (does the consumer have a crisis plan) and 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 in the 3 rd quarter of FY'08. 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: October 2009, Standard 8-2 and Class Member Treatment Plan Review, Question 3F.</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: October 2009, Standard 9-1 and Class Member Treatment Plan Review, Questions 4B & C</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> Note: As of 7/1/08, ICI is no longer a service provided by DHHS.	Community Integration -- standard met since the 2 nd quarter FY'08 See attached <i>Performance and Quality Improvement Standards: October 2009, Standard 10-2</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>	ICMs -- standard met since the 2 nd quarter FY'08 See attached <i>Performance and Quality Improvement Standards: October 2009</i> , Standard 10-4
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 Office of Elder Services received approval to fill three vacant positions which will help reduce the rise in case worker ratios. Last quarter the average class member public ward caseload was 26.9 and has risen to 27.2 this quarter. See attached <i>Performance and Quality Improvement Standards: October 2009</i> , Standard 1-5
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 , 3 rd and 4 th quarters of FY'09 See attached <i>Performance and Quality Improvement Standards: October 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 Q's 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. Report, <i>Consent Decree Compliance Standards IV.23 and IV.43 Report: 2009 Q3</i> , attached to the May 1, 2009 Quarterly Report
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 of FY'08 and FY'09, and the 1 st quarter of FY'10. See attached <i>Performance and Quality Improvement Standards: October 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	See attached <i>Performance and Quality Improvement Standards: October 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 all quarters of FY'09 and the 1 st quarter FY'10; Standard 14-5 met for the 2 nd , 3 rd and 4 th quarters FY'09; Standard 14-6 met for the 2 nd and 4 th quarters FY'09.

		See attached <i>Performance and Quality Improvement Standards: October 2009</i> , Standard 14-4, 14-5 & 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: October 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 4 quarters of FY'09. See attached <i>Performance and Quality Improvement Standards: October 2009</i> , Standard 16-1 and <i>Community Hospital Utilization Review – Class Members Revised 3rd and 4th Quarters 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. See 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	To date, these contract reviews with hospitals have not occurred. 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: MaineGeneral (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 20 complaints investigated in this quarter, 0 (zero) were found to be in violation of the adult <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 of FY'08 and 4 quarters of FY'09. See attached <i>Performance and Quality Improvement Standards: October 2009</i> , Standards 17-2a, 17-3a and 17-4a and <i>Community Hospital Utilization Review – Class Members Revised 3rd and 4th Quarters 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	CSW participation in treatment and discharge planning met the 2 nd and 3 rd quarters of FY'09.

	<p>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%) 	<p>See attached <i>Performance and Quality Improvement Standards: October 2009</i>, Standards 18-1, 18-2 and 18-3 for data by hospital.</p> <p>The report displaying data by hospital for community hospitals accepting emergency involuntary clients is shared quarterly with CSNs.</p> <p>See attached report <i>Community Hospital Utilization Review Performance Standard 18-1, 2, 3 by Hospital: Class Members Revised for the 3rd and 4th Quarters of FY'09</i>.</p>
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>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. The hospitalization rate has run 2 to 3 percentage points higher than the standard since that time.</p> <p>See attached <i>Performance and Quality Improvement Standards: October 2009</i>, Standard 19-1 and <i>Adult Mental Health Quarterly Crisis Report Fourth Quarter, State Fiscal Year 2009 Summary Report</i>, page 2.</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>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 statewide for the fourth quarter of FY'09 was 32.9 minutes.</p> <p>See attached <i>Adult Mental Health Quarterly Crisis Report Fourth Quarter, State Fiscal Year 2009 Summary Report</i>, page 2.</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 –</p>	<p>Standard has been met since the 2nd quarter of FY'08.</p> <p>See attached <i>Adult Mental Health Quarterly Crisis</i></p>

	<u>must be met for 3 out of 4 quarters</u>	<i>Report Fourth Quarter, State Fiscal Year 2009 Summary Report, page 2</i>
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>	Standard has been met since the 1 st quarter of FY'08. See attached <i>Performance and Quality Improvement Standards: October 2009</i> , Standard 19-4 and <i>Adult Mental Health Quarterly Crisis Report Fourth Quarter, State Fiscal Year 2009 Summary Report</i> , page 2
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, 2008 and 2009 class member surveys. See attached <i>Performance and Quality Improvement Standards: October 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): November 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 Standards 26-2 and 26-3.	Standard 26-2 was not met in FY'09. Standard 26-3 was exceeded for the class member surveys completed in 2006, 2007, 2008 and 2009. See attached <i>Performance and Quality Improvement Standards: October 2009</i> , Standards 26-2 and 26-3
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: October 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. Report, <i>Consent Decree Compliance Standards IV.23 and IV.43 Report: 2009 Q3</i> , attached to the May 1, 2009 Quarterly Report
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, 2008 and 2009 class member surveys. See attached <i>Performance and Quality Improvement Standards: October 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 	Standard met for 4 quarters of FY'08 and FY'09, and the 1 st quarter of FY'10. See attached <i>Performance and Quality Improvement Standards: October 2009</i> , Standards 21-2, 21-3 and 21-4

	<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.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, 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.	See attached <i>Performance and Quality Improvement Standards: October 2009</i> , Standard 30
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 all quarters of FY'08 and for all quarters of FY'09 See attached <i>Performance and Quality Improvement Standards: October 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: October 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: October 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: October 2009</i> , Standard 34 and attached <i>Public Education Report July-September 2009</i>