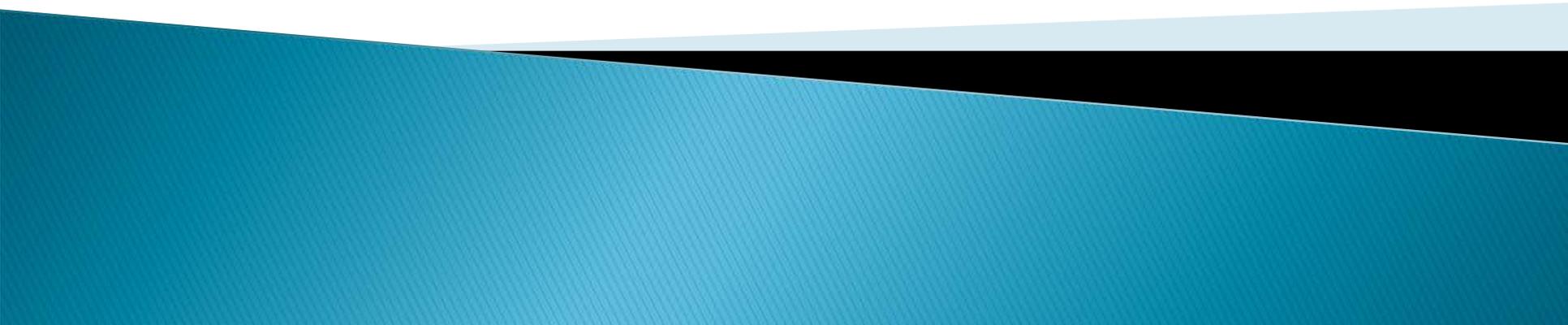


# **AMHI CONSENT DECREE**

## **History, Requirements & Related Topics**

**December 3<sup>rd</sup>, 2014**

**Presented by Linda Santeramo, Wanita Page, and Mary Hendricks**



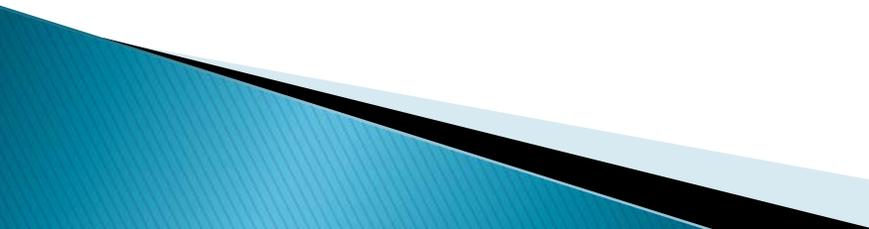
# Consent Decree History

- ▶ **Filed in February 1989, class certified in June 1989**
- ▶ **Allegations (not a complete list): Violations of rights including:**
  - **adequate sanitation,**
  - **ventilation and light,**
  - **protection against physical and psychological abuse,**
  - **adequate professional medical care and treatment,**
  - **individualized treatment and service plans,**
  - **adequate community support services system and programs following discharge, and**
  - **timely discharge when conditions justifying hospitalization no longer exist.**

# History (continued)

- ▶ **The Consent Decree is “legally binding and judicially enforceable.”**
  - ▶ **Definition of Class Member: “all persons who, on or after January 1, 1988, were patients at the Augusta Mental Health Institute (AMHI) and all persons who will be admitted to AMHI (now Riverview Psychiatric Center) in the future, subject to the limitations set forth in the Consent Decree.”**
- 

# History (continued)

- ▶ **Role of Court Master to monitor implementation, and make recommendations to facilitate compliance with the Consent Decree.”**
  - ▶ **March 1996: DMHMRSAS held in contempt for not complying with obligations under the Consent Decree. Contempt order lifted in Fall, 1996, after the Department submitted required Implementation Plan.**
  - ▶ **Establishment of 8 Consent Decree Coordinators. First charge was to locate and assess all class members.**
- 

# Principles

- ▶ **Respect for individuality**
  - ▶ **Recognition of individualized needs; requirements for flexible models of service**
  - ▶ **All services within the comprehensive Mental Health system oriented to supporting class members to live in the community and avoid hospitalization**
  - ▶ **Right to receive treatment in the least restrictive setting**
  - ▶ **Non-class members shall not be deprived of services solely because they are not members of the plaintiff class**
- 

# Other Components

**Requirements that have been determined in the Consent Decree Settlement Agreement Plan:**

- ▶ **Agencies must assign a worker within 2 days to class members who are hospitalized at the time of application**
  - ▶ **Assign within 3 days to class members who are not hospitalized or in the community at the time of application**
  - ▶ **Assign within 7 days for non-class members**
- 

# **Rights of Recipients of Mental Health Services**

- ▶ **Mental Health consumers have the same human, civil and legal rights as all citizens.**
  - ▶ **All consumers should be offered the Rights of Recipients of Mental Health Services.**
  - ▶ **There must be documentation in the record that Rights were provided.**
  - ▶ **Copies of Rights of Recipients can be obtained by contacting the Information and Resource Center at SAMHS, 287-8900 or 1-800-499-0027.**
- 

# Treatment Plans/Individualized Support Plans (ISPs)

- ▶ **Must be completed within 30 days of application for CI/ACT/CRS/BHHO services.**
  - ▶ **Reviews must be completed every 90 days or earlier if there are changes/additions.**
  - ▶ **Consumers should be offered a written copy of their Treatment Plan within one week of development. If he/she declines a copy, this should be documented in their record.**
- 

# Treatment Plan/ISP Goal Domain Areas

Agencies can use their own Treatment Plans but must include all of the following goal domain areas:

Goal Areas	Status/Date	Unmet needs / Why?  (Unmet needs must be addressed with an Interim goal/action steps.)	Date unmet needs met/How?
1. Housing			
2. Financial			
3. Education			
4. Social/Recreation/Peer Support			
A. Family			
B. Cultural/Gender			
C. Recreational/Social			
D. Peer Support			
5. Transportation			
6. Health Care			
A. Dental			
B. Eye Care			
C. Hearing Health			
D. Medical			
7. Vocational			
8. Legal			
9. Living Skills			
10. Substance Abuse			
11. Mental Health			
A. Trauma			
B. Emotional/Psychological			
C. Psychiatric/Medications			
D. Crisis			
12. Spiritual			
13. Outreach			
14. Other (specify)			

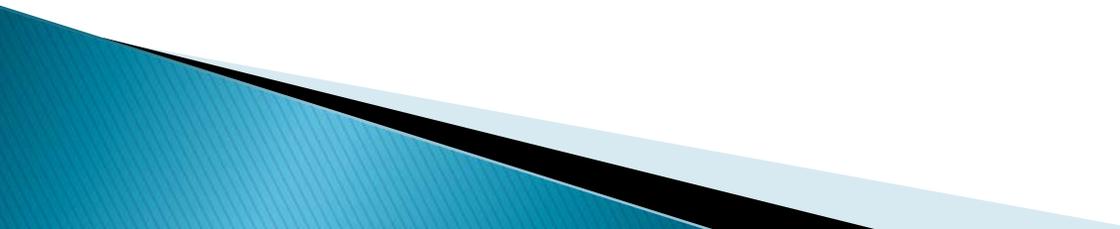
# Treatment Plan/ISP Goals

- ▶ **Consumer driven goals with corresponding action steps**
  - ▶ **Date goal established with target date**
  - ▶ **Resources identified to meet goals (remembering Service Agreements if needed)**
  - ▶ **Signatures, including guardian if applicable**
  - ▶ **Outreach ISPs for consumers who are difficult to engage**
- 

# Releases of Information

- ▶ Releases are good for up to one year
  - ▶ Releases need to be reviewed every 90 days and must be documented
  - ▶ Primary Care Physician release should be obtained if consumer has one
  - ▶ If consumer refuses to sign releases, it should be documented
- 

# Service Agreements

- ▶ **Treatment Plans or Service Agreements are required when a class member is receiving services from another agency that is licensed or funded by DHHS SAMHS, i.e. DLSS, outpatient therapy.**
  - ▶ **It is preferable to obtain a Treatment Plan for continuity of care; however a Service Agreement can also be obtained.**
  - ▶ **A Release of Information should also accompany either the Treatment Plan or the Service Agreement.**
- 

# Service Agreement Form

## SERVICE AGREEMENT FORM

To be completed by all agencies licensed, funded and/or contracted with/by DHHS to provide services.

The Provider \_\_\_\_\_, agrees to provide the following services:  
Contracting Agency

Relate services to ISP goal – include frequency and duration:

as defined in the ISP dated \_\_\_\_\_ to \_\_\_\_\_  
Consumer

This service is being offered in support of needs identified by the consumer as part of his/her Individualized Support Plan. Provision of these services is subject to the following requirements:

*\* Items 1, 2, & 3 apply only to consumers/clients who are members of the AMHI Consent Decree*

1. Prior written approval is received from a Consent Decree Coordinator before terminating or interrupting this service via use of the DHHS Termination/Interruption form.\*
2. Upon receiving written approval for interrupting or discontinuing the service, the provider will send 30 days written notice to the consumer including the right to grieve the decision. The community support worker and, if applicable, the guardian will also receive notification.\*
3. If it is determined that the consumer poses a threat of imminent harm to persons employed or served by the provider, then the provider will give notice which is reasonable under the circumstances.\*
4. If applicable, the provider will give other notice as required by law or regulation.
5. The provider will help the community service worker and consumer find alternate resources if appropriate.
6. The provider will assist DHHS with the collection of all necessary data.
7. Chart records will meet all applicable requirements of contracts, law, regulations and pertinent professional standards.
8. Should the consumer choose to discontinue the above service(s) and transfer to another provider before the end of the service agreement, the provider is responsible for helping the consumer transition. This will include providing copies of the current treatment plan (with the consumer's consent) to the new provider.

### Signatures:

\_\_\_\_\_  
Consumer/Guardian/Date (Optional)

\_\_\_\_\_  
Provider Representative/Date

\_\_\_\_\_  
CSW/Date

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Agency

Date consumer or guardian provided with copy \_\_\_\_\_

# Treatment Plan/ISP

## Strengths & Barriers

### Examples of Strengths:

- ▶ Strong family relationship
- ▶ Has transportation
- ▶ Motivated

### Examples of Barriers:

- ▶ Lack of Transportation
  - ▶ Has difficulty interacting with others
  - ▶ Has multiple medical issues
- 

# Treatment Plan/ISP

## Crisis Plan

- ▶ Not required, but should always be offered
  - ▶ Shared with Crisis Services
  - ▶ If no Crisis Plan, documentation to explain why not
  - ▶ Reviewed every 90 days and documented
  - ▶ Reviewed subsequent to and after a psychiatric crisis
- 

# Sample Crisis Plan

## INDIVIDUAL SUPPORT PLAN / CRISIS PLAN

Agency #: \_\_\_\_\_

Person Receiving Services: \_\_\_\_\_ Case Manager: \_\_\_\_\_ Lead Agency: \_\_\_\_\_

Funding Source: \_\_\_\_\_ Funding Source Number: \_\_\_\_\_

What I want my life to be like: \_\_\_\_\_

A crisis plan is intended to be an informative and helpful planning tool for consumers and providers, to aid in the early detection and intervention in a crisis.

	Indicators	What actions are helpful (List in order of preference)	What actions are not helpful (What hurts)	Who to involve	Who not to involve
Early Warning Signs					
Signs of Progression					
When in Crisis					

Use reverse side of sheet to provide a brief narrative of relevant history of individual and/or family's successes and challenges in dealing with risk to self/others, substance abuse, legal issues, medical conditions, or other areas of concern.

**Crisis plans guide actions, but cannot predict every circumstance or guarantee resource availability.**

# Mental Health Advance Directives

- ▶ **Must be offered annually and documented**
- ▶ **If a consumer does not wish to have one, this must also be documented**
- ▶ **A Medical Advance Directive is not a Mental Health Advance Directive; however there can be a combined Advance Directive**
- ▶ **Disability Rights Center offers training and a sample form. Contact information: 626-2774; [www.drcme.org](http://www.drcme.org)**

# Treatment Plan/ISP

## Resource Data Summary (RDS)

- ▶ The purpose of the RDS is to track the extent to which the MH system is meeting the needs of a person with an ISP.
- ▶ It develops a process for the worker and DHHS to track the unmet resource needs related to the goals identified on the consumer's ISP.

# **Treatment Plan/ISP**

## **Resource Data Summary (RDS)**

- ▶ **The RDS is submitted electronically to the Department through APS Healthcare.**
  - ▶ **The CI/ACT/CRS/BHHO worker completes the RDS, and it is completed for both class and non-class members.**
  - ▶ **It is filled out at the Initial ISP, each 90-day review and annual ISP, as well as when the consumer has left the agency.**
- 

# **Treatment Plan/ISP**

## **Resource Data Summary (RDS)**

- ▶ **Once an unmet need is documented on the RDS, if that need becomes met or it is no longer an unmet need for any reason, the worker needs to go into RDS at the next review to check off the box “no longer an unmet need” or “unmet need met.” Otherwise the number of days as unmet will continue to grow on the agency’s APS report to the Department.**
- 

# Treatment Plan/ISP

## Resource Data Summary (RDS)

- ▶ DHHS has updated the RDS instructions with examples where to best categorize unmet needs and they are on the APS web page:

<http://www.qualitycareforme.com/MaineProviders.htm>

# **Class Member Record Reviews**

- ▶ **Performed by SAMHS Field Quality Management; done quarterly by county**
  - ▶ **Plans of Correction (note due date for corrective action)**
  - ▶ **Summary of findings will be shared at Contract Review meetings**
  - ▶ **If there are significant issues, findings will be shared with DHHS Field Service Managers**
- 

# **Request to Terminate Services for Class Members**

- ▶ **Only completed for Class Members**
- ▶ **Must be submitted to SAMHS Field Quality Managers**
  - **Region I – Cumberland and York counties to Linda Santeramo, fax 822-2168**
  - **Regions II and III – all other counties to Mary Hendricks, fax 287-9152)**
- ▶ **Field Quality Managers will follow up with the Class Member or their guardian prior to signing off**

# Termination of Services (continued)

- ▶ **A 30-day letter must be sent after the case manager receives the signed termination request form.**
  - ▶ **The case cannot be closed until the 30-day period has expired.**
  - ▶ **Occasionally there are situations when the Field Quality Manager will waive the 30-day period.**
- 

# Termination of Services Form

**Department of Health and Human Services  
Office of Adult Mental Health Services  
AGENCY REQUEST TO TERMINATE OR INTERRUPT SERVICES FORM**

Date \_\_\_\_\_

**Consumer Information**

Name \_\_\_\_\_ Guardian's Name \_\_\_\_\_  
 SSN \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone # (Consumer's) \_\_\_\_\_ Phone# \_\_\_\_\_  
 (Message) \_\_\_\_\_

**Services to Be Terminated** \_\_\_\_\_ **Interrupted** \_\_\_\_\_ (check all that apply)

Community Integration       Supported Housing/Residential/PNMI  
 Intensive Community Integration       Daily Living Support Services  
 Intensive Case Management       Skills Development Services  
 ACT       Day Supports Services  
 Medication Management       Vocational Services  
 Outpatient Therapy       Other \_\_\_\_\_

**Agency Information**

Agency Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

**Please List Name of Worker and Service(s) to be Terminated/Interrupted**

Worker's Name _____	Service _____	Phone# _____
Supervisor's Name _____	Title _____	Phone # _____

Worker's Name _____	Service _____	Phone# _____
Supervisor's Name _____	Title _____	Phone# _____

Worker's Name _____	Service _____	Phone# _____
Supervisor's Name _____	Title _____	Phone # _____

**Please State Reason(s) for Request to Terminate/Interrupt Services** (please explain)

Goals have been met \_\_\_\_\_  
 \_\_\_\_\_

Consumer requesting termination \_\_\_\_\_  
 \_\_\_\_\_

- Consumer relocated \_\_\_\_\_
- Consumer transferred to another agency \_\_\_\_\_
- Consumer not engaging in services \_\_\_\_\_
- Incarcerated for indefinite period \_\_\_\_\_
- Consumer poses a threat to worker/agency \_\_\_\_\_
- Consumer in residential facility/needs met \_\_\_\_\_
- Other \_\_\_\_\_

**Is the consumer aware of the request to Terminate/Interrupt Services?** Yes \_\_\_ No \_\_\_  
**Is Consumer in Agreement?** Yes \_\_\_ No \_\_\_ (please explain)  
 \_\_\_\_\_  
 \_\_\_\_\_

**Agency consumer was referred to for CSW services:** \_\_\_\_\_  
**New CSW name and date he/she is to begin services:** \_\_\_\_\_  
**Other agencies/services consumer was referred to:** \_\_\_\_\_  
 \_\_\_\_\_

**List other providers notified of your intent to terminate services:** \_\_\_\_\_  
 \_\_\_\_\_

**Person Completing Form** \_\_\_\_\_  
 Signature/Title \_\_\_\_\_

**DHHS/OAMHS Response, Request (check all that apply):**

Approved

- consumer concurs       guardian concurs
- consumer did not respond to letters/phone calls by date given by CDC
- consumer responded to letters/phone calls and is asking for a new worker
- followed up and confirmed with new agency that client has been picked up
- other, please specify \_\_\_\_\_

Denied

- consumer disagrees with request       Denied/guardian disagrees with Request
- consumer responded to letters/phone calls and is asking for a new worker
- followed up and confirmed with new agency that client has not been picked up

- though consumer no-showing/cancelling appointments, wants to stay with the agency
- consumer is incarcerated but not for an extended period
- other, please specify \_\_\_\_\_

Information informing decision to approve or deny request:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

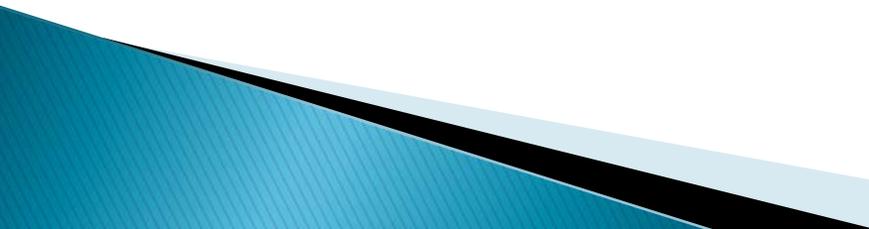
\_\_\_\_\_ Date \_\_\_\_\_  
**CDC or Mental Health Team Leader Signature**

**Consumer Must Be Given a Thirty Day Written Notice and  
Copy of Written Notice Must Be Sent to the CDC Office**

# Critical Incidents

- ▶ **All licensed or contracted agencies are required to report Critical Incidents to the Office of Substance Abuse and Mental Health Services.**
  - ▶ **Informs SAMHS of major incidents concerning consumers that could become public as well as helping SAMHS staff assess what is happening with consumers.**
  - ▶ **Critical Incidents must be submitted according to the instructions at top of form and within the expected timeframe.**
- 

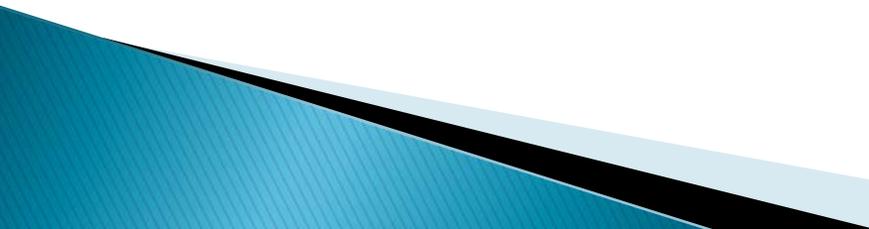
# Critical Incidents (continued)

- ▶ **Forms can be obtained on the SAMHS web page by following the instructions on the “Forms” slide at the end of this presentation.**
  - ▶ **A call should be made when a Critical Incident may be a high profile situation or will be on the news, radio or other media.**
  - ▶ **Calls of that nature during the day should be made to Cecilia Leland at SAMHS: 287-9165 or 592-9868.**
  - ▶ **After work hours, weekends and holidays, calls should be made to the Nurse on Duty at Riverview: 624-3900.**
- 

# Memorandum of Understanding

- ▶ Agencies need to have MOUs with every Crisis Provider who provides services in their areas.

## Use of Crisis Services

- ▶ Caseworker should attempt to resolve the crisis during daytime hours if possible.
  - ▶ Should Crisis be called in, the person should be seen at the consumer's home as long as safety can be maintained until Crisis arrives.
- 

# Grievances

- ▶ **A consumer or their guardian may file a formal grievance. There are 3 levels of the Grievance procedure:**
  - **Level I** is within the program/agency.
  - If the grievance cannot be resolved at the agency level, a **Level II** grievance may be filed with the State by contacting Don Beckwith: 557-5234.
  - If the consumer/guardian remains dissatisfied with the **Level II** findings, an appeal can be made to the Commissioner of DHHS (**Level III**).

# Grievances (continued)

- ▶ Forms can be obtained on the SAMHS web page by following the instructions on the “Forms” slide at the end of this presentation.
- ▶ Once completed, Level II grievances should be submitted to:

**Carlton Lewis  
DHHS/SAMHS  
41 Anthony Ave., SHS #11  
Augusta, ME 04333**

# Residential Services

## Private Non-Medical Institution (Formerly PNMI)

### DHHS Priority Placements:

- ▶ Riverview Psychiatric Center; Dorothea Dix Psychiatric Center
  - ▶ Community Psychiatric Hospitals; Children aging out of Residential Services
  - ▶ Jails; homeless
  - ▶ All other consumers who meet Residential level of care
- 

# Residential Services (continued)

- ▶ Questions regarding Residential Services should contact:

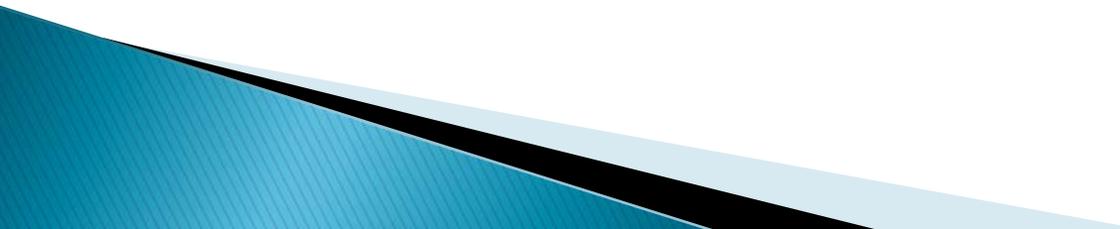
**Kathy Lavallee: 287-2707**

**Claire Lord: 287-6626**

# APS Healthcare Reports

- ▶ Data from APS Healthcare reports are used in the Consent Decree Quarterly Reports
- ▶ This data is also used in discussion with the Court Master
- ▶ Some APS reports can be found on SAMHS' website:  
<http://www.maine.gov/dhhs/samhs/data.shtml>
- ▶ It is important that agencies are submitting information correctly into APS for accurate reporting

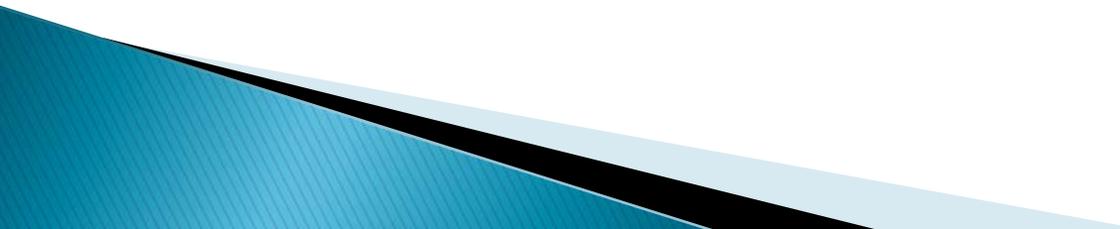
# APS Healthcare Reports (continued)

- ▶ **Some APS reports are sent to provider agencies for updates and corrections. SAMHS is asking that they review reports and act on them.**
  - ▶ **SAMHS Field Quality Managers will be following up on reports that are sent to agencies.**
- 

# Contract Performance Measures

- ▶ **Have been incorporated in contracts for CI, ACT, CRS and BHHO services**
  - ▶ **Expectation is that other services will have Performance Measures in future contracts**
- 

# Recovery

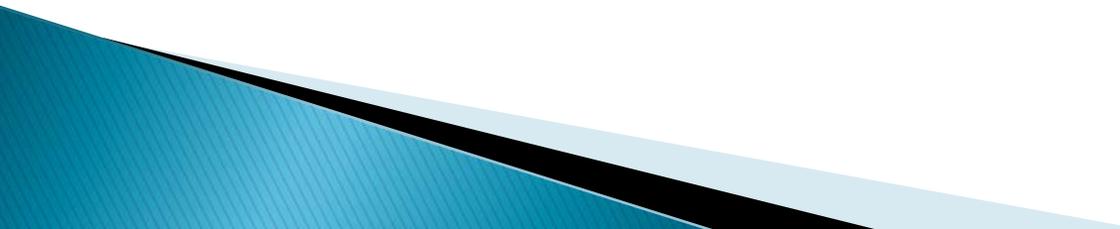
- ▶ **DHHS SAMHS encourages provider agencies to adopt the recovery model.**
  - ▶ **The philosophy and themes of the Recovery model includes consumer input, informing/changing the culture, and striving towards independence.**
- 

# Recovery

**The Recovery Team includes:**

- ▶ **Linda MacDonald, Suzanne Boras and Jodi Ingraham (Community Inclusion)**
- ▶ **Kelly Staples (Recovery Training Coordinator)**
- ▶ **Katharine Storer (Recovery Practices Coordinator)**
- ▶ **Leticia Huttman (Director of Education and Training)**

**Contact information is provided at the end of this presentation.**



# Forms

- ▶ [www.maine.gov](http://www.maine.gov)
  - Click on: **State Agencies**
  - Click on: **G-H**
  - Click on: **Health & Human Service, Department of (DHHS)**
  - On left side click on: **Forms**
  - Scroll down to: **Provider Forms** then down to **Mental Health Forms**
  
- ▶ or you can go to:  
<http://www.maine.gov/dhhs/forms.shtml>
  - Case Management Treatment Plan Review Directions
  - Case Management Treatment Plan Review Form
  - Critical Incident Form Directions
  - Critical Incident Form
  - Request to Terminate or Interrupt Services Form
  - Service Agreement Form

# Contact Information

## SAMHS Quality Management

### **SAMHS Field Quality Managers**

**Region I – Cumberland and York counties**

**Linda Santeramo:** fax 822-2168

**Regions II and III – all other counties**

**Mary Hendricks:** fax 287-9152)

### **SAMHS Information and Resource Center (IRC)**

287-8900 or 1-800-499-0027

### **Disability Rights Center**

626-2774

### **SAMHS Critical Incidents**

Cecilia Leland: 287-9165 or 592-9868

### **Riverview**

Nurse on Duty: 624-3900

### **Level II Grievance Contact**

Don Beckwith: 557-5234

### **Level II Grievance Submissions**

Carlton Lewis

DHHS/SAMHS

41 Anthony Ave., SHS #11

Augusta, ME 04333

### **Residential Services (Formerly PNMI)**

Kathy Lavallee: 287-2707

Claire Lord: 287-6626

### **Recovery Team**

#### **Community Inclusion**

Linda MacDonald: 287-9162

Suzanne Boras: 795-4518

Jodi Ingraham: 248-7379

#### **Recovery Training Coordinator**

Kelly Staples: 215-5389

#### **Recovery Practices Coordinator**

Katharine Storer: 299-7032

#### **Director of Education and Training**

Leticia Huttman: 287-4253

### **Website URLs**

#### **Disability Rights Center**

[www.drcme.org](http://www.drcme.org)

#### **RDS Instructions**

<http://www.qualitycareforme.com/MaineProviders.htm>

#### **APS Reports**

<http://www.maine.gov/dhhs/samhs/data.shtml>

#### **Forms**

<http://www.maine.gov/dhhs/forms.shtml>