

Department of Health & Human Services, Office of Adult Mental Health Services  
 Bates v. DHHS Consent Decree  
 April, May, June : 4<sup>th</sup> Quarter, SFY 2013  
[CONSENT DECREE REPORT](#)

**SUMMARY**  
 (Section 1A)

The DHHS Office of Substance Abuse and Mental Health Services is required to report to the Court quarterly regarding compliance and progress toward meeting specific standards as delineated in the Bates v. DHHS Consent Decree Settlement Agreement, the Consent Decree Plan of October 2006, and the Compliance Standards approved October 29, 2007. The following documents are submitted as the Quarterly Progress Report for the fourth quarter of state fiscal year 2013, covering the period from April through June 2013. A link to the PDF version of each document is provided on the SAMHS website.

DOCUMENT	DESCRIPTION
1 <b>Cover Letter, Quarterly Report:</b> August 1, 2013 Section 1 <a href="#">Microsoft Word</a> or <a href="#">Adobe PDF</a>	Letter to Dan Wathen, Court Master, submitting the Quarterly Report pursuant to paragraph 280 of the Settlement Agreement for the quarter ending June 30, 2013.
2 <b>Fourth Quarter Fiscal Year 2013 Report on Compliance Plan Standards: Community</b> Section 2 <a href="#">Microsoft Word</a> or <a href="#">Adobe PDF</a>	Lists and updates the information pertaining to standards approved in October 2007 for evaluating and measuring DHHS compliance with the terms and principles of the Settlement Agreement.
3 <b>Performance and Quality Improvement Standards</b> Section 3 <a href="#">Adobe PDF</a>	Details the status of the Department's compliance with 34 specific performance and quality improvement standards (many are multi-part) required by the Consent Decree October 2006 Plan for this reporting quarter. Reporting includes the baseline, current level, performance standard, and compliance standard for each, including graphs.
4 <b>Public Education – Standard 34.1</b> Section 4 <a href="#">Excel Version</a> or <a href="#">Adobe PDF</a>	Amplifies Standard 34.1 of the Performance and Quality Improvement Standards above, detailing the mental health workshops, forums, and presentations made, including levels of participation
5 <b>Performance Quality and Improvement Standards, Appendix: Adult Mental Health Data Sources</b> Section 5 <a href="#">Microsoft Word</a> or <a href="#">Adobe PDF</a>	Lists and describes all of the data sources used for measuring and reporting the Department's compliance on the Performance and Quality Improvement Standards.
6 <b>Cover: Unmet Needs and Quality Improvement Initiative</b> Section 6 <a href="#">Microsoft Word</a> or <a href="#">Adobe PDF</a>	Provides a brief introduction to the unmet needs report as well as some definitions of the data, initial findings and next steps. Also includes information on the quality improvement initiatives undertaken by SAMHS.

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<p>7 <b>Unmet Needs by CSN for FY13 Q4</b>  <i>Section 7</i></p> <p><a href="#">Adobe PDF</a></p> <p><i>Section 7A</i></p> <p><a href="#">Adobe PDF</a></p>	<p>Quarterly report drawn from the Enterprise Information System (EIS) by CSN (based on client zip code), from resource need data entered by community support case managers (CI, ACT, CRS and ICM) concerning consumers (class members and non-class members) who indicate a need for a resource that is not immediately available. Providers are required to enter the information electronically upon enrollment of a client in Community Support Services and update the information from their clients' Individual Service Plans (ISPs) every 90 days via an RDS (Resource Data Summary) entered as a component of prior authorization and continuing stay requests made to APS Healthcare via their online system, CareConnections.</p>
<p>8 <b>BRAP Waitlist Monitoring Report,</b>  <i>Section 8</i></p> <p><a href="#">Microsoft Word</a> or <a href="#">Adobe PDF</a></p>	<p>Describes status of the DHHS Bridging Rental Assistance Program's (BRAP) waitlist, focusing on the numbers served over time by priority status.</p>
<p>9 <b>Class Member Treatment Planning Review for the 4th Quarter of Fiscal Year 2013</b>  <i>Section 9</i></p> <p><a href="#">Adobe PDF</a></p>	<p>Aggregate report of document reviews completed on a random sample of class member ISPs by Consent Decree Coordinators following a standardized protocol.</p>
<p>10 <b>Community Hospital Utilization Review for the 4th Quarter of Fiscal Year 2013: Class Members</b>  <i>Section 10</i></p> <p><a href="#">Adobe PDF</a></p>	<p>Aggregate report of Utilization Review (UR) of all persons with MaineCare or without insurance coverage admitted into emergency involuntary, community hospital based beds. UR data is reported one quarter behind to allow sufficient time for reviews and data entry to be completed.</p>
<p>11 <b>Community Hospital Utilization Review Performance Standard 18-1, 2, 3 by Hospital: Class Members for the 4th Quarter Fiscal Year 2013</b>  <i>Section 11</i></p> <p><a href="#">Adobe PDF</a></p>	<p>Report drawn from UR data that details, by hospital, the percentage of ISPs obtained, ISPs consistent with the hospital treatment and discharge plan, and case manager involvement in hospital treatment and discharge planning. UR data is reported one quarter behind to allow sufficient time for reviews and data entry to be completed.</p>
<p>12 <b>DHHS Integrated Child/Adult Quarterly Crisis Report: 4th Quarter, Fiscal Year 2013</b>  <i>Section 12</i></p> <p><a href="#">Adobe PDF</a></p>	<p>Aggregate quarterly report of crisis data submitted by crisis providers to the Office of Quality Improvement on a monthly basis.</p>
<p>13 <b>Riverview Psychiatric Center Performance Improvement Report</b>  <i>Section 13</i></p>	<p>Reports on Riverview's compliance with specific indicators re: performance and quality; recording findings, problem, status, and actions for the specified quarter.</p>

DOCUMENT		DESCRIPTION
	<a href="#">Microsoft Word</a> or <a href="#">Adobe PDF</a>	
14	<p><b>APS Healthcare Reports</b> <i>Section 14</i></p> <p><a href="#">Adobe PDF</a></p>	<p>For members on the Community Integration waitlist who were authorized for this service, how long they waited. These reports count the number of days from the date the CFSN was opened to the date the service was authorized. The reports are run 2 quarters behind, therefore, those who were entered on the waitlist will have started the service.</p>