

**Department of Health & Human Services, Office of Adult Mental Health Services**  
**Bates v. DHHS Consent Decree**  
**April, May, June, 2015: 4th Quarter, SFY 2015**  
**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 4th quarter of state fiscal year 2015, covering the period April, May, June, 2015. A link to the PDF version of each document is provided on the SAMHS website.*

		DESCRIPTION
1	<b>Cover Letter, Quarterly Report: Aug, 2015</b> <i>Section 1</i>	Letter to Dan Wathen, Court Master, submitting the Quarterly Report pursuant to paragraph 280 of the Settlement Agreement for the quarter ending June 30, 2015.
2	<b>Report on Compliance Plan Standards: Community</b> <i>Section 2</i>	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> <i>Section 3</i>	Details the status of the Department's compliance with 19 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>Consent Decree Performance and Quality Improvement Standard 5.</b> <i>Section 4</i>	Aggregate report of assignment time to service and completion time of Individual Support Plans (ISPs). Data gathered from Contact for Service Notifications, Prior Authorizations, and Continued Stay Requests via APS Care Connections.
5	<b>Performance Quality and Improvement Standards, Appendix: Adult Mental Health Data Sources</b> <i>Section 5</i>	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> <i>Section 6</i>	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.
7	<b>Unmet Needs by CSN</b> <i>Section 7</i>	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 BHH)

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		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.
8	<b>BRAP Waitlist Monitoring Report, Section 8</b>	Describes status of the DHHS Bridging Rental Assistance Program's (BRAP) waitlist, focusing on the numbers served over time by priority status.
9	<b>Class Member Treatment Planning Review Section 9</b>	Aggregate report of document reviews completed on a random sample of class member ISPs by Consent Decree Coordinators following a standardized protocol.
10	<b>Community Hospital Utilization Review Section 10</b>	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.
11	<b>Community Hospital Utilization Review Performance Standard 18-1, 2, 3 by Hospital Section 11</b>	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.
12	<b>DHHS Integrated Child/Adult Quarterly Crisis Report Section 12</b>	Aggregate quarterly report of crisis data submitted by crisis providers to the Office of Quality Improvement on a monthly basis.
13	<b>Riverview Psychiatric Center Performance Improvement Report Section 13</b>	Reports on Riverview's compliance with specific indicators re: performance and quality; recording findings, problem, status, and actions for the specified quarter.
14	<b>APS Healthcare Reports Section 14</b>	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.
15	<b>Consent Decree Compliance Standards IV.23 and IV.43 Section 15</b>	Yearly report that documents the percentage differences of unmet needs for residential services and unmet needs for mental health treatment between Class and Non Class members.