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An Act To Improve Continuity of Care within Maine's Communitybased Mental Health Services

Submitted by the Department of Health and Human Services pursuant to Joint Rule 204. Reference to the Committee on Health and Human Services suggested and ordered printed.

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JOY J. O'BRIEN Secretary of the Senate

Presented by Senator BRANNIGAN of Cumberland. Cosponsored by Representative CRAVEN of Lewiston.

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

- Sec. 1. 34-B MRSA §1204, sub-§2, ¶C, as amended by PL 2001, c. 493, §3 and
 PL 2005, c. 236, §§3 and 4, is further amended to read:
- 4 C. The commissioner shall appoint the following officials to serve at the commissioner's pleasure:
- 6 (1) Associate Commissioners;
- 7 (2) Superintendent, Riverview Psychiatric Center;
- 8 (3) Superintendent, Dorothea Dix Psychiatric Center;
- 9 (6) Director, Elizabeth Levinson Center;
- 10 (8) Assistant to the Commissioner;

(10) Regional Directors, who shall report to the Associate Commissioner of Systems Operations;

- 13 (11) Director, Office of Substance Abuse, who shall report directly to the
 14 commissioner; and
- 15 (12) Deputy Commissioner.

Sec. 2. 34-B MRSA §1207, sub-§1, ¶B, as corrected by RR 2005, c. 2, §22, is
 amended to read:

B. Information may be disclosed if necessary to carry out any of the statutory functions of the department, the hospitalization provisions of chapter 3, subchapter 4, the purposes of sections 3607 3607-A and 3608, the purposes of Title 5, section 19506 or the purposes of United States Public Law 99-319, dealing with the investigatory function of the independent agency designated with advocacy and investigatory functions under United States Public Law 88-164, Title I, Part C or United States Public Law 99-319;

25 Sec. 3. 34-B MRSA §1220, first ¶, as enacted by PL 1997, c. 422, §3, is 26 amended to read:

The department shall designate at least one individual within each of the 7 areas described in section $3607 \ 3608$, subsection $3 \ 1-A$ to act as liaison to the District Courts and Superior Courts of the State and to the Department of Corrections in its administration of probation and parole services and the Intensive Supervision Program established pursuant to Title 17-A, section 1261.

32 Sec. 4. 34-B MRSA §1221, first ¶, as amended by PL 2005, c. 380, Pt. B, §14, is
 33 further amended to read:

The regional housing coordinator for each region shall convene a working group annually to develop a plan that states how mental health or substance abuse services needed by individuals using homeless shelters will be provided. Each working group shall submit a plan annually to the local quality improvement council community service <u>network</u> established pursuant to section <u>3607</u> <u>3608</u>. The <u>local quality improvement</u>
 <u>community service network</u> shall review the plan and submit it, with any
 suggested changes, to the Statewide Homeless Council, established pursuant to Title 30 A, section 5046.

5 Sec. 5. 34-B MRSA §3604, sub-§5, as enacted by PL 1995, c. 691, §6, is 6 amended to read:

5. Exclusion. Beginning October 1, 1996, an entity that applies for the award or renewal of a grant or contract for the provision of mental health services must be a participating member of the quality improvement institute council or the local community service network, as defined established in section 3607 3608, for the region of the State subject to that grant or contract or an interested party assisting a council pursuant to section 3607, subsection 8.

Sec. 6. 34-B MRSA §3607, as amended by PL 1997, c. 683, Pt. B, §22 and PL 2005, c. 236, §§3 and 4, is repealed.

15 Sec. 7. 34-B MRSA §3607-A is enacted to read:

16 §3607-A. Institute councils

- Definitions. As used in this section and sections 3608 and 3609, unless the
 context otherwise indicates, the following terms have the following meanings.
- A. "Consumer" means a recipient or former recipient of publicly funded mental
 health services or an adult who has or had a major mental illness.
- B. "Family member" means a relative, guardian or household member of an adult
 consumer.
- <u>C.</u> "Institute council" means an institute council, at either the Riverview Psychiatric
 <u>Center or the Dorothea Dix Psychiatric Center, approved by the commissioner</u>
 pursuant to subsection 2, paragraph B.
- D. "Major mental illness" means a diagnosis of mental illness as defined in rules
 adopted by the department. Rules adopted pursuant to this paragraph are routine
 technical rules as defined by Title 5, chapter 375, subchapter 2-A.
- E. "Network" means a community service network established pursuant to section
 <u>3608.</u>
- F. "Service provider" or "provider" means a person or organization providing
 publicly funded mental health services to consumers or family members.

2. Institute councils established. There are established institute councils, one for
 the Riverview Psychiatric Center and one for the Dorothea Dix Psychiatric Center, to
 evaluate the delivery of mental health services and advise the department regarding
 quality assurance and operations and functions of the mental health institute. The
 councils operate under the authority of the department.

1	A. Each institute council consists of no more than 25 members, taking into
2	consideration local geographic factors. The membership on each institute council
3	consists of consumers, family members, community members and providers. A
4	resident or former resident of the Riverview Psychiatric Center or the Dorothea Dix
5	Psychiatric Center, a family member of a resident or former resident, a community
6	member in the Augusta or Bangor region and a service provider at those institutes
7	may make recommendations regarding membership on the institute councils to the
8	commissioner.
9	B. The institute councils shall adopt by laws that establish membership, the terms
10	and qualifications of membership and the internal governance and rules. The
11	commissioner shall approve the bylaws of each institute council prior to designating
12	it as an approved institute council.
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13 14	3. Institute council directors; responsibilities. The superintendents of the Riverview Bruchistric Conter and the Derether Div Bruchistric Conter are responsible for
14	<u>Riverview Psychiatric Center and the Dorothea Dix Psychiatric Center are responsible for</u> the operation of the institute councils and for dispute resolution within those institute
16	councils. The superintendents shall receive reports from the institute councils, consider
17	the recommendations of the institute councils and report periodically to the commissioner
18	on their performance.
10	on their performance.
19	4. Institute councils. Within the limitations of state and federal law, the Riverview
20	Psychiatric Center and the Dorothea Dix Psychiatric Center, referred to in this subsection
21	as "the mental health institutes," and the department shall provide information to the
22	institute councils adequate to perform their duties, including, but not limited to:
23	A. Input into the annual budgets of the mental health institutes;
24	B. Achievement of the goals and objectives of the department as they pertain to the
25	mental health institutes;
26	C. Compliance with all professional accreditation standards applicable to the mental
27	health institutes;
28	D. Review, oversight and assessment of services and programs provided to residents of the mental health institutes and their families;
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30	E. Review of personnel policies and employment patterns, including staffing
31	requirements and patterns, the use of overtime assignments and training and job
32	development;
33	F. Input into public relations efforts of the department and the mental health
34	institutes and community education initiatives; and
35	G. Monitoring building and grounds maintenance and safety and risk management
36	on the campuses of the mental health institutes.
37	Sec. 8. 34-B MRSA §3608, as amended by PL 1997, c. 423, §§1 and 2 and PL
38	2003, c. 689, Pt. B, §6, is further amended to read:

1 §3608. Community service networks

2 The department shall establish and oversee community service networks with the collective responsibility to participate with the area councils, as defined in section 3607, 3 subsection 2, in the delivery of coordinate and ensure continuity of care within the 4 5 delivery of mental health services to children and adults adult mental health consumers under the authority of the department. A network consists of organizations providing 6 mental health services funded by the General Fund and or Medicaid in the corresponding 7 8 area specified in section 3607, subsection 3 1-A. The local community service networks 9 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 10 the department to establish and operate networks. Oversight must include Departmental 11 12 oversight includes, but is not limited to, establishing and overseeing protocols, quality 13 assurance, writing and monitoring contracts for service, establishing outcome measures and ensuring that each network provides an integrated system of care. The department 14 may adopt rules to carry out this section. Rules adopted pursuant to this section are major 15 16 substantive routine technical rules as defined in Title 5, chapter 375, subchapter II-A 2-A. 17 This section may not be construed to supersede the authority of the department as the 18 single state Medicaid agency under the Social Security Act, Title XII or to affect the 19 professional standards and practices of nonnetwork providers.

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

A. Deliver and coordinate Ensure 24-hour access to a consumer's community support services records for better continuity of care during a psychiatric 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;

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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 <u>based on data and client outcomes</u>; and

E. Develop techniques for identifying and providing services to consumers at risk-,
 based on the principle that services will be provided as close to the consumer's home
 as possible; and

33 F. Enable, among other things, the sharing of confidential client information to the 34 extent necessary to protect the client's health and safety when it is determined the client has an urgent need for mental health services. The network members shall 35 36 share confidential client information, even without a client's consent, to the extent 37 necessary to protect the client's health and safety in a period of urgent need for 38 mental health services when the client lacks the capacity to give consent for the 39 information sharing or when an exigency exists so that the client's health and safety 40 is better protected if the information is shared without a delay to obtain consent. A 41 person or entity participating in good faith in sharing information under this 42 paragraph is immune from civil liability that might otherwise result from these 43 actions, including, but not limited to, a civil liability that might otherwise arise under

- state or local laws or rules regarding confidentiality of information. The department
 shall adopt rules to identify the limits and requirements to be included in the
 memoranda. These rules are routine technical rules as defined in Title 5, chapter 375,
- 4 <u>subchapter 2-A.</u>
- 5 <u>1-A. Areas.</u> A community service network shall operate in each of the following 6 geographic areas:
- 7 <u>A. Aroostook County;</u>
- B. Hancock County, Washington County, Penobscot County and Piscataquis
 9 County;
- 10 C. Kennebec County and Somerset County;
- 11 D. Knox County, Lincoln County, Sagadahoc County and Waldo County;
- 12 E. Androscoggin County, Franklin County and Oxford County;
- 13 F. Cumberland County; and
- 14 <u>G. York County.</u>
- 15 2. Accountability. Each network is accountable to the area council and the regional
 director.
- 17 3. Public outreach. Each network shall solicit the participation of interested
 18 providers to serve on the area council, the network or advisory committees.
- 19 4. Participation. State operated direct service programs shall participate in the
 20 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.
- 25 Sec. 9. 34-B MRSA §3609, as enacted by PL 1995, c. 691, §7, is amended to 26 read:
- 27 §3609. Statewide quality improvement council

Each council The commissioner shall designate a member and an alternate persons to be members to serve on a statewide quality improvement council to advise the commissioner on issues of system implementation that have statewide impact. The commissioner shall appoint such other members to serve on the council as required by law.

33 Sec. 10. 34-B MRSA §3610, first ¶, as repealed and replaced by PL 1997, c.
 34 683, Pt. A, §19, is amended to read:

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:

5 Sec. 11. 34-B MRSA §15002, sub-§2, ¶E, as enacted by PL 1997, c. 790, Pt. A,
 §1 and affected by §3, is amended to read:

E. Planning for the delivery of care takes into account the advice of the quality
 improvement institute councils established under section 3607 3607-A and the local
 community service networks established under section 3608.

SUMMARY

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This bill clarifies references to the area quality improvement councils in the mental 11 12 health laws. The bill also renames the local service networks as the community service 13 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 14 15 community service network to participate in the delivery of mental health services in a system that ensures continuity of care to adults experiencing psychiatric crises. The bill 16 17 also describes the circumstances when client information can be shared during a crisis situation or when necessary to protect the consumer's health and safety. 18