

PLEASE NOTE: Legislative Information **cannot** perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

An Act To Improve Continuity of Care within Maine's Community-based Mental Health Services

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:

C. The commissioner shall appoint the following officials to serve at the commissioner's pleasure:

- (1) Associate Commissioners;
- (2) Superintendent, Riverview Psychiatric Center;
- (3) Superintendent, Dorothea Dix Psychiatric Center;
- (6) Director, Elizabeth Levinson Center;
- (8) Assistant to the Commissioner;
- ~~(10) Regional Directors, who shall report to the Associate Commissioner of Systems Operations;~~
- (11) Director, Office of Substance Abuse, who shall report directly to the commissioner; and
- (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;

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

The department shall designate at least one individual within each of the 7 areas described in section 36073608, subsection 31-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.

Sec. 4. 34-B MRSA §1221, first ¶, as amended by PL 2005, c. 380, Pt. B, §14, is 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 network established pursuant to section 36073608. The ~~local quality improvement council~~community service network shall review the plan and submit it, with any suggested changes, to the Statewide Homeless Council, established pursuant to Title 30-A, section 5046.

Sec. 5. 34-B MRSA §3604, sub-§5, as enacted by PL 1995, c. 691, §6, is 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 36073608, 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.

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

§ 3607-A. Institute councils

1. 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.
- C. "Institute council" means an institute council, at either the Riverview Psychiatric Center or the Dorothea Dix Psychiatric Center, approved by the commissioner 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 3608.

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.

A. Each institute council consists of no more than 25 members, taking into consideration local geographic factors. The membership on each institute council consists of consumers, family members, community members and providers. A resident or former resident of the Riverview Psychiatric Center or the Dorothea Dix Psychiatric Center, a family member of a resident or former resident, a community member in the Augusta or Bangor region and a service provider at those institutes may make recommendations regarding membership on the institute councils to the commissioner.

B. The institute councils shall adopt bylaws that establish membership, the terms and qualifications of membership and the internal governance and rules. The commissioner shall approve the bylaws of each institute council prior to designating it as an approved institute council.

3. Institute council directors; responsibilities. The superintendents of the Riverview Psychiatric Center and the Dorothea Dix Psychiatric Center are responsible for the operation of the institute councils and for dispute resolution within those institute councils. The superintendents shall receive reports from the institute councils, consider the recommendations of the institute councils and report periodically to the commissioner on their performance.

4. Institute councils. Within the limitations of state and federal law, the Riverview Psychiatric Center and the Dorothea Dix Psychiatric Center, referred to in this subsection as "the mental health institutes," and the department shall provide information to the institute councils adequate to perform their duties, including, but not limited to:

A. Input into the annual budgets of the mental health institutes;

B. Achievement of the goals and objectives of the department as they pertain to the mental health institutes;

C. Compliance with all professional accreditation standards applicable to the mental health institutes;

D. Review, oversight and assessment of services and programs provided to residents of the mental health institutes and their families;

E. Review of personnel policies and employment patterns, including staffing requirements and patterns, the use of overtime assignments and training and job development;

F. Input into public relations efforts of the department and the mental health institutes and community education initiatives; and

G. Monitoring building and grounds maintenance and safety and risk management on the campuses of the mental health institutes.

Sec. 8. 34-B MRSA §3608, as amended by PL 1997, c. 423, §§1 and 2 and PL 2003, c. 689, Pt. B, §6, is further amended to read:

§ 3608. Community service networks

The department shall establish and oversee community service networks with the collective responsibility to participate with the area councils, as defined in section 3607, subsection 2, in the delivery of coordinate and ensure continuity of care within the 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 mental health services funded by the General Fund and/or Medicaid in the corresponding area specified in ~~section 3607, subsection 31-A~~. The ~~local~~ community service networks 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 the department to establish and operate networks. ~~Oversight must include~~ Departmental oversight includes, but is not limited to, establishing and overseeing protocols, quality assurance, writing and monitoring contracts for service, establishing outcome measures and ensuring that each network provides an integrated system of care. The department may adopt rules to carry out this section. Rules adopted pursuant to this section are ~~major substantive~~ routine technical rules as defined in Title 5, chapter 375, subchapter H-A2-A. This section may not be construed to supersede the authority of the department as the single state Medicaid agency under the Social Security Act, Title XII or to affect the professional standards and practices of nonnetwork providers.

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;

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 based on data and client outcomes; 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

~~F. Enable, among other things, the sharing of confidential client information to the 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 share confidential client information, even without a client's consent, to the extent necessary to protect the client's health and safety in a period of urgent~~

need for mental health services when the client lacks the capacity to give consent for the information sharing or when an exigency exists so that the client's health and safety is better protected if the information is shared without a delay to obtain consent. A person or entity participating in good faith in sharing information under this paragraph is immune from civil liability that might otherwise result from these 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, subchapter 2-A.

1-A. Areas. A community service network shall operate in each of the following geographic areas:

- A. Aroostook County;
- B. Hancock County, Washington County, Penobscot County and Piscataquis County;
- C. Kennebec County and Somerset County;
- D. Knox County, Lincoln County, Sagadahoc County and Waldo County;
- E. Androscoggin County, Franklin County and Oxford County;
- F. Cumberland County; and
- G. York County.

2. Accountability. ~~Each network is accountable to the area council and the regional director.~~

3. Public outreach. ~~Each network shall solicit the participation of interested providers to serve on the area council, the network or advisory committees.~~

4. Participation. ~~State-operated direct service programs shall participate in the 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.

Sec. 9. 34-B MRSA §3609, as enacted by PL 1995, c. 691, §7, is amended to read:

§ 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.

Sec. 10. 34-B MRSA §3610, first ¶, as repealed and replaced by PL 1997, c. 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:

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

This bill clarifies references to the area quality improvement councils in the mental health laws. The bill also renames the local service networks as the community service 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 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 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.