

## Bates vs. DHHS Consent Decree Quarterly Report: February 1, 2008

### Part 1: Systems Development

COMPONENT of Consent Decree Plan	PAGE	DUE DATE	ACTION <b>Note: This is a cumulative report. Each action is listed by the filing date of the quarterly report. Only new attachments are included.</b>	COMPLETED YES ( X )
<b>CHAPTER 2 - NO WRONG DOOR</b>				
1. Uniform service information on available services in the area provided to consumers	9	February 2007	<p><u>Nov. 06:</u> OAMHS will draft information for review by each CSN and will have final product by February 07, as well as a method for web based entry to keep information current.</p> <p><u>Feb. 07:</u> OAMHS is doing a final review of the information and will post it on the web site in the next quarter, and update annually.</p> <p><u>May 2007:</u> The information has been posted on the OAMHS website and is arranged by county, by agency, by service type, and includes contact information.</p>	<b>X April 2007</b>
2. Create training program for peer recovery specialists and certification process	9	April 2007 full training;  May 2007 Cert. process	<p><u>Nov. 06:</u> OAMHS has developed the curriculum and completed one training pilot in Jan. 2006, is revamping the curriculum and will offer the 2<sup>nd</sup> pilot in Jan. 2007. The curriculum will be finalized and the first full six week training offered in April 2007. The certification process will be implemented by May 2007. OAMHS is also developing fidelity measures that will be used on an ongoing basis to provide quality improvement data for peer specialists programs.</p> <p><u>Feb. 2007:</u> The January 2007 pilot is underway and 15 people are participating. The next step for participants will be co-supervision and continuing education leading to certification.</p> <p><u>May 2007:</u> The pilot training is completed, curriculum changes have been incorporated, and the first “official training” begins in May. The</p>	<b>X April 2007</b>

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			certification process is complete. Individuals who have completed previous Intentional Peer Support Specialist training are working on fulfilling the certification requirements.	
3. Upon enrollment, DHHS will inform provider of any known service provided to consumer	12	NA	<p><u>Nov. 06:</u> The current enrollment form asks providers to list the mh services that the consumer is receiving. This information is sufficient for providers to determine the array of consumer services and redundancy has not been an issue. We recommend dropping this component.</p> <p><u>May 2007:</u> OAMHS will submit a request for a plan amendment in the next quarter.</p> <p><u>August 2007:</u> Amendment request submitted to delete this requirement.</p> <p><u>Nov. 2007:</u> Amendment request granted September 26, 2007 to delete this requirement.</p>	<b>Requirement deleted per amendment 10/26/07</b>
4. Data entered in EIS for Class members not in services who request service	12	ongoing	<p><u>Nov. 06:</u> The CDCs have refined the process for both tracking service requests from class members not in services as well as tracking unmet needs through EIS. The next quarterly report will include the final protocol and the unmet needs standards will include the data entered into EIS.</p> <p><u>Feb. 07:</u> Attachment Feb 07-1 is the protocol that we have implemented to track unmet needs for class members not in service.</p> <p><u>May 2007:</u> Unmet needs data regarding class members not in service who contact a Consent Decree Coordinator is now being reported through the EIS/RDS. With an ongoing system now in place, DHHS will no longer update this item.</p>	<p><b>X January 2007 Protocol complete</b></p> <p><b>X April 2007 Process in place for ongoing review</b></p>

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<b>CHAPTER 3 - CONSUMER DRIVEN: INDIVIDUALIZED SUPPORT PLANNING</b>				
5. Generate unmet needs reports, aggregate and analyze to determine need for resources	17	March 2007	<p><u>Nov. 06:</u> Collection of data and the generation of reports of unmet needs have begun. See “Performance and Quality Improvement Standards: Oct. 06” for beginning information. By March 07, OAMHS will have a protocol for analyzing the reports and will have begun report review by the CSNs.</p> <p><u>Feb. 07:</u> OAMHS is continuing to improve the quality of data both through internal review and by provider training. Contract reviews with providers included discussion of the data submitted for both Enrollment and the Resource Data Summary, and follow up is being done to address any inconsistencies. The CSNs reviewed the unmet needs reports at the December meetings by CSN and by statewide totals. See Attachment –Feb 07-2 for a sample of the reports. The next step is to analyze these reports along with other data sources to identify resource gaps by CSN.</p> <p><u>May 2007:</u> OAMHS is currently generating and using aggregate unmet needs data while continuing to train providers in an effort to improve the quality of the data. A manual and a Power Point presentation are available in hard copy and posted on the website, regional trainings using a train the trainer model have been held, and on site training visits occur when requested. OAMHS will be developing monthly interactive web based training for both new providers and as a refresher. Providers will receive the unmet needs data that they generated for review as part of a quality assurance process starting next quarter. The quality assurance process is showing</p>	<b>X July 2007</b>

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			<p>that EIS is generating cumulative reports of unmet needs and not closing those that have been met within 90 days. This reporting problem was just discovered and will be fixed in May. The protocol for analyzing the reports has not been completed but will be done in the next quarter. OAMHS will be using the unmet needs data, along with other sources, as part of the preparation for the FY 2008 Supplemental budget.</p> <p><u>August 2007:</u> OAMHS generates aggregate unmet needs reports and analyzes them to determine unmet resource needs. A protocol for ongoing analysis has not yet been completed and will be included in the next quarterly report.</p> <p><u>Nov. 2007:</u> Analysis of the unmet needs reports demonstrated great variability between CSNs. OAMHS' priorities have been working with providers to assure that they comply with the contract requirement to submit this data in a timely fashion, providing more training to agencies new to the system or experiencing difficulty completing the forms correctly, and to working with one of the largest agencies, CSI, that has been experiencing technical difficulties in data submission. The unmet needs data is now improving in both quantity and quality. Due to the amount of time necessary to improving data submission, OAMHS has not had sufficient time for further development of the protocol for ongoing analysis. This is now a priority of the upcoming quarter.</p> <p>OAMHS will no longer be reporting on this component as an item of system development, but will incorporate unmet needs data and analyses as part of the on-going quality management process.</p>	

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<b>CHAPTER 4 – CONTINUITY OF CARE AND SERVICES</b>				
<b>Community Services Networks</b>				
6. Issue amendments to provider contracts within one week of approval of this plan	22	October 20, 2006	<u>Nov. 06:</u> Contract packages were mailed to 86 providers on Oct.19, 2006 and the remaining 5 were mailed on October 20, 2006. See attachment 1 for the contract package.	<b>X October 2006</b>
7. Execute contract amendments within 30 days of issuance	24	November 1, 2006	<u>Nov. 06:</u> OAMHS has developed a log to track the return of the amendments and a method for follow up.  <u>Feb. 07:</u> Of the 91 amendments, one has been exempted, 81 have been signed for a return rate of 90%, with 9 overdue. The nine remaining amendments are primarily from individual service providers with less than 20 clients. Mental Health Team Leaders are doing follow up with these individuals to determine if exemption from CSN participation is appropriate.  <u>May 2007:</u> OAMHS sent letters to providers notifying them that contract allocations for FY 08 are being held until their amendments are executed. Of the original 91 amendments, 3 have been exempted, 1 closed, 82 returned, and 5 are still outstanding. The return rate thus far is 94%. The remaining agencies will be notified that their contracts will not be renewed for SFY 2008 unless the amendment is returned by May 15, 2007.  <u>August 2007:</u> Hawthorne House was the only provider not to return an amendment for SFY 07. The contracts issued for SFY 08 contained the amendment language in the body of the contract. Contract issues have been resolved and OAMHS expects a signed contract for SFY 08	<b>X July 2007</b>

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			<p>from Hawthorne House. If one is not forthcoming in August, then another provider will be sought.</p> <p><u>Nov. 2007:</u> The contract with Hawthorne House was signed August 17, 2007.</p>	
8. Require a memorandum of understanding (MOU) and operational protocols among participants in each network	24	January 3, 2007	<p><u>Nov. 06:</u> OAMHS has drafted a sample MOU and included it in the contract amendment packages as well as in the invitations to the November and December Community Service Network (CSN) meetings. See attachment 2 for the complete invitation package.</p> <p><u>Feb. 07:</u> The MOU was revised based on CSN input and was mailed December 21, 2006 to 128 providers. There have been 75 signed for a return rate of 59%, with 53 overdue. The list of providers with overdue MOUs was read at the January CSN meetings, and attending providers agreed to either complete new ones or to provide copies of ones they believe to have submitted. The remaining providers are generally individuals serving small numbers of clients and the mental health team leaders are doing follow up.</p> <p><u>May 2007:</u> OAMHS sent letters to providers notifying them that contract allocations for FY 2008 are being held until the MOU is signed and returned. Of the 128 providers, 4 have been exempted, 1 closed, 109 returned, and 14 are outstanding. The return rate thus far is 87%. OAMHS will notify the remaining providers that the SFY 2008 contracts will not be renewed unless the MOU is returned by May 15, 2007.</p> <p><u>August 2007:</u> All agencies returned the MOUs except for Hawthorne House. OAMHS expects to receive the MOU from Hawthorne in August, or the contract will not be finalized.</p>	<b>X August 2007</b>

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			<u>Nov. 2007:</u> All elements of the MOU are included in Hawthorne House's contract.	
9. Assess core services by network area to determine adequate coverage	24	October 2006	<u>Nov. 06:</u> OAMHS has developed a matrix of core services by CSN. See attachment 3.	<b>X October 2006</b>
10. Identify resource gaps, identify remediation, timeframes	24	January 15, 2007  Amended to February 9, 2007	<u>Nov. 06:</u> OAMHS will work with the CSNs to produce this information by January 2007.  <u>Feb. 07:</u> OAMHS got approval from the Court Master to extend the implementation date to February 9, 2007 as OAMHS and the CSNs were continuing to work on this action step. See Attachment Feb 07-3 for the procedure OAMHS and the CSNs are using to identify resource needs on an ongoing basis. OAMHS has broadened the review of resource gaps from a one time event to an ongoing process. The Peer Service and Crisis review began at the January CSN meetings and the CSNs will complete their analysis at the February CSN.  <u>May 2007:</u> On March 16 <sup>th</sup> , OAMHS submitted to the Court Master an analysis of current resource gaps by CSN in response to this requirement. The analysis, presented as a matrix, proposed specific remedies for a few of the identified gaps, as well as a process for examination of gaps and development of remedies involving the CSNs. Over the next 6 months according to a specific schedule for each core service area, remedies will be developed as appropriate for identified gaps or potential gaps. Proposed funding needs and resources will be developed concurrent with the planned remedies and timeframes. Since 3/16/07, the matrix that was submitted to the Court Master has been circulated to the CSNs and is being reviewed at each CSN meeting. The CSNs are proceeding to review each service area in	<b>X March 2007 Initial review done and process for ongoing review established</b>

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			<p>accordance with the schedule that OAMHS outlined and will be updating the matrix as new information becomes available.</p> <p><u>August 2007</u>: At the request of the Court Master, the Gap Analysis was updated and submitted to him on July 13<sup>th</sup>.</p> <p>Note (Nov. 2007): Information supplementing the GAP Analysis can be found in the attached AMH Employment RFP, and the BRAP Supplemental Request and current monitoring documents.</p> <p><b><u>Feb. 2008</u>: The Gap Analysis is an ongoing topic of discussion with the Court Master.</b></p>	
11. Submit legislative amendment for CSNs and info sharing	24		<u>Nov. 06</u> : Draft legislation was submitted in September. See attachment 4.	<b>X September 2006</b>
<b>Realignment of Services</b>				
12. Issue contract rider A provisions to require 24/7 coverage by community support services for access to information and execute amendments	27	Issue by October 20, 2006; execute by November 19, 2006	<p><u>Nov. 06</u>: OAMHS issued the contract amendments to all providers by October 20, 2006. See attachment 1.</p> <p><u>Feb. 07</u>: See action item # 7.</p>	<b>X October 2006 Amendments issued</b>
13. Monitor ongoing compliance with 24/7 access and take corrective action	27	December 2006	<p><u>Nov. 06</u>: OAMHS will monitor compliance beginning in December 2006.</p> <p><u>Feb. 07</u>: OAMHS is reviewing the provision of 24/7 CSS coverage with each provider as part of the contract review process. Region II reviews were conducted in January and Region I and III are being done in February. Each agency is required to either be implementing this requirement or presenting a plan for implementation to OAMHS for approval. The plan includes steps to be taken and a date for</p>	<b>X December 2007</b>

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			<p>implementation.</p> <p><u>May 2007:</u> OAMHS reviewed the implementation of 24/7 access with providers as part of the contract reviews in February and March. It became clear that the providers and the OAMHS had different interpretations of the contract requirement and were not in agreement regarding compliance. Accordingly, OAMHS agreed to clarify the requirements for 24/7 access, and to submit it to the CSN Policy Council for review at its April meeting to assure consistency across the state. OAMHS will issue the clarifications in May and require agencies to submit their corrective action plans to show how they will comply no later than July 1, 2007.</p> <p><u>August 2007:</u> The Policy and Protocol regarding 24/7 Access to Community Support Service Information was sent to all CSN participants in May, including requirements for implementing the policy and forwarding agency protocols to DHHS/OAMHS within specific timeframes. Data collection began July 1, 2007 and will continue through December 30, 2007. At that time, CSNs will assess the data and review whether it is necessary to continue the data collection.</p> <p><u>Nov. 2007:</u> Agencies are submitting data on the access to Community Support information within one hour of request. Generally, agencies are meeting this requirement and, if not, the team leaders are contacting agencies to assure data submission. A full report will be done in January to analyze the data from July through December.</p> <p><b><u>Feb. 2008:</u> Ten agencies providing crisis services submitted data from July to December on the number of requests that were made</b></p>	

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			<p><b>for CI, ICI, ICM, ACT information and the number for which there was no response within one hour. A total of 382 requests were reported with 70 (approximately 18%) not receiving a response within one hour. OAMHS will follow up with the specific agencies both through direct contact and by report at the CSN meetings about the causes for noncompliance and remedies. OAMHS will continue the data collection to measure improvements in this area. With a monitoring system now in place, OAMHS will no longer report on this component as part of system development.</b></p>	
14. Complete contract w/community hosp. w/involuntary psych. inpatient beds	27	November 2006	<p><u>Nov. 06:</u> Contract development in process.</p> <p><u>Feb. 07:</u> OAMHS and hospital staff who would otherwise have been negotiating contracts have instead been working on CSN development and implementation activities. Therefore, the contracts have not yet been completed. In the meantime, the hospitals have been operating under expired contracts and the UR nurses are still reviewing involuntary admissions. Now that the CSN process is well underway, meetings are being scheduled with the hospitals to negotiate the contracts.</p> <p><u>May 2007:</u> The contracts have been prepared and meetings are scheduled for May with the hospitals to finalize the contracts for implementation July 1, 2007.</p> <p><u>August 2007:</u> Individual meetings with all the community hospitals with psychiatric units have occurred. Each hospital has the agreement for internal review and comment. Contracts will be completed and signed in August.</p>	

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			<p><u>Nov. 2007:</u> Several follow up meetings have occurred with the hospitals resulting in some modifications and further clarifications. OAMHS will make every effort to see that contracts are finalized in November, 2007.</p> <p><b><u>Feb. 2008:</u> Final contracts were e-mailed to community hospitals. Two have been returned signed after some further negotiation and one is being mailed; two are outstanding and OAMHS's Director of Community Systems is following up.</b></p>	
15. Issue contract amendments to crisis providers	27	October 20, 2006	<p><u>Nov. 06:</u> The contract amendments were issued to all providers by Oct. 20, 2006. See attachment 1.</p>	<b>X October 2006</b>
16. Amend MaineCare provider agreements with all community hospitals and Spring Harbor and Acadia to require compliance with the CSN MOUs.	28	Dec. 2006	<p><u>Nov. 06:</u> OAMHS is working with Office of MaineCare Services to issue the provider agreements in November. See attachment 5 for the memo sent to hospitals preparing them for the changes to the provider agreements and for the CSN meetings.</p> <p><u>Feb. 07:</u> The provider agreements were issued to 42 hospitals in December 2006 and 10 (24%) have been returned. The Mental Health Team Leaders are contacting providers for follow up and the CSNs are also being informed of returns/overdue documents.</p> <p><u>May 2007:</u> OAMHS sent letters to hospitals notifying them that they were out of compliance with the Consent Decree plan and that OAMHS allocations are being held (if they have them) until the OMS provider agreements are signed. A total of 38 agreements were issued (some hospitals are part of a larger group so one agreement was sufficient, accounting for the reduction from 42 to 38). Hospitals have returned 25 agreements, for a total return of 66%. OAMHS will speak with each non responsive hospital in May to resolve concerns, which largely come from hospitals without psychiatric inpatient units as they</p>	<b>X December 2007</b>

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			<p>do not agree that it is a benefit to participating.</p> <p><u>August 2007:</u> Three hospitals have not yet signed Provider Agreements: one is currently in negotiations and two small hospitals continue to have questions regarding their need to participate because they do not have inpatient psychiatric units. The Mental Health Team Leader and an OMS representative will contact the two small hospitals in August to reiterate the importance of their participation, the role the ED has in the mental health system, and the MaineCare consequences on nonparticipation.</p> <p><u>Nov. 2007:</u> <del>Two of the three outstanding MOUs have been returned. The Mental Health Director will contact the one remaining hospital to discuss noncompliance.</del> <b>Corrected report: Three Provider Agreements are outstanding.</b></p> <p><b><u>Feb. 2008:</u> Reporting for November 2007 confused MOUs with Provider Agreements and erroneously identified hospitals with missing documents. That report is corrected above. All Provider Agreements are now signed.</b></p>	
<b>Performance Requirements</b>				
17. Amend contracts with providers to clarify expectations and add progressive steps for remediation.	28	October 20, 2006 issue amend-ments; execute amend-ments by November 19, 2006	<u>Nov. 06:</u> Contract amendments have been issued. OAMHS will track the return of the amendments and has a process for follow up.	<b>X October 2006 Issued amendments</b>

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18. Review data monthly re: contract performance and Consent Decree requirements at CSN meetings	28	Beginning in November 2006	<p><u>Nov. 06:</u> OAMHS will present the quarterly standards report at the November CSN meeting and the contract compliance template at the December CSN meeting.</p> <p><u>Feb. 07:</u> The contract review checklist was used at the Region II review meetings in January, and will be used at the Region I and III in February. Findings are being presented at the January, February, and March CSN meetings. Common themes will be discussed and follow up, such as training or corrective action, will be implemented both on an individual and group basis as appropriate. The quarterly Consent Decree Report will be reviewed at the February and March CSN meetings for CSN action.</p> <p><u>May 2007:</u> The contract review checklist was used in Region I, II, and III contract reviews in February and in March, and findings were presented at CSN meetings over the 3<sup>rd</sup> quarter. The quarterly consent decree reports are a regular part of the CSN agenda as are the contract performance reports. With an ongoing system now in place, DHHS will no longer update this item.</p>	<p><b>X November 2006</b></p> <p><b>X April 2007: Process in place for ongoing review</b></p>
19. Quarterly updates re: contract compliance and Consent Decree requirements to: QIC, CAG, MAPSRC, Consumer Councils	28	Beginning in November 2006	<p><u>Nov. 06:</u> OAMHS will present the quarterly standards report and the contract compliance checklist for review by these groups.</p> <p><u>Feb. 07:</u> The QIC reviewed the quarterly report in November, December, and January, and will receive an update on the contract review process in February. The CAG reviewed the quarterly report in November and December, and MAPSRC reviewed it in November.</p> <p><u>May 2007:</u> With an ongoing system now in place, DHHS will no longer update this item.</p>	<p><b>X Feb. 2007: Process in place for ongoing review</b></p>
20. Issue policy directive regarding information sharing	28	November	<p><u>Nov. 06:</u> OAMHS has begun drafting this memo.</p>	<p><b>X September</b></p>

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		2006	<p><u>Feb. 07:</u> The memo has been drafted and is being disseminated for review and comment. It is on the agenda for the February CSN meetings.</p> <p><u>May 2007:</u> The draft Policy Directive has been discussed at the CSNs and suggestions for revisions/clarifications have been received. The CSNs felt that the original draft did not contain enough detail to clearly speak to the issues dealt with by providers and consumers. OAMHS is using this feedback to redraft the policy, which will be finalized in May and presented to the CSNs in June.</p> <p><u>August 2007:</u> Further input was sought from the Attorney General's Office to answer questions raised by the CSNs and to address recent legislative changes. This feedback was incorporated into the draft. The final document will be on the CSN agenda for September, when the legislative changes take effect.</p> <p><u>Nov. 2007:</u> The 'DHHS Overview of Application of Confidentiality Laws to Adult Consumers of Mental Health Services' was distributed to CSN members in September and placed on the web. OAMHS will respond to specific confidentiality questions at CSN meetings and as needed. (see attachment: DHHS Overview of Application of Confidentiality Laws to Adult Consumers of Mental Health Services)</p>	<b>2007</b>
21. Amend contracts to require request for releases at intake and with every service plan review	28		<p><u>Nov. 06:</u> This requirement was included in the contract amendment package that was mailed by Oct. 20, 2006. See attachment 1.</p> <p><u>Feb. 07:</u> See action item #7.</p>	<b>X October 2006 Issued amendments</b>
22. Use Document Review to monitor the extent to which agencies plan with and educate consumers re: releases	29	October 2006	<u>Nov. 06:</u> The Document Review process was revised in October to add this component.	<b>X October 2006</b>

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			<u>May 2007</u> : The above was reported in error. Although the October draft revision was to include this item, it was inadvertently omitted from the final draft and, therefore, was not used in that round of document reviews. The revised Document Review form was used for the February 2007 reviews, however. It contains the following questions: Does the record document that the agency has planned with and educated the consumer regarding releases of information at Intake/Initial treatment planning process? Does the record document that the agency has planned with and educated the consumer regarding releases of information during each Treatment Plan review?	<b>X February 2007</b>
23. Present crisis standards at Hospital and Crisis Initiative meeting, the October QIC, CAG, and MAPSRC.	29	October 2006	<u>Nov. 06</u> : The crisis standards were presented at these meetings in September and October 2006.	<b>X October 2006</b>
24. Issue final standards including protocols for measuring adherence/assess need for further resources	29	November 2006	<u>Feb. 07</u> : The Crisis Standards were issued on December 1, 2006. The Crisis programs have been asked about any issues they have regarding the crisis standards during the contract review meetings. Providers in Region II did not raise any issues.  <u>May 2007</u> : The protocols for measuring adherence to the standards were completed in April.	<b>X December 2006 standards issued</b>  <b>X April 2007 Protocols completed</b>
25. Conduct review of crisis program for adherence to standards	29	Begin 2007, and every two years thereafter	<u>May 2007</u> : The review of crisis programs will be completed by November 2007.  <u>August 2007</u> : The protocol is developed. OAMHS will schedule the reviews and complete the selection of reviewers in September.  <u>Nov. 2007</u> : OAMHS has scheduled and sent out notice to providers for reviews to occur in November through mid-December 2007. The review team is being completed. All crisis providers are scheduled for	<b>X January 2008</b>

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			<p>a one day review.</p> <p><b><u>Feb. 2008:</u> Reviews for adherence to standards were completed for all the mobile crisis programs. At the conclusion of each site visit an exit meeting was held with a verbal review of the highlights of the evaluation. Individual written reports are being provided to the individual organizations and a summary report will be completed in February addressing themes that were found across the State. A meeting of the mobile crisis providers is being scheduled for March at which time the State-wide findings and OAMHS expectations will be reviewed.</b></p>	
26. Create protocol for standardizing hospitalization process	29	January 2007	<p><u>Feb. 07:</u> The Office of Consumer Affairs has written a draft protocol that will be reviewed by the CAG, the CSNs, and by NAMI in the next quarter.</p> <p><u>May 2007:</u> CAG has endorsed the Department's protocol. OAMHS will review the protocol with the CSNs and the MHA Mental Health Council in May, and distribute to the hospitals following the review.</p> <p><u>August 2007:</u> The guidelines have been reviewed by the CSNs and revised. The document will be distributed in August to the MHA MH Council and at the August CSN meetings.</p> <p><u>Nov. 2007:</u> Protocol distributed to CSNs and the Maine Hospital Association. (see attachment: Protocol Guidelines for Psychiatric Hospitalization Process)</p>	<b>X October 2007</b>
27. Amend MaineCare provider agreements with hospitals to require URN access to monitor invol. admissions	30	December 2006	<p><u>Nov. 06:</u> OAMHS and Office of MaineCare Services are drafting the amendments for mailing in November.</p> <p><u>Feb. 07:</u> See action item #16.</p>	<b>X Reported under Item # 16</b>

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			<u>May 2007:</u> See component #16.	
28. Report work of URN monitoring invol. admissions and appropriate use of blue papers to the monthly network meetings for any corrective action and to MHAMHC	30	September 2006	<p><u>Nov. 06:</u> The utilization review nurses have been doing the reviews and reporting data for inclusion in the Performance and Quality Improvement Standards. The review of the data by the CSNs will begin with the December meetings and be ongoing. The report will also be discussed at the Maine Hospital Association Mental Health Council beginning in January.</p> <p><u>Feb. 07:</u> OAMHS discovered inconsistencies in the data collected by the Utilization Review Nurses. OAMHS is standardizing data requirements and data collection across the three regions. Data review by the CSNs and by the MHA MHC will begin in March.</p> <p><u>May 2007:</u> OAMHS created standardized definitions concerning involuntary admissions and the inappropriate use of blue papers for the data elements reviewed by the UR Nurses and tracked by OAMHS. Use of the definitions began April 1, 2007. Regular review of this data by the CSNs and by the MHA Mental Health Council will begin in May. With an ongoing system now in place, DHHS will no longer update this component.</p>	<b>X April 2007 Process in place for ongoing review</b>
29. Update web re blue papers and publicize to consumers and providers	30	Ongoing	<p><u>Nov. 06:</u> The “Rights and Legal Issues” section of the OAMHS web site has current information about the changes in the involuntary commitment procedures. More information to be added in November and December.</p> <p><u>Feb. 07:</u> A summary of and links to laws relating to medicating patients involuntarily were added to the website. The final draft of the FAQs about involuntary commitment (based on the Disability Rights Center manual) is awaiting final approval of DRC.</p>	<b>X April 2007 Process in place for ongoing updating of materials</b>

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			<u>May 2007</u> : The FAQs are posted on the website and the updated website information is publicized through the CSNs.	
30. Propose amendment to authorize DHHS to promulgate rules for emergency invol. Commitment procedures	30		<u>Feb. 07</u> : A current statute (34-B MRSA section 3802) in the psychiatric hospitalization law allows the commissioner to promulgate rules about hospitalization of persons who are mentally ill. The Department has proposed a statutory change so that the word “hospital” would be used in its usual, more general meaning. With this redefinition, the current rulemaking authority would be extended to psychiatric and non psychiatric hospitals alike. The proposed change also gives the Department statutory authority to review blue paper processes in general hospitals. The proposed changes are currently with the Office of the Revisor of Statutes.  <u>May 2007</u> : The proposed amendment has been issued as LD 1855 and is scheduled for public hearing on May 11, 2007.  <u>August 2007</u> : LD 1855 was passed by the Legislature, enacted as Chapter 319 of Public Laws of 2007, effective September 19, 2007.	<b>X December 2006 Proposed amendment submitted</b>  <b>X June 2007 legislation approved</b>
31. Amend MaineCare provider agreements for psychologists re: communication and info access	30			
<b>Flexible Services and Housing</b>				
32. Establish workgroup re: flexible services, team approach	32	Oct. 2006	<u>Nov. 06</u> : OAMHS has appointed representatives and set the first meeting for November 27, 2006.	<b>X November 2006</b>
33. Implementation plan for realigned system	33	Feb. 2007	<u>Feb. 07</u> : The group has begun developing an implementation plan and minutes of the meetings are available at the OAMHS website <a href="http://maine.gov/dhhs/mh">maine.gov/dhhs/mh</a> .  <u>May 2007</u> : New definitions for three levels of residential/housing services were developed by the work group and widely distributed to	<b>X December 2007</b>

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			<p>those currently providing PNMI services. These definitions will be used in the SFY 08 contracts. The definitions of two of the PNMI levels separate services from housing so that consumers can retain their housing if they choose to no longer receive services from the organization providing their housing. Beyond the definitions, the work group had difficulty reaching consensus on how to deliver services outside a PNMI model. Detailed information has been collected on the current beds based on level of care, staffing, operational financing, and mortgages. Using that data, and input from the work group discussions thus far, OAMHS will develop a proposal for the realigned system and will present it to the work group in May for review and comment. The implementation plan will be finalized in June.</p> <p><u>August 2007:</u> The implementation plan for the redesign – “Working Paper on Housing and Residential Services” (Attached) was developed and shared with the work group. There is agreement on the vision, the first two phases of the plan (which were implemented in FY 07), and with the contracts for FY 08.</p> <p>Phase 1 –OAMHS will only be developing additional PNMI beds for individuals with highly specialized needs.</p> <p>Phase 2 - Contracts for FY 08 PNMI Community Residences for Persons with Mental Illness specify that services in the scattered site apartments and apartments which are connected to a more intensive residence be unbundled so that an individual in one of these apartments can remain after services are ended either by the provider or by the consumer’s decision.</p>	

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			<p>Concern has been expressed regarding the financial feasibility of the supportive housing model which is outlined in the “Working Paper”. Recognizing the possible validity of this concern, OAMHS put the contract requirements on hold and will pilot in SFY 2008 two initiatives to test the feasibility. One initiative will focus on providing grant dollars to back up a supportive housing model which utilizes exclusively Section 17 and Section 65 services, to ensure that the agency will not be at risk. The second initiative will look at utilizing existing PNMI staff to provide support for consumers in the evening, weekend, night hours.</p> <p><u>Nov. 2007:</u> OAMHS has discussed the pilot options with several providers including the Working Group and has two providers who are interested in pursuing the first option. OAMHS is awaiting their proposals for a January 1, 2008 implementation.</p> <p><b><u>Feb. 2008:</u> At this time, one provider has expressed an interest in discussing a pilot and a meeting originally scheduled for January has been rescheduled for February. As noted in the December 14, 2007 submission to the court, the final phase of the realignment, separating the provision of support services from the physical housing units for all scattered site apartment PNMI, will occur through SFY 09 contracts.</b></p>	
34. Realign contracts to reflect realigned system	33	July 2007	<p>August: See above Phase 2 for contracts in FY 08</p> <p>Nov. 2007: See Component #33</p> <p><b><u>Feb. 2008:</u> See component #33</b></p>	<b>X Reported under Component #33</b>
35. Beacon Health Strategies will have their initial web-based PNMI data base system operational.	34	November 2006	<u>Nov. 06:</u> OAMHS is working with Beacon to use this template for a housing database.	<b>X December 2007</b>

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			<p><u>Feb. 07:</u> Beacon has delivered an initial web based product which needs some specific improvements. Both Adult and Children's Services staff have supplied Beacon with the principal data sets necessary to populate many of the common fields within this web-based system. These staff have also made several specific suggestions to the look, feel, and content of the web site and have designed and submitted report templates to Beacon. In addition, DHHS staff have discussed the need to duplicate the Beacon data set for DHHS for our own analysis and possible incorporation into EIS or other DHHS data systems. Beacon has completed a mock up of the changes we requested and we have scheduled a meeting on Friday Feb. 16 for our review and comment.</p> <p><u>May 2007:</u> As reported to the Court Master in a 3/16/07 letter, Departmental Staff met with Beacon representatives on February 16<sup>th</sup> and discussed needed improvements to the template. Beacon is giving this work a priority and has indicated that it will be ready for a pilot in May 2007. CSN 5 Androscoggin, Franklin, Oxford, and northern Cumberland have been chosen for the pilot site. Adult and Children's Services providers in this CSN will be trained in entering data, searching the data base, and will be able to use the data base starting in May.</p> <p>The RFP for an ASO (administrative services organization) includes a requirement to develop and manage a statewide housing database as one of its contractual obligations.</p> <p><u>August 2007:</u> The implementation of the database pilot in CSN 5 was successful and a useable data base was achieved by July, 2007. Roll</p>	

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			<p>out of this database to the remainder of providers and facilities in Region II is taking place in July, including CSN #3 and #4 (Kennebec, Knox, Lincoln, Sagadahoc, and Somerset Counties). OAMHS is prepared to implement statewide; however OAMHS has chosen to roll out the remainder of Region II over the balance of July and early August, reassess, and adjust where feasible, prior to implementing statewide in September. OAMHS will be working with the newly chosen ASO to continue the implementation of this resource.</p> <p><u>Nov. 2007:</u> The ASO contract with APS and includes this work. The data base will be operational on December 1, 2007 and information on consumers in particular facilities will begin to be entered by providers. However, because there will be a three month phase in for providers for all services to be entered into the APS Care Connections online system, the data base will not be fully populated until March 1, 2008.</p> <p><b><u>Feb. 2008:</u> Population of the APS Healthcare PNMI database began in December and is proceeding as scheduled. OAMHS continues to maintain a paper-based system to track PNMI occupancy during the phase-in process.</b></p>	
36. Introduce a pilot data base for one of the CSNs w/all fields populated.	34	May 2007	<u>May 2007:</u> CSN 5 Androscoggin, Franklin, Oxford, and northern Cumberland counties will be the pilot site. See component # 35.	<b>X Reported under Item #35</b>
37. A useable database will be in place.	34	July 2007	<p><u>August 2007:</u> See Component # 35.</p> <p><u>Nov. 2007:</u> See Component #35</p>	<b>X Reported under Item #35</b>
38. Continue to monitor BRAP waiting lists and request additional resources when data demonstrates the need.	34	Ongoing	<u>Nov. 06:</u> OAMHS does not currently have a wait list for BRAP. OAMHS continues to follow the wait list protocol of January 2006 which establishes a screening for eligibility of applicants which is conducted by the Regional Housing Coordinators and the Mental Health Team staff.	<b>X February 2007 Process in place</b>

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			<p><u>Feb.07</u>: OAMHS continues to follow the wait list protocol and there is no wait list. OAMHS considers this task complete for reporting purposes since there is a clear ongoing process for monitoring.</p> <p><u>Nov. 2007</u>: Monitoring of the BRAP waitlist over the summer identified a need for additional resources. The Department has requested resources from the Legislature to increase the BRAP census capacity by 60 persons and absorb the FY08/09 rent increases. OAMHS continues to monitor the BRAP waitlist. See the BRAP Emergency Supplemental Request and current monitoring report submitted as part of this quarterly report package.</p>	
39. Provide ongoing training for housing coordinators re: eligibility criteria.	34	Ongoing	<u>Feb. 07</u> : OAMHS Housing Director meets formally with the Housing Coordinators every month. The agenda includes changes in programs, changes in any eligibility criteria. OAMHS considers this complete for reporting purposes.	<b>X February 2007</b>
40. Post eligibility requirements and contact info on OAMHS website	34	December 2006	<p><u>Nov. 06</u>: The OAMHS web site will be updated by December 2006.</p> <p><u>Feb. 07</u>: OAMHS has posted eligibility requirements and contact information on its website. Information on the availability of Section 8 housing, however, is not complete. During the next quarter, OAMHS will begin monthly updates of information about what agencies are accepting Section 8 applications.</p> <p><u>May 2007</u>: The OAMHS website has begun monthly updates for Section 8 availability. OAMHS will no longer report on this component because a process is in place.</p>	<b>X April 2007 Process in place</b>
<b>Peer Services</b>				
41. OAMHS will ask the TPG to work within the following timelines:	35	November	<u>Nov. 06</u> : The Transition Planning Group (TPG) is in the process of	<b>X January</b>

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Appoint 1-3 consumers to CSN		2006	recruiting consumers to be interim representatives on the CSNs.  <u>Feb. 07:</u> The TPG has appointed 12 representatives and has at least one representative for each of the CSNs.	<b>2007</b>
42. Develop a budget	35	Oct. 2006	<u>Nov. 06:</u> The TPG has developed a budget.	<b>X November 2006</b>
43. Hold 3 regional conferences	35	March 2007  Amended to the end of May 2007	<u>Nov. 06:</u> The TPG is hiring four staff (three outreach workers and a coordinator) to organize the regional conferences and to engage consumers across the state in participating in this process. Three of the four staff have been hired.  <u>Feb. 07:</u> All four of the staff have been hired. The TPG believes more organizing time is required for the conferences so OAMHS has asked the Court Master for an extension of this action to May 07.  <u>May 2007:</u> On 2/2/07, the Court Master approved OAMHS request to extend the date of the conferences to the end of May 2007. A conference was held 4/25/2007 and two other conferences are scheduled for May 8 <sup>th</sup> and 10 <sup>th</sup> .  <u>August 2007:</u> Conferences were held as scheduled.	<b>X May 2007</b>
44. Form at least 3 regional councils	35	May 2007  Amended to June 2007	<u>May 2007:</u> On 2/2/07, the Court Master approved extending the date for formation of 3 temporary councils to the end of June 2007.  <u>August 2007:</u> The first regional council meetings were held on June 13 <sup>th</sup> , 15 <sup>th</sup> , and 19 <sup>th</sup> . These ongoing regional councils are the launching point for the formation of the local councils.	<b>X June 2007</b>
45. Statewide Council formed and first meeting held	35	June 2007	<u>May 2007:</u> The Transitional Planning Group decided that elections for representatives to the Statewide Consumer Council will take place during the second round of Regional Consumer Council meetings in	<b>X August 2007</b>

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			<p>July. The TPG set this date to allow adequate time for an informed voting process.</p> <p><u>August 2007:</u> Elections for the Statewide Council were held at the regional meetings on July 16<sup>th</sup>, 17<sup>th</sup>, and 18<sup>th</sup> and the first meeting of the Statewide Council will be held on August 22<sup>nd</sup>.</p> <p><u>Nov. 2007:</u> The first meeting of the Statewide Council was held in August as scheduled.</p>	
46. Form 7 local consumer councils	35	August 2007	<p><u>May 2007:</u> The TPG decided to hold Regional Temporary Meetings following the April and May conferences, in order to better inform consumers before they are asked to vote for representatives to the local and Statewide councils. The first meetings are scheduled for June 12<sup>th</sup>, 13<sup>th</sup>, and 14<sup>th</sup>, one for each region. At these Regional Meetings, consumers will elect the representatives for the local councils and for the Statewide Consumer Council.</p> <p><u>August 2007:</u> Local areas will develop Local Consumer Councils with support and technical assistance from the Regional Councils. The local council formation will occur as momentum builds and local groups are able to demonstrate the ability to meet the governance guidelines.</p> <p><u>Nov. 2007:</u> The Consumer System of Maine is utilizing the regional meeting structure (meeting monthly) to support the development of the 7 local councils. The Consumer System of Maine has assumed responsibility for the development of the 7 regional councils with consultation and support from OAMHS as requested. They report that some may be formed by December.</p>	

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			<b>Feb. 2008: The Consumer Council System of Maine is working on development of Local Councils in a number of places through planning meetings and events. Preliminary work is underway in the following areas: Sanford, Portland, Topsham-Bath, Lewiston, Augusta, Waterville, Bangor and Aroostook County.</b>	
47. Present to CAG proposal for consumer participation in licensing	35	November 2006	<u>Nov. 06:</u> OAMHS met with the Office of Licensing and Regulatory Services in October and they are prepared to assist in this initiative.  <u>Feb. 07:</u> OAMHS presented a proposal to the CAG for consumer participation in Licensing in November and this was also discussed at the QIC.	<b>X November 2006</b>
48. CAG completes review of proposal	35	March 2007	<u>May 2007:</u> The CAG completed its review of the proposal for consumer participation in licensing and asked OAMHS to implement it. (Nov. 2007, see also component #49)	<b>X March 2007</b>
49. Begin implementation of consumer participation in licensing	35	April. 2007	<u>August 2007:</u> The initial proposal, developed in conjunction with the Consumer Advisory Group, anticipated that the focus of these reviews would be to provide an assessment of how well a mental health program is doing in providing services that facilitate mental health recovery. It was proposed that a trained team of consumer evaluators would conduct a site review as part of the licensing team visit.  Consumers have strongly expressed their preference to be a part of evaluating an agency's ability to provide recovery facilitating services rather than evaluating adherence to licensing standards. Evaluation of the implementation of recovery-oriented care seems to fit more closely under the broader quality management system rather than the specific standards of licensing. Some difficulties have arisen in trying to align this important work in the context of licensing due to the different foci of the two parts of a proposed site review plan. OAMHS believes strongly that consumer participation in the quality	

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			<p>management system and evaluation of a recovery-oriented system of care is vital and deserves to have a more prominent role in the QM system. OAMHS has been trying to integrate two approaches: evaluation of an agency's recovery focus and participation on Licensing Reviews, and has decided that the evaluation will best be accomplished separate from Licensing. OAMHS will be proposing an amendment to the plan in the next quarter.</p> <p><u>Nov. 2007:</u> OAMHS determined that prior to submitting an amendment request for this component, it needed to review its proposal with and consult with the Consumer Council System of Maine. A request for discussion of the future amendment has been made to the Court Master.</p> <p><b><u>Feb. 2008:</u> At a 12/5/07 meeting with the Court Master and Plaintiffs' counsel, the Court Master agreed that it would be appropriate for the Department to present ideas for alternative ways of involving consumers in the evaluation of provider agencies' performance to the Consumer Council, and for the Council to assist in shaping of a future amendment request for this component. He approved a delay in implementation of this component to allow OAMHS to present its proposal to the Consumer Council and solicit input about methods for including meaningful consumer involvement as part of the quality improvement process.</b></p> <p><b>OAMHS has asked the Consumer Council System of Maine to identify participants for a workgroup to help develop a plan for involving consumers in quality improvement and the evaluation of a recovery oriented system of care. Individuals have expressed</b></p>	

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			<p>interest in participating, and the Council is expected to name the members at its upcoming February meeting. OAMHS will provide information and education for group members about types of evaluations and reviews, methods of evaluations, the difference between individual, program and system outcomes and reviews, etc. so that they can make informed recommendations. OAMHS anticipates that it will take 3-4 meetings of the workgroup (e.g., between February and May 2008) to develop recommendations that could form the basis for a Plan amendment request.</p>	
50. Provide training in spring 2007	35	Spring 2007	<p><u>August 2007:</u> See Component # 49.</p> <p><u>Nov. 2007:</u> See Component #49.</p> <p><b><u>Feb. 2008:</u> See Component #49.</b></p>	
51. Begin consumer participation in licensing reviews	35	June 2007	<p><u>August 2007:</u> See Component # 49.</p> <p><u>Nov. 2007:</u> See Component #49.</p> <p><b><u>Feb. 2008:</u> See Component #49.</b></p>	
52. Increase funding for Amistad warm line	36	SFY 07	<p><u>Nov. 06:</u> Contract negotiation is underway with Amistad and will be completed in November.</p> <p><u>Feb. 07:</u> Amistad received increased funding of \$65,000 for the warm line.</p>	<b>X January 2007</b>
53. Complete an evaluation, including the data currently collected by warm lines, of the statewide and local warm lines.	36	April 2007	<p><u>Nov. 06:</u> OAMHS is hiring Eric Hardiman from State University of New York to provide evaluation of both the warm lines and the peers in the emergency department programs.</p> <p><u>Feb. 07:</u> Eric Hardiman is evaluating existing data as the first phase of the evaluation.</p>	<b>X July 2007</b>

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			<p><u>May 2007:</u> Due to illness Eric Hardiman was unable to complete the work when scheduled but he will complete this part of the evaluation by the end of May.</p> <p><u>August 2007:</u> A draft of the Warm Line Evaluation has been completed and the final report will be distributed in the next quarter. The evaluation looked at data for both the Maine Warm Line and the local warm lines. No conclusions can be drawn for the local warm lines as the data does not exist in a form that will allow comparisons. Eric Hardiman is developing data collection tools for both statewide and local warm lines to allow future analysis.</p> <p><u>Nov. 2007:</u> The final report of the Warm Line Evaluation was distributed in August. OAMHS will no longer report on this component.</p>	
54. Determine warm line budgets for 08	36	SFY 08	<p><u>May 2007:</u> The allocations for the warm lines continue at the SFY 07 level, which includes the additional \$65,000 for Amistad.</p> <p>Note, Nov. 2007: OAMHS increased Amistad's contract by \$42,000 beyond the \$65,000 for FY 2008 bringing the total contract amount to \$321,877.</p>	<b>X April 2007</b>
55. Coordinate with MCH, PMC, MMC, SH, MHA to support expansion of peers in ED	36	November 2006	<p><u>Nov. 06:</u> An initial meeting is being scheduled for November with the hospitals and will be on the MHA MHC agenda for December.</p> <p><u>Feb. 07:</u> MHA MHC was not able to discuss this issue in December and it was on the January agenda. January meeting was cancelled because of snow so the agenda item has been moved to the Feb. 2, 2007 meeting.</p>	<b>X June 2007</b>

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			<p><u>May 2007:</u> Peer support in emergency departments was discussed at the MHA Mental Health Council meeting in February and interest for this program is growing.</p> <p><u>August 2007:</u> With an ongoing system now in place, DHHS will no longer update this component.</p>	
56. Develop phased approach to expansion	36		<p><u>August 2007:</u> OAMHS recognizes that successful development of peer support programs in EDs involves considerable groundwork and development. This is confirmed by feedback from existing programs. In the July 13, 2007 “Gap Analysis” report to the Court Master, OAMHS committed to issuing an RFP for peers in the ED at Maine General Medical Center by December 2007. OAMHS also committed to funding a part-time position to engage in program development and strategic planning with St. Mary’s Hospital, consumers and providers with the goal of developing a plan and funding request for SFY 09; as well as a part-time position to perform a similar function with Southern Maine Medical Center.</p> <p><b><u>Feb. 2008:</u> The Department is implementing the phased approach described above. With implementation begun, DHHS will no longer update this item.</b></p>	<b>X July 2007</b>
57. Complete an assessment of possible locations with the availability of peer programs that could support an ED program	36	November 2006	<p><u>Nov. 06:</u> OAMHS is taking a two pronged approach: one is developing a peer center in the midcoast area because this is a significantly underserved area, and the second is developing a RFP for existing programs to submit proposals for the peers in ED program. OAMHS is developing the requirements for both the peer programs and the hospitals that will be part of the RFP package.</p> <p><u>Feb. 07:</u> In light of CSN discussions, OAMHS is reassessing its plan to issue a RFP. OAMHS will ask CSNs for their recommendations</p>	<b>X See Component #56</b>

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			<p>regarding the best way to develop peer services at the January and February meetings.</p> <p><u>May 2007</u>: OAMHS received recommendations from the CSNs regarding the development of a peer program in EDs. Considerable groundwork and preparation is needed to support the peer program and OAMHS is doing a site by site assessment of the readiness. OAMHS will be issuing a RFP for these services by July 2007.</p> <p><u>August 2007</u>: See Component # 56.</p>	
58. Complete an evaluation of these current peer services to refine the model or models and assess costs	37	February 2007	<p><u>Nov. 06</u>: OAMHS is hiring Eric Hardiman to do this evaluation.</p> <p><u>Feb. 07</u>: Eric Hardiman is evaluating existing data as the first phase of the evaluation.</p> <p><u>May 2007</u>: The original evaluation was to assess the model of on site staff vs. on call staff, but the current providers have both concluded that staff must be on site to develop and fully implement the program. Additionally, the programmatic model is greatly influenced by local issues and resources. Hence, Eric Hardiman is revising the evaluation methodology and is soliciting input from consumers on the tools that are sustainable to measure data and define outcomes.</p> <p><u>August 2007</u>: Eric Hardiman will complete the evaluation using existing secondary data (data collected by Peer Programs and Emergency Departments) in August.</p> <p><u>Nov. 2007</u>: The consultant has been discussing the draft report with OCA staff and delivery is expected by 11/2/07. The consultant has stressed the limitations with the data (as noted in the May report) and</p>	<b>X October 2007</b>

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			no conclusions can be drawn. OAMHS will continue to use peer service models tailored to particular locations. DHHS will no longer report on this component.	
59. Provide peer specialist training and technical assistance to peer programs that want to pursue delivery of this service	37	March-June 2007	<p><u>May 2007:</u> The Intentional Peer Support training is being offered in May 2007 and again in the fall of 2007 as part of this process.</p> <p><u>August 2007:</u> The May training lasts over a nine week period and was completed in July. A workshop about peer certification was offered at the HOPE Conference to build visibility for the training. The Intentional Peer Support Specialist training is now offered twice a year. An application process for the training is in development. Priority will be given to individuals who need certification as Intentional Peer Support Specialists for positions in peer support programs in emergency departments, on warm lines and on ACT teams.</p>	<b>X July 2007</b>
<b>Persons Experiencing Psychiatric Crises</b>				
60. Determine what technical solutions for crisis calls made by cell phones and through the Internet.	37	November 2006	<p><u>Nov. 06:</u> OAMHS is analyzing the monthly crisis call logs to determine the scope of this issue.</p> <p><u>Feb. 07:</u> OAMHS completed an evaluation of misdirected calls (callers not reaching the services they need with the first point of contact) and found that in a study of 46, 067 calls, 73 were misdirected, for a total of .16%. OAMHS has determined that the scope of the problem is so small that it does not warrant intervention at this time.</p>	<b>X December 2006</b>
61. Implement router solution or have alternative plans	37	December 2006	<u>Feb. 07:</u> See action item #60.	<b>X December 2006</b>
62. Issue contracts to increase number or crisis beds/staff	37	January 2007	<u>Nov. 06:</u> OAMHS is combining the planning for the crisis beds with the planning for the observation beds and will be utilizing the CSNs	

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			<p>for their recommendations at the Dec. and Jan. meetings. OAMHS is also broadening the diversion from hospitalization models to include peer crisis respite programs and “living room” programs that provide safe after hours programming.</p> <p><u>Feb. 07:</u> Each CSN is reviewing data on the current capacity of services, utilization rates, locations, program staffing and requirements, and will have recommendations to present to OAMHS at the February CSN meetings.</p> <p><u>May 2007:</u> OAMHS has identified a need for more crisis stabilization beds in two CSN areas: Rockland and Lewiston. Mid-Coast Mental Health Center and Tri-County Mental Health Center will be submitting funding proposals as soon as they find suitable locations for larger facilities. OAMHS has provided letters of commitment to both agencies for expansion of their programs.</p> <p>Tri-County Mental Health has submitted timelines for their opening of a new facility. They have designed the physical facility, identified preferred locations, engaged a commercial broker, and begun to look at potential facilities. Their time line identifies locating the facility during May through early June. Retrofitting the facility to fit their design will occur during the period from June through August. Recruiting, hiring, orienting and training staff will occur during June through August and the opening of the facility will occur on September 1, 2007. Once Tri-County has located the facility and agreed upon lease and terms, OAMHS and the agency will negotiate the final terms of a contract.</p> <p>Washington County is the other area of the state where there may be a</p>	

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			<p>need for additional crisis beds. Due to a number of factors (including geography, dispersed population, etc.), however, it is not feasible to meet the need by adding beds in one location. Two organizations in Washington County are working on developing a service to meet the need through alternative means which takes into account the cost issues, limited utilization, and workforce issues. OAMHS has committed its support to the CSN for a service in Washington County and will act on the CSN recommendation by January 2008.</p> <p><u>August 2007</u>: OAMHS received a proposal for Washington County from WCPA and Sunrise. WCPA will provide clinical services and admission assessments and Sunrise will provide space and staff in an existing facility. Negotiations are underway and the flexible crisis bed(s) will be operational by September.</p> <p>Mid-Coast Mental Health Center has identified the cost of renovating their existing facility; however, given their ongoing financial issues and decisions to downsize in July, Mid Coast made this effort a lower priority. OAMHS did meet with Mid-Coast to look at costs and design, and has factored this into the costs for MaineCare seed. OAMHS expects to resume discussions with Mid-Coast Mental Health Center in the next quarter and will assess if they are a viable provider or if another option needs to be developed.</p> <p>Tri-County Mental Health Center looked at property to purchase but has decided to lease a facility. They have identified the building, the developer and the costs associated with the renovation of the facility. They are currently developing a budget for submission to the OAMHS. Once they have OAMHS approval they will inform the developer to move forward with the renovations which are expected to</p>	

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			<p>be complete in less than 6 months from the date OAMHS approves the budget.</p> <p><u>Nov. 2007:</u> Tri-County Mental Health Center is proceeding forward with its plans to increase beds and anticipates being operational May 1, 2008.</p> <p>After reviewing with Mid-Coast Mental Health Center its plans to increase the size and configuration of the existing facility and the related costs, OAMHS has informed the agency that these plans are not acceptable as presented and that Mid-Coast should look at an alternative location. If Mid-Coast is not able to locate an alternative site by November 30, 2007, other agencies in their CSN (CSN 4) will be invited to submit proposals to the OAMHS.</p> <p><b><u>Feb. 2008:</u> Tri-County Mental Health is proceeding forward with its plans to develop a new 6-bed facility, which is now scheduled to begin operation in June or July, 2008.</b></p> <p><b>Mid-Coast Mental Health approached the OAMHS to discuss some alternatives to providing two additional crisis beds in CSN #4, including the possibility of developing two observation beds. Mid-Coast has been reluctant to invest the capital resources at this time. OAMHS anticipates a proposal from Mid-Coast by the first week of February.</b></p> <p><b>A decision was made not to proceed with the creation of a single crisis bed in Washington County as a result of the cost and a relatively low level of need.</b></p>	
63. Determine feasibility of observation beds at current	38	December	<u>Nov. 06:</u> Franklin Memorial Hospital and Evergreen Behavioral	<b>X January</b>

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reimbursement rates		2006	<p>Services are evaluating the rates for 2 to 3 observation beds and will have a report in December. Additionally, the OAMHS is discussing the rates with existing providers, with the DHHS Rate Setting Manager, and with the Office of MaineCare in November.</p> <p><u>Feb. 07:</u> OAMHS is still awaiting a proposal from Franklin Memorial and Evergreen. In the meantime, OAMHS is utilizing the CSNs as a forum for discussing the array of crisis services and will be receiving recommendations at the February CSN meetings, having examined rates, staffing needs and availability, economies of scale, and the experiences of Acadia and Spring Harbor with their observation beds at the January CSN meetings.</p> <p><u>May 2007:</u> Franklin Memorial Hospital and Evergreen Behavioral Health with the leadership of the Sisters of Charity Health System, of which both entities are a part, developed a model for observation beds in Franklin Memorial Hospital. This group is seeking assistance from MaineCare to clarify rates, allowable costs, unallowable costs, and utilization of beds to swing from observation to regular patient beds. This clarification will assist with the decision by June 30 as to whether it is financially feasible to proceed with observation beds at Franklin Memorial Hospital. If it is feasible, then OAMHS will initiate discussions with other hospitals in rural areas where there is also access to psychiatry.</p> <p><u>August 2007:</u> The community agencies have not yet reached a consensus on the financial feasibility of creating observation beds. OAMHS is convening a meeting in August of the key stakeholders and DHHS Rate Setting to answer any remaining questions and to reach a decision.</p>	<b>2008</b>

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			<p><u>Nov. 2007:</u> A meeting was convened with OAMHS, MaineCare, the DHHS Deputy Commissioner (Geoff Green) and the providers (St. Mary's, Evergreen Behavioral Health and Franklin Memorial Hospital) in October at the request of the providers. Franklin Memorial Hospital raised a number of questions, most of which were internal to the hospital. Subsequently, DHHS has provided feedback to the providers reflecting DHHS continuing support and answers to remaining questions. DHHS has asked the providers to inform DHHS if they wish to pursue the creation of observation beds. To date, these have been the only providers who have expressed any interest in pursuing observation beds in a general hospital without psychiatric beds. At this point the decision and timeline for the development of observation beds in Franklin County rests with Franklin Memorial Hospital.</p> <p><b><u>Feb. 2008:</u> Franklin Memorial and Evergreen Behavioral Health have concluded that it is not financially feasible for them to develop psychiatric observation beds. The Department has concluded, based on this determination and on information received from other providers and advisory groups that observation beds in rural hospitals without psychiatric units are not feasible.</b></p>	
64. Create 4 observation beds in 2007	38	SFY 07	<p>See component # 63.</p> <p><u>Nov. 2007:</u> See above component #63</p> <p><b><u>Feb. 2008:</u> As DHHS/OAMHS has determined that observation beds are not financially feasible in rural, non-psychiatric hospitals (see component # 63), the Department intends to submit a request</b></p>	

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			<b>for a plan amendment related to this component and component 65 below.</b>	
65. Evaluate utilization and effectiveness of observation beds one year after beds become available	38	SFY 08		
66. Explore cost for providing telemedicine consultation to EDs	38		<p><u>August 2007</u>: OAMHS researched providing telemedicine in all EDs, crisis programs and community hospitals as a means to increase accessibility to mental health services in rural Maine; and discovered a number of impediments to its implementation. Currently MaineCare is the only payer for telemedicine in the state. MaineCare pays for only one site (where client is present), at a rate that providers report does not cover cost. Hospital privileging is also an issue in that while JCAHO allows reciprocal credentialing between hospitals, Maine does not. In addition, the Maine Tele-Psychiatry Initiative, a MeHAF funded pilot project undertaken by several providers across the state intended to provide wider access to mental health treatment in rural Maine, encountered insurance coverage, DHHS Licensing, HIPAA and liability concerns that resulted in switching from a direct service to a consultation model. Some providers have also expressed apprehension about using telemedicine in EDs and crisis programs due to concerns about discomfort on the part of individuals in crisis with using telemedicine and also concerns about those individuals' safety around telemedicine equipment.</p> <p>As a result of these concerns, OAMHS is shifting its tactic for increasing access to psychiatric services in the state from a strategy of providing direct service using telemedicine to a strategy of psychiatric consultation (via telephone and/or telemedicine equipment) to primary care physicians - especially for medication management, as well as for mental health treatment options and resources.</p>	<b>X July 2007</b>
67. Establish cost to have	38	July 2007	<u>August 2007</u> : See Component #66.	<b>X July 2007</b>

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telemicine in all EDs and crisis programs and methods of reimbursement				
68. Thru CSNs, create agreements to assure all community hospitals have access to psychiatric consultation via telemedicine	39		<p><u>August 2007:</u> In SFY 2008 OAMHS will create and pilot a centralized system for making psychiatric consultation available to primary care physicians statewide, to determine its feasibility. OAMHS will meanwhile continue to work with the Governor’s Office of Health Policy-MeHAF Telehealth Workgroup to address the current impediments to telemedicine.</p> <p><u>Nov. 2007:</u> OAMHS has experienced delays in recruiting a psychiatrist and has completed a second interview with a potential candidate. One of the first tasks for the individual hired will be to determine how best to provide psychiatric consultation to primary care physicians statewide.</p> <p><b><u>Feb. 2008:</u> This component is directed at increasing access to psychiatric and psychological services for people experiencing psychiatric crises in Emergency Departments. Telemedicine is one strategy for achieving this improvement in services. Since the Plan was written, Maine and several other New England states received a \$25 million dollar grant to improve telehealth connections. The established telehealth work group, the Governor’s Office of Health Policy-MeHAF Telehealth Work Group (which includes an OAMHS representative) is instrumental in implementing this expansion. OAMHS will continue to advocate for expansion of telehealth capabilities and reduction of barriers to usage but will do so in the context of this existing telehealth workgroup which has access to significant resources.</b></p>	

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			<p>Additionally, OAMHS has learned that Spring Harbor Hospital through its Emergency Department Psychiatric Care Work Group is exploring a telepsychiatry pilot to EDs within the Maine Health delivery system. OAMHS will work with Spring Harbor to publicize what is learned in the pilot and to assist in the clinical acceptance of this technology by other practitioners. Clinical acceptance and technology resources are equally important to successful implementation.</p> <p>OAMHS is also examining other options to increase the access to psychiatric resources through means other than telehealth. Dr. Stevan Gressitt was hired as the OAMHS Medical Director and began work in December. One of his tasks is to develop methods to increase access to psychiatric consultation for primary care physicians as well as for EDs in hospitals without psychiatric units.</p>	
69. Monitor rapid response protocol, take any corrective action	39	Ongoing	<p><u>Nov. 06:</u> The Mental Health Team Leaders track rapid response incidents and review. These reports will be discussed at each CSN once they are operational.</p> <p><u>Feb. 07:</u> OAMHS has developed and implemented a tracking tool and it is being used through the end of February, at which time the CSNs will reassess its usefulness.</p> <p><u>May 2007:</u> Rapid response reports are done monthly and given to the mental health team leaders for review with providers as appropriate. There were 8 reports for January/February, and 16 for March. OAMHS is developing a format for CSN review that will de-identify patients and categorize system and resource issues, and these reviews will begin in the next quarter.</p>	<b>X June 2007</b>

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			<u>August 2007</u> : With an ongoing system now in place, DHHS will no longer update this component.	
70. Provide web based training and info on blue papers, CD , etc	39	December 2006	<u>Nov. 06</u> : Some material is on the OAMHS web site and more updates including Frequently Asked Questions will be added in November and December.  <u>Feb. 07</u> : The draft of the FAQs is done and has been distributed to the mental health team for review.  <u>May 2007</u> : The material for emergency departments is posted on the OAMHS website and is being publicized through the CSNs and the MHA Mental Health Council.	<b>X April 2007</b>
71. Collaborate with NAMI-ME to assure that law enforcement agencies, the Maine Criminal Justice Academy, and ambulance services have access to training regarding the use of least restrictive, non-traumatizing transportation.	39	November 2006	<u>Nov. 06</u> : A meeting with NAMI was held on October 31, 2006 to determine scope of the need; NAMI will be presenting a training schedule in November to OAMHS.  <u>Feb. 07</u> : NAMI presented a proposal to OAMHS in November to assure that this action step is met.	<b>X November 2006</b>
72. Complete a contract amendment with NAMI if more training is needed	39	October 2006	<u>Nov. 06</u> : The contract will be completed in November if it is decided that more resources are needed. From the meeting on October 31, 2006, it appears that the training can be done within existing contracted resources.  <u>Feb. 07</u> : NAMI and OAMHS agreed that training will occur within existing resources so there is no need for a contract amendment.	<b>X November 2006</b>
73. Involve consumers in training for EDs to increase non traumatic transportation options	39		<u>Feb. 07</u> : The training content is under development and will be discussed at the March CSN meetings.  <u>May 2007</u> : OAMHS will work with the MHA, Maine State Nurses'	

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			<p>Association, and Emergency Department Physicians' group to implement the training during the next quarter. OAMHS has done work on developing the training with consumers and realizes the necessity of partnering with the medical groups to facilitate utilization.</p> <p><u>August 2007:</u> OAMHS has not been able to accomplish this component because of lack of staff resources so a consultant, who is also a consumer, has been hired to do this work. This training in non traumatic transportation will be combined with the training to lessen trauma in emergency departments (#82). OAMHS is working with a consultant to develop an implementation plan with stakeholders including consumers, MHA, MSNA, and ED Physicians' group.</p> <p><u>Nov. 2007:</u> The consultant is reviewing current processes in other states and looking at licensing requirements and means of engaging medical groups in training. She will be bringing the research and recommendations to a stakeholder meeting for review and input into design of the training by March 2008 as stipulated in her contract.</p> <p><b><u>Feb. 2008:</u> The consultant has drafted a report with preliminary recommendations. A stakeholder workgroup will review the report and recommendations to identify next steps and an implementation plan.</b></p>	
74. Work with DOC and NAMI to assess need for more training at MCJA	39	December 2006	<p><u>Nov. 06:</u> The need for more training at the Maine Criminal Justice Academy will be covered in the training schedule to be proposed by NAMI in November.</p> <p><u>Feb. 07:</u> NAMI provided training to the MCJA November 7, 2006 and OAMHS continues to assess with both DOC and NAMI continuing needs.</p>	<b>X April 2007</b>

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			<u>May 2007</u> : OAMHS committed to NAMI to provide the CIT funding it needs for SFY 2008, which includes training at MCJA. OAMHS considers this component complete as the funding and the training needs are being met.	
75. Consent Decree Coordinators are monitoring the Consent Decree requirement for crisis plans as part of the document review process. Corrective action will both be required of individual agencies as well as discussing any changes at the monthly network meetings.	40	Ongoing	<p><u>Feb. 07</u>: The CDCs currently address crisis plans in their document reviews. However, the document review format is being revised to highlight crisis plans. Consent Decree Coordinators will be receiving training from the Office of Quality Improvement on data collection and inter-rater reliability in the next quarter. The process for choosing the sample for review has changed to increase the sample from individual agencies and to assure that all community support agencies are reviewed annually.</p> <p><u>May 2007</u>: Training on the revised Document Review Tool was completed in February prior to use. Inter-rater reliability will be assessed in the next round of reviews. Plans of correction are part of the review as indicated. The data is reported as part of the appropriate standards in this quarterly report and pertinent findings will be shared with the CSNs. Questions on the review tool related to crisis plans are: Does the record document that the consumer has a crisis plan? If no, is the reason why documented? If yes, has the crisis plan been reviewed as required every 3 months? If yes, has the crisis plan been reviewed as required subsequent to a psychiatric crisis?</p> <p><u>August 2007</u>: With an ongoing system now in place, DHHS will no longer update this component.</p>	<b>X June 2007</b>
76. Partner with DRC to create training module on advance directives  <b>Task deleted per Amendment</b>	40	Begin in November 2006	<u>Nov. 06</u> : OAMHS will meet with DRC in November to begin this initiative.	<b>12/17/07 Task Deleted</b>

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<b>Request approved by the Court Master 12/17/07</b>			<p><u>Feb. 07:</u> OAMHS met with DRC and is developing the training module.</p> <p><u>May 2007:</u> The Disability Rights Center has agreed to update their Advance Directive Manual and develop tutorial materials for peers to use in assisting other peers in developing Advance Directives by June 2007. Due to competing demands on DRC's staff time, it has not been possible for them to produce these materials any sooner.</p> <p><u>August 2007:</u> DRC and OAMHS have not been able to reach agreement on the actions needed for increasing the use of advance directives. DRC reports that the whole endeavor needs to be re-examined. OAMHS is requesting a meeting by this report in August with DRC and the Court Master to discuss these components and reach agreement on actions.</p> <p><u>Nov. 2007:</u> OAMHS submitted an amendment request on 10/11/07 to allow the Department to develop a training module without the participation of the Disability Rights Center, with the module to be completed by April 2008.</p>	
<p>77. Collaborate with the Statewide QIC, NAMI-ME, the Consumer Advisory Group, and MAPSRC to review and distribute information about crisis planning and advance directives.</p> <p><b>Amendment Request approved by Court Master 12/17/07. Task amended to read:</b> Continue to collaborate with the Statewide QIC, NAMI-ME, the Consumer Council System of Maine, MAPSRC, AIN and</p>	<p>40</p>	<p>Begin December 2006</p>	<p><u>Feb. 07:</u> This work will begin in the next quarter after OAMHS has improved the drafts.</p> <p><u>May 2007:</u> OAMHS will solicit input from these stakeholders on the draft materials that DRC develops in the next quarter.</p> <p><u>August 2007:</u> See Component #76.</p> <p><u>Nov. 2007:</u> See component #76</p>	

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Providers to review and distribute information about crisis planning, WRAP and advance directives in anticipation of development of training module.			<b><u>Feb. 2008:</u> Draft training materials are being developed and will be shared with consumer organizations, mental health provider groups and representatives from mental health facilities for review. Materials will then be revised and finalized for web publication.</b>	
78. Complete advance directive training module  <b>Amendment Request approved by Court Master 12/17/07. Task amended to read:</b> Complete a training module on advance directives and how they relate to crisis plans, WRAP, and the power of attorney	40	April 2007  <b>Date amended to:</b> by April 2008	<u>May 2007:</u> The DRC and OAMHS will finalize the training delivery plan by July and will begin training by September.  <u>August 2007:</u> See Component # 76.  <u>Nov. 2007:</u> See Component #76  <b><u>Feb. 2008:</u> See Component #77</b>	
79. Post on the OAMHS web site sample crisis plans and other related materials as a resource and share at network meetings.	40	October 2006	<u>Nov. 06:</u> The OAMHS is developing material for posting on the web site in a section for advance directives and crisis plans.  <u>Feb. 07:</u> OAMHS has posted on the web site guidelines for developing crisis plans and information about how crisis plans, advance directives, and WRAP plans differ. Additional material is under development.  <u>May 2007:</u> A sample crisis plan is posted on the OAMHS website. OAMHS will post more samples and other materials during the next quarter.  <u>August 2007:</u> With materials posted to the website and updated as needed, DHHS will no longer update this component.	<b>X June 2007</b>
80. Develop residential mental health services for persons with complex health needs	41	February 2007	<u>Feb. 07:</u> Most of those consumers at RPC that had been identified as needing this type of facility have been discharged. Accordingly, OAMHS is currently reassessing consumer need for additional locations	

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			<p><u>May 2007:</u> A review of consumers at Dorothea Dix Psychiatric Center was completed by the Medical Director in April and two consumers were identified as in need of placements which can accommodate persons with health complexities in addition to their mental illness. OAMHS has concluded that the system currently has adequate capacity to respond to the unique placement needs of individuals with complex health needs by adding supports at existing programs and facilities. Rather than establish new facilities, OAMHS will focus on better utilization of those that exist. For the specialized nursing facilities, OAMHS will transition those consumers who no longer need the specialized care of the mental health units to more appropriate dementia units and regular nursing care beds. For the existing PNMI services, OAMHS will enhance the residential placement to meet the unique consumer presentations to enable the existing facilities to serve them. Finally, OAMHS will devote additional resources to our contract for functional and OT assessments to better assist with planning and training of placement resources.</p> <p>We will be submitting a proposed Plan amendment to change this component of the plan in the next quarter.</p> <p><u>August 2007:</u> The amendment will be submitted in August.</p> <p><u>Nov. 2007:</u> The amendment request was submitted 10/7/07 and denied on October 25, 2007. OAMHS is considering next steps.</p> <p><b><u>Feb. 2008:</u> As agreed to in a meeting with the Court Master and plaintiffs' counsel on December 5, 2007, OAMHS is creating a list of consumers that have been placed from Riverview in the last</b></p>	

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			year whose planning for placement was as described above (May 2007) and in the amendment. This information will provide the basis for further discussions among the parties and the Court Master.	
81. Issue contract amendments or propose regulation changes to assure that all contracted PNMI's and SNF's notify consumers of rights	41	July 2007	<u>May 2007:</u> Contracts for SFY 2008 will include this language.  <u>August 2007:</u> Contracts for SFY 08 include this language.	<b>X July 2007</b>
82. Collaborate with MHA,ED Physicians, MSNA to provide training to lessen trauma in ED	42	SFY 2007	<u>August 2007:</u> See Component #73.  <u>Nov. 2007:</u> Please see Component #73  <b><u>Feb. 2008:</u> See Component #73</b>	
83. Implement the crisis training curriculum for crisis workers	42	December 2006	<u>Nov. 06:</u> OAMHS and the crisis providers are making the final revisions to the curriculum. OAMHS is working with Muskie Institute for Public Policy to provide certification approvals and credential reviews.  <u>Feb. 07:</u> The curriculum is done and the implementation date is April 1, 2007. Agencies need sufficient time to change the training requirements for new employees and to assure the availability of trainers, hence the April 1 start date.  <u>May 2007:</u> The Crisis Training Curriculum was implemented as of April 1, 2007. All new employees must be trained in the crisis curriculum as of this date. Crisis and Counseling is coordinating the logistics and the evaluation of the training, and the Muskie School Center for Learning is managing the certification process.	<b>X April 1, 2007</b>
<b>RIVERVIEW ACT TEAM</b>				
84. Issue contract for staffing for the two Riverview residences	42	October 2006	<u>Nov. 06:</u> MOCO has been selected and a budget approved for staffing. The contract will be executed in November.	<b>X March 2007</b>

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			<p><u>Feb. 07:</u> The contract was delayed until the two houses were available for Riverview ACT team consumers (see below #85). The contract will be in place effective March 1, 2007.</p> <p><u>May 2007:</u> Contracts are in place for the two houses. See component #85.</p>	
85. Begin to transition forensic clients assigned to the ACT Team to the residences	42	November 2006	<p><u>Nov. 06:</u> MOCO, with the assistance of the Riverview ACT Team, is transitioning the current residents to other settings. MOCO had identified an alternative residence but was unable to complete the transaction to obtain the facility. MOCO is now looking for alternative sites and the ACT Team is simultaneously evaluating possible individual placements for existing housing. The next quarterly report will update the timeline for the transition of the current residents to other sites.</p> <p><u>Feb. 07:</u> Three of the residents from the house with four residents have moved to other placements and three Riverview ACT consumers have moved in. The staff are working to place the 4<sup>th</sup> resident. While OAMHS worked on individual placements, efforts continued to find an alternative home for the six residents in the second house. OAMHS identified and began to explore options with an alternative provider in December/January. Toward the end of January OAMHS was informed by MOCO that they would have an alternative residence available by the end of February as the result of the movement of residents contracted with another State agency. MOCO and case managers will begin discussing the transition with the six consumers in early February with the move to be completed by the end of February. The house will then be available for Riverview ACT consumers transitioning from Riverview.</p>	<b>X October 2007</b>

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			<p><u>May 2007:</u> While it was the belief of the Director of Motivational Services that the residents of the six bed facility (Riverview #1) would move in April 2007, which has not turned out to be the situation. In working with these six individuals, only four have been willing to move, the remaining two continue to be unwilling to leave. Staff will continue efforts to work with these residents to move, but in the short term, they will remain. As a result of slowness in completing some of the renovations to the Waterville facility into which the four consumers are to move, there has been further delay beyond the April 15, 2007 date. The Fire Marshall inspected the facility on Friday, April 27, 2007 and OAMHS is working with Licensing to have a fast turn around in order to be able to move the four consumers either Monday, April 30, 2007 or Tuesday, May 1, 2007.</p> <p><u>August 2007:</u> All of the consumers who were willing to transfer to another facility were transferred according to the above timelines stated in the May report. Three consumers with civil status remain as they have been reluctant to make a change. Staff is working with them to make a transition.</p> <p><u>Nov. 2007:</u> The status of the three consumers remains the same as noted above. Having begun the transition as required by the plan, and continuing efforts to help the remaining civil patients make a transition, OAMHS will no longer report on this component.</p>	
86. Fully staff and train the Riverview ACT Team, and begin accepting clients	42	November 2006	<u>Nov. 06:</u> The ACT Team is fully staffed, trained, and has begun accepting clients.	<b>X November 2006</b>
<b>Vocational Opportunities</b>				
87. Provide training for all community support workers on the	44	By February 2007	<u>Nov. 06:</u> OAMHS is developing the training content in alternative presentation modules and will begin the training in December 2006.	<b>X April 2007</b>

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importance of employment to recovery and on the engagement of consumers			<p><u>Feb. 07:</u> Training is scheduled for Feb. 22, Feb. 23, and Mar. 2 and all community support providers received a memo from OAMHS mandating attendance.</p> <p><u>May 2007:</u> A total of 390 people attended the February 22 and 23 training. The March 2 training was postponed to April 25, 2007 because of a snowstorm. There were 309 community support workers registered for the April 25, 2007.</p>	
88.Update the MOA between OAMHS and BRS  Expanded reporting per 3/16/07 letter to the Court Master	44	October 2006 MOA  Ongoing	<p><u>Nov. 06:</u> The Memorandum of Agreement with the Bureau of Rehabilitation Services has been written and is awaiting signatures.</p> <p><u>Feb. 07:</u> The Memorandum of Understanding was signed in November 2006.</p> <p><u>May 2007:</u>  <u>Task 1:</u> Review all employment services offered to mental health clients throughout the state.  A trainer/facilitator has been hired to assist with the supported employment fidelity evaluation; meetings occurred with employment providers in December, January, and February to begin the evaluation process; evaluators were trained in March; and the first part of the fidelity review occurred (the General Organizational Index) in March.</p> <p><u>Task 2:</u> Review qualitative and quantitative data and other sources to determine the array of employment services needed, the resources currently available, and solutions to obstacles.  The resource assessment submitted to the Court Master on March 16, 2007 was the first step in this process. A Vocational</p>	<b>X November 2006 MOA signed</b>

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			<p>Workgroup of consumers, providers, and VR and OAMHS staff is being created and will produce an in depth description of needed resources and strategies to improve employment outcomes, including input from the CSNs, by August 2007.</p> <p><u>Task 3:</u> Stay current with evidence-based practices and promising approaches to support employment, and disseminate that information. The Vocational Workgroup is responsible for this task and will begin this work in the next quarter. This activity will be coordinated with the results of the employment fidelity review described in Task 1.</p> <p><u>Task 4:</u> Provide oversight capacity to ensure that employment supports are provided in a manner that is consistent with evidence based practices. OAMHS has decided to solicit proposals from outside vendors to accomplish this task, including providing consultation, technical assistance, and training to ACT teams, long term support coordinators, and community support programs. OAMHS will be issuing an RFP in the next quarter.</p> <p><u>August 2007:</u>  <u>Task 1:</u> Review all employment services offered to mental health clients throughout the state.</p> <p>The data elements, the sources, and the methods for collection were identified and the collection was completed in June. The DHHS Office of Quality Improvement is analyzing the data and will be disseminating the analysis to stakeholders in September for review and recommendations.</p>	

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			<p><u>Task 2:</u> Review qualitative and quantitative data and other sources to determine the array of employment services needed the resources currently available, and solutions to obstacles.</p> <p>The MOU Implementation Vocational Work Group, at its meeting on July 30, developed the initial description of the needed resources from data provided by team members, DVR, and OAMHS.</p> <p><u>Task 3:</u> Stay current with evidence-based practices and promising approaches to support employment, and disseminate that information.</p> <p>The MOU Implementation Vocational Work Group will review the DHHS Office of Quality Improvement data from the employment fidelity evaluation in September.</p> <p><u>Task 4:</u> Provide oversight capacity to ensure that employment supports are provided in a manner that is consistent with evidence based practices.</p> <p>The Community Employment Services RFP (see component # 93) requires technical assistance and practice to be consistent with best practices and that the bidder have experience in doing so. Additionally, OAMHS will use the results of the employment fidelity evaluation to identify the degree to which employment providers are implementing supported employment according to evidence based practices, and take action to make improvements.</p> <p><u>Nov. 2007:</u> <u>Task 1:</u> Review all employment services offered to mental health</p>	

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			<p>clients throughout the state.</p> <p>The DHHS Office of Quality Improvement (OQI) has completed a partial analysis of the data collected in this evaluation. In October, the OQI gave presentations regarding the data results to the OAMHS, DVR staff and to the Vocational Workgroup. OQI and OAMHS staffs have scheduled presentations to the regional Community Rehabilitation Providers in November and December. Following these presentations and the completion of the analysis of the data by the OQI, the OAMHS and the DVR will develop a work plan to address the issues identified in the evaluation.</p> <p><u>Task 2:</u> Review qualitative and quantitative data and other sources to determine the array of employment services needed, the resources currently available, and solutions to obstacles.</p> <p>The MOU Implementation Vocational Work Group has met every two weeks since August to continue its review of data related to employment of persons receiving OAMHS services. The Workgroup is grappling with the problem of analyzing multiple data sources, none of which present a comprehensive or authoritative picture of the system's strengths or barriers. The Workgroup has identified several additional data sources to review at its next three meetings. The Workgroup will then write its report.</p> <p><u>Task 3:</u> Stay current with evidence-based practices and promising approaches to support employment, and disseminate that information.</p> <p>The DHHS Office of Quality Improvement made a presentation of preliminary data from the employment fidelity evaluation to the</p>	

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			<p>Workgroup in early October. The Workgroup will incorporate this information and its implications into its upcoming report.</p> <p><u>Task 4:</u> Provide oversight capacity to ensure that employment supports are provided in a manner that is consistent with evidence based practices.</p> <p>Maine Medical Center’s (MMC) Department of Vocational Services was the only bidder to submit a letter of intent to bid on the Community Employment Services RFP. OAMHS is developing a contract with MMC, based on the attached AMH Employment RFP that will ensure that the services and technical assistance provided are consistent with evidence based practices regarding employment services to consumers with mental illness.</p> <p><b><u>Feb. 2008:</u></b> <b><u>Task 1:</u></b> Review all employment services offered to mental health clients throughout the state.</p> <p><b>The meetings with Community Rehabilitation Providers to present and discuss the data in the evaluation were completed in December, 2007. The DHHS Office of Quality Improvement completed the data analysis and issued the final version of its report on this evaluation in January, 2008. A copy of the final report is included as an attachment to this Quarterly Report. OAMHS and DVR will identify the priority issues for action and charge the MOU Implementation Group to develop a workplan to address those issues. OAMHS will meet with the providers as a group to review the overall report and establish expectations going forward. This will be followed with meetings with individual</b></p>	<p><b>January 2008:</b> <b>expanded reporting completed Tasks 1, 3, and 4</b></p>

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			<p>providers to discuss plans for improvement.</p> <p><b><u>Task 2:</u></b> Review qualitative and quantitative data and other sources to determine the array of employment services needed, the resources currently available, and solutions to obstacles.</p> <p>OAMHS staff is writing a draft report summarizing the data reviewed by the Vocational Workgroup. The draft will be circulated to Workgroup members in February, 2008, and the report finalized within this Quarter. This will be shared with Maine Medical Center.</p> <p><b><u>Task 3:</u></b> Stay current with evidence-based practices and promising approaches to support employment, and disseminate that information.</p> <p>This task will be addressed in the Vocational Workgroup’s report referenced above. Additionally, the MOU Implementation Group’s workplan, referenced in Task 1, will also address this issue.</p> <p><b><u>Task 4:</u></b> Provide oversight capacity to ensure that employment supports are provided in a manner that is consistent with evidence based practices.</p> <p>DHHS and MMC signed the contract in early January. This contract is the centerpiece of the OAMHS Vocational Initiative and will adhere to evidence based practices. MMC will assist the OAMHS to oversee other employment supports to ensure that they are consistent with evidence based practices.</p>	

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89. Contract with Maine Medical Center to add two benefit specialists	44	October 2006	<p><u>Nov. 06:</u> OAMHS has completed the contract and it is being reviewed by MMC. It will be fully executed in November.</p> <p><u>Feb. 07:</u> The two benefits specialists began work January 2, 2007.</p>	<b>X January 2007</b>
<p>90. Clarify the role of employment specialists on ACT teams and ensure they are only providing employment functions</p> <p>As amended 10/26/07, add: Assist ACT Teams in transitioning employment specialists away from providing case management services through contracted technical assistance and training services.</p>	44	<p>November 2006</p> <p>As amended: beginning in May 2007</p>	<p><u>Nov. 06:</u> A memo as well as direct follow up to ACT providers will be completed in November. The memo will include the role of the employment specialist and any corrective action that the agency may need to take to be in compliance with this requirement. The memo will also include the requirement for the employment specialist to have an annual employment rate of 15% and the inclusion of the agency plan for implementing and measuring this objective.</p> <p><u>Feb. 07:</u> The memo was issued on December 7, 2006 to providers and was discussed at the December CSN meetings. A follow up meeting is schedule for February 28 with the ACT providers.</p> <p><u>May 2007:</u> The February 28, 2007 meeting occurred with the ACT providers and OAMHS. OAMHS heard their concerns which focused primarily on caseloads. All were in agreement with the importance of supporting the role of the ACT employment specialist. The ACT team from Maine Medical Center/Spring Harbor was in attendance and discussed what they have found to be the most effective approaches to solving these problems. OAMHS will be issuing an RFP in the next quarter, seeking a contractor to provide technical assistance and training of ACT teams in order to make the transition to an employment specialist who concentrates on vocational work. One team has already made the transition and has their employment specialist focused 90% of the time on employment. In the interim, OAMHS has received approval to contract with Maine Medical Center to provide technical assistance and training for the ACT teams,</p>	<b>X December 2006</b>

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			<p>and this is scheduled to start May 2007.</p> <p><u>August 2007:</u> OAMHS contracted with Maine Medical Center's Department of Vocational Services to provide technical assistance and training to ACT teams. Maine Medical Center is in contact with ACT teams and is providing technical assistance based on each team's identified needs. The activity is also included in the RFP (see component# 93) for Community Employment Services. The successful bidder will continue the technical assistance begun by Maine Medical Center and integrate that assistance with the supervision of the new Employment Specialists.</p> <p><u>Nov. 2007:</u> Maine Medical Center's Department of Vocational Services has been assisting ACT Teams in transitioning employment specialists away from providing case management services through contracted technical assistance and training services since May. Technical assistance will be incorporated into the Community Employment Services contract that is being developed with Maine Medical Center. (See component #88)</p>	<b>X May 2007</b>
91. Continue Maine Employment Curriculum (MEC) contract with UM Center for Community Inclusion	45	SFY 07	<u>Nov. 06:</u> This contract was executed in September 2006.	<b>X September 2006</b>
92. Develop a web based module of the MEC	45	May 2007	<p><u>Nov. 06:</u> The specifications for this work are under development with OAMHS and the University of Maine Center for Community Inclusion.</p> <p><u>Feb. 07:</u> Module One of the Maine Employment Curriculum is now web-based.</p>	<b>X January 2007</b>
93. Contract for up to four employment specialists to be placed in community support agencies.	45	January 2007	<u>Nov. 06:</u> OAMHS has completed the job description and identified the areas with greatest need and the agencies for potential placement.	<b>X January 2008</b>

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<p>As amended 10/26/07:</p> <p>Enter into a vocational services contract whereby the contractor will hire, train, plan and supervise 7 employment specialists in CSNs. Include that contractor will set annual performance targets of at least a 15% caseload for employment specialist (including ACT) and report caseload information to DHHS</p> <p>Provide oversight capacity through contracted technical assistance and training services to ensure that employment supports are provided in a manner that is consistent with evidence based practice</p>		<p>As amended: Contract Nov 2007</p> <p>Implement by January 2008</p> <p>January 2008</p>	<p><u>Feb. 07:</u> OAMHS is negotiating with the Vocational Program at Maine Medical Center to not only provide the benefit and employment specialists, but to also provide training and consultation across the state to the Community Support Program, the Long Term Support Specialists, as well as to assist in measuring outcomes for the vocational effort.</p> <p><u>May 2007:</u> OAMHS will be issuing an RFP in the next quarter for a comprehensive vocational/employment initiative which will include the placement and supervision of an employment specialist in a community support agency in each of the 7 CSNs, as well as oversight and provision of technical assistance for ACT team employment specialists, infrastructure development, and curriculum development and revision.</p> <p><u>August 2007:</u> The RFP for Community Employment Services was sent to the Division of Purchases for review. The dates in the RFP are as follows:</p> <table border="0"> <tr> <td>August 13-14-15</td> <td>Publish the Legal Notice</td> </tr> <tr> <td>August 22</td> <td>Bidders' Conference</td> </tr> <tr> <td>October 22</td> <td>Proposals Due</td> </tr> <tr> <td>November</td> <td>Award Made</td> </tr> <tr> <td>January 1, 2008</td> <td>Contract Start Date</td> </tr> </table> <p><u>Nov. 2007:</u> Since only Maine Medical Center submitted a letter of intent for the RFP, OAMHS entered directly into contract negotiations with them to provide this service. The contract is expected to be completed by December 1<sup>st</sup>. (see attachment: AMH Employment RFP)</p>	August 13-14-15	Publish the Legal Notice	August 22	Bidders' Conference	October 22	Proposals Due	November	Award Made	January 1, 2008	Contract Start Date	
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			<b>Feb. 2008:</b> The contract with Maine Medical Center was signed in early January, effective January 1, 2008. MMC is in the process of implementation.	
94. Contract for three additional employment specialists	45	July 2007	<p><u>Feb. 07:</u> OAMHS is contracting for all seven employment specialists to begin work in this fiscal year.</p> <p><u>May 2007:</u> See Component #93.</p> <p><u>August 2007:</u> See Component #93.</p> <p><u>Nov. 2007:</u> See Component #93</p> <p><b>Feb. 2008:</b> See Component #93</p>	<b>X January 2008</b>
95. Set annual performance target for each employment specialist.	45		<p><u>Nov. 06:</u> This requirement will be part of the contract that is awarded for all of the employment specialists. The ACT providers will be notified in November of this requirement and will be submitting a plan for measurement.</p> <p><u>Feb. 07:</u> The Maine Medical Center Vocational Program is assisting OAMHS in developing measurement and reporting tools.</p> <p><u>May 2007:</u> The measurement of performance targets for the Employment Specialists and the ACT Employment Specialists will be included in the RFP as discussed under #93 above. In the interim, with respect to the ACT teams, it will be provided for under the contract discussed in item #90 above, starting in May, 2007.</p>	<b>X See Components #90 and #93</b>
96. Ensure employment is part of CSN planning	45		<u>Nov. 06:</u> This will be a standing agenda item.	<b>X November 2006 Process in place</b>

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97. Modify MHRT/C to require work component	45	2008	<p><u>Nov. 06:</u> OAMHS is reprinting the MHRT/C guidebook and including information about this upcoming change to the MHRT/C requirements so that current students can make appropriate adjustments to be in compliance by 2008.</p> <p><u>Feb. 07:</u> OAMHS met with the University of Maine Augusta to begin work on the curriculum changes and is bringing together other partners in the university system in March to agree on the employment competencies that will be required for the MHRT/C certification starting in 2008.</p> <p><u>May 2007:</u> The date for implementation of this change has been set for January 1, 2009 and is being publicized to stakeholders. OAMHS with the help of a content expert will draft the competencies by July 2007, circulate the draft to the CSNs and academic and nonacademic institutions, and finalize by January 2008. This time table gives the academic and nonacademic institutions the time that they require to implement the curriculum which meets the competencies.</p> <p><u>August 2007:</u> The Muskie Center for Learning sent notices of the changed requirement that makes a vocational course mandatory rather than optional to mental health agencies, academic and non-academic institutions, and holders of provisional MHRT/C certificates. Maine Medical Center's Department of Vocational Services has been retained as the content expert. Maine Medical Center, OAMHS, and the Muskie Center for Learning are reviewing and drafting the competencies.</p> <p><u>Nov. 2007:</u> OAMHS has received a draft of recommended competencies for the vocational course from Maine Medical Center's</p>	<b>X December 2007</b>

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			<p>Department of Vocational Services. Those draft competencies will be circulated to the CSNs and academic and nonacademic institutions and finalized in January 2008.</p> <p><b><u>Feb. 2008:</u> The vocational competencies have been finalized. The draft competencies were distributed to a variety of stakeholders in late November. Those stakeholders were asked to submit feedback electronically and/or in person at a December 10<sup>th</sup> stakeholder meeting. At that meeting the draft competencies and feedback were reviewed and the stakeholder group came to agreement on final employment competencies to recommend to OAMHS. OAMHS approved those competencies and distributed them to academic and non-academic programs and other stakeholders in late December. OAMHS will make technical assistance available to MHRT/C training programs as needed regarding adding this content to their programs. Starting January 1, 2009 MHRT/C certificate candidates must complete coursework that includes these employment competencies in order to earn a Full Mental Health Rehabilitation Technician/Community certificate.</b></p>	
98. Continue funding long term support program and do fidelity review of supported employment providers	45	Ongoing	<p><u>Nov. 06:</u> The long term support program received ongoing funding for SFY 07. A workgroup began in September to develop and implement the fidelity reviews.</p> <p><u>Feb. 07:</u> The Office of Quality Improvement, OAMHS, the Division of Vocational Rehabilitation, and Community Rehabilitation providers are working together to develop the methodology and tools for this review, slated to begin in April 2007.</p> <p><u>May 2007:</u> See component #88 Task 1 for the status of the fidelity reviews.</p>	<b>X January 2008</b>

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			<p><u>August 2007:</u> As reported in Component # 88, the data collection of the employment fidelity evaluation is complete. The MOU Implementation Vocational Work Group will review the completed report at its September meeting and will prioritize action steps.</p> <p><u>Nov. 2007:</u> The Office of Quality Improvement has completed its preliminary analysis of the data collected in the fidelity review and made initial presentations of its data. Full data analysis will be complete in January 2008. OAMHS staff will begin to review the preliminary findings to see if any changes should be made in the Long Term Employment Support Program. This discussion will also involve DVR and MMC staff given the respective roles these agencies have in the employment service system.</p> <p><b><u>Feb. 2008:</u> The meetings with Community Rehabilitation Providers to present and discuss the data in the Fidelity Evaluation were completed in December 2007. The DHHS Office of Quality Improvement completed the data analysis and issued the final version of its report on this evaluation in January 2008. A copy of the final report is included as an attachment to this Quarterly Report. OAMHS and DVR will identify the priority issues for action and charge the MOU Implementation Group to develop a workplan to address those issues. OAMHS will meet with the providers as a group to review the overall report and establish expectations going forward. OAMHS will subsequently meet individually with providers to discuss their plans for improvement.</b></p>	
<b>Managed Care</b>				
99. Continue to update and seek input re: managed care from QIC,	47	Ongoing	<u>Nov. 06:</u> Managed care updates are on the agenda at every monthly	<b>X December</b>

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CAG, TPG, MAPSRC, AIN, NAMI			meeting of the QIC, CAG, and MAPSRC. In addition, AIN and NAMI have regular updates regarding managed care as representatives on the stakeholder group as is the QIC, the TPG, and MAPSRC.  <u>Feb. 07:</u> OAMHS provides monthly updates as do other stakeholders.	<b>2006 Process in place</b>
100. Submit mental health portion of proposed managed care contract to court master for review and approval	47		<u>May 2007:</u> The RFP for the ASO function was released April 12, 2007. Upon release, notification of the website where a copy could be obtained was shared with the Court Master by the AG's Office.  <u>August 2007:</u> The successful bidder has been selected. The appeal period ends August 9 <sup>th</sup> and, if there are no appeals, the contract negotiations will start.  <u>Nov. 2007:</u> The contract with APS was presented to the Court Master in September for review. Discussions about conditions of approval continue.  <b><u>Feb. 2008:</u> Discussions continue with the Court Master regarding an amendment to the APS Contract.</b>	<b>X September 2007</b>
<b>Other Community Services</b>				
101. Continue to train and assist community support workers to use natural supports and generic resources	48	Ongoing	<u>Nov. 06:</u> The OAMHS Office of Consumer Affairs (OCA) is providing information and training about person centered planning and the importance of natural and generic supports throughout SFY 07. OCA will be targeting the clinical directors and supervisors of community support programs for inclusion in the planning as well as participation at trainings.  <u>Feb. 07:</u> OCA is recruiting stakeholders to be champions of this process and to develop a person centered planning conference with	<b>X July 2007</b>

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			<p>Carol Blessing in the summer of 2007.</p> <p><u>May 2007:</u> A conference on community inclusion and person centered planning is being held May 22 and 23<sup>rd</sup> which will provide tools and ideas for expanding the use of natural and generic supports.</p> <p><u>August 2007:</u> The Person Centered Planning Leadership Institute was held on May 22<sup>nd</sup> and 23<sup>rd</sup> and attended by consumers, community providers, community members, and DHHS staff. Follow up meetings are scheduled for July 24 and September 14 to develop actions to increase community inclusion for people who use mental health services and how community support workers can be part of that process.</p> <p>Additionally, the Document Review done by the Consent Decree Coordinators includes and assessment of whether natural and generic supports are utilized. The Consent Decree Coordinator uses this review as a teaching tool with the agency.</p>	
<b>CHAPTER 5 - MANAGING THE CHANGE</b>				
102. Establish an Enrollment and Service Review Unit in each regional office	49		<u>Nov. 06:</u> Beacon Health Services had been located in each OAMHS office until July 2006. The contract with Beacon for service review was expanded as of July to include service reviews and managed care readiness activities for children's and adult mental health and for substance abuse services. The service reviews are ongoing but are now done from a central Beacon location and 1710 reviews were completed from July through October. Enrollments are done by providers and sent electronically to OAMHS. There has been no further need for a separate enrollment function in the regions once the initial enrollment effort was completed. The main enrollment function	<b>X</b>

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			is data cleaning that is done centrally.	
103. Generate monthly Service Review reports on new and continuing clients in service	51	Ongoing	<u>Nov. 06:</u> Beacon generates monthly service review reports and these are discussed at monthly OAMHS and provider meetings. The appropriate level of care is a major focus and data is further reviewed to collect information about barriers, resource needs, or staff training, for example.	<b>X</b>
104. Service Review Reports to inform QI with aggregate and agency data	53	Ongoing	<u>Nov. 06:</u> Attachment 6 is the Beacon report for September 2006 which details the review process and actions. For those cases not meeting level of care, Beacon is doing further analysis for OAMHS. Please note that there are a number of different reasons for not meeting the level of care such as a higher or lower level may be more appropriate, the service may not exist, or the consumer may prefer the existing service. This data is helpful in completing the picture of the needed array of services in a CSN.	<b>X</b>
105. Service Review and Enrollment Unit to review need for residential Tx, Group Home PNMI, and Scattered site PNMI	53		<u>Nov. 06:</u> A total of 127 residential reviews occurred from July through October and these reviews will continue through December.	<b>X</b>
<b>CHAPTER 6 - ASSURING QUALITY SERVICES</b>				
106. Implement flow chart	55		<u>Nov. 06:</u> OAMHS is documenting the variety of current data sources and the quality management requirements set forth in the Consent Decree Plan. OAMHS will be meeting with the Director of the Office of Quality Improvement on December 5 to finalize the flow of information, the ways that various data elements will be combined, and what the feedback and improvement loops will be.  <u>Feb. 07:</u> OAMHS has identified key areas for quality management, is reviewing existing protocols (such as the collection of involuntary commitment information), revising as appropriate, and providing training to staff in appropriate data collection. A “notebook” of	<b>X Process in place for the development of policies, protocols, and monitoring</b>

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			<p>policies and protocols is being compiled. The document review, the review of involuntary commitments by the UR nurses, and the contract review are the first areas that we have addressed.</p> <p><u>May 2007:</u> Parts of the quality assurance process shown on the flow chart have been implemented. OAMHS identified the need to standardize data collection across regions which included defining processes, definitions, and staff training, and has completed much of this work. Additionally, OAMHS is engaging the CSNs in reviewing data and has discovered differing definitions among providers. OAMHS will be posting a “notebook” of policies and protocols on the web in the next quarter and will use an ongoing review of data by CSNs to identify areas for further revision.</p> <p><u>August 2007:</u> A Policies and Protocols link was added to the DHHS/OAMHS intranet in June, making access to current, updated materials easier. As new policies and protocols are developed, these will be added to the site.</p> <p><u>Nov. 2007:</u> OAMHS has implemented quality review processes that include feedback and decision making loops in a number of key areas which include:</p> <ul style="list-style-type: none"> <li>• Reviewing appropriateness of involuntary hospital admissions;</li> <li>• The quality of treatment planning;</li> <li>• Continuity of care to include 24/7 access to community support information and a rapid response protocol;</li> <li>• Ongoing discharge planning at RPC;</li> <li>• Contract reviews;</li> <li>• Crisis standards review for agency compliance;</li> </ul>	

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			<ul style="list-style-type: none"> <li>• And MOUs with Licensing and Department of Labor, and an ongoing formal relationship for monitoring and improving services.</li> </ul> <p>New quality management policies and protocols are being developed to implement the remainder of the QM flow chart. (See attachment: AMHS - Policies and Procedures Index from the OAMHS intranet.)</p>	
107. Demonstrate the ability of EIS to produce timely and accurate data	56		<p><u>Nov. 06:</u> OAMHS is part of a DHHS effort to implement COGNOS, a program that allows individuals to directly get data from EIS, without having to have a programmed report developed. This will be a great time saver and make data more readily accessible. Contract negotiation is underway for the training which is scheduled for January and February 2007.</p> <p><u>Feb. 07:</u> The contract for the COGNOS 8 training was not completed until January 15, 2007 so the COGNOS 8 training is now planned for early March 2007.</p> <p><u>May 2007:</u> OAMHS and EIS have made significant gains in producing reports to meet data collection needs. More work has to be done, however, to improve the quality and reliability of data being entered into EIS by providers on the front end. OAMHS and EIS staff are continuing to work on this with added training, etc. (See component #5 for a description of the ongoing work). COGNOS training for OAMHS staff took place in March and April.</p> <p><u>August 2007:</u> Providers received EIS data relating to their enrollments and RDSs. Providers receive this data monthly as part of a quality assurance process, in an effort to problem solve discrepancies and assure accurate data. Web-based training has been scheduled for the</p>	

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			<p>third Thursday of each month from 9 to noon.</p> <p><u>Nov. 2007:</u> The number of issues with EIS has decreased significantly over the past year and the nature of issues has shifted from systems design to improving the quality of data and responsiveness of providers, and providing timely feedback to providers. OAMHS will monitor its progress and that of providers in the next quarter to assure that issues continue to be those of maintenance and quality assurance and not design.</p> <p><b><u>Feb. 2008:</u> OAMHS continues to send monthly reports to providers about enrollments and the RDS to assure that both are up to date and do not contain duplicate clients. This monthly quality assurance process has helped develop relationships and greater responsiveness from providers, and consequently improvements in the data. The data has been cleaned for duplicates and EIS will shortly be implementing a new feature to allow only one open enrollment per client. This system change was not possible until the data had been cleaned of duplicates. Staff skills in using COGNOS continue to improve and OAMHS is both developing and using reports from COGNOS.</b></p>	
108. Monthly reports to track flow of clients with contracted providers in and out of the system, by volume and by activity	56		<p><u>Feb. 07:</u> OAMHS is able to generate reports from Enrollment and the Resource Data Summary (RDS) and is working with providers to improve the quality of that data.</p> <p><u>May 2007:</u> The quality of this data continues to be an issue and OAMHS is working both with EIS and well as providers to improve the data that is entered. The data entry system continues to allow providers to skip data elements and to override forced choices, resulting in incomplete or invalid data.</p>	<b>X Process in place to track clients and to monitor the quality of the data</b>

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			<p><u>August 2007:</u> See Component # 5.</p> <p><u>Nov. 2007:</u> Changes in EIS have been implemented to assure that clients are appropriately assigned to the current agency and that agency supervisors are electronically notified if a client record is open in two places within the system. Reports are being sent to agencies each month to validate data and correct errors as well as improve the quantity and quality of enrollments and RDSs, and to assure there are enrollments on all CI, ICI, ICM and ACT clients with supporting RDSs.</p> <p><b><u>Feb. 2008:</u> APS Healthcare, the administrative service organization hired by DHHS for utilization management of behavioral health services, will be reporting on these data elements as well. This will provide further data for DHHS in understanding service utilization. With ongoing systems in place, DHHS will no longer update this item.</b></p>	
109. Document timeliness of service and unmet needs	56		<p><u>Nov. 06:</u> EIS is generating these reports and the “Performance and Quality Improvement Standards October 2006” report includes that data. OAMHS is continuing to train providers in proper data entry and to work on improvements to EIS for ease of use and timeliness.</p> <p><u>Feb. 07:</u> Cleaning data, training providers, and improving the EIS reporting function is a significant continuing task.</p> <p><u>May 2007:</u> See component #5 for the status of the unmet needs report.</p> <p><u>August 2007:</u> See Component # 5.</p>	<b>X December 2007</b>

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			<p><u>Nov. 2007:</u> The monthly reports to the providers, the modifications to the EIS to improve data quality, and the close communication with agencies are stabilizing the data collection process. The next quarter should yield the best data to date and give OAMHS the opportunity to analyze data that presents a realistic picture of service timeliness and unmet needs.</p> <p><b><u>Feb. 2008:</u> With the system now in place for reporting, DHHS will no longer update this component.</b></p>	
110. Require consumers on boards of directors	57	January 2007	<p><u>Nov. 06:</u> Monitoring will begin in January 2007.</p> <p><u>Feb. 07:</u> Each provider is asked how they are fulfilling this requirement as part of the contract review. If the requirement does not apply to the provider (for example, if it is a for profit that has no Board), then the provider is encouraged to develop other ways to obtain consumer input.</p>	<b>X January 2007 Process in place</b>
111. Expand the consumer survey, expand response rate and work with consumer groups to do so	57	Ongoing	<p><u>Nov. 06:</u> The consumer survey experienced an increase in participation from 8% response rate in 2005 to 30% in 2006. The consumer advisory group suggested offering a raffle for those who responded and this is one of methods that we believe was responsible for the increased response rate. OAMHS will continue to explore raffles as well as other consumer suggestions to continue this strong response rate.</p>	<b>X</b>
112. Develop checklist of consent decree requirements in contracts	58	Dec. 2006	<p><u>Nov. 06:</u> The previously developed checklist will be updated to include the recent contract amendments.</p> <p><u>Feb. 07:</u> The contract requirements check list has been updated and is being used in contract reviews. The form is completed by OAMHS, with expected actions documented; the mental health team leader</p>	<b>X January 2007</b>

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			supplies the agency with the review and tracks the timeliness and sufficiency of agency actions.	
113. Review each provider at least annually and give feedback	58	Mar. 2007	<p><u>Nov. 06:</u> Meetings will be scheduled with each contractor during January, February, and March 2007.</p> <p><u>Feb. 07:</u> Meetings with Region II providers were held on Jan. 11 and 12, and the Region II and III reviews are scheduled for February and March.</p> <p><u>May 2007:</u> The contract review meetings occurred in Region 1, Region II and Region III in February and March. With an ongoing system now in place, DHHS will no longer update this item.</p>	<b>X May 2007; Process in place for ongoing review</b>
114. Revise contract performance indicators to comply with CD standards	58		<p><u>May 2007:</u> Contract performance indicators produce data to measure compliance with the Consent Decree standards. OAMHS is reviewing the data definitions and data collection for service areas at the CSNs, and using that input to improve the definitions and eliminate unnecessary elements.</p> <p><u>August 2007:</u> The contracts issued for SFY 08 contain the language from the amendments that were issued in SFY 07 as well updated Consent Decree Plan requirements.</p>	<b>X July 2007</b>
115. Preparation and distribution of grievance reports	58	Semi-annual paragraph 27 reports	<p><u>Nov. 06:</u> OAMHS is preparing the semi annual paragraph 27 reports based on the fiscal year: July to December and January to June. The July to December report will be included in the next quarterly report and will be shared with the QIC, MAPSRC, and the CAG in January.</p> <p><u>Feb. 07:</u> The report is Attachment – Feb 07-4. The report will be shared at the February meetings of the QIC, MAPSRC, and the CAG.</p> <p><u>August 2007:</u> The January-June report is complete and attached.</p>	<b>X December 2007</b>

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			<b>Feb. 2008: The July-December 2007 report is complete and attached. With an ongoing system in place, DHHS will no longer update this item.</b>	
116. Licensing reviews of AMH agencies are current	60	Ongoing	<p><u>Nov. 06:</u> The Division of Licensing and Regulatory Services (DLRS) reports that out of 118 agency licenses, 14 are not current. DLRS has one vacancy and a second person is on extended medical leave. Filling the vacancy will significantly reduce the backlog.</p> <p><u>Feb. 07:</u> The Division of Licensing and Regulatory Services (DLRS) reports that out of 122 agencies, 11 are not current. Of these: 1 is in the survey process; 2 have been inspected and the license in process of being issued; 4 are scheduled; and 4 have not yet re-applied for licensure. Licensing is currently contacting those providers who have not yet re-applied.</p> <p><u>May 2007:</u> DLRS reports that out of 120 licensed agencies, 32 are not current. Of these: 1 has been reviewed but has not yet been licensed; 7 have not re-applied; and 24 have not been reviewed. DLRS recently hired another worker to help with the timeliness of reviews, but one full-time worker remains out on medical leave.</p> <p><u>August 2007:</u> DLRS reports that out of 120 licensed agencies, 35 are not current. Of these: 4 have been reviewed but are not yet licensed; 25 have re-applied but not yet reviewed; and 6 have not re-applied. The new worker that DLRS hired last quarter did not stay in the position so they remain down 2 workers, one position vacant and one person remains out on medical leave. DLRS will be applying for an exemption to the hiring freeze to fill the vacant position.</p>	

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			<p><u>Nov. 2007:</u> The Division of Licensing and Regulatory Services (DLRS) reports that out of 115 licensed mental health agencies, 33 licenses are not current. Of these, 14 have been reviewed but are not yet licensed; 15 have re-applied but are not yet reviewed; and 4 have not re-applied. One vacant position in DLRS was filled starting 9/24/07 and one position is in the process of being filled. When this position is filled, DLRS will be fully staffed.</p> <p>Note: In the past, DLRS included agencies that had ‘applied’ for a license in the count of licensed mental health agencies. For this quarter, and from now on, they will be counting only those agencies that have a current license.</p> <p><b><u>Feb. 2008:</u> The Division of Licensing and Regulatory Services (DLRS) reports that out of 113 licensed mental health agencies, 31 licenses are not current. Of these, 9 have been reviewed but are not yet licensed and 22 have re-applied but are not yet reviewed. DLRS continues to have one vacant position. The licensor hired in September will begin to carry an independent caseload within this quarter. The licensing team continues to cover the vacant position’s responsibilities, with the manager going into the field and 2 assisted living licensors doing site reviews to free up mental health licensors’ time.</b></p>	
117. QA manager receives licensing reviews and does follow up	60	Ongoing	<p><u>Nov. 06:</u> We are developing a protocol to both receive information from DLRS as well as to provide them with significant agency information. This will be completed in November.</p> <p><u>Feb. 07:</u> A draft QA protocol to coordinate communication of provider data between DHHS DLRS and the OAMHS has been developed and shared with DLRS for review.</p>	<b>X June 2007</b>

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			<p><u>May 2007:</u> The QA protocol to coordinate communication between OAMHS and DLRS is approved. OAMHS receives copies of licensing reviews, meets monthly with Licensing staff, has access to the licensing data base, and does follow up if indicated by serious deficiencies.</p> <p><u>August 2007:</u> With an ongoing system now in place, DHHS will no longer update this item.</p>	
118. Quarterly QI reports reviewed by MH team, data in user friendly format shared with providers and consumers and advocates twice a year	62	Ongoing	<p><u>Nov. 06:</u> Quarterly QI reports are shared with the QIC and the CAG. They will be shared at CSN meetings starting in November.</p> <p><u>Feb. 07:</u> The CSN reviewed the quarterly performance report and also the approved plan at the November meeting. The QIC Adult Subcommittee meets monthly and reviews a section of the Quarterly report at each meeting.</p>	<b>X December 2006 Process in place</b>
119. Strategies to monitor and address concerns will be developed and documented	62		<p><u>Nov. 06:</u> This work is part of the implementation of the quality management plan which will begin in December.</p> <p><u>Feb. 07:</u> OAMHS is creating a “notebook” of policies and protocols. The document review process, the UR nurse involuntary commitment reviews, and the contract reviews are the first areas to be addressed.</p> <p><u>May 2007:</u> OAMHS shares data and reports with the QIC, with the CAG, with the CSNs and with OAMHS staff for review, comment, and for improvement. OAMHS has been “cleaning up” what and how it collects information and the next major step is to compile the individual reports into a cohesive whole for an organized quality management (QM) process. Now that the role of the ASO has been clarified, OAMHS can proceed with the next steps in organizing QM.</p>	

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			<p>OAMHS will work with the Office of Quality Improvement to define roles and will document the process to be used in the next quarter.</p> <p><u>August 2007:</u> See component #106 for information regarding the intranet ‘notebook’ of policies and procedures.</p> <p><u>Nov. 2007:</u> See component #106. OAMHS will work with APS during the next quarter to develop process and reports to further improve quality management of the mental health system.</p> <p><b><u>Feb. 2008:</u> DHHS and APS Healthcare are developing the Quality Management Plan for the MaineCare services covered by APS Healthcare. The purpose of the Plan is to support ongoing learning, data based decision making, and rapid identification and resolution of quality problems, as well as to assure the quality of APS HealthCare’s services. The Plan has undergone several revisions and includes input from the DHHS Office of Quality Improvement (OQI) as well as the program areas. The OQI has established an internal quality management work group, which includes OAMHS, to examine reports from APS Healthcare to assure congruence with Departmental and Office program outcomes.</b></p>	