

**Bates vs. DHHS Consent Decree Quarterly Report: February 2007**

**Part 1: Systems Development**

<b>COMPONENT of Consent Decree Plan</b>	<b>PAGE</b>	<b>DUE DATE</b>	<b>ACTION</b> <b>Note: This is a cumulative report. Each action is listed by the date of the quarterly report in which it first appeared. Only new attachments are included.</b>	<b>COMPLETED YES ( X )</b>
<b>CHAPTER 2 - NO WRONG DOOR</b>				
1. Uniform service information on available services in the area provided to consumers	9	Feb.07	Nov. 06 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.  Feb. 07 OAMHS is doing a final review of the information and will post it on the web site in the next quarter, and update annually.	
2. Training program for peer recovery specialists and certification process	9	Apr. 07 full training; May 07 Cert. process	Nov. 06 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.  Feb. 2007 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.	
3. Upon enrollment, DHHS will inform provider of any known service provided to consumer	12	NA	Nov. 06 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.	

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4. Data entered in EIS for Class members not in services who request service	12	ongoing	Nov. 06 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.  Feb. 07 Attachment Feb 07-1 is the protocol that we have implemented to track unmet needs for class members not in service.	X Jan. 07
<b>CHAPTER 3 - CONSUMER DRIVEN: INDIVIDUALIZED SUPPORT PLANNING</b>				
5. Generate unmet needs reports, aggregate and analyze to determine need for resources	17	March 07	Nov. 06 Collection of data and the generation of reports of unmet needs has 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.  Feb. 07 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.	
<b>CHAPTER 4 – CONTINUITY OF CARE AND SERVICES</b>				

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<b>COMMUNITY SERVICES NETWORK`</b>				
6. Issue amendments to provider contracts within one week of approval of this plan	22	Oct. 20, 2006	Nov. 06 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.	X Oct. 2006
7. Execute contract amendments within 30 days of issuance	24	Nov. 11, 2006	Nov. 06 OAMHS has developed a log to track the return of the amendments and a method for follow up.  Feb. 07 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 provides 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.	
8. Require a memorandum of understanding (MOU) and operational protocols among participants in each network	24	Jan. 3, 2007	Nov. 06 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.  Feb. 07 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	

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			leaders are doing follow up.	
9. Assess core services by network area to determine adequate coverage	24	October 2006	Nov. 06 OAMHS has developed a matrix of core services by CSN. See attachment 3.	X Oct. 2006
10. Identify resource gaps, identify remediation, timeframes	24	Jan. 15, 2007 updated to Feb. 9, 2007	Nov. 06 OAMHS will work with the CSNs to produce this information by January 2007.  Feb. 07 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.	
11. Submit legislative amendment for CSNs and info sharing	24		Nov. 06 Draft legislation was submitted in September. See attachment 4.	X Sept. 2006
<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 Oct. 20, 2006 and execute by Nov. 19, 2006	Nov. 06 OAMHS issued the contract amendments to all providers by October 20, 2006. See attachment 1.  Feb. 07 See action item # 7.	X Amendments issued Oct. 2006
13. Monitor ongoing compliance with 24/7 access and take corrective action	27	Dec. 2006	Nov. 06 OAMHS will monitor compliance beginning in December 2006.  Feb. 2007 OAMHS is reviewing the provision of 24/7 CSS coverage with each provider as part of the contract review process. Region II reviews	

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			<p>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 implementation.</p>	
<p>14. Complete contract w/community hosp. w/involuntary psych. inpatient beds</p>	<p>27</p>	<p>Nov. 2006</p>	<p>Nov. 06 Contract development in process.</p> <p>Feb. 07 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>15. Issue contract amendments to crisis providers</p>	<p>27</p>	<p>Oct. 20, 2006</p>	<p>Nov. 06 The contract amendments were issued to all providers by Oct. 20, 2006. See attachment 1.</p>	<p>X Oct. 06</p>
<p>16. Amend MaineCare provider agreements with all community hospitals and Spring Harbor and Acadia to require compliance with the CSN MOUs.</p>	<p>28</p>	<p>Dec. 2006</p>	<p>Nov. 06 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>Feb. 07 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><b>PERFORMANCE</b></p>				

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<b>REQUIREMENTS</b>				
17. Amend contracts with providers to clarify expectations and add progressive steps for remediation.	28	Oct. 20, 2006 issue amendm ents; execute amendm ents by Nov. 19, 2006	Nov. 06 Contract amendments have been issued. OAMHS will track the return of the amendments and has a process for follow up.	X Issued amendments Oct. 06
18. Review data monthly re: contract performance and Consent Decree requirements at CSN meetings	28	Beginn ing in Nov. 2006	Nov. 06 OAMHS will present the quarterly standards report at the November CSN meeting and the contract compliance template at the December CSN meeting.  Feb. 07 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.	X Nov. 06
19. Quarterly updates re: contract compliance and Consent Decree requirements to: QIC, CAG, MAPSRC, Consumer Councils	28	Beginn ing in Nov. 2006	Nov. 06 OAMHS will present the quarterly standards report and the contract compliance checklist for review by these groups.  Feb. 07 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.	X Feb. 07 Process in place for ongoing review

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20. Issue policy directive regarding information sharing	28	Nov. 2006	Nov. 06 OAMHS has begun drafting this memo.  Feb. 07 The memo has been drafted and is being disseminated for review and comment. It is on the agenda for the February CSN meetings.	
21. Amend contracts to require request for releases at intake and with every service plan review	28		Nov. 06 This requirement was included in the contract amendment package that was mailed by Oct. 20, 2006. See attachment 1.  Feb. 07 See action item #7.	X Issued amendments Oct. 06
22. Use Document Review to monitor the extent to which agencies plan with and educate consumers re: releases	29	Oct. 2006	Nov. 06 The Document Review process was revised in October to add this component.	X Oct. 06
23. Present crisis standards at Hospital and Crisis Initiative meeting, the October QIC, CAG, and MAPSRC.	29	Oct. 2006	Nov. 06 The crisis standards were presented at these meetings in September and October 2006.	X Oct. 06
24. Issue final standards including protocols for measuring adherence/assess need for further resources	29	Nov. 2006	Feb. 07 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.	X Dec. 06
25. Conduct review of crisis program for adherence to standards	29	Begin 2007, and every two years thereafte r		
26. Create protocol for standardizing hospitalization process	29	Jan. 2007	Feb. 07 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.	
27. Amend MaineCare provider			Nov. 06 OAMHS and Office of MaineCare Services are drafting the	

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agreements with hospitals to require URN access to monitor invol. admissions	30	Dec. 2006	amendments for mailing in November.  Feb. 07 See action item #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	Sept. 2006	Nov. 06 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.  Feb. 07 OAMHS discovered inconsistencies in the data collected by the Utilization Review Nurses. OAMHS is standardizing data requirements and data collection across the across the three regions. Data review by the CSN and by the MHA MHC will begin in March.	
29. Update web re blue papers and publicize to consumers and providers	30	Ongoing	Nov. 06 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.  Feb. 07 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.	
30. Propose amendment to authorize DHHS to promulgate rules for emergency invol. commitment procedures	30		Feb. 07 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	X Dec. 06

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			Department statutory authority to review blue paper processes in general hospitals. The proposed changes are currently with the Office of the Revisor of Statutes.	
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	Nov. 06 OAMHS has appointed representatives and set the first meeting for November 27, 2006.	X Nov. 06
33. Implementation plan for realigned system	33	Feb. 2007	Feb. 07 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> .	
34. Realign contracts to reflect realigned system	33	Jul. 2007		
35. Beacon Health Strategies will have their initial web-based PNMI data base system operational.	34	Nov. 2006	Nov. 06 OAMHS is working with Beacon to use this template for a housing database.  Feb. 07 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.	

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36. Introduce a pilot data base for one of the CSNs w/all fields populated.	34	May 2007		
37. A useable database will be in place.	34	Jul. 2007		
38. Continue to monitor BRAP to assure no or minimal wait list	34	Ongoing	Nov. 06 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.  Feb.07 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.	X Feb. 07
39. Provide ongoing training for housing coordinators re: eligibility criteria.	34	Ongoing	Feb. 07 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.	X Feb. 07
40. Post eligibility requirements and contact info on OAMHS website	34	Dec. 2006	Nov. 06 The OAMHS web site will be updated by December 2006.  Feb. 07 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.	
<b>PEER SERVICES</b>				
41. OAMHS will ask the TPG to work within the following timelines: Appoint 1-3 consumers to CSN	35	Nov. 2006	Nov. 06 The Transition Planning Group (TPG) is in the process of recruiting consumers to be interim representatives on the CSNs.	X Jan. 07

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			Feb. 07 The TPG has appointed 12 representatives and has at least one representative for each of the CSNs.	
42. Develop a budget	35	Oct. 2006	Nov. 06 The TPG has developed a budget.	X Nov. 06
43. Hold 3 regional conferences	35	Mar. 2007	Nov. 06 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.  Feb. 07 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.	
44. Form at least 3 regional councils	35	May 2007		
45. Statewide Council formed and first meeting held	35	Jun. 2007		
46. Form 7 local consumer councils	35	Aug. 2007		
47. Present to CAG proposal for consumer participation in licensing	35	Nov. 2006	Nov. 06 OAMHS met with the Office of Licensing and Regulatory Services in October and they are prepared to assist in this initiative.  Feb. 07 OAMHS presented a proposal to the CAG for consumer participation in Licensing in November and this was also discussed at the QIC.	X Nov. 06
48. CAG completes review of proposal	35	Mar. 2007		
49. Begin implementation of consumer participation in licensing	35	Apr. 2007		

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50. Provide training in spring 2007	35	Spring 2007		
51. Begin consumer participation in licensing reviews	35	Jun. 2007		
52. Increase funding for Amistad warm line	36	SFY 07	Nov. 06 Contract negotiation is underway with Amistad and will be completed in November.  Feb. 07 Amistad received increased funding of \$65,000 for the warm line.	X January 07
53. Complete an evaluation, including the data currently collected by warm lines, of the statewide and local warm lines.	36	Apr. 2007	Nov. 06 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.  Feb. 07 Eric Hardiman is evaluating existing data as the first phase of the evaluation.	
54. Determine warm line budgets for 08	36	SFY 08		
55. Coordinate with MCH,PMC,MMC,SH,MHA to support expansion of peers in ED	36	Nov. 2006	Nov. 06 An initial meeting is being scheduled for November with the hospitals and will be on the MHA MHC agenda for December.  Feb. 07 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.	
56. Develop phased approach to expansion	36			
57. Complete an assessment of possible locations with the availability of peer programs that could support an ED program	36	Nov. 2006	Nov. 06 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	

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			<p>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>Feb. 07 In light of CSN discussions, OAMHS is reassessing its plan to issue a RFP. OAMHS will ask CSNs for their recommendations regarding the best way to develop peer services at the January and February meetings.</p>	
58. Complete an evaluation of these current peer services to refine the model or models and assess costs	37	Feb. 2007	<p>Nov. 06 OAMHS is hiring Eric Hardiman to do this evaluation.</p> <p>Feb. 07 Eric Hardiman is evaluating existing data as the first phase of the evaluation.</p>	
59. Provide peer specialist training and technical assistance to peer programs that want to pursue delivery of this service	37	Mar.- Jun. 2007		
<b>Persons Experiencing Psychiatric Crises</b>				
60. Determine what technical solutions for crisis calls made by cell phones and through the Internet.	37	Nov. 2006	<p>Nov. 06 OAMHS is analyzing the monthly crisis call logs to determine the scope of this issue.</p> <p>Feb. 07 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>	X December 06
61. Implement router solution or have alternative plans	37	Dec.	Feb. 07 See action item #60.	X December 06

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		2006		
62. Issue contracts to increase number or crisis beds/staff	37	Jan. 2007	<p>Nov. 06 OAMHS is combining the planning for the crisis beds with the planning for the observation beds and will be utilizing the CSNs 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>Feb. 07 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>	
63. Determine feasibility of observation beds at current reimbursement rates	38	Dec. 2006	<p>Nov. 06 Franklin Memorial Hospital and Evergreen Behavioral 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>Feb. 07 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>	
64. Create 4 observation beds in 2007	38	SFY 07		
65. Evaluate utilization and effectiveness of observation beds	38	SFY 08		

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66. Explore cost for providing telemedicine consultation to EDs	38			
67. Establish cost to have telemedicine in all EDs and crisis programs and methods of reimbursement	38	Jul. 2007		
68. Thru CSNs, create agreements to assure all community hospitals have access to telemedicine	39			
69. Monitor rapid response protocol, take any corrective action	39	Ongoing	Nov. 06 The Mental Health Team Leaders track rapid response incidents and review. These reports will be discussed at each CSN once they are operational.  Feb. 07 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.	
70. Provide web based training and info on blue papers, CD , etc	39	Dec. 2006	Nov. 06 Some material is on the OAMHS web site and more updates including Frequently Asked Questions will be added in November and December.  Feb. 07 The draft of the FAQs is done and has been distributed to the mental health team for review.	
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	Nov. 2006	Nov. 06 A meeting with NAMI was held on October 31, 2006 to determine scope of the need and NAMI will be presenting a training schedule in November to OAMHS.  Feb. 07 NAMI presented a proposal to OAMHS in November to assure that this action step is met.	X Nov. 06
72. Complete a contract amendment with NAMI if more training is needed	39	Oct. 2006	Nov. 06 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.	X Nov. 06

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			Feb. 07 NAMI and OAMHS agreed that training will occur within existing resources so there is no need for a contract amendment.	
73. Involve consumers in training for EDs	39	Jan. 2007	Feb. 07 The training content is under development and will be discussed at the March CSN meetings.	
74. Work with DOC and NAMI to assess need for more training at MCJA	39	Dec. 2006	Nov. 06 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.  Feb. 07 NAMI provided training to the MCJA November 7, 2006 and OAMHS continues to assess with both DOC and NAMI continuing needs.	
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	Feb. 07 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.	
76. Partner with DRC to create training module on advance directives	40	Begin in Nov. 2006	Nov. 06 OAMHS will meet with DRC in November to begin this initiative.  Feb. 07 OAMHS met with DRC and is developing the training module.	
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.	40	Begin Dec. 2006	Feb. 07 This work will begin in the next quarter after OAMHS has improved the drafts.	

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78. Complete advance directive training module	40	Apr. 2007		
79. Post on the OAMHS web site sample crisis plans and other related materials as a resource and share at network meetings.	40	Oct. 2006	Nov. 06 The OAMHS is developing material for posting on the web site in a section for advance directives and crisis plans.  Feb. 07 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.	
80. Develop residential mental health services for persons with complex health needs	41	Feb. 2007	Feb. 07 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	
81. Issue contract amendments or propose regulation changes to assure that all contracted PNMI's and SNF's notify consumers of rights	41	Jul. 2007		
82. Collaborate with MHA, ED Physicians, MSNA to provide training to lessen trauma in ED	42	SFY 2007		
83. Implement the crisis training curriculum for crisis workers	42	Dec. 2006	Nov. 06 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.  Feb. 07 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.	
<b>Riverview ACT Team</b>				
84. Issue contract for staffing for the two Riverview residences	42	Oct.	Nov. 06 MOCO has been selected and a budget approved for staffing.	

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		2006	<p>The contract will be executed in November.</p> <p>Feb. 07 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>	
85. Begin to transitioning forensic clients assigned to the ACT Team to the residences	42	Nov. 2006	<p>Nov. 06 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>Feb. 07 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>	
86. Fully staff and train the Riverview ACT Team, and begin accepting clients	42	Nov. 2006	Nov. 06 The ACT Team is fully staffed, trained, and has begun accepting clients.	X Nov. 06

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<b>Vocational Opportunities</b>				
87. Provide training for all community support workers on the importance of employment to recovery and on the engagement of consumers	44	By Feb. 2007	Nov. 06 OAMHS is developing the training content in alternative presentation modules and will begin the training in December 2006.  Feb. 07 Training is scheduled for Feb. 22, Feb. 23, and Mar. 2 and all community support providers received a memo from OAMHS mandating attendance.	
88. Update the MOA between OAMHS and BRS	44	Oct. 2006	Nov. 06 The Memorandum of Agreement with the Bureau of Rehabilitation Services has been written and is awaiting signatures.  Feb. 07 The Memorandum of Understanding was signed in November 2006.	X Nov. 06
89. Contract with Maine Medical Center to add two benefit specialists	44	Oct. 2006	Nov. 06 OAMHS has completed the contract and it is being reviewed by MMC. It will be fully executed in November.  Feb. 07 The two benefits specialists began work January 2, 2007.	X Jan. 07
90. Clarify the role of employment specialists on ACT teams and ensure they are only providing employment functions	44	Nov. 2006	Nov. 06 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.  Feb. 07 The memo was issued on Dec. 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.	X Dec. 06
91. Continue Maine Employment Curriculum (MEC) contract with UM Center for Community Inclusion	45	SFY 07	Nov. 06 This contract was executed in September 2006.	X Sept. 06

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92. Develop a web based module of the MEC	45	May 2007	Nov. 06 The specifications for this work are under development with OAMHS and the University of Maine Center for Community Inclusion.  Feb. 07 Module One of the Maine Employment Curriculum is now web-based.	X Jan. 07
93. Contract for up to four employment specialists to be placed in community support agencies.	45	Jan. 2007	Nov. 06 OAMHS has completed the job description and identified the areas with greatest need and the agencies for potential placement.  Feb. 07 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.	
94. Contract for three additional employment specialists	45	Jul. 2007	Feb. 07 OAMHS is contracting for all seven employment specialists to begin work in this fiscal year.	
95. Set annual performance target for each employment specialist.	45		Nov. 06 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.  Feb. 07 The Maine Medical Center Vocational Program is assisting OAMHS in developing measurement and reporting tools.	
96. Ensure employment is part of CSN planning	45		Nov. 06 This will be a standing agenda item.	X Nov. 06 Process in place
97. Modify MHRT/C to require work component	45	SFY 2008	Nov. 06 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.	

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			Feb. 07 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.	
98. Continue funding long term support program and do fidelity review of supported employment providers	45	Complete fidelity review by Jun. 2007	Nov. 06 The long term support program received ongoing funding for SFY 07. A workgroup began in September to develop and implement the fidelity reviews.  Feb. 07 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.	
<b>Managed Care</b>				
99. Continue to update and seek input re: managed care from QIC, CAG,TPG,MAPSRC, AIN, NAMI	47	Ongoing	Nov. 06 Managed care updates are on the agenda at every monthly 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.  Feb. 07 OAMHS provides monthly updates as do other stakeholders.	X Dec. 06 Process in place
100. Submit mental health portion of proposed managed care contract to court master for review and approval	47			
<b>Other Community Services</b>				
101. Continue to train and assist community support workers to use natural supports and generic resources	48	Ongoing	Nov. 06 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.	

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			Feb. 07 OCA is recruiting stakeholders to be champions of this process and to develop a person centered planning conference with Carol Blessing in the summer of 2007.	
<b>CHAPTER 5 - MANAGING THE CHANGE</b>				
102. Establish an Enrollment and Service Review Unit in each regional office	49		Nov. 06 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 is data cleaning that is done centrally.	X
103. Generate monthly Service Review reports on new and continuing clients in service	51	Ongoing	Nov. 06 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.	x
104. Service Review Reports to inform QI with aggregate and agency data	53	Ongoing	Nov. 06 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.	x
105. Service Review and Enrollment Unit to review need for residential Tx, Group Home PNMI, and Scattered	53		Nov. 06 A total of 127 residential reviews occurred from July through October and these reviews will continue through December.	x

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site PNMI				
<b>CHAPTER 6 - ASSURING QUALITY SERVICES</b>				
106. Implement flow chart	55		<p>Nov. 06 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.</p> <p>Feb. 07 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 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>	
107. Demonstrate the ability of EIS to produce timely and accurate data	56		<p>Nov. 06 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>Feb. 07 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>	
108. Monthly reports to track flow of clients with contracted providers in and out of the system, by volume and	56		Feb. 07 OAMHS is able to generate reports from Enrollment and the Resource Data Summary (RDS) and is working with providers to improve	

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by activity			the quality of that data.	
109. Document timeliness of service and unmet needs	56		Nov. 06 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.  Feb. 07 Cleaning data, training providers, and improving the EIS reporting function is a significant continuing task.	
110. Require consumers on boards of directors	57	Jan. 2007	Nov. 06 Monitoring will begin in January 2007.  Feb. 07 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.	X Jan. 07 process in place
111. Expand the consumer survey, expand response rate and work with consumer groups to do so	57	Ongoing	Nov. 06 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.	x
112. Develop checklist of consent decree requirements in contracts	58	Dec. 2006	Nov. 06 The previously developed checklist will be updated to include the recent contract amendments.  Feb. 07 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 supplies the agency with the review and tracks the timeliness and sufficiency of agency actions.	X Jan. 07

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113. Review each provider at least annually and give feedback	58	Mar. 2007	Nov. 06 Meetings will be scheduled with each contractor during January, February, and March 2007.  Feb. 07 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.	
114. Revise contract performance indicators to comply with CD standards	58			
115. Preparation and distribution of grievance reports	58	Semi annual paragrap h 27 reports	Nov. 06 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.  Feb. 07 The report is Attachment –Feb 07 -4 . The report will be shared at the February meetings of the QIC, MAPSRC, and the CAG.	
116. Licensing reviews of AMH agencies are current	60	Ongoing	Nov. 06 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.  Feb. 07 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.	
117. QA manager receives licensing reviews and does follow up	60	Ongoing	Nov. 06 We are developing a protocol to both receive information from	

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			DLRS as well as to provide them with significant agency information. This will be completed in November.  Feb. 07 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.	
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	Nov. 06 Quarterly QI reports are shared with the QIC and the CAG. They will be shared at CSN meetings starting in November.  Feb. 07 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.	X Dec.06 Process in place
119. Strategies to monitor and address concerns will be developed and documented	62		Nov. 06 This work is part of the implementation of the quality management plan which will begin in December.  Feb. 07 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.	