

**Bates vs. DHHS Consent Decree Quarterly Report: May 1, 2007**

**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>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.</p> <p>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.</p> <p><b>May 2007:</b> 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>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.</p> <p>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.</p> <p><b>May 2007:</b> 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	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.  <b>May 2007:</b> OAMHS will submit a request for a plan amendment in the next quarter.	
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.  <b>May 2007:</b> 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.	<b>X January 2007 Protocol complete</b>  <b>X April 2007 Process in place for ongoing review</b>
<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	Nov. 06: Collection of data and the generation of reports of unmet needs have begun. See "Performance and Quality Improvement	

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			<p>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>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.</p> <p><b>May 2007:</b> 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 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</p>	

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			Supplemental budget.	
<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	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.	<b>X October 2006</b>
7. Execute contract amendments within 30 days of issuance	24	November 1, 2006	<p>Nov. 06: OAMHS has developed a log to track the return of the amendments and a method for follow up.</p> <p>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 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.</p> <p><b>May 2007:</b> 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.</p>	
8. Require a memorandum of understanding (MOU) and operational protocols among participants in each network	24	January 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.	

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			<p>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 leaders are doing follow up.</p> <p><b>May 2007:</b> 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>	
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.	<b>X October 2006</b>
10. Identify resource gaps, identify remediation, timeframes	24	January 15, 2007  Amended to February 9, 2007	<p>Nov. 06: OAMHS will work with the CSNs to produce this information by January 2007.</p> <p>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</p>	<b>X March 2007 Initial review done and process for ongoing review established</b>

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			<p>CSN.</p> <p><b>May 2007:</b> 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 accordance with the schedule that OAMHS outlined and will be updating the matrix as new information becomes available.</p>	
11. Submit legislative amendment for CSNs and info sharing	24		Nov. 06: 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>Nov. 06: OAMHS issued the contract amendments to all providers by October 20, 2006. See attachment 1.</p> <p>Feb. 07: 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>Nov. 06: OAMHS will monitor compliance beginning in December 2006.</p> <p>Feb. 07: OAMHS is reviewing the provision of 24/7 CSS coverage with each provider as part of the contract review process. Region II</p>	

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			<p>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 implementation.</p> <p><b>May 2007:</b> 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>	
14. Complete contract w/community hosp. w/involuntary psych. inpatient beds	27	November 2006	<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><b>May 2007:</b> The contracts have been prepared and meetings are scheduled for May with the hospitals to finalize the contracts for implementation July 1, 2007.</p>	

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15. Issue contract amendments to crisis providers	27	October 20, 2006	Nov. 06: The contract amendments were issued to all providers by Oct. 20, 2006. See attachment 1.	<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>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>May 2007:</b> 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 do not agree that it is a benefit to participating.</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	Nov. 06: 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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		November 19, 2006		
18. Review data monthly re: contract performance and Consent Decree requirements at CSN meetings	28	Beginning in November 2006	<p>Nov. 06: OAMHS will present the quarterly standards report at the November CSN meeting and the contract compliance template at the December CSN meeting.</p> <p>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.</p> <p><b>May 2007:</b> 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>Nov. 06: OAMHS will present the quarterly standards report and the contract compliance checklist for review by these groups.</p> <p>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.</p> <p><b>May 2007:</b> With an ongoing system now in place, DHHS will no</p>	<p><b>X Feb. 2007: Process in place for ongoing review</b></p>

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			longer update this item.	
20. Issue policy directive regarding information sharing	28	November 2006	<p>Nov. 06: OAMHS has begun drafting this memo.</p> <p>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.</p> <p><b>May 2007:</b> 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>	
21. Amend contracts to require request for releases at intake and with every service plan review	28		<p>Nov. 06: This requirement was included in the contract amendment package that was mailed by Oct. 20, 2006. See attachment 1.</p> <p>Feb. 07: 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	<p>Nov. 06: The Document Review process was revised in October to add this component.</p> <p><b>May 2007:</b> 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?</p>	<b>X October 2006</b> <b>X February 2007</b>

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23. Present crisis standards at Hospital and Crisis Initiative meeting, the October QIC, CAG, and MAPSRC.	29	October 2006	Nov. 06: 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	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.  <b>May 2007:</b> 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	<b>May 2007:</b> The review of crisis programs will be completed by November 2007.	
26. Create protocol for standardizing hospitalization process	29	January 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.  <b>May 2007:</b> 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.	
27. Amend MaineCare provider agreements with hospitals to require URN access to monitor invol. admissions	30	December 2006	Nov. 06: OAMHS and Office of MaineCare Services are drafting the amendments for mailing in November.  Feb. 07: See action item #16.  <b>May 2007:</b> 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	30	September 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	<b>X April 2007 Process in place for</b>

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to MHAMHC			<p>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>Feb. 07: 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><b>May 2007:</b> 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>ongoing review</b>
29. Update web re blue papers and publicize to consumers and providers	30	Ongoing	<p>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.</p> <p>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.</p> <p><b>May 2007:</b> The FAQs are posted on the website and the updated website information is publicized through the CSNs.</p>	<b>X April 2007 Process in place for ongoing updating of materials</b>
30. Propose amendment to authorize DHHS to promulgate rules for emergency invol. Commitment	30		Feb. 07: A current statute (34-B MRSA section 3802) in the psychiatric hospitalization law allows the commissioner to promulgate	<b>X December 2006 Proposed</b>

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procedures			<p>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.</p> <p><b>May 2007:</b> The proposed amendment has been issued as LD 1855 and is scheduled for public hearing on May 11, 2007.</p>	<b>amendment submitted</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	Nov. 06: 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	<p>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>.</p> <p><b>May 2007:</b> New definitions for three levels of residential/housing services were developed by the work group and widely distributed to 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,</p>	

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			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.	
34. Realign contracts to reflect realigned system	33	July 2007		
35. Beacon Health Strategies will have their initial web-based PNMI data base system operational.	34	November 2006	<p>Nov. 06: OAMHS is working with Beacon to use this template for a housing database.</p> <p>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.</p> <p><b>May 2007:</b> 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</p>	

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			in May. 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.	
36. Introduce a pilot data base for one of the CSNs w/all fields populated.	34	May 2007	<b>May 2007:</b> CSN 5 Androscoggin, Franklin, Oxford, and northern Cumberland counties will be the pilot site. See component # 35.	
37. A useable database will be in place.	34	July 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.	<b>X February 2007 Process in place</b>
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.	<b>X February 2007</b>
40. Post eligibility requirements and contact info on OAMHS website	34	December 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>May 2007:</b> The OAMHS website has begun monthly updates for Section 8 availability. OAMHS will no longer report on this	<b>X April 2007 Process in place</b>

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			component because a process is in place.	
<b>Peer Services</b>				
41. OAMHS will ask the TPG to work within the following timelines: Appoint 1-3 consumers to CSN	35	November 2006	Nov. 06: The Transition Planning Group (TPG) is in the process of recruiting consumers to be interim representatives on the CSNs.  Feb. 07: The TPG has appointed 12 representatives and has at least one representative for each of the CSNs.	<b>X January 2007</b>
42. Develop a budget	35	Oct. 2006	Nov. 06: 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	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.  <b>May 2007:</b> 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> .	
44. Form at least 3 regional councils	35	May 2007  Amended to June 2007	<b>May 2007:</b> On 2/2/07, the Court Master approved extending the date for formation of 3 temporary councils to the end of June 2007.	
45. Statewide Council formed and first meeting held	35	June 2007	<b>May 2007:</b> 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 July. The TPG set this date to allow adequate time for an informed	

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			voting process.	
46. Form 7 local consumer councils	35	August 2007	<b>May 2007:</b> 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.	
47. Present to CAG proposal for consumer participation in licensing	35	November 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.	<b>X November 2006</b>
48. CAG completes review of proposal	35	March 2007	<b>May 2007:</b> The CAG completed its review of the proposal for consumer participation in licensing and asked OAMHS to implement it.	<b>X March 2007</b>
49. Begin implementation of consumer participation in licensing	35	April. 2007		
50. Provide training in spring 2007	35	Spring 2007		
51. Begin consumer participation in licensing reviews	35	June 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.	<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	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.	

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			<p>Feb. 07: Eric Hardiman is evaluating existing data as the first phase of the evaluation.</p> <p><b>May 2007:</b> 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>	
54. Determine warm line budgets for 08	36	SFY 08	<b>May 2007:</b> The allocations for the warm lines continue at the SFY 07 level, which includes the additional \$65,000 for Amistad.	<b>X April 2007</b>
55. Coordinate with MCH,PMC,MMC,SH,MHA to support expansion of peers in ED	36	November 2006	<p>Nov. 06: An initial meeting is being scheduled for November with the hospitals and will be on the MHA MHC agenda for December.</p> <p>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.</p> <p><b>May 2007:</b> Peer support in emergency departments was discussed at the MHA Mental Health Council meeting in February and interest for this program is growing.</p>	
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	November 2006	<p>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 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</p>	

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			February meetings.  <b>May 2007:</b> 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.	
58. Complete an evaluation of these current peer services to refine the model or models and assess costs	37	February 2007	Nov. 06: OAMHS is hiring Eric Hardiman to do this evaluation.  Feb. 07: Eric Hardiman is evaluating existing data as the first phase of the evaluation.  <b>May 2007:</b> 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.	
59. Provide peer specialist training and technical assistance to peer programs that want to pursue delivery of this service	37	March-June 2007	<b>May 2007:</b> The Intentional Peer Support training is being offered in May 2007 and again in the fall of 2007 as part of this process.	
<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	Nov. 06 OAMHS is analyzing the monthly crisis call logs to determine the scope of this issue.  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	<b>X December 2006</b>

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			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.	
61. Implement router solution or have alternative plans	37	December 2006	Feb. 07: See action item #60.	<b>X December 2006</b>
62. Issue contracts to increase number or crisis beds/staff	37	January 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> <p><b>May 2007:</b> 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. 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</p>	

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			<p>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 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>	
63. Determine feasibility of observation beds at current reimbursement rates	38	December 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> <p><b>May 2007:</b> 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</p>	

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			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.	
64. Create 4 observation beds in 2007	38	SFY 07	See component # 63.	
65. Evaluate utilization and effectiveness of observation beds	38	SFY 08		
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	July 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	<p>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.</p> <p>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.</p> <p><b>May 2007:</b> 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</p>	

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			patients and categorize system and resource issues, and these reviews will begin in the next quarter.	
70. Provide web based training and info on blue papers, CD , etc	39	December 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.  <b>May 2007:</b> 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	Nov. 06: 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.  Feb. 07: 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	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.  Feb. 07: 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	39	January 2007	Feb. 07: The training content is under development and will be discussed at the March CSN meetings.  <b>May 2007:</b> OAMHS will work with the MHA, Maine State Nurses' Association, and Emergency Department Physicians' group to	

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			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.	
74. Work with DOC and NAMI to assess need for more training at MCJA	39	December 2006	<p>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.</p> <p>Feb. 07: NAMI provided training to the MCJA November 7, 2006 and OAMHS continues to assess with both DOC and NAMI continuing needs.</p> <p><b>May 2007:</b> 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.</p>	<b>X April 2007</b>
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>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.</p> <p><b>May 2007:</b> 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:</p>	

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			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?	
76. Partner with DRC to create training module on advance directives	40	Begin in November 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.  <b>May 2007:</b> 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.	
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 December 2006	Feb. 07 This work will begin in the next quarter after OAMHS has improved the drafts.  <b>May 2007:</b> OAMHS will solicit input from these stakeholders on the draft materials that DRC develops in the next quarter.	
78. Complete advance directive training module	40	April 2007	<b>May 2007:</b> The DRC and OAMHS will finalize the training delivery plan by July and will begin training by September.	
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	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.	

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			<b>May 2007:</b> A sample crisis plan is posted on the OAMHS website. OAMHS will post more samples and other materials during the next quarter.	
80. Develop residential mental health services for persons with complex health needs	41	February 2007	<p>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</p> <p><b>May 2007:</b> 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>	
81. Issue contract amendments or propose regulation changes to assure	41	July 2007	<b>May 2007:</b> Contracts for SFY 2008 will include this language.	

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that all contracted PNMI and SNFs notify consumers of rights				
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	December 2006	<p>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.</p> <p>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.</p> <p><b>May 2007:</b> 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.</p>	<b>X April 1, 2007</b>
<b>RIVERVIEW ACT TEAM</b>				
84. Issue contract for staffing for the two Riverview residences	42	October 2006	<p>Nov. 06: MOCO has been selected and a budget approved for staffing. 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> <p><b>May 2007:</b> Contracts are in place for the two houses. See component #85.</p>	<b>X March 2007</b>
85. Begin to transition forensic	42	November	Nov. 06: MOCO, with the assistance of the Riverview ACT Team, is	

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clients assigned to the ACT Team to the residences		2006	<p>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> <p><b>May 2007:</b> 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, that 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</p>	

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			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.	
86. Fully staff and train the Riverview ACT Team, and begin accepting clients	42	November 2006	Nov. 06: 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 importance of employment to recovery and on the engagement of consumers	44	By February 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.  <b>May 2007:</b> 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.	
88. Update the MOA between OAMHS and BRS  Expanded reporting per 3/16/07 letter to the Court Master	44	October 2006 MOA  Ongoing	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.  <b>May 2007: Task 1: Review all employment services offered to mental health clients throughout the state.</b> A trainer/facilitator has been hired to assist with the supported employment fidelity	<b>X November 2006 MOA signed</b>

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			<p>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><b>Task 2: Review qualitative and quantitative data and other sources to determine the array of employment services needed the resources currently available, and solutions to obstacles.</b> The resource assessment submitted to the Court Master on March 16, 2007 was the first step in this process. A Vocational 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><b>Task 3: Stay current with evidence-based practices and promising approaches to support employment, and disseminate that information.</b> 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><b>Task 4: Provide oversight capacity to ensure that employment supports are provided in a manner that is consistent with evidence based practices.</b> 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>	

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89. Contract with Maine Medical Center to add two benefit specialists	44	October 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.	<b>X January 2007</b>
90. Clarify the role of employment specialists on ACT teams and ensure they are only providing employment functions	44	November 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 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.  <b>May 2007:</b> 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,	<b>X December 2006</b>

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			and this is scheduled to start May 2007.	
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.	<b>X September 2006</b>
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.	<b>X January 2007</b>
93. Contract for up to four employment specialists to be placed in community support agencies.	45	January 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.  <b>May 2007:</b> 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.	
94. Contract for three additional employment specialists	45	July 2007	Feb. 07: OAMHS is contracting for all seven employment specialists to begin work in this fiscal year.  <b>May 2007:</b> See component #93.	

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95. Set annual performance target for each employment specialist.	45		<p>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.</p> <p>Feb. 07: The Maine Medical Center Vocational Program is assisting OAMHS in developing measurement and reporting tools.</p> <p><b>May 2007:</b> 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>	
96. Ensure employment is part of CSN planning	45		Nov. 06: This will be a standing agenda item.	<b>X November 2006 Process in place</b>
97. Modify MHRT/C to require work component	45	SFY 2008 Note: This date is corrected to calendar year 2008 as written in the plan.	<p>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.</p> <p>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.</p> <p><b>May 2007:</b> The date for implementation of this change has been set for January 1, 2009 and is being publicized to stakeholders. OAMHS</p>	

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			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.	
98. Continue funding long term support program and do fidelity review of supported employment providers	45	Complete fidelity review by June 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>May 2007:</b> See component #88 Task 1 for the status of the fidelity reviews.	
<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.	<b>X December 2006 Process in place</b>
100. Submit mental health portion of proposed managed care contract to court master for review and approval	47		<b>May 2007:</b> 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.	
<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	

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			<p>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.</p> <p>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.</p> <p><b>May 2007:</b> A conference on community inclusion and person centered planning is being held May 22 and 23<sup>rd</sup> <b>which</b> will provide tools and ideas for expanding the use of natural and generic supports.</p>	
<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.	<b>X</b>
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.	<b>X</b>

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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.	<b>X</b>
105. Service Review and Enrollment Unit to review need for residential Tx, Group Home PNMI, and Scattered site PNMI	53		Nov. 06: 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		<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> <p><b>May 2007:</b> Parts of the quality assurance process shown on the flow chart have been implemented. OAMHS identified the need to</p>	

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			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.	
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> <p><b>May 2007:</b> 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>	
108. Monthly reports to track flow of clients with contracted providers in and out of the system, by volume and by activity	56		<p>Feb. 07: 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><b>May 2007:</b> The quality of this data continues to be an issue and</p>	

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			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.	
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.  <b>May 2007:</b> See component #5 for the status of the unmet needs report.	
110. Require consumers on boards of directors	57	January 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.	<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	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.	<b>X</b>
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.	<b>X January 2007</b>

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			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.	
113. Review each provider at least annually and give feedback	58	Mar. 2007	<p>Nov. 06: Meetings will be scheduled with each contractor during January, February, and March 2007.</p> <p>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.</p> <p><b>May 2007:</b> 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		<b>May 2007:</b> 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.	
115. Preparation and distribution of grievance reports	58	Semi-annual paragraph 27 reports	<p>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.</p> <p>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.</p>	
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	

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			<p>one vacancy and a second person is on extended medical leave. Filling the vacancy will significantly reduce the backlog.</p> <p>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.</p> <p><b>May 2007:</b> 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 reapplied; 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>	
117. QA manager receives licensing reviews and does follow up	60	Ongoing	<p>Nov. 06: 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>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.</p> <p><b>May 2007:</b> 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>	
118. Quarterly QI reports reviewed by MH team, data in user friendly format shared with providers and	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.	<b>X December 2006 Process</b>

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consumers and advocates twice a year			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.	<b>in place</b>
119. Strategies to monitor and address concerns will be developed and documented	62		<p>Nov. 06: This work is part of the implementation of the quality management plan which will begin in December.</p> <p>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.</p> <p><b>May 2007:</b> 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. 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>	