

## Bates vs. DHHS Consent Decree Quarterly Report: May 1, 2009

### Part 1: Systems Development

Of the 119 components to the system development portion of the Consent Decree Plan of October 2006, 109 have been accomplished or deleted per amendment and are no longer reported. The remaining 10 components are reported below.

With the 8/1/08 quarterly report, OAMHS deleted past reporting on components that was no longer needed to understand the current status of the component, leaving only the most current, salient reporting.

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| <b>CHAPTER 4 –<br/>CONTINUITY OF CARE<br/>AND SERVICES</b>  |      |                  |  |                        |
| <b>Realignment of Services</b>  |      |                  |  |                        |
| 14. Complete contract with<br>community hospitals with<br>involuntary psychiatric<br>inpatient beds | 27   | November<br>2006 | <b>May 2009: The final hospital contract to be completed, Maine<br/>Medical Center P6, has been received by OAMHS.</b>   | <b>X April 2009</b>    |
| <b>Performance Requirements</b>   |      |                  |  |                        |
| <b>Flexible Services and Housing</b>  |      |                  |  |                        |
| 34. Realign contracts to reflect<br>realigned system  | 33   | July 2007        | <u>February 2009:</u> The work of the PNMI Work Groups continues with<br>the current expectation that PNMI's will come into compliance with<br>CMS current rules in July, 2009. OAMHS continues to plan to<br>separate services from housing for the scattered site PNMI's as of July<br>2009, and has identified the units and begun to examine a possible<br>new daily service as an option for the provision of services.<br>MaineCare policy staff and the Commissioner's office are to review<br>the situation with CMS in early February to determine if the direction<br>the State is taking will be acceptable.<br><br>OAMHS completed the time study discussed in the November report |                        |

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|   |      |             | <p>and it reflects that a significant portion of the overall staff time is focused on rehabilitation. OAMHS also reviewed a small sample of the consumers who have been in PNMI's for 10 years or longer and has initially determined that these consumers will in all likelihood not meet the rehabilitation requirements. However, as other PNMI Appendices are reviewed, the possibility of using another section of MaineCare to cover personal care is being considered as a possible alternative for persons who have more needs for personal care than rehabilitation. The overall direction continues to be in accordance with the direction planned by OAMHS.</p> <p><b><u>May 2009:</u> The PNMI Work Groups continue. However, any changes in payment and services will not take effect until February or March 2010. None-the-less, the plan to separate services from housing for the scattered site OAMHS PNMI's is proceeding as planned and will be fully in effect on July 1, 2009.. Individual consumer treatment planning reviews are occurring to establish a transition plan for each affected consumer. Additionally, each housing arrangement has been reviewed and it has been determined that each consumer has subsidies or the rent is affordable for that consumer. The Adult Mental Health PNMI Work Group is also considering a new service to be covered under Section 17 which would be a rehabilitation service (combination of community integration, skills development and daily living support services) paid on a daily rate basis.</b></p> |                        |
| <b>Peer Services</b>  |      |             |   |                        |
| 49. Begin implementation of consumer participation in licensing | 35   | April. 2007 | <u>Feb. 2008:</u> At a 12/5/07 meeting with the Court Master and Plaintiffs' counsel, the Court Master agreed that it would be appropriate for the Department to present ideas for alternative ways of involving consumers in the evaluation of provider agencies' performance to the Consumer Council, and for the Council to assist in shaping of a future  |                        |

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|                                     |      |             | <p>amendment request for this component. He approved a delay in implementation of this component to allow OAMHS to present its proposal to the Consumer Council and solicit input about methods for including meaningful consumer involvement as part of the quality improvement process.</p> <p><u>May 2008 - February 2009:</u> Narrative descriptions of the Outcomes Stakeholder Workgroup development and process over the past year were deleted.</p> <p><u>November 2008:</u> The original component in the plan was consumer involvement in assessing the recovery focus of agencies. The outcomes work has shifted from the focus on recovery practices in agencies to looking at the recovery and quality of life of individual consumers as well as aggregated data to provide a picture of system outcomes.</p> <p><b><u>May 2009:</u> OAMHS and the Office of Quality Improvement have identified resources to begin a pilot project in the fall of 2009 and move to implementation of the outcomes measures project to the rest of the community integration programs over a two year process. OAMHS is working closely with CCSM on development of this project and believes it will achieve the objective of getting meaningful consumer input into the evaluation of agency performance. The Outcomes Measures pilot and further implementation will be discussed with the CSNs in May. Kennebec Behavioral Health has been chosen as one pilot site and a second will be selected soon.</b></p> |                        |

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| 50. Provide training in spring 2007  | 35   | Spring 2007   | <u>August 2007, Nov. 2007, Feb. 2008, May 2008, August 2008, November 2008, February 2009:</u> See Component # 49.<br><br><b><u>May 2009:</u> See Component #49</b>   |                        |
| 51. Begin consumer participation in licensing reviews                                      | 35   | June 2007     | <u>August 2007, Nov. 2007, Feb. 2008, May 2008, August 2008, November 2008, February 2009:</u> See Component # 49.<br><br><b><u>May 2009:</u> See Component #49</b>   |                        |
| <b>Persons Experiencing<br/>Psychiatric Crises</b>   |      |               |   |                        |
| 73. Involve consumers in training for EDs to increase non traumatic transportation options | 39   |               | <b><u>May 2009:</u> Revisions have been made to the web-based training based on input received from stakeholders. This training is posted on the web with limited access awaiting further revisions. Delays with the contractor providing the electronic version of the revisions has prevented OAMHS from being able to distribute the final version of the web-based training. Once these are received from the contractor and the CME's and CEU's are finalized, all emergency departments will be notified how to access the training.</b>  |                        |
| 80. Develop residential mental health services for persons with complex health needs       | 41   | February 2007 | <u>Nov. 2007:</u> The amendment request was submitted 10/7/07 and denied on October 25, 2007. OAMHS is considering next steps.<br><br><u>Feb. 2008:</u> As agreed to in a meeting with the Court Master and plaintiffs' counsel on December 5, 2007, OAMHS is creating a list of consumers that have been placed from Riverview in the last year whose planning for placement was as described above (May 2007) and in the amendment. This information will provide the basis for further discussions among the parties and the Court Master.<br><br><u>May 2008:</u> The list of consumers was provided to plaintiff's counsel |                        |

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|                                     |      |             | <p>on April 30, 2008, with a copy to the court master.</p> <p><u>August 2008:</u> No further activity on this component occurred in the last quarter. In the coming quarter, OAMHS will seek a meeting with the Court Master to discuss the individuals on the list provided.</p> <p><u>November 2008:</u> The meeting with the Court Master and Plaintiffs occurred on 9/10/08. While recognizing OAMHS success in undertaking individualized placements from Riverview, it was his position that the additional beds as originally proposed needed to be developed although no necessarily in one facility. OAMHS has initiated discussions regarding additional beds with TriCounty Mental Health and Oxford County Mental Health, both of whom have facilities that they currently own or have previously considered for expansion. TriCounty Mental Health is to respond with a proposal and a meeting in early November has been scheduled with Oxford County Mental Health to look at the facility they have in mind. The target date for completion is February 2009.</p> <p><u>February 2009:</u> Deterioration of the State's financial situation this past quarter has forced OAMHS to place its efforts to develop the additional PNMI beds temporarily on hold.</p> <p><b><u>May 2009:</u> The development of these beds continues to be on hold due to the state's financial situation. In March, the Commissioner informed the Legislature's Appropriations and Health &amp; Human Services Committees that adding six new residential beds would require approximately \$230,000 in additional Medicaid seed and \$60,000 for room and board.</b></p> |                        |

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| 82. Collaborate with MHA,ED Physicians, MSNA to provide training to lessen trauma in ED                  | 42   | SFY 2007                        | <u>August 2007, Nov. 2007, Feb. 2008, May 2008, August 2008, November 2008, February 2009:</u> See Component #73.<br><br><b><u>May 2009:</u> See Component #73.</b>   |  |
| <b>Vocational Opportunities</b>  |      |                                 |   |  |
| 88.Update the MOA between OAMHS and BRS<br><br>Expanded reporting per 3/16/07 letter to the Court Master | 44   | October 2006 MOA<br><br>Ongoing | <u>Task 2:</u> Review qualitative and quantitative data and other sources to determine the array of employment services needed, the resources currently available, and solutions to obstacles.<br><br><u>February 2009:</u> The Maine Medical Center Employment Specialists placed within host community integration organizations have distributed a self report ‘Need for Change Scale’ to consumers of CI services within their host agencies. Over the next quarter, they will be expanding the distribution to all other CI providers obtain not only information on who should be referred to the Employment Specialist but also to further document the need. Data from the Vocational Workgroup Report generally indicated that approximately 15% of CI consumers were not working and interested in working based upon unmet need data. The preliminary result by CSN of the Need for Change Scale is that between 31% (CSN 2) and 66% (CSN 6) of consumers are indicating a strong or urgent need to change their employment related situation. Based upon the Work Group Report and the more recent experience of the Employment Specialists there is a clear need to assist consumers in the area of employment. OAMHS has concluded that since there are a number of long term employment providers and more general employment services available, the greatest initial need is for consumers to have available an individual who can assist them to gain competitive employment. The MMC contract has been the first step in this direction with the employment of the 7 Employment Specialists. | <b>X November 2006 MOA signed</b><br><br><b>January 2008: expanded reporting completed Tasks 1, 3, and 4</b> |

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|   |      |             | <p>The Employment Service Networks noted in earlier reports continue to meet on a monthly basis with the exception of CSN 4 due to a staff vacancy which was recently filled. This quarter the members conducted a resource mapping of providers in the CSN who provide supported employment and education services. The ESN will assist in developing strategies for how to fulfill the resource need in the CSN.</p> <p><b><u>May 2009:</u> With the hiring of an Employment Specialist in CSN 4 this quarter, all seven Employment Service Networks (ESNs) are now meeting on a monthly basis. In each of the seven host mental health agencies, consumers of community integration services are asked to complete The Need for Change (NFC) scale which measures the degree to which individuals desire to change their current employment and/or education situation. Any consumer who indicates a strong or urgent desire to work and/or attend school is being seen by the Employment Specialist in the host agency.</b></p> <p><b>Non-host mental health agencies that have expressed an interest in using the NFC scale have received training and technical assistance in NFC implementation. The Employment Specialists are accepting referrals from non-host agencies that are implementing the NFC scale. The goal is to make the NFC scale part of the intake process so that there is a standard assessment method for reporting vocational and educational needs of consumers in each CSN.</b></p> |                        |
| <b>CHAPTER 6 - ASSURING<br/>QUALITY SERVICES</b>                        |      |             |  |                        |
| 107. Demonstrate the ability of EIS to produce timely and accurate data | 56   |             | <u>February 2009:</u> Data generated from EIS continues to improve or remain stable with the exception of the RDS and enrollment. As of September 1, 2008, enrolment and RDS data is entered into the APS  | <b>X April 2009</b>    |

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|   |             |                     | <p>Healthcare system rather than being collected through EIS. The Unmet Needs Summary in the second quarter SFY 2009 Consent Decree report details the issues that have arisen in the transition. As predicted in the last quarter's report, the unmet needs data is not complete for the second quarter and will need an additional quarter to "debug" the APS Healthcare and EIS system.</p> <p><b><u>May 2009:</u> EIS produces accurate reports from the data that is entered. While data issues remain, and are being addressed through the quality management process, reports are timely and accurately reflect current data.</b></p> |                                |