

**Bates vs. DHHS Consent Decree Quarterly Report: November 2006**

**Part 1: Systems Development**

COMPONENT	PAGE	DUE DATE	ACTION	COMPLETED YES ( X )
<b>CHAPTER 2 - NO WRONG DOOR</b>				
Uniform service information on available services in the area provided to consumers	9	Feb.07	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.	
Training program for peer recovery specialists and certification process	9	Apr. 07 full training; May 07 Cert. process	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.	
Upon enrollment, DHHS will inform provider of any known service provided to consumer	12	NA	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.	
Data entered in EIS for Class members not in services who request service	12	ongoing	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.	

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<b>CHAPTER 3 - CONSUMER DRIVEN: INDIVIDUALIZED SUPPORT PLANNING</b>				
Generate unmet needs reports, aggregate and analyze to determine need for resources	17	March 07	Collection of data and the generation of reports of unmet needs has begun. See "Performance and Quality Improvement Standards: Oct. 06" for beginning information. By March 07, OAMHS will have a protocol for analyzing the reports and will have begun report review by the CSNs	
<b>CHAPTER 4 – CONTINUITY OF CARE AND SERVICES</b>				
<b>COMMUNITY SERVICES NETWORK</b>				
Issue amendments to provider contracts within one week of approval of this plan	22	Oct. 20, 2006	Contract packages were mailed to 86 providers on Oct.19, 2006 and the remaining 5 were mailed on October 20, 2006. See attachment 1 for the contract package.	X
Execute contract amendments within 30 days of issuance	24	Nov. 11, 2006	OAMHS has developed a log to track the return of the amendments and a method for follow up.	
Require a memorandum of understanding (MOU) and operational protocols among participants in each network	24	Jan. 3, 2007	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.	
Assess core services by network area to determine adequate coverage	24	October 2006	OAMHS has developed a matrix of core services by CSN. See attachment 3.	X

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Identify resource gaps, identify remediation, timeframes	24	Jan. 15, 2007	OAMHS will work with the CSNs to produce this information by January 2007.	
Submit legislative amendment for CSNs and info sharing	24		Draft legislation was submitted in September. See attachment 4.	X
<b>Realignment of Services</b>				
Issue contract rider A provisions to require 24/7 coverage by community support services for access to information and execute amendments	27	Issue by Oct. 20, 2006 and execute by Nov. 19, 2006	OAMHS issued the contract amendments to all providers by October 20, 2006. See attachment 1.	X Issued amendments
Monitor ongoing compliance with 24/7 access and take corrective action	27	Dec. 2006	OAMHS will monitor compliance beginning in December 2006.	
Complete contract w/community hosp. w/involuntary psych. inpatient beds	27	Nov. 2006	Contract development in process.	
Issue contract amendments to crisis providers	27	Oct. 20, 2006	The contract amendments were issued to all providers by Oct. 20, 2006. See attachment 1.	X
Amend MaineCare provider agreements with all community hospitals and Spring Harbor and Acadia to require compliance with the CSN MOUs.	28	Dec. 2006	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.	

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<b>PERFORMANCE REQUIREMENTS</b>				
Amend contracts with providers to clarify expectations and add progressive steps for remediation.	28	Oct. 20, 2006 issue amendm ents; execute amendm ents by Nov. 19, 2006	Contract amendments have been issued. OAMHS will track the return of the amendments and has a process for follow up.	X Issued amendments
Review data monthly re: contract performance and Consent Decree requirements at CSN meetings	28	Beginnin g in Nov. 2006	OAMHS will present the quarterly standards report at the November CSN meeting and the contract compliance template at the December CSN meeting.	
Quarterly updates re: contract compliance and Consent Decree requirements to: QIC, CAG, MAPSRC, Consumer Councils	28	Beginnin g in Nov. 2006	OAMHS will present the quarterly standards report and the contract compliance checklist for review by these groups.	
Issue policy directive regarding information sharing	28	Nov. 2006	OAMHS has begun drafting this memo.	

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Amend contracts to require request for releases at intake and with every service plan review	28		This requirement was included in the contract amendment package that was mailed by Oct. 20, 2006. See attachment 1.	X Issued amendments
Use Document Review to monitor the extent to which agencies plan with and educate consumers re: releases	29	Oct. 2006	The Document Review process was revised in October to add this component.	X
Present crisis standards at Hospital and Crisis Initiative meeting, the October QIC, CAG, and MAPSRC.	29	Oct. 2006	The crisis standards were presented at these meetings in September and October 2006.	X
Issue final standards including protocols for measuring adherence/assess need for further resources	29	Nov. 2006		
Conduct review of crisis program for adherence to standards	29	Begin 2007, and every two years thereafter		
Create protocol for standardizing hospitalization process	29	Jan. 2007		

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Amend MaineCare provider agreements with hospitals to require URN access to monitor invol. admissions	30	Dec. 2006	OAMHS and Office of MaineCare Services are drafting the amendments for mailing in November.	
Report work of URN monitoring invol. admissions and appropriate use of blue papers to the monthly network meetings for any corrective action and to MHAMHC	30	Sept. 2006	The utilization review nurses have been doing the reviews and reporting data for inclusion in the "Performance and Quality Improvement Standards. The review of the data by the CSNs will begin with the December meetings and be ongoing. The report will also be discussed at the Maine Hospital Association Mental Health Council beginning in January.	
Update web re blue papers and publicize to consumers and providers	30	Ongoing	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.	
Propose amendment to authorize DHHS to promulgate rules for emergency invol. commitment procedures	30			
Amend MaineCare provider agreements for psychologists re: communication and info access	30			

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<b>FLEXIBLE SERVICES AND HOUSING</b>				
Establish workgroup re: flexible services, team approach	32	Oct. 2006	OAMHS has appointed representatives and set the first meeting for November 27, 2006.	X
Implementation plan for realigned system	33	Feb. 2007		
Realign contracts to reflect realigned system	33	Jul. 2007		
Beacon Health Strategies will have their initial web-based PNMI data base system operational.	34	Nov. 2006	OAMHS is working with Beacon to use this template for a housing database.	
Introduce a pilot data base for one of the CSNs w/all fields populated.	34	May 2007		
A useable database will be in place.	34	Jul. 2007		
Continue to monitor BRAP to assure no or minimal wait list	34	Ongoing	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.	
Provide ongoing training for housing coordinators re: eligibility criteria.	34	Ongoing		
Post eligibility requirements and contact info on OAMHS website	34	Dec. 2006	The OAMHS web site will be updated by December 2006.	

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<b>PEER SERVICES</b>				
OAMHS will ask the TPG to work within the following timelines: Appoint 1-3 consumers to CSN	35	Nov. 2006	The Transition Planning Group (TPG) is in the process of recruiting consumers to be interim representatives on the CSNs.	
Develop a budget	35	Oct. 2006	The TPG has developed a budget.	X
Hold 3 regional conferences	35	Mar. 2007	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.	
Form at least 3 regional councils	35	May 2007		
Statewide Council formed and first meeting held	35	Jun. 2007		
Form 7 local consumer councils	35	Aug. 2007		
Present to CAG proposal for consumer participation in licensing	35	Nov. 2006	OAMHS met with the Office of Licensing and Regulatory Services in October and they are prepared to assist in this initiative.	
CAG completes review of proposal	35	Mar. 2007		
Begin implementation of consumer participation in licensing	35	Apr. 2007		
Provide training in spring 2007	35	Spring 2007		
Begin consumer participation in licensing reviews	35	Jun. 2007		

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Increase funding for Amistad warm line	36	SFY 07	Contract negotiation is underway with Amistad and will be completed in November.	
Complete an evaluation, including the data currently collected by warm lines, of the statewide and local warm lines.	36	Apr. 2007	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.	
Determine warm line budgets for 08	36	SFY 08		
Coordinate with MCH,PMC,MMC,SH,MHA to support expansion of peers in ED	36	Nov. 2006	An initial meeting is being scheduled for November with the hospitals and will be on the MHA MHC agenda for December.	
Develop phased approach to expansion	36			
Complete an assessment of possible locations with the availability of peer programs that could support an ED program	36	Nov. 2006	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.	
Complete an evaluation of these current peer services to refine the model or models and assess costs	37	Feb. 2007	OAMHS is hiring Eric Hardiman to do this evaluation.	
Provide peer specialist training and technical assistance to peer programs that want to	37	Mar.-Jun. 2007		

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pursue delivery of this service				

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<b>Persons Experiencing Psychiatric Crises</b>				
Determine what technical solutions for crisis calls made by cell phones and through the Internet.	37	Nov. 2006	OAMHS is analyzing the monthly crisis call logs to determine the scope of this issue.	
Implement router solution or have alternative plans	37	Dec. 2006		
Issue contracts to increase number or crisis beds/staff	37	Jan. 2007	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.	
Determine feasibility of observation beds at current reimbursement rates	38	Dec. 2006	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.	
Create 4 observation beds in 2007	38	SFY 07		
Evaluate utilization and effectiveness of observation beds	38	SFY 08		
Explore cost for providing telemedicine consultation to EDs	38			

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Establish cost to have telemedicine in all EDs and crisis programs and methods of reimbursement	38	Jul. 2007		
Thru CSNs, create agreements to assure all community hospitals have access to telemedicine	39			
Monitor rapid response protocol, take any corrective action	39	Ongoing	The Mental Health Team Leaders track rapid response incidents and a review. These reports will be discussed at each CSN once they are operational.	
Provide web based training and info on blue papers, CD , etc	39	Dec. 2006	Some material is on the OAMHS web site and more updates including Frequently Asked Questions will be added in November and December.	
Collaborate with NAMI-ME to assure that law enforcement agencies, the Maine Criminal Justice Academy, and ambulance services have access to training regarding the use of least restrictive, non-traumatizing transportation.	39	Nov. 2006	A meeting with NAMI was held on October 31, 2006 to determine scope of the need and NAMI will be presenting a training schedule in November to OAMHS.	
Complete a contract amendment with NAMI if more training is needed	39	Oct. 2006	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.	

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Involve consumers in training for EDs	39	Jan. 2007		
Work with DOC and NAMI to asses need for more training at MCJA	39	Dec. 2006	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.	
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		
Partner with DRC to create training module on advance directives	40	Begin in Nov. 2006	OAMHS will meet with DRC in November to begin this initiative.	
Collaborate with the Statewide QIC, NAMI-ME, the Consumer Advisory Group, and MAPSRC to review and distribute information about crisis planning and advance directives.	40	Begin Dec. 2006		

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Complete advance directive training module	40	Apr. 2007		
Post on the OAMHS web site sample crisis plans and other related materials as a resource and share at network meetings.	40	Oct. 2006	The OAMHS is developing material for posting on the web site in a section for advance directives and crisis plans.	
Develop residential mental health services for persons with complex health needs	41	Feb. 2007		
Issue contract amendments or regulation changes all contracted PNMI and SNFs notify consumers of rights	41	Jul. 2007		
Collaborate with MHA,ED Physicians, MSNA to provide training to lessen trauma in ED	42	SFY 2007		
Implement the crisis training curriculum for crisis workers	42	Dec. 2006	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.	
<b>Riverview ACT Team</b>				
Issue contract for staffing for the two Riverview residences	42	Oct. 2006	MOCO has been selected and a budget approved for staffing. The contract will be executed in November.	
Begin to transitioning forensic clients assigned to the ACT Team to the	42	Nov. 2006	MOCO, with the assistance of the Riverview ACT Team, is transitioning the current residents to other settings. MOCO had identified an alternative residence but was unable to complete the	

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residences			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.	
Fully staff and train the Riverview ACT Team, and begin accepting clients	42	Nov. 2006	The ACT Team is fully staffed, trained, and has begun accepting clients.	X
<b>Vocational Opportunities</b>				
Provide training for all community support workers on the importance of employment to recovery and on the engagement of consumers	44	By Feb. 2007	OAMHS is developing the training content in alternative presentation modules and will begin the training in December 2006.	
Update the MOA between OAMHS and BRS	44	Oct. 2006	The Memorandum of Agreement with the Bureau of Rehabilitation Services has been written and is awaiting signatures.	
Contract with Maine Medical Center to add two benefit specialists	44	Oct. 2006	OAMHS has completed the contract and it is being reviewed by MMC. It will be fully executed in November.	
Clarify the role of employment specialists on ACT teams and ensure they are only providing employment functions	44	Nov. 2006	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.	

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Continue Maine Employment Curriculum (MEC) contract with UM Center for Community Inclusion	45	SFY 07	This contract was executed in September 2006.	X
Develop a web based module of the MEC	45	May 2007	The specifications for this work are under development with OAMHS and the University of Maine Center for Community Inclusion.	
Contract for up to four employment specialists to be placed in community support agencies.	45	Jan. 2007	OAMHS has completed the job description and identified the areas with greatest need and the agencies for potential placement.	
Contract for three additional employment specialists	45	Jul. 2007		
Set annual performance target for each employment specialist.	45		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.	
Ensure employment is part of CSN planning	45		This will be a standing agenda item.	
Modify MHRT/C to require work component	45	SFY 2008	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.	
Continue funding long term support program and do fidelity review of supported employment providers	45	Complete fidelity review by Jun. 2007	The long term support program received ongoing funding for SFY 07. A workgroup began in September to develop and implement the fidelity reviews.	

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<b>Managed Care</b>				
Continue to update and seek input re: managed care from QIC, CAG,TPG,MAPSRC, AIN, NAMI	47	Ongoing	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 are represented on the stakeholder group as is the QIC, the TPG, and MAPSRC	
Submit mental health portion of proposed managed care contract to court master for review and approval	47			
<b>Other Community Services</b>				
Continue to train and assist community support workers to use natural supports and generic resources	48	Ongoing	The OAMHS Office of Consumer Affairs (OCA) is providing information and training about person centered planning and the importance of natural and generic supports throughout SFY 07. OCA will be targeting the clinical directors and supervisors of community support programs for inclusion in the planning as well as participation at trainings.	

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<b>CHAPTER 5 - MANAGING THE CHANGE</b>				
Establish an Enrollment and Service Review Unit in each regional office	49		Beacon Health Services had been located in each OAMHS office until July 2006. The contract with Beacon for service review was expanded as of July to include service reviews and managed care readiness activities for children's and adult mental health and for substance abuse services. The service reviews are ongoing but are now done from a central Beacon location and 1710 reviews were completed from July through October. Enrollments are done by providers and sent electronically to OAMHS. There has been no further need for a separate enrollment function in the regions once the initial enrollment effort was completed. The main enrollment function is data cleaning that is done centrally.	X
Generate monthly Service Review reports on new and continuing clients in service	51	Ongoing	Beacon generates monthly service review reports and these are discussed at monthly OAMHS and provider meetings. The appropriate level of care is a major focus and data is further reviewed to collect information about barriers, resource needs, or staff training, for example.	x
Service Review Reports to inform QI with aggregate and agency data	53	Ongoing	Attachment 6 is the Beacon report for September 2006 which details the review process and actions. For those cases not meeting level of care, Beacon is doing further analysis for OAMHS. Please note that there are a number of different reasons for not meeting the level of care such as a higher or lower level may be more appropriate, the service may not exist, or the consumer may prefer the existing service. This data is helpful in completing the picture of the needed array of services in a CSN.	x

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Service Review and Enrollment Unit to review need for residential Tx, Group Home PNMI, and Scattered site PNMI	53		A total of 127 residential reviews occurred from July through October and these reviews will continue through December.	x
<b>CHAPTER 6 - ASSURING QUALITY SERVICES</b>				
Implement flow chart	55		OMAHS 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.	
Demonstrate the ability of EIS to produce timely and accurate data	56		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.	
Monthly reports to track flow of clients with contracted providers in and out of the system, by volume and by activity	56			
Document timeliness of service and unmet needs	56		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.	
Require consumers on boards of directors	57	Jan. 2007	Monitoring will begin in January 2007	

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Develop checklist of consent decree requirements in contracts	58	Dec. 2006	The previously developed checklist will be updated to include the recent contract amendments.	
Review each provider at least annually and give feedback	58	Mar. 2007	Meetings will be scheduled with each contractor during January, February, and March 2007.	
Revise contract performance indicators to comply with CD standards	58			
Preparation and distribution of grievance reports	58	Semi annual paragraph 27 reports	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.	

Licensing reviews of AMH agencies are current	60	Ongoing	The Division of Licensing and Regulatory Services (DLRS) reports that out of 118 agency licenses, 14 are not current. DLRS has one vacancy and a second person is on extended medical leave. Filling the vacancy will significantly reduce the backlog.	
QA manager receives licensing reviews and does follow up	60	Ongoing	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.	
Quarterly QI reports reviewed by MH team , data in user friendly format shared with providers and consumers and advocates twice a year	62	Ongoing	Quarterly QI reports are shared with the QIC and the CAG. They will be shared at CSN meetings starting in November.	
Strategies to monitor and address concerns will be developed and documented	62		This work is part of the implementation of the quality management plan which will begin in December.	