

**Bates vs. DHHS Consent Decree Quarterly Report: November 1, 2009**

**Part 1: Systems Development**

Of the 119 components to the system development portion of the Consent Decree Plan of October 2006, 112 have been accomplished or deleted per amendment and are no longer reported. The remaining 7 components are reported below.

Beginning 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.

COMPONENT of Consent Decree Plan	PAGE	DUE DATE	ACTION Note: This is a cumulative report. Each action is listed by the filing date of the quarterly report. Only new attachments are included.	COMPLETED YES ( X )
<b>CHAPTER 4 – CONTINUITY OF CARE AND SERVICES</b>				
<b>Realignment of Services</b>				
<b>Performance Requirements</b>				
<b>Flexible Services and Housing</b>				
<b>Peer Services</b>				
49. Begin implementation of consumer participation in licensing	35	April. 2007	<p><u>Feb. 2008:</u> At a 12/5/07 meeting with the Court Master and Plaintiffs’ counsel, the Court Master agreed that it would be appropriate for the Department to present ideas for alternative ways of involving consumers in the evaluation of provider agencies’ performance to the Consumer Council, and for the Council to assist in shaping of a future amendment request for this component. He approved a delay in implementation of this component to allow OAMHS to present its proposal to the Consumer Council and solicit input about methods for including meaningful consumer involvement as part of the quality improvement process.</p> <p><u>May 2008 - May 2009:</u> Narrative descriptions of the Outcomes Stakeholder Workgroup development and process over the past year were deleted.</p>	

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			<p><u>August 2009</u>: OAMHS met with the CCSM to discuss ongoing consumer participation in OAMHS' quality management functions. Both groups agreed that meaningful consumer participation is crucial in promoting high quality services and effective program design and implementation. At the meeting participants started a list of issues of importance to the CCSM. However, the CCSM is in the process of developing a values statement and strategic plan for the future, and would like to complete that work prior to continuing this discussion with us. The CCSM plans to complete its strategic plan, take time to brainstorm and prioritize areas of focus for their interactions with DHHS, and then invite us back to a CCSM meeting to continue the discussion and begin to work on a plan.</p> <p><b><u>November 2009</u>: The CCSM is continuing work on its strategic priorities and is not yet ready to define the role that consumers should play in the quality management process. OAMHS can not move forward with this task without the participation of the CCSM and does not want to force implementation of any particular approach. OAMHS remains committed to working with the CCSM on quality management issues when it is ready.</b></p> <p><b>Accordingly, OAMHS intends to submit an amendment request this quarter to delete this component (along with components #50 and 51) and instead continue to work with the CCSM to incorporate consumer input in the quality management system as part of the further development of that system.</b></p>	
50. Provide training in spring 2007	35	Spring 2007	<p><u>August 2007, Nov. 2007, Feb. 2008, May 2008, August 2008, November 2008, February 2009, May 2009, August 2009, <b>November 2009</b></u>: See Component # 49.</p>	

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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, May 2009, August 2009, <b>November 2009</b></u> : See Component # 49.	
<b>Persons Experiencing Psychiatric Crises</b>				
73. Involve consumers in training for EDs to increase non traumatic transportation options	39		<p><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.</p> <p><u>August 2009</u>: OAMHS staff met with the contractor several times over this quarter to revise the training material based on consumer and other stakeholder input about non-traumatic care in the ED and non-traumatic transportation options. The contractor will make the revisions before the web-based training is made available to the public.</p> <p><b><u>November 2009</u>: The original contractor submitted a product that did not meet OAMHS expectations for an interactive training. Consequently, after work with the contractor to improve the product was unsuccessful, OAMHS terminated their contract. OAMHS hired consultants to edit and revise the script – this has been completed. OAMHS is currently negotiating with a web based training developer to complete the task.</b></p>	
80. Develop residential mental health services for persons with	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.	<b>X August 2009</b>

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complex health needs			<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 not 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><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.</p> <p><u>August 2009:</u> The Legislature did not provide additional Medicaid or general fund money for further bed development. However, OHI, a Region 3 provider, approached the OAMHS Region 3 Office during this quarter regarding some changes in their PNMI facilities and occupancy. Termination of a lease by OHI's landlord at an adult PNMI facility and the move of several adult mental health clients from that facility to less restrictive settings meant that OHI had</p>	

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			<p>several contracted PNMI beds for adult mental health but no facility and no clients needing the unspecialized PNMI beds. As a result of changes in its service offerings for children, OHI also had a former children's facility that was handicapped accessible and that was available to be opened as a specialized 7-bed adult PNMI facility to focus on persons with complex medical needs. OHI, the Region 1 Lead UR Nurse and Region 3 staffs are working toward opening this facility as of August 6, 2009. Four patients at RPC, all with medical needs, are prepared to move to the new facility when it opens.</p> <p><b>November 2009: The OHI facility opened in early August as planned and is now fully operational with all seven beds occupied.</b></p>	
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, May 2009, August 2009, November 2009</u> : See Component #73.	
<b>Vocational Opportunities</b>				
88.Update the MOA between OAMHS and BRS  Expanded reporting per 3/16/07 letter to the Court Master	44	October 2006 MOA  Ongoing	<p><u>Task 2</u>: Review qualitative and quantitative data and other sources to determine the array of employment services needed, the resources currently available, and solutions to obstacles.</p> <p><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 to 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</p>	<p><b>X November 2006 MOA signed</b></p> <p><b>January 2008: expanded reporting completed Tasks 1, 3, and 4</b></p>

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			<p>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.</p> <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><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.</p> <p>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</p>	

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			<p>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.</p> <p><u>August 2009:</u> The seven ESNs continue to meet on a monthly basis. This quarter the ESNs have been developing the ‘How to Guide to Finding a Job and Going Back to School’. The guides will be ready for distribution to consumers statewide in September 2009.</p> <p>During the next quarter OAMHS and the ESNs will formalize the report on the resources currently available to address the employment needs and the solutions to obtaining employment support within each CSN.</p> <p><b><u>November 2009:</u> OAMHS has been unable to complete this task through the ESNs as originally envisioned. The Muskie School has now been contracted to compile the data from existing sources and complete the task by the beginning of January 2010.</b></p>	
<b>CHAPTER 6 - ASSURING QUALITY SERVICES</b>				