

Department of Health and Human Services (DHHS)
Office of Substance Abuse and Mental Health Services (SAMHS)
Report on Unmet Needs and Quality Improvement Initiatives
February, 2015

Attached Report:

Statewide Report of Unmet Resource Needs for Fiscal Year 2015 Quarter 1

Population Covered:

- Persons receiving Community Integration (CI), Community Rehabilitation Services (CRS), Assertive Community Treatment (ACT) and Behavioral Health Homes (BHH)
- Class and non-class members

Data Sources:

Enrollment data and RDS (resource data summary) data collected by APS Healthcare, with data fed into and reported from the DHHS EIS data system

Unmet Resource Need Definition

Unmet resource needs are defined by 'Table 1. Response Times and Unmet Resource Needs' found on page 17 of the approved DHHS/OAMHS Adult Mental Health Services Plan of October 13, 2006. Unmet resource needs noted in the tables were found to be 'unmet' at some point within the quarter and may have been met at the time of the report.

Quality Improvement Measures

The Office of Substance Abuse and Mental Health Services is undertaking a series of quality improvement measures to address unmet needs among the covered population for the Consent Decree.

The improvement measures are designed to address both specific and generic unmet needs of consumers using the established array of needs:

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|----------------------------------|------------------------------|
| A. Mental Health Services | H. Financial Security |
| B. Mental Health Crisis Planning | I. Education |
| C. Peer, Recovery and Support | J. Vocational/Employment |
| D. Substance Abuse Services | K. Living Skills |
| E. Housing | L. Transportation |
| F. Health Care | M. Personal Growth/Community |
| G. Legal | |

Ongoing Quality Improvement Initiatives

SAMHS Website – Redesign. A taskforce has been formed to design and implement a new SAMHS website. SAMHS currently has the legacy websites for Adult Mental Health Services and Office of Substance Abuse. Changes to the website will be incremental based on a schedule that is being developed. All aspects of the new site should be rolled-out in July 2015.

Identified Need: A, B, C, D, E, F,G, H, I, J, K, L,M

The Motion to Amend Settlement Agreement, Paragraph 27 and 257 was signed on December 10, 2014 by Justice Horton.

Paragraph 27 of the Settlement Agreement was deleted in its entirety and replaced with the following:

27. Defendants shall maintain a data base of all complaints and of all grievances appealed to the Superintendent of the Riverview Psychiatric Center, the Director of the Office of Substance Abuse and Mental Health Services, and the Commissioner. The data base will summarize the issues raised, findings made, and remedial action taken, and data will be made available to the master and to counsel for plaintiffs on request.

Paragraph 257 of the Settlement Agreement was deleted in its entirety and replaced with the following:

257. Active caseloads for caseworkers assigned to class member public wards shall not exceed 40 cases.

The Motion to Amend Stipulated Order was signed on December 10, 2014 by Justice Horton

The stipulated Order of February 6, 1997 is deleted in its entirety and replaces with the following:

1. The defendants will review multiple sources of information on a regular basis in an effort to maintain a current list of class member addresses. The defendants will monitor the total number of unverified addresses for living class members, excluding from the calculation those class members approved by the court master for a no-contact list, and will report the results to the court master promptly if the number of unverified addresses exceeds 15%. The court master will then review the adequacy of the defendants' ongoing efforts to maintain current class member addresses, and will issue a recommendation under paragraph 298 of the Settlement Agreement for steps necessary to improve the accuracy of the address list, which recommendation may include a requirement a to mail notices periodically to class members not in service to inform them of services that may be available to them in Maine.
2. Upon request, the defendants will make a list of class member addresses available to the court master, plaintiffs' counsel, and the court.

Identified Need: A, G

Contract Performance Measures. SAMHS has instituted contract performance measures for fourteen service areas for FY15 contracts. Where appropriate, the measures are in alignment with standards under the Consent Decree Plan. In a meeting with the DHHS Office of Quality Management, we agreed on a three year schedule for full implementation of measures; year one will

be to validate the measures, year two to establish baselines, year 3 to test full implementation. All consumer based contracts will have performance measures starting FY16.

Identified Need: A, B, C, D

Contract Review Initiative. The Data/Quality Management staff is working with field service teams to ensure they have up-to-date, accurate service encounter data when they review progress toward meeting contract goals and establishing benchmarks for new contracts. SAMHS has built an easy query tool to help office staff identify service utilization patterns across three sources of funding. Also a tool was built to assist providers in sending their data to SAMHS. This entire project has been completed but Data/Quality Management staff continue to monitor to assure providers data is being sent successfully,

Identified Need: A, B, D, E, I, J, L

Mental Health Rehabilitation/Crisis Service Provider Review. The Mental Health Rehabilitation/ Crisis Service Provider (MHRT/CSP) certification was developed by the crisis providers (Maine Crisis Network) over the past several years in collaboration with DHHS (adult mental health and children's behavioral health) and the Muskie School. The MHRT/CSP is now ready to be implemented with providers. A review team consisting of two representatives from the Maine Crisis Network, two representatives from Children's Behavioral Health and two representatives from SAMHS will work together to conduct reviews at contracted agencies. Muskie staff collected the data and has produced a summary report which is in review at this time.

Identified Need: B

NIATx Quality Improvement Initiative

- SAMHS and the Muskie Institute developed a survey-monkey assessment tool with our Mental Health Learning Collaborate partners for a MHRT/C redesign. We sent out the survey-monkey to providers and have been using their responses to continue the work on the redesign.
- Agencies will now be getting their Waitlists directly from APS Healthcare. The Field Service Managers and Field Service Specialist will still be following up weekly with the agencies regarding their Waitlists.
- SAMHS staff called all consumers who have been on the Waitlist for 60 days or longer and if they were unable to reach the consumer then the consumer was sent a letter. SAMHS staff waited for 14 days and if there was no response APS Healthcare was asked to administratively close them. There was little response from those waiting 60 or longer so SAMHS staff called and/or sent letters to those on the Waitlist for 30 days or longer. Staff was able to reach a few more but still there were many they could not be reached by either phone or letter. The next round, staff will call those who have been on the Waitlist for 20 days or more. If SAMHS staff is able to reach the consumer they have the option of SAMHS staff assisting them in getting services immediately or they can stay on the agencies Waitlist.

Identified Need: A, B

SAMHS Quality Management Plan 2015-2020 A team in the Data and Quality Management division is undertaking the development of a new SAMHS comprehensive quality management plan for 2015-2020 . The team members are engaging with division leaders in the four pillars of SAMHS services (prevention, intervention, treatment and recovery) to develop profiles of programs, specific initiatives, evidence based or promising practice services being offered and

standardized performance measures. The scope of the final plan will be inclusive of all SAMHS services and the required Consent Decree services will be imbedded within the larger document. There has been significant progress on the plan this quarter. The expectation is to have a draft complete by the end of February.

Identified Need: A,B,C,D,E,F,G,H,I,J,K,L,M