

Department of Health and Human Services (DHHS)
Office of Adult Mental Health Services (OAMHS)
Unmet Needs October 2008

Attached Report: Unmet Needs Data Fiscal Year 09, Quarter 1 (July, August, September 2008)

Population Covered:

- Persons receiving Community Integration (CI), Intensive Case Management (ICM) and Assertive Community Treatment (ACT) services
- Class and non-class members

OAMHS Data Sources:

- EIS enrollment data
- EIS RDS (resource data summary) data

Unmet 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 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.

APS Healthcare and Enrollment/RDS Data

As of September 1, 2008, enrollment and RDS data is entered by providers into APS Healthcare's CareConnection at the time of the initial Prior Authorization (PA) request and at all continuing stay reviews. Continuing stay reviews are scheduled to occur every 90 days to correspond with the updating of the consumer's ISP. Data is then fed to EIS on a monthly basis. Providers no longer submit enrollment/RDS data through E-NetME. This is expected to assure that data is gathered on all persons receiving CI, ACT or ICM services.

The first feed of enrollment and RDS data from APS Healthcare occurred in early October. This feed, and earlier test feeds, identified data collection issues on the APS Healthcare side and OAMHS/EIS mapping issues, both of which affected the integrity of the September data. These issues resulted in a significant number of records being 'rejected' by EIS and not being able to be loaded into the system. Staff have spent a great deal of time 'cleaning' the data and the 'fixes' to remedy the data issues have been identified. While some of the fixes have already been implemented, the remainder are expected to be implemented by November 4th. For these reasons, it will be difficult to formulate conclusions from the unmet need data as the data for this quarter is most likely lower, or different, than it would be if OAMHS had not experienced challenges in the transition over to APS Healthcare.

Because the 'fixes' will not be complete until November, this issue will affect the 2nd quarter's reporting as well. However, each time an unmet need report is drawn from EIS the prior quarters' data is updated to reflect new/changed information that has been received. The data in

this report is not static as new data is being continually collected. The report reflects the unmet needs at a given point in time.

OAMHS will continue to work with providers to assure that accurate data is entered in a timely fashion.

Other Unmet Need Reporting

Riverview (RPC) and Dorothea Dix (DDPC) Psychiatric Centers

- RPC: 2 unmet needs for supported housing willing to accept private pay
1 unmet need for a residential treatment facility
1 unmet need for a nursing home
- DDPC: 4 unmet needs for residential treatment facility
1 unmet need for residential treatment for TBI
1 unmet need for gero-psychiatric residential treatment

Paragraph 74 Reporting (class members not in services): The paragraph 74 reporting system identified 0 unmet needs for this quarter.

Contact for Service Notification Data/APS Healthcare

Contact for Service Notifications are submitted to APS Healthcare by agencies when a request for CI or ACT is made, if the agency can not meet the request at the time. CDCs also complete contact for service notifications when a consumer calls and requests CI and ACT as part of their referral process for the service. The contact for service notification assures that the date of application is entered into APS Healthcare and that the 'clock is started' for purposes of calculating assignment times. Agencies are to close contacts if the individual is removed from the agency's waiting list without receiving service. If opened to service, the PA with APS Healthcare is to close out the contact for service notification.

This quarter, a review of all 'open' contact for service notifications was completed: 'open' is defined as APS Healthcare has not yet issued a prior authorization (PA) for the requested service. Consent Decree Coordinators (CDCs) were asked to follow-up with agencies and consumers, as appropriate, to ascertain the client's current waitlist status. Of the 82 individuals with open contacts for notification as of 6/30/08 (original list was for contact for service notifications opened from 12/1/07-6/30/08):

- 31 individuals were open to service prior to 7/1/08, though the APS spreadsheet did not indicate a PA or continuing stay review
- 8 individuals were open to service after 7/1/08
- 29 individuals did not keep initial appointments; were in service for a minimal amount of time (1 or 2 visits); service was denied; or individual did not connect with service

Of the 14 individuals left:

- 12 were in the process of accessing service, agency was trying to establish contact, were discharged or did not identify CI as a need

- 2 individuals were awaiting intake/or service
- one of the two individuals waiting was a class member

The CDCs followed up with the 2 individuals awaiting intake/service.

From the review we learned that agencies did not have a clear understanding about how to close out contact for service notifications when the individual did not initiate or was not accepted into service. Agencies were asked to go back into APS Healthcare CareConnections and close out their contact for notifications as appropriate. We also learned that the APS Healthcare's system hadn't been closing all contacts when service was authorized. The results of the review were shared with APS Healthcare.

APS Healthcare will be submitting contact for service notification reports to OAMHS on a quarterly basis and OAMHS will review and follow-up as appropriate.

'Other' Resource Need Categories

In the unmet needs report for the 4th quarter of FY08, 'other' resource needs made up approximately 25% of the total unmet resource needs statewide. When an 'other' category is used within the RDS (available within each major need category and as a stand alone category), a brief narrative specifying the need is required. In order to better understand these needs, a report was developed to list the 'other' narratives for each need category, as well as the length of time that the need had been identified. Upon review, most 'other needs' were found to be: goals (I want to find better ways to express my feelings when I become stressed; I want to get my older son back in the home), client descriptions (___ isolates, has no natural supports and has extreme environmental stressors; food insecure and low income), resource needs that fit within an existing category (housing subsidy; medication management), with many narratives left blank -- few actual resource needs were identified. Many identified needs were listed as being unmet for more years than the RDS system has been in existence indicating that there were data entry errors. To assist in 'cleaning' this category of resource need reporting:

- Providers have been asked to review the other categories when transitioning RDS reporting to APS Healthcare by: checking dates, deleting goals/descriptions, and updating those needs that have been met
- A report request has been submitted that will list unmet needs by agency, need category, client name, narrative and number of days unmet. This will be shared with each agency to aid in their 'cleaning' their other category data.
- The RDS training manual will be revised to update the process for submission of data and clarify the difference between a need, a goal and a client description.
- Unmet 'other' needs without a narrative describing the need will be deleted from EIS.
- Reports will be run quarterly on an ongoing basis until OAMHS is comfortable that the category is providing accurate data as to resource needs.
- Data specialists will remain available to providers to assist in training and answering questions regarding RDS data.