

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

Attached Report:

Unmet Needs Data Fiscal Year 08, Quarter 4 (April, May, June 2008)

Population Covered:

- Persons receiving Community Integration (CI), Intensive Community Integration (ICI), 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.

Other Unmet Need Reporting

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

- RPC: 1 unmet need for assistance with securing public benefits; and
- DDPC: 1 unmet need identified for a residential, gero-psychiatric unit  
2 unmet needs identified for a residential treatment facility.

Paragraph 74 Reporting (class members not in services): The paragraph 74 reporting system identified no unmet needs for this quarter.

Initial observations:

Over the fourth quarter, OAMHS made a concerted effort to bring agencies into compliance with the timeframes set for entering enrollments and RDS into the DHHS EIS and thereby increase the accuracy of unmet need reporting. This effort was successful in decreasing significantly the number of overdue enrollments and RDS. OAMHS expected that this effort would increase the number of unmet needs reported and this has proven to be accurate: the number of unmet needs increased statewide by 93%. OAMHS is working with APS Healthcare to collect the RDS/Enrollment data and migrate that data into the EIS system for reporting purposes. This will lower the administrative burden on providers and assure that data is gathered on all persons receiving CI, ACT or ICM services. OAMHS' expectation is that we will again see an increase in unmet needs after this transition as we will have a fuller data set. It is expected that this transition will occur by September 1<sup>st</sup>.

OAMHS also discovered that the unmet needs report was counting needs identified by the RDS as 'no longer needed' as open needs. Consequently, the number of unmet needs reported is higher than the actual number. This reporting problem will be fixed for the next quarter.

The enclosed report lists 191 unmet needs for community integration services, an increase over the last 2 quarters (79 and 76 respectively). This means that community integration workers were not assigned within the time frames specified in Table 1 Response Times referenced above. It does not, however, mean that these individuals have a continuing need for CI services. Because this data covers all adults who are enrolled in community support services, by definition, all persons reported on have now been assigned a community support worker (either CI, ICI, ICM or ACT) even if the initial assignment was not within the time frame specified.

As in quarters 2 and 3, statewide the highest numbers of unmet needs are reported in: mental health services, housing resources, health care and financial security resources. CSN 1 continues to should relatively small numbers of unmet needs with CSNs 2, 4, and 5 ranking highest in number of unmet needs reported per 1000 open cases.

Unmet needs data continues to be reported to CSNs quarterly in a format that compares each CSN to itself quarter to quarter as well as to statewide number. To allow comparison across CSNs, the data is also adjusted to reflect rates per 1000 open cases. In August, OAMHS will begin discussions with the CSNs about unmet needs in the context of resource and budget requests.