

Department of Health and Human Services (DHHS)
Office of Adult Mental Health Services (OAMHS)
Unmet Resource Needs July 2010

Attached Report: Statewide Report of Unmet Resource Needs for Fiscal Year 2010 Quarter 3
(January, February and March 2010)

Population Covered:

- Persons receiving Community Integration (CI), Intensive Case Management (ICM), Community Rehabilitation (new MaineCare Section 17 service initiated 7/1/09) and Assertive Community Treatment (ACT) services
- 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.

Data Issues

OAMHS staff continues to work with providers and APS Healthcare to assure that accurate data is entered and reported in a timely fashion. This includes:

- monthly QA reports for providers
- offering and providing one-on-one training and other training as needed.
- addressing data issues through communication between APS Healthcare and EIS/OAMHS staffs on an as needed basis

Quarterly Unmet Resource Need Reports for CSNs

As of June 30, 2010, due to budget cuts, the Muskie School is no longer assisting with unmet resource need reporting. Individual CSN reports, with accompanying tables and graphs, are now included within the Statewide Report of Unmet Resource Needs.

Other Unmet Need Reporting

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

- RPC:
 - 3 unmet resource needs: Residential Treatment Facility (1 met within the quarter)
 - 3 unmet resource needs: Assisted Living Facility (2 met within quarter)

- DDPC:
 - 13 unmet resource needs (up from 2 last qtr): Residential Treatment (5 met within the quarter)
 - 2 unmet resource needs: Supported Apartment (1 met within the quarter)

Paragraph 74 Reporting (class members not in services): The paragraph 74 reporting system identified 1 unmet resource need for this quarter:

- 1 unmet resource need: financial resources

Contact for Service Notification Data/APS Healthcare

Contact for Service Notifications (CFSNs) are submitted to APS Healthcare by agencies when a request for community integration (CI), assertive community treatment (ACT) or daily living support services (DLSS) is made and the agency cannot meet the request at the time. CDCs also complete Contact for Service Notifications when a consumer calls and requests one of these services as part of their referral process for the service. Agencies are instructed to close contacts if the individual is removed from the agency's waiting list without receiving service due to withdrawal of request, inability to locate the client, the client not being eligible, etc. As of August 2010, it is expected that APS Healthcare will be able to close a CFSN when the individual receives the requested services whether or not the service is provided by the agency who originally submitted the CFSN.

APS Healthcare developed wait list reports for CI, DLSS and ACT. These aggregate, public reports are available on the APS Healthcare website (www.qualitycareforme.com). These reports are available in current time (updated daily) and can be sorted by CSN, and within CSNs by provider. The spreadsheets include, by agency, # waiting, average time waiting, longest time waiting and the # of individuals who need grant funding or have MaineCare. APS Healthcare also has detailed versions of all reports available to agencies and OAMHS with client names and provider detail.

APS Healthcare produces a quarterly, aggregate report for OAMHS that is sorted by service (CI, ACT, DLSS), wait time, CSN, payer source (MaineCare, non-MaineCare), and class member status.

As of 6/30/10:

- 300 persons were waiting for CI Services, an increase from 274 waiting at the end of the quarter ending 3/30/10. This is an increase of 26 individuals or 9.5%, following a 19% increase in the previous quarter
 - 58 class members and 242 non-class members
 - 186 individuals with MaineCare and 114 without MaineCare – both increased by approximately 9.5%
 - There were individuals waiting in all 7 CSNs with the greatest numbers in CSN 5 (77) and CSN 6 (74), approximately 50% of all individuals waiting statewide. CSN 6 also had the most people waiting for grant funding (34).
- 26 persons were waiting for ACT Services, an increase from 13 waiting at the end of the quarter ending 3/30/10. This is a 100% increase over the quarter, though the numbers remain small.
 - 4 class members and 22 non-class members (an increase of 12 or 120%)

- 21 (an increase of 11 or 110%) with MaineCare and 5 (an increase of 2) without MaineCare
- As reported in the previous quarter, no individuals were reported waiting in CSNs 1 and 4
- 14 persons were waiting for DLSS Services, an increase of 2 (17%)
 - 3 class member (increase of 2) and 11 non-class members (no change from prior quarter)
 - 10 with MaineCare and 4 without MaineCare (increase of 2)
 - No individuals were reported waiting in CSNs 1 and 7

Mental health team leaders routinely use the CFSN data in their discussions with providers and to assist consumers in accessing services.

'Other' Resource Need Categories

This quarter 'other' resource made up approximately 22.5% (1469 resource needs out of 6541 statewide) of the total unmet resource needs statewide, up from 20% reported last quarter. 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. The 'other' report for the 3rd quarter (agency, need category, client number, need narratives, the length of time that the need had been identified) continues to show that most 'other needs' are goals, client descriptions, needs (not resource needs), needs listed as 'none' or 'other' and resource needs that fit within an existing category. Few actual resource needs are identified: of the 1469 resource needs listed, approximately 552 appear to be actual unmet 'other' resource needs (38% of the overall number of unmet needs).

Some consistent needs reported (though in small numbers) within 'other' unmet need categories are:

- Support Groups for gender issues, grief, trauma survivors, eating disorders, cancer survivors, parenting, health issues
- AA
- Lower rent/income, affordable, safe housing
- Money for home repairs and weatherization
- Specialty medical care (urologist and diabetes for examples), dental care/dentures, nutritional needs
- Legal assistance for obtaining SSI/SSDI benefits, for family/custody issues, immigration issues
- SSI and SSDI
- Legal assistance with obtaining benefits and family issues (divorce, child custody, child visitation)
- Budgeting/money management
- Volunteer work or employment
- Homemaker services/help with housework
- Car repair, 'reliable' vehicle
- Obtaining a driver's license
- Transportation to other than medical appointments, shopping, etc.

These are similar to prior quarters' reporting.

The 'other' report has been, and will continue to be, shared with each agency to assist them in 'cleaning' their 'other' category data.

- When reports are forwarded to agencies, they are instructed to contact our data specialists for a discussion of their reports and training on resource needs
- Unmet 'other' needs without a narrative describing the need are deleted from EIS.
- Reports will be run quarterly 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.

As noted in past reports, OAMHS had identified that community integration workers (CIWs) seemed to have some difficulty in understanding the concept of unmet resource needs and entering the data accurately, as evidenced by the data we were receiving in the 'other' and community integration need (CI) categories. The original training done by the Consent Decree Coordinators (CDCs) about unmet resource needs and completion of the RDS was completed approximately 4 years ago. Since that time, OAHMS had tried various quality assurance methods to support CIWs in entering data accurately but had not seen an appreciable change in the data in the 'other' and CI need categories. In June, OAMHS initiated a project, managed and implemented by the CDCs, to meet with agencies required to submit RDS data to better understand the data, data collection and what we together might do to improve the accuracy of the data. Some meetings with agencies have occurred and others are scheduled through early August. To date, agencies have been appreciative of the meetings and the training provided. The results of this effort should be reflected in the data submitted and reported for the 1st and 2nd quarters of FY' 11.

As part of the project, instructions for completing the RDS were updated and made available on the APS Healthcare website at: http://www.qualitycareforme.com/MaineProvider_ProviderManual.htm. CDCs are reviewing these instructions as they meet with agencies and asking for suggestions for improvement. The instructions will be revised as needed.

Unmet Needs for Community Integration

In the 3rd quarter's report, the statewide unmet need total for community integration reported is reported as 237. It remains difficult to understand this data since, by definition, RDS reporting is done only for persons already receiving CI or ACT. OAMHS does a quarterly review of the reported unmet needs for community integration services and identifies the individuals (by agency) with the reported unmet CI needs. Each agency's list is forwarded to them with the request that the agency, at the next ISP review and continued stay review with APS Healthcare, review the CI need in the RDS section of the continued stay review and update, change or mark the unmet need as 'no longer needed'. Instructions are given to check CI as a resource need only when the individual is on a waiting list (has been referred) for community integration services. Despite these efforts, the number of unmet resource needs for community integration is growing rather than decreasing as we would have expected. Please see CDC RDS project described above: this quality improvement effort is intended to improve data in this unmet resource need category as well.

OAMHS also uses the Contact for Service Notification data from APS Healthcare in order to gain a more accurate picture of the need for community integration and ACT.

Unmet Needs for Housing Resources

The statewide unmet need total for rent subsidy (Section 8, BRAP, Shelter Plus Care) reported this quarter remains at zero, as it has for a number of quarters. The BRAP wait list report shows the number waiting for BRAP at 78 persons, down 5% from last quarter. It is noteworthy that 298 of the 580 unmet housing resource needs reported (51%) are in the category of 'other'; with only approximately 29% of those (86 of 298) meeting the definition of an unmet resource need, making it difficult to quantify the specific needs. Unmet resource needs listed for a housing subsidy within the 'other' category for housing is approximately 28, all of which should have been listed in the Section 8, BRAP, Shelter Plus Care category. We expect that the CDC RDS project will lead to improvement in this data as well.

After the end of the quarter, quality assurance checks of the unmet need data for rent subsidies showed that while the resource needs are being entered into the APS CareConnection and fed from APS Healthcare to the DHHS EIS, the data is not populating the appropriate field in EIS. OAMHS has initiated an internal request with the Office of Information Technology to correct the problem.