

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

Attached Report: Unmet Needs Data Fiscal Year 08, Quarter 2 (October, November, and December 2007)

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 (formal process put in place for counting during this quarter)

- RPC: 1 unmet need for a nursing home and 1 unmet need for residential treatment
- DDPC: none

Paragraph 74 Reporting (class members not in services): no unmet needs tracked

Initial observations:

The enclosed report lists 79 unmet needs for community integration services. This means that community integration workers were not assigned within the time frames specified in Table 1 Response Times referenced above. It does not mean that these individuals have a continuing need for CI services. In fact, because this data covers all adults who are enrolled in community support services, then, 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.

There are unmet needs listed in the report (e.g., for crisis plans and assistance in accessing public benefits) relating to tasks that should be handled by community support workers (CI, ICI, ICM or ACT) and thus should not be appearing as unmet needs. OAMHS will be analyzing this further to determine appropriate quality improvement steps.

## Next Steps

OAMHS is analyzing the data in the enclosed report and will be undertaking the following tasks over this next quarter:

- reporting the data to the CSNs along with a list of specific issues and questions that warrant discussion and problem solving;
- determining a process for assessing unmet needs data over time in order to determine the need for additional resources and translating those into appropriate budget requests;
- determining what other actions may be appropriate to address unmet needs for generic resources for which the Department does not have a funding responsibility (e.g., educational and legal resources); and
- identifying quality improvement opportunities based on this data.

In addition, OAMHS is already contacting providers who have a significant number of outdated RDS and enrollments to ensure that they take corrective action to bring this information up to date.