

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

Attached Report: Unmet Needs by Community Service Network (CSN): Fiscal Year 10, Quarter 1 (July, August, and September 2009).

Data for unmet needs reports is reported one quarter behind as it presents a more accurate picture of unmet needs:

- Administrative aspects of the authorization process through APS Healthcare can affect when RDS data is entered into the APS Healthcare system. For example, when a provider needs to request more units of service, the requests are done out of sequence with the ISP. ISP data is then entered at the time of the next continuing stay review which may be 90 days in the future. MaineCare spend downs, 'courtesy reviews' and initial PA-only requests can also affect when the ISP/RDS data is entered.
- Each time an unmet need report is drawn from EIS, the prior quarter's data is updated to reflect new/changed information that has been received, thereby improving the accuracy of the data for that quarter. 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.

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

OAMHS 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 Needs Definition

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.

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 weekly communication between APS Healthcare and EIS/OAMHS staffs

Quarterly Unmet Resource Need Reports for CSNs

In quarter 2 of FY'08, OAMHS developed, with the assistance of the Muskie School, Quarterly Unmet Resource Need Reports by CSN with an accompanying statewide report. These reports looked at geographical variations and trends in data across quarters, and were shared quarterly with the membership of each CSN. These reports were not developed and distributed last quarter. The change from E-Net ME to APS Healthcare for the collection of unmet needs data presented challenges to being able to present accurate, complete data. Both APS Healthcare and OAMHS worked hard to address all data issues raised and at this time issues appear to be resolved. The resolution of data issues and 'cleaning' of the data, along with reporting one quarter behind allows us to have a data set in which we have more confidence. As of January 2010, there will be two quarters of data (repeat of 4th quarter FY'09 and 1st quarter FY'10) that can be compared with more confidence. Individual CSN reports will resume early in the new year.

Other Unmet Need Reporting

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

- unmet needs noted below were found to be 'unmet' at some point within the quarter and may have been met at the time of this report
- RPC:
 - 1 unmet resource need: Nursing Home (gero-psychiatric unit)
 - 3 unmet resource need: Residential Treatment Facility (2 remain unmet at the end of the quarter)
 - 1 unmet resource need: Residential Treatment Facility that will accept limited MaineCare (remains unmet at the end of the quarter)
 - 1 unmet resource need: Assisted Living Facility (remains unmet at the end of the quarter)
 - 1 unmet resource need: Apartment/handicap accessible
- DDPC:
 - 1 unmet resource needs: Community Residential Treatment Facility
 - 1 unmet resource need: Nursing Home (gero-psychiatric unit)
 - 2 unmet resource need: Residential Treatment (1 remains unmet at the end of the quarter)
 - 1 unmet resource need: 'Other' Housing/financial (unmet at end of quarter)
 - 1 unmet resource need: Rental Subsidy (unmet at end of quarter)

Paragraph 74 Reporting (class members not in services): The paragraph 74 reporting system identified 4 (four) unmet needs for this quarter, one each in the following domains: mental health services, health care resources, financial security resources and vocational employment 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) or assertive community treatment (ACT) 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 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's CareConnections and that the 'clock is started' for purposes of calculating assignment times. 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. If the client is opened to service with the same agency that enters the CFSN, the Prior Authorization (PA) with APS Healthcare closes out the Contact for Service Notification. Otherwise, the original agency must close the CFSN.

In the 2nd quarter of 2010, APS Healthcare developed wait list reports for Community Integration (CI), Daily Living Supports (DLSS) and Assertive Community Treatment (ACT) that became available on their website (www.qualitycareforme.com) as of 7/17/09. These aggregate, public 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 now 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. OAMHS will continue to work with APS Healthcare to refine these reports as needed. It is expected that this process will supply more timely and accurate wait list data for these particular services as providers review and update their lists.

As of 12/31/09:

- 230 persons were waiting for CI Services
 - 22 class members and 208 non-class members
 - 154 individuals with MaineCare and 76 without MaineCare
 - There are individuals waiting in all 7 CSNs
 - The number of individuals reported waiting has increased from 148 individuals reported waiting 9/30/09
- 15 persons were waiting for ACT Services
 - 2 class members and 13 non-class members
 - 15 with MaineCare and 0 without MaineCare
 - No individuals were reported waiting in CSNs 4 and 5
 - The number of individuals waiting for ACT has decreased from 38 reported as waiting 9/30/09
- 14 persons were waiting for DLSS Services
 - 0 class members and 14 non-class members
 - 12 with MaineCare and 2 without MaineCare
 - No individuals were reported waiting in CSNs 1, 2 and 3
 - The number of individuals reported waiting increased from 4 persons reported waiting on 9/30/09

In the first quarter, the online data generated a great deal of discussion amongst providers within the CSNs and the CSN workgroups that are focusing on access to services. These discussions and mental health team leader reviews of waitlists with agencies revealed that:

- providers were confused as to when to complete a CFSN and when/how to discharge a CFSN when a client is not eligible for/does not follow through with or declines service;
- some providers are assisting consumers to access service through another provider and others are not;
- some agencies do not wish to expand their programs, thereby not being able to accommodate new admissions, including those with MaineCare;
- staffing issues (vacancies, vacations, etc) are having an effect on accepting individuals in a timely fashion.

Questions about the CFSN process that were raised during the APS Healthcare Provider Forums that occurred in October and the CSN discussions were compiled into a ‘Adult Mental Health Services: Frequently Asked Questions Contact for Service Notification & Wait List Reports’ document in order to provide further guidance for providers. This document was distributed to all CSN members on 12-9-09 and is posted on the APS Healthcare website: http://www.qualitycareforme.com/MaineProvider_ProviderManual.htm.

Mental health team leaders continue to use the CFSN data in their discussions with providers.

‘Other’ Resource Need Categories

‘Other’ resource needs continue to make up approximately a quarter (24.3% - 759 resource needs out of 3128 statewide) 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. The ‘other’ report for the 2nd 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 759 resource needs listed, approximately 58 % appear to be actual unmet ‘other’ resource needs (14% of the overall number of unmet needs, 3128). Little improvement has been seen from past several quarter’s quality management efforts.

- 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.

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

- Specialty groups such as: gender support, grief, DBT, young mothers and peer run native resources
- Lower rent/income, affordable, safe housing
- Money for home repairs, fuel assistance

- Pain management, podiatry/foot care
- Legal assistance for obtaining SSI/SSDI benefits and for family/custody issues
- SSI and SSDI
- Budgeting/money management
- Childcare.
- Volunteer work or employment
- Homemaker services
- Car repair
- Obtaining a driver's license
- Transportation to other than medical appointments, shopping, etc.

These are similar to prior quarters' reporting.

Unmet Needs for Community Integration

In the 1st quarter's report, the statewide unmet need total for community integration reported was 146. It remains difficult to understand this data since, by definition, RDS reporting is done only for persons already receiving CI or ACT. Over the past year, OAMHS has done a quarterly review of the reported unmet needs for community integration services and identified the individuals (by agency) with the reported unmet CI needs. Each agency's list was 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 were given to check CI as a resource need only when the individual is on a waiting list (has been referred) for community integration services. OAMHS will continue to communicate with agencies via the process outlined above, in order to better understand the need and collect accurate data.

OAMHS will also use 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. This number is in question as the BRAP wait list report shows the number waiting for BRAP at 101 persons. While the BRAP waitlist number decreased by 59% from the last quarter, anecdotal evidence continues to suggest that consumers are having increasing difficulty accessing housing in the current economic environment.

It is also noteworthy that 161 of the 264 unmet housing resource needs reported (61%) are in the category of 'other', with half not meeting the definition of an unmet resource need, making it difficult to quantify the specific needs. However, Section 8 and housing subsidy needs are found in the other category