

Department of Health and Human Services (DHHS)
Office of Adult Mental Health Services (OAMHS)
Unmet Resource Needs Cover Document
January 2012

Attached Report:

Statewide Report of Unmet Resource Needs for Fiscal Year 2011 Quarter 1 (July, August, September 2011)

Population Covered:

- Persons receiving Community Integration (CI), Community Rehabilitation (CRS) 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

Other Unmet Need Reporting

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

- RPC: no unmet resource needs for the quarter
- DDPC: 1 unmet resource need -- Residential Treatment

Paragraph 74 Reporting (class members not in service): The paragraph 74 reporting system identified 0 unmet resource needs for the 1st quarter of FY'12. Paragraph 74 reporting is managed by the Intensive Case Management (ICM) program, with the daily 'duty person' in each region assigned to take calls from consumers and record, and follow-up on, paragraph 74 data as applicable for class members.

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. 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.

APS Healthcare produces wait list reports for CI, DLSS and ACT that are public reports and 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 produces this same series of waitlist reports that identify the individuals waiting. These reports are forwarded to the regional Field Service Specialists (FSS) weekly by the DHHS OAMHS Data Specialists. Detailed versions are also available to agencies as requested.

The Field Service Specialists monitor the waitlists by following this protocol:

- On a weekly basis, the FSS from each of the three regions review the "Wait List Information" in APS Care Connections and the 'detailed' reports received from APS Healthcare.
- The two sets of reports are compared and reviewed for accuracy and for discussions with DHHS provider agencies in an effort to provide services in a timely manner for those individuals who are on wait lists; as well as to determine eligibility for services. This includes discussions around qualifying for MaineCare and the assignment of a worker.
- After reviewing these Wait List reports, the FSS contact provider agencies when there are people waiting for services over 30 days, to inquire if the particular agency lacks capacity to pick those individuals up; and if so, whether the agency has referred those on the wait list to another provider. This process is done for consumers who are on both the MaineCare and Grant Funded Wait Lists.
- If there is a funding issue and if grant funds are available, provider agencies work with the FSS for funding approval to provide services, which will remove those individuals from the wait list.
- If the wait for services is under 30 days, it is assumed that the intake is in process. Ther FSS will follow up by contacting provider agencies whose wait list numbers remain over 30 days.

APS Healthcare also 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 12/31/11:

- 104 persons were waiting for CI Services, down from last quarter's 159
 - 7 class members and 97 non-class members
 - 64 individuals with MaineCare and 40 needing to access grant funds
 - The number of individuals waiting for grant funds decreased from 44 to 40 individuals while the number waiting with MaineCare decreased from 115 to 64 individuals.

- There were individuals waiting in all CSNs with the greatest numbers in CSN 6 (37), and CSN 7 (34), approximately 68% of all individuals waiting statewide.
- CSN 7 had the most individuals waiting for grant funding at 18.
- 7 persons were waiting for ACT Services, a decrease from last quarter's 14
 - 1 class members and 6 non-class members were waiting
 - 5 with MaineCare and 2 needing to access grant funds
 - No individuals were reported waiting in CSNs 1, 2, 4, 5 and 6
- 7 persons were waiting for DLSS Services, a decrease from 40 persons waiting at the end of the last quarter
 - 0 class member and 7 non-class members
 - 6 with MaineCare and 1 needing to access grant funds
 - As in the previous 4 quarters, no individuals were reported waiting in CSNs 1 and 7

'Other' Resource Need Categories

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 1st quarter (agency, need category, client number, need narratives, the length of time that the need had been identified) continues to show that a large proportion of '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 (for example, BRAP and Shelter + Care).

Some consistent unmet resource needs reported from quarter to quarter (though in small numbers) within 'other' unmet resource need categories continue to be:

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

The 'other' report is shared with each agency to assist them in addressing issues raised by 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 'other' resource needs.

- Data specialists remain available to providers to assist in training and answering questions regarding RDS data.

Data in the 'other' categories has not shown appreciable improvement even with OAMHS regularly providing agencies with reviews, trainings, and person-specific reports. While the data are helpful in describing the range of needs affecting the lives of the people served, narrative reporting is difficult to quantify. These 'other' resource needs are not helpful in describing needs that OAMHS can control or address. OAMHS determined that deleting the 'other' category in specific domain areas (mental health services, crisis planning, peer recovery and support, etc.) and continuing with only one 'other resources' category will assure more focused answers in the various domains, and still offer an avenue for reporting resource concerns that are affecting the lives of people served. With the assistance of APS Healthcare, this was implemented as of September 18, 2011. OAMHS informed providers of this change on September 15, 2011 via a memo that included guidance regarding how to use the remaining 'other resource' category. Reporting in the future will address only this stand alone 'other' category. OAMHS expects that the 2nd quarter's reporting (reported a quarter behind and therefore expected to be available for the next quarterly report) will more accurately reflect 'other' needs.

It was also apparent to OAMHS that most of the data sent in for the 'Other' categories is data that should have been entered into one of the specified categories. OAMHS determined that the instructions on how to complete an RDS could be improved and has updated the instructions in conjunction with APS Healthcare. A notice will be sent to providers that the RDS instructions within APS Healthcare's CareConnections have been revised to better guide staff in completion of the RDS. This project is expected to be completed within the next couple of weeks. Quality Management Field Specialists will then follow up with agencies as needed.

RDS Data/Unmet Resource Needs for Community Integration (CI)

The 1st quarter's report continues to show unmet resource needs for CI (291 unmet resource needs, down from 350 last quarter). This continues to be a training issue, as RDS data by definition comes only from persons already receiving CI or ACT.

In an effort to improve this data, OAMHS instituted the following quality improvement efforts.

- OAMHS reviews the reported unmet resource needs for community integration services quarterly and identifies the individuals (by agency) with the reported unmet CI needs.
- Each agency's list is forwarded to the agency 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.
- Quality Management Field Specialists continue to speak with all providers whose reports indicated there were Community Integration Unmet Resource Needs. If these Unmet Needs were in error, QM Field Specialists ask them to check the box "No Longer Needed" in APS Healthcare's CareConnections at the next review period. QM Field Specialists follow up to see that the corrections have been made. The QM Specialists receive an updated list monthly that they review with agencies on an ongoing basis. If improvement is not seen, OAMHS

program service managers, who monitor contracts, are notified to initiate contract compliance efforts.

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.

Instructions for completing the RDS are available on the APS Healthcare website at: http://www.qualitycareforme.com/MaineProvider_ProviderManual.htm. A revision of these instructions is expected to be posted within the next couple of weeks.

Unmet Needs for Housing Resources

The number of unmet resource needs in the rent subsidy (Section 8, BRAP, Shelter Plus Care) category of 637 in Q1 FY12 showed a decrease from the prior quarter's 680. Unmet resource needs listed for rent subsidies, Section 8, BRAP and Shelter Plus Care continue to be listed within the 'other' domain categories, all of which should have been listed in the rent subsidy (Section 8, BRAP, Shelter Plus Care) category.

The BRAP wait list report shows the number waiting for BRAP at 55 persons, down 72 persons from last quarter (127 persons). All 55 persons on the waitlist have been issued award letters. The additional OAMHS allocation for FY' 12 of \$995,000 was made available on August 23rd, 2011. Since that time, waitlists have decreased in every BRAP category.

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