

Department of Health and Human Services (DHHS)
Office of Substance Abuse and Mental Health Services (SAMHS)
Report on Unmet Needs and Quality Improvement Initiatives
February 1, 2016

Attached Report:

Statewide Report of Unmet Resource Needs for Fiscal Year 2016 Quarter 2

Population Covered:

- Persons receiving Community Integration (CI), Community Rehabilitation Services (CRS), Assertive Community Treatment (ACT) and Behavioral Health Homes (BHH)
- 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.

Quality Improvement Measures

The Office of Substance Abuse and Mental Health Services is undertaking a series of quality improvement measures to address unmet needs among the covered population for the Consent Decree.

The improvement measures are designed to address both specific and generic unmet needs of consumers using the established array of needs:

- | | |
|----------------------------------|------------------------------|
| A. Mental Health Services | H. Financial Security |
| B. Mental Health Crisis Planning | I. Education |
| C. Peer, Recovery and Support | J. Vocational/Employment |
| D. Substance Abuse Services | K. Living Skills |
| E. Housing | L. Transportation |
| F. Health Care | M. Personal Growth/Community |
| G. Legal | |

Ongoing Quality Improvement Initiatives

SAMHS Website – Redesign. A taskforce has been formed to design and implement a new SAMHS website. SAMHS currently has the legacy websites for Adult Mental Health Services and Office of Substance Abuse. Changes to the website will be incremental based on a schedule that is being developed. The redesign will assist the public in accessing information regarding unmet needs. All aspects of the new site should be rolled-out in December 2016.

Identified Need: A, B, C, D, E, F, G, H, I, J, K, L, M

Contract Performance Measures. SAMHS has instituted contract performance measures for twenty seven direct services which include but are not limited to Community Integration, ACT, Community Rehabilitation Services, Behavioral Health Homes, Daily Living Support Services, Skills Development, Medication Management, Residential Treatment and Gero-Psych Nursing Homes. Where appropriate, the measures are in alignment with standards under the Consent Decree Plan. All direct services contracts have measure in FY16. SAMHS will be reviewing all measures before implementing FY17 contracts.

Identified Need: A, B, C, D, E, J, K, L.

Contract Review Initiative. The Data/Quality Management staff worked with field service teams to ensure they have up-to-date, accurate service encounter data when they review progress toward meeting contract goals and establishing benchmarks for new contracts. SAMHS has built an easy query tool to help office staff identify service utilization patterns across three sources of funding. Also, a tool was built to assist providers in sending their data to SAMHS. This entire project has been completed, but Data/Quality Management staff will continue to monitor to assure providers' data is being sent successfully.

Identified Need: A, B, D, E, I, J, L

Mental Health Rehabilitation/Crisis Service Provider Review. The Mental Health Rehabilitation/ Crisis Service Provider (MHRT/CSP) certification was developed by the crisis providers (Maine Crisis Network) over the past several years in collaboration with DHHS (adult mental health and children's behavioral health) and the Muskie School. The MHRT/CSP is now ready to be implemented with providers. A review team consisting of two representatives from the Maine Crisis Network, two representatives from Children's Behavioral Health and two representatives from SAMHS worked together to conduct reviews at contracted agencies. Muskie staff collected the data, produced a summary report and made recommendations with plans to implement those recommendations. Discussions continue regarding the recommendations.

Identified Need: B

Mental Health Rehabilitation Technician- SAMHS, Muskie School, providers and consumers have formed a group to redesign the certification of the Mental Health Rehabilitation Technician/Community. The group has worked over the last several months to come up with ways to redesign the certification. The new requirements will be gradually implemented in order for the schools to change their curriculum. This initiative continues to move forward but hasn't been formalized.

Identified Need: A, B, C, D, E, F, G, H, I, J, K, L, M

Consent Decree Process Improvement Quality Improvement Initiative

A manager has been hired to oversee the Consent Decree to perform an analysis on the Waitlist system.

Currently agencies are getting their Waitlists directly from APS Healthcare. The agencies are to respond to the Field Service Managers and Field Service Specialist regarding each consumer and their status regarding wait time, continuing on the waitlist, in service, discharged, rescheduling appointments or other explanation. The Waitlist has decreased by % f

Identified Need: A, B

SAMHS Quality Management Plan 2015-2020- The **DRAFT** Quality Management Plan has been completed. The Plan has been given to Disability Rights Maine, the Attorney General's office and the Court Master for review. The Plan has been disseminated to all of SAMHS staff for updates and corrections. The Plan is now under review and will have significant changes in the near future due to reassignment of staff to other DHHS offices.

Identified Need: A,B,C,D,E,F,G,H,I,J,K,L,M

AMHI Consent Decree-History, Requirements and Related Topics- A new Power Point was developed to provide in depth assistance to agencies regarding the history, the requirements and other related topics. This Power Point can be found at the link below along with other relevant topics. <http://www.maine.gov/dhhs/samhs/resources.shtml>

Identified Need: A, B, C, E, G, I, J

Adult Needs and Strengths Assessment (ANSA)- The ANSA is currently being used by the residential providers and the data is being submitted through a portal in Enterprise Information Systems (EIS). The ANSA has a field for intake, discharge, annual and 90 day review. There is a field that distinguishes between forensic and non-forensic clients. SAMHS is slowly implementing a pilot across services. All pilot agencies are able to submit their data. This pilot is to help SAMHS determine the correct level of care of each consume.

A, B, C, D, E, F, G, H, I, J, K, L, M

Resource Data Summary- A combined project with SAMHS, APS Healthcare and providers to assess what would be helpful for providers in entering and discharging unmet needs in APS Healthcare. SAMHS and APS have worked out a system to delete the reporting of an unmet need of those who have received the service but were not closed by the agency. This will provide SAMHS with a true picture of unmet needs for those that receive services that are entered into APS Healthcare. Other initiatives are planned to ensure accuracy of the RDS.

A, B, C, D, E, F, G, H, I, J, K, L, M

Section 17- There are currently proposed changes to Section 17. There has been an opportunity for the public to comment to the proposed rules. At this time the changes are not final. This is Phase I of proposed changes. There will be Phase II and possibly Phase III changes to Section 17.

A, C