

Department of Health and Human Services (DHHS)  
Office of Adult Mental Health Services (OAMHS)  
Unmet Needs April 2008

Attached Report:

Unmet Needs Data Fiscal Year 08, Quarter 3 (January, February and March 2008)

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 identified for residential treatment and 1 for a nursing home; and
- DDPC: 1 unmet need identified for a residential, gero-psyc unit.

Paragraph 74 Reporting (class members not in services): The paragraph 74 reporting system identified no unmet needs for this quarter.

Initial observations:

The enclosed report lists 76 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, however, mean that these individuals have a continuing need for CI services. Because this data covers all adults who are enrolled in community support services, 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. This number of unmet needs is consistent with the 79 unmet needs for CI reported last quarter.

While the overall number of unmet needs increased this quarter by 25 % statewide (2431 to 3035), the number of unmet mental health service needs remained essentially the same (423 to 416, down 2%). While CSN 1 experienced a decrease of 54% in overall unmet needs, the other six experienced overall increases: CSN 2, 16%; CSN 3, 5%; CSN 4, 28%; CSN 5, 21%; CSN 6, 44%; and CSN 7, 128%. Statewide, significant increases were seen in educational services (55%), transportation services (35%), health care (43%), financial security (26%) and housing resources (24%).

CSN 2 continues to report a disproportionate number of the unmet needs (1033), more than twice the number reported by any other CSN, with the next highest CSN 3 reporting 495 unmet needs. CSN 1 reported the lowest number of unmet needs at 29. This will be a point of discussion within CSNs as OAMHS develops the next quarter's report.

Unmet needs data is now being reported to CSNs in a new format (see attached example: March 25, 2008 CSN 5 Data Package) that identifies specific issues and questions and that is designed to facilitate discussion and problem-solving.

OAMHS is continuing to work on how to assess and use unmet needs data for resource and budget requests.

OAMHS contacted 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 by May 15, 2008 (see report for component 107 of the Consent Decree Quarterly Report).