

Department of Health and Human Services (DHHS)  
Office of Adult Mental Health Services (OAMHS)  
Unmet Needs April 2009

Attached Report: Unmet Needs by Community Service Network (CSN): Fiscal Year 09, Quarter 3  
(January, February and March 2009)

Population Covered:

- Persons receiving Community Integration (CI), 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 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.

APS Healthcare and Enrollment/RDS Data

As of September 1, 2008, enrollment and RDS data is entered by providers into APS Healthcare's CareConnection at the time of the initial Prior Authorization (PA) request and at all continuing stay reviews. Continuing stay reviews are scheduled to occur every 90 days to correspond with the updating of the consumer's ISP. Data is then fed to EIS on a monthly basis. Providers no longer submit enrollment/RDS data through E-NetME. This assures that data is gathered on all persons receiving CI, ACT or ICM services.

The first feed of enrollment and RDS data from APS Healthcare, and subsequent feeds, revealed problems with data collection/processing that continue to affect the integrity of the unmet needs data. These issues resulted in a significant number of records being 'rejected' by EIS and not being able to be loaded into the system. Staff has spent a great deal of time 'cleaning' the data and the 'fixes' to remedy the data problems have been identified and are being implemented. For these reasons, it is difficult to formulate reliable conclusions at this time from the unmet need data.

Data integrity issues addressed:

- APS Healthcare did not include the required EIS fields as planned in APS Healthcare's CareConnection. Because of the missing values, including ISP dates, default values were utilized in order to load the records. The required fields were not in place and working until the end of March 2009. RDS with default values could not be utilized in this quarter's calculations, resulting in significantly fewer RDS for reporting purposes.

- Training issues have been identified. QA reports for providers were re-initiated in March of 2009 and OAMHS will offer more one-on-one training and other training as needed.
- APS Healthcare's CareConnection data continues to improve as small problems with the interface are addressed through weekly communication between APS Healthcare and EIS/OAMHS staff.

Because the 'fixes' were not completed until the end of this quarter, the 4<sup>th</sup> quarter's reporting will be affected as well. However, each time an unmet need report is drawn from EIS the prior quarters' 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. Reporting one quarter behind (for example, report 2<sup>nd</sup> quarter data in the 3<sup>rd</sup> quarter report) would present a more accurate picture of the actual unmet needs and is worth considering.

OAMHS will continue to work with providers and APS Healthcare to assure that accurate data is entered in a timely fashion.

### Other Unmet Need Reporting

#### Riverview (RPC) and Dorothea Dix (DDPC) Psychiatric Centers

- unmet needs noted below were found to be 'unmet' at some point within the quarter and may have been met at the time of the report
- RPC:
  - 1 unmet need: funding for out of state treatment
  - 1 unmet need: assisted living facility
  - 1 unmet need: supported apartment with 24/7 support and DBT trained staff
  - 3 unmet needs: community residential facility
  - 5 unmet needs: residential treatment facility
  - 1 unmet need: residential treatment facility that can administer insulin
  - 1 unmet need: ACT
  - 1 unmet need: PTP
- DDPC:
  - 2 unmet needs: residential treatment facility
  - 1 unmet need: TBI residential treatment
  - 1 unmet need: nursing home (gero-psychiatric unit)
  - 2 unmet needs: assisted living facility
  - 2 unmet needs: boarding home

Paragraph 74 Reporting (class members not in services): The paragraph 74 reporting system identified 0 (zero) unmet needs for this quarter.

### Contact for Service Notification Data/APS Healthcare

Contact for Service Notifications (CFSNs) are submitted to APS Healthcare by agencies when a request for CI or ACT is made, if 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 opened to service, the Prior Authorization (PA) with APS Healthcare is to close out the Contact for Service Notification.

This quarter, a review of all Contact for Service Notifications opened in the 2<sup>nd</sup> quarter, as well as CFSNs that remained open from the 1<sup>st</sup> quarter, was completed. 'Open' is defined to mean that APS Healthcare has not yet issued a PA for the requested service. Consent Decree Coordinators (CDCs) were asked to follow-up with agencies and consumers, as appropriate, to ascertain the client's current waitlist status.

Of the 102 individuals with open contacts for notification as of 12/31/08:

- 38 individuals were receiving the requested service prior to the CDC review, though the APS spreadsheet did not indicate a PA or continuing stay review
- 54 individuals did not keep initial appointments; were in service for a minimal amount of time (1 or 2 visits); were not eligible for service; moved; or the individual was referred for service(s) other than CI.
- 1 individual was deceased

Of the 9 individuals left waiting:

- 2 individuals were reported as needing grant funding
- 0 individuals were class members.

From the review we learned that a particular agency did not have a clear understanding about how to close out Contact for Service Notifications when the individual did not initiate or was not accepted into service. The CDC reviewing the CFSNs from this agency offered technical assistance on the process and requested that the agency go back into APS Healthcare CareConnections and close out their Contact for Service Notifications as appropriate.

The results of the review were shared with APS Healthcare. The process for completing Contact for Service Notifications was reviewed during a service specific conference call with providers hosted by APS Healthcare on March 27, 2009.

APS Healthcare will be submitting Contact for Service Notifications reports to OAMHS on a quarterly basis and OAMHS will review and follow-up as appropriate.

### 'Other' Resource Need Categories

'Other' resource needs continue to make up approximately 25% 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 report that lists the 'other' narratives for each need category, as well as the length of time that the need had been identified continues to show that most 'other needs' were found to be: goals, client descriptions, and resource needs that fit within an existing category. Few actual resource needs were identified.

- A report has been developed that lists ‘other’ unmet needs by agency, need category, client name, narrative and number of days unmet. This will be shared with each agency to assist them in ‘cleaning’ their ‘other’ category data.
- The RDS training manual is being revised as a component of an updated ISP Manual. It will update the process for submission of data and clarify the difference between a need, a goal and a client description.
- Unmet ‘other’ needs without a narrative describing the need have been deleted from EIS.
- Reports will be run quarterly on an ongoing basis 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.

### Unmet Needs for Community Integration

The statewide unmet need total for community integration reported this quarter is 285. As, by definition, RDS reporting is done only for persons already receiving CI or ACT, this seems inaccurate. OAMHS had planned to do a review of the 335 unmet needs identified in quarter 2 to further understand how the system calculated the number. This did not occur due to competing demands on staff time. OAMHS will put this task on its agenda for the upcoming quarter. OAMHS will also need to use Contact for Service Notification data from APS Healthcare in order to gain a more accurate picture of the need for this service.

### Unmet Needs for Housing Resources

The statewide unmet need total for rent subsidy (Section 8, BRAP, Shelter Plus Care) reported this quarter is 0. The validity of this number is in question given that the BRAP waiting list is at 128, and anecdotal evidence suggests that consumers are having increasing difficulty accessing housing in the current economic environment. OAMHS will work to better understand the accuracy of this piece of data.

It is also noteworthy that 183 (65%) of the unmet housing resource needs reported are in the category of ‘other’, making it difficult to quantify the specific needs.