

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

Attached Report: Unmet Needs by Community Service Network (CSN): Fiscal Year 10, Quarter 2 (October, November, and December 2009).

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

Review of the Unmet Needs Report for FY10 Q2 identified some inconsistencies in the data, particularly for prior quarters. In the fall, we recognized a problem with the interface (data flowing from APS Healthcare to EIS) due to the 'date of ISP' not being a required field that had to be updated with each Resource Data Summary (RDS). This has made it difficult to link the date a resource need was identified to the correct RDS within EIS. This problem was corrected and we believe the report for the current quarter to be more accurate as this link is now not in question. OAMHS will continue to work on the identified inconsistencies over the next quarter to assure the report is as accurate as possible.

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

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 look at geographical variations and trends in data across quarters, and are shared quarterly with the membership of each CSN.

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:
 - 4 unmet resource needs: Residential Treatment Facility (3 met within the quarter)
 - 2 unmet resource needs: Assisted Living Facility (1 patient no longer clinically ready for discharge)
 - 1 unmet resource need: Apartment/handicap accessible (met within quarter)
 - 1 unmet resource need: Foster Home or Boarding Home (patient no longer clinically ready for discharge)
 - 1 unmet resource need: ACTION Program/DBT intensive
 - 1 unmet resource need: MaineCare (met within quarter)
- DDPC:
 - 2 unmet resource needs: Residential Treatment (both remain unmet at the end of the quarter)
 - 1 unmet resource need: 'Other' Housing/financial (met within the quarter)
 - 1 unmet resource need: Rental Subsidy (met within the quarter)

Paragraph 74 Reporting (class members not in services): The paragraph 74 reporting system identified 7 unmet needs for this quarter:

- 1 unmet need: mental health services
- 1 unmet need: health care resources
- 1 unmet need: vocational employment resources
- 4 unmet needs: financial 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.

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 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 3/31/10:

- 274 persons were waiting for CI Services, an increase from 230 waiting at the end of the quarter ending 12/31/09. This is an increase of 19%
 - 54 class members and 220 non-class members
 - 170 individuals with MaineCare and 104 without MaineCare
 - There are individuals waiting in all 7 CSNs
- 13 persons were waiting for ACT Services, a decrease from 15 waiting at the end of the quarter ending 12/31/09.
 - 3 class members and 10 non-class members
 - 10 with MaineCare and 3 without MaineCare
 - No individuals were reported waiting in CSNs 1 and 4
 - The number of individuals waiting for ACT continues to decrease from the 38 reported as waiting 9/30/09
- 12 persons were waiting for DLSS Services
 - 1 class member and 11 non-class members
 - 10 with MaineCare and 2 without MaineCare
 - No individuals were reported waiting in CSNs 1, 6 and 7/
 - The number of individuals reported waiting increased from 4 persons reported waiting on 9/30/09

Mental health team leaders routinely use the CFSN data in their discussions with providers and to assist consumers in accessing services.

A document entitled 'Adult Mental Health Services: Frequently Asked Questions Contact for Service Notification & Wait List Reports' provides further guidance for providers as to the process and is posted on the APS Healthcare website:

http://www.qualitycareforme.com/MaineProvider_ProviderManual.htm.

'Other' Resource Need Categories

This quarter 'other' resource made up approximately 20% (743 resource needs out of 3730 statewide) of the total unmet resource needs statewide, down from the 25% reported previously. 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 743 resource needs listed, approximately 62 % appear to be actual unmet ‘other’ resource needs (12% of the overall number of unmet needs, 3730). Some improvement has been seen from past quarters’ 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, children’s needs and peer run native resources
- Lower rent/income, affordable, safe housing
- Money for home repairs and weatherization
- Pain management, podiatry/foot care, dental care/dentures, nutritional needs
- Legal assistance for obtaining SSI/SSDI benefits, for family/custody issues, immigration issues
- SSI and SSDI
- Budgeting/money management
- 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 2nd quarter’s report, the statewide unmet need total for community integration reported was 151. It remains difficult to understand this data since, by definition, RDS reporting is done only for persons already receiving CI or ACT. OAMHS does a quarterly review of the reported unmet needs for community integration services and identifies the individuals (by agency) with the reported unmet CI needs. Each agency’s list is 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 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. Despite these efforts, the

number of unmet resource needs for community integration is growing rather than decreasing as we would have expected. 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. The BRAP wait list report shows the number waiting for BRAP at 82 persons, down 19% from last quarter. It is noteworthy that 173 of the 321 unmet housing resource needs reported (54%) are in the category of 'other'; with over half of those not meeting the definition of an unmet resource need, making it difficult to quantify the specific needs. Unmet resource needs listed for a housing subsidy or subsidized housing within the 'other' category for housing is approximately 17.