

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

Attached Report: Statewide Report of Unmet Resource Needs for Fiscal Year 2010 Quarter 4
(April, May and June 2010)

Population Covered:

- Persons receiving Community Integration (CI), Intensive Case Management (ICM), 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

In September, the transition to the Maine Integrated Health Management Solution (MIHMS) for MaineCare Billing experienced some glitches due to inaccurate or non-existent NPI (National Provider Identification) numbers within the MIHMS. This, in turn, impacted the data fed to APS Healthcare from MIMHS and the feeds from APS Healthcare to EIS. Solutions were found to allow the feeds to occur into EIS, with data attributed to the appropriate providers. This issue did not impact the data for the Unmet Resource Need Report for the 4th quarter FY 2010.

Quarterly Unmet Resource Need Reports for CSNs

As of June 30, 2010, due to budget cuts, the Muskie School is no longer assisting with unmet resource need reporting. Individual CSN reports, with accompanying tables and graphs, are now included within the Statewide Report of Unmet Resource Needs.

Other Unmet Need Reporting

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

- RPC:
 - 2 unmet resource need: Residential Treatment Facility (1 met within quarter)
 - 1 unmet resource need: DBT Intensive Interdisciplinary Treatment Team (ACTION)
 - 1 unmet resource need: Assisted Living or Community Residential Facility
 - 1 unmet resource need: Community Residential Facility (met within quarter)
 - 3 unmet resource needs: Assisted Living Facility
- DDPC:
 - 9 unmet resource needs: Residential Treatment (2 met within the quarter)
 - 1 unmet resource need: Supported Apartment

Paragraph 74 Reporting (class members not in services): The paragraph 74 reporting system identified 2 unmet resource needs for this quarter:

- 1 unmet resource need: mental health services
- 1 unmet resource need: financial security 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), assertive community treatment (ACT) or daily living support services (DLSS) 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 one of these services as part of their referral process for the service. 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. As of August 2010, APS Healthcare is able to close a CFSN when the individual receives the requested services whether or not the service is provided by the agency who originally submitted the CFSN. This does not affect the data reported here for April through June, but should improve accuracy of wait list data going forward.

APS Healthcare developed wait list reports for CI, DLSS and ACT. These aggregate, public reports are 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 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 9/30/10:

- 245 persons were waiting for CI Services
 - 48 class members and 197 non-class members
 - 137 individuals with MaineCare and 108 needing to access grant funds

- There were individuals waiting in all 7 CSNs with the greatest numbers in CSN 2 (42) and CSN 6 (72), approximately 47% of all individuals waiting statewide. CSN 6 had the most people waiting for grant funding (34).
- 34 persons were waiting for ACT Services
 - 9 class members and 25 non-class members
 - 27 with MaineCare and 7 needing to access grant funds
 - As in the last two quarters, no individuals were reported waiting in CSNs 1 and 4
- 13 persons were waiting for DLSS Services
 - 4 class member and 9 non-class members
 - 6 with MaineCare and 7 needing to access grant funds
 - As in the previous quarter, no individuals were reported waiting in CSNs 1 and 7

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

'Other' Resource Need Categories

This quarter 'other' resource needs made up approximately 20% (1514 resource needs out of 7532 statewide) of the total unmet resource needs statewide, down from 22.5% reported last quarter and the same percentage (20%) reported in the 2nd quarter of FY2010. 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 4th 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 1514 resource needs listed, approximately 827 appear to be actual unmet 'other' resource needs, 55% of the overall number of unmet needs, an increase from prior quarters.

Some consistent unmet resource needs reported (though in small numbers) within 'other' unmet resource need categories are:

- Support Groups for gender issues, grief, trauma survivors, eating disorders, cancer survivors, parenting, health issues, domestic abuse survivors, peer support
- DBT, Eating Disorders Treatment, Psychological Exams
- AA
- Lower rent/income, affordable, safe housing
- Money for home repairs and weatherization
- Specialty medical care (neurology and diabetes for examples), dental care/dentures, nutritional needs
- Legal assistance for obtaining SSI/SSDI benefits, for family/custody issues, immigration issues
- SSI and SSDI
- Legal assistance with obtaining benefits and family issues (divorce, child custody, child visitation)
- Budgeting/money management
- Volunteer work or employment
- Homemaker services/help with housework

- Car repair, 'reliable' vehicle
- Transportation to other than medical appointments, shopping, etc.

These are similar to prior quarters' reporting.

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.
- CDCs will continue to receive agency 'other' reports and assist agencies in 'cleaning' and entering accurate data.

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

The 4th quarter's report continues to show unmet resource needs for CI. This is a training issue, as RDS data by definition comes only from persons already receiving CI or ACT. OAMHS is addressing this in several ways. First, OAMHS continues to review the reported unmet resource needs for community integration services quarterly and to identify 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. Also, as noted in the UPDATE CDC Project section below, CDCs provided specific training beginning in June to help address this issue. Data in the 1st and 2nd quarters FY2011 will show whether that training was helpful. In the meantime, 4th quarter data for statewide unmet resource needs for community integration is 315, up from 237 reported last quarter.

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.

Update CDC Project: 'Other' and 'CI' Unmet Resource Need Data

As noted in past reports, OAMHS had identified that community integration workers (CIWs) seemed to have some difficulty in understanding the concept of unmet resource needs and entering the data accurately, as evidenced by the data we were receiving in the 'other' and community integration need (CI) categories. The original training done by the Consent Decree Coordinators (CDCs) about unmet resource needs and completion of the RDS was completed approximately 4 years ago. Since that time, OAHMS had tried various quality assurance methods to support CIWs in entering data accurately but had not seen an appreciable change in the data in the 'other' and CI need categories. In June, OAMHS initiated a project, managed and implemented by the CDCs, to meet with agencies required to submit RDS data to better understand the data, data collection and

what we together might do to improve the accuracy of the data. Meetings with all agencies have occurred. Agencies were appreciative of the meetings and the training provided. The results of this effort should be reflected in the data submitted and reported for the 1st and 2nd quarters of FY'11.

Instructions for completing the RDS are available on the APS Healthcare website at: http://www.qualitycareforme.com/MaineProvider_ProviderManual.htm. The instructions will be revised as needed.

Unmet Needs for Housing Resources

For a number of quarters, the statewide unmet need total for rent subsidy (Section 8, BRAP, Shelter Plus Care) reported remained at zero. In August, quality assurance checks of the unmet need data for rent subsidies showed that while the resource needs were being entered into the APS CareConnection and fed from APS Healthcare to the DHHS EIS, the data was not populating the appropriate field in EIS. The Office of Information Technology corrected the problem and the unmet need report now reflects data for the past 4 quarters. Over the past 4 quarters, the number of unmet resource needs in the rent subsidy (Section 8, BRAP, Shelter Plus Care) category has been: Q1, 418; Q2, 530; Q3, 577; and Q4, 590.

The BRAP wait list report shows the number waiting for BRAP at 57 persons, down 37% from last quarter. The waitlist reported last quarter was cleared in July as the result of additional funding. However, by the end of this quarter, the waitlist began to grow again due to the continued strong demand for this program outstripping available resources.

316 of the 1150 unmet housing resource needs reported (27.5%) are in the category of 'other'; with only approximately 52% of those (165 of 316) meeting the definition of an unmet resource need, making it difficult to quantify the specific needs. Unmet resource needs listed for a Section 8, BRAP and Shelter Plus Care within the 'other' category for housing is approximately 30, all of which should have been listed in the Section 8, BRAP, Shelter Plus Care category. We expect that the CDC RDS project will lead to improvement in this data as well.