

Department of Health and Human Services (DHHS)
Office of Adult Mental Health Services (OAMHS)
Unmet Resource Needs Cover Document
July 2011

Attached Report:

Statewide Report of Unmet Resource Needs for Fiscal Year 2011 Quarter 3 (January, February and March 2011)

Population Covered:

- Persons receiving Community Integration (CI), 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

Other Unmet Need Reporting

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

- RPC:
 - 1 unmet resource need: Residential Treatment/SA
- DDPC:
 - 2 unmet resource needs: Residential Treatment (1 met within quarter)
 - 1 unmet resource need: Residential Crisis Unit (met within quarter)

Paragraph 74 Reporting (class members not in service): The paragraph 74 reporting system identified 3 unmet resource needs for this quarter, one each in the following domains: housing resources, financial security resources and legal 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. 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.

APS Healthcare developed wait list reports for CI, DLSS and ACT. These 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 6/30/11:

- 212 persons were waiting for CI Services, down from last quarter's 261
 - 8 class members and 204 non-class members
 - 140 individuals with MaineCare and 72 needing to access grant funds
 - The number of individuals waiting for grant funds decreased from 123 to 72 individuals while the number waiting with MaineCare increased from 111 to 140 individuals.
 - There were individuals waiting in all CSNs with the greatest numbers in CSN 2 (40), CSN 6 (61) and CSN 7 (33), approximately 63% of all individuals waiting statewide. CSNs 3 and 5 each had 25 individuals waiting.
 - CSN 6 had the most people waiting for grant funding (24) as it has for the last 2 quarters; with CSN1 having only 1 individual waiting.
- 6 persons were waiting for ACT Services, down from last quarter's 37
 - 2 class members and 4 non-class members were waiting
 - 3 with MaineCare and 3 needing to access grant funds
 - No individuals were reported waiting in CSNs 1, 3, 4 and 5
- 20 persons were waiting for DLSS Services, the same number waiting as at the end of the last quarter
 - 4 class member and 16 non-class members
 - 15 with MaineCare and 5 needing to access grant funds
 - As in the previous 4 quarters, no individuals were reported waiting in CSNs 1 and 7

In recent months, OAMHS has been contacting providers to address the individuals (by name) on the above waitlist reports. For persons on the grant funded lists, OAMHS has found that the issue is the lack of fiscal resources to provide additional service. For the MaineCare waitlist, there have been provider errors in not taking people off the waitlist for a variety of reasons, with some

providers indicating that a person would rather wait than be referred to another agency. Starting in mid July, waitlist reports are received weekly by field office staff for follow-up. The Office will be asking for the status of each individual person on the waitlist. Additionally, in the next quarter, OAMHS will begin to target the grant waitlists with the increased funding provided by the Legislature.

'Other' Resource Need Categories

- This quarter 'other' resource needs made up approximately 14.6% (1043 resource needs out of 7131 statewide) of the total unmet resource needs statewide, continuing a downward trend over the past 4 quarters (22.5%, FY'10 Q3).
- Unmet resource needs as a whole were up from the 6372 reported last quarter, to 7131 reported this quarter.
- For the fourth reporting period in a row, 'Other' unmet resource needs showed a reduction: 1514 FY'10 Q4; 1159 FY'11 Q1; 1117 FY'11 Q2; and 1043 FY'11 Q3.
- Approximately 58% (59% last quarter and 60% the previous quarter) of the 'other' unmet resource needs (604) met the definition of an unmet resource need.
- 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 3rd quarter (agency, need category, client number, need narratives, the length of time that the need had been identified) continues to show that approximately 40% (this quarter, 42%) of '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 (for example, BRAP and Shelter + Care).

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

- Specialized Support Groups: gender issues, grief, trauma survivors, eating disorders, cancer survivors, parenting, health issues, domestic abuse survivors, peer support, etc.
- Lower rent/income, affordable, safe housing
- Money for home repairs and weatherization
- Specialty medical care (neurology and diabetes for examples), dental care/dentures, hearing aids, nutritional needs
- Legal assistance for obtaining SSI/SSDI benefits, for family/custody issues (divorce, child custody, child visitation)
- Benefits: SSI and SSDI
- 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 consistent with prior quarters' reporting.

The 'other' report is 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.

Data in the ‘other’ categories has not shown an appreciable improvement, even with OAMHS regularly providing agencies with reviews, trainings, and person-specific reports. While the data are helpful in describing the range of needs affecting the lives of the people served, narrative reporting is difficult to quantify. These ‘other’ resource needs are not helpful in describing needs that OAMHS can control or address. OAMHS has determined that deleting the ‘other’ category in specific domain areas (mental health services, crisis planning, peer recovery and support, etc.) and continuing with only one ‘other resources’ category would assure more focused answers in the various domains, and still offer an avenue for reporting resource concerns that are affecting the lives of people served. APS Healthcare is able to assist with this by ‘graying out’ the ‘other’ fields in all domains but the ‘other resources’ domain. This process would not affect the twice monthly data feeds received from APS Healthcare. OAMHS will develop a memo to providers letting them know about this change and when this change will occur, and will include guidance regarding how to use the remaining ‘other’ category.

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

The 3rd quarter’s report continues to show unmet resource needs for CI (314 unmet resource needs). This is a training issue, as RDS data by definition comes only from persons already receiving CI or ACT.

In an effort to improve this data, OAMHS instituted the following quality improvement efforts.

- OAMHS reviews the reported unmet resource needs for community integration services quarterly and identifies 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.
- CDC review and training.

As our quality assurance efforts did not seem to make a difference in the data, OAMHS added another step this quarter. Quality Management Field Specialists (qm specialists) contacted each community support agency directly to review each person listed with a reported unmet resource need for community integration. These contacts were both by phone and in person depending on the qm specialist’s assessment of agency need. Agency strategies to ‘clean the data’ were noted and the qm specialists will follow-up to assure that this is occurring. The qm specialists will also receive an updated list monthly that they will review with agencies on an ongoing basis. If improvement is not seen, OAMHS program service managers, who monitor contracts, will be notified to initiate contract compliance efforts.

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.

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

While the number of unmet resource needs in the rent subsidy (Section 8, BRAP, Shelter Plus Care) category remained fairly consistent over the past 4 quarters (FY'10 Q3, 580; FY'10 Q4, 597; FY'11 Q1, 594; and FY'11 Q2, 585), this quarter saw an increase to 674. Unmet resource needs listed for rent subsidies, Section 8, BRAP and Shelter Plus Care continue to be listed within the 'other' domain categories, all of which should have been listed in the rent subsidy (Section 8, BRAP, Shelter Plus Care) category.

The BRAP wait list report shows the number waiting for BRAP at 264 persons, up 59 persons from last quarter (205 persons). The additional OAMHS allocation for FY'13 of \$995,000 will effectively clear the waitlist in July.

269 of the 1115 unmet housing resource needs reported (24%) are in the category of 'other', consistent with the past two quarters' numbers. With only approximately 46% of those (124 of 269) meeting the definition of an unmet resource need, it is difficult to quantify the specific needs.