

Department of Health and Human Services (DHHS)  
Office of Adult Mental Health Services (OAMHS)  
Unmet Resource Needs Cover Document  
July 2012

Attached Report:

Statewide Report of Unmet Resource Needs for Fiscal Year 2011 Quarter 3 (January, February, March 2012 )

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: 4 unmet resource needs for the quarter (1 refusing placement and 3 needing residential treatment)
- DDPC: 3 unmet resource needs -- Residential Treatment

Paragraph 74 Reporting (class members not in service): The paragraph 74 reporting system identified 3 contacts with Class Members, who had 0 unmet resource needs for the 3<sup>rd</sup> quarter of FY'12. Paragraph 74 reporting is managed by the Intensive Case Management (ICM) program, with the daily 'duty person' in each region assigned to take calls from consumers, and record and follow-up on paragraph 74 data as applicable for class members.

## 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 produces wait list reports for CI, DLSS and ACT that are public reports and available on the APS Healthcare website ([www.qualitycareforme.com](http://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 produces this same series of waitlist reports that identify the individuals waiting. These reports are forwarded to the regional Field Service Specialists (FSS) weekly by the DHHS OAMHS Data Specialists. Detailed versions are also available to agencies as requested.

The Field Service Specialists monitor the waitlists by following this protocol:

- On a weekly basis, the FSS from each of the three regions review the "Wait List Information" in APS Care Connections and the 'detailed' reports received from APS Healthcare.
- The two sets of reports are compared and reviewed for accuracy and for discussions with DHHS provider agencies in an effort to provide services in a timely manner for those individuals who are on wait lists; as well as to determine eligibility for services. This includes discussions around qualifying for MaineCare and the assignment of a worker.
- After reviewing these Wait List reports, the FSS contact provider agencies when there are people waiting for services over 30 days, to inquire if the particular agency lacks capacity to pick those individuals up; and if so, whether the agency has referred those on the wait list to another provider. This process is done for consumers who are on both the MaineCare and Grant Funded Wait Lists.
- If there is a funding issue and if grant funds are available, provider agencies work with the FSS for funding approval to provide services, which will remove those individuals from the wait list.
- If the wait for services is under 30 days, it is assumed that the intake is in process. The FSS will follow up by contacting provider agencies whose wait list numbers remain over 30 days.

APS Healthcare also 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.

APS Healthcare, in conjunction with OAMHS, has developed a new waitlist report that more accurately captures the data for the performance standard measurement concerning timing of CSW assignment. The measurement method for standard 5.4 now excludes from the computation those class members who were assigned a worker within the applicable 2 or 3-day period.

As of 3/31/12 using the APS Healthcare report:

- 161 persons were waiting for CI Services, down from last quarter's 248
  - 10 class members and 151 non-class members
  - 152 individuals with MaineCare and 9 needing to access grant funds
  - The number of individuals waiting for grant funds decreased from 146 to 9 individuals while the number waiting with MaineCare increased from 102 to 152 individuals.
  - There were individuals waiting in all CSNs. with the greatest numbers continuing to be in CSN 6 (83), and CSN 7 (47), approximately 81% of all individuals waiting statewide.
  - CSN 5 had the most individuals waiting for grant funding at 6.
- 3 persons were waiting for ACT Services, a decrease from last quarter's 4
  - 0 class members and 3 non-class members were waiting
  - 2 with MaineCare and 1 needing to access grant funds
  - No individuals were reported waiting in CSNs 1, 2, 4, & 5 for this quarter.
- 4 persons were waiting for DLSS Services, the same number waiting at the end of the last quarter
  - 1 class member and 3 non-class members
  - 4 with MaineCare and 0 needing to access grant funds
  - No individuals were waiting for DLSS in CSNs 1, 2, 4, 6, and 7 this quarter.

#### 'Other' Resource Need Categories

Beginning with FY12 second quarter, the "Other" category in each domain was removed. There is now only 1 "Other" category, which is to capture unmet needs that are not identified in listed domain areas. When the 'Other' category is used within the RDS, a brief narrative specifying the need is required. The 'other' report for the 2<sup>nd</sup> quarter shows a marked decrease in the "Other" unmet needs. The expectation is that the needs will be identified in the listed domains.

OAMHS determined that the instructions on how to complete an RDS could be improved and has updated the instructions in conjunction with APS Healthcare. A notice will be sent to providers that the RDS instructions within APS Healthcare's CareConnections have been revised to better guide staff in completion of the RDS. A statewide conference call for case management supervisors to clarify the instructions and to field questions was held. Training will be continued by Quality Management Field Specialists, including following up with agencies as needed. It is not expected that the training and revised instructions will show an improvement in the reporting until the 2<sup>nd</sup> quarter FY13 report.

The complete "Other" Unmet needs report is Section 7A of the 4<sup>th</sup> Quarter Consent Decree Report.

The 'other' report is shared with each agency to assist them in addressing issues raised by 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 'other' resource needs.

- Data specialists remain available to providers to assist in training and answering questions regarding RDS data.

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

The 3<sup>rd</sup> quarter's report continues to show unmet resource needs for CI remain about the same as last quarter. RDS data by definition comes only from persons already receiving CI or ACT. Training of agency providers continues regarding this being listed as an unmet need; it was also discussed at contract review meetings.

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

- Quality Management Field Specialists discussed at provider contract review meetings the number of Community Integration Unmet Resource Needs that were reported for their agency. If these Unmet Needs were in error, QM Field Specialists ask them to check the box "No Longer Needed" in APS Healthcare's CareConnections at the next review period. QM Field Specialists follow up to see that the corrections have been made.

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 ISP Resource and Data Summary (RDS) were updated on February 3, 2012 and are available on the APS Healthcare website at:

<http://www.qualitycareforme.com/documents/AdultMHRDSInstr.pdf>

It is expected that the training and revised instructions will show an improvement in the 2<sup>nd</sup> quarter FY13 report.

### Unmet Needs for Housing Resources

The number of unmet resource needs in the rent subsidy (Section 8, BRAP, Shelter Plus Care) category of 712 in Q3 FY12 showed an increase from the prior quarter's 661.

The BRAP wait list report shows the number waiting for BRAP at 255 persons, up 206 persons from last quarter (49 persons). The reason for the increase is the result of reactivating the waitlist. The waitlist was reactivated following the issuance of 100 vouchers, which, when used, would result in an annual liability of \$500,000. With an estimated carry over funding of \$350,000, OAMHS believed this to be a prudent management decision given existing resources. At the writing of this report, OAMHS has since issued vouchers to all priority 1 applicants on the waitlist. The census will continue to be carefully monitored and managed.