

Department of Health and Human Services (DHHS)
Office of Substance Abuse and Mental Health Services (SAMHS)
Report on Unmet Needs and Quality Improvement Initiatives
August 1, 2016

Attached Report:

Statewide Report of Unmet Resource Needs for Fiscal Year 2016 Quarter 2

Population Covered:

- Persons receiving Community Integration (CI), Community Rehabilitation Services (CRS), Assertive Community Treatment (ACT) and Behavioral Health Homes (BHH)
- 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.

Quality Improvement Measures

The Office of Substance Abuse and Mental Health Services is undertaking a series of quality improvement measures to address unmet needs among the covered population for the Consent Decree.

The improvement measures are designed to address both specific and generic unmet needs of consumers using the established array of needs:

- | | |
|----------------------------------|------------------------------|
| A. Mental Health Services | H. Financial Security |
| B. Mental Health Crisis Planning | I. Education |
| C. Peer, Recovery and Support | J. Vocational/Employment |
| D. Substance Abuse Services | K. Living Skills |
| E. Housing | L. Transportation |
| F. Health Care | M. Personal Growth/Community |
| G. Legal | |

Ongoing Quality Improvement Initiatives

SAMHS Website – Redesign. The redesign has begun and the home page of the website has a completely different look. It is much easier to navigate for everyone. SAMHS is in the process of looking at each page of the current website, evaluating them for up-to-date information, correct links and overall content. Many pages will be retained on the new website while others may be archived. This will allow the website to be accessible and efficient without losing any prior information. All aspects of the new site should be rolled-out in December 2016.

Identified Need: A, B, C, D, E, F, G, H, I, J, K, L, M

Contract Performance Measures. SAMHS has instituted contract performance measures for all direct services which include but are not limited to Community Integration, ACT, Community Rehabilitation Services, Behavioral Health Homes, Daily Living Support Services, Skills Development, Medication Management and Residential Treatment. Where appropriate, the measures are in alignment with standards under the Consent Decree Plan. SAMHS will be reviewing all measures before implementing FY17 contracts.

Identified Need: A, B, C, D, E, J, K, L.

Contract Review Initiative. The staff at the Office of Continuous Quality Improvement has continued to ensure up-to-date, accurate service encounter data. A query tool was built to help SAMHS identify service utilization patterns across three sources of funding federal funds, state funds and Consent Decree funds. Also there was a tool developed to make it easier for providers to submit their data to SAMHS. This entire project has been completed but needs constant monitoring.

Identified Need: A, B, D, E, I, J, L

Mental Health Rehabilitation Technician- SAMHS, Muskie School, providers and consumers have formed a group to redesign the certification of the Mental Health Rehabilitation Technician/Community. The group has worked over the last year to come up with ways to redesign the certification. They are currently working on the Competencies required to be certified. Different pathways are being considered for people to obtain their MHRT/C certification, including but not limited to those with a MHRT/1 and peers who have training as Certified Intentional Peer Support person. The redesign group met with academic entities and asked these entities to give them feedback by 7/1/16. The redesign group also has developed a web-based training **Maine Mental Health System 101** for those with clinical degrees who wish to provide services as a MHRT/C. This initiative continues to move forward but has not been formalized.

Identified Need: A, B, C, D, E, F, G, H, I, J, K, L, M

Consent Decree Process Improvement Quality Improvement Initiative

A staff member has been designated to oversee management of the Waitlist for CI services. This person has worked with SAMHS staff to identify strengths and weaknesses. This person is working in conjunction with SAMHS staff to make changes to the system to better manage the Waitlist. Currently, agencies are getting their Waitlists directly from APS Healthcare. The agencies are to respond to the Field Service Managers and Field Service Specialist regarding each consumer and their status regarding wait time, who is choosing to stay on that agency's waitlist, who is in service, who is not in service, what is their start date, who has been discharged, who has rescheduled appointments and any other explanation. The Waitlist has decreased by 74% from 6/29/15-7/6/16.

Identified Need: A, B

SAMHS Quality Management Plan 2016-2019- A new Quality Management Plan is being developed that will better describe how (and what) data is being utilized to monitor and improve the adult mental health system. A draft is expected to be available for review by October 1, 2016. Identified Need: A,B,C,D,E,F,G,H,I,J,K,L,M

AMHI Consent Decree-History, Requirements and Related Topics- A new Power Point was developed to provide in depth assistance to agencies regarding the history, the requirements and other related topics. This Power Point can be found at the link below along with other relevant topics. <http://www.maine.gov/dhhs/samhs/resources.shtml>
Identified Need: A, B, C, E, G, I, J

Adult Needs and Strengths Assessment (ANSA) - The ANSA is currently being used by the residential providers and the data is being submitted through a portal in Enterprise Information Systems (EIS). The ANSA has a field for intake, discharge, annual and 90 day review. There is a field that distinguishes between forensic and non-forensic clients. SAMHS is slowly implementing a pilot across services. All pilot agencies are now able to submit their data through the same portal as the residential providers. This pilot is to help SAMHS determine the correct level of care for each consumer.
Identified Need: A, B, C, D, E, F, G, H, I, J, K, L, M

Resource Data Summary- A combined project with SAMHS, APS Healthcare and providers to assess what would be helpful for providers in entering and discharging unmet needs in APS Healthcare. APS has recently posted training materials on their website to assist providers in closing an unmet need when it is no longer needed without waiting for a 90 day review. SAMHS and APS have worked on a system to delete the reporting of an unmet need of those who have received the service but were not closed by the agency. This will provide SAMHS with a more accurate picture of unmet needs.
Identified Need: A, B, C, D, E, F, G, H, I, J, K, L, M

Section 17- The amendments to Section 17 of the MaineCare rules went into effect on April 8, 2016. The amendments changed the eligibility requirements for Community Integration Service and impose a new seven (7) day requirement for face-to-face contact with the consumer. SAMHS has been working with APS Healthcare to capture compliance with the seven (7) day face-to-face requirement. Persons who don't meet the new eligibility criteria will be given up to 120 days as a transition period. If a person is unable to transition to a different service they will be given an extra 90 days. All class members will receive Community Integration regardless of eligibility. SAMHS will see the first data from the seven (7) day requirement for face-to-face contact in late August 2016.
Identified Need: A, C