

Department of Health and Human Services (DHHS)
Office of Substance Abuse and Mental Health Services (SAMHS)
Unmet Resource Needs Cover Document
February 2013

Attached Report:

Statewide Report of Unmet Resource Needs for Fiscal Year 2013 Quarter 1 (July, August, September 2013)

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.

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 algorithm of needs:

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|----------------------------------|------------------------------|
| 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 | |

NIATx Quality Improvement Initiative. Managers in SAMHS were trained in the NIATx model of quality improvement during the prior quarter. NIATx is being deployed to address wait list and time to assignment issues in provider agencies. The model involves targeted changes using a rapid improvement methodology. SAMHS has contracted with a NIATx trainer who will provide on-site training and technical assistance for up to six contract provider sites in the state. In addition, a

SAMHS central office NIATx team has been formed and will be trained in using the model with employees. The Data/Quality Management Office is addressing the data needs for providers and central office staff to ensure they have the necessary data/quality management tools to measure their successes.

Identified Need: A,B

Wait List Graphs. On a weekly basis, the Data/Management staff update graphs of number of people on wait lists for CI, ACT and DLSS. Also, graphs for time to assignment are produced that correlate provide further information on these three services. This report is sent to management and field service staff to monitor trends in services over the past six months.

Identified Need: A

Contract Review Initiative. The Data/Quality Management staff are working with field service teams to ensure they have up-to-date, accurate service encounter data when they review progress toward meeting contract goals and establishing benchmarks for new contracts. A set of encounter data variables have been identified and are being tested in early 2013. After a review of that process, a final set of data variables will be produced and used for all contract reviews and negotiations.

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

Mental Health Rehabilitation/Crisis Service Provider Review. The Mental Health Rehabilitation/ Crisis Service Provider (MHRT/CSP) certification was developed by the crisis providers (Maine Crisis Network) over the past several years in collaboration with DHHS—adult mental health and children’s behavioral health and the Muskie School. The MHRT/CSP is now ready to be implemented with providers. A review team consisting of two representatives from the Maine Crisis Network, two representatives from Children’s Behavioral Health and two representatives from SAMHS will work together to conduct reviews at contracted agencies. Muskie is overseeing and organizing the review process and will collect our data to generate a summary report. We will be reviewing a total random sample of 238 MHRT/CSP records at 10 different crisis providers across the state. These reviews will occur during the first six months of 2013.

Identified Need: B

Contract Performance Measures. SAMHS has instituted contract performance measures for five services areas for FY13 contracts. Where appropriate, the measures are in alignment with standards under the consent decree. In a meeting with the DHHS Office of Quality Management, we agreed on a three year schedule for full implementation of measures; year one will be to validate the measures, year two to establish baselines, year 3 to test full implementation. At that point the measure will be put into Maine Care rule as well as being standardized for all SAMHS provider contracts.

Identified Need: A, B, C, D

Agency Score Card. Within 30 days after the submission of the quarterly report to the Court Master, the Data/Quality Manager will meet with the prevention, intervention, treatment and recovery managers to review standards deficiencies noted in the report. The managers will review systemic issues to determine if there are measures that are beyond the control of SAMHS staff to address. Once the managers meet, an agency score card listing all measures will be sent to field service teams to develop corrective action steps for meeting the standards. The agency score card and corrective actions steps will be sent to SAMHS management, field service teams and will be posted in the Data/Quality Management area of the SAMHS office.

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

Community Rehabilitation Services Survey. A face to face survey of clients who receive CRS services is being conducted in February 2013. The data collection instrument was shared with the court master in December 2012. The purpose of the survey is to determine whether residents understand the service delivery parameters of the CRS services as related to linkages to housing services. A report of the findings will be available in late February or early March 2013.

Identified Need: E, H, K