

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

Attached Report:

Statewide Report of Unmet Resource Needs for Fiscal Year 2011 Quarter 2 (October, November and December 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

Other Unmet Need Reporting

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

- RPC:
  - 1 unmet resource need: Residential Treatment/SA
  - 3 unmet resource needs: Community Residential Facility (all met within quarter)
- DDPC:
  - 2 unmet resource needs: Residential Treatment

Paragraph 74 Reporting (class members not in service): The paragraph 74 reporting system identified 0 unmet resource needs for this quarter.

## 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.

APS Healthcare developed wait list reports for CI, DLSS and ACT. These public reports are 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 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 3/31/11:

- 261 persons were waiting for CI Services, down 3 individuals from last quarter's 264
  - 37 class members (up 4 individuals from 33) and 224 non-class members (down 3 individuals from 221)
  - 118 individuals with MaineCare (down 12 individuals from 130) and 143 needing to access grant funds (up 9 individuals from 134)
  - There were individuals waiting in all CSNs with the greatest numbers in CSN 2 and CSN 6 (56 each), CSN 5 (43) and CSN 7 (44), approximately 76% of all individuals waiting statewide.
  - CSN 6 had the most people waiting for grant funding (36) as it did last quarter; with CSN1 having only 1 individual waiting and CSN 3 having 5 individuals waiting.
- 37 persons were waiting for ACT Services, down 1 individual from last quarter's 38
  - 10 class members (same as last quarter) and 27 non-class members (up 2 individuals from 25)
  - 27 with MaineCare (down 2 individuals from 29) and 10 needing to access grant funds (up 1 individuals from 9)
  - No individuals were reported waiting in CSNs 1, 4 and 5
  - The largest numbers waiting were in CSN 3 (10 individuals) and CSN 6 (9 individuals).
- 20 persons were waiting for DLSS Services, up 3 individuals from last quarter's 17
  - 5 class member (up 1 individuals from 4) and 15 non-class members (up 2 individuals from 13)
  - 14 with MaineCare (up 4 individuals from 10) and 6 needing to access grant funds (down 1 individual from 7)
  - As in the previous 3 quarters, no individuals were reported waiting in CSNs 1 and 7

Mental health team leaders routinely used the CFSN data in their discussions with providers and to assist consumers in accessing services. The new Field Performance Service Managers will do the same in their monitoring of contracts.

## 'Other' Resource Need Categories

- This quarter 'other' resource needs made up approximately 17.5% (1117 resource needs out of 6372 statewide) of the total unmet resource needs statewide, continuing a downward trend over the past 4 quarters (18%, FY'11, Q1; 20%, FY'10 Q4; 22.5%, FY'10 Q3; and 20% FY'10 Q2).
- Unmet resource needs as a whole did not change from the 6382 reported last quarter, with 6372 reported this quarter.
- For the third quarter, 'Other' unmet resource needs showed a reduction: 1514 Q4, FY'10: 1159, Q1, FY'11; and 1117, Q2 FY'11.
- Approximately 59% (60% last quarter) of the 'other' unmet resource needs (659) 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 2<sup>nd</sup> quarter (agency, need category, client number, need narratives, the length of time that the need had been identified) continues to show that approximately 40% 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 the Consent Decree Coordinator (CDC) reviews and trainings over the past year and the sharing of person

specific reports with agencies on a quarterly basis. While the data are helpful in describing the range of needs impacting the lives of the people served, narrative reporting is difficult to quantify. These ‘other’ resource needs are not helpful in describing needs over which the office has some control and can impact. Over the next quarter, OAMHS will consider 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.

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

The 2<sup>nd</sup> quarter’s report continues to show unmet resource needs for CI (302 unmet resource needs). This is a training issue, as RDS data by definition comes only from persons already receiving CI or ACT. OAMHS has addressed this in several ways.

- 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.
- CDC review and training.

Our quality assurance efforts have not made a difference in the data to date. OAMHS will continue its quality assurance efforts and monitoring of the data. Reports will be shared with providers and the program service managers who monitor contracts.

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](http://www.qualitycareforme.com/MaineProvider_ProviderManual.htm). The instructions will be revised as needed.

### Unmet Needs for Housing Resources

Over the past 4 quarters, the number of unmet resource needs in the rent subsidy (Section 8, BRAP, Shelter Plus Care) category has remained fairly consistent: FY’10 Q3, 580; FY’10 Q4, 597; FY’11 Q1, 594; and FY’11 Q2, 585.

The BRAP wait list report shows the number waiting for BRAP at 205 persons, down 4 persons from last quarter (209 persons).

256 of the 1026 unmet housing resource needs reported (25%) are in the category of ‘other’, consistent with last quarter’s numbers. With only approximately 48% of those (123 of 256) meeting the definition of an unmet resource need, it is difficult to quantify the specific needs.

Unmet resource needs listed for a Section 8, BRAP and Shelter Plus Care within the 'other' domain categories is approximately 40, all of which should have been listed in the Section 8, BRAP, Shelter Plus Care category.