

Department of Health and Human Services (DHHS)  
Office of Substance Abuse and Mental Health Services (SAMHS)  
Report on Unmet Needs and Quality Improvement Initiatives  
November, 2014

Attached Report:

Statewide Report of Unmet Resource Needs for Fiscal Year 2014 Quarter 4

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

**Crisis Reports.** At the directive of the Commissioner, SAMHS revised its Crisis Reports and required individual encounter reporting as of July 1, 2013. All of the prior crisis data variables continued to be reported but now on an individual level. Providers will still report the aggregate number of telephone calls they receive. SAMHS staff worked with the Maine Crisis Network providers to create variables for the crisis screening/assessment reasons for face to face encounters. Meetings were held with providers and technical assistance has been provided by the Data and Quality Management staff. All providers met the Performance Measure this quarter and received their incentive payment. Identified Need: A,B,D

**Critical Incident Reporting.** SAMHS had three systems and portals for providers to report on critical incidents involving consumers. These systems and portals are a legacy from the merger of Adult Mental Health Services and the Office of Substance Abuse. The rollout of a streamlined Critical Incident reporting process took place in October with training and a go live date which occurred in November. Critical Incidents are now received through a dedicated email address, fax, and with phone support. Identified Need: A,B,D,E,F,G,

**SAMHS Website - Reports.** During the first week of July, SAMHS started posting APS, Crisis Management, and Waitlist reports on its website. Providers are notified these reports at each monthly stakeholder calls. In addition, providers were notified by email when the initial reports were posted. Generally reports are posted each Thursday. Identified Need: A,B,C,D,E,F,I,J,K

**SAMHS Website – Redesign.** A taskforce has been formed to design and implement a new SAMHS website. SAMHS currently has the legacy websites for Adult Mental Health Services and Office of Substance Abuse. Changes to the website will be incremental based on a schedule that is being developed. Early estimates are that given the resources available it will take 9-12 months for all aspects of the new site to be rolled-out in January. Identified Need: A, B, C, D, E, F,G, H, I, J, K, L,M

**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 issues to determine corrective actions. 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

**Commissioner’s Unmet Needs Workgroup.** Commissioner Mayhew has appointed a workgroup to examine the performance and compliance standards under the approved Consent Decree Plan and SAMHS’s ability to meet the compliance standards. The workgroup has reviewed data from FY2006 to the present to determine patterns of compliance with the standards. The data have been analyzed and recommendations have been made to the Commissioner, Court Master, and Plaintiffs’ Attorney. Currently there are two uncontested motions regarding the Settlement Agreement before Justice Horton. One is a motion regarding Paragraph 257 to change the caseloads for caseworks assigned to class member public wards from not to exceed 25 cases to not to exceed 40 cases. The other is a motion regarding location efforts to maintain a current list of class member addresses, but

to remove requirements for mailings to class members unless the number of unverified addresses falls below 15% and court master believes mailings are necessary to improve accuracy of the list. Additional funding request of \$5,797,300 has been put forward for FY16-FY17 for unmet needs  
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 five services areas for FY13 contracts and fourteen services areas for FY14 contracts. Where appropriate, the measures are in alignment with standards under the Consent Decree Plan. 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 measures will be put into Maine Care rule, as well as being standardized for all SAMHS provider contracts.

Identified Need: A, B, C, D

**Housing Quality Survey.** Quality Management staff have undertaken inspections of housing for mental health residents in the state where there are three or fewer beds. The certified reviewers are using a standardized HUD housing form (Housing Quality Survey). Annually Quality Management staff do inspections of Rental Properties and PNMI. Identified Need: A,E,K,M

**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 has been identified and was tested in FY13. A review of the process occurred in early FY14 to determine which data to include for expansion of this initiative to all SAMHS contractors. SAMHS has buildan easy query tool to help office staff identify service utilization patterns across three sources of funding.

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

**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 staff collected the data and has produced a summary report which is in review at this time.

Identified Need: B

**NIATx Quality Improvement Initiative.** NIATx has been deployed in seven provider agencies to address wait list and time to assignment issues in provider agencies. SAMHS has contracted with a NIATx trainer who is providing on-site training and technical assistance. The model involves targeted changes using a rapid improvement methodology. A SAMHS central office NIATx team has been formed and has been 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.

The following are the activities that the State Niatx group has been engaged in along with the assistance of APS Healthcare and the Muskie Institute.

- APS Health Care now sends an email reminder to the provider agency staff for all clients on a waitlist over 30 days.
- APS Healthcare reporting methods were revised to more accurately reflect the consent decree requirements for 5.2 – 5.4.
- A staff member is now contacting persons who have been on the waitlist for more than 60 days to ascertain if they wish to stay on the waitlist. The staff has been unable to reach the majority of them. When the staff reaches them he asks if they wish to stay on the waitlist or if they would like assistance in getting services now. He has been able to get all of those who wish assistance in to services. The list is then reviewed to see if any persons have gotten services or have been removed from the list. If they are still waiting, a letter is sent with a two week wait period for response to that letter. The person is administratively closed if there is no response from the letter.
- The Niatx team has been working with The Muskie Institute on MHRT/C workforce development.
- Four new agencies have been asked to join the Niatx collaborative. There will be a Niatx training webinar 10/27/14.

Identified Need: A,B

**SAMHS Quality Management Plan 2015-2020** A team in the Data and Quality Management division is undertaking the development of a new SAMHS comprehensive quality management plan for 2015-2020 . The team members are engaging with division leaders in the four pillars of SAMHS services (prevention, intervention, treatment and recovery) to develop profiles of programs, specific initiatives, evidence based or promising practice services being offered and standardized performance measures. The scope of the final plan will be inclusive of all SAMHS services and the required Consent Decree services will be imbedded within the larger document. There has been significant progress on the plan this quarter. The expectation is to have a draft complete by the end of November.

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

**Wait List Tables and Graphs.** On a weekly basis, the Data/Management staff update tables and graphs of number of people on wait lists for CI, ACT and DLSS. Also, graphs for time to assignment are produced that provide further information on these three services. Two new reports were developed and distributed as of 7/1/13. The first report is by service, by provider which lists number on waitlist by agency, and the length of time on the waitlist. The second report is a YTD comparison with the prior year for Community Integration services. These reports are sent to management and field service staff to monitor trends in services over the past six months. The Data Quality Management team is now producing an internal report to the Treatment team of the top ten persons on the waitlists. This report, containing PHI, will generate a discussion between the Treatment team and provider agency to follow up on these specific outliers.

Identified Need: A