

## II: Planning Steps

### Step 2: Identify the unmet service needs and critical gaps within the current system

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#### Narrative Question:

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This step should identify the data sources used to identify the needs and gaps of the populations relevant to each Block Grant within the State's behavioral health care system, especially for those required populations described in this document and other populations identified by the State as a priority.

The State's priorities and goals must be supported by a data driven process. This could include data and information that are available through the State's unique data system (including community level data) as well as SAMHSA's data set including, but not limited to, the National Survey on Drug Use and Health, the Treatment Episode Data Set, and the National Facilities Surveys on Drug Abuse and Mental Health Services. Those States that have a State Epidemiological Outcomes Workgroup (SEOW) must describe its composition and contribution to the process for primary prevention and treatment planning. States should also continue to use the prevalence formulas for adults with serious mental illness and children with serious emotional disturbances that have been historically reported. States should use the prevalence estimates, epidemiological analyses and profiles to establish substance abuse prevention, mental health promotion, and substance abuse treatment goals at the State level. In addition, States should obtain and include in their data sources information from other State agencies that provide or purchase behavioral health services. This will allow States to have a more comprehensive approach to identifying the number of individuals that are receiving behavioral health services and the services they are receiving.

In addition to in-state data, SAMHSA has identified several other data sets that are available by State through various Federal agencies such as the Center for Medicaid and Medicare Services or the Agency for Health Research and Quality. States should use these data when developing their needs assessment. If the State needs assistance with data sources or other planning information, please contact [planningdata@samhsa.hhs.gov](mailto:planningdata@samhsa.hhs.gov).

#### Footnotes:

## **Office of Adult Mental Health Services**

Step 2: Identify the unmet service needs and critical gaps within the current system

The OAMHS service infrastructure has been designed to identify and respond to unmet service needs before they can develop into “critical service gaps.” The Office of Quality Improvement and the OAMHS data collection system provide a continuous source of information upon which sound policy and program decisions are based and implemented. Each of these components of the OAMHS service infrastructure comprises an important part of the whole of what has developed into an increasingly sophisticated data collection system.

OAMHS consults with and is advised by family and consumer organizations including the Statewide Quality Improvement Council (QIC), the Consumer Council System of Maine, the Advocacy Initiative Network (AIN), NAMI-Maine, and other groups. Our relationship with each of these groups is highly valued. Recently, we have reached out to each of Maine’s Indian Tribes and are building relationships, which include an invitation to join the QIC. We have also incorporated into the home page of our website the opportunity for anyone to review and comment on Maine’s Block Grant.

Input from multiple and diverse sources provide a critical benchmark against which the validity of our data is assessed and refined. As has been previously noted, Maine is geographically expansive and demographically diverse. Service delivery challenges in the more populated, urban areas of south and south-central Maine may differ from those in the other, more rural regions of the state.

Unmet needs data is compiled by county then tabulated statewide. The most recent data indicates the following statewide unmet need areas in the third quarter of state FY 2011. Specific data is from the OAMHS statewide Resource Data Summary, and represents 2,537 distinct clients with unmet resource needs from a data pool of 7,566 consumers. This data was collected for all individuals enrolled in community integration services.

Sources for the following 2 tables: DHHS/OAMHS Statewide Report of Unmet Resource Needs for Fiscal Year 2011 Quarter 3

[http://www.maine.gov/dhhs/mh/consent\\_decree/august-2011/cd-7.pdf](http://www.maine.gov/dhhs/mh/consent_decree/august-2011/cd-7.pdf)

Total number of unmet resource needs reported.

| Reported Unmet Resource Needs      | 2010 Q4      | 2011 Q1      | 2011 Q2      | 2011 Q3      |
|------------------------------------|--------------|--------------|--------------|--------------|
| 7a. Mental Health Services         | 1,238        | 1,153        | 1,085        | 1,255        |
| 7b. Mental Health Crisis Planning  | 205          | 181          | 173          | 200          |
| 7c Peer, Recovery, and Support     | 291          | 224          | 254          | 307          |
| 7d. Substance Abuse Services       | 151          | 125          | 131          | 117          |
| 7e. Housing                        | 1,164        | 1,073        | 1,031        | 1,115        |
| 7f. Health Care                    | 1,136        | 973          | 996          | 1,161        |
| 7g. Legal                          | 175          | 155          | 138          | 129          |
| 7h. Financial Security             | 548          | 503          | 532          | 587          |
| 7i. Education                      | 389          | 329          | 327          | 330          |
| 7j. Vocational / Employment        | 454          | 398          | 378          | 420          |
| 7k Living Skills                   | 369          | 300          | 267          | 286          |
| 7l. Transportation                 | 796          | 661          | 676          | 739          |
| 7m. Personal Growth/Community      | 564          | 429          | 408          | 453          |
| Other Resources                    | 154          | 53           | 43           | 32           |
| <b>Total Statewide Unmet Needs</b> | <b>7,634</b> | <b>6,557</b> | <b>6,439</b> | <b>7,131</b> |

OAMHS is beginning to develop longitudinal data on the following services. Below is a table detailing these services and utilization from FY09 to FY10. This and other information will be utilized in helping us to determine unmet needs.

| DHHS Office of Adult Mental Health Services |                   |                   |                   |
|---|-------------------|-------------------|-------------------|
| Community Resources and Treatment Services  |                   |                   |                   |
| MaineCare Data FY 2009 and FY2010           |                   |                   |                   |
| Mental Health Treatment Services Received   | MaineCare Code    | FY09 Total Number | FY10 Total Number |
| Assertive Community Treatment               | CBB10             | 1,178             | 1,141             |
| Community Integration                       | H2015             | 9,834             | 10,856            |
| Crisis Services                             | H2011             | 5,121             | 5,411             |
| Crisis Residential (CSU)                    | H0018             | 1,405             | 1,518             |
| Day Treatment                               | H2012             | 661               | 773               |
| Medication Management                       | H2010             | 12,184            | 13,173            |
| Outpatient (Comp Assess & Therapy)*         | H2000 OR<br>H0004 | 26,516            | 31,918            |
| Residential                                 | RMI, RMI2         | 839               | 1,511             |
| Skills Development                          | H2025 OR<br>H2014 | 69                | 105               |
| Daily Living Supports                       | H2017             | 581               | 883               |
| <b>Total Unduplicated Count</b>             |                   | <b>58,388</b>     |                   |

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| *Numbers were revised on 11/17/2010 and included H2000 OR H0004. Numbers reported in 2009 used H2010 OR H0004. |  |  |  |
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OAMHS and its partners are actively engaged in various transformational initiatives to address unmet service needs, particularly around the issues of collecting, analyzing, and reporting on client identifiable data. This effort may require a systems change approach. It will involve all parties mentioned above, in addition to an analysis of Federal and State confidentiality policies, rules, and statutes. Subsequently, a substantial investment of time and dollars may need to be spent on future information technology solutions and implementation.

## **Children's Behavioral Health Service**

Step 2: Identify unmet needs and critical gaps within the current system

### **Summary Statement on Strengths and Needs**

It has been the practice of CBHS to identify system needs each year and to include the most pressing and significant of those needs in the annual Priorities section of the Block Grant Application/ Plan. Progress and outcomes for these areas and topics are accounted for in the subsequent annual plan. In this fashion CBHS keeps pace with new challenges that appear each year, and over time, has been successful in turning many of these needs into system strengths.

### **Sources of Data and Information in this Application**

Because the FY12/13 Block Grant Application and Plan relies on statistical data and information that are critical to indicate performance and outcomes that indicate progress in an action plan, it is useful to state the specific data sources that Maine employs for these purposes in the current application.

**Year End Contract Reports** Children's Behavioral Health Services (CBHS) contracts with providers to deliver all community based behavioral health services. Providers report performance data, numbers served and a variety of quality improvement indicators on a quarterly basis. State Fiscal Year (SFY) 4th quarter (yearend) reports are a major source of data used by the Department, and are referenced in this Application. Yearend reports are not always available in August of the previous full fiscal year; which is the case for State Fiscal Year 2010. Because Year End Contract Reports for FY09 are complete for all services covered, this is the base year available for inclusion in the current Plan. Contract reports show unduplicated counts of children served for the particular service component under contract. However, when different types of services are added together, the total number is a duplicated client count.

### **Maine Integrated Health Management Solution (MIHMS)**

This is the current MaineCare claims management system that replaced the MECMS system. This system came on-line in September, 2009. MIHMS is also a MaineCare claims payment system and has the capacity to generate reports on program costs and unduplicated counts of individuals served.

**Enterprise Information System (EIS)** this is an information system developed by the Office of Information Systems in the Department of Administrative and Financial Services (DAFS). The system is designed to capture consumer information for persons who are receiving services from the Division of Children's Behavioral Health Services and the Offices of Adult Mental Health Services, Adults with Cognitive and Physical Disabilities Services, Elder Services and Substance Abuse Services. Each of these units has developed an information capacity that will serve the specific needs of that unit. EIS at present is the key data source for the enrollment of children who are referred seeking Children's Home and Community Based Treatment and Children's Rehabilitative and Community Services and Supports, as well as Targeted Case Management Services.

**Advantage ME** is the current State financial information system introduced in FY08. An updated version of this system became operational on July 1, 2011. It is an Enterprise Resource Planning (ERP) system specifically designed to support the functions performed by the State of Maine. It will be replacing MFASIS, TAMI for cash receipts, Sicommnet, E-Catalog and GQL Warehouse financial reporting. In addition to the standard accounting functions of accounts payable, accounts receivable, and general ledger, Advantage ME also performs the specialized functions of encumbrance control, fund accounting, grants and project management. Advantage ME incorporates a variety of business functions, such as budgeting, general accounting, cost accounting, accounts payable, procurement, treasury, and accounts receivable, resulting in a single, integrated system that addresses the key financial management processes that the State of Maine needs. Advantage ME generated FY10 data used to calculate and document the State's total current expenditures for all mental health services provided by the Department of Health & Human Services for children, through the Division of Children's Behavioral Health Services and for adults, through the Office of Adult Mental Health Services. These expenditures are the source for reporting the State's general fund contributions to the Maintenance of Effort data that is required by CMHS and reported in Part B, Section 3. of the Mental Health Block Grant Application and Plan.

### **Service Gaps and Unmet Needs**

The Department's information systems provide data upon which service gaps, unmet needs and individuals waiting for services are determined. Currently the Enterprise Information System (EIS) generates data to track children who have requested and are waiting for Case Management Services, Behavioral Health Treatment Services and Rehabilitative Community Services and supports under the Risinger Settlement Agreement. Other data resources utilized are from the Office of Quality Improvement and APS.

Other sources of identifying needed services are from regional resource development activities and from ongoing discussions among Maine's child-serving state agencies. Some examples of the identification of needs and services that were developed in recent years resulted from discussions with the service provider community and through interdepartmental collaboration were: crisis services for children with mental retardation and autism, transitional processes from hospitals to home and local schools, and development of specialized inpatient capacity for children with mental retardation or autism.

CBHS regional Resource Coordinators are well positioned to detect service gaps and needs, as are CBHS community based Family Information Specialists, who because they have experienced the service system as parents raising children with behavioral or emotional needs, have special sensitivity to what is missing for families in their service area. Their insight into the needs of families resulted in the development of an intensive community treatment service (Assertive Community Treatment) or Children's ACT team in the mid-coast area.

Children's Behavioral Health Services central office staff and field management personnel routinely meet on a bi-monthly schedule to discuss current policy and operational issues as well as larger systems concerns. . As a new fiscal year begins, CBHS staff discuss possible systems

needs and service gaps that are not already addressed as action targets under the current Block Grant Priorities. These needs tend to be continuing in nature due to funding constraints or institutional barriers, which would require legislative action to ameliorate. Examples are:

- Systems issue in the transition of children with mental retardation or autism who are at risk of being found ineligible for adult mental retardation services. The risk factor may affect children whose intellectual quotient score is at or slightly above 70. Different transitional issues face youth who seek services from the Office of Adult Mental Health Services.
- Children with Asperger's Disorder who are lost in the transition to adult services due to the lack of specific inclusion of this disability in Maine legislation.
- Services for children who are medically fragile and who have behavioral health needs.
- Lack of publicly funded treatment and rehabilitative services for children with traumatic brain injury. The Maine Legislature has expanded the former Adult Mental Retardation Services to include a wider population in the new DHHS Office of Adults with Cognitive and Physical Disabilities that include persons with brain injury, but did not change the service population under Children's Behavioral Health Services.

Other needs, such as respite care and therapeutic child care will be partially addressed through services under a new Children's Home and Community Based 1915(c) Waiver which received approval this past February. In July the proposed Maine Care (Medicaid) rule was adopted and the implementation plan finalized. Currently CBHS staff is working with families and providers to begin provision of these valuable services.

Children's Behavioral Health Services has focused on extensive service development to address wait time issues in the area of case management, behavioral health treatment services and rehabilitative community services and supports over the past four years, and wait times for these services will continue to be monitored in FY12/13.