Department of Health and Human Services (DHHS)
Office of Substance Abuse and Mental Health Services (SAMHS)
Unmet Resource Needs Cover Document
November 2012

Attached Report:

Statewide Report of Unmet Resource Needs for Fiscal Year 2011 Quarter 4 (April, May, June 2012)

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.

Data Issues

SAMHS staff continues to work with providers and APS Healthcare to assure that accurate data is entered and reported in a timely fashion. This includes:
- providing quarterly QA reports to providers
- offering and providing one-on-one training to providers(11 agencies were trained by Field Quality Managers this quarter)
- addressing data issues through communication between APS Healthcare and SAMHS staff on an as needed basis.

As a way of testing the accuracy of how Unmet needs data is entered, SAMHS looked at the area of medication management, as follows:
- SAMHS added Additional Grant monies (AG) to agency contracts for med management services.
- APS ran a report that determined that over 60% of the Consumers who had an Unmet Need listed for Med management were receiving the service.
- The Field Quality management team sent out a client specific list to agencies regarding who had Med Management listed as an Unmet need and asked them to go into the RDS and correct the data.
- The end results were that the Unmet needs numbers remained unchanged.
- It appears that the data entered into the RDS is inaccurate.

Other Unmet Need Reporting

Riverview Psychiatric Center (RPC) and Dorothea Dix Psychiatric Center (DDPC)
- RPC: 3 unmet resource needs for the quarter- Residential Treatment
- RPC: 1 unmet resource need for Interstate Compact
- DDPC: 4 unmet resource needs -- Residential Treatment

Paragraph 74 Reporting (class members not in service): The paragraph 74 reporting system identified 0 unmet resource needs for the 4th quarter of FY'12. Since September 1, 2012, Paragraph 74 reporting has been managed by the Intervention Specialist (formally known as ICM Supervisor) in each region. They are now responsible for taking calls from consumers, recording and following up on paragraph 74 data as applicable for class members.

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. Agencies are instructed to close contacts if the individual is removed from the agency's waiting list without receiving the service due to withdrawal of the request, inability to locate the client, the client not being eligible, etc.

APS Healthcare produces wait list reports for CI, DLSS and ACT that are public reports and available on the APS Healthcare website (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 produces this same series of waitlist reports that identify the individuals waiting. These reports are forwarded to the regional Field Service Specialists (FSS) weekly by the DHHS SAMHS Data Specialists. Detailed versions are also available to agencies as requested.

A workgroup that is comprised of both quality assurance and contract management staff are developing a procedure that will detail the entire monitoring process for Community Integration. A copy of this will be submitted in the next quarterly report.

APS Healthcare also produces a quarterly, aggregate report for SAMHS that is sorted by service (CI, ACT, DLSS), wait time, CSN, payer source (MaineCare, non-MaineCare), and class member status. As of 6/30/12:
- 200 persons were waiting for CI Services, up from last quarter's 161
  - 9 class members and 191 non-class members
  - 96 individuals with MaineCare and 104 needing to access grant funds
  - The number of individuals waiting for grant funds increased from 9 to 104 individuals while the number waiting with MaineCare decreased from 152 to 96 individuals.
  - There were individuals waiting in all CSNs with the greatest numbers in CSN 6 (51), and CSN 7 (65), approximately 58% of all individuals waiting statewide.
  - CSN 7 had the most individuals waiting for grant funding at 33.
- 4 persons were waiting for ACT Services, an increase from last quarter's 3

- o 0 class members and 4 non-class members were waiting
- o 3 with MaineCare and 1 needing to access grant funds
- o No individuals were reported waiting in CSNs 1, 2, 3,4, 5 and 6
- 6 persons were waiting for DLSS Services, a increase from 4 persons waiting at the end of the last quarter
  - o 0 class member and 6 non-class members
  - o 6 with MaineCare and 0 needing to access grant funds
  - o As in the previous 5 quarters, no individuals were reported waiting in CSNs 1 and 7

'Other' Resource Need Categories

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 1st quarter (agency, need category, client number, need narratives, the length of time that the need had been identified) continues to show that a large proportion 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 from quarter to quarter (though in small numbers) within 'other' unmet resource need categories continue to be:
- 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.

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

The 4th quarter's report continues to show unmet resource needs for CI (276 unmet resource needs, up from 267 last quarter). SAMHS has been monitoring this over several quarters and a determination has been made that there should be no instances where CI is checked as an Unmet need. SAMHS has been working with APS Healthcare to eliminate that category.

SAMHS 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. APS Healthcare provides Quarterly Reports for MaineCare and grant funded CI waitlists.

Instructions for completing the RDS are available on the APS Healthcare website at:
http://www.qualitycareforme.com/MaineProvider_ProviderManual.htm.

Unmet Needs for Housing Resources

The number of unmet resource needs in the rent subsidy category (Section 8, BRAP, Shelter Plus Care) was 744 in Q4 FY12. This showed an increase from the prior quarter's 717.

The BRAP wait list report shows the number waiting for BRAP at 314 persons, up from 255 persons (up 19%) in the previous quarter. The number of persons on the program for greater than 24 months remains steady at 25% of the entire program. This is principally a result of decades of federal and state cuts to low-income and supportive housing programs. The lack of availability of these resources, particularly Section 8 at the federal level, has translated to increased pressures on state programs such as BRAP.

.