

**Addictions and Mental Health Division
Transformation Initiative
Adult Mental Health Initiative (AMHI)**

November 5, 2010 – Communication 4

Overview

After nine months of planning and preparation, the first phase of the Adult Mental Health Initiative (AMHI) became effective on September 1, 2010. A key strategy under AMHI is to transfer the full responsibility for managing residential services to the MHOs. Phase I started this process by transferring the referral process between levels of care, including referrals from acute care, state hospitals, between different facilities to any appropriate setting. Before that date, these referrals and care coordination was managed by the Addictions and Mental Health Division (AMH) and local Community Mental Health Programs (CMHP).

AMH's goal in partnering with MHOs on these responsibilities is to improve coordination and community responsibility for adult mental health services at all levels of care in the system. It is also designed to increase the availability and quality of individualized community-based services and supports so adults with mental illness are served in the least restrictive environment appropriate for their needs and desires.

A robust planning committee with representatives from consumers, the MHOs, the CMHPs, family members, advocacy groups, and providers continue to provide critical advice on implementing AMHI. The MHOs are meeting regularly with AMH to address operational details. AMH expects these meetings to continue through at least 2011.

Current Implementation Status

As of September 1, 2010 the MHOs are working with individuals to determine the appropriate services and supports the individual needs to be successful. The MHOs have taken on the complete responsibility for working with civilly committed individuals to obtain an appropriate placement after leaving the state hospital or stepping down from licensed 24/7 residential settings to community independence.

Though AMHI has been described as a “dimmer switch” being slowly turned up, the work of assisting individuals in transitioning between levels of care is a major shift in roles and work load is substantial. There are more than 2,000 individuals in licensed care and approximately 200 individuals who are in the state hospitals under civil commit or similar legal status. The total number is daunting but the MHOs are doing their best to assist individuals who have been identified as ready to transition to another level of care.

Between September 1, 2010 and October 29, 2010 the MHOs have helped 74 individuals transition to “lower” levels of care. Approximately 60% of these individuals have transitioned from the state hospital while 40% have transitioned from licensed 24/7 residential settings to independent living settings.

While a change of this magnitude is difficult, the data show that the MHOs have stepped into their new role with enthusiasm. As we move forward, AMH expects the MHOs to meet their performance targets of assisting 331 individuals during 2010-2011 and to be able to demonstrate great success for the individuals served through AMHI. AMH will post ongoing progress and outcomes on the AMHI website.

New Policies and Expectations

In collaboration with the AMHI Planning Advisory Committee and the MHOs, AMH is creating new policies and expectations for the Adult Mental Health System. As AMHI progresses, additional policies and expectations will be developed. To date, the following have been developed:

Person Centered Planning and Care Coordination

A key expectation of AMHI is to have the MHOs work with individuals in a manner that is consistent with a Person Centered Planning Process and focus on Care Coordination across all levels of the system and all areas of the state. AMH has set the expectation that the MHOs, or their designees, will actively engage individuals while they are at the state hospital (e.g., by participating in IDTs and discharge planning) and continue working with that individual regardless of where the individual resides.

MHO Enrollment Protocol

AMH worked with stakeholders on a new enrollment protocol for the AMHI target population. AMH will keep MHO enrollment consistent with the individual’s

original enrollment while the individual is receiving services in any licensed care setting regardless of the address of the licensed care setting. The goal is to assist the individual in returning to the community of their choice when the individual is ready for the next step in their independence. AMH believes the new policy will ensure that MHOs provide consistent and ongoing assistance to the individuals from their community. When the individual leaves a licensed setting, they will be enrolled in the MHO in the community in which they choose to reside.

Regardless of the enrollment protocol, individuals will have the ability to work with the MHOs to choose where they want to live. Individuals living in licensed facilities will not have to move because of the enrollment policy or solely due to AMHI. MHOs are expected to partner with individuals to help them continue to move toward independence based on the desires and needs.

Rental Assistance Services

One of the new or enhanced services under AMHI is Rental Assistance Services (RAS). Each MHO has received funding to help individuals who need assistance to transition to independent settings. AMH, with stakeholders, developed RAS Expectations for AMHI. The RAS Expectations provide guidance to the MHOs as they develop their rental assistance programs locally. The RAS Expectation is also on the AMHI website.

A New Financing Model

AMH has initiated new contracts with the MHOs. The contract provides additional funding for community services and supports such as supported housing, rental assistance, supported employment and other critical services. It also requires the MHOs to engage with an individual regardless of where the person is currently located, including while an individual is at the state hospital. The contract requires the MHOs to report information on specific individuals served through AMHI and quarterly to report on AMHI financial expenditures. From these reports, AMH will be able to show how the funds were used, the services provided to individuals and the movement through the system of care.

The financing for AMHI comes from a portion of the caseload growth funding provided by the Legislature for the 2009-2011 biennium. Historically, these funds have been used to develop new licensed capacity in Oregon such as Residential Treatment Facilities, Residential Treatment Homes, Supported Housing and other

options. With AMHI, a portion of these funds will help increase the availability of the key services listed above.

The funding also provides the resources to the MHOs to effectively work with the state hospitals, community mental health programs and local providers to transition individuals to appropriate services and supports and appropriate settings. This is a critical function that assures the supports known help people to be successful in the community and prevent unnecessary institutionalization.

Each MHO has a specific number of individuals that they need to assist in moving from the state hospital to a community setting or from a community setting to independent living. This number has been called the MHO Performance Target. AMH has worked with the MHOs and the Planning Advisory Committee to define the expectations regarding meeting the performance targets.

Next Steps

There are many more details still to be addressed as we move forward on implementing Phase I of AMHI. Some of those issues including:

- Standardizing decision time frames across the referral stream;
- Smoothing out and streamlining the referral process;
- Implementing a new client specific reporting system;
- Helping individuals, MHOs, CMHPs and providers to think outside the box on what constitutes an “appropriate placement.”
- Protecting statewide resources versus local “ownership;” and
- Determining the role of surrogate decision makers (e.g., guardians) in helping people transition to appropriate levels of care.

The next AMHI communication will be no later than December 1, 2010. The AMH webpage for this initiative is active. The AMHI webpage is at:

<http://www.oregon.gov/DHS/mentalhealth/adult-initiative/main.shtml>

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