
US Department of Justice/Oregon Health Authority

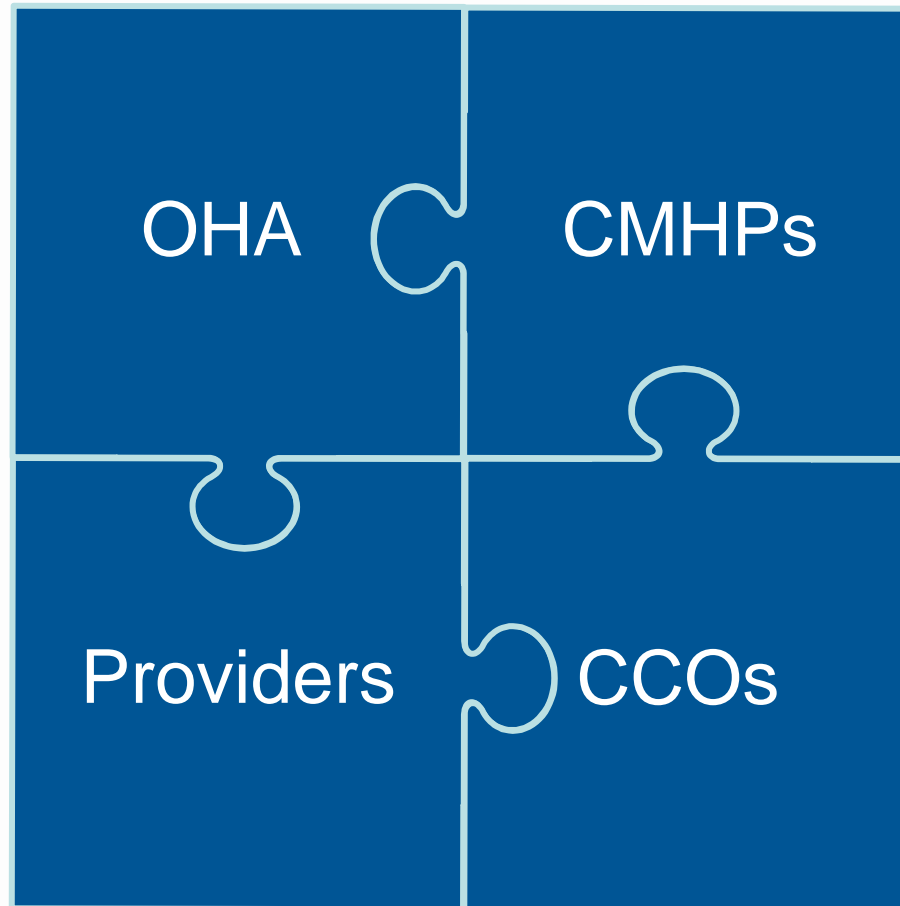
OREGON PERFORMANCE PLAN

Empowering adults with severe and persistent mental illness to live, work, and thrive in their communities.



March 17, 2017

Joint accountability



History: Americans with Disabilities Act

1990: Prohibits discrimination on the basis of physical, psychiatric, intellectual/developmental disability.

Title II Integration Mandate requires state and local governments: “administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.”



Olmstead

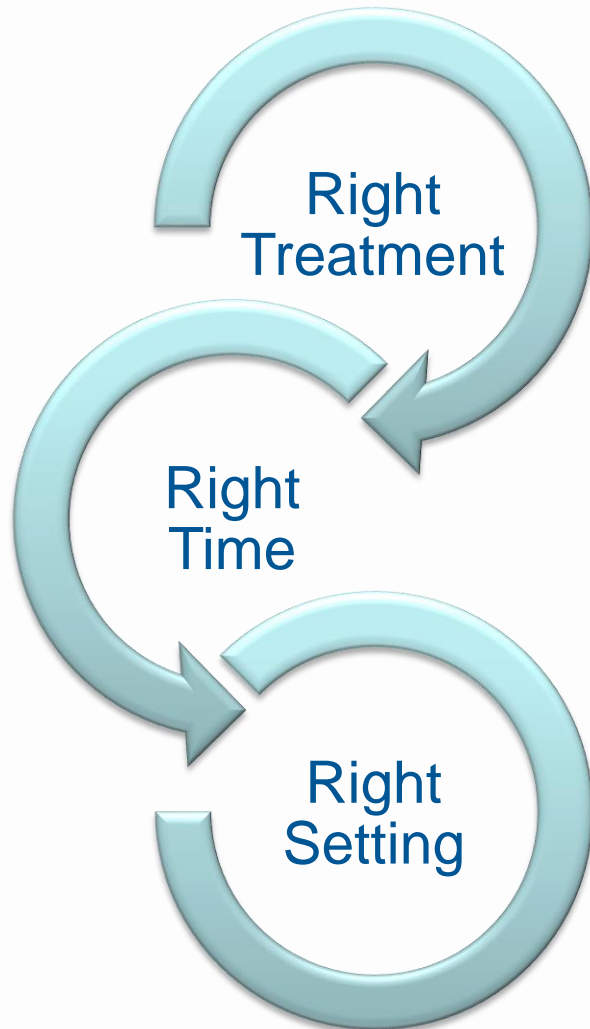
1999 Supreme Court decision

“unjustified isolation
is discrimination
based on disability”

USDOJ History in Oregon

2006	CRIPA investigation at Oregon State Hospital
2010	Olmstead investigation of community mental health system
2012	USDOJ/OHA Agreement
7/1/2016	Oregon Performance Plan

Oregon Performance Plan



Adults 18 and over experiencing severe and persistent mental illness

- Improve transitions of people to integrated settings from higher levels of care.
- Increase number of people who are supported in the community, and avoid incarceration and unnecessary hospitalization.
- Expand services and supports that enable people to live successfully integrated into the community.

Oregon Performance Plan

Aggressive three-year timeline: 7/1/16 – 6/30/19





What the plan covers:

Increase Community Integrated Treatment

- Crisis Services (Mobile Crisis)
- Assertive Community Treatment (ACT)
- Supported Housing
- Peer Delivered Services
- Supported Employment
- Criminal Justice Diversion

Decrease Institutional Care

- Secure Residential Treatment Facilities
- Emergency Departments
- Acute Psychiatric Care
- Oregon State Hospital (OSH)

Mobile Crisis

Increasing availability will help prevent hospitalization and incarceration through early intervention and treatment.
Requirements: response times, track/report dispositions.

TO ACCOMPLISH THIS:

CCOs, CMHPs and providers will work together to ensure:

- Mobile Crisis services are provided in their service area(s)
- Accurate data reporting to OHA



Assertive Community Treatment (ACT)

Multi-disciplinary teams provide comprehensive treatment services to persons with severe impairments. OHA to increase the number served by meeting Plan metrics.

TO ACCOMPLISH THIS:

CCOs, CMHPs and providers will work together to ensure everyone who is appropriate for ACT receives ACT

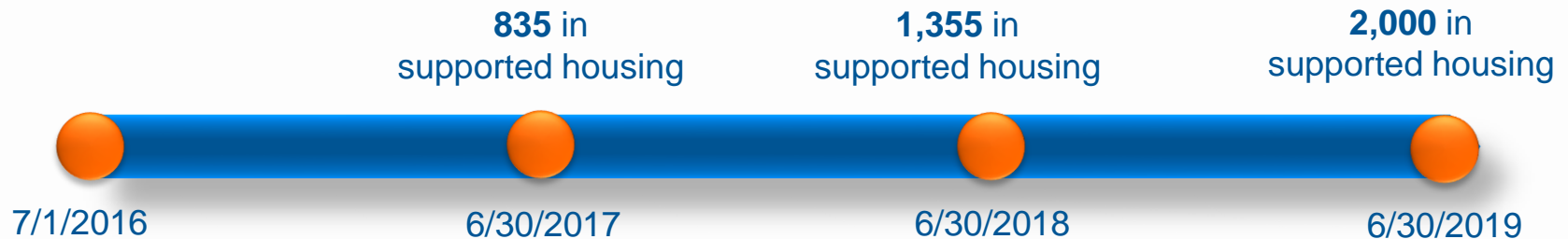


Supported Housing

Stable housing is important for overall health and stability. It fosters connections that promote community integration. Supported housing provides tenant rights and supports. OHA to increase numbers served by supported housing.

TO ACCOMPLISH THIS:

CCOs, CMHPs, and providers will work together to increase supported housing opportunities.

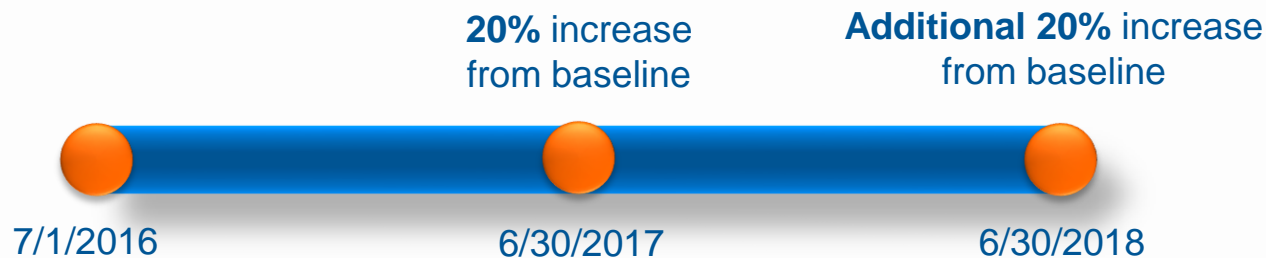


Peer Delivered Services

An important part of a recovery-oriented system. Eases transitions into the community. Provides valuable lived experiences. OHA to increase the availability of services

TO ACCOMPLISH THIS:

CCOS, CMHPs and providers will work to together to increase peer-delivered services.



Supported Employment

Supported employment services assist individuals to obtain and maintain integrated employment. OHA will track and report data about supported employment.

TO ACCOMPLISH THIS:

CCOs, CMHPS and providers will assist OHA in tracking successes in achieving competitive integrated employment.

Deliverables

- Track/report number of people who receive services and who are employed in competitive integrated employment.**
- Track/report number of people who maintain competitive integrated employment without receiving services.**
- Monitor.**

Criminal Justice Diversion

Work to decrease arrests and jail admissions.

TO ACCOMPLISH THIS:

CCOS, CMHPS, and providers will work together with the law enforcement and court systems so appropriate people are diverted from the legal system into treatment.

Deliverables

- Include reporting requirements in all RFPs with entities providing new jail diversion programs.
- Work with the Oregon Sheriffs' Association and the Association of Community Mental Health Programs to determine strategies to collect data on individuals with SPMI entering jails.
- Contract with The GAINS Center to consult on the expansion of the use of the Sequential Intercept Model by local jurisdictions across the State.
- Track/report number of adults receiving services and the number of diversions pre- and post-arrest.

Secure Residential Treatment Facilities

Civily committed individuals in SRTFs whose clinical needs no longer necessitate placement in a secure facility shall be moved to a community placement in the most integrated setting appropriate for that individual.

TO ACCOMPLISH THIS:

CCOs, CMHPs and providers will work together to:

- Reduce length of stay
- Ensure adequate community-based resources are available



Emergency Departments

Collect data to identify individuals in EDs for over 23 hours, assess needs of individuals with SPMI leaving EDs and develop strategies for linking individuals to services. CCO contract amendments in 2018. Reduce visits to EDs for mental health reasons.

TO ACCOMPLISH THIS:

Hospitals, CCOs and CMHPs will work together to:

- Develop an individualized plan for people with two or more readmissions in a six month period
- Track ED admissions that extend beyond 23 hours



Acute Psychiatric Care

Before discharge, individuals will have documentation of linkages to behavioral and health care in the community. Before discharge, individuals will receive a “warm handoff” to community services and a connection to a housing agency.

TO ACCOMPLISH THIS:

CCOs, CMHPS and hospitals will work together to:

- Develop an individualized plan for people with two or more readmissions in a six month period
- Assess housing needs, seek to discharge to housing that meets immediate need.



Oregon State Hospital

Reduce Length of Stay: OSH will discharge 90% within 120 days of admission. OSH will reduce the time between when individuals are deemed ready to transition to the community and when discharge occurs.

TO ACCOMPLISH THIS:

CCOs, CMHPs and providers will work together and with OSH to decrease Length of Stay and achieve community integrated discharges.



QUESTIONS

EMAIL QUESTIONS TO:

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