

DCHS Board Briefing Nov, 23, 2010

# Mental Health & Addiction Services Accomplishments & Innovations



# Innovations & Accomplishments

- ❖ Early Assessment & Support Alliance (EASA)
- ❖ Verity Outreach & Engagement (VOE)
- ❖ Measurement of Mental Health Treatment Outcomes with ACORN (A Collaborative Outcomes Resource Network)
- ❖ Pay for Performance (P4P)



# Early Assessment & Support Alliance (EASA)



# EASA Goals

- ❖ Assist young people with first signs of psychosis to continue/ return to normal life and goals.
- ❖ Support and educate families about evidence based practices and what we know works to best help their family member.
- ❖ Educate community about how to identify early warning signs and how to get help before becoming acute.



# EASA Clients

- ❖ EASA serves:
  - Transition Age Youth ages 14 to 25
  - 1st episode of psychosis within past year
  - Psychosis not result of medical or drug induced causes
  - IQ of 70 or higher
  
- ❖ In the first 2.5 years of the program, 44% of clients served are people of color.



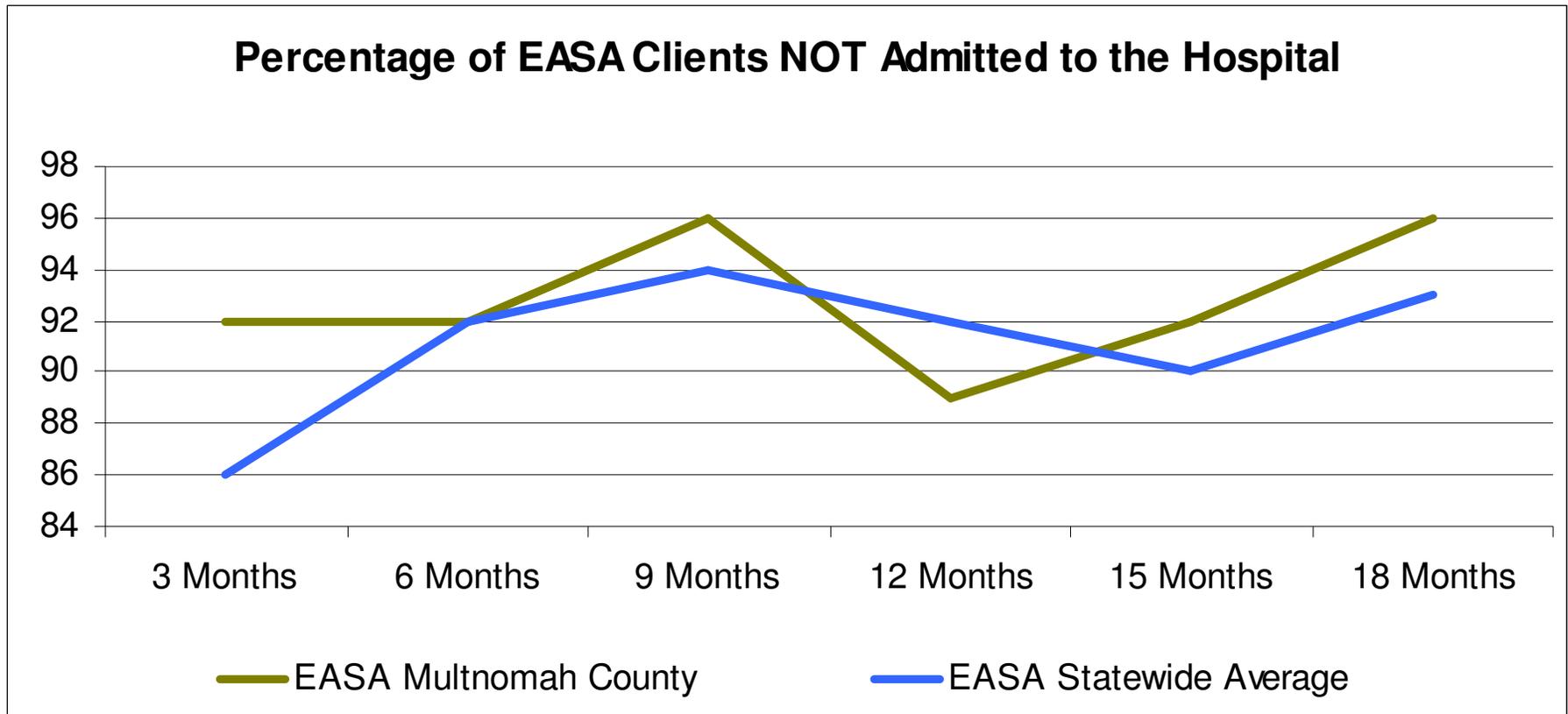
# EASA Model

- ❖ Trans disciplinary team providing rapid, intensive community-based mental health services.
- ❖ Team of:
  - 4-5 Mental Health Consultants
  - 1 Supported Employment/Education Specialist
  - 1 Occupational Therapist
  - 1 Part-time Registered Nurse
  - 1 Part-time Psychiatrist

- ❖ Utilizing evidence-based practices based on Patrick McGorry's Early Intervention for Psychosis (EIP) model and William McFarlane's Multi-Family Group model.

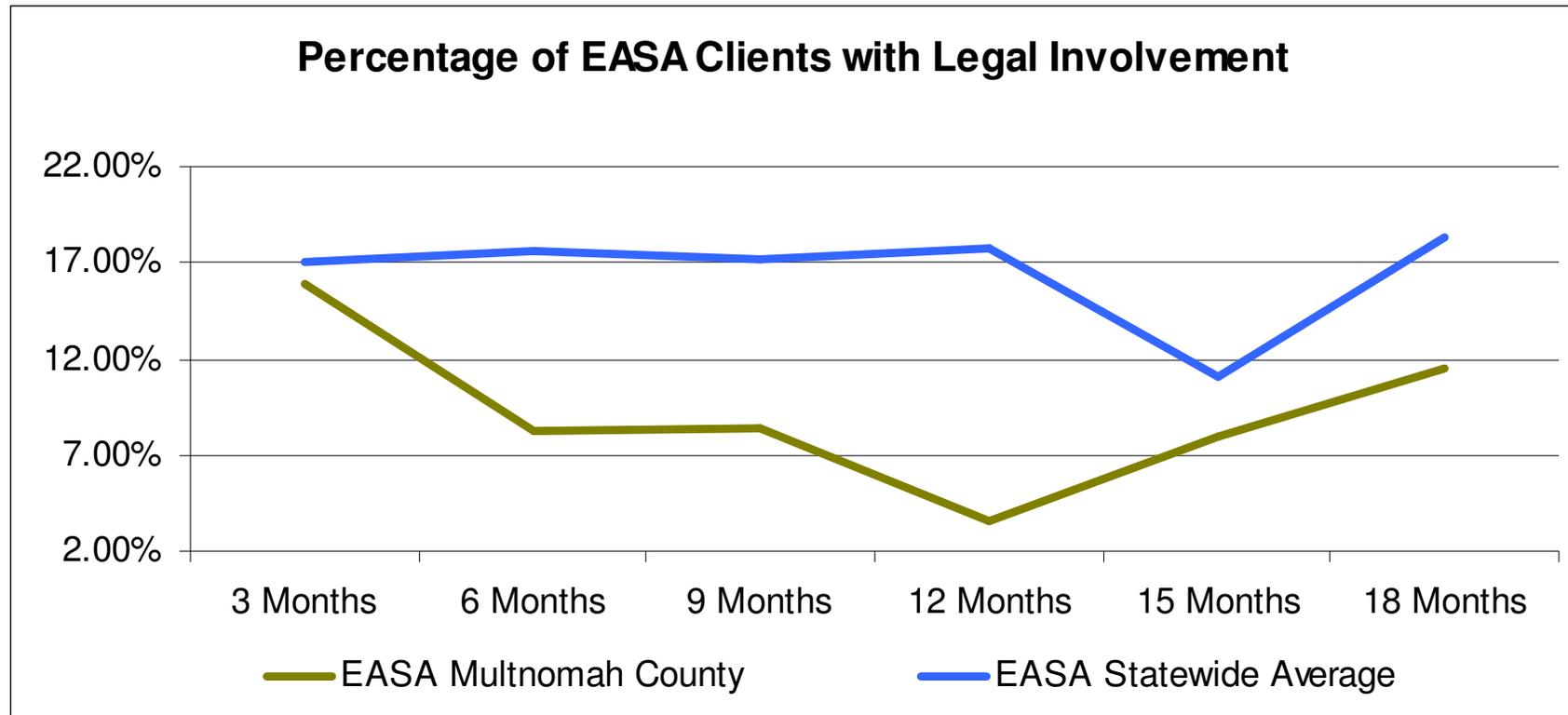


# Reduced Recidivism





# Reduced Legal Involvement





# Verity Outreach & Engagement (VOE)



# Verity Outreach & Engagement

- ❖ Designed to help Verity members being discharged from higher levels of care to connect and maintain connection to outpatient services.
- ❖ VOE staff are Qualified Mental Health Professionals that work with members and hospital staff with the following goals:
  - Assist members in understanding their Verity mental health benefits.
  - Collaborate with members, facility staff and outpatient providers to create optimum discharge plans that will provide continued support.
  - Assist with resources for complex treatment planning.



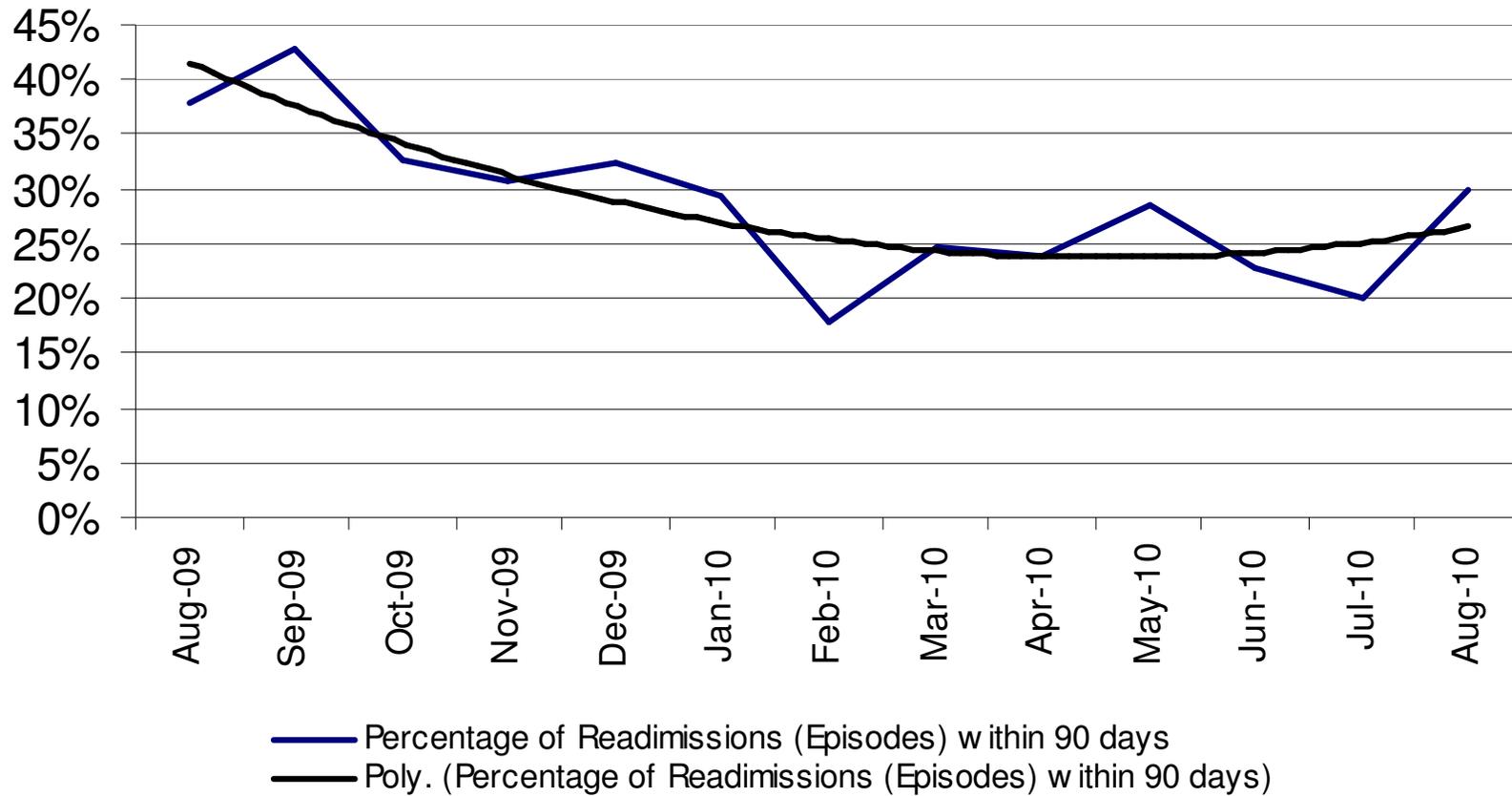
# Verity Outreach & Engagement

## ❖ Goals cont'd:

- Assist in complex care coordination by attending member staffings with the member and service providers.
  - Provide ongoing support and monitoring for treatment engagement by doing routine check-ins with the member and/or provider on a 30, 60, 90 day schedule, or as often as needed.
- ## ❖ Support the member with their recovery plan.



## Hospital Recidivism





# Measurement of Mental Health Treatment Outcomes (ACORN)



# Introduction & Timeline

- ❖ Identified need for consistent measurement of outcomes across Verity system of care
- ❖ Reviewed many existing outcomes tools (Fall 2008)
- ❖ Selected ACORN as potentially best tool (Spring 2009)
  - A Collaborative Outcomes Resource Network (ACORN)
  - ACORN not affiliated with the now-defunct controversial political group
  - ACORN is a frequently administered client self-report outcomes tool



- ❖ The Pilot:
  - Began Spring 2009
  - Initially 5 agencies, currently 14 providers participating
- ❖ Multnomah is the first county in the US to measure self reported outcomes for individuals with severe mental illness
- ❖ Multnomah County results are being studied by researchers at Northwestern and Vanderbilt Universities.



# Main Benefits

## ❖ Clinical Benefit

- Additional information for clinician about client symptoms, stressors, relationship
- Track client distress over time, identify areas of progress
- Solicit information clients are more likely to share in writing (e.g. thoughts of self harm)

## ❖ System Benefit

- Aggregate, objective measure of outcomes of mental health treatment
- Can stratify by clinician, program, and agency

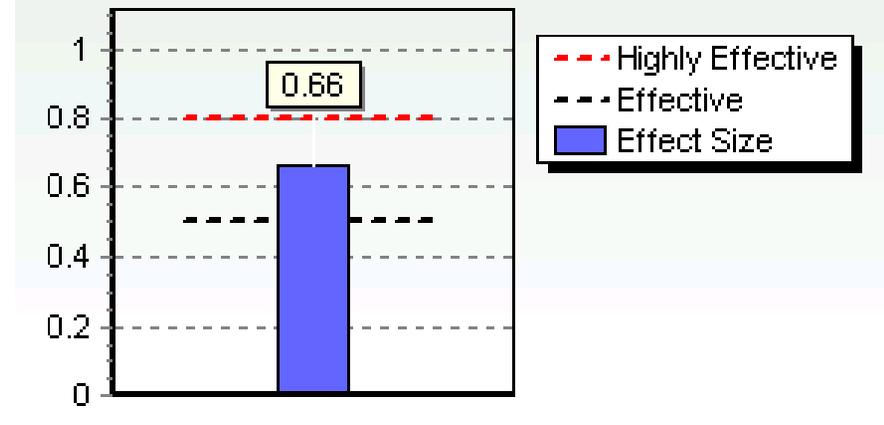


# Verity Outcomes (7/1/2009 – 11/6/2010)

## Summary Statistics:

Case Count:	1,569
# w/Repeat Assessments:	971
% w/Repeat Assessments:	62%
Average Change Score:	0.3
Predicted Change:	0.3
Average Benchmark Score:	0.0

## Severity Adjusted Effect Size: 0.66 (n=759)

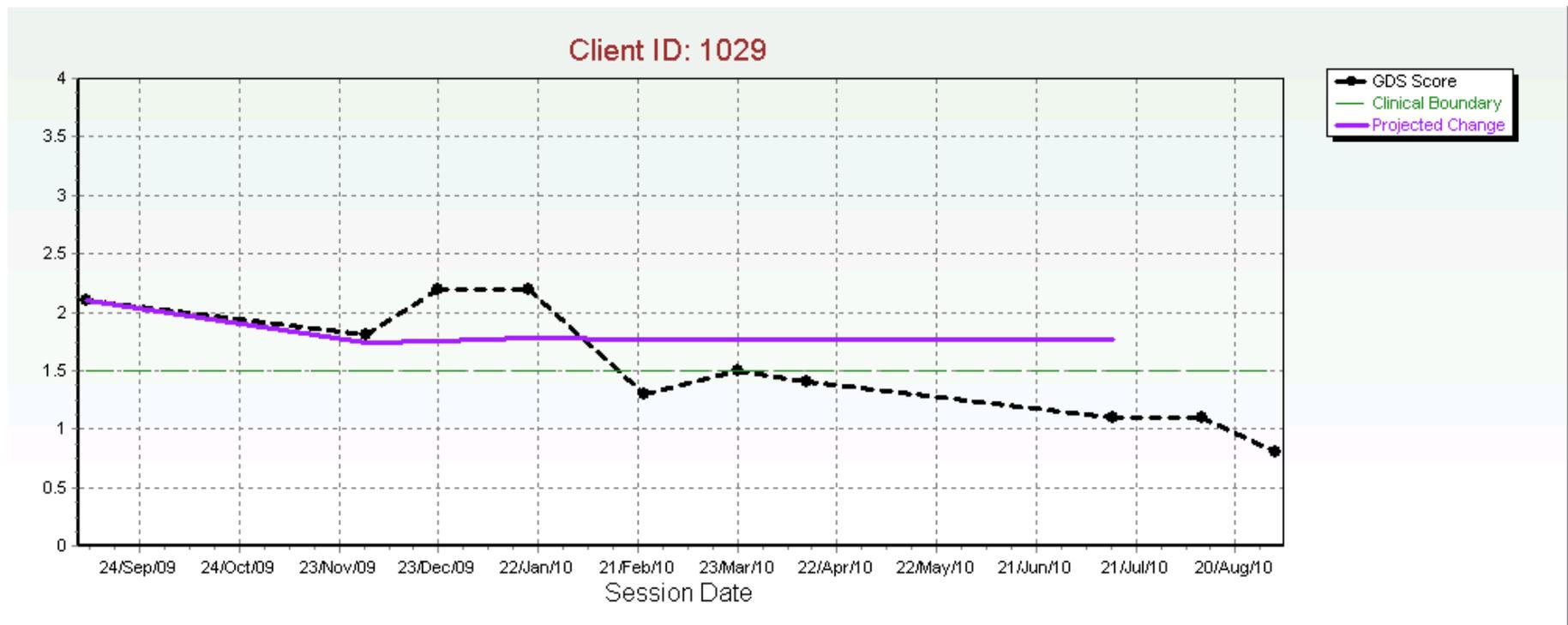




# Client Outcomes

First Date: 9/8/2009  
First GDS Score: 2.1  
Most Recent Date: 9/1/2010  
Most Recent GDS Score: 0.8  
Total Assessments: 10

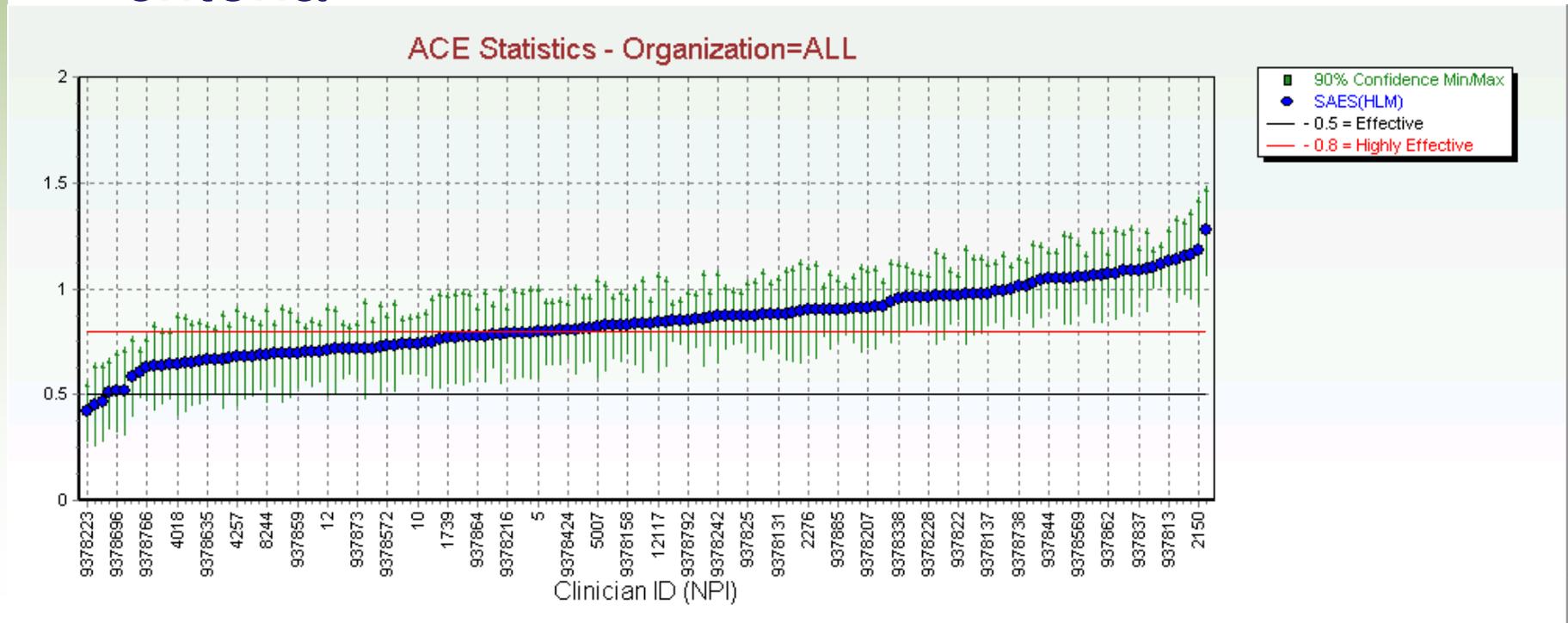
Outpatient client with monthly assessments/appointments and decreasing symptoms





# Clinician Outcomes

- ❖ SAES for each clinician
- ❖ ACORN Criteria for Effectiveness (ACE) automatically calculated for each clinician
- ❖ Clinician 'certified' when meet minimum criteria





# Moving Forward

- ❖ Verity will put out Request for Proposals (RFP) this winter
- ❖ Begin contract with outcomes system provider July 2011
- ❖ With each contract renewal, will add language requiring providers to use outcomes tool
- ❖ Continue work on Medicaid outcome norms, long-term SMI clients, and other special populations



# Pay for Performance (P4P)



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- ❖ MHASD established the Verity Pay-For-Performance program to align reimbursement with the practice of high quality, safe health care for individuals receiving mental health services from Multnomah County mental health providers.



# P4P Program Design

- ❖ P4P Goals
  - Address over/underutilization in outpatient care
  - Increase access to services
  - Move toward outcomes informed care
- ❖ Payment for outpatient provider agencies
- ❖ Providers gain financially by bringing more consumers into compliance with performance targets



# P4P for Children

- ❖ Improve initial access to services for members receiving care from general outpatient programs
  - \$400,000 performance incentive pool
- ❖ Decrease overutilization for children with lower levels of need and increase utilization for children with higher levels of need
  - \$400,000 performance incentive pool
- ❖ Increase percent of community-based care provided to children in intensive outpatient programs
  - \$100,000 performance incentive pool



# P4P for Adults

- ❖ Improve initial access to members receiving care from general outpatient programs and programs serving individuals severely and persistently mentally ill
  - \$250,000 performance incentive pool
- ❖ Increase utilization of services by adults with severe mental illness and highest level of need
  - \$250,000 performance incentive pool
- ❖ Increase access for Medicare/Medicaid Dual Eligible
  - \$500,000 performance incentive pool



# Future Plans

- ❖ MHASD intends to move toward paying for outcomes versus other measures in fiscal year 2011
- ❖ Initially payments will be made each time an adult receiving services has their outcomes recorded for measurement of change in a web-based system
- ❖ Later payments will be adjusted based on the amount of improvement with higher levels of improvement receiving higher payment



# Next Steps